

FINANCIAL INTERESTS

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Roper David Christopher

MAILING ADDRESS:
590 Ard Field Road

CITY: ZIP: COUNTY:
Jay 32565 Santa Rosa

NAME OF AGENCY:
Santa Rosa County Sheriff's Department

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Sheriff

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code _____

ID No. _____

Conf. Code _____

P. Req. Code _____

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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 May 31, 20 12 was \$ \$171,900.00

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.

The aggregate value of my household goods and personal effects (described above) is \$ \$73,900.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Individual Retirement Accounts and Savings Accounts - ECCO Credit Union	\$36,000.00
Primary Residence - 590 Ard Field Road, Jay, Florida 32565	\$268,000.00
Secondary Residence - 165 Soda Pop Lane, Murphy, North Carolina 28906	\$125,000.00
Household Goods and Personal Effects	\$15,000.00
Vehicles - 08 Lexus, 05 Chev, 97 GMC, 97 Dodge, 07 John Deere Tractor, 08 Suzuki ATV	\$58,900.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
ECCO Credit Union - 4644 East Spencerfield Road, Pace, Florida 32571	\$259,000.00
FIA Card Services (Regions Credit Card) - 4725 Hwy 90, Pace, Florida 32571	\$2,800.00
Wells Fargo Mortgage - P.O. Box 660278, Dallas, Texas 75266-0278	\$109,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and 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, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [(If you check this box and attach a copy of your 2011 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 Tax Return		

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
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

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

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

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.

Chris Roper
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF SANTA ROSA
 Sworn to (or affirmed) and subscribed before me this 4th day of

June 20 12 by Chris Roper
Charles Quinn
 (Signature of Notary Public--State of Florida)

Charles Quinn
 Notary Public - State of FL
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Comm. Exp. May 14, 2013
 Personally Known XX OR Comm. No. DD889930

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

Department of the Treasury
Internal Revenue Service

- ▶ Do not send to the IRS. This is not a tax return.
- ▶ Keep this form for your records. See instructions.

2011

Declaration Control Number (DCN)

59241820120403677054 (Submission ID)

Taxpayer's name

DAVID C ROPER

Social security number

Spouse's name

MELISSA M ROPER

Spouse's social security number

Part I Tax Return Information—Tax Year Ending December 31, 2011 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	158,214
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	21,529
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	22,221
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	692
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	0

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive, from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement date). I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize Scotts Bookkeeping Service to enter or generate my PIN 62083 as my signature on my tax year 2011 electronically filed income tax return. ERO firm name Enter five numbers, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature _____ Date _____

Spouse's PIN: check one box only

- I authorize Scotts Bookkeeping Service to enter or generate my PIN 13836 as my signature on my tax year 2011 electronically filed income tax return. ERO firm name Enter five numbers, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature _____ Date _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

59241897867 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature _____ Date _____

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning _____, ending _____ See separate instructions.

Your first name M.I. Last name Suffix Your social security number
 DAVID C ROPER [REDACTED]

If a joint return, spouse's first name M.I. Last name Suffix Spouse's social security number
 MELISSA M ROPER [REDACTED]

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
 JAY FL 32565-7354

Foreign country name Foreign province/country Foreign postal code
 [REDACTED] [REDACTED] [REDACTED]

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

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

Filing Status

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

Check only one box.

First name	Last name	SSN

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) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	Boxes checked on 6a and 6b	No. of children on 6c who:
HUNTER	DILLASHAW	[REDACTED]	Stepchild	<input type="checkbox"/>	2	1
				<input type="checkbox"/>		0
				<input type="checkbox"/>		0
				<input type="checkbox"/>		0
d Total number of exemptions claimed						3

If more than four dependents, see instructions and check here

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	85,109
8a	Taxable interest. Attach Schedule B if required	8a	232
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	72,873
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	0
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	158,214

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	
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 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	158,214

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 158,214

39a Check You were born before January 2, 1947, Blind. } Total boxes checked Spouse was born before January 2, 1947, Blind. } 39a 1

