

**APPLICATION FOR
NOMINATION TO THE
5TH DISTRICT COURT OF APPEAL
FOR
C. JOSEPH BOATWRIGHT II
DECEMBER 18, 2018**



APPLICATION FOR NOMINATION TO THE 5th DISTRICT COURT

(Please attach additional pages as needed to respond fully to questions.)

DATE: 12/17/2018 Florida Bar No.: 626570

GENERAL: Social Security No.: [REDACTED]

1. Name C. Joseph Boatwright II (Joe Boatwright) E-mail: [REDACTED]

Date Admitted to Practice in Florida: 4/16/2003

Date Admitted to Practice in other States: NA

2. State current employer and title, including professional position and any public or judicial office.

Putnam County Court Judge, Seventh Judicial Circuit, Florida

3. Business address: 410 St. Johns Ave. Room 310

City Palatka County Putnam State FL ZIP 32177

Telephone (386) 329-0269 FAX (386) 329-1229

4. Residential address: [REDACTED]

City [REDACTED] County Putnam State [REDACTED] ZIP [REDACTED]

Since 1979 Telephone [REDACTED]

5. Place of birth: Tampa, FL

Date of birth: [REDACTED] Age: 46

6a. Length of residence in State of Florida: 46

6b. Are you a registered voter? Yes No

If so, in what county are you registered? Putnam County, FL

7. Marital status: Married

If married: Spouse's name [REDACTED]

Date of marriage 01/06/2006

Spouse's occupation House Wife

If ever divorced give for each marriage name(s) of spouse(s), current address for each former spouse, date and place of divorce, court and case number for each divorce.

NA

8. Children

<i>Name(s)</i>	<i>Age(s)</i>	<i>Occupation(s)</i>	<i>Residential address(es)</i>
[REDACTED]	10	None	[REDACTED]
[REDACTED]	7	None	[REDACTED]
[REDACTED]	5	None	[REDACTED]

9. Military Service (including Reserves)

<i>Service</i>	<i>Branch</i>	<i>Highest Rank</i>	<i>Dates</i>
NA			

Rank at time of discharge _____ Type of discharge _____
 Awards or citations _____

<i>Service</i>	<i>Branch</i>	<i>Highest Rank</i>	<i>Dates</i>
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Rank at time of discharge _____ Type of discharge _____
 Awards or citations _____

HEALTH:

10. Are you currently addicted to or dependent upon the use of narcotics, drugs, or intoxicating beverages? If yes, state the details, including the date(s).

No

11a. During the last ten years have you been hospitalized or have you consulted a professional or have you received treatment or a diagnosis from a professional for any of the following: Kleptomania, Pathological or Compulsive Gambling, Pedophilia, Exhibitionism or Voyeurism?

Yes No

If your answer is yes, please direct each such professional, hospital and other facility to furnish the Chairperson of the Commission any information the Commission may request with respect to any such hospitalization, consultation, treatment or diagnosis. ["Professional" includes a Physician, Psychiatrist, Psychologist, Psychotherapist or Mental Health Counselor.]

Please describe such treatment or diagnosis.

11b. In the past ten years have any of the following occurred to you which would interfere with your ability to work in a competent and professional manner?

- Experiencing periods of no sleep for 2 or 3 nights
- Experiencing periods of hyperactivity
- Spending money profusely with extremely poor judgment
- Suffered from extreme loss of appetite
- Issuing checks without sufficient funds
- Defaulting on a loan
- Experiencing frequent mood swings
- Uncontrollable tiredness
- Falling asleep without warning in the middle of an activity

Yes No

If yes, please explain.

12a. Do you currently have a physical or mental impairment which in any way limits your ability or fitness to properly exercise your duties as a member of the Judiciary in a competent and professional manner?

Yes No

12b. If your answer to the question above is Yes, are the limitations or impairments caused by your physical or mental health impairment reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring or counseling program?

Yes No

Describe such problem and any treatment or program of monitoring or counseling.

13. During the last ten years, have you ever been declared legally incompetent or have you or your property been placed under any guardianship, conservatorship or committee? If yes, give full details as to court, date and circumstances.

No

14. During the last ten years, have you unlawfully used controlled substances, narcotic drugs or dangerous drugs as defined by Federal or State laws? If your answer is "Yes," explain in detail. (Unlawful use includes the use of one or more drugs and/or the unlawful possession or distribution of drugs. It does not include the use of drugs taken under supervision of a licensed health care professional or other uses authorized by Federal law provisions.)

No

15. In the past ten years, have you ever been reprimanded, demoted, disciplined, placed on probation, suspended, cautioned or terminated by an employer as result of your alleged consumption of alcohol, prescription drugs or illegal use of drugs? If so, please state the circumstances under which such action was taken, the name(s) of any persons who took such action, and the background and resolution of such action.

No

16. Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of alcohol or drugs? If so, please state the date you were requested to submit to such a test, the type of test required, the name of the entity requesting that you submit to the test, the outcome of your refusal and the reason why you refused to submit to such a test.

No

17. In the past ten years, have you suffered memory loss or impaired judgment for any reason? If so, please explain in full.

No

EDUCATION:

18a. Secondary schools, colleges and law schools attended.

<i>Schools</i>	<i>Class Standing</i>	<i>Dates of Attendance</i>	<i>Degree</i>
Duke University School of Law	N/A	2016-2018	LL.M. Master of Laws Judicial Studies
University of Florida, Levin College of Law	GPA: 3.86 (The LL.M program no longer gives rankings)	2006-2008	LL.M. Master of Laws Taxation
Catholic University of America, Columbus School of Law	GPA: 3.88; Class Rank: Top 1% (2/217)	2000-2002	Juris Doctor

Covington Theological Seminary	N/A	1995-1997	Master of Religious Education
University of Florida	GPA: 3.3	1991-1994	B.A./Political Science

- 18b. List and describe academic scholarships earned, honor societies or other awards.
1. Awarded Full Merit Scholarship from Duke University School of Law for Master of Judicial Studies, LL.M. program (2016-2018).
 2. Selected as Editor in Chief for the Spring 2018 edition of the Judicature Law Journal.
 3. Selected to serve on the editorial board for the Winter 2017 edition of the Judicature Law Journal.
 4. Selected as a member of the Catholic University Law Review.
 5. Summa Cum Laude graduate, The Catholic University of America, Columbus School of Law
 6. Golden Key National Honor Society, University of Florida

NON-LEGAL EMPLOYMENT:

19. List all previous full-time non-legal jobs or positions held since 21 in chronological order and briefly describe them.

<i>Date</i>	<i>Position</i>	<i>Employer</i>	<i>Address</i>
1994-2000	Principal	Open Bible Baptist Academy	124 Old San Mateo Road, East Palatka, Fl 3213

PROFESSIONAL ADMISSIONS:

20. List all courts (including state bar admissions) and administrative bodies having special admission requirements to which you have ever been admitted to practice, giving the dates of admission, and if applicable, state whether you have been suspended or resigned.

Florida Bar (2003)
 United States District Court, Middle District of Florida (2004)
 United States Tax Court (2008)

LAW PRACTICE: (If you are a sitting judge, answer questions 21 through 26 with reference to the years before you became a judge.)

21. State the names, dates and addresses for all firms with which you have been associated in practice, governmental agencies or private business organizations by which you have been employed, periods you have practiced as a sole practitioner, law clerkships and other prior employment:

<i>Position</i>	<i>Name of Firm</i>	<i>Address</i>	<i>Dates</i>
1. Putnam County Court Judge, 7th Judicial Circuit, P.O. Box 758, Palatka, FL 32177 -			January 2013- Present
2. Florida Coastal School of Law, 8787 Baypine Road, Jacksonville, FL 32256, Adjunct Professor – August 2003-2016.			
3. St. Johns River State College, 5001 St. Johns Ave., Palatka, FL 32177, Adjunct Professor- January 2014-Present.			
4. Office of the State Attorney, 7th Judicial Circuit of Florida, 410 St. Johns Ave., Palatka, FL 32177, Managing Assistant State Attorney - January 2009-2012.			

5. Ivan, Cole, &
Bonnette,
Jacksonville, FL,
Associate
Attorney-July
2008-December
2008.

6. Law Offices of
Donald E. Holmes,
222 North Third
Street, Palatka, FL
32177, Associate
Attorney- August
2005-July 2008.

7. Office of the
State Attorney, 7th
Judicial Circuit of
Florida, 410 St.
Johns Ave.,
Palatka, FL 32177,
Assistant State
Attorney- October
2002- August
2005.

8. American Center
for Law and
Justice (ACLJ),
Alexandria, VA,
Law Clerk,
January 2002-
May 2002.

9. D.C. Law
Students in Court
Program (LSIC),
4340 Connecticut
Ave., N.W., Suite
100, Washington,
D.C. 20008,
Student Attorney,
May 2001-

December 2001.

10.Catholic
University,
Columbus School
of Law,
Washington, D.C.
Professor Clifford
S. Fishman,
Research
Assistant, May
2001-August 2001.

22. Describe the general nature of your current practice including any certifications which you possess; additionally, if your practice is substantially different from your prior practice or if you are not now practicing law, give details of prior practice. Describe your typical clients or former clients and the problems for which they sought your services.

Current Practice

I currently serve as a county court judge in Putnam County, Florida, which is part of the Seventh Judicial Circuit. I also am cross assigned as an acting circuit court judge. In addition, I am currently the Administrative Judge for Putnam County. I currently am assigned to the criminal misdemeanor and civil traffic dockets. However, I have handled cases and trials on all of the county court dockets including landlord-tenant, small claims, and county civil. I handle all first appearance hearings during the week. I preside over arraignments, pre-trial conferences, sentencing and violation of probation hearings. I hear numerous motions which include suppression, evidentiary, modification of probation and post-conviction issues. I preside over both jury and non-jury trials. On average, I have been assigned to five to ten thousand cases a year. I have presided over 30 jury trials, over 35 non-jury trials and hundreds of substantive hearings.

As an acting circuit court judge, I have the authority to handle circuit court cases and deal with emergency circuit court issues. I handle emergency motions and hearings dealing with family law issues, dependency cases, injunctions, civil commitments, and extradition matters. I also preside over felony cases including arraignments, pre-trials, jury selection, motion hearings, and pleas and sentencings. I have been assigned to family law cases, foreclosure actions, and injunction final hearings. Currently, I have been assigned to the truancy docket in our family law division.

In addition, I have been assigned in the past to 5th District Court of Appeal to handle criminal, civil, and family law appeals as an associate judge. I have recently been selected to be an associate judge on the 4th District Court of Appeal to serve in July, 2019.

Finally, I serve as the Administrative Judge for Putnam County where I am designated to assist the Chief Judge for administrative matters including but not limited to signing reassignment orders upon the recusal (disqualification) of judges in Putnam County; requiring the attendance of prosecutors, defense counsel, clerks, bailiffs, and other officers of the court in Putnam County; reviewing the status of inmates in the Putnam County Jail; supervising the selection of venirees for petit and grand juries in Putnam County; authorizing the replacement of grand jurors unable to complete their terms; developing a schedule for judicial coverage of First Appearance hearings and consideration of emergency injunctions and other emergency matters that may arise on weekends, holidays and after hours on weekends; ensuring that court facilities and court proceedings in Putnam County are open and available to the public during normal operating hours; and advising the chief judge on matters related to the space provided by the County Commission for operation of the court system in Putnam County.

I am also currently an adjunct professor at St. Johns River State College in Palatka, Florida. I have served in this position since January 2014. The courses I have taught include Business Law I and II.

Prior Experience

I was a Managing Assistant State Attorney for the Office of the State Attorney for the 7th Judicial Circuit of Florida. I served in this position from January 2009 until December 2012. In this position, I performed management of the Putnam County Office of the State Attorney, 7th Judicial Circuit of Florida, by supervising the entire office including attorneys and other staff. I personally handled a caseload of felony cases including but not limited to drug, sex, financial, property, DUI manslaughter, and other violent crimes. In addition to these cases, I litigated all civil forfeiture cases for local law enforcement agencies including drafting pleadings, conducting depositions, and participating in probable cause hearings and trials. Finally, I was assigned to post-conviction relief cases which including drafting responses and arguing the cases at an evidentiary or final hearing.

I was an adjunct professor at Florida Coastal School of Law in Jacksonville, Florida. I served in this position from August 2003-16. The courses I have taught include federal income taxation, partnership tax, corporate tax, legal research and writing, advanced legal research and writing and oral advocacy, criminal procedure, judicial writing, and civil asset seizure/forfeiture law. In performing work in this position, I have prepared lessons, lectured, evaluated writing and research projects, met with students and other faculty, and assigned grades. In order to serve in this position, I have taught evening classes, which has required travel from my home in East Palatka to Jacksonville at least two evenings per week.

I was an Associate Attorney for Ivan, Cole, & Bonnette, Jacksonville, Florida, from July 2008 to December 2008. Ivan, Cole, & Bonnette was an AV rated tax and estate planning firm, which has now dissolved. In this position, I litigated tax, probate, and trust

cases; as well as providing tax planning and advice.

I was an Associate Attorney in the Law Offices of Donald E. Holmes, P.A., Palatka, Florida, from August 2005 to August 2008. Donald E. Holmes, P.A., is an AV rated law firm in Florida. In this position, I litigated all aspects of civil cases involving commercial, real estate, family, land use, and local government law while drafting all pleadings and responses, conducting depositions, arguing at hearings, participating in the discovery process, mediating cases and preparing for both jury and non-jury trials. Further, I represented court appointed and private clients in criminal matters including felony, misdemeanor, and juvenile cases. I worked on transactional matters including drafting documents for the formation of corporations and LLCs; drafting wills and trusts; and providing tax advice in these areas. I also represented local law enforcement agencies in all civil forfeiture matters including providing legal counsel and training, drafting policies, handling all litigation matters, and providing advice on the use and management of the trust accounts. I also handled all facets of real estate matters including but not limited to foreclosures, specific performance suits, boundary line disputes, ejectment actions, title disputes, commercial and residential landlord tenant matters, state and local taxation issues and real estate closings. I was involved in the legal representation of local government agencies including the City of Palatka, City of Interlachen, Putnam County Sheriff's Office, Putnam County Code Enforcement, and Supervisor of Elections Office in all election matters for Putnam County.

I served as an Assistant State Attorney in the Office of the State Attorney, 7th Judicial Circuit of Florida, from October 2002 to August 2005. In this position, I handled a caseload of over 250 cases at one time, performed intake on over 300 cases per month, interviewed victims, investigated cases, and litigated all aspects of criminal, misdemeanor, and juvenile cases in both jury and bench trials. I also litigated all aspects of felony cases including drug, sex, fraud, property, and other violent crimes. This included conducting depositions, arguing at various hearings, writing motions, researching legal issues, participating in the discovery process, selecting juries for trial and presenting cases at trial in both jury and bench trials. I also litigated all civil forfeiture cases for local law enforcement agencies including drafting pleadings, conducting depositions, and participating in probable cause hearings and trials.

I served as a Law Clerk for the American Center for Law and Justice (ACLJ), Alexandria, VA, from January 2002 to May 2002. In this position, I performed legal research and writing on First Amendment, taxation, and other civil liberties issues. I worked on federal legislation and in particular, taxation bills for non-profit groups. This position allowed me to work with experienced attorneys in the field of constitutional law.

I served as a Student Attorney in the D.C. Law Students in Court Program (LSIC), Washington, D.C., from May 2001 to December 2001. I was certified to perform in this capacity by the D.C. Court of Appeals. In this position, I litigated all aspects of landlord/tenant cases while obtaining valuable guidance from experienced attorneys. This position provided me with both case preparation and courtroom experience, and gave me the opportunity to handle an individual case load while having a one-on-one relationship with a seasoned litigator. This work included preparing and filing responsive pleadings on behalf of indigent individuals and arguing written and oral motions before the court on their behalf. I prepared for both jury and bench trials by drafting written and

oral motions and filed all necessary responsive pleadings. I conducted client interviews and completed on site investigations for clients.

I served as Research Assistant to Professor Clifford S. Fishman, Catholic University, Columbus School of Law, from May 2001 to August 2001. In this position, I researched legal issues in evidentiary matters and prepared written legal memoranda that were used in publishing evidence treatises Jones on Evidence.

23. What percentage of your appearance in courts in the last five years or last five years of practice (include the dates) was in:

	Court		Area of Practice
Federal Appellate	<u>0</u> %	Civil	<u>25</u> %
Federal Trial	<u>0</u> %	Criminal	<u>25</u> %
Federal Other	<u>0</u> %	Family	<u>25</u> %
State Appellate	<u>1</u> %	Probate	<u>25</u> %
State Trial	<u>98</u> %	Other	<u> </u> %
State Administrative	<u>1</u> %		
State Other	<u> </u> %		
	<u> </u> %		
TOTAL	<u>100</u> %	TOTAL	<u>100</u> %

24. In your lifetime, how many (number) of the cases you have tried to verdict or judgment were:

	20 (10 first chair; 10 second chair)	Non-jury?	
Jury?	<u> </u>		<u>20</u>
Arbitration?	<u>0</u>	Administrative Bodies?	<u>3</u>

25. Within the last ten years, have you ever been formally reprimanded, sanctioned, demoted, disciplined, placed on probation, suspended or terminated by an employer or tribunal before which you have appeared? If so, please state the circumstances under which such action was taken, the date(s) such action was taken, the name(s) of any persons who took such action, and the background and resolution of such action.

No

26. In the last ten years, have you failed to meet any deadline imposed by court order or received notice that you have not complied with substantive requirements of any business or contractual arrangement? If so, please explain in full.

No

(Questions 27 through 30 are optional for sitting judges who have served 5 years or more.)

27a. For your last 6 cases, which were tried to verdict before a jury or arbitration panel or tried to judgment before a judge, list the names and telephone numbers of trial counsel on all sides and court case numbers (include appellate cases).

1. State of Florida v. Brandall Hawkins; 09-47344 MMAES (7th Judicial Circuit, Volusia County)

a. State- Josh Alexander and Joe Boatwright (904 824-9788)

b. Defense- Joe Warren (386-253-5612)

2. John Salonen v. Jannette Stoeffler; 05-716-CA-53 (7th Judicial Circuit, Putnam County)

a. Plaintiff- Donald E. Holmes and Joe Boatwright (386-328-1111)

b. Defense- John Key (386 385-3646)

3. State of Florida v. Daniel E. Buchanan; 2004-1285-CF-53 (7th Judicial Circuit, Putnam County)

a. State- Joe Boatwright

b. Defense- Gary Wood (386-326-3993) and Ronald E. Clark (deceased)

4. State of Florida v. Gary Eugene Bland; 2004-0985-CF-53 (7th Judicial Circuit, Putnam County)

a. State- Joe Boatwright

b. Defense- Larry Sikes (deceased)

5. State of Florida v. Spencer Faison; 2004-0307-CF-53 (7th Judicial Circuit, Putnam County)

a. State- Joe Boatwright

b. Defense- Robert Vest (robert_vst@yahoo.com)

6. State of Florida v. Jose E. Gutierrez; 2003-1173 (7th Judicial Circuit, Putnam County)

a. State- Joe Boatwright

b. Defense- Kevin Monahan (386 325-8673)

27b. For your last 6 cases, which were settled in mediation or settled without mediation or trial, list the names and telephone numbers of trial counsel on all sides and court case numbers (include appellate cases).

1. Daniel McLendon v. Glen M. Titus; 06-570 CA (7th Judicial Circuit, Putnam County)

a. Plaintiff- Joe Boatwright

b. Defendant- Lew A. Merryday (deceased)

2. Patricia Spengler and Robert Spengler v. Derek Mayo and Gordon Zeuhl; 06-175-CA 52 (7th Judicial Circuit, Putnam County)

a. Plaintiff- Joe Boatwright

b. Defendant- N. Mark New (904 224-4499)

3. Susan Loosberg v. Andres Loosberg; 07-126-FD-54 (7th Judicial Circuit, Putnam County)

a. Petitioner- Leanna Freeman (904 471-7272)

b. Respondent- Joe Boatwright

4. Laura Lee Johnson v. Louis Scott Johnson; 07-272-FD

a. Peititioner- Joe Boatwright

b. Respondent- Charles Esposito (386 627-8310)

5. Tammy Powell v. Edward Powell; 05-1661-FD 54 (7th Judicial Circuit, Putnam County)

a. Petitioner-Joe Boatwright

b. Respondent-Robert Fields (386-325-2041)

6. Jamie Lynn Chirico v. Anthony Chirico; 06-717-FD-54 (7th Judicial Circuit, Putnam County)

a. Petitioner- Rachel Murphy (deceased)

b. Respondent- Joe Boatwright (386-329-0259)

27c. During the last five years, how frequently have you appeared at administrative hearings?
less than one average times per month

27d. During the last five years, how frequently have you appeared in Court?
5 average times per month

27e. During the last five years, if your practice was substantially personal injury, what percentage of your work was in representation of plaintiffs? NA% Defendants? NA%

28. If during any prior period you have appeared in court with greater frequency than during the last five years, indicate the period during which this was so and give for such prior periods a succinct statement of the part you played in the litigation, numbers of cases and whether jury or non-jury.

As an assistant state attorney from 2002-2005 I appeared in court on an average of 15

times a month. This would include jury and non-jury trials, administrative court days, and hearings.

29. For the cases you have tried to award in arbitration, during each of the past five years, indicate whether you were sole, associate or chief counsel. Give citations of any reported cases.

NA

30. List and describe the six most significant cases which you personally litigated giving case style, number and citation to reported decisions, if any. Identify your client and describe the nature of your participation in the case and the reason you believe it to be significant. Give the name of the court and judge, the date tried and names of other attorneys involved.

1. John Salonen v. Jannette Stoeffler; 05-716-CA-53 (7th Judicial Circuit, Putnam County)

a. Plaintiff- Donald E. Holmes and Joe Boatwright (386-328-1111)

b. Defense- John Key (386-385-3646)

c. Judges- Arthur Nichols and Edward Hedstrom

d. Date of Trial: 1-23-2008

e. Our office represented the plaintiff in a complex civil case that was litigated for nearly two years. The case involved a specific performance and breach of contract action involving a dispute over commercial real estate. I drafted the majority of the pleadings including the summary judgment motion, took depositions, and drafted the closing arguments that were submitted to the court. The case was significant in that I was able to litigate a complicated civil case all the way through the trial phase. The main issue in the case involved an option provision, which our client claimed gave him the right to purchase the subject property. The defendant argued that the provision was a right of first refusal. I drafted and argued a summary judgment motion wherein the court ruled that the provision was an option to purchase. The only issue that remained was the size of the property that the Plaintiff was entitled to purchase. This was the issue that we litigated at trial. The judge asked us to submit written oral arguments and I was involved in drafting those arguments. Subsequently, the judge ruled in our favor and granted specific performance.

2. State of Florida v. Daniel E. Buchanan; 2004-1285-CF-53 (7th Judicial Circuit, Putnam County)

a. State- Joe Boatwright (386-329-0259)

b. Defense- Gary Wood (386-326-3993) and Ronald E. Clark (deceased)

c. Judge- Edward Hedstrom

d. Date of Trial: 4-04-05

e. I represented the State of Florida in this case. The defendant, Mr. Buchanan, was charged with aggravated battery with a firearm. The defendant was a licensed bailbondsman with a subject out on bond. This subject individual had failed to appear for a court appearance. The defendant tried for many months to find the subject individual. He finally made contact with the individual and while the individual was trying to escape, the defendant shot him in the back. The defendant claimed self defense and that as a

bondsman he had the same right as a law enforcement officer to use deadly force to effectuate an arrest. This case was significant in that it was politically and racially charged. This is one of the few cases that I have been involved in, for which the public seemed to be against the prosecution. This was a week-long jury trial with over 20 witnesses. The jury found the defendant guilty and he was sentenced to 25 years in prison. His sentence was later overturned on appeal based on a jury selection issue. Although, the case was overturned on appeal, the case was significant in that the appellate court ruled that a bondsman only had the authority to use reasonable force in effectuating an arrest and did not have the same legal authority as a law enforcement officer.

3. State of Florida v. Gary Eugene Bland; 2004-0985-CF-53 (7th Judicial Circuit, Putnam County)

a. State- Joe Boatwright (386-329-0259)

b. Defense- Larry Sikes (deceased)

c. Judge- Arthur Nichols

d. Date of Trial: 5-23-2005

e. I represented the State of Florida in this case. The defendant was a 55 year old man who was accused of committing lewd and lascivious battery on a 15 year old girl. He had previously been convicted of lewd and lascivious molestation. I was able to use the two victims in his previous case as similar fact witnesses in the jury trial. A jury convicted him of lewd and lascivious battery and he was sentenced to the maximum of 15 years in prison. The case was significant in that this was a dangerous individual that we were able to convict and put in prison so that the community was protected. Further, it gave me experience in drafting a "Williams Rule" motion and using similar fact witnesses.

4. State v. Sylvester Andrews; 2003-1001-CF-53 (7th Judicial Circuit, Putnam County)

a. State- Joe Boatwright (386-329-0259)

b. Defense- Larry Sikes (904-879-1473)

c. Date of Trial: 2-09-2004

d. Judge- Arthur Nichols

I represented the State of Florida in this case. The defendant in this case was accused of attempted first degree murder. He was accused of stabbing his employer in the back 15 times because the employer did not pay him his wages on time. The jury found him guilty and he was sentenced as an habitual offender to life in prison. The case was significant in that I was able to gain experience using the repeat offender sentencing enhancements and was able to assist in sentencing a dangerous individual to life imprisonment.

5. State of Florida vs. Spencer Faison; 2004-0307-CF-53 (7th Judicial Circuit, Putnam County)

a. State-Joe Boatwright (386-329-0259)

b. Defense- Robert Vest (robert_vst@yahoo.com)

c. Judge- Arthur Nichols

d. Date of Trial: 1-10-2005

e. I represented the State of Florida in this case. The defendant was released from prison after serving a murder sentence. The defendant was accused of robbery while wearing a mask. The crime involved robbery of a convenience store by a man wearing a ski mask. The crime occurred within a week of the defendant's release from prison. The jury found the defendant guilty as charged. The defendant was sentenced to 30 years in prison under the Prison Releasee Reoffender statute. The case was significant in that I was able to gain experience using the prison releasee reoffender sentencing provisions and that a violent individual went to prison for 30 years.

6. State of Florida vs. Purcell Bagley

a. State- Joe Boatwright

b. Defendant- Kevin Monahan (386 325-8673)

c. Judge- Carlos Mendoza

I was responsible for drafting responses and arguing post-conviction relief cases while I managed the state attorney's office in Putnam County, FL. The case was significant in that it provided an opportunity to draft a response that dealt with many of the issues that arise in 3,850 motions. Although these types of cases involve an evidentiary hearing, they do involve appellate type issues and require one to work with the trial court's record in drafting responses.

31. Attach at least one example of legal writing which you personally wrote. If you have not personally written any legal documents recently, you may attach writing for which you had substantial responsibility. Please describe your degree of involvement in preparing the writing you attached.

I wrote all the documents attached. Some minor editing on one of the legal articles was done by Dean Michael Friel at the University of Florida, Levin College of Law. The other articles had editing done by the editorial boards for the respective law journals.

PRIOR JUDICIAL EXPERIENCE OR PUBLIC OFFICE:

32a. Have you ever held judicial office or been a candidate for judicial office? If so, state the court(s) involved and the dates of service or dates of candidacy.

Putnam County Court Judge, 7th Judicial Circuit Florida- January 2013-Present

32b. List any prior quasi-judicial service:

Dates

Name of Agency

Position Held

Types of issues heard:

32c. Have you ever held or been a candidate for any other public office? If so, state the office, location and dates of service or candidacy.

No

32d. If you have had prior judicial or quasi-judicial experience,

(i) List the names, phone numbers and addresses of six attorneys who appeared before you on matters of substance.

1. Bradley J. Bradley, Esquire

Chief Administrative Office/Chief Counsel

St. Johns County Clerk of Court

410 Lewis Speedway, St. Augustine, FL 32084

Office (904) 819-3600

Cell (904) 655-1559

2. Kurt Teifke, Esquire

1 Hargrove Grade, Building A Suite 2E

Palm Coast, FL 32137

(386) 269-4551

3. Alex Sharp, Esquire

General Counsel

Putnam County Sheriff's Office

130 Orié Griffin Blvd.

Palatka, FL 32177

Cell (386) 916-0838

4. Andrew Morgan, Esquire

Canan Law

1030 North Ponce de Leon

St. Augustine, FL 32084

Office (904) 217-6209

Cell (904) 382-9897

5. Kevin Sharbaugh, Esquire
Keyser and Sharbaugh, P.A.
501 Atlantic Ave.
Interlachen, FL
Office (386) 684-4673

6. Charlie Douglas, Esquire
Douglas and Hedstrom, PA
601 St. Johns Ave.
Palatka, FL 32177
Office (386) 328-6000
Cell (904) 673-2118

- (ii) Describe the approximate number and nature of the cases you have handled during your judicial or quasi-judicial tenure.

Current Practice

I currently serve as a county court judge in Putnam County, Florida, which is part of the Seventh Judicial Circuit. I also am cross assigned as an acting circuit court judge. In addition, I am currently the Administrative Judge for Putnam County. I currently am assigned to the criminal misdemeanor and civil traffic dockets. However, I have handled cases and trials on all of the county court dockets including landlord-tenant, small claims, and county civil. I handle all first appearance hearings during the week. I preside over arraignments, pre-trial conferences, sentencing and violation of probation hearings. I hear numerous motions which include suppression, evidentiary, modification of probation and post-conviction issues. I preside over both jury and non-jury trials. On average, I have been assigned to five to ten thousand cases a year. I have presided over 30 jury trials, over 35 non-jury trials and hundreds of substantive hearings.

As an acting circuit court judge, I have the authority to handle circuit court cases and deal with emergency circuit court issues. I handle emergency motions and hearings dealing with family law issues, dependency cases, injunctions, civil commitments, and extradition matters. I also preside over felony cases including arraignments, pre-trials, jury selection, motion hearings, and pleas and sentencings. I have been assigned to family law cases, foreclosure actions, and injunction final hearings. Currently, I have been assigned to the truancy docket in our family law division.

In addition, I have been assigned in the past to 5th District Court of Appeal to handle criminal, civil, and family law appeals as an associate judge. I have

recently been selected to be an associate judge on the 4th District Court of Appeal to serve in July 2019.

- (iii) List citations of any opinions which have been published.

FL v. Johnson, 22 Fla. L. Weekly Supp. 1067b

- (iv) List citations or styles and describe the five most significant cases you have tried or heard. Identify the parties, describe the cases and tell why you believe them to be significant. Give dates tried and names of attorneys involved.

1. State of Florida v. Amber Rye, 2012-1572 CT (Putnam County Court, Seventh Judicial Circuit)

a. Trial Date- January 16, 2013

a. State of Florida- Marie Defusco

b. Defense-Mack Brunton

I presided over a jury trial in which the defendant was charged with one count of Driving Under the Influence. The State alleged that the defendant was under the influence of drugs rather than alcohol. The case was significant because it presented a situation where three different expert witnesses testified as to different issues regarding the impairment of the defendant and the drugs in her system. I had to determine the reliability of each witness and decide whether they could testify on highly technical issues.

2. Richard Northrip v. James Nicholson, 2012-145 SC (Putnam County Court, Seventh Judicial Circuit, Florida)

a. Trial Date- February 12, 2013

b. Plaintiff's Attorney- Jeremiah Mulligan

d. Defendant's Attorney- Kevin Sharbaugh

The plaintiff brought claims of Breach of Contract and Unjust Enrichment against the defendant. The plaintiff had performed mechanic services for the defendant in repairing his automobile. The defendant refused to pay the plaintiff for services rendered based on faulty workmanship but later refused, claiming he did not receive a written estimate as required by Fla. Stat. 559.905. I ruled for the defendant. Although the plaintiff had done substantial work on the defendant's automobile, I ruled for the Defendant because the plain language of Fla. Stat. 559.905 and 5th DCA precedent of Osteen v. Morris, 481 So. 2d 1287 (Fla. 5th DCA 1986) required that a written estimate be given in order to recover damages. The case was significant in that it raised issues of statutory interpretation and the use of textualism. In addition, I was confronted with the issue that by following the law the result was not equitable.

3. Kevin Smith and Elizabeth Smith v. Duane Brown Fill Dirt, Inc., 2016-719 CC (Putnam County Court, Seventh Judicial Circuit, Florida)

a. Trial Date- November 22, 2017

b. Plaintiff- Timothy Keyser

c. Defendant- Adam Rowe

The plaintiffs brought claims for Negligent Construction and Trespass on the Case. The plaintiffs alleged that the defendant had negligently constructed a roadway in their neighborhood which changed the water flow and caused damages to their property. The case was significant in that I had to deal with expert witnesses in the area of road construction. In addition, I had to deal with complicated issues regarding surface water runoff due to negligent construction.

