

**FORM 6**

**FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTEREST**

SUPERVISOR OF ELECTIONS 2013  
8495 CAROLINE ST. STE. F  
MILTON, FL 32570-4592

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

LAST NAME — FIRST NAME — MIDDLE NAME:  
Boston Carol Nadine

MAILING ADDRESS:  
7136 East Bay Blvd.

CITY: ZIP: COUNTY:  
Navarre 23566 Santa Rosa

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
School Board District 3

CHECK IF THIS IS A FILING BY A CANDIDATE

2014 JUN 17 AM 9 38

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2013, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of June 16, 2014 was \$ 98,975

**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 \$ 109,150

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

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

**PART C -- LIABILITIES**

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

| NAME AND ADDRESS OF CREDITOR  | AMOUNT OF LIABILITY |
|---|---------------------|
| Roundpoint Mortgage Servicing Corporation<br>P.O. Box 19409 Charlotte, NC 28219 | \$218,526.67        |
|   |                     |
|   |                     |

**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 2013 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.

SUPERVISOR OF ELECTIONS  
 CAROLINE ST. SHIPLEY  
 MILTON, FL 32570-4592

I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.]

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

| NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ADDRESS OF SOURCE OF INCOME | AMOUNT |
|--|-----------------------------|--------|
|  |                             |        |
|  |                             |        |
|  |                             |        |

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

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

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

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

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.

STATE OF FLORIDA  
 COUNTY OF Santa Rosa

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of

June, 2014 by Carol Boston

Michelle R Peeterse

(Signature of Notary Public—State of Florida)

**MICHELLE R PEETERSE**  
 NOTARY PUBLIC

STATE OF FLORIDA Commissioned Name of Notary Public)

Comm # FF044580

Expires 8/1/2017

OR Produced Identification

Type of Identification Produced FL DL

Carol Boston  
 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.**

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning

2013 ending

20

See separate instructions.

Your first name and initial

Last name

SUPERVISOR OF ELECTIONS 6495 CAROLINE ST., STE. F MILTON, FL 32570-4592

Your social security number

Spouse's social security number

Robert S

Boston

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

Last name

Carol N

Boston

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

2014 JUN 17 AM 9:08

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

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

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

Navarre FL 32566

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

- 1 Single, 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

- 6a Yourself, 6b Spouse

Table with 4 columns: (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

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b, No. of children on 6c who: lived with you, did not live with you due to divorce or separation, Dependents on 6c not entered above, Add numbers on lines above

Income

Table with 22 rows for income items (7-22) and 2 columns for taxable amounts

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

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

Adjusted Gross Income

Table with 11 rows for adjusted gross income items (23-37) and 2 columns for amounts

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Form for Third Party Designee with fields for name, phone, and PIN.

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature area with fields for Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation.

Paid Preparer Use Only

Form for Paid Preparer Use Only with fields for name, signature, date, firm name, EIN, address, phone.

Standard Deduction for... People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$6,100. Married filing jointly or Qualifying widow(er), \$12,200. Head of household, \$8,950.

If you have a qualifying child, attach Schedule EIC.

Direct deposit? See instructions.

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2013**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
► Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