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 36,997

41 Subtract line 40 from line 38 41 121,217

42 Exemptions. Multiply \$3,700 by the number on line 6d 42 11,100

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 110,117

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 962 election 44 19,779

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 19,779

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8853, line 23 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions). 51

52 Residential energy credits. Attach Form 5695 52

53 Other credits from Form: a 3800 b 8801 c 53

54 Add lines 47 through 53. These are your total credits 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 19,779

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58 1,750

59a Household employment taxes from Schedule H 59a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 55 through 60. This is your total tax 61 21,529

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 22,221

63 2011 estimated tax payments and amount applied from 2010 return 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65

66 American opportunity credit from Form 8863, line 14 66

67 First-time homebuyer credit from Form 5405, line 10 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a 2439 b 8839 c 8801 d 8885 71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 22,221

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 692

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. 74a 692

b Routing number Checking Savings

d Account number

75 Amount of line 73 you want applied to your 2012 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76 0

77 Estimated tax penalty (see instructions) 77

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 Stephen Scott Phone no. (850) 456-5465 Personal identification number (PIN) 65092

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 STATE TROOPER Daytime phone number _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation office mgr If the IRS sent you an Identity Protection PIN, enter it here (see inst) _____

Preparer Use Only

Print/Type preparer's name Stephen Scott Preparer's signature _____ Date 2/9/2012 Check if self-employed PTIN _____

Firm's name Scotts Bookkeeping Service Firm's EIN _____

Firm's address 804 N. 75th Ave Pensacola FL 32506 Phone no. (850) 456-5465

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2011

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See Instructions for Schedule A (Form 1040).

Attachment
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

DAVID C and MELISSA M ROPER

Section	Line	Description	Amount	Total
Medical and Dental Expenses	1	Medical and dental expenses reimbursed or paid by others.	6,455	
	2	Enter amount from Form 1040, line 38	158,214	
	3	Multiply line 2 by 7.5% (.075)	11,866	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		0
Taxes You Paid	5	State and local (check only one box): a <input type="checkbox"/> Income taxes, or	1,257	
		b <input checked="" type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	1,840	
	7	Personal property taxes		
	8	Other taxes. List type and amount ▶		
	9	Add lines 5 through 8		3,097
	10	Home mortgage interest and points reported to you on Form 1098	16,259	
	11	Home mortgage interest not reported to you on Form 1098. If to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶		
Interest You Paid	12	Points not reported to you on Form 1098. See instructions for special rules		
	13	Mortgage insurance premiums (see instructions)		
	14	Investment interest. Attach Form 4952 if required. (See instructions.)		
	15	Add lines 10 through 14		16,259
	Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	17,391
17		Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	250	
18		Carryover from prior year		
19		Add lines 16 through 18		17,641
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		
	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		
		UNIFOMS-2- COMMUNICATION		
	22	Tax preparation fees		
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶		
		DUES REF MTL		
	24	Add lines 21 through 23	0	
Job Expenses and Certain Miscellaneous Deductions	25	Enter amount from Form 1040, line 38	158,214	
	26	Multiply line 25 by 2% (.02)	3,164	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		0
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶		
	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40		36,997
Total Itemized Deductions	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

▶ See separate instructions.

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

DAVID C.ROPER

**Fill in Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt no

City, town or post office

State

ZIP code

If this is an amended
return, check here

If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 58, or Form 1040NR, line 56, without filing Form 5329. See the instructions for Form 1040, line 58, or for Form 1040NR, line 56.

Part I Additional Tax on Early Distributions

Complete this part if you took a taxable distribution before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR-see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1 Early distributions included in income. For Roth IRA distributions, see instructions	1	17,500
2 Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3 Amount subject to additional tax. Subtract line 2 from line 1	3	17,500
4 Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 58, or Form 1040NR, line 56	4	1,750

Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).

Part II Additional Tax on Certain Distributions From Education Accounts

Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP).

5 Distributions included in income from Coverdell ESAs and QTPs	5	
6 Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7 Amount subject to additional tax. Subtract line 6 from line 5	7	0
8 Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 58, or Form 1040NR, line 56	8	0

Part III Additional Tax on Excess Contributions to Traditional IRAs

Complete this part if you contributed more to your traditional IRAs for 2011 than is allowable or you had an amount on line 17 of your 2010 Form 5329.