4. Village Inn Bar and Grill v. Ronald D. Brown and Sumter County, Fl, 5D16-1897 (Fla. 5th District Court of Appeal)

Appellant-Bryan T. Anderson, Esq. and James Schatt, Esq.

Appellee- Christian Waugh, Esq. and George G. Angelidias

I was fortunate enough to be invited to be an associate judge on four appellate cases on the Fifth District Court of Appeals in 2017. One of the four cases dealt with complex issues dealing with appellant's claim in trying to gain legal access to his business establishment. The case was significant in that allowed me to be part of the appellate process first hand. I was able to handle the case from start to finish including but not limited to working with the judicial clerk assigned to the case, reading through the record below, doing extensive legal research, preparing for and sitting on a oral argument panel, and being involved in the final decision making process.

5. In Re: The Marriage of Ashley M. Lemay, Former Wife and James W. Lemay, DR 12-0041(Circuit Court, Seventh Judicial Circuit, In and For St. Johns County, Florida)

a. Hearing Date- August 5, 2014

b. Former Wife-Colin C. Klein, Esq.

c. Former Husband- Adam J. Kohl, Esq.

I was assigned to a family law case in St. Johns County, Fl. Although I handled numerous family law cases in private practice, this was the first time I handled a substantial family law case as a judge. I presided over the final hearing on a Motion to Modify and Enforce the Final Judgment. The case provided me with the opportunity to deal with issues of child support, child custody, uncovered medical expenses, and issues dealing with a related injunction case.

(v) Has a complaint about you ever been made to the Judicial Qualifications Commission? If so, give date, describe complaint, whether or not there was a finding of probable cause, whether or not you have appeared before the Commission, and its resolution.

No

(vi) Have you ever held an attorney in contempt? If so, for each instance state name of attorney, approximate date and circumstances.

No

- (vii) If you are a quasi-judicial officer (ALJ, Magistrate, General Master), have you ever been disciplined or reprimanded by a sitting judge? If so, describe.

N/A

BUSINESS INVOLVEMENT:

- 33a. If you are now an officer, director or otherwise engaged in the management of any business enterprise, state the name of such enterprise, the nature of the business, the nature of your duties, and whether you intend to resign such position immediately upon your appointment or election to judicial office.

N/A

- 33b. Since being admitted to the Bar, have you ever been engaged in any occupation, business or profession other than the practice of law? If so, give details, including dates.

1. Managing Member of Putnam Enterprises LLC (2004-2009). The LLC was used to buy and sell real estate. The LLC was dissolved in 2009.

2. Florida Coastal School of Law, Jacksonville, FL, Adjunct Professor – August 2003-August 2016.

3. St. Johns River State College, Palatka, FL, Adjunct Professor- January 2014-Present.

- 33c. State whether during the past five years you have received any fees or compensation of any kind, other than for legal services rendered, from any business enterprise, institution, organization, or association of any kind. If so, identify the source of such compensation, the nature of the business enterprise, institution, organization or association involved and the dates such compensation was paid and the amounts.

1. I received rental income from rental houses that I own. This is documented on the tax returns attached.

2. (1) Florida Coastal School of Law, Jacksonville, FL, (2) law school, (3) August 2003-2016. The amounts paid are documented on the attached tax returns.

3. (1) St. Johns River State College, Palatka, FL, (2) state college, (3) January 2014-present. The amounts paid are documented on the attached tax returns.

POSSIBLE BIAS OR PREJUDICE:

34. The Commission is interested in knowing if there are certain types of cases, groups of entities, or extended relationships or associations which would limit the cases for which you could sit as the presiding judge. Please list all types or classifications of cases or litigants for which you as a general proposition believe it would be difficult for you to sit as the presiding judge. Indicate the reason for each situation as to why you believe you might be in conflict. If you have prior judicial experience, describe the types of cases from which you have recused yourself.

None

MISCELLANEOUS:

35a. Have you ever been convicted of a felony or a first degree misdemeanor?

Yes _____ No If "Yes" what charges? _____

Where convicted? _____ Date of Conviction: _____

35b. Have you pled nolo contendere or pled guilty to a crime which is a felony or a first degree misdemeanor?

Yes _____ No If "Yes" what charges? _____

Where convicted? _____ Date of Conviction: _____

35c. Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor?

Yes _____ No If "Yes" what charges? _____

Where convicted? _____ Date of Conviction: _____

36a. Have you ever been sued by a client? If so, give particulars including name of client, date suit filed, court, case number and disposition.

No

36b. Has any lawsuit to your knowledge been filed alleging malpractice as a result of action or inaction on your part?

No

36c. Have you or your professional liability insurance carrier ever settled a claim against you for professional malpractice? If so, give particulars, including the amounts involved.

No

37a. Have you ever filed a personal petition in bankruptcy or has a petition in bankruptcy been filed against you?

No

37b. Have you ever owned more than 25% of the issued and outstanding shares or acted as an officer or director of any corporation by which or against which a petition in bankruptcy has been filed? If so, give name of corporation, your relationship to it and date and caption of petition.

No

38. Have you ever been a party to a lawsuit either as a plaintiff or as a defendant? If so, please supply the jurisdiction/county in which the lawsuit was filed, style, case number, nature of the lawsuit, whether you were Plaintiff or Defendant and its disposition.

Yes. I am currently being sued in the County Court, Seventh Judicial Circuit, In and For Putnam County, Florida. I am currently a named defendant along with the Putnam County Sheriff's Office and the Office of the Public Defender. We are being sued in Small Claims Court by a former criminal defendant. It is unclear from the complaint as to the actual allegations but it deals with an allegation of causing him emotional distress.

Motions to Dismiss have been filed by the defendants and are pending before the Court at this time.

39. Has there ever been a finding of probable cause or other citation issued against you or are you presently under investigation for a breach of ethics or unprofessional conduct by any court, administrative agency, bar association, or other professional group. If so, give the particulars.

No

40. To your knowledge within the last ten years, have any of your current or former co-workers, subordinates, supervisors, customers or clients ever filed a formal complaint or formal accusation of misconduct against you with any regulatory or investigatory agency, or with your employer? If so, please state the date(s) of such formal complaint or formal accusation(s), the specific formal complaint or formal accusation(s) made, and the background and resolution of such action(s). (Any complaint filed with JQC, refer to 32d(v).

No

41. Are you currently the subject of an investigation which could result in civil, administrative or criminal action against you? If yes, please state the nature of the investigation, the agency conducting the investigation and the expected completion date of the investigation.

No

42. In the past ten years, have you been subject to or threatened with eviction proceedings? If yes, please explain.

No

- 43a. Have you filed all past tax returns as required by federal, state, local and other government authorities?

Yes No If no, please explain. _____

- 43b. Have you ever paid a tax penalty?

Yes No If yes, please explain what and why. _____

- 43c. Has a tax lien ever been filed against you? If so, by whom, when, where and why?

No

HONORS AND PUBLICATIONS:

44. If you have published any books or articles, list them, giving citations and dates.
1. Editor In Chief Judicature Law Journal, Volume 102 Number 1 (Spring 2018).
<https://judicialstudies.duke.edu/editions/spring-2018/>
 2. Board of Editors Judicature Law Journal, Volume 101 Number 4 (Winter 2017).
<https://judicialstudies.duke.edu/editions/winter-2017/>
 3. C. Joseph Boatwright II, Solving the Problem of Criminalizing the Mentally Ill: The Miami Model, to be published 56 Am. Crim. L. Rev. 135 (2019).
 4. Joe Boatwright, Supreme Collaboration: Fun Stories and Useful Advice for Would-Be CoAuthors, Judicature Law Journal, Volume 102 Number 3 (Winter/Fall 2018) (reviewing Bryan Garner, Nino and Me: My unusual Friendship With Antonin Scalia (2018)).
 5. C. Joseph Boatwright, The Salvation Army in Moscow- A Less-Than Decisive Victory, 4 INT'L J. OF NOT-FOR-PROFIT LAW 4 (2002) at http://www.icnl.org/journal/vol4iss4/cn_nis.htm.
 6. C. Joseph Boatwright, 1997 Freedom of Conscience and Religious Associations: Its Effect on New Religions, 1 INT'L J. OF NOT-FOR-PROFIT LAW 2 (2003).
 7. C. Joseph Boatwright, Should the 501(c)(3) Political Activity Prohibition Be Revoked? 6 INT'L J. CIV. SOC. L. 3 (2008).
45. List any honors, prizes or awards you have received. Give dates.
None other than those listed in 18b above.
46. List and describe any speeches or lectures you have given.
- A. I have lectured to local law enforcement agencies on the following subjects:
1. Civil Forfeiture Law
 2. 4th , 5th , and 6th Amendment Law
 3. Case Preparation and Investigation
- B. I lectured on the subject of election law to the poll workers in Putnam County, Florida, during the 2004 presidential election.
- C. I have lectured to QI Roberts Cambridge Program students on the legal system as part of the justice teaching program.
- D. I presented a lecture on the Putnam County State Attorney's Office to the Palatka Kiwanas in 2012.
- E. I made a speech on the benefits of Rotary during the Crescent Rotary's installation banquet.
- F. I have lectured to Jenkins Middle School students on the legal system as part of the justice teaching program.
47. Do you have a Martindale-Hubbell rating? Yes If so, what is it? ___ No

PROFESSIONAL AND OTHER ACTIVITIES:

- 48a. List all bar associations and professional societies of which you are a member and give the titles and dates of any office which you may have held in such groups and committees to which you belonged.

Member of the St. Augustine Inn of Court

Member of Scribes: The American Society of Legal Writers

Former Member Putnam County Bar

Former Member Florida Bar Tax Division

- 48b. List, in a fully identifiable fashion, all organizations, other than those identified in response to question No. 48(a), of which you have been a member since graduating from law school, including the titles and dates of any offices which you have held in each such organization.

Member and Board Member of Palatka Rotary Club, Palatka, FL

(President Elect for 2019)

Board Member Ark Youth Shelter, St. Augustine, FL

Member and Treasurer of God's Way Baptist Church, Hastings, FL

Board Member Project Lighthouse, Palatka, FL

Board Member ARC of Putnam County, FL

Finance Committee Member ARC of Putnam County, FL

Board Member Putnam County Habitat for Humanity

Seventh Judicial Circuit's Pro-Bono Sub-Committee Chairman for Putnam County

Justice Teaching Volunteer

Member Putnam County Public Safety Council

- 48c. List your hobbies or other vocational interests.

Golf, Fishing, Teaching, and Writing

- 48d. Do you now or have you ever belonged to any club or organization that in practice or policy restricts (or restricted during the time of your membership) its membership on the basis of race, religion, national origin or sex? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices and whether you intend to continue as a member if you are selected to serve on the bench.

No

- 48e. Describe any pro bono legal work you have done. Give dates.

I have recently been assigned as the Seventh Judicial Circuit's Pro-Bono Sub-Committee Chairman for Putnam County. Prior to this appointment, I performed pro bono legal work for an average of about 30 hours a year from 2005 until 2012. It should be noted that during two years of this time period, I was working full-time and going to school to get my LL.M. The remaining amount of my legal career has been spent

working for the State Attorney's Office. The pro bono work that I performed was accomplished on my own and was in the form of providing legal advice to non-profit organizations, representing students in expulsion hearings in front of the Putnam County School Board, and providing legal advice to indigent individuals.

SUPPLEMENTAL INFORMATION:

- 49a. Have you attended any continuing legal education programs during the past five years? If so, in what substantive areas?

Florida Judicial College Phase I

Daubert and Florida Evidence, Florida's New Expert Opinion Evidence Standard

FSAE Canvassing Board Workshop

Diversity, Inclusion and the Effect of Implicit Bias

Developing Skills for Better Courts

Florida Judicial College Phase II

2013 County Judges Conference

2014 County Judges Conference

Duke Judicial Studies LL.M. Program (2016-2018)

- 49b. Have you taught any courses on law or lectured at bar association conferences, law school forums, or continuing legal education programs? If so, in what substantive areas?

A. I have taught the following subjects at Florida Coastal School of Law:

1. Legal Research and Writing
2. Motion Writing and Oral Advocacy
3. Basic Appellate Writing and Oral Advocacy
4. Florida Forfeiture Law
5. Federal Income Tax
6. Federal Partnership Tax
7. Federal Corporate Tax
8. Criminal Procedure
9. Florida Criminal Practice and Procedure
10. Judicial Writing

B. I have taught the following subjects at St. Johns River State College:

1. Business Law I
2. Business Law II

50. Describe any additional education or other experience you have which could assist you in holding judicial office.

Prior to practicing law, from 1994-1999, I served as the principal/administrator for Open Bible Baptist Academy, which was located in Putnam County, Florida. I served as senior educator, teacher, coach, and administrator/manager of budgets, facilities, and all ancillary priorities and requirements of a self-sustaining private school. I supervised and evaluated teachers and staff. I counseled students and parents. Finally, I attained accreditation for the school all six years of employment.

This prior experience has been invaluable to me as a judge. I learned how to deal with sensitive issues concerning children and their parents. This experience taught me to be consistent and fair in my dealings with others. I learned the importance of being respectful to all of those involved in the education process including those in authority over me. It is these principles that I continue to use on a daily basis as a judge and in my dealings with individuals in the community.

51. Explain the particular potential contribution you believe your selection would bring to this position.

The combination of my legal and work experience, education, and writing skills are the contributions that I would bring to this position. As a trial judge and as a practicing attorney, I have been involved in over 100 jury and non-jury trials combined. As a trial judge, I am in a unique position deal with issues daily that become the foundation of the appeals process. In addition, as an attorney I have been involved in numerous complicated trials that raised appellate issues. By being involved as both an attorney and judge in such trials, I am now better able to understand and recognize issues that become the basis of appeals.

I was fortunate to work for a small AV rated law office in Putnam County, FL. This gave me the unique opportunity to handle all types of cases in most areas of law. This unique experience has been invaluable as a trial court judge. More importantly, on my recent assignment to the 5th District Court of Appeals, the assigned cases all raised issues that I confronted in either private practice or as an assistant state attorney.

Being able to research and write well are necessary requirements for an appellate judge. I have extensive experience in the field of legal research and writing. I have taught numerous classes in legal research and writing for over 10 years at the law school level. These classes have ranged from basic legal writing to more advanced forms of appellate advocacy and judicial writing. In addition, I have numerous published academic articles. Also, I have been the editor in chief of one the most comprehensive and prestigious law journals aimed at issues affecting judges.

Successful performance on the appellate court requires critical thinking and problem solving. My academic background shows that I have the aptitude for critical legal thinking and problem solving. I graduated second in my graduating class from the Catholic University, Columbus School of Law. I have an LL.M. in Taxation from the

University Florida, where I excelled academically in one of the toughest law related subject areas. Finally, I just received an LL.M. in Judicial Studies from Duke Law School where I had the privilege of studying law with 25 judges from around the country. In addition, I had some of the greatest professors in the country including United States Supreme Court Justice Samuel Alito, legal writing expert Bryan Garner, former United States Supreme Court clerks, and many nationally recognized experts in the academic legal field.

Finally, I have always strived to be professional as both an attorney and as a judge and treat people with respect. As a judge, I strive to be fair and impartial and follow the law.

52. If you have previously submitted a questionnaire or application to this or any other judicial nominating commission, please give the name of the commission and the approximate date of submission.

1. Applied for the 5th District Court of Appeal May 2018

2. Applied for 7th Judicial Circuit Court May 2010

3. Applied for the position of a United States Magistrate Judge for the United States District Court Middle District of Florida in 2016 and 2017.

4. Applied for the position of a United States Magistrate Judge for the United States District Court Eastern District of California in 2017.

53. Give any other information you feel would be helpful to the Commission in evaluating your application.

I have spent much time in trying to build a good resume in my professional life, but the most important things to me are my faith in God, my family, and my community. My wife and three children take up most of my time outside of work. However, I am actively involved in my church and my community. I have spent numerous hours going into local schools teaching about the judicial system and have held many courtroom tours in which I have explained the role of court system to school-aged children. I am actively involved as a board member of local charities that deal with developmentally and intellectually disabled adults and children. In addition, I am a board member of a non-profit organization that provides a shelter for runaway children and problem youth and have been actively involved in my Rotary club for a number of years. Finally, I am a member on our county's public safety council and in that role I have been active in dealing with issues of jail overcrowding and the treatment of the mentally ill within the court system.

REFERENCES:

54. List the names, addresses and telephone numbers of ten persons who are in a position to comment on your qualifications for judicial position and of whom inquiry may be made by the Commission.

1. Judge Spencer Levine

Florida 4th District Court of Appeals Judge

110 South Tamarind Ave.

West Palm Beach, FL 33401

Office (561) 242-2000

Cell (954) 559-4356

2. Melissa Miller

Senior Vice President/General Counsel St. Johns River State College

5001 St Johns Ave.

Palatka, FL 32177

Office (386) 312-4105

Cell (352) 214-5859

melissamiller@sjrstate.edu

3. Judge Charles J. Tinlin

St. Johns County Court Judge

4010 Lewis Speedway

St. Augustine, FL 32084

(904) 827-5611

(904) 808-6601

4. RJ Larizza

State Attorney 7th Judicial Circuit

251 N Ridgewood Avenue

Daytona Beach, FL 32114

Office (386) 239-7710

Cell (386) 235-5591

5. Major Jeremiah Blocker
St. Johns County Commissioner
Air Force JAG
101 Marketside Ave. Suite 404-195
Ponte Vedra, FL 32081
Cell (352) 362-9317

6. Judge Carlos E. Mendoza
United States District Court Judge, Middle District of Florida
401 West Central Boulevard
Orlando, FL 32801
(407) 835-4310
carlos_mendoza@flmd.uscourts.gov

7. Chief Judge Raul Zambrano
State of Florida, 7th Judicial Circuit
101 North Alabama Ave.
Deland, FL 32724
Office (386) 943-7060
Cell (386) 852-3268
rzambrano@circuit7.org

8. Frank Talbot
Assistant United States Attorney
300 North Hogan Street, Suite 700
Jacksonville, FL 32202
(904) 301-6184
Frank.m.talbot@usdoj.gov

9. Homer "Gator" Deloach
Putnam County Sheriff
130 Orié Griffin Blvd.
Palatka, FL 32177
Cell (386) 937-7907

10. Hunter Conrad, Esquire
St. Johns County Clerk of Court
410 Lewis Speedway, St. Augustine, FL 32084
Office (904) 819-3600
Cell (904) 687-3465

CERTIFICATE

I have read the foregoing questions carefully and have answered them truthfully, fully and completely. I hereby waive notice by and authorize The Florida Bar or any of its committees, educational and other institutions, the Judicial Qualifications Commission, the Florida Board of Bar Examiners or any judicial or professional disciplinary or supervisory body or commission, any references furnished by me, employers, business and professional associates, all governmental agencies and instrumentalities and all consumer and credit reporting agencies to release to the respective Judicial Nominating Commission and Office of the Governor any information, files, records or credit reports requested by the commission in connection with any consideration of me as possible nominee for appointment to judicial office. Information relating to any Florida Bar disciplinary proceedings is to be made available in accordance with Rule 3-7.1(l), Rules Regulating The Florida Bar. I recognize and agree that, pursuant to the Florida Constitution and the Uniform Rules of this commission, the contents of this questionnaire and other information received from or concerning me, and all interviews and proceedings of the commission, except for deliberations by the commission, shall be open to the public.

Further, I stipulate I have read, and understand the requirements of the Florida Code of Judicial Conduct.

Dated this 17th day of December, 2018.

C. Joseph Boatwright, II
Printed Name


Signature

(Pursuant to Section 119.071(4)(d)(1), F.S.), . . . The home addresses and telephone numbers of justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges; the home addresses, telephone numbers, and places of employment of the spouses and children of justices and judges; and the names and locations of schools and day care facilities attended by the children of justices and judges are exempt from the provisions of subsection (1), dealing with public records.

JUDICIAL APPLICATION DATA RECORD

The judicial application shall include a separate page asking applicants to identify their race, ethnicity and gender. Completion of this page shall be optional, and the page shall include an explanation that the information is requested for data collection purposes in order to assess and promote diversity in the judiciary. The chair of the Commission shall forward all such completed pages, along with the names of the nominees to the JNC Coordinator in the Governor's Office (pursuant to JNC Uniform Rule of Procedure).

(Please Type or Print)

Date: 12/17/2018

JNC Submitting To: 5th District Court of Appeal

Name (please print): Joe Boatwright

Current Occupation: Putnam County Court Judge

Telephone Number: 386-329-0269 Attorney No.: 626570

Gender (check one): Male Female

Ethnic Origin (check one): White, non Hispanic

Hispanic

Black

American Indian/Alaskan Native

Asian/Pacific Islander

County of Residence: Putnam County, FL

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

**DISCLOSURE PURSUANT TO THE
FAIR CREDIT REPORTING ACT (FCRA)**

The Florida Department of Law Enforcement (FDLE) may obtain one or more consumer reports, including but not limited to credit reports, about you, for employment purposes as defined by the Fair Credit Reporting Act, including for determinations related to initial employment, reassignment, promotion, or other employment-related actions.

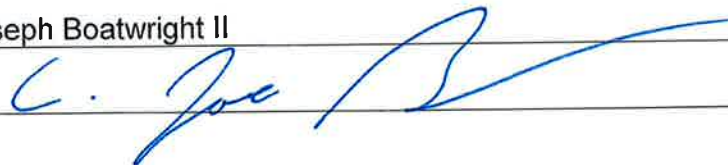
**CONSUMER'S AUTHORIZATION FOR FDLE
TO OBTAIN CONSUMER REPORT(S)**

I have read and understand the above Disclosure. I authorize the Florida Department of Law Enforcement (FDLE) to obtain one or more consumer reports on me, for employment purposes, as described in the above Disclosure.

Printed Name of
Applicant:

C. Joseph Boatwright II

Signature of Applicant:



Date: 12/17/2018



STATE OF FLORIDA
SEVENTH JUDICIAL CIRCUIT
County Court, Putnam County
Putnam County Courthouse
410 St. Johns Avenue, Suite 310
Post Office Box 758
Palatka, Florida 32178

Joe Boatwright
County Court Judge

Phone: (386) 329-0269
Fax: (386) 329-1229

December 18, 2018

To Whom It May Concern:

Please be advised that I have filed the original Full and Public Disclosure of Financial Interests (Form 6) for 2017 with the Florida Commission on Ethics and a copy with the Florida Judicial Qualifications Committee. I am providing you with a copy of the Full and Public Disclosure of Financial Interests (Form 6) that I had previously filed with the Florida Commission on Ethics.

Sincerely,


Joe Boatwright

FORM 6

FULL AND PUBLIC DISCLOSURE

2017

OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Boatwright II, C. Joseph

MAILING ADDRESS:

P.O. Box 758

CITY:

Palatka

ZIP:

32178

COUNTY:

Putnam

NAME OF AGENCY:

State of Florida - 7th Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Court Judge

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 DECEMBER 31, 2017 was \$ 526,444.50

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 \$ EST. \$ 75,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

See attached Exhibit 1

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

See attached Exhibit 1

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NONE

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
See attached Exhibit 1		

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
NONE			

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	NONE		
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.

STATE OF FLORIDA
 COUNTY OF Putnam

Sworn to (or affirmed) and subscribed before me this 12 day of

April, 2018 by

Jenclay Le...
 (Signature of Notary Public - State of Florida)

 (Print, Type, or Stamp Commission # and Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

EXHIBIT 1

PART B- ASSETS

Assets Over \$1,000.00

	Value
1. Capital City Money Market	\$80,024.45
2. Capital City Checking Account	\$17,842.69
3. Property [REDACTED]	\$151,890.00
4. Property [REDACTED]	\$49,770.00
5. Property [REDACTED]	\$41,240.00
6. Property [REDACTED]	\$14,060.00
7. Property [REDACTED]	\$42,240.00
8. State of Florida Retirement Investment Account	\$214,255.81

PART C-LIABILITIES

Creditor

Amount of Liability

1. Wells Fargo, P.O. Box 14411, Des Moines IA	\$152,291.52
2. Wells Fargo, P.O. Box 25341, Santa Ana, CA 92799	\$4,633.78
3. PNC Bank, P.O. Box 747066, Pittsburgh, PA 15274	\$2,953.15

PART D-INCOME

Primary Source of Income

Amount

1. State of Florida 200 E. Gaines Street Tallahassee, Fl 32399	\$141,470.43
2. St. Johns River State College 5001 St. Johns Ave. Palatka, Fl	\$7,000.00
3. Rental Income [REDACTED]	\$6,500.00
4. Rental Income [REDACTED]	\$7,200.00
5. Rental Income [REDACTED]	\$7,200.00

Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers of Fees and Charges

All judicial officers must file with the Florida Commission on Ethics a list of all reportable gifts, reimbursements or direct payments of expenses, and waivers of fees or charges accepted during the preceding calendar year as provided in Canons 5D(5)(a) and 5D(5)(h), Canon 6A(3), and Canon 6B(2) of the Code of Judicial Conduct, by date received, description (including dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived), source's name, and amount for gifts only.

Name: C. Joseph Boatwright, II Work Address: P.O. Box 758, Palatka, FL 32178
 Work Telephone: 386-329-0269 Judicial Office Held: County Court Judge

1. Please identify all reportable gifts you received during the preceding calendar year, as required by Canons 5D(5)(a), 5D(5)(h), and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION	SOURCE	AMOUNT
<u>NONE</u>			

Check here if continued on separate sheet

2. Please identify all reportable reimbursements or direct payments of expenses, and waivers of fees or charges you received during the preceding calendar year, as required by Canons 6A(3) and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION (Include dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived)	SOURCE
<u>May 22, 2017 -</u>	<u>Attendance at Duke</u>	<u>Duke University</u>
<u>June 16, 2017</u>	<u>University School of Law</u>	<u>School of Law</u>
	<u>LLM Judicial Studies Program</u>	
	<u>Durham, North Carolina</u>	

Check here if continued on separate sheet

OATH

State of Florida

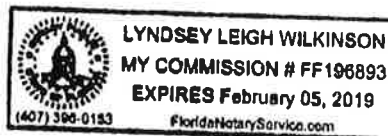
County of Putnam

C. Joseph Boatwright, II

I, _____, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.

[Signature]
 (Signature of Reporting Official)

[Signature]
 (Signature of Officer Authorized to Administer Oaths)



My Commission expires 2/5/2019
 Sworn to and subscribed before me this

12 day of April, 2018.

JUDICIAL QUALIFICATIONS COMMISSION FORM 6B

REPORT OF BUSINESS INTERESTS

Pursuant to Canon 6C, of the Code of Judicial Conduct, all judicial officers are required to file this form with the Judicial Qualifications Commission on or before July 1 of each calendar year.

Instructions: List the names of any corporations or business entities, not otherwise identified on Form 6, in which you had a financial interest as of December 31 of the preceding year. If no business interests, or the interests are already identified on Form 6, then write "None," or "N/A." Attach additional pages as necessary.

Name of Judge: C. Joseph Boatwright, II Telephone: 386-329-0269
Address: P.O. Box 758 Palatka, FL 32177 Position: County Court Judge

Name of Business Entity

Address of Business Entity

NONE

[Empty lines for business entity addresses]

I certify that the foregoing list is complete, true, and correct.

[Handwritten signature of C. Joseph Boatwright, II]
JUDGE'S SIGNATURE

OATH

State of Florida, County of Putnam

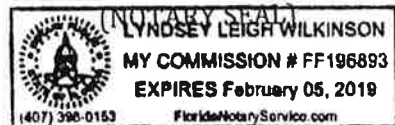
Sworn to (or affirmed) and subscribed before me, this 12 day of April, 2018,

by C. Joseph Boatwright, II (Name of Judge).

Personally Known [checked] or Produced Identification

Identification Produced:

Signature of Notary or official authorized to administer oaths:



[Handwritten signature of Lynsey Leigh Wilkinson]

(THIS FORM IS FILED ONLY WITH THE JUDICIAL QUALIFICATIONS COMMISSION)

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 20

See separate instructions.

Your first name and initial: **CARLESS J.** Last name: **BOATWRIGHT** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: [REDACTED] Last name: [REDACTED] Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.

Foreign country name: [REDACTED] Foreign province/state/county: [REDACTED] Foreign postal code: [REDACTED]

You Spouse

Filing Status

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). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

(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
[REDACTED]	[REDACTED]	[REDACTED]	DAUGHTER	X
[REDACTED]	[REDACTED]	[REDACTED]	DAUGHTER	X
[REDACTED]	[REDACTED]	[REDACTED]	SON	X

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:
 • lived with you: **3**
 • did not live with you due to divorce or separation (see instructions): _____

Dependents on 6c not entered above: _____

Add numbers on lines above: **5**

d Total number of exemptions claimed: _____

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	148,219.
8a	Taxable interest. Attach Schedule B if required	8a	51.
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 ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	4,433.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
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	152,703.

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	Allimony paid	31a	
b	Recipient's SSN ▶		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	152,703.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	152,703.
	39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked ...	39a	
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	39b	
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	17,323.
	41	Subtract line 40 from line 38	41	135,380.
	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst.	42	20,000.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	115,380.
	44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	20,433.
	45	Alternative minimum tax. Attach Form 6251	45	0.
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	20,433.
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	850.
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	850.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	19,583.
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	19,583.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	21,682.
	65	2015 estimated tax payments and amount applied from 2014 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election	66b	
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld STMT 1	71	794.
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	22,476.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,893.
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	2,893.
	b	Routing number <input type="checkbox"/> C Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number		
	77	Amount of line 75 you want applied to your 2016 estimated tax	77	
	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	

Amount You Owe 79 Estimated tax penalty (see instructions) 79

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 **JOHN D. ROWE, CPA** Phone no. **386-325-4561** Personal identification number (PIN) **99553**

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here

Paid Preparer Use Only

Print/Type preparer's name **JOHN D. ROWE, CPA** Preparer's signature **JOHN D. ROWE, CPA** Date **02/04/16** Check if self-employed PTIN **P00099553**

Firm's name **CARR, RIGGS & INGRAM, LLC** Firm's EIN **72 1396621** Phone no. **386-325-4561**

Firm's address **906 S STATE RD 19 PALATKA, FL 32177**

Child Tax Credit Worksheet (keep for your records)

Name(s): First **CARLESS J.** Last **BOATWRIGHT** Your SSN **[REDACTED]**

Part 1

1. Number of qualifying children: 3 X \$1,000. Enter the result. 1 **3,000.**

2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37. 2 **152,703.**

3. 1040 filers: Enter the total of any-
 • Exclusion of income from Puerto Rico, and
 • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.
 1040A and 1040NR filers: Enter -0-. } 3 **0.**

4. Add lines 2 and 3. Enter the total. 4 **152,703.**

5. Enter the amount shown below for your filing status.
 • Married filing jointly - \$110,000
 • Single, head of household, or qualifying widow(er) - \$75,000
 • Married filing separately - \$55,000 } 5 **110,000.**

6. Is the amount on line 4 more than the amount on line 5?
 No. Leave line 6 blank. Enter -0- on line 7.
 Yes. Subtract line 5 from line 4. 6 **43,000.**
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).

7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 **2,150.**

8. Is the amount on line 1 more than the amount on line 7?
 No. **STOP**
 You cannot take the child tax credit on Form 1040, line 52, Form 1040A, line 35, or Form 1040NR, line 49. You also cannot take the additional child tax credit.
 Yes. Subtract line 7 from line 1. Enter the result. 8 **850.**

Part 2

9. Enter the amount from Form 1040, line 47, Form 1040A, line 30, or Form 1040NR, line 45. 9 **20,433.**

10. 1040 filers: Enter the total of the amounts from lines 48 through 51.*
 1040A filers: Enter the total of the amounts from lines 31 through 34.
 1040NR filers: Enter the total of the amounts from lines 46 through 48.* } 10 _____

11. Are you claiming any of the following credits?
 • Residential energy efficient property credit, Form 5695, Part I.
 • Mortgage interest credit, Form 8396
 • Qualified adoption expenses, Form 8839
 • District of Columbia first-time homebuyer credit, Form 8859
 No. Enter the amount from line 10. } 11 _____
 Yes. If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet to figure the amount to enter here.

12. Subtract line 11 from line 9. Enter the result. 12 **20,433.**

13. Is the amount on line 8 of this worksheet more than the amount on line 12?
 No. Enter the amount from line 8. } **This is your**
 Yes. Enter the amount from line 12. } **child tax credit.** 13 **850.**

* Also include amounts from:
 Form 5695, line 30
 Form 8910, line 15
 Form 8936, line 23
 Schedule R, line 22

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service
(99)

Itemized Deductions

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
Attach to Form 1040.

OMB No. 1545-0074

2015
Attachment
Sequence No. **07**

Your social security number

Name(s) shown on Form 1040
CARLESS J. & [REDACTED]

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input type="checkbox"/> Income taxes, or	5	1,586.		
b	<input checked="" type="checkbox"/> General sales taxes	6	1,820.		
6	Real estate taxes (see instructions) SEE STATEMENT 3	7			
7	Personal property taxes	8			
8	Other taxes. List type and amount	9			
9	Add lines 5 through 8				3,406.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098 STMT 2		10	9,592.
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			
12	Points not reported to you on Form 1098. See instructions for special rules	13			
13	Mortgage insurance premiums (see instructions)	14			
14	Investment interest. Attach Form 4952 if required. (See instructions.)	15			9,592.
15	Add lines 10 through 14				
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	2,435.
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	1,890.		
18 Carryover from prior year		18			
19 Add lines 16 through 18		19			4,325.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
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% (.02)		26			
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27			
Other Miscellaneous Deductions		28 Other - from list in instructions. List type and amount		28	
29 Is Form 1040, line 38, over \$154,950?		<input checked="" type="checkbox"/> 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	17,323.
Total Itemized Deductions		<input type="checkbox"/> 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 B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2015

Attachment
Sequence No. **08**

Your social security number

CARLESS J. & [REDACTED]

Part I
Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶

CAPITAL CITY BANK

Amount

51.

1

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2** Add the amounts on line 1 **2** 51.
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ... ▶ **4** 51.

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II
Ordinary Dividends

5 List name of payer ▶

5

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ... ▶ **6**

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions **X**
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCen Form 114, enter the name of the foreign country where the financial account is located ▶

8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions **X**

527501
09-24-15

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040A or 1040) 2015

Interest and Dividend Summary

Name: **CARLESS J. & TAMMY JO BOATWRIGHT**

FEIN/SSN: 589-54-8612

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Income Tax Withheld	State Tax Withheld	Foreign Tax Paid
CAPITAL CITY BANK	51.										
TOTALS	51.										

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

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

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2015

Attachment
Sequence No. 13

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Your social security number

CARLESS J. & [REDACTED] BOATWRIGHT

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 2015 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 [REDACTED]
B [REDACTED]
C [REDACTED]

1b	Type of Property (from list below)	2	Fair Rental Days		Personal Use Days	QJV
			A	B		
A	1	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.	365			<input type="checkbox"/>
B	1		365			<input type="checkbox"/>
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	6,600.	7,200.	
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	550.		
8 Commissions	8			
9 Insurance	9	716.	807.	
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	878.		
15 Supplies	15			
16 Taxes	16	1,113.	956.	
17 Utilities	17			
18 Depreciation expense or depletion	18	2,878.	1,469.	
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	6,135.	3,232.	
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	465.	3,968.	
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		13,800.	
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		4,347.	
e Total of all amounts reported on line 20 for all properties	23e		9,367.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			4,433.
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			4,433.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2015

2015 DEPRECIATION AND AMORTIZATION REPORT

RENTAL PROPERTY

SCHEDULE E- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	RENTAL HOUSE	06/01/05	SL	27.50	MM	17	50,000.				50,000.	17,347.		1,818.	19,165.
2	LAND	06/01/05	L		HY		7,000.				7,000.			0.	0.
3	AIR CONDITIONER	09/15/05	150DB	15.00	MC	17	4,800.				4,800.	3,205.		284.	3,489.
4	WELL & IMPROVEMENTS	10/21/05	150DB	15.00	MC	17	6,689.				6,689.	4,368.		395.	4,763.
5	FLOORING	10/15/05	200DB	5.00	MC	17	2,201.				2,201.	2,201.		0.	2,201.
6	DRAIN FIELD	01/26/06	150DB	15.00	HY	17	3,625.				3,625.	2,234.		214.	2,448.
7	BATHROOM RENOVATIONS	06/01/06	SL	27.50	MM	17	1,000.				1,000.	309.		36.	345.
8	HOT WATER HEATER	12/02/08	200DB	7.00	MC	17	550.		275.		275.	254.		21.	275.
9	FLOORING	09/01/08	200DB	7.00	MC	17	631.		316.		315.	297.		18.	315.
20	ROOF	03/17/15	SL	27.50	MM	19B	3,192.				3,192.			92.	92.
	TOTAL SCH E DEPRECIATION						79,688.		591.		79,097.	30,215.		2,878.	33,093.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						76,496.		591.	0.	75,905.	30,215.			33,001.
	ACQUISITIONS						3,192.		0.	0.	3,192.	0.			92.
	DISPOSITIONS						0.		0.	0.	0.	0.			0.
	ENDING BALANCE						79,688.		591.	0.	79,097.	30,215.			33,093.

2015 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RENTAL - [REDACTED]

SCHEDULE E- 2

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
10	HOUSE	08/02/13	SL	27.50		MM17	30,194.				30,194.	1,510.		1,098.	2,608.
11	LAND	08/02/13	L			HY	5,328.				5,328.			0.	0.
12	ROOF	08/16/13	SL	27.50		MM17	4,520.				4,520.	226.		164.	390.
13	BATHROOM & KITCHEN RENOVATIONS	08/30/13	SL	27.50		MM17	2,706.				2,706.	135.		98.	233.
14	AIR CONDITIONER	09/06/14	SL	27.50		MM17	3,000.				3,000.	32.		109.	141.
	TOTAL SCH E DEPRECIATION						45,748.				45,748.	1,903.		1,469.	3,372.

Schedule E - Two-Year Comparison Worksheet

2015

Property Name:

RENTAL PROPERTY - [REDACTED]

Description	Tax Year 2014	Tax Year 2015	Increase (Decrease)
INCOME			
RENTS RECEIVED	6,600.	6,600.	0.
EXPENSES			
CLEANING AND MAINTENANCE	0.	550.	550.
INSURANCE	783.	716.	-67.
REPAIRS	185.	878.	693.
TAXES	1,171.	1,113.	-58.
SUBTOTAL	2,139.	3,257.	1,118.
DEPRECIATION EXPENSE OR DEPLETION	2,798.	2,878.	80.
TOTAL EXPENSES	4,937.	6,135.	1,198.
INCOME OR (LOSS)	1,663.	465.	-1,198.

Schedule E - Two-Year Comparison Worksheet

2015

Property Name:

RESIDENTIAL RENTAL - [REDACTED]

Description	Tax Year 2014	Tax Year 2015	Increase (Decrease)
INCOME			
RENTS RECEIVED	6,150.	7,200.	1,050.
EXPENSES			
CLEANING AND MAINTENANCE	245.	0.	-245.
INSURANCE	876.	807.	-69.
SUPPLIES	500.	0.	-500.
TAXES	1,017.	956.	-61.
UTILITIES	20.	0.	-20.
SUBTOTAL	2,658.	1,763.	-895.
DEPRECIATION EXPENSE OR DEPLETION	1,392.	1,469.	77.
TOTAL EXPENSES	4,050.	3,232.	-818.
INCOME OR (LOSS)	2,100.	3,968.	1,868.
DEDUCTIBLE RENTAL LOSS *	-192.	0.	192.
* INCLUDES PASSIVE ACTIVITY LOSS			

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Name(s) shown on return

Your social security number

CARLESS J. & [REDACTED] BOATWRIGHT

Part I Persons or Organizations Who Provided the Care - You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
	[REDACTED]	[REDACTED]	59-1428815	1,200.

Did you receive dependent care benefits? No Yes

Complete only Part II below.
Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2015 for the person listed in column (a)
First	Last		
[REDACTED]	[REDACTED]	[REDACTED]	1,200.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	1,200.																																																												
4 Enter your earned income. See instructions	4	148,219.																																																												
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4	5																																																													
6 Enter the smallest of line 3, 4, or 5	6																																																													
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	152,703.																																																												
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x .20																																																												
<table border="0"> <tr> <td colspan="3">If line 7 is:</td> <td colspan="3">If line 7 is:</td> </tr> <tr> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> </tr> <tr> <td>\$0 - 15,000</td> <td></td> <td>.35</td> <td>\$29,000 - 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>15,000 - 17,000</td> <td></td> <td>.34</td> <td>31,000 - 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>17,000 - 19,000</td> <td></td> <td>.33</td> <td>33,000 - 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>19,000 - 21,000</td> <td></td> <td>.32</td> <td>35,000 - 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>21,000 - 23,000</td> <td></td> <td>.31</td> <td>37,000 - 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>23,000 - 25,000</td> <td></td> <td>.30</td> <td>39,000 - 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>25,000 - 27,000</td> <td></td> <td>.29</td> <td>41,000 - 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>27,000 - 29,000</td> <td></td> <td>.28</td> <td>43,000 - No limit</td> <td></td> <td>.20</td> </tr> </table>			If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0 - 15,000		.35	\$29,000 - 31,000		.27	15,000 - 17,000		.34	31,000 - 33,000		.26	17,000 - 19,000		.33	33,000 - 35,000		.25	19,000 - 21,000		.32	35,000 - 37,000		.24	21,000 - 23,000		.31	37,000 - 39,000		.23	23,000 - 25,000		.30	39,000 - 41,000		.22	25,000 - 27,000		.29	41,000 - 43,000		.21	27,000 - 29,000		.28	43,000 - No limit		.20
If line 7 is:			If line 7 is:																																																											
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is																																																									
\$0 - 15,000		.35	\$29,000 - 31,000		.27																																																									
15,000 - 17,000		.34	31,000 - 33,000		.26																																																									
17,000 - 19,000		.33	33,000 - 35,000		.25																																																									
19,000 - 21,000		.32	35,000 - 37,000		.24																																																									
21,000 - 23,000		.31	37,000 - 39,000		.23																																																									
23,000 - 25,000		.30	39,000 - 41,000		.22																																																									
25,000 - 27,000		.29	41,000 - 43,000		.21																																																									
27,000 - 29,000		.28	43,000 - No limit		.20																																																									
9 Multiply line 6 by the decimal amount on line 8. If you paid 2014 expenses in 2015, see the instructions	9																																																													
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	20,433.																																																												
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11	0.																																																												

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2015. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	
13	Enter the amount, if any, you carried over from 2014 and used in 2015 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2016. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15	
16	Enter the total amount of qualified expenses incurred in 2015 for the care of the qualifying person(s)	16	
17	Enter the smaller of line 15 or 16	17	
18	Enter your earned income . See instructions	18	
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	
20	Enter the smallest of line 17, 18, or 19	20	
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input type="checkbox"/> No. Enter -0. <input type="checkbox"/> Yes. Enter the amount here	22	
23	Subtract line 22 from line 15	23	
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25	
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26	

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	
29	Subtract line 28 from line 27. If zero or less, stop . You cannot take the credit. Exception. If you paid 2014 expenses in 2015, see the instructions for line 9	29	
30	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015
Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

CARLESS J. & [REDACTED] BOATWRIGHT

Part I Alternative Minimum Taxable Income

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	135,380.
2 Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3 Taxes from Schedule A (Form 1040), line 9	3	3,406.
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6 If Form 1040, line 38, is \$154,950 or less, enter -0-. Otherwise, see instructions	6	0.
7 Tax refund from Form 1040, line 10 or line 21	7	
8 Investment interest expense (difference between regular tax and AMT)	8	
9 Depletion (difference between regular tax and AMT)	9	
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11 Alternative tax net operating loss deduction	11	
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock, see instructions	13	
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19 Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 5	19	-9.
20 Loss limitations (difference between AMT and regular tax income or loss)	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$246,250, see instructions.)	28	138,777.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2015, see instructions.) IF your filing status is... AND line 28 is not over... THEN enter on line 29... Single or head of household \$119,200 \$53,600 Married filing jointly or qualifying widow(er) ... 158,900 83,400 Married filing separately 79,450 41,700 If line 28 is over the amount shown above for your filing status, see instructions.	29	83,400.
30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	55,377.
31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. • All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result.	31	14,398.
32 Alternative minimum tax foreign tax credit (see instructions)	32	
33 Tentative minimum tax. Subtract line 32 from line 31	33	14,398.
34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	20,433.
35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39
40	Enter the smaller of line 36 or line 39	40
41	Subtract line 40 from line 36	41
42	If line 41 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	42
43	Enter: <ul style="list-style-type: none"> • \$74,900 if married filing jointly or qualifying widow(er), • \$37,450 if single or married filing separately, or • \$50,200 if head of household. 	43
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44
45	Subtract line 44 from line 43. If zero or less, enter -0-	45
46	Enter the smaller of line 36 or line 37	46
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47
48	Subtract line 47 from line 46	48
49	Enter: <ul style="list-style-type: none"> • \$413,200 if single • \$232,425 if married filing separately • \$464,850 if married filing jointly or qualifying widow(er) • \$439,000 if head of household 	49
50	Enter the amount from line 45	50
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51
52	Add line 50 and line 51	52
53	Subtract line 52 from line 49. If zero or less, enter -0-	53
54	Enter the smaller of line 48 or line 53	54
55	Multiply line 54 by 15% (.15)	55
56	Add lines 47 and 54	56
57	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	57
58	Subtract line 56 from line 46	58
59	Multiply line 57 by 20% (.20)	59
60	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	60
61	Add lines 41, 56, and 57	61
62	Subtract line 59 from line 36	62
63	Multiply line 60 by 25% (.25)	63
64	Add lines 42, 55, 58, and 61	64
65	If line 36 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	65
66	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	66

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s) **CARLESS J. & [REDACTED] BOATWRIGHT** Social Security Number **[REDACTED]**

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
E-	RENTAL PROPERTY - [REDACTED]						
	* REGULAR INCOME	465.			-9.		
	AMT DEPR ADJ	-9.			-9.		
	* AMT NET INCOME	456.					
E-	RESIDENTIAL RENTAL - [REDACTED]						
	* REGULAR INCOME	3,968.					
	* AMT NET INCOME	3,968.					
	** TOTAL ADJ & PREF **				-9.		

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	RENTAL PROPERTY - [REDACTED]								
1	RENTAL HOUSE	060105	SL	27.50	50,000.	17,347.	1,818.	1,818.	0.
3	AIR CONDITIONER	091505	150DB	15.00	4,800.	3,205.	284.	284.	0.
4	WELL & IMPROVEMENTS	102105	150DB	15.00	6,689.	4,369.	395.	395.	0.
6	DRAIN FIELD	012606	150DB	15.00	3,625.	2,234.	214.	214.	0.
7	BATHROOM RENOVATIONS	060106	SL	27.50	1,000.	308.	36.	36.	0.
8	HOT WATER HEATER	120208	150DB	7.00	550.	249.	21.	26.	-5.
9	FLOORING	090108	150DB	7.00	631.	293.	18.	22.	-4.
20	ROOF	031715	SL	27.50	3,192.	0.	92.	92.	0.
	** SUBTOTAL **				70,487.	28,005.	2,878.	2,887.	-9.
	RESIDENTIAL RENTAL - [REDACTED]								
10	HOUSE	080213	SL	27.50	30,194.	1,510.	1,098.	1,098.	0.
12	ROOF	081613	SL	27.50	4,520.	226.	164.	164.	0.
	BATHROOM & KITCHEN								
13	RENOVATIONS	083013	SL	27.50	2,706.	135.	98.	98.	0.
14	AIR CONDITIONER	090614	SL	27.50	3,000.	32.	109.	109.	0.
	** SUBTOTAL **				40,420.	1,903.	1,469.	1,469.	0.
	*** GRAND TOTAL ***				110,907.	29,908.	4,347.	4,356.	-9.

Passive Activity Loss Limitations

▶ See separate instructions.
 ▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

Name(s) shown on return

Identifying number

CARLESS J. & [REDACTED] BOATWRIGHT

Part I 2015 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	4,433.	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	()	
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c			

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	()	
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()	
c Add lines 2a and 2b			

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	()	
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()	
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()	
d Combine lines 3a, 3b, and 3c			

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	4,433.
--	----------	--------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	
6 Enter \$150,000. If married filing separately, see instructions	6	
7 Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7	
8 Subtract line 7 from line 6	8	
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10 Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12 Enter the loss from line 4	12	
13 Reduce line 12 by the amount on line 10	13	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	
16 Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 1					
Total. Enter on Form 8582, lines 1a, 1b, and 1c	4,433.				

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total				

ALTERNATIVE MINIMUM TAX
Passive Activity Loss Limitations
 ▶ See separate instructions.
 ▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

Name(s) shown on return: **CARLESS J. & [REDACTED] BOATWRIGHT** Identifying number: [REDACTED]

Part I 2015 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	4,424.	
1b Activities with net loss (enter the amount from Worksheet 1, column (b))	()	
1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	()	
d Combine lines 1a, 1b, and 1c		4,424.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	()	
2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	()	
c Add lines 2a and 2b		()

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	()	
3b Activities with net loss (enter the amount from Worksheet 3, column (b))	()	
3c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	()	
d Combine lines 3a, 3b, and 3c		

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; if losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4,424.
---	--------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4		
6 Enter \$150,000. If married filing separately, see instructions		
7 Enter modified adjusted gross income, but not less than zero (see instructions)		
8 Subtract line 7 from line 6		
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions		
10 Enter the smaller of line 5 or line 9		

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	
12 Enter the loss from line 4	
13 Reduce line 12 by the amount on line 10	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	
16 Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	

ALTERNATIVE MINIMUM TAX

Form 8582 (2015)

CARLESS J. &

BOATWRIGHT

Page 2

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 1					
Total. Enter on Form 8582, lines 1a, 1b, and 1c	4,424.				

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total				

Form 8283

(Rev. December 2014)

Department of the Treasury
Internal Revenue Service

Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

OMB. No. 1545-0908

Attachment
Sequence No. 155

Name(s) shown on your income tax return

Identifying number

CARLESS J. & [REDACTED] BOATWRIGHT

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities - List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I

Information on Donated Property - If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle, check the box. Also enter the vehicle identification number (unless Form 1098-C is attached)	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	GOODWILL INDUSTRIES OF N FL 4527 L, JACKSONVILLE, FL 32205	<input type="checkbox"/>	CLOTHING, HOUSEHOLD ITEMS, FURNITURE
B	LEE CONLEE HOUSE, INC. PO BOX 2558, PALATKA, FL 32178	<input type="checkbox"/>	FURNITURE, CLOTHING, TOYS, TV
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A		VAR.	PURCHASE		940.	THRIFT SHOP VALUE
B		VAR.	PURCHASE		950.	THRIFT SHOP VALUE
C						
D						
E						

Part II

Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2 a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____
If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ _____
(2) For any prior tax years ▶ _____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept ▶ _____

e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

	Yes	No
3 a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?		
b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
c Is there a restriction limiting the donated property for a particular use?		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8283 (Rev. 12-2014)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2015

Attachment
 Sequence No. 179

▶ Attach to your tax return. **SCHEDULE E- 1**

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

RENTAL PROPERTY - [REDACTED]

CARLESS J. & [REDACTED] BOATWRIGHT

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1
2	Total cost of section 179 property placed in service (see instructions)	2
3	Threshold cost of section 179 property before reduction in limitation	3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	▶ 13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	2,786.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	3 / 15	3,192.	27.5 yrs.	MM	S/L	92.
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,878.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year:					
43 Amortization of costs that began before your 2015 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

CARLESS J. & [REDACTED]

FORM 1040 EXCESS SOCIAL SECURITY TAX WORKSHEET STATEMENT 1

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$7,347.00 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	8,141.	
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 62		
3. ADD LINES 1 AND 2	8,141.	
4. SOCIAL SECURITY TAX LIMIT	7,347.	
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 71.	794.	

SCHEDULE A MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098 STATEMENT 2

DESCRIPTION	AMOUNT
WELLS FARGO BANK N A, PO BOX 14411, DES MOINES, IA 50306-3411	9,592.
TOTAL TO SCHEDULE A, LINE 10	9,592.

SCHEDULE A REAL ESTATE TAXES STATEMENT 3

DESCRIPTION	AMOUNT
RESIDENCE	1,585.
[REDACTED]	235.
TOTAL TO SCHEDULE A, LINE 6	1,820.

CARLESS J. & [REDACTED] BOATWRIGHT [REDACTED]

FORM 2441

CREDIT LIMIT WORKSHEET

STATEMENT 4

- 1 ENTER THE AMOUNT FROM FORM 1040, LINE 47; FORM 1040A, LINE 30;
OR FORM 1040NR, LINE 45 20,433.
- 2 ENTER THE AMOUNT FROM FORM 1040, LINE 48, OR FORM 1040NR,
LINE 46; FORM 1040A FILERS, ENTER -0-
- 3 SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THE AMOUNT ON FORM 2441,
LINE 10. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT 20,433.

CARLESS J. & [REDACTED] BOATWRIGHT [REDACTED]

FORM 6251 PASSIVE ACTIVITIES STATEMENT 5

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
RENTAL PROPERTY - [REDACTED]	SCH E			
[REDACTED]		456.	465.	-9.
RESIDENTIAL RENTAL - [REDACTED]	SCH E			
[REDACTED]		3,968.	3,968.	
TOTAL TO FORM 6251, LINE 19				-9.

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 6

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RENTAL PROPERTY - [REDACTED]	465.	0.		465.	
RESIDENTIAL RENTAL - [REDACTED]	3,968.	0.		3,968.	
TOTALS	4,433.	0.		4,433.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 7

R R E A NAME	FORM OR SCHEDULE	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X RENTAL PROPERTY - [REDACTED]	SCH E		465.	465.	
X RESIDENTIAL RENTAL - [REDACTED]	SCH E		3,968.	3,968.	
TOTALS			4,433.	4,433.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL

FORM 8582 ALTERNATIVE MINIMUM TAX STATEMENT 8
 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RENTAL PROPERTY - [REDACTED]	456.	0.		456.	
RESIDENTIAL RENTAL - [REDACTED]	3,968.	0.		3,968.	
TOTALS	4,424.	0.		4,424.	

FORM 8582AMT SUMMARY OF PASSIVE ACTIVITIES - AMT STATEMENT 9

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X RENTAL PROPERTY -	SCH E					
[REDACTED]		456.		456.		
X RESIDENTIAL RENTAL -	SCH E					
[REDACTED]		3,968.		3,968.		
TOTALS		4,424.		4,424.		
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL						

Form

1040

U.S. Individual Income Tax Return

(99)

2016

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning

2016, ending

20

See separate instructions.

Your first name and initial

CARLESS J.

Last name

BOATWRIGHT

Your social security number

[Redacted]

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

[Redacted]

Home address (number and street). If you have a P.O. box, see instructions.

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.

Foreign country name

Foreign province/state/county

Foreign postal code

You Spouse

Filing Status

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). If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child

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

DAUGHTER

X

DAUGHTER

X

SON

X

Boxes checked on 6a and 6b 2

No. of children on 6c who: 3
- 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 5

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

147,119.

8a Taxable interest. Attach Schedule B if required

61.

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

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

4,352.

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

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

151,532.

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 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36

36 Add lines 23 through 35

37

151,532.

610001 11-30-16

37 Subtract line 36 from line 22. This is your adjusted gross income

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	151,532.
Standard Deduction for - • People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	15,516.
	41	Subtract line 40 from line 38	41	136,016.
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	20,250.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	115,766.
	44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	20,484.
	45	Alternative minimum tax. Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	20,484.
48	Foreign tax credit. Attach Form 1116 if required	48		
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Child tax credit. Attach Schedule 8812, if required	52	900.	
53	Residential energy credits. Attach Form 5695	53		
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55	Add lines 48 through 54. These are your total credits	55	900.	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	19,584.	
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input checked="" type="checkbox"/>	61		
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62		
63	Add lines 56 through 62. This is your total tax	63	19,584.	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	21,138.
65	2016 estimated tax payments and amount applied from 2015 return	65		
66a	Earned income credit (EIC)	66a		
b	Nontaxable combat pay election <input type="checkbox"/> 66b	66b		
67	Additional child tax credit. Attach Schedule 8812	67		
68	American opportunity credit from Form 8863, line 8	68		
69	Net premium tax credit. Attach Form 8962	69		
70	Amount paid with request for extension to file	70		
71	Excess social security and tier 1 RRTA tax withheld STMT 1	71	496.	
72	Credit for federal tax on fuels. Attach Form 4136	72		
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	21,634.	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,050.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	2,050.	
Direct deposit? See instructions.	b	Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> d Account number <input type="checkbox"/>		
77	Amount of line 75 you want applied to your 2017 estimated tax	77		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name	JOHN D. ROWE, CPA	Phone no.	386-325-4561	
		Personal identification number (PIN)	99553	
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.			
Your signature	Date	Your occupation	Daytime phone number	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here	
Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN	
Paid Preparer JOHN D. ROWE, CPA	JOHN D. ROWE, CPA	02/04/17	P00099553	
Use Only Firm's name	CARR, RIGGS & INGRAM, LLC	Firm's EIN	72 1396621	
	906 S STATE RD 19	Phone no.	386-325-4561	
610002 11-30-16 Firm's address	PALATKA, FL 32177			

Child Tax Credit Worksheet (keep for your records)

Name(s): First **CARLESS J. & [REDACTED]** Last **BOATWRIGHT** Your SSN **[REDACTED]**

Part 1

1. Number of qualifying children: 3 X \$1,000. Enter the result. 1 3,000.
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37. 2 151,532.
3. 1040 filers: Enter the total of any-
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.
 1040A and 1040NR filers: Enter -0-. 3 0.
4. Add lines 2 and 3. Enter the total. 4 151,532.
5. Enter the amount shown below for your filing status.
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,000
 5 110,000.
6. Is the amount on line 4 more than the amount on line 5?
 - No. Leave line 6 blank. Enter -0- on line 7.
 - Yes. Subtract line 5 from line 4. 6 42,000.
If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).
7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 2,100.
8. Is the amount on line 1 more than the amount on line 7?
 - No. **STOP**
You cannot take the child tax credit on Form 1040, line 52, Form 1040A, line 35, or Form 1040NR, line 49. You also cannot take the additional child tax credit.
 - Yes. Subtract line 7 from line 1. Enter the result. 8 900.

Part 2

9. Enter the amount from Form 1040, line 47, Form 1040A, line 30, or Form 1040NR, line 45. 9 20,484.
10. 1040 filers: Enter the total of the amounts from lines 48 through 51.*
1040A filers: Enter the total of the amounts from lines 31 through 34.
1040NR filers: Enter the total of the amounts from lines 46 through 48.* } ... 10 _____
11. Are you claiming any of the following credits?
 - Residential energy efficient property credit, Form 5695, Part I.
 - Mortgage interest credit, Form 8396
 - Qualified adoption expenses, Form 8839
 - District of Columbia first-time homebuyer credit, Form 8859 No. Enter the amount from line 10. } 11 _____
 Yes. If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet to figure the amount to enter here.
12. Subtract line 11 from line 9. Enter the result. 12 20,484.
13. Is the amount on line 8 of this worksheet more than the amount on line 12?
 - No. Enter the amount from line 8. } **This is your**
 - Yes. Enter the amount from line 12. } **child tax credit.** 13 900.

* Also include amounts from:

- Form 5695, line 30
- Form 8910, line 15
- Form 8936, line 23
- Schedule R, line 22

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2016
Attachment
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

CARLESS J. & [REDACTED] BOATWRIGHT

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)			
2	Enter amount from Form 1040, line 38	2		
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4
Taxes You Paid	5 State and local (check only one box):			
	a <input type="checkbox"/> Income taxes, or	5	1,622.	
	b <input checked="" type="checkbox"/> General sales taxes	6	1,790.	
6	Real estate taxes (see instructions) SEE STATEMENT 3	7		
7	Personal property taxes	8		
8	Other taxes. List type and amount ►	9		3,412.
9	Add lines 5 through 8			
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098 STMT 2	10	9,149.	
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	Mortgage insurance premiums (see instructions)	13		
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14		
15	Add lines 10 through 14	15		9,149.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,105.	
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	850.	
18	Carryover from prior year	18		
19	Add lines 16 through 18	19		2,955.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
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		
Other Miscellaneous Deductions	28 Other - from list in instructions. List type and amount ►	28		
Total Itemized Deductions	29 Is Form 1040, line 38, over \$155,650? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29		15,516.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here			

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb

Name(s) shown on return

Your social security number

CARLESS J. & [REDACTED] BOATWRIGHT

		Amount
Part I Interest	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶ CAPITAL CITY BANK	61.
	2 Add the amounts on line 1	61.
	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	61.
Note: If line 4 is over \$1,500, you must complete Part III.		Amount

Part II Ordinary Dividends	5 List name of payer ▶	
	6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	
Note: If line 6 is over \$1,500, you must complete Part III.		

		Yes	No
Part III Foreign Accounts and Trusts	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		
	7a At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		X
	b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8 During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X	

Interest and Dividend Summary

Name: CARLESS J. & TAMMY JO BOATWRIGHT

FEIN/SSN: 589-54-8612

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Income Tax Withheld	State Tax Withheld	Foreign Tax Paid
CAPITAL CITY BANK	61.										
TOTALS	61.										

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

2016

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

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

Attachment Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Name(s) shown on return

Your social security number

CARLESS J. & [REDACTED] BOATWRIGHT

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 2016 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	[REDACTED]
B	[REDACTED]
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	B	C
A	1		305		<input type="checkbox"/>
B	1		366		<input type="checkbox"/>
C					<input type="checkbox"/>

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	5,500.	7,200.	
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	715.	806.	
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	305.		
15 Supplies	15	121.		
16 Taxes	16	1,092.	947.	
17 Utilities	17	31.		
18 Depreciation expense or depletion	18	2,862.	1,469.	
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	5,126.	3,222.	
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	374.	3,978.	
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		12,700.	
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		4,331.	
e Total of all amounts reported on line 20 for all properties	23e		8,348.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			4,352.
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			4,352.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2016

2016 DEPRECIATION AND AMORTIZATION REPORT

RENTAL PROPERTY - [REDACTED]

SCHEDULE E- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	RENTAL HOUSE	06/01/05	SL	27.50	MM	17	50,000.				50,000.	19,165.		1,818.	20,983.
2	LAND	06/01/05	L		HY		7,000.				7,000.			0.	0.
3	AIR CONDITIONER	09/15/05	150DE	15.00	MC	17	4,800.				4,800.	3,489.		283.	3,772.
4	WELL & IMPROVEMENTS	10/21/05	150DE	15.00	MC	17	6,689.				6,689.	4,763.		395.	5,158.
5	FLOORING	10/15/05	200DE	5.00	MC	17	2,201.				2,201.	2,201.		0.	2,201.
6	DRAIN FIELD	01/26/06	150DE	15.00	HY	17	3,625.				3,625.	2,448.		214.	2,662.
7	BATHROOM RENOVATIONS	06/01/06	SL	27.50	MM	17	1,000.				1,000.	345.		36.	381.
8	HOT WATER HEATER	12/02/08	200DE	7.00	MC	17	550.		275.		275.	275.		0.	275.
9	FLOORING	09/01/08	200DE	7.00	MC	17	631.		316.		315.	315.		0.	315.
20	ROOF	03/17/15	SL	27.50	MM	17	3,192.				3,192.	92.		116.	208.
	TOTAL SCH E DEPRECIATION						79,688.		591.		79,097.	33,093.		2,862.	35,955.

2016 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RENTAL - [REDACTED]

SCHEDULE E- 2

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
10	HOUSE	08/02/13	SL	27.50		MM17	30,194.				30,194.	2,608.		1,098.	3,706.
11	LAND	08/02/13	L			HY	5,328.				5,328.			0.	0.
12	ROOF	08/16/13	SL	27.50		MM17	4,520.				4,520.	390.		164.	554.
13	BATHROOM & KITCHEN RENOVATIONS	08/30/13	SL	27.50		MM17	2,706.				2,706.	233.		98.	331.
14	AIR CONDITIONER	09/06/14	SL	27.50		MM17	3,000.				3,000.	141.		109.	250.
	TOTAL SCH E DEPRECIATION						45,748.				45,748.	3,372.		1,469.	4,841.

Schedule E - Two-Year Comparison Worksheet

Property Name:

RENTAL PROPERTY - [REDACTED]

Description	Tax Year 2015	Tax Year 2016	Increase (Decrease)
INCOME			
RENTS RECEIVED	6,600.	5,500.	-1,100.
EXPENSES			
CLEANING AND MAINTENANCE	550.	0.	-550.
INSURANCE	716.	715.	-1.
REPAIRS	878.	305.	-573.
SUPPLIES	0.	121.	121.
TAXES	1,113.	1,092.	-21.
UTILITIES	0.	31.	31.
SUBTOTAL	3,257.	2,264.	-993.
DEPRECIATION EXPENSE OR DEPLETION	2,878.	2,862.	-16.
TOTAL EXPENSES	6,135.	5,126.	-1,009.
INCOME OR (LOSS)	465.	374.	-91.

Schedule E - Two-Year Comparison Worksheet

2016

Property Name:

RESIDENTIAL RENTAL - [REDACTED]

Description	Tax Year 2015	Tax Year 2016	Increase (Decrease)
INCOME			
RENTS RECEIVED	7,200.	7,200.	0.
EXPENSES			
INSURANCE	807.	806.	-1.
TAXES	956.	947.	-9.
SUBTOTAL	1,763.	1,753.	-10.
DEPRECIATION EXPENSE OR DEPLETION	1,469.	1,469.	0.
TOTAL EXPENSES	3,232.	3,222.	-10.
INCOME OR (LOSS)	3,968.	3,978.	10.

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	RENTAL PROPERTY - [REDACTED]								
1	RENTAL HOUSE	060105	SL	27.50	50,000.	19,165.	1,818.	1,818.	0.
3	AIR CONDITIONER	091505	150DB	15.00	4,800.	3,489.	283.	283.	0.
4	WELL & IMPROVEMENTS	102105	150DB	15.00	6,689.	4,764.	395.	395.	0.
6	DRAIN FIELD	012606	150DB	15.00	3,625.	2,448.	214.	214.	0.
7	BATHROOM RENOVATIONS	060106	SL	27.50	1,000.	344.	36.	36.	0.
20	ROOF	031715	SL	27.50	3,192.	92.	116.	116.	0.
	** SUBTOTAL **				69,306.	30,302.	2,862.	2,862.	0.
	RESIDENTIAL RENTAL - [REDACTED]								
10	HOUSE	080213	SL	27.50	30,194.	2,608.	1,098.	1,098.	0.
12	ROOF	081613	SL	27.50	4,520.	390.	164.	164.	0.
13	BATHROOM & KITCHEN RENOVATIONS	083013	SL	27.50	2,706.	233.	98.	98.	0.
14	AIR CONDITIONER	090614	SL	27.50	3,000.	141.	109.	109.	0.
	** SUBTOTAL **				40,420.	3,372.	1,469.	1,469.	0.
	*** GRAND TOTAL ***				109,726.	33,674.	4,331.	4,331.	0.

Shared Responsibility Payment

621636 10-26-16

To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete Worksheet A or Worksheet B if you are directed to them as you complete Steps 1 through 5.
- Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

Step 1 All Filers

1. Can someone claim you as a dependent?
 Yes. Stop. You do not owe a shared responsibility payment. Do not check the box on line 6a of Form 1040 or Form 1040A. If you file Form 1040EZ, check the box on line 5
 No. Continue to line 2
2. Did you, and everyone else in your tax household (see Tax household under Definitions, earlier) have qualifying health coverage for every month of 2016*?
 Yes. Stop. You do not owe a shared responsibility payment. Check the Full-year coverage box on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11
 No. Continue to line 3
*You can check the Full-year coverage box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person had qualifying health care coverage for every month he or she was a member of your tax household.
3. Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any month in 2016?
 Yes. Stop. Claim any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A
 No. Continue to line 4
4. Did you, or anyone else in your tax household turn 18 during 2016?
 Yes. Go to Worksheet A
 No. Go to Step 2

Step 2 Flat Dollar Amount

1. Multiply \$695 by the number of people in your tax household who were at least 18 years old.* 1 _____
*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born.
2. Multiply \$347.50 by the number of people in your tax household who were under age 18 2 _____
3. Add lines 1 and 2 3 _____
4. Enter the smaller of line 3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3 4 _____

Step 3 Household Income

1. Enter the amount from Form 1040, line 38; Form 1040A, line 21; or Form 1040EZ, line 4 1 _____
2. Did you receive any tax-exempt interest?
 Yes. Enter the amount from Form 1040, line 8b; Form 1040A, line 8b; or the amount entered in the space to the left of Form 1040EZ, line 2 2 _____
 No. Continue to line 3
3. Did you attach Form 2555 or Form 2555-EZ?
 Yes. Enter the amount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18 3 _____
 No. Continue to line 4
4. Did you claim any dependents?
 Yes. Continue to line 5
 No. Stop. Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1
5. Were any of the dependents you claimed required to file a return?
 Yes. Complete questions 1 through 3 for each dependent with a filing requirement for whom you did not attach Form 8814. Enter the total here 5 _____
 No. Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1
6. Did you attach Form 8814?
 Yes. Continue to line 7
 No. Stop. Add lines 1, 2, 3, and 5. **This is your household income.** Enter the result on Step 4, line 1
7. Is Form 8814, line 4 more than \$1,050?
 Yes. Add the amount from Form 8814, line 1b and the smaller of Form 8814, line 4 or 5 7 _____
 No. Enter -0-. Continue to line 8
8. Add lines 1, 2, 3, 5, and 7. **This is your household income.** Enter the result on Step 4, line 1 8 _____

Shared Responsibility Payment continued

Step 4 Percentage Income Amount

1. Enter your household income from Step 3 1 _____
2. Were you or your spouse (if filing jointly) born before January 2, 1952?
 - Yes.** Skip question 3. Find your filing threshold on the **Filing Thresholds for Most People** chart and enter it both here and on line 4. 2 _____
 - No.** Go to question 3.
3. Enter the amount listed below for your filing status. 3 _____
 - Single - \$10,350
 - Head of household - \$13,350
 - Married filing jointly - \$20,700
 - Married filing separately - \$4,050
 - Qualifying widow(er) with dependent child - \$16,650
4. Enter the amount from line 2 or 3. 4 _____
5. Subtract line 4 from line 1 5 _____
6. Is the amount on line 5 zero or less?
 - Yes.** Stop. You do not owe a shared responsibility payment. Complete Form 8965 by checking the box on line 7.
 - No.** Continue to line 7.
7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount 7 _____
8. Were you required to complete Worksheet A?
 - Yes.** Go to Worksheet B. Then continue to Step 5
 - No.** Enter the amount from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete line 3 of that worksheet. Then continue to step 5.

Step 5 National Average Bronze Plan Premium

1. Were you required to complete Worksheet A?
 - Yes.** Continue to line 2
 - No.** Skip question 2; Go to question 3.
2. Multiply \$223* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet 2 _____

*\$223 is the 2016 national average premium for a bronze level health plan available through the Marketplace for one individual for one month.
3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet.
 - 1 person - \$2,676
 - 2 people - \$5,352
 - 3 people - \$8,028
 - 4 people - \$10,704
 - 5 or more people - \$13,380

Shared Responsibility Payment Worksheet

Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2016, stop here. You do not owe a shared responsibility payment.

- | | |
|--|---------|
| Complete Step 1 | |
| 1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7) | 1 _____ |
| Complete Step 3 | |
| 2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14) | 2 _____ |
| 3. Enter the larger of line 1 or line 2 | 3 _____ |
| Complete Step 5 | |
| 4. Enter the National Average Bronze Plan Premium (From Step 5, question 2 or 3) | 4 _____ |
| 5. Enter the smaller of line 3 or line 4 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11. | 5 _____ |
| This is your shared responsibility payment | 5 _____ |

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

Name(s) shown on return

Identifying number

CARLESS J. & [REDACTED] BOATWRIGHT

Part I 2016 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	4,352.	1d	4,352.
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	()		
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()		
d	Combine lines 1a, 1b, and 1c				

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	()	2c	()
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()		
c	Add lines 2a and 2b				

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	()	3d	()
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()		
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()		
d	Combine lines 3a, 3b, and 3c				

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	4,352.
---	---	---	--------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4	5	
6	Enter \$150,000. If married filing separately, see instructions	6	
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7	
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
8	Subtract line 7 from line 6	8	
9	Multiply line 8 by 50% (0.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10	Enter the smaller of line 5 or line 9	10	
If line 2c is a loss, go to Part III. Otherwise, go to line 15.			

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see Instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	Total losses allowed from all passive activities for 2016. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 1					
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶					
	4,352.				

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶					

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶					

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶				

Form **8283**

(Rev. December 2014)

Department of the Treasury
Internal Revenue Service

Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

OMB. No. 1545-0008

Attachment Sequence No. **155**

Name(s) shown on your income tax return

Identifying number

CARLESS J. & [REDACTED] BOATWRIGHT

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities - List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property - If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle, check the box. Also enter the vehicle identification number (unless Form 1098-C is attached)	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	GOODWILL INDUSTRIES OF N FL 4527 L, JACKSONVILLE, FL 32205	<input type="checkbox"/>	CLOTHING, HOUSEHOLD GOODS
B	LEE CONLEE HOUSE, INC. PO BOX 2558, PALATKA, FL 32178	<input type="checkbox"/>	HOUSEHOLD GOODS
C	THE COMMUNITY THRIFT SHOP P.O. BO, INTERLACHEN, FL 32148	<input type="checkbox"/>	CLOTHING, HOUSEHOLD GOODS
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A			PURCHASE		250.	THRIFT SHOP VALUE
B			PURCHASE		150.	THRIFT SHOP VALUE
C			PURCHASE		450.	THRIFT SHOP VALUE
D						
E						

Part II Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2 a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____
If Part II applies to more than one property, attach a separate statement.
- b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ _____
(2) For any prior tax years ▶ _____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

- d For tangible property, enter the place where the property is located or kept ▶ _____
- e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

- 3 a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?
- b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?
- c Is there a restriction limiting the donated property for a particular use?

	Yes	No
3 a		
3 b		
3 c		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8283 (Rev. 12-2014)

Paid Preparer's Due Diligence Checklist
Earned Income Credit (EIC), Child Tax Credit (CTC), and American Opportunity Tax Credit (AOTC)
 ▶ To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.
 ▶ Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.

Taxpayer name(s) shown on return **CARLESS J. & [REDACTED] BOATWRIGHT** Taxpayer's Identification number [REDACTED]

Enter preparer's name and PTIN
JOHN D. ROWE, CPA **P00099553**

Due Diligence Requirements

Please complete the appropriate column for all credits claimed on this return (check all that apply).	EIC	CTC/ACTC	AOTC
1 Did you complete the return based on information for tax year 2016 provided by the taxpayer or reasonably obtained by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, or 1040NR Instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Did you satisfy the knowledge requirement? Answer "Yes" only if you can answer "Yes" to both 3a and 3b. To meet the knowledge requirement, did you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Interview the taxpayer, ask adequate questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Review adequate information to determine that the taxpayer is eligible to claim the credit(s) and in what amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Did any information provided by the taxpayer, a third party, or reasonably known to you in connection with preparing the return appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Did you make reasonable inquiries to determine the correct or complete information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Did you satisfy the record retention requirement? To meet the record retention requirement, did you keep a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In addition to your notes from the interview with the taxpayer, list those documents, if any, that you relied on. _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a Did you complete the required recertification form(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 If the taxpayer is reporting self-employment income, did you ask adequate questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to question 10.)

	EIC	CTC/ACTC	AOTC
9a Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules), and have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Due Diligence Questions for Returns Claiming CTC and/or additional CTC (If the return does not claim CTC or Additional CTC, go to question 11.)

10a Does the child reside with the taxpayer who is claiming the CTC/ACTC? (If "Yes," go to question 10c. If "No," answer question 10b.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c Have you determined that the taxpayer has not released the claim to another person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to *Credit Eligibility Certification*.)

11 Did the taxpayer provide substantiation such as a Form 1098-T and receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

► **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**

- A. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
- B. Submit Form 8867 in the manner required;
- C. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s); and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of Form 8867,
 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.

► **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

Credit Eligibility Certification

12 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

FORM 1040 EXCESS SOCIAL SECURITY TAX WORKSHEET STATEMENT 1

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$7,347.00 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	7,843.	
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 62		
3. ADD LINES 1 AND 2	7,843.	
4. SOCIAL SECURITY TAX LIMIT	7,347.	
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 71.	496.	

SCHEDULE A MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098 STATEMENT 2

DESCRIPTION	AMOUNT
WELLS FARGO BANK N A, PO BOX 14411, DES MOINES, IA 50306-3411	9,149.
TOTAL TO SCHEDULE A, LINE 10	9,149.

SCHEDULE A REAL ESTATE TAXES STATEMENT 3

DESCRIPTION	AMOUNT
[REDACTED]	233.
WELLS FARGO BANK N A	1,557.
TOTAL TO SCHEDULE A, LINE 6	1,790.

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 4

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RENTAL PROPERTY - [REDACTED]	374.	0.		374.	
RESIDENTIAL RENTAL - [REDACTED]	3,978.	0.		3,978.	
TOTALS	4,352.	0.		4,352.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 5

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X RENTAL PROPERTY - [REDACTED]	SCH E	374.		374.		
X RESIDENTIAL RENTAL - [REDACTED]	SCH E	3,978.		3,978.		
TOTALS		4,352.		4,352.		

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL

Form

1040 U.S. Individual Income Tax Return

(99) **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
CARLESS J.

Last name
BOATWRIGHT

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

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.

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.

Foreign country name

Foreign province/state/county

Foreign postal code

You Spouse

Filing Status

- 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). 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
- 6b Spouse
- 6c 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
			DAUGHTER	X
			DAUGHTER	X
			SON	X
- 6d Total number of exemptions claimed **5**

Boxes checked on 6a and 6b **2**

No. of children on 6c who:

- lived with you **3**
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above **5**

Income

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **141,541.**
- 8a Taxable interest. Attach Schedule B if required **46.**
- 8b Tax-exempt interest. Do not include on line 8a
- 9a Ordinary dividends. Attach Schedule B if required
- 9b Qualified dividends
- 10 Taxable refunds, credits, or offsets of state and local income taxes
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
- 14 Other gains or (losses). Attach Form 4797
- 15a IRA distributions **15a** Taxable amount **15b**
- 16a Pensions and annuities **16a** Taxable amount **16b**
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **4,931.**
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits **20a** Taxable amount **20b**
- 21 Other income. List type and amount
- 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **146,518.**

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 **31a** Recipient's SSN ▶
- 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**
- 37 Subtract line 36 from line 22. This is your adjusted gross income **146,518.**

710001 01-15-18

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2017)

Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b of 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

Table with columns for line number, description, and amount. Includes lines 38 (146,518), 39a (Total boxes checked), 40 (13,702), 41 (132,816), 42 (20,250), 43 (112,566), 44 (19,619), 45 (Alternative minimum tax), 46 (Excess advance premium tax credit repayment), 47 (19,619), 48-54 (Credits), 55 (1,150), 56 (18,469).

Other Taxes

Table with columns for line number, description, and amount. Includes lines 57 (Self-employment tax), 58 (Unreported social security and Medicare tax), 59 (Additional tax on IRAs), 60a (Household employment taxes), 60b (First-time homebuyer credit repayment), 61 (Health care: Individual responsibility), 62 (Taxes from: a Form 8959, b Form 8960, c Inst.; enter code(s)), 63 (18,469).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with columns for line number, description, and amount. Includes lines 64 (21,057), 65 (2017 estimated tax payments), 66a (Earned income credit (EIC)), 66b (Nontaxable combat pay election), 67 (Additional child tax credit), 68 (American opportunity credit), 69 (Net premium tax credit), 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), 73 (Credits from Form: a 2439, b Reserved, c 8885, d), 74 (21,057).

Refund

Direct deposit? See instructions.

Table with columns for line number, description, and amount. Includes lines 75 (2,588), 76a (2,588), 77 (Amount of line 75 you want refunded to you), 78 (Amount of line 75 you want applied to your 2018 estimated tax).

Amount You Owe

Table with columns for line number, description, and amount. Includes line 78 (Amount you owe) and line 79 (Estimated tax penalty).

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No. Designee's name: JOHN D. ROWE, CPA. Phone no: 386-325-4561. Personal identification number (PIN): 99553.

Sign Here

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

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. Your signature: JOHN D. ROWE, CPA. Date: 02/21/18. Your occupation: CPA. Daytime phone number: 386-325-4561. Spouse's signature: [Blank]. Date: [Blank]. Spouse's occupation: [Blank]. If the IRS sent you an Identity Protection PIN, enter it here: [Blank].

Paid Preparer section. Preparer: JOHN D. ROWE, CPA. Date: 02/21/18. Firm: CARR, RIGGS & INGRAM, LLC. Firm's EIN: 72-1396621. Phone no: 386-325-4561. Firm's address: PALATKA, FL 32177.

Child Tax Credit Worksheet (keep for your records)

Name(s): First **CARLESS J. &** Last **BOATWRIGHT** Your SSN **[REDACTED]**

Part 1

1. Number of qualifying children: 3 X \$1,000. Enter the result. 1 3,000.
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37. 2 146,518.
3. 1040 filers; Enter the total of any-
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.
 1040A and 1040NR filers: Enter -0-. 3 0.
4. Add lines 2 and 3. Enter the total. 4 146,518.
5. Enter the amount shown below for your filing status.
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,0005 110,000.
6. Is the amount on line 4 more than the amount on line 5?
 - No. Leave line 6 blank. Enter -0- on line 7.
 - Yes. Subtract line 5 from line 4. 6 37,000.
If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).
7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 1,850.
8. Is the amount on line 1 more than the amount on line 7?
 - No. **STOP**
You cannot take the child tax credit on Form 1040, line 52, Form 1040A, line 35, or Form 1040NR, line 49. You also cannot take the additional child tax credit.
 - Yes. Subtract line 7 from line 1. Enter the result. 8 1,150.

