NON-PARTISAN CANDIDATE LOYALTY OATH

Sections 876.05-876.10, Florida Statutes
CANDIDATES WITH NO PARTY AFFILIATION
STATE OF FLORIDA
LEE COUNTY

PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
JANE	E.	KUCKEL

I am a citizen of the State of Florida and of the United States of America, and a candidate for public office, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

Section 99.021 Florida Statutes

IMPORTANT NOTICE TO ALL CANDIDATES
READ CAREFULLY, YOU CANNOT CHANGE THE WAY YOU WANT YOUR NAME TO APPEAR ON THE BALLOT AFTER THE END OF QUALIFYING

PRINT NAME BELOW AS YOU WANT IT TO APPEAR ON THE BALLOT

I, JANE KUCKEL, Ph. D., am a candidate for the
PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office of LEE COUNTY SCHOOL BOARD 3
OFFICE DISTRICT CIRCUIT

________. I am a qualified elector of LEE County, Florida. I am
GROUP

qualified under the Constitution and Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which **office** or any part thereof runs concurrent with the office I seek; and I have resigned from any **office** which I am required to resign pursuant to Section 99.012, Florida Statutes.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE: Jane E. Kuckel
Signature of Candidate

JULY 10, 2000
Date Signed

20857 GLENEAGLES
Mailing Address

(941) 948-9198
Daytime Telephone #

948-9118
Fax Telephone Number

ESTERO, FL 33928
City/ZIPCODE

DS-DE **24B (8/95)** This form has been modified for Lee County only. 0499 DOE APPROVED **04-99**

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 1999

LAST NAME — FIRST NAME — MIDDLE NAME: KUCKEL JANE E

MAILING ADDRESS: 20857 GLENEAG LES DR

CITY: ESTERO ZIP: 33928 COUNTY: LEE

NAME OF AGENCY,

OFFICE HELD;

☐ OFFICER

OFFICE SOUGHT:

☒ CANDIDATE LEE CTY SCHOOL BD #3

POSITION:

☐ OTHER

FILING INSTRUCTIONS for when and where to tile this form are located at the bottom of **page 2.**
INSTRUCTIONS on who must file this form snd how to fill It out begin on page 3 of this packet.
OTHER FORMS you may need to file are described on page 6.

NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding $10,000.

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 1999, 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 DEC 31 1999 or 20__ was $ 342,000

PART B — ASSETS WORTH MORE THAN $1,000

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.

The **aggregate** value of my household goods and personal effects (**described** above) is $ 50,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
20857 GLENEAGLES, ESTERO FL	300 000
1995 CHRYSLER LEBARON	5 000
1996 DODGE VAN	10 000
RETIREMENT FUNDS	214 000

PART C- LIABILITIES IN EXCESS OF $1,000

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SUNCOAST FCU MORTGAGE	237 000

PART D — INCOME

You may ***EITHER*** (1) file a complete copy of your 1999 federal Income tax return, including all attachments, ***OR*** (2) **file** a sworn statement identifying each separate source and amount of income which exceeds $1,000, **including** secondary sources of income, by completing the remainder of Part D on page 2 of this form.

☒ I elect to file **a** copy of my 1999 federal income tax return. (If you check tnis box and **attach a** copy of your 1999 tax return, you need not complete the remainder of **Part D.]**

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 or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

1999

Attachment Sequence No. 13

Name(s) shown on return: GARY P & JANE E KUCKEL

Your social security number: 041-34-5830

JUL 1 2 ... '00

Part I Income or Loss From Rental Real Estate and Royalties Note: Report income & expenses from your business of renting personal property on Schedule C or C-EZ (see page E-l). Report farm rental income or loss from Form 4835 on page 2, line 39.