9 Enter your excess contributions from line 16 of your 2010 Form 5329 (see instructions). If zero, go to line 15	9	
10 If your traditional IRA contributions for 2011 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	0
11 2011 traditional IRA distributions included in income (see instructions)	11	
12 2011 distributions of prior year excess contributions (see instructions)	12	
13 Add lines 10, 11, and 12	13	0
14 Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	0
15 Excess contributions for 2011 (see instructions)	15	
16 Total excess contributions. Add lines 14 and 15	16	0
17 Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2011 (including 2011 contributions made in 2012). Include this amount on Form 1040, line 58, or Form 1040NR, line 56.	17	0

Part IV Additional Tax on Excess Contributions to Roth IRAs

Complete this part if you contributed more to your Roth IRAs for 2011 than is allowable or you had an amount on line 25 of your 2010 Form 5329.

18 Enter your excess contributions from line 24 of your 2010 Form 5329 (see instructions). If zero, go to line 23	18	
19 If your Roth IRA contributions for 2011 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20 2011 distributions from your Roth IRAs (see instructions)	20	
21 Add lines 19 and 20	21	0
22 Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	0
23 Excess contributions for 2011 (see instructions)	23	
24 Total excess contributions. Add lines 22 and 23	24	0
25 Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2011 (including 2011 contributions made in 2012). Include this amount on Form 1040, line 58, or Form 1040NR, line 56.	25	0

Part V Additional Tax on Excess Contributions to Coverdell ESAs

Complete this part if the contributions to your Coverdell ESAs for 2011 were more than is allowable or you had an amount on line 33 of your 2010 Form 5329.

26	Enter the excess contributions from line 32 of your 2010 Form 5329 (see instructions). If zero, go to line 31	26		
27	If the contributions to your Coverdell ESAs for 2011 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27		
28	2011 distributions from your Coverdell ESAs (see instructions)	28		
29	Add lines 27 and 28	29		0
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30		0
31	Excess contributions for 2011 (see instructions)	31		
32	Total excess contributions. Add lines 30 and 31	32		0
33	Additional tax. Enter 6% (.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2011 (including 2011 contributions made in 2012). Include this amount on Form 1040, line 58, or Form 1040NR, line 56	33		0

Part VI Additional Tax on Excess Contributions to Archer MSAs

Complete this part if you or your employer contributed more to your Archer MSAs for 2011 than is allowable or you had an amount on line 41 of your 2010 Form 5329.

34	Enter the excess contributions from line 40 of your 2010 Form 5329 (see instructions). If zero, go to line 39	34		
35	If the contributions to your Archer MSAs for 2011 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35		0
36	2011 distributions from your Archer MSAs from Form 8853, line 8	36		
37	Add lines 35 and 36	37		0
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38		0
39	Excess contributions for 2011 (see instructions)	39		
40	Total excess contributions. Add lines 38 and 39	40		0
41	Additional tax. Enter 6% (.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2011 (including 2011 contributions made in 2012). Include this amount on Form 1040, line 58, or Form 1040NR, line 56	41		0

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs)

Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2011 than is allowable or you had an amount on line 49 of your 2010 Form 5329.

42	Enter the excess contributions from line 48 of your 2010 Form 5329. If zero, go to line 47	42		
43	If the contributions to your HSAs for 2011 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43		
44	2011 distributions from your HSAs from Form 8889, line 16	44		
45	Add lines 43 and 44	45		0
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46		0
47	Excess contributions for 2011 (see instructions)	47		
48	Total excess contributions. Add lines 46 and 47	48		0
49	Additional tax. Enter 6% (.06) of the smaller of line 48 or the value of your HSAs on December 31, 2011 (including 2011 contributions made in 2012). Include this amount on Form 1040, line 58, or Form 1040NR, line 56	49		0

Part VIII Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs)

Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

50	Minimum required distribution for 2011 (see instructions)	50		
51	Amount actually distributed to you in 2011	51		
52	Subtract line 51 from line 50. If zero or less, enter -0-	52		0
53	Additional tax. Enter 50% (.50) of line 52. Include this amount on Form 1040, line 58, or Form 1040NR, line 56	53		0

Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Stephen Scott		2/9/2012		P01285078
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			
	804 N. 75th Ave, Pensacola, FL 32506	(850) 456-5465			

Alternative Minimum Tax—Individuals

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No **32**

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

Your social security number

DAVID C and MELISSA M ROPER

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

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.)	121,217
2	Medical and dental. 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-	0
3	Taxes from Schedule A (Form 1040), line 9	3,097
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line.	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	
6	Skip this line. It is reserved for future use.	
7	Tax refund from Form 1040, line 10 or line 21	()
8	Investment interest expense (difference between regular tax and AMT)	
9	Depreciation (difference between regular tax and AMT)	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount.	
11	Alternative tax net operating loss deduction	()
12	If interest from specified private activity bonds exempt from the regular tax	
13	Qualified small business stock (7% of gain excluded under section 1202)	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	
17	Disposition of property (difference between AMT and regular tax gain or loss)	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	
19	Passive activities (difference between AMT and regular tax income or loss)	
20	Loss limitations (difference between AMT and regular tax income or loss)	
21	Circulation costs (difference between regular tax and AMT)	
22	Long-term contracts (difference between AMT and regular tax income)	
23	Mining costs (difference between regular tax and AMT)	
24	Research and experimental costs (difference between regular tax and AMT)	
25	Income from certain installment sales before January 1, 1987	()
26	Intangible drilling costs preference	
27	Other adjustments, including income-based related adjustments	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$223,900, see instructions.)	124,314

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2011, see instructions.) IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .	
	Single or head of household . . . \$112,500 . . . \$48,450	}
	Married filing jointly or qualifying widow(er) . . . 150,000 . . . 74,450	
	Married filing separately . . . 75,000 . . . 37,225	
	If line 28 is over the amount shown above for your filing status, see instructions.	74,450
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	49,864
31	<ul style="list-style-type: none"> 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 the back and enter the amount from line 54 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 	12,965
32	Alternative minimum tax foreign tax credit (see instructions)	
33	Tentative minimum tax. Subtract line 32 from line 31	12,965
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)	19,779
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	0

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

**State of Florida
Division of Retirement
RETIREE ANNUAL STATEMENT -- 2011**

Personal Information

		<u>Tax Status</u>	
Payee Name	DAVID C ROPER	Marital Status	M
SSN	██████████	# of Allowances	1
Member Name	DAVID C ROPER	Additional Amount	\$ 0.00
SSN	██████████	Stated Amount	\$ 0.00
		Withholding Response	YES

Annual Income/Deductions

Income -- Payment Type: Monthly Benefit		
RETIREMENT BENEFIT	\$	53,687.64
HEALTH INSURANCE SUBSIDY	\$	1,685.40 (1)
	\$	
	\$	
	\$	
Total Gross	\$	55,373.04

Deductions:

Tax Withholding	\$	5,716.38
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
Total Deductions	\$	5,716.38

Form 1099-R Calculation

Gross Income	\$	55,373.04
Minus Health Insurance Subsidy Tax Exclusion	\$	0.00
= Box 1 (Gross Distribution)	\$	55,373.04
Minus Box 5 (Simplified General Rule)	\$	0.00
= Box 2a (Taxable Amount)	\$	55,373.04
Box 4 = Tax Withheld	\$	5,716.38
Box 7 = Distribution Code		2
Box 9b - Total Employee Contributions for those who retired in current year	\$	

(1) The Health Insurance Subsidy (HIS) benefit is an optional monthly payment. The purpose of the HIS payment is to provide assistance with the cost of your health insurance coverage. **The HIS benefit is not a health insurance policy and it is not a part of your Florida Retirement System pension.**

Pension Protection Act/HELPS Act -- Under the provisions of this Act some "Public Safety Officer" retirees (as determined by this Act) may be eligible for a tax exclusion up to \$3,000 if they had qualified health insurance premiums deducted directly from their pension payments. For more information, please contact the IRS or your tax advisor (also refer to the Instructions Booklet for IRS Form 1040). For your convenience the document "Information for Retired Public Safety Officers Tax Exclusion" can be found on the "Retiree Page" of the Division's Web site at <http://frs.myflorida.com>.