Part 2

9. Enter the amount from Form 1040, line 47, Form 1040A, line 30, or Form 1040NR, line 45. 9 19,619.
10. 1040 filers; Enter the total of the amounts from lines 48 through 51.*
1040A filers; Enter the total of the amounts from lines 31 through 34.
1040NR filers; Enter the total of the amounts from lines 46 through 48.* 10 _____
11. Are you claiming any of the following credits?
 - Residential energy efficient property credit, Form 5695, Part I.
 - Mortgage interest credit, Form 8396
 - Qualified adoption expenses, Form 8839
 - District of Columbia first-time homebuyer credit, Form 8859 No. Enter the amount from line 10. 11 _____
 Yes. If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet to figure the amount to enter here.
12. Subtract line 11 from line 9. Enter the result. 12 19,619.
13. Is the amount on line 8 of this worksheet more than the amount on line 12?
 - No. Enter the amount from line 8. **This is your child tax credit.** 13 1,150.
 - Yes. Enter the amount from line 12.

* Also include amounts from:
 Form 5695, line 30
 Form 8910, line 15
 Form 8936, line 23
 Schedule R, line 22

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

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

Your social security number

CARLESS J. & [REDACTED] BOATWRIGHT

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 3B	2	
3	Multiply line 2 by 7.5% (0.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box):	5	1,551.
	a <input type="checkbox"/> Income taxes, or		
	b <input checked="" type="checkbox"/> General sales taxes	6	1,853.
6	Real estate taxes (see instructions)	7	
7	Personal property taxes	8	
8	Other taxes. List type and amount ▶	9	3,404.
9	Add lines 5 through 8		
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098 STMT 1	10	8,681.
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	8,681.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	867.
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	750.
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	1,617.
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	
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	350.
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶	23	
	24 Add lines 21 through 23	24	350.
	25 Enter amount from Form 1040, line 38	25	146,518.
	26 Multiply line 25 by 2% (0.02)	26	2,930.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.
Other Miscellaneous Deductions	28 Other - from list in instructions. List type and amount ▶	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$156,900? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	13,702.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2017

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

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

Name(s) shown on return

Your social security number

CARLESS J. & [REDACTED] BOATWRIGHT

Part I

Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶
CAPITAL CITY BANK

Amount	
1	46.
2	46.
3	
4	46.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ... ▶

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

Ordinary Dividends

5 List name of payer ▶

Amount	
5	
6	

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ... ▶

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No
7a	At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		X
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

727501 10-25-17

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040A or 1040) 2017

Interest and Dividend Summary

Name: **CARLESS J. & TAMMY JO BOATWRIGHT**

FEIN/SSN: 589-54-8612

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Income Tax Withheld	State Tax Withheld	Foreign Tax Paid
CAPITAL CITY BANK	46.										
TOTALS	46.										

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

Your social security number

CARLESS J. & [REDACTED] BOATWRIGHT

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 [REDACTED]
 B [REDACTED]
 C [REDACTED]

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	B	C
A	1		365		<input type="checkbox"/>
B	1		365		<input type="checkbox"/>
C	1		365		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	7,150.	7,200.	7,200.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	3,570.	145.	
8 Commissions	8			
9 Insurance	9	715.	552.	806.
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	385.	285.	
15 Supplies	15			
16 Taxes	16	1,160.	2,023.	1,016.
17 Utilities	17	33.	91.	
18 Depreciation expense or depletion	18	3,083.	1,286.	1,469.
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	8,946.	4,382.	3,291.
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	-1,796.	2,818.	3,909.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	1,796.		
23a Total of all amounts reported on line 3 for all rental properties	23a		21,550.	
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		5,838.	
e Total of all amounts reported on line 20 for all properties	23e		16,619.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			6,727.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			1,796.
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			4,931.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2017

2017 DEPRECIATION AND AMORTIZATION REPORT

RENTAL PROPERTY - [REDACTED]

SCHEDULE E- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	RENTAL HOUSE	06/01/05	SL	27.50	MM	17	50,000.				50,000.	20,983.		1,818.	22,801.
2	LAND	06/01/05	L		HY		7,000.				7,000.			0.	0.
3	AIR CONDITIONER	09/15/05	150DE	15.00	MC	17	4,800.				4,800.	3,772.		284.	4,056.
4	WELL & IMPROVEMENTS	10/21/05	150DE	15.00	MC	17	6,689.				6,689.	5,158.		395.	5,553.
5	FLOORING	10/15/05	200DE	5.00	MC	17	2,201.				2,201.	2,201.		0.	2,201.
6	DRAIN FIELD	01/26/06	150DE	15.00	HY	17	3,625.				3,625.	2,662.		214.	2,876.
7	BATHROOM RENOVATIONS	06/01/06	SL	27.50	MM	17	1,000.				1,000.	381.		36.	417.
8	HOT WATER HEATER	12/02/06	200DE	7.00	MC	17	550.		275.		275.	275.		0.	275.
9	FLOORING	09/01/08	200DE	7.00	MC	17	631.		316.		315.	315.		0.	315.
20	ROOF	03/17/15	SL	27.50	MM	17	3,192.				3,192.	208.		116.	324.
26	RENOVATION	02/18/17	SL	27.50	MM	19H	6,906.				6,906.			220.	220.
	TOTAL SCH E DEPRECIATION						86,594.		591.		86,003.	35,955.		3,083.	39,038.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						79,688.		591.	0.	79,097.	35,955.			38,818.
	ACQUISITIONS						6,906.		0.	0.	6,906.	0.			220.
	DISPOSITIONS						0.		0.	0.	0.	0.			0.
	ENDING BALANCE						86,594.		591.	0.	86,003.	35,955.			39,038.

2017 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RENTAL - [REDACTED]

SCHEDULE E- 3

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
27	HOUSE	01/31/17	SL	27.50	MM19H	15,528.				15,528.			541.	541.
28	LAND	01/31/17	L		HY	5,000.				5,000.			0.	0.
29	ROOF	02/08/17	SL	27.50	MM19H	3,868.				3,868.			123.	123.
30	RENOVATION	03/15/17	SL	27.50	MM19H	21,592.				21,592.			622.	622.
	TOTAL SCH E DEPRECIATION					45,988.				45,988.			1,286.	1,286.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					0.		0.	0.	0.	0.			0.
	ACQUISITIONS					45,988.		0.	0.	45,988.	0.			1,286.
	DISPOSITIONS					0.		0.	0.	0.	0.			0.
	ENDING BALANCE					45,988.		0.	0.	45,988.	0.			1,286.

2017 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RENTAL - [REDACTED]

SCHEDULE E- 2

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
10	HOUSE	08/02/13	SL	27.50		MM17	30,194.				30,194.	3,706.		1,098.	4,804.
11	LAND	08/02/13	L			HY	5,328.				5,328.			0.	0.
12	ROOF	08/16/13	SL	27.50		MM17	4,520.				4,520.	554.		164.	718.
13	BATHROOM & KITCHEN RENOVATIONS	08/30/13	SL	27.50		MM17	2,706.				2,706.	331.		98.	429.
14	AIR CONDITIONER	09/06/14	SL	27.50		MM17	3,000.				3,000.	250.		109.	359.
	TOTAL SCH E DEPRECIATION						45,748.				45,748.	4,841.		1,469.	6,310.

Schedule E - Two-Year Comparison Worksheet

2017

Property Name:

RENTAL PROPERTY - [REDACTED]

Description	Tax Year 2016	Tax Year 2017	Increase (Decrease)
INCOME			
RENTS RECEIVED	5,500.	7,150.	1,650.
EXPENSES			
CLEANING AND MAINTENANCE	0.	3,570.	3,570.
INSURANCE	715.	715.	0.
REPAIRS	305.	385.	80.
SUPPLIES	121.	0.	-121.
TAXES	1,092.	1,160.	68.
UTILITIES	31.	33.	2.
SUBTOTAL	2,264.	5,863.	3,599.
DEPRECIATION EXPENSE OR DEPLETION	2,862.	3,083.	221.
TOTAL EXPENSES	5,126.	8,946.	3,820.
INCOME OR (LOSS)	374.	-1,796.	-2,170.
DEDUCTIBLE RENTAL LOSS *	0.	-1,796.	-1,796.
* INCLUDES PASSIVE ACTIVITY LOSS			

Schedule E - Two-Year Comparison Worksheet

2017

Property Name:

RESIDENTIAL RENTAL - [REDACTED]

Description	Tax Year 2016	Tax Year 2017	Increase (Decrease)
INCOME			
RENTS RECEIVED	7,200.	7,200.	0.
EXPENSES			
INSURANCE	806.	806.	0.
TAXES	947.	1,016.	69.
SUBTOTAL	1,753.	1,822.	69.
DEPRECIATION EXPENSE OR DEPLETION	1,469.	1,469.	0.
TOTAL EXPENSES	3,222.	3,291.	69.
INCOME OR (LOSS)	3,978.	3,909.	-69.

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	RENTAL PROPERTY - [REDACTED]								
1	RENTAL HOUSE	060105	SL	27.50	50,000.	20,983.	1,818.	1,818.	0.
3	AIR CONDITIONER	091505	150DB	15.00	4,800.	3,772.	284.	284.	0.
4	WELL & IMPROVEMENTS	102105	150DB	15.00	6,689.	5,159.	395.	395.	0.
6	DRAIN FIELD	012606	150DB	15.00	3,625.	2,662.	214.	214.	0.
7	BATHROOM RENOVATIONS	060106	SL	27.50	1,000.	380.	36.	36.	0.
20	ROOF	031715	SL	27.50	3,192.	208.	116.	116.	0.
26	RENOVATION	021817	SL	27.50	6,906.	0.	220.	220.	0.
	** SUBTOTAL **				76,212.	33,164.	3,083.	3,083.	0.
	RESIDENTIAL RENTAL - [REDACTED]								
10	HOUSE	080213	SL	27.50	30,194.	3,706.	1,098.	1,098.	0.
12	ROOF	081613	SL	27.50	4,520.	554.	164.	164.	0.
13	BATHROOM & KITCHEN RENOVATIONS	083013	SL	27.50	2,706.	331.	98.	98.	0.
14	AIR CONDITIONER	090614	SL	27.50	3,000.	250.	109.	109.	0.
	** SUBTOTAL **				40,420.	4,841.	1,469.	1,469.	0.
	RESIDENTIAL RENTAL - [REDACTED]								
27	HOUSE	013117	SL	27.50	15,528.	0.	541.	541.	0.
29	ROOF	020817	SL	27.50	3,868.	0.	123.	123.	0.
30	RENOVATION	031517	SL	27.50	21,592.	0.	622.	622.	0.
	** SUBTOTAL **				40,988.	0.	1,286.	1,286.	0.
	*** GRAND TOTAL ***				157,620.	38,005.	5,838.	5,838.	0.

Shared Responsibility Payment

721636 12-26-17

To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete Worksheet A or Worksheet B if you are directed to them as you complete Steps 1 through 5.
- Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

Step 1 All Filers

1. Can someone claim you as a dependent?
 Yes. Stop. You don't owe a shared responsibility payment. Don't check the box on line 6a of Form 1040 or Form 1040A. If you file Form 1040EZ, check the box on line 5
 No. Continue to line 2
2. Did you, and everyone else in your tax household (see Tax household under *Definitions*, earlier) have qualifying health coverage for every month of 2017*?
 Yes. Stop. You don't owe a shared responsibility payment. Check the Full-year coverage box on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11
 No. Continue to line 3
*You can check the Full-year coverage box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person had qualifying health care coverage for every month he or she was a member of your tax household.
3. Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any month in 2017?
 Yes. Stop. Claim any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A
 No. Continue to line 4
4. Did you, or anyone else in your tax household turn 18 during 2017?
 Yes. Go to Worksheet A
 No. Go to Step 2

Step 2 Flat Dollar Amount

1. Multiply \$695 by the number of people in your tax household who were at least 18 years old* 1 _____
*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born.
2. Multiply \$347.50 by the number of people in your tax household who were under age 18 2 _____
3. Add lines 1 and 2 3 _____
4. Enter the smaller of line 3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3 4 _____

Step 3 Household Income

1. Enter the amount from Form 1040, line 38; Form 1040A, line 21; or Form 1040EZ, line 4 1 _____
2. Did you receive any tax-exempt interest?
 Yes. Enter the amount from Form 1040, line 8b; Form 1040A, line 8b; or the amount entered in the space to the left of Form 1040EZ, line 2 2 _____
 No. Continue to line 3
3. Did you attach Form 2555 or Form 2555-EZ?
 Yes. Enter the amount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18 3 _____
 No. Continue to line 4
4. Did you claim any dependents?
 Yes. Continue to line 5
 No. Stop. Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1
5. Were any of the dependents you claimed required to file a return?
 Yes. Complete questions 1 through 3 for each dependent with a filing requirement for whom you didn't attach Form 8814. Enter the total here 5 _____
 No. Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1
6. Did you attach Form 8814?
 Yes. Continue to line 7
 No. Stop. Add lines 1, 2, 3, and 5. **This is your household income.** Enter the result on Step 4, line 1
7. Is Form 8814, line 4, more than \$1,050?
 Yes. Add the amount from Form 8814, line 1b, and the smaller of Form 8814, line 4 or 5 7 _____
 No. Enter -0-. Continue to line 8
8. Add lines 1, 2, 3, 5, and 7. **This is your household income.** Enter the result on Step 4, line 1 8 _____

Shared Responsibility Payment continued

Step 4 Percentage Income Amount

1. Enter your household income from Step 3 1 _____
2. Were you or your spouse (if filing jointly) born before January 2, 1953?
 - Yes. Skip question 3. Find your filing threshold on the **Filing Thresholds for Most People** chart and enter it both here and on line 4. 2 _____
 - No. Go to question 3. 2 _____
3. Enter the amount listed below for your filing status. 3 _____
 - Single - \$10,400
 - Head of household - \$13,400
 - Married filing jointly - \$20,800
 - Married filing separately - \$4,050
 - Qualifying widow(er) - \$16,750
4. Enter the amount from line 2 or 3. 4 _____
5. Subtract line 4 from line 1 5 _____
6. Is the amount on line 5 zero or less?
 - Yes. Stop. You don't owe a shared responsibility payment. Complete Form 8965 by checking the box on line 7.
 - No. Continue to line 7. 6 _____
7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount 7 _____
8. Were you required to complete Worksheet A?
 - Yes. Go to Worksheet B. Then continue to Step 5
 - No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete line 3 of that worksheet. Then continue to Step 5.

Step 5 National Average Bronze Plan Premium

1. Were you required to complete Worksheet A?
 - Yes. Continue to line 2
 - No. Skip question 2; Go to question 3.
2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet 2 _____

*\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one individual for one month.
3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet.
 - 1 person - \$3,264
 - 2 people - \$6,528
 - 3 people - \$9,792
 - 4 people - \$13,056
 - 5 or more people - \$16,320

Shared Responsibility Payment Worksheet

Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2017, stop here. You don't owe a shared responsibility payment.

Complete Step 1	
1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7)	1 _____
Complete Step 3	
2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14)	2 _____
3. Enter the larger of line 1 or line 2	3 _____
Complete Step 5	
4. Enter the National Average Bronze Plan Premium (From Step 5, question 2 or 3)	4 _____
5. Enter the smaller of line 3 or line 4 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11.	5 _____
This is your shared responsibility payment	5 _____

Passive Activity Loss Limitations

▶ See separate instructions.
 ▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

Identifying number

CARLESS J. & [REDACTED] BOATWRIGHT

Part I 2017 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	6,727.	
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1,796.	
1c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))		
1d	Combine lines 1a, 1b, and 1c		4,931.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)		
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)		
2c	Add lines 2a and 2b		

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))		
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))		
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))		
3d	Combine lines 3a, 3b, and 3c		

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used		4,931.
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4		
6	Enter \$150,000. If married filing separately, see instructions		
7	Enter modified adjusted gross income, but not less than zero (see instructions)		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions		
10	Enter the smaller of line 5 or line 9		

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions		
12	Enter the loss from line 4		
13	Reduce line 12 by the amount on line 10		
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13		

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total		
16	Total losses allowed from all passive activities for 2017. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return		