## **Return for Credit Payments to Issuers of Qualified Bonds**

Pa	rt I	Information on Entity That Is To Receive Payment of Cr	edit and Co	mmu	inications Che	eck box if A	mended Return	n 🕨 🗌		
1	Name of	entity that is to receive payment of the credit		2	Employer identific	ation numb	per (EIN)			
	Lee Co	ee County, Florida			59	9-6000702				
3	Number	lumber and street (or P.O. box no. If mail is not delivered to street address)				Room/suit	te			
	2115 Se	econd Street								
4	City, tow	n, or post office, state, and ZIP code								
		vers, Florida 33901								
					6 Telephone number of officer or legal representative					
Der		ardt, Senior Accountant II			(23	9) 533-210	00			
Par 7		Reporting Authority name (if same as line 1, enter "SAME" and skip lines 8, 9, 11, 15, and 16)		0	EIN			· · · · · · · · · · · · · · · · · · ·		
í	SAME	and in same as intert, enter SAME and skip intes 6, 3, 11, 13, and 10)		Ů						
9		and street (or P.O. box no. if mail is not delivered to street address)	Room/suite	10	Report number (For	IRS Use O	nly)			
		······································								
11	City, tow	n, or post office, state, and ZIP code		12	Date of issue (MM/I	DD/YYYY)				
		· · · ·				10/06/2010				
13	Name of	issue Lee County, Florida Tourist Development Tax Revenue Bonds, Series 201	0B (Federally	14	CUSIP number (see	instruction	s)			
		Taxable Build America Bonds-Recovery Zone Economic Dev. Bonds-Direc	t Subsidy)		52	23520BY9	)			
15	Name an	d title of officer or other person whom the IRS may call for more information		16	Telephone number of	officer or oth	ner person to call			
	-			L						
17a		of issue For build America bonds and recovery zone economic d	· _							
		ucational Health and Hospital Transportation Public			nmental Hou	using L	Utilities 🗹	Other		
b		uild America bonds, recovery zone economic development bonds, a sue price	•			476	07 400 00			
C		<pre>capplicable box ► □ Variable rate bond</pre>		· · ·		17b	37,403,00	0 00		
Par		Payment of Credit (For specified tax credit bonds wit		natur	ities. see instr	uctions."	)			
18		st payment date to which this payment of credit relates (MM/DD/YY)			/2019			2892 bi		
19a								7 34		
b		ecified tax credit bonds only, enter the applicable credit rate determined under Sec. 54A(b)(3)								
С	For sp	pecified tax credit bonds only, enter the interest that would be pay	able to bondh	older	( have a second se					
	paym	ent date calculated using the applicable credit rate (see instructions)		•••		19c				
20		nt of credit payment to be received as of the interest payment date (complete	-		-					
a		America bonds. Multiply line 19a by 35%				20a				
b						529,26	1 80			
C L		New clean renewable energy bonds enter the lesser of line 19a or 70% of line 19c					+			
d e		Qualified energy conservation bonds enter the lesser of line 19a or 70% of line 19c								
f		Qualified school construction bonds enter the lesser of lines 19a or 19c					+			
21		Istment to previous credit payments (complete line 21a OR line 21b only):								
а						21a				
b	Net de	ecrease to previous payments (attach explanation)				21b				
22	Amount of credit payment to be received. Combine either line 20a, 20b, 20c, 20d, 20e, or 20f with line 21a or line 21b.					529,26				
23		the final interest payment date?		• •				No 🗹		
_24	If the	entity identified in Part I is not the issuer, check this box	• • • •	•••						
Dire	ect	25 Enter direct deposit information below:								
Dep	osit		b Type: 🖌 Ch	ecking						
		c Account number	accompanying	chedu	l i	and to the	a best of my kn	owledge		
Signature and Consent		and belief, they are true, correct, and complete. I further declare that I aut	horize the IRS to	send	the requested refu	ndable crec	lit payment to t	he entitv		
		identified in Part I, and I consent to the disclosure of the issuer's return information, as necessary to process the refundable credit payment, to the designated contact person(s) listed above in Parts I and II, as applicable.								
		6/24/19 Brian Hamman, Vice Chairman								
_	6	Signature of issuer Date	9		e or print name and					
Paid	1	Print/Type preparer's name Preparer's signature		Da	te Ci	neck 🗍 if	PTIN			
Preparer						f-employed				
Use Only		Firm's name Firm's El				N 🕨				
		Firm's address ► P				D				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No	. 52810E
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Form 8038-CP (Rev. 1-2012)

Approved as to Form for the Reliance of Lee County Only Control County Attorney

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