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code STATE OF FLORIDA DEPARTMENT OF MANAGEMENT SERVICES DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000		1 Gross distribution \$ 55,373.04	OMB No. 1545-0119 2011		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 55,373.04	Form 1099-R		
PAYER'S federal identification number 59-1354377		RECIPIENT'S identification number [REDACTED]	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
RECIPIENT'S name DAVID C ROPER 590 ARD FIELD RD JAY, FL 32565-7354		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 5,716.38		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
		5 Employee contributions \$ 0.00	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 2	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (see instructions) [REDACTED]		12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$	
		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

Form 1099-R

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code STATE OF FLORIDA DEPARTMENT OF MANAGEMENT SERVICES DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000		1 Gross distribution \$ 55,373.04	OMB No. 1545-0119 2011		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 55,373.04	Form 1099-R		
PAYER'S federal identification number 59-1354377		RECIPIENT'S identification number [REDACTED]	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
RECIPIENT'S name DAVID C ROPER 590 ARD FIELD RD JAY, FL 32565-7354		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 5,716.38		Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
		5 Employee contributions \$ 0.00	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 2	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (see instructions) [REDACTED]		12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$	
		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

Form 1099-R

(keep for your records)

Department of the Treasury - Internal Revenue Service

A. Employee's social security number [REDACTED]		Payroll organization code 76-10-01-01-101		Intradepartment number 0000000000	
B. Employer's identification number 59 - 6001874		1 Wages, tips, other compensation 45,324.66		2 Federal income tax withheld 6,971.84	
C. Employer's name, address, and zip code State of Florida Jeff Atwater, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 45,987.35		4 Social security tax withheld 1,931.47	
		5 Medicare wages and tips 45,987.35		6 Medicare tax withheld 666.82	
		7 Social security tips		8 Allocated tips	
D. Control number 131014 01/06		9		10 Dependent care benefits	
E. Employee's first name, mi, and last name DAVID C ROPER 590 ARDFIELD ROAD JAY, FL 32565-7354		11 Nonqualified plans		12A See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> 3rd-Party sick pay <input type="checkbox"/>		12B	
		14 Other 125 600.00		12C	
				12D	
F. Employee's address and zip code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

OMB No.1545-0008

Form **W-2** WAGE AND TAX STATEMENT **2011**

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

PAYER'S Name, Street Address, City, State, and ZIP code

ECCO CREDIT UNION
4644 E SPENCER FIELD RD
PACE FL 32571

7995

RECIPIENT'S Name and Address

0100088 01 AT 0.365 **AUTO T2 0 8342 32565-73549021- 01

DAVID C ROPER
590 ARD FIELD ROAD
JAY FL 32565-7354

Customer service phone number (850) 994-6982	10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.
PAYER'S Federal ID # 59-6137995	RECIPIENT'S ID # [REDACTED]	Account Number (see instructions) TRADITIONAL 1-01

FORM 1099-R

(keep for your records)

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 17500.00		2a Taxable amount \$ 17500.00		OMB No 1545-0119 2011 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. <small>This information is being furnished to the Internal Revenue Service</small>
2b Taxable amount not determined	X	Total distribution		
3 Capital gain (included in Box 2a) \$		4 Federal income tax withheld \$ 3500.00		
5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) 1	IRA/ SEP/ SIMPLE X	8 Other \$		COPY C For Recipient's Records
9a Your percentage of total distribution %		9b Total employee contributions \$		
12 State tax withheld \$		13 State/Payer's state no. FL		14 State distribution \$
15 Local tax withheld \$		16 Name of locality		17 Local distribution \$

PAYER'S Name, Street Address, City, State, and ZIP code

ECCO CREDIT UNION
4644 E SPENCER FIELD RD
PACE FL 32571

7995

RECIPIENT'S Name and Address

DAVID C ROPER
590 ARD FIELD ROAD
JAY FL 32565-7354

Customer service phone number (850) 994-6982	10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.
PAYER'S Federal ID # 59-6137995	RECIPIENT'S ID # [REDACTED]	Account Number (see instructions) TRADITIONAL 1-01

