FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

JUN 27 2017

RECEIVED

********AUTO**ALL FOR AADC 325 T4 P1 24 499
Dennis Jones
County Commissioner, District 4
Calhoun County
Elected Constitutional Officer
16064 SE Houston St
Blountstown, FL 32424-2563

PROCESSED

ID Code

ID No. 254793

Conf. Code

Jones, Dennis

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2016 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of _____, 20 _____ was $ _____.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 7000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single wide mobile home 16x80 1995 Dynasty	8000.00
2008 Ford Focus	6000.00
2004 Buick Lesabre	2400.00
2005 Ford Ranger	6500.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ditech P.O Box 94710 Palatine, IL 60055	28207.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Exter Finiance P.O. Box 204480 Dallas Texas 75320	8500.00
Capital One Auto Finiance P.O. Box 269027 Plano TX 75026	24,000.00

(Continued on reverse side)

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2016 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☑ I elect to file a copy of my 2016 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2016 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Calhoun County Board of Commissioners	20859 Central Ave E Blountstown, FL	27,500.00
US Postal Service	17621 N. Main St. Blountstown, FL.	32618.59

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Calhoun

Sworn to (or affirmed) and subscribed before me this 22 day of June, 2017 by Dennis Jones.

Pamela Kahle
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public) PAMELA KAHLE

Personally Known ✓ OR Produced Identification

Type of Identification Produced

PAMELA KAHLE
Commission # FF 911467
Expires September 27, 2019
Bonded Thru Troy Fain Insurance 800-385-7019

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 05-09-2017
Response Date: 05-09-2017
Tracking Number: 100331047601

Tax Return Transcript

SSN Provided: [redacted]
Tax Period Ending: Dec. 31, 2016

[redacted]

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: [redacted]
SPOUSE SSN: [redacted]
NAME(S) SHOWN ON RETURN: DENNIS L JONES & DEBRA ABNER JONES

ADDRESS: PO BOX 125
BLOUNTSTOWN, FL 32424-0125-250

FILING STATUS:	Married Filing Joint
FORM NUMBER:	1040
CYCLE POSTED:	20171505
RECEIVED DATE:	Apr.15, 2017
REMITTANCE:	$0.00
EXEMPTION NUMBER:	5
DEPENDENT 1 NAME CTRL:	JONE
DEPENDENT 1 SSN:	[redacted]
DEPENDENT 2 NAME CTRL:	JONE
DEPENDENT 2 SSN:	[redacted]
DEPENDENT 3 NAME CTRL:	JONE
DEPENDENT 3 SSN:	[redacted]
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	
PTIN:	P01-23-9972
PREPARER EIN:	43-1871840

Income

WAGES, SALARIES, TIPS, ETC:	$75,112.00
TAXABLE INTEREST INCOME: SCH B:	$0.00
TAX-EXEMPT INTEREST:	$0.00
ORDINARY DIVIDEND INCOME: SCH B:	$0.00
QUALIFIED DIVIDENDS:	$0.00
REFUNDS OF STATE/LOCAL TAXES:	$0.00
ALIMONY RECEIVED:	$0.00
BUSINESS INCOME OR LOSS (Schedule C):	$-9,158.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:	$-9,158.00
CAPITAL GAIN OR LOSS: (Schedule D):	$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:	$0.00
OTHER GAINS OR LOSSES (Form 4797):	$0.00
TOTAL IRA DISTRIBUTIONS:	$0.00
TAXABLE IRA DISTRIBUTIONS:	$0.00
TOTAL PENSIONS AND ANNUITIES:	$0.00
TAXABLE PENSION/ANNUITY AMOUNT:	$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):	$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:	$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:	$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:	$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:	$0.00
FARM INCOME OR LOSS (Schedule F):	$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	$0.00
UNEMPLOYMENT COMPENSATION:	$0.00
TOTAL SOCIAL SECURITY BENEFITS:	$0.00
TAXABLE SOCIAL SECURITY BENEFITS:	$0.00

Tracking Number: 100331047601

TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	$0.00
OTHER INCOME:	$0.00
SCHEDULE EIC SE INCOME PER COMPUTER:	$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:	$0.00
SCH EIC DISQUALIFIED INC COMPUTER:	$0.00
TOTAL INCOME:	$65,954.00
TOTAL INCOME PER COMPUTER:	$65,954.00