|  |  |           |                 |                   |
|--|--|-----------|-----------------|-------------------|
| Robert S & Carol N Boston                                |  |           |                 |                   |
| <b>Medical and Dental Expenses</b>                       | <b>Caution.</b> Do not include expenses reimbursed or paid by others.  |           |                 |                   |
|  | <b>1</b> Medical and dental expenses (see instructions) . . . . .  | <b>1</b>  |                 |                   |
|  | <b>2</b> Enter amount from Form 1040, line 38 <b>2</b>   |           |                 |                   |
|  | <b>3</b> Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead  | <b>3</b>  |                 |                   |
|  | <b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-   |           | <b>4</b>        |                   |
| <b>Taxes You Paid</b>                                    | <b>5</b> State and local (check only one box):   | <b>5</b>  |                 |                   |
|  | a <input type="checkbox"/> Income taxes, or  |           |                 |                   |
|  | b <input type="checkbox"/> General sales taxes   |           |                 |                   |
|  | <b>6</b> Real estate taxes (see instructions) . . . . .  | <b>6</b>  | 4,537.          |                   |
|  | <b>7</b> Personal property taxes . . . . .   | <b>7</b>  | 74.             |                   |
|  | <b>8</b> Other taxes. List type and amount ►   | <b>8</b>  |                 |                   |
|  | <b>9</b> Add lines 5 through 8 . . . . .   |           | <b>9</b> 4,611. |                   |
| <b>Interest You Paid</b>                                 | <b>10</b> Home mortgage interest and points reported to you on Form 1098   | <b>10</b> | 7,646.          |                   |
|  | <b>11</b> 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 ► | <b>11</b> |                 |                   |
|  | <b>12</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .  | <b>12</b> |                 |                   |
|  | <b>13</b> Mortgage insurance premiums (see instructions) . . . . .   | <b>13</b> |                 |                   |
|  | <b>14</b> Investment interest. Attach Form 4952 if required. (See instructions.)   | <b>14</b> |                 |                   |
|  | <b>15</b> Add lines 10 through 14 . . . . .  |           |                 | <b>15</b> 7,646.  |
| <b>Gifts to Charity</b>                                  | <b>16</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .  | <b>16</b> | 617.            |                   |
|  | <b>17</b> Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 . . . . .   | <b>17</b> | 3,028.          |                   |
|  | <b>18</b> Carryover from prior year . . . . .  | <b>18</b> |                 |                   |
|  | <b>19</b> Add lines 16 through 18 . . . . .  |           |                 | <b>19</b> 3,645.  |
| <b>Casualty and Theft Losses</b>                         | <b>20</b> Casualty or theft loss(es). Attach Form 4684. (See instructions) . . . . .   | <b>20</b> |                 |                   |
| <b>Job Expenses and Certain Miscellaneous Deductions</b> | <b>21</b> Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►  | <b>21</b> |                 |                   |
|  | <b>22</b> Tax preparation fees . . . . .   | <b>22</b> | 45.             |                   |
|  | <b>23</b> Other expenses—investment, safe deposit box, etc. List type and amount ►   | <b>23</b> |                 |                   |
|  | <b>24</b> Add lines 21 through 23 . . . . .  | <b>24</b> | 45.             |                   |
|  | <b>25</b> Enter amount from Form 1040, line 38 <b>25</b> 155,047.  |           |                 |                   |
|  | <b>26</b> Multiply line 25 by 2% (.02) . . . . .   | <b>26</b> | 3,101.          |                   |
|  | <b>27</b> Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-  |           |                 | <b>27</b> 0.      |
| <b>Other Miscellaneous Deductions</b>                    | <b>28</b> Other—from list in instructions. List type and amount ►  | <b>28</b> |                 |                   |
| <b>Total Itemized Deductions</b>                         | <b>29</b> Is Form 1040, line 38, over \$150,000?   |           |                 |                   |
|  | <input type="checkbox"/> <b>No.</b> 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 checked="" type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.                              |           |                 | <b>29</b> 15,902. |
|  | <b>30</b> If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>   |           |                 |                   |

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 8863 and its separate instructions is at [www.irs.gov/form8863](http://www.irs.gov/form8863).  
▶ Attach to Form 1040 or Form 1040A.

**2013**  
Attachment  
Sequence No. **50**

Name(s) shown on return

Robert S & Carol N Boston

Your social security number



Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.

**Part I Refundable American Opportunity Credit**

|   |  |   |          |
|---|--|---|----------|
| 1 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30   | 1 | 1,157.   |
| 2 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)   | 2 | 180,000. |
| 3 | Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter  | 3 | 155,047. |
| 4 | Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you cannot take any education credit   | 4 | 24,953.  |
| 5 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)  | 5 | 20,000.  |
| 6 | If line 4 is:<br>• Equal to or more than line 5, enter 1.000 on line 6<br>• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)  | 6 | 1.000    |
| 7 | Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>cannot</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> | 7 | 1,157.   |
| 8 | <b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 40. Then go to line 9 below.   | 8 | 463.     |

**Part II Nonrefundable Education Credits**

|    |   |    |      |
|----|---|----|------|
| 9  | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)  | 9  | 694. |
| 10 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19                              | 10 |      |
| 11 | Enter the smaller of line 10 or \$10,000  | 11 |      |
| 12 | Multiply line 11 by 20% (.20)   | 12 |      |
| 13 | Enter: \$127,000 if married filing jointly; \$63,000 if single, head of household, or qualifying widow(er)  | 13 |      |
| 14 | Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter             | 14 |      |
| 15 | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19   | 15 |      |
| 16 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)   | 16 |      |
| 17 | If line 15 is:<br>• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18<br>• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) | 17 |      |
| 18 | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶  | 18 |      |
| 19 | <b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31                                    | 19 | 694. |

Name(s) shown on return

Robert S & Carol N Boston

Your social security number



**Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.**

**Part III Student and Educational Institution Information**  
See instructions.

|  |   |
|--|---|
| <p><b>20</b> Student name (as shown on page 1 of your tax return)<br/>Sierra E<br/>Boston</p>  | <p><b>21</b> Student social security number (as shown on page 1 of your tax return)</p>   |
| <p><b>22</b> Educational institution information (see instructions)</p>  |   |
| <p><b>a.</b> Name of first educational institution<br/><br/>Pensacola State College</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br/><br/>PENSACOLA STATE COLLEGE<br/>PENSACOLA FL 325048998</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2013? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2012 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If you checked "No" in both (2) and (3), skip (4).</p> <p><b>(4)</b> If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).<br/><br/>59-1207555</p> | <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2013? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2012 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you checked "No" in both (2) and (3), skip (4).</p> <p><b>(4)</b> If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).</p> |

**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2013?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began in 2013 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of post-secondary education before 2013?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 26.

