

July 2, 2021

Maui Police Commission
55 Mahalani Street
Wailuku, Maui, HI 96793

Dear Commissioners,

Please accept my application for Police Chief.

Enclosed is the application, my resume, college and FBINA transcripts, and tax returns.

Thank you for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "John Pelletier", with a long horizontal flourish extending to the right.

John Pelletier

John Pelletier



ACCOMPLISHMENTS

- Incident commander for the One October mass casualty incident in Las Vegas. Created and set up a uniform command and mitigated the threat. Established various divisions and branches during the incident to handle the event until the safe conclusion. Subsequently, have traveled presenting lessons learned and identified how to maximize event response.
- Reduced violent crime for three consecutive years within in the Las Vegas strip corridor, one of the largest tourist destinations in the Nation.
- Created and facilitated the Hero's United project as the Administrative Lieutenant at the North West Area Command. The project resulted in the most violent neighborhood decreasing violent crimes exponentially. Coordinated a collaborative effort between police, business partners, community partners, faith based partners and non-profits in an innovative approach to policing which ultimately resulted in substantial quality of life increase for families and children in the affected area.
- Awarded the Medal of Honor for pulling a citizen out of a motor vehicle that was on fire.

PROFILE

Proven, progressive, sustained public safety leadership during the most critical of incidents and day to day operations. Substantial knowledge of policing within the community and a tourist corridor. Experience fostering and developing community engagement and transparency.

EDUCATION

Bachelor's degree, Political Science; University of Nevada Las Vegas 1994

FBI National Academy Class 276 (section leader)

SECURITY CLEARANCE

Top Secret (TS) / Sensitive Compartmented Information (SCI)

PROFESSIONAL EXPERIENCE

Twenty-two years as a Commissioned Police Officer with the Las Vegas Metropolitan Police Department. Administrative leadership assignments listed below.

Major Violator / Narcotics Bureau (MVNB), Commander (Captain): January 2020 to Present

- Commanding Officer overseeing all Major Violator and Narcotics investigations, operations, liability, budgets, and task forces.
- Major Violator is responsible for 600 (annually) tactical apprehensions of the most violent offenders including murder, sexual assault, and shootings. This entire Section is Task forced with the FBI and USMS.
- Narcotics have five squads: Two neighbor Impact Teams, A team imbedded with the DEA, a task force with the FBI and a joint task force Overdose Response Team (ORT).
- Liaison with various community stakeholders, Nevada HIDTA, and other jurisdictions.
- Developed policies and procedures governing undercover operation and ORT.
- Fiscally responsible for 14 million dollar budged plus federal reimbursable accounts form four separate agencies.

Convention Center Area Command, Commander (Captain): March 2017 to January 2020

- Commanding Officer for all crime fighting operations, planning, budgeting for "The Strip" which is not only a top worldwide tourist destination but is also the economic center of both the city of Las Vegas and State of Nevada.
- Reduced violent crime for three consecutive years.
- Ensured protection of rights for both citizens and tourists were secured.
- Liaison with various community stakeholders including members of local government, casino executives and other jurisdictions.
- Incident Commander for the One October mass causality incident (MCI). This is the largest MCI active shooter event and second only to 9-11 in size and scope.
- Lead a team of Five Lieutenants, 24sergeants, 250 officers, detectives, and civilians. Oversaw 25-million-dollar budget.

Office of the Sheriff, Executive Lieutenant: December 2016 to March 2017

- Selected to assist head of agency (Sheriff) with all day-to-day administrative functions.
- Liaison with and represent the agency to other law enforcement agencies, community members, business leaders, government officials and department heads.

Convention Center Area Command, Lieutenant: January 2016 to December 2016

- Acting captain in absence of Bureau Commander.
- Selected as the Admin Lieutenant March 2016, responsible for overseeing day to day operations of the station.
- Liaison with various community stakeholders including members of local government, casino executives and other jurisdictions.
- Facilitated Code and Nuisance Crime Enforcement at the Area Command. Helped establish Clark County Community Court.
- Created and lead Color Guard an all-inclusive collaborative group partnering with the LGBT+ community.

SWAT Commander, Section Lieutenant: January 2015 - January 2016

- Designated tactical authority for department.
- Directly oversaw and managed multiple critical and high-profile incidents.
- Responsible for a 10-million-dollar budget.
- Lead a team of three sergeants and 34 officers.
- Responsible for planning and responding to protests, demonstrations, and major events.
- Planned and coordinated dignitary protection efforts; conducted site checks and partnered with local and federal agencies.

K9 Section Lieutenant: May 2014 – January 2015

- Responsible for supervision and deployment of police K9 resources.
- Lead section of three sergeants, 16 officers, and one civilian and 35 canine.
- Reviewed actionable intelligence and coordinated K9 resources to prevent and reduce crime.
- Represented the department during community meetings and community policing related activities.
- Oversaw and lead the June 2014 Walmart (OIS) active shooter incident as the Incident Commander.

North West Area Command Administrative Lieutenant: September 2013 – May 2014

- Acting captain in absence of Bureau Commander.
- Responsible for overseeing everyday operations of the station.
- Networked with various community stakeholders including members of local government, businesses, faith leaders and other jurisdictions.
- Co-Creator of Hero's united, a diverse community crime fighting approach.
- Facilitated the creation of the North West Area Command faith-based partnership (PEACE Shield).

South Central Area Command Lieutenant: September 2013 – May 2014

- Responsible for supervision and deployment of patrol resources.
- Reviewed crime trends and coordinated resources to prevent and reduce crime.
- Developed and implemented tactics related to the Department's Strategic Plan.
- Supervised the Problem Solving Unit; reviewed and approved search warrants and managed investigations.
- Responsible for valley wide police operations as Watch Commander.

SPECIAL PROJECTS

- Partnered with the community as LVMPD team captain for the Make a Wish Foundation annual fundraising campaign for the past fