FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2017

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS
JUN 11 2018
RECEIVED

********AUTO**ALL FOR AADC 328 T5 P1 23 660
David Sullivan
County Commissioner, District 3
Flagler County
Elected Constitutional Officer
99 Front St
Palm Coast, FL 32137-1459

PROCESSED

ID Code
ID No. 265669
Conf. Code
Sullivan, David

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, 2017 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 June 1, 20 18 was $ 575,467.

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 $ _____

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME, 99 FRONT ST PALM COAST, FL 32137	$800,643 00
CONDO HYATT VACATION CLUB (TIMESHARE) UNIT 518L BONITA SPRINGS, FLORIDA	30,000 00
FIDELITY ROLLOVER, P.O BOX 770001 CINCINNATI, OHIO 45277	17,503 00
NAVY FEDERAL CREDIT UNION, SPACE COAST CREDIT UNION, USAA SAVINGS ACCOUNTS	19,606 00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NAVY FEDERAL CREDIT UNION (NFCU) HOME MORTGAGE, MERRIFIELD, VA. 22119	385,217 00
SPACE COAST CREDIT UNION, MELBOURNE, FL 32941 (CAR LOAN)	28,000 00
GM FINANCIAL LEASING, CHICAGO, IL. 60675	4,068 00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 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

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.

David C Sullivan

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Flagler

Sworn to (or affirmed) and subscribed before me this 6th day of June, 2018 by David C. Sullivan.

Christie Mayer

(Signature of Notary Public--State of Florida)

CHRISTIE L. MAYER
Commission # FF 202061
Expires April 8, 2019
Bonded Thru Troy Fain-Insurance 800-385-7019

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

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

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 ☐

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2017** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 — See separate instructions.

Your first name and initial	Last name	Your social security number
DAVID C.	SULLIVAN	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
PATRICIA P.	SULLIVAN	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. 99 FRONT ST — Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). PALM COAST, FLORIDA 32137

Foreign country name — Foreign province/state/county — Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single
2 ☑ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) (see instructions)

Exemptions

6a ☑ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☑ **Spouse**

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b 2
No. of children on 6c who:
• **lived with you**
• **did not live with you due to divorce or separation (see instructions)**
Dependents on 6c not entered above
Add numbers on lines above ▶ 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	52,238 36
8a	**Taxable** interest. Attach Schedule B if required	8a	11 21
b	**Tax-exempt** interest. **Do not** include on line 8a (8b)		
9a	Ordinary dividends. Attach Schedule B if required	9a	— —
b	Qualified dividends (9b)		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	— —
11	Alimony received	11	— —
12	Business income or (loss). Attach Schedule C or C-EZ	12	— —
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	— —
14	Other gains or (losses). Attach Form 4797	14	— —
15a	IRA distributions (15a) 900 00 b Taxable amount	15b	900 00
16a	Pensions and annuities (16a) b Taxable amount	16b	76,008 03
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1,590 65
18	Farm income or (loss). Attach Schedule F	18	— —
19	Unemployment compensation	19	— —
20a	Social security benefits (20a) 34,536 00 b Taxable amount	20b	29,336 00
21	Other income. List type and amount	21	— —
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	160,084 00

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Reserved for future use	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	0 00
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	160,084 00

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	160,084 00
	39a	Check if: ☑ You were born before January 2, 1953, ☐ Blind. ☑ Spouse was born before January 2, 1953, ☐ Blind. **Total boxes checked ▶ 39a**	2		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐			
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,350 Married filing jointly or Qualifying widow(er), $12,700 Head of household, $9,350	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40	39 907 00
	41	Subtract line 40 from line 38		41	120, 177 00
	42	**Exemptions.** If line 38 is $156,900 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions		42	8, 100 00
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	112, 077 00
	44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐		44	19, 497 00
	45	**Alternative minimum tax** (see instructions). Attach Form 6251		45	- -
	46	Excess advance premium tax credit repayment. Attach Form 8962		46	- -
	47	Add lines 44, 45, and 46 ▶		47	19, 497 00
	48	Foreign tax credit. Attach Form 1116 if required			
	49	Credit for child and dependent care expenses. Attach Form 2441			
	50	Education credits from Form 8863, line 19			
	51	Retirement savings contributions credit. Attach Form 8880			
	52	Child tax credit. Attach Schedule 8812, if required			
	53	Residential energy credit. Attach Form 5695			
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐			
	55	Add lines 48 through 54. These are your **total credits**		55	0 00
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	19, 497 00
Other Taxes	57	Self-employment tax. Attach Schedule SE		57	
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60a	Household employment taxes from Schedule H		60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage ☐		61	
	62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)		62	497 00
	63	Add lines 56 through 62. This is your **total tax** ▶		63	19, ~~521~~ ~~75~~
Payments	64	Federal income tax withheld from Forms W-2 and 1099	12, 436 79		
If you have a qualifying child, attach Schedule EIC.	65	2017 estimated tax payments and amount applied from 2016 return			
	66a	**Earned income credit (EIC)**			
	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Schedule 8812			
	68	American opportunity credit from Form 8863, line 8			
	69	Net premium tax credit. Attach Form 8962			
	70	Amount paid with request for extension to file			
	71	Excess social security and tier 1 RRTA tax withheld			
	72	Credit for federal tax on fuels. Attach Form 4136			
	73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶		74	12,436 79
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**		75	
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		76a	
Direct deposit? See instructions.	b	Routing number ▶ c Type: ☐ Checking ☐ Savings			
	d	Account number			
	77	Amount of line 75 you want **applied to your 2018 estimated tax** ▶			
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78	7,060 00
	79	Estimated tax penalty (see instructions)			

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☑ **No**

Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature: David C Sullivan	Date: 03/29/18	Your occupation: County Commissioner	Daytime phone number: 386-447-3174
Spouse's signature. If a joint return, **both** must sign. Patricia P Sullivan	Date: 03/29/18	Spouse's occupation: RETIRED	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed / PTIN
Firm's name ▶			Firm's EIN ▶
Firm's address ▶			Phone no.

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SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
▶ Attach to Form 1040.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017

Attachment Sequence No. **07**

Name(s) shown on Form 1040: DAVID C. & PATRICIA P. SULLIVAN

[redacted]

Medical and Dental Expenses	**Caution:** Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1	11,227	61		
	2 Enter amount from Form 1040, line 38	2	160,084	00		
	3 Multiply line 2 by 7.5% (0.075)	3	12,006	30		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4	0 00
Taxes You Paid	5 State and local **(check only one box):**					
	a ☐ Income taxes, **or**	5	6,629	00		
	b ☑ General sales taxes					
	6 Real estate taxes (see instructions)	6	8,669	00		
	7 Personal property taxes	7	—	-		
	8 Other taxes. List type and amount ▶ AUTOMOBILE/LICENSE TAXES	8	319	00		
	9 Add lines 5 through 8				9	15,617 00
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	19,167	00		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	—	-		
Note: Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules	12	—	-		
	13 Reserved for future use	13				
	14 Investment interest. Attach Form 4952 if required. See instructions	14	—	-		
	15 Add lines 10 through 14				15	19,167 00
Gifts to Charity	16 Gifts by cash or check. If you made any gift of $250 or more, see instructions	16	4,908	00		
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	17	215	00		
	18 Carryover from prior year	18				
	19 Add lines 16 through 18				19	5,123 00
Casualty and Theft Losses	20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions				20	0 00
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶	21				
	22 Tax preparation fees	22				
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶	23				
	24 Add lines 21 through 23	24				
	25 Enter amount from Form 1040, line 38 | 25 |					
	26 Multiply line 25 by 2% (0.02)	26				
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27	0 00
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ▶				28	0 00
Total Itemized Deductions	29 Is Form 1040, line 38, over $156,900?					
	☐ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.				29	39,907 00
	☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.					
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐					

SCHEDULE E (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment Sequence No. **13**

Name(s) shown on return: DAVID C & PATRICIA P SULLIVAN

Your social security number: [redacted]

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . . . . . ☐ Yes ☑ No

B If "Yes," did you or will you file required Forms 1099? . . . . . ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)					
A	HYATT COCONUT PLANTATION, 11800 COCONUT PLANTATION DR, BONITA SPRINGS, FL 34134 (UNIT 5168L)					
B						
C						

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
A	3		A	6	0	☐
B			B			☐
C			C			☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental

2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	**Properties:**		A		B		C	
3	Rents received	3	3,715	72				
4	Royalties received	4	—	-				
Expenses:								
5	Advertising	5	—	-				
6	Auto and travel (see instructions)	6	—	-				
7	Cleaning and maintenance	7	300	00				
8	Commissions	8						
9	Insurance	9						
10	Legal and other professional fees	10						
11	Management fees	11	1,672	07				
12	Mortgage interest paid to banks, etc. (see instructions)	12						
13	Other interest	13						
14	Repairs	14						
15	Supplies	15						
16	Taxes	16						
17	Utilities	17						
18	Depreciation expense or depletion	18						
19	Other (list) ▶ HRC DUES	19	153	00				
20	Total expenses. Add lines 5 through 19	20	2,125	07				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	21	1,590	65				
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	( )		( )		( )	

23a	Total of all amounts reported on line 3 for all rental properties	23a	3,715	72	
b	Total of all amounts reported on line 4 for all royalty properties	23b			
c	Total of all amounts reported on line 12 for all properties	23c			
d	Total of all amounts reported on line 18 for all properties	23d			
e	Total of all amounts reported on line 20 for all properties	23e	2,125	07	
24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	1,590	65	
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(-)		
26	**Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	1590	65	

Control Number RET0481958 ☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no.

DEFENSE FINANCE AND ACCOUNTING SERVICE
U.S. MILITARY RETIRED PAY
8899 E. 56TH ST
INDIANAPOLIS, IN 46249-1200

1 Gross distribution $ 76008.03	OMB No. 1545-0119
2a Taxable amount $ 76008.03	**2017** Form **1099-R**
2b ☐ Taxable amount not determined ☐ Total Distribution	

Distributions From Pensions, Annuities Retirement, or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S Federal identification number 34-0727612

RECIPIENT'S identification number [redacted]

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

RV06_D0023_06286
DAVID CHARLES SULLIVAN
99 FRONT ST
PALM COAST FL 32137-1459

4 Federal income tax withheld $ 7956.01	7 Distribution code 7
9 Your percentage of total distribution %	
12 State tax withheld $	13 State/Payer's state no.
$	
FATCA Filing Requirement ☐	RETIRED 01012017-12312017

Copy B

Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service

Form **1099-R** Department of the Treasury - Internal Revenue Service

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Copy B To Be Filed With Employee's FEDERAL Tax Return — **W-2** — 2017 — OMB No. 1545-0008

a Emp social sec nbr [redacted]	1 Wages, tips other comp 52238.36
b Employer ID number 59-6000605	2 Federal income tax withheld 4390.78
	3 Social security wages 52095.80
	4 Social security tax withheld 3229.92
	5 Medicare wages and tips 52095.80
	6 Medicare tax withheld 755.64

c Employer's name, address, and ZIP code
FLAGLER CNTY BRD OF COUNTY COMM
1769 E. Moody Blvd.
Bldg. #1
BUNNELL FL 32110

d Control number

e Employee's name, address, and ZIP code
DAVID C SULLIVAN
99 FRONT ST
PALM COAST FL 32137

7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. For box 12
13 Statutory employee	14 Other FRS 142.5	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Empr's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 41-1628061 Dept. of the Treasury -- IRS

Fidelity INVESTMENTS

c Employer's name, street address, city, state, and ZIP code
Fidelity Financial Services LLC as agent for
FMTC INVESTMENTS
PO BOX 28019
Albuquerque, NM 87125-8019

e Employee's Name and Address
DAVID C SULLIVAN
99 FRONT ST
PALM COAST FL 32137-1459

eDelivered

Customer service phone number 800-544-6666

a Employer Federal ID # 59-6000605	RECIPIENT'S ID # [redacted]	Account Number [redacted]	
1 Gross distribution $ 900.00	2a Taxable amount $ 900.00	Total distribution ☒	4 Federal income tax withheld $ 90.00
2b Taxable amount not determined ☐	3 Capital gain (included in box 2a) $	5 Employee contributions/ Designated Roth contrib. or insurance premiums $	6 Net unrealized appreciation in employer's securities $
7 Distribution code(s) 7	IRA/ SEP/ SIMPLE ☒	8 Other $	9a Your percentage of total distribution %
9b Total employee contributions $	12 State tax withheld $	13 State/Payer's state number FL	14 State distribution $
15 Local tax withheld $	16 Name of locality	17 Local distribution $	

OMB No. 1545-0119 **2017** Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

This information is being furnished to the Internal Revenue Service.

COPY B Report this income on your federal tax return. If this Form shows federal income tax withheld in box 4, attach this copy to your return.

Department of the Treasury - Internal Revenue Service

01/12/2018 eDelivered