Adjustments to Income

EDUCATOR EXPENSES:	$0.00
[redacted] EXPENSES PER COMPUTER:	$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:	$0.00
HEALTH SAVINGS ACCT DEDUCTION:	$0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	$0.00
MOVING EXPENSES: F3903:	$0.00
SELF EMPLOYMENT TAX DEDUCTION:	$0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	$0.00
[redacted]/SEP CONTRIBUTION DEDUCTION:	$0.00
[redacted] HEALTH INS DEDUCTION:	$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	$0.00
ALIMONY PAID SSN:	
ALIMONY PAID:	$0.00
IRA DEDUCTION:	$0.00
IRA DEDUCTION PER COMPUTER:	$0.00
STUDENT LOAN INTEREST DEDUCTION:	$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	$0.00
STUDENT LOAN INTEREST DEDUCTION VERIFIED:	$0.00
TUITION AND FEES DEDUCTION:	$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	$0.00
OTHER ADJUSTMENTS:	$0.00
[redacted] MSA DEDUCTION:	$0.00
ARCHER MSA DEDUCTION PER COMPUTER:	$0.00
[redacted] ADJUSTMENTS:	$0.00
TOTAL ADJUSTMENTS PER COMPUTER:	$0.00
[redacted] GROSS INCOME:	$65,954.00
ADJUSTED GROSS INCOME PER COMPUTER:	$65,954.00

Tax and Credits

65-OR-OVER:	NO
BLIND:	NO
SPOUSE 65-OR-OVER:	NO
SPOUSE BLIND:	NO
STANDARD DEDUCTION PER COMPUTER:	$0.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	$0.00
TAX TABLE INCOME PER COMPUTER:	$46,679.00
EXEMPTION AMOUNT PER COMPUTER:	$20,250.00
TAXABLE INCOME:	$26,429.00
TAXABLE INCOME PER COMPUTER:	$26,429.00
TOTAL POSITIVE INCOME PER COMPUTER:	$75,112.00
TENTATIVE TAX:	$3,036.00
TENTATIVE TAX PER COMPUTER:	$3,036.00
FORM 8814 ADDITIONAL TAX AMOUNT:	$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:	$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	$0.00
FOREIGN TAX CREDIT:	$0.00
FOREIGN TAX CREDIT PER COMPUTER:	$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:	$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:	$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:	$0.00
CHILD & DEPENDENT CARE CREDIT:	$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	$0.00
CREDIT FOR ELDERLY AND DISABLED:	$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	$0.00
EDUCATION CREDIT:	$0.00
EDUCATION CREDIT PER COMPUTER:	$0.00

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GROSS EDUCATION CREDIT PER COMPUTER:	$0.00
RETIREMENT SAVINGS CNTRB CREDIT:	$0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	$0.00
PRIM RET SAV CNTRB: F8880 LN6A:	$0.00
SEC RET SAV CNTRB: F8880 LN6B:	$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:	$0.00
RESIDENTIAL ENERGY CREDIT:	$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	$0.00
CHILD TAX CREDIT:	$2,000.00
CHILD TAX CREDIT PER COMPUTER:	$2,000.00
ADOPTION CREDIT: F8839:	$0.00
ADOPTION CREDIT PER COMPUTER:	$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:	$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:	$0.00
F3800, F8801 AND OTHER CREDIT AMOUNT:	$0.00
FORM 3800 GENERAL BUSINESS CREDITS:	$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	$0.00
PRIOR YR MIN TAX CREDIT: F8801:	$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:	$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:	$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:	$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:	$0.00
OTHER CREDITS:	$0.00
TOTAL CREDITS:	$2,000.00
TOTAL CREDITS PER COMPUTER:	$2,000.00
INCOME TAX AFTER CREDITS PER COMPUTER:	$1,036.00

Other Taxes

SE TAX:	$0.00
SE TAX PER COMPUTER:	$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	$0.00
TAX ON QUALIFIED PLANS F5329 (PR):	$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:	$0.00
IRAF TAX PER COMPUTER:	$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:	$1,036.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	$1,036.00
OTHER TAXES PER COMPUTER:	$0.00
UNPAID FICA ON REPORTED TIPS:	$0.00
OTHER TAXES:	$0.00
RECAPTURE TAX: F8611:	$0.00
HOUSEHOLD EMPLOYMENT TAXES:	$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:	$0.00
HEALTH CARE RESPONSIBILITY PENALTY:	$0.00
HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:	$0.00
RECAPTURE TAXES:	$0.00
TOTAL ASSESSMENT PER COMPUTER:	$1,036.00
TOTAL TAX LIABILITY TP FIGURES:	$1,036.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	$1,036.00

Payments

FEDERAL INCOME TAX WITHHELD:	$1,599.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:	$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:	1
ESTIMATED TAX PAYMENTS:	$0.00
OTHER PAYMENT CREDIT:	$0.00
REFUNDABLE EDUCATION CREDIT:	$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:	$0.00
EARNED INCOME CREDIT:	$0.00
EARNED INCOME CREDIT PER COMPUTER:	$0.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:	$0.00
SCHEDULE 8812 NONTAXABLE COMBAT PAY:	$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:	$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:	$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:	$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	$0.00
AMOUNT PAID WITH FORM 4868:	$0.00