FORM 1099-R

1 Gross distribution \$ 17500.00		2a Taxable amount \$ 17500.00		OMB No 1545-0119 2011 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined	X	Total distribution		
3 Capital gain (included in Box 2a) \$		4 Federal income tax withheld \$ 3500.00		
5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) 1	IRA/ SEP/ SIMPLE X	8 Other \$		COPY 2 File this copy with your State, City, or Local income tax return, when required.
9a Your percentage of total distribution %		9b Total employee contributions \$		
12 State tax withheld \$		13 State/Payer's state no. FL		14 State distribution \$
15 Local tax withheld \$		16 Name of locality		17 Local distribution \$

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 2011		7 Social Security Tips	1 Wages, tips, other comp.	2 Federal income tax withheld		
c Employer's name, address, and ZIP code LANDRUM PROF EMPLOYER SVS II 6723 PLANTATION RD PENSACOLA FL 32504	d Control number		41784.46	6033.44		
		8 Allocated tips	43076.67	4 Social security tax withheld 1809.32		
		9 Advance EIC payment	43076.67	5 Medicare wages and tips 43076.67		
		10 Dependent care benefits		6 Medicare tax withheld 624.67		
e Employee's name, address, and ZIP code MELISSA MARIE ROPER 590 ARD FIELD RD JAY FL 32565-7354		11 Nonqualified plans		12a Code See inst. for box 12 D 1292.21		
		13 Statutory Employee Retirement Plan Third-Party Sick Pay X	14 Other	12b -12d Codes		
	b Employer ID number 26-0050708					
	a Employee's social security number					
15 State FL	Employer's state ID no.	16 State wages, tips, etc. 43076.67	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service. Dept. of the Treasury -- IRS
 This information is being furnished to IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Form W-2 Wage and Tax Statement 2011		7 Social Security Tips	1 Wages, tips, other comp.	2 Federal income tax withheld		
c Employer's name, address, and ZIP code LANDRUM PROF EMPLOYER SVS II 6723 PLANTATION RD PENSACOLA FL 32504	d Control number		41784.46	6033.44		
		8 Allocated tips	43076.67	4 Social security tax withheld 1809.32		
		9 Advance EIC payment	43076.67	5 Medicare wages and tips 43076.67		
		10 Dependent care benefits		6 Medicare tax withheld 624.67		
e Employee's name, address, and ZIP code MELISSA MARIE ROPER 590 ARD FIELD RD JAY FL 32565-7354		11 Nonqualified plans		12a Code See inst. for box 12 D 1292.21		
		13 Statutory Employee Retirement Plan Third-Party Sick Pay X	14 Other	12b -12d Codes		
	b Employer ID number 26-0050708					
	a Employee's social security number					
15 State FL	Employer's state ID no.	16 State wages, tips, etc. 43076.67	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee).

Form W-2 Wage and Tax Statement 2011		7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld		
c Employer's name, address, and ZIP code LANDRUM PROF EMPLOYER SVS II 6723 PLANTATION RD PENSACOLA FL 32504	d Control number		41784.46	6033.44		
		8 Allocated tips	43076.67	4 Social security tax withheld 1809.32		
		9 Advance EIC payment	43076.67	5 Medicare wages and tips 43076.67		
		10 Dependent care benefits		6 Medicare tax withheld 624.67		
e Employee's name, address, and ZIP code MELISSA MARIE ROPER 590 ARD FIELD RD JAY FL 32565-7354		11 Non qualified plans		12a Code See inst. for box 12 D 1292.21		
		13 Statutory Employee Retirement Plan Third-Party Sick-Pay X	14 Other	12b -12d Codes		
	b Employer ID number 26-0050708					
	a Employee's social security number					
15 State FL	Employer's state ID no.	16 State wages, tips, etc. 43076.67	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 to be filed with Employee's State, City or Local Income Tax Return