	1 Show the kind and location of each rental real estate property:	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days, or • 10% of the total days rented at fair rental value? (See page E-l.)	Yes	No
A	RESIDENCE - 9683 KRESS PINCKNEY, MI	A		X
B		B		
C		C		

Income:		Properties A	B	C		Totals (Add columns A, B, and C.)
3 Rents received	3	13,280			3	13,280
4 Royalties received	4				4	
Expenses:						
5 Advertising	5					
6 Auto and travel (see page E-2)	6	1,400				
7 Cleaning and maintenance	7	401				
8 Commissions	8					
9 Insurance	9	340				
10 Legal & other professional fees	10	300				
11 Management fees	11					
12 Mortgage interest paid to banks, etc. (see page E-2)	12	7,737			12	7,737
13 Other interest	13					
14 Repairs	14	742				
15 Supplies	15	62				
16 Taxes	16	2,288				
17 Utilities	17	32				
18 Other (list) ▶	18					
19 Add lines 5 through 18	19	13,302			19	**13,302**
20 Depreciation expense or depletion (see page E-3)	20				20	
21 Total expenses. Add lines 19 and 20	21	13,302				
Vacation home adjustment						
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-3 to find out if you must file Form 6198	22	-22				
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file Form 8562. Real estate professionals must complete line 42 on page 2	23	22				
24 **Income.** Add positive amounts shown on line 22. Do not include any losses					24	0
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here					25	(22)
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 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2					26	-22

Part III Summary of Parts I and II

17	Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13			17	737
	Next: Complete Form 1040 through line 39. Then, go to **Part IV** to figure your tax If: ●**Both lines** 16 and 17 are gains, **and** @Form 1040, line 39, **is** more than zero.				
18	If line 17 is a loss, enter here and as a (loss) on Form 1040, line **13.** the **smaller** of **these** losses: ●The loss on line 17; or ●($3,000) or, if married filing separately, ($1,500)			18	( )
	Next: Skip **Part IV** below. Instead, complete Form 1040 through line 37. Then, complete the **Capital Loss Carryover Worksheet on page** D-6 if: ●**The** loss on line 17 exceeds the loss on line 18, or *Form 1040, line 37, is a loss.				

Part IV Tax Computation Using Maximum Capital Gains Rates

19	Enter your taxable income from Form 1040, **line 39**			19	107,274
29	Enter the **smaller** of line 16 or line 17 of Schedule D	20	737		
21	If you are filing Form 4952, **enter** the amount from **Form 4952, line 4e**	21			
22	Subtract line 21 from line **20. If zero** or less, **enter -0-**	22	737		
23	Combine lines 7 and 15. If zero or less, enter -0-	23	0		
24	Enter the **smaller** of line 15 or line 23, but not less than zero	24	0		
25	Enter **your** unrecaptured section **1250 gain,** if any, from line 16 of the worksheet on page D - 7	25			
26	Add lines 24 and 25	26			
27	Subtract line 26 from line 22. If zero or less, enter -0-			27	737
28	Subtract line 27 from line 19. If zero or less, enter -0-			28	106,537
29	Enter **the smaller of:** ●**The** amount on line 19, or ● $25,750 if single: $43,050 if married filing jointly or qualifying widow(er); $21,525 if married filing separately; or $34,559 **if** head of household			29	43,050
30	Enter the **smaller** of line 28 or line 29	30	43,050		
31	Subtract line 22 from line 19. If zero or less, enter -0-	31	106,537		
32	Enter the **larger** of line 30 or line 31	32	106,537		
33	Figure **the** tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies			33	24,308
	Note. If line 29 is less than line 28, go to line 38.				
34	Enter the amount from line 29	34			
35	Enter the amount from line 28	35			
38	Subtract line 35 from line 34. If zero or less, enter -O-	36			
37	Multiply line 36 by 10% (.10)			37	
	Note. If line 27 is more than zero and equal to line 36, go to line 52.				
38	Enter the **smaller** of line 19 or line 27	38	737		
39	Enter the amount from line 36	39			
40	Subtract line 39 from line 38	40	737		
41	Multiply line 40 by 20% (.20)			41	147
	Note. If line 25 is **zero** or blank, skip lines 42 through 47 and read the note above line 48.				
42	Enter the **smaller** of line 22 or line 25	42			
43	Add lines 22 and 32 — 43				
44	Enter the amount from line 19 — 44				
45	Subtract line 44 from line 43. If zero or **less,** enter **-0-**	45			
46	Subtract line 45 from line 42. If zero or less, enter **-0-**	46			
47	Multiply line 46 by 25% (.25)			47	
	Note. If line 24 is zero or blank, go to line 52.				
49	Enter the amount from line 19	48			
49	Add lines 32, 36, 40, and 46	49			
50	Subtract line 49 from line 48	50			
51	Multiply line 50 by 28% (.28)			51	
52	Add lines 33, 37, 41, 47, and 51			52	24,455
53	Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever **applies**			53	24,537
54	**Tax on all taxable income (including capital** gains). Enter the **smaller** of line 52 or line 53 here and on Form 1040, line 40			54	24,455