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FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....$0.00
HEALTH COVERAGE TX CR: F8885:.....$0.00
PREMIUM TAX CREDIT AMOUNT:.....$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:.....$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....$0.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....$0.00
FORM 2439 AND OTHER CREDITS:.....$0.00
TOTAL PAYMENTS:.....$1,599.00
TOTAL PAYMENTS PER COMPUTER:.....$1,599.00

Refund or Amount Owed

REFUND AMOUNT:.....$-563.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....$0.00
ESTIMATED TAX PENALTY:.....$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....$-563.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....$-563.00
FORM 8888 TOTAL REFUND PER COMPUTER:.....$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....08422
AUTHORIZATION INDICATOR:.....1
THIRD PARTY DESIGNEE NAME:.....HRB TAX GROUP INC

Schedule A--Itemized Deductions

MEDICAL/DENTAL

MEDICAL AND DENTAL EXPENSES:.....$0.00
ADJUSTED GROSS INCOME PERCENTAGE:.....$6,595.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 10 PERCENT:.....$6,595.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 7.5 PERCENT:.....$4,946.00
NET MEDICAL DEDUCTION:.....$0.00
NET MEDICAL DEDUCTION PER COMPUTER:.....$0.00

TAXES PAID

STATE AND LOCAL INCOME TAXES:.....$1,075.00
INCOME TAX OR GENERAL SALES TAX:..... General Sales Tax
REAL ESTATE TAXES:.....$0.00
PERSONAL PROPERTY TAXES:.....$0.00
OTHER TAXES AMOUNT:.....$0.00
SCH A TAX DEDUCTIONS:.....$1,075.00
SCH A TAX PER COMPUTER:.....$1,075.00

INTEREST PAID

MORTGAGE INTEREST (FINANCIAL):.....$5,313.00
MORTGAGE INTEREST (INDIVIDUAL):.....$0.00
DEDUCTIBLE POINTS:.....$0.00
QUALIFIED MORTGAGE INSURANCE PREMIUMS:.....$0.00
DEDUCTIBLE INVESTMENT INTEREST:.....$0.00
TOTAL INTEREST DEDUCTION:.....$5,313.00
TOTAL INTEREST DEDUCTION PER COMPUTER:.....$5,313.00

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS:.....$12,402.00
OTHER THAN CASH: Form 8283:.....$485.00
CARRYOVER FROM PRIOR YEAR:.....$0.00
SCH A TOTAL CONTRIBUTIONS:.....$12,887.00
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....$12,887.00

Tracking Number: 100331047601
CASUALTY AND THEFT LOSS

CASUALTY OR THEFT LOSS:.....$0.00

JOBS AND MISCELLANEOUS

UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:.....$0.00
TOTAL LIMITED MISC EXPENSES:.....$275.00
NET LIMITED MISC DEDUCTION:.....$0.00
NET LIMITED MISC DEDUCTION PER COMPUTER:.....$0.00

OTHER MISCELLANEOUS

OTHER THAN GAMBLING AMOUNT:.....$0.00
OTHER MISC DEDUCTIONS:.....$0.00

TOTAL ITEMIZED DEDUCTIONS

TOTAL ITEMIZED DEDUCTIONS:.....$19,275.00
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....$19,275.00
RECOMPUTED TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....$0.00
ELECT ITEMIZED DEDUCTION INDICATOR:.....
SCH A ITEMIZED PERCENTAGE PER COMPUTER:.....$0.00

Schedule C--Profit or Loss From Business
(Occurrence #: 1)

SOCIAL SECURITY NUMBER:.....
EMPLOYER ID NUMBER:.....
BUSINESS NAME:.....
DESCRIPTION OF BUSINESS/PROFESSION:.....OTHER DIRECT SELLING
NAICS CODE:.....454390
ACCT MTHD:.....Cash
FIRST TIME SCHEDULE C FILED:.....N
STATUTORY EMPLOYEE IND:.....N

INCOME

GROSS RECEIPTS OR SALES:.....$2,641.00
RETURNS AND ALLOWANCES:.....$0.00
NET GROSS RECEIPTS:.....$2,641.00
COST OF GOODS SOLD:.....$3,542.00
SCHEDULE C FORM 1099 REQUIRED:.....NO
SCHEDULE C FORM 1099 FILED:.....NONE
OTHER INCOME:.....$0.00