**26** Was the student convicted, before the end of 2013, of a felony for possession or distribution of a controlled substance?  Yes — **Stop!** Go to line 31 for this student.  No — See *Tip* below and complete either lines 27-30 or line 31 for this student.



*When you figure your taxes, you may want to compare the American opportunity credit and lifetime learning credits, and choose the credit for each student that gives you the lower tax liability. You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.*

| <b>American Opportunity Credit</b>  |                  |
|---|------------------|
| <b>27</b> Adjusted qualified education expenses (see instructions). <b>Do not enter more than \$4,000</b> . . . . .   | <b>27</b> 1,157. |
| <b>28</b> Subtract \$2,000 from line 27. If zero or less enter -0- . . . . .  | <b>28</b> 0.     |
| <b>29</b> Multiply line 28 by 25% (.25) . . . . .   | <b>29</b> 0.     |
| <b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1 . . . . . | <b>30</b> 1,157. |
| <b>Lifetime Learning Credit</b>   |                  |
| <b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .   | <b>31</b>        |

### 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](http://www.irs.gov/form8283).

OMB No. 1545-0908

Attachment Sequence No. **155**

Name(s) shown on your income tax return

Robert S & Carol N Boston

Identifying number

**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 (see instructions), 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 | South Santa Rosa Interfaith Ministries<br>4339 Gulf Breeze Parkway<br>Gulf Breeze FL 32563 | <input type="checkbox"/>  | 10 boxes of tile -stone   |
| B | South Santa Rosa Interfaith Ministries<br>4339 Gulf Breeze Parkway<br>Gulf Breeze FL 32563 | <input type="checkbox"/>  | school clouthng room furniture good toys  |
| C | Helping Hand Missions Thrift Store<br>5307 Gulf Breeze Parkway<br>Gulf Breeze FL 32563     | <input type="checkbox"/>  | computers, ex hard drive monitor ch airs  |
| 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 | 04/11/2013                   |                                       |                           |                                    | 495.                                     | Thrift shop value                                  |
| B | 08/02/2013                   | 01/2000                               | Purchase                  | 3,000.                             | 783.                                     | Consignment shop                                   |
| C | 06/23/2013                   | 06/2009                               | Purchase                  | 6,250.                             | 1,750.                                   | Comparative sales                                  |
| 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).

- 2a** 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 ▶ \_\_\_\_\_

- 3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . . . 

| Yes | No |
|-----|----|
|     |    |
- 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? . . . . . 

|  |  |
|--|--|
|  |  |
|--|--|



## Residential Energy Credits

▶ Information about Form 5695 and its instructions is at [www.irs.gov/form5695](http://www.irs.gov/form5695).  
 ▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on return

Robert S & Carol N Boston

Your social security number

[REDACTED]

**Part I Residential Energy Efficient Property Credit** (See instructions before completing this part.)

**Note.** Skip lines 1 through 11 if you only have a credit carryforward from 2012.

|  |   |           |           |   |
|--|---|-----------|-----------|---|
| 1  | Qualified solar electric property costs . . . . .   |           | <b>1</b>  |   |
| 2  | Qualified solar water heating property costs . . . . .  |           | <b>2</b>  |   |
| 3  | Qualified small wind energy property costs . . . . .  |           | <b>3</b>  |   |
| 4  | Qualified geothermal heat pump property costs . . . . .   |           | <b>4</b>  |   |
| 5  | Add lines 1 through 4 . . . . .   |           | <b>5</b>  |   |
| 6  | Multiply line 5 by 30% (.30) . . . . .  |           | <b>6</b>  |   |
| 7a   | Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions) . . . . . ▶   |           | <b>7a</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <p><b>Caution:</b> If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.</p> <p><b>b</b> Print the complete address of the main home where you installed the fuel cell property.</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Number and street <span style="float: right;">Unit No.</span></p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">City, State, and ZIP code</p> |   |           |           |   |
| 8  | Qualified fuel cell property costs . . . . .  | <b>8</b>  |           |   |
| 9  | Multiply line 8 by 30% (.30) . . . . .  | <b>9</b>  |           |   |
| 10   | Kilowatt capacity of property on line 8 above ▶ _____ x \$1,000   | <b>10</b> |           |   |
| 11   | Enter the smaller of line 9 or line 10 . . . . .  |           | <b>11</b> |   |
| 12   | Credit carryforward from 2012. Enter the amount, if any, from your 2012 Form 5695, line 18 . . . . .  |           | <b>12</b> |   |
| 13   | Add lines 6, 11, and 12 . . . . .   |           | <b>13</b> |   |
| 14   | Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions) . . . . .                          |           | <b>14</b> |   |
| 15   | <b>Residential energy efficient property credit.</b> Enter the smaller of line 13 or line 14. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49 . . . . . |           | <b>15</b> |   |
| 16   | Credit carryforward to 2014. If line 15 is less than line 13, subtract line 15 from line 13 . . . . .   | <b>16</b> |           |   |