SCHEDULE D
(Form 1040)
Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ **Attach to** Form 1040. ▶ **See Instructions for Schedule D (Form 1040).**
▶ **Use Schedule D-l for** more **space to list transactions for lines 1 and 8.**

OMB No. 1545-0074
1999
Attachment Sequence No. 12

Name(s) shown on Form 1040: GARY P & JANE E KUCKEL
Your social security number 041-34-5830

Part I Short-Term Capital Gains and Losses-Assets Held One Year or Less

(a) Description of property (Example: loo sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5)	(e) Cost or other basis (see page O-5)	(f) GAIN or (LOSS) Subtract(e) from (d)
1					
2 Enter your short-term totals. if any, from Schedule D-l, line 2 ... 2					
3 **Total short-term sales** price **amounts.** Add column (d) of lines 1 8 2 ... 3					
4 Short-term gain from Form 6252 and short-term gain or [loss) from Forms 4684, 6781, and 8824 ... 4					
5 Net short-term gain or (loss) from partnerships, S corporations. estates, and trusts from Schedule(s) K-1 ... 5					
6 Short-term capital toss carryover. Enter the amount, if any, from line 8 of your 1998 Capital Loss Carryover Worksheet ... 6					(
7 **Net short-term capital gain or** (loss). Combine lines 1 through 6 in column (f) ▶ 7					0

Part II Long-Term Capital Gains and Losses-Assets Held More Than One Year

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo.. day, yr)	(c) Data sold (Mo., day. yr.)	(d) Sales price (see page O-5)	(e) Cost or other basis (see page O-5)	(f) GAIN or (LOSS) Subtract (e) from (d)	(g) 28% RATE GAIN or (LOSS) • (see instr. below)
8 CONDC - FT MYERS, FL	5/15/97	2/10/99	85,000	86,020	-1,020	
DISALLOWED LOSS	5/15/97	2/10/99		-1,020	1,020	
9 Enter your long-term totals, if any, from Schedule O-l, line 9 ... 9						
10 **Total long-term sales** price amounts. Add column (d) of lines 8 & 9 ... IO			85,000			
11 Gain from Form 4797, Part I: long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 ... 11						
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 ... 12						
13 Capital gain distributions. See page D-l ... 13					737	
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, If any. from line 13 of your 1998 Capital Loss Carryover Worksheet ... 14					(	)
15 Combine lines 8 through 14 in column (g) ... 15						
16 **Net long-term capital** gain or (loss). Combine lines 8 through 14 in column (f) ▶ 16					737	

Next: Go to Part III on the back.

• **28% Rate Gain or** Loss includes **all** "collectibles gains and losses" (as defined on page D-5) and up to 50% of the eligible gain on auaiified small business stock (see page D-4).

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.
GARY P & JANE E KUCKEL

Your social security number
041-34-5830

Schedule B-Interest and Ordinary Dividends

Attachment Sequence No. 08

Note. If you had over $400 in taxable interest, you must also complete Part III.

Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

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.

			Amount
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 page B-1 and list this interest first. Also, show that buyer's social security number and address ▶	1	
	SUNCOAST SCHOOLS FCU		314
	MICHIGAN ECU		17
2	Add the amounts on line 1	2	331
3	Excludable interest on series EE and I US savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	331

Note. If you had over $400 in ordinary dividends, you must also complete Part III.

Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9.)

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.

			Amount
5	List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ▶	5	
	DONALDSON LUFKIN & JENRETTE		1,003
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9 ▶	6	1,003

Part III Foreign Accounts and Trusts

(See page B-2.)

You must complete this part if you (a) had over $400 of 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 1999, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of the foreign country ▶		
8	During 1999, 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 page B-2		X

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Schedule A-Itemized Deductions

(Schedule B is on back)

▶Attach to Form 1040. ▶See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1999

Attachment Sequence No. **07**

Name(s) shown on Form 1040: GARY P & JANE E KUCKEL

Your social security number: 41-34-5830

Medical and Dental Expenses		Caution: Do not Include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see page A-l)	1			
	2	Enter amt. from Form 1040, ln. 34 [2]				
	3	Multiply line 2 above by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid (See page A-2.)	5	State and local income taxes	5	217.		
	6	Real estate taxes (see page A-2)	6	1,854		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount	8			
	9	Add lines 5 through 8			9	2,071
Interest You Paid (See page A-3.)	10	Home mortgage interest & points reported to you on Form 1098	10	10,944		
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶	11			
Note: Personal interest is not deductible.	12	Points not reported to you on Form 1098. See page A-3 for special rules	12			
	13	Investment interest. Attach Form 4952 if required. (See page A-3.)	13			
	14	Add lines 10 through 13			14	10,944
Gifts to Charity If you made a gift and got a benefit for it, see page A-4.	15	Gifts by cash or check. If you made any gift of $250 or more, see page A-4	15	1,199		
	16	Other than by cash or check. If any gift of $250 or more, se-e page A-4. You MUST attach Form 8283 if over $500	16	485		
	17	Carryover from prior year	17			
	18	Add lines 15 through 17		1	8	1,684
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4884. (See page A-5.)			19	
Job Expenses and Most Other Miscellaneous Deductions (See page A-5 for expenses to deduct here.)	20	Unreimbursed employee expenses- job travel, union dues, job education. etc. You MUST attach Form 2106 or 2106-EZ if required. (See page A-5.))	20			
	21	Tax preparation fees	21	200		
	22	Other expenses- investment, safe deposit box. etc. List type and amount ▶	22			
	23	Add lines 20 through 22	23	200		
	24	Enter amt. from Form 1040, ln. 34 [24] 127,448				
	25	Multiply line 24 above by 2% (.02)	25	2,549.		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-			26	0
Other Miscellaneous Deductions	27	Other- from list on page A-6. List type and amount			27	
Total Itemized Deductions	28	Is Form 1040. line 34, over $126.600 (over $63,300 if married filing separately)? *				
		☐ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. ☒ Yes. Your deduction may be limited. See page A-6 for the amount to enter. ▶			28	14,674

For Paperwork Reduction Act Notice, see Form 1040 instructions.

* LIMITED BY AGI

DAA

Form **2210**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

▶ See separate instructions.
▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0140
1999
Attachment Sequence No. 06

Name(s) shown on tax return	Identifying number
GARY P & JANE E KUCKEL	041-34-5830

Note: In most cases, you do not need **to file Form 2210.** The IRS will **figure any penalty you owe and send you a bill. File** Form 2210 only if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still **may use it to figure your penalty.** Enter the **amount** from Part III, line 21, or Part IV, line 35, on the penalty line of your return, but **do not** attach Form 2210.