EXPENSES

CAR AND TRUCK EXPENSES:.....$4,110.00
DEPRECIATION:.....$0.00
INSURANCE (OTHER THAN HEALTH):.....$0.00
MORTGAGE INTEREST:.....$0.00
LEGAL AND PROFESSIONAL SERVICES:.....$0.00
REPAIRS AND MAINTENANCE:.....$0.00
TRAVEL:.....$0.00
MEALS AND ENTERTAINMENT:.....$0.00
WAGES:.....$0.00
OTHER EXPENSES:.....$549.00
TOTAL EXPENSES:.....$5,799.00
EXP FOR BUSINESS USE OF HOME:.....$0.00
SCH C NET PROFIT OR LOSS PER COMPUTER:.....$-6,700.00
AT RISK CD:.....All investment at risk
OFFICE EXPENSE AMOUNT:.....$0.00
UTILITIES EXPENSE AMOUNT:.....$0.00

COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR:.....$275.00
INVENTORY AT END OF YEAR:.....$245.00

Schedule C--Profit or Loss From Business
(Occurrence #: 2)

Tracking Number: 100331047601

SOCIAL SECURITY NUMBER:.....[redacted]
EMPLOYER ID NUMBER:.....81-3896577
BUSINESS NAME:.....D AND B LAWN SERVICE
DESCRIPTION OF BUSINESS/PROFESSION:.....LANDSCAPE ARCHITECTU
NAICS CODE:.....541320
ACCT MTHD:.....Cash
FIRST TIME SCHEDULE C FILED:.....Y
STATUTORY EMPLOYEE IND:.....N

INCOME

GROSS RECEIPTS OR SALES:.....$1,070.00
RETURNS AND ALLOWANCES:.....$0.00
NET GROSS RECEIPTS:.....$1,070.00
COST OF GOODS SOLD:.....$0.00
SCHEDULE C FORM 1099 REQUIRED:.....NO
SCHEDULE C FORM 1099 FILED:.....NONE
OTHER INCOME:.....$0.00

EXPENSES

CAR AND TRUCK EXPENSES:.....$543.00
DEPRECIATION:.....$2,414.00
INSURANCE (OTHER THAN HEALTH):.....$0.00
MORTGAGE INTEREST:.....$0.00
LEGAL AND PROFESSIONAL SERVICES:.....$0.00
[redacted] AND MAINTENANCE:.....$0.00
TRAVEL:.....$0.00
MEALS AND ENTERTAINMENT:.....$0.00
WAGES:.....$0.00
OTHER EXPENSES:.....$110.00
TOTAL EXPENSES:.....$3,528.00
EXP FOR BUSINESS USE OF HOME:.....$0.00
SCH C NET PROFIT OR LOSS PER COMPUTER:.....$-2,458.00
AT RISK CD:.....All investment at risk
OFFICE EXPENSE AMOUNT:.....$0.00
UTILITIES EXPENSE AMOUNT:.....$0.00

COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR:.....$0.00
INVENTORY AT END OF YEAR:.....$0.00

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....$0.00
TOTAL EDUCATION CREDIT AMOUNT:.....$0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....$0.00

Form 8867 Paid Preparer's Earned Income Credit Checklist

TAXPAYER PROVIDED INFORMATION EIC:.....Neither box checked
TAXPAYER PROVIDED INFORMATION CTC:.....Yes box checked
TAXPAYER PROVIDED INFORMATION AOTC:.....Neither box checked
WORKSHEET COMPLETED EIC:.....Neither box checked
WORKSHEET COMPLETED CTC:.....Yes box checked
WORKSHEET COMPLETED AOTC:.....Neither box checked
KNOWLEDGE REQUIREMENT EIC:.....Neither box checked
KNOWLEDGE REQUIREMENT CTC:.....Yes box checked
KNOWLEDGE REQUIREMENT AOTC:.....Neither box checked
INCORRECT INFORMATION EIC:.....Neither box checked
INCORRECT INFORMATION CTC:.....No box checked
INCORRECT INFORMATION AOTC:.....Neither box checked
RECORD RETENTION REQUIREMENT EIC:.....Neither box checked
RECORD RETENTION REQUIREMENT CTC:.....Yes box checked
RECORD RETENTION REQUIREMENT AOTC:.....Neither box checked
TAXPAYER PROVIDED DOCUMENTS EIC:.....Neither box checked
TAXPAYER PROVIDED DOCUMENTS CTC:.....Yes box checked

Tracking Number: 100331047601

TAXPAYER PROVIDED DOCUMENTS AOTC:.....Neither box checked
SELF EMPLOYMENT INCOME EIC:.....Neither box checked
SELF EMPLOYMENT INCOME CTC:.....Yes box checked
SELF EMPLOYMENT INCOME AOTC:.....Neither box checked
TIEBREAKER RULES EXPLAINED EIC:.....Neither box checked
CHILD LIVED WITH TAXPAYER CTC:.....Yes box checked
TAXPAYER PROVIDED 1098T AOTC:.....Neither box checked
F8867 CERTIFICATION:.....Yes box checked

This Product Contains Sensitive Taxpayer Data

[redacted]

[redacted]