**Part II Nonbusiness Energy Property Credit**

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| <p><b>17a</b> Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) . . . . . ▶</p> <p><b>Caution:</b> If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.</p>   | <p><b>17a</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p><b>b</b> Print the complete address of the main home where you made the qualifying improvements.<br/><b>Caution:</b> You can only have one main home at a time.</p> <p style="margin-left: 40px;">7136 East Bay Blvd<br/>Number and street <span style="float: right;">Unit No.</span></p> <p style="margin-left: 40px;">Navarre FL 32566<br/>City, State, and ZIP code</p>   | <p><b>17c</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p><b>c</b> Were any of these improvements related to the construction of this main home? . . . . . ▶</p> <p><b>Caution:</b> If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p> | <p><b>18</b> 350.</p>   |
| <p><b>18</b> Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . . . .</p>   | <p><b>19</b></p>  |
| <p><b>19</b> Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).</p>  | <p><b>19a</b> 950.</p>  |
| <p><b>a</b> Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC . . . . .</p>   | <p><b>19b</b></p>   |
| <p><b>b</b> Exterior doors that meet or exceed the Energy Star program requirements . . . . .</p>  | <p><b>19c</b></p>   |
| <p><b>c</b> Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home . . . . .</p>   | <p><b>19d</b> 7,562.</p>  |
| <p><b>d</b> Exterior windows and skylights that meet or exceed the Energy Star program requirements . . . . .</p>  | <p><b>19e</b> \$2,000</p>   |
| <p><b>e</b> Maximum amount of cost on which the credit can be figured . . . . .</p>  | <p><b>19f</b> 65,500.</p>   |
| <p><b>f</b> If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, 2010, 2011, or 2012, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- . . . . .</p>   | <p><b>19g</b> 0.</p>  |
| <p><b>g</b> Subtract line 19f from line 19e. If zero or less, enter -0- . . . . .</p>  | <p><b>19h</b> 0.</p>  |
| <p><b>h</b> Enter the smaller of line 19d or line 19g . . . . .</p>  | <p><b>20</b> 950.</p>   |
| <p><b>20</b> Add lines 19a, 19b, 19c, and 19h . . . . .</p>  | <p><b>21</b> 95.</p>  |
| <p><b>21</b> Multiply line 20 by 10% (.10) . . . . .</p>   | <p><b>22</b></p>  |
| <p><b>22</b> Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p>   | <p><b>22a</b></p>   |
| <p><b>a</b> Energy-efficient building property. Do not enter more than \$300 . . . . .</p>   | <p><b>22b</b></p>   |
| <p><b>b</b> Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 . . . . .</p>   | <p><b>22c</b> 50.</p>   |
| <p><b>c</b> Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50 . . . . .</p>  | <p><b>23</b> 50.</p>  |
| <p><b>23</b> Add lines 22a through 22c . . . . .</p>   | <p><b>24</b> 145.</p>   |
| <p><b>24</b> Add lines 21 and 23 . . . . .</p>   | <p><b>25</b> 500.</p>   |
| <p><b>25</b> Maximum credit amount. (If you jointly occupied the home, see instructions) . . . . .</p>   | <p><b>26</b> 350.</p>   |
| <p><b>26</b> Enter the amount, if any, from line 18 . . . . .</p>  | <p><b>27</b> 150.</p>   |
| <p><b>27</b> Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit . . . . .</p>  | <p><b>28</b> 145.</p>   |
| <p><b>28</b> Enter the smaller of line 24 or line 27 . . . . .</p>   | <p><b>29</b> 23,025.</p>  |
| <p><b>29</b> Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions) . . . . .</p>  | <p><b>30</b> 145.</p>   |
| <p><b>30</b> Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49 . . . . .</p>  | <p><b>30</b></p>  |