Part I Reasons For Filing-

If 1a, lb, or 1c below applies to you, you may be able to lower or eliminate your penalty. But you MUST check the boxes that apply and file Form 2210 with your tax return. If Id below applies to you, check that box and file Form 2210 with your tax return.

1 Check whichever boxes apply (if none apply, see the **Note** above):

a ☐ You request a **waiver.** In **certain** circumstances, the IRS will waive all or **part** of the penalty. See Walver of **Penalty on** page 1 of the instructions.

b ☐ **You** use the **annualized income installment method.** If your income varied during the year, thls method may reduce the amount of one or more required installments. See **page** 4 of the instructions.

c ☐ You had Federal income tax withheld from **wages** and, for estimated **tax** purposes, **you treat** the withheld tax **as** paid On **the dates** it was actually withheld, instead of **in equal** amounts on the payment due dates. See the instructions for line 23 on page 3.

d ☐ Your required annual payment (line 14 below) is based on your 1998 fax and you fled or are filing **a** joint return for either 1998 or 1999 but not for both years.

Part II Required Annual Payment

2	Enter your 1999 **tax** after credits (see page 2 of the instructions)			2	24,455
3	Other taxes (see page 2 of the instructions)			3	
4	Add lines 2 and 3			4	24,455
5	Earned income credit	5			
6	Additional child tax credit	6			
7	Credit for Federal tax paid on fuels	7			
8	Add lines 5, 6, and 7			6	
9	Current year tax. Subtract line 8 from line 4			9	24,455
10	Multiply line 9 by 90% (.90)	10	22,010		
11	Withholding taxes. Do not include any estimated **tax payments on** thls line (see page 2 of the instructions)			11	20,558
12	Subtract line 11 from line 9. If less than $1,000, stop here; **do not** complete or file this form. Ycu do not owe the penalty			12	3,897
13	Enter the tax shown on your 1998 tax return (105% of that amount if the adjusted gross income shown on that return Is more than $150,000, or, if married filing separately for 1999, more than $75,000). **Caution:** See page 2 of the instructions			13	26,634
14	**Required annual payment.** Enter the **smaller** of line 10 or line 13			14	22,010

Note: If line 11 is equal to or more than line 14, **stop here;** you do not owe the penalty. Do **not file** Form 2210 unless you checked box **1d above.**

Part HI Short Method (Caution:

See page 2 **of** the instructions to find out if you can **use the short method. If you checked box 1 b or Ic** in **Part I, skip** this **part and** go **to Part IV.)**

15	Enter the amount, if any, from line 11 above	15	20,558		
16	Enter the total **amount,** if any, of estimated tax payments you made	16			
17	Add lines 15 and 16			17	20,558
18	**Total underpayment for year.** Subtract line 17 from line 14. If zero or less. stop here; you do not owe the penalty. **Do** not file Form 2210 unless you checked box 1d above			18	1,452
19	Multiply line 18 by .05336			19	77
20	• If the amount on line 18 was paid **on or after 4/15/00,** enter -O-. • If the amount on line 18 was paid **before** 4115100, make the following computation to find the **amount** to **enter on** line 20. Amount on line 18 X Number of days paid before 4/15/00 X .00022			20	0
21	**PENALTY.** Subtract line 20 from line 19. Enter the **result here and on Form** 1040, line 69; Form 1040A, line 44; Form 1040NR, line 68; Form 1040NR-EZ, line 27: or Form 1041, line 26 ▶			21	77

For Papemork **Reduction Act Notice, see page 1 of separate instructions.** Form 2210 (1999)

DAA

Form 1040 (1999) GARY P & JANE E KUCKEL 04-34-5830 Page 2

Tax and Credits

34	Amount from line 33 (adjusted gross income)	34	127,448
35a	Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind. Add the number of boxes checked above and enter the total here ▶ 35a		
b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here ▶ 35b		
36	Enter your itemized **deductions from** Schedule **A**, line **28, OR standard deduction** shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	14,674
37	Subtract line 36 from line 34	37	112,774
38	If line 34 is $94,975 or less, multiply $2,750 by the total number of exemptions claimed on line 6d. If line 34 is over $94,975, see the worksheet on page 31 for the amount to enter	38	5,500
39	**Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter-0-	39	107,274
40	Tax (see page 31). Check if any tax is from a Form(s) 8814 b Form 4972 ▶	40	24,455
41	Credit for child & dependent care expenses. Attach Form 2441	41	
42	Credit for the elderly or the disabled. Attach Schedule R	42	
43	Child tax credit (see page 33)	43	
44	Education credits. Attach Form 8863	44	
45	Adoption credit. Attach Form 8839	45	
46	Foreign tax credit, Attach Form 1116 if required	46	
47	Other. Check if from a Form 3600 b Form 8396 c Form 8801 d Form (specify)	47	
48	Add lines 41 through 47. These are your total credits	48	
49	Subtract line 48 from line 40. If line 48 is more than line 40, enter-0-	49	24,455

Standard Deduction for Most People
Single: $4,300
Head of household $6,350
Married filing jointly or Qualifying widow(er): 97,200
Married filing separately. $3,600

Other Taxes

50	Self-employment tax. Attach Schedule SE	50	
51	Alternative minimum tax. Attach Form 6251	51	
52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	52	
53	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	53	
54	Advance earned income credit payments from Form(s) W-2	54	
55	Household employment taxes. Attach Schedule H	55	
56	Add lines 49 - 55. This is your total tax ▶	56	24,455

Payments

57	Federal income tax withheld from Forms W-2 and 1099	57	20,558
58	1999 estimated tax payments & amount applied from 1998 return	58	
59a	Earned income credit. Attach Sch. EIC if you have a qualifying child	59a	
b	Nontaxable earned income: amount ▶ & type ▶		
60	Additional child tax credit. Attach Form 8812	60	
61	Amount paid with request for ext. to file (see pg. 48)	61	
62	Excess social security and RRTA tax withheld (see page 48)	62	
63	Other payments Check if from a Form 2439 b Form 4138	63	
64	Add lines 57, 58, 59a, & 60 - 63. These are your total payments ▶	64	20,558

Refund

Have it directly deposited! See page 48 and fill in 66b, 66c, and 66d.

65	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID	65	
66a	Amount of line 65 you want REFUNDED TO YOU ▶	66a	
▶ b	Routing number ▶ c Type: Checking Savings		
▶ d	Account number		
67	Amount of line 65 you want APPLIED TO YOUR 2000 EST. TAX ▶	67	

Amount You Owe

68	If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE. For details on how to pay, see page 49 ▶	68	3,974
69	Estimated tax penalty. Also include on line 68.	68	77

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.

Joint return? See page 18. Keep a copy for your records.

Your signature **TAXPAYER COPY** | Date | Your occupation | Daytime telephone number (optional)

Spouse's signature If a joint return, BOTH must sign | Date | Spouse's occupation

Paid Preparer's Use Only

Preparer's signature ▶ Rosautkamon Galati | Date 3/20/00 | Check if self-employed | Preparer's SSN or PTIN P00002595

Firm's name (or yours if self-employed) and address ▶ HAYES & GALATI, P.A.
790 HARBOUR DR., STE. 2B
NAPLES FL

EIN 65-0537600
ZIP code 34103-4461

DAA

Form 1040 (1999)

Department of the Treasury- Internal Revenue Service

Form **1040** **U.S. Individual Income Tax Return** **1999** (99) IRS Use Only- Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 1999, or other tax year beginning , 1999, ending , OMB No. 1545-0074

Label (See instructions on page 18.) **Use the IRS label.** Otherwise, please print or type.	LABEL HERE	Your first name and initial: GARY P / Last name: KUCKEL	Your social security number: 041-34-5830
		If a joint return, spouse's first name and initial: JANE E / Last name: KUCKEL	**Spouse's social security number**: 274-40-7492
		Home address (number and street). If you have a P.O. box, see page 18.: 20857 GLENEAGLES LINKS DRIVE / Apt. no.	▲ **IMPORTANT!** ▲ You must enter your SSN(s) above.
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.: ESTERO FL 33928	

Presidential Election Campaign (See page 18.)		Yes	No	Note. Checking "Yes" will not change your tax or reduce your refund.
	Do you want $3 to go to this fund?		X	
	If a joint return, does your spouse want $3 to go to this fund?		X	

Filing Status

Check only one box.

1 [ ] Single
2 [X] Married filing joint return (even if only one had income)
3 [ ] Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 18.)

Exemptions

6a [X] **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a — No. of boxes checked on 6a and 6b: 2
b [X] **Spouse**
c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Ck. if qual. child for child tax credit (see pg. 19)

If more than six dependents, see page 19.

No. of your children on 6c who: ● lived with you ___ ● did not live with you due to divorce or separation (see pg. 19) ___ Dependents on 6c not entered above ___ Add numbers entered on lines above ▶ 2

d Total number of exemptions claimed

Income

Att. copy **B** of your Forms W-2 and W-20 here. Also attach. Form(s) 1099-R if tax was withheld. If you did not get a W-2, see page 20.

Enclose, but do not staple, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips. etc. Attach Form(s) W-2	7	91,045
8a	**Taxable** interest. Attach **Schedule B** if required	8a	331
b	**Tax-exempt** interest. DO NOT include on line 8a — 8b		
9	Ordinary dividends. Attach Schedule B if required	9	1,003
10	Taxable refunds, credits, or offsets of state and local income taxes (See page 21)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (toss). Attach Schedule D if required. if not required, check here [ ]	13	737
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions 15a — b Taxable amount (see page 22)	15b	
16a	Total pensions and annuities 16a 37372.48 b Taxable amount (see page 22)	16b	36,354
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-22
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits 20a — b Taxable amount (see page 24)	20b	
21	Other Income. List type & amt. (see page 24)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	129.448

Adjusted Gross Income

23	IRA deduction (see page 26)	23	2,000		
24	Student loan interest deduction (see page 26)	24			
25	Medical savings account deduction. Attach Form 8853	25			
26	Moving expenses. Attach Form 3903	26			
27	One-half of self-employment tax. Attach Schedule SE	27			
28	Self-employed health insurance deduction (see page 28)	28			
29	Keogh and self-employed SEP and SIMPLE plans	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	Add lines 23 through 31a			32	2,000
33	Subtract line 32 from line 22. This is your adjusted gross income ▶			33	127,448

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 54. Form **1040** (1999)

DAA

TAXPAYER COPY

CANVASSING BOARD MEETINGS
Fur
FALL 2000 ELECTIONS

FIRST PRIMARY

Friday September 1 @ 8:00 am	Canvass absentee ballots
Friday September 1 @ 1:00 pm	Test the tabulating equipment
Tuesday September 5 @ 8:00 am	Canvass absentee ballots
Wednesday September 6 @ 8:00	Certify the Election

SECOND PRIMARY

Friday September 29 @ 8:00 am	Canvass absentee ballots
Monday October 2 @ 1:00 pm	Test the tabulating equipment
Tuesday October 3 @ 8:00 am	Canvass absentee ballots
Wednesday October 4 @ 8:00 am	Certify the Election

GENERAL ELECTION

Friday November 3 @ 8:00 am	Canvass absentee ballots
Monday November 6 @ 1:00 pm	Test the tabulating equipment
Tuesday November 7 @ 8:00 am	Canvass absentee ballots
Wednesday November 8 @ 8:00 am	Certify the Election

I acknowledge that I am in receipt of this notice.

James S. Kuckel
Signature of Candidate

JULY 10, 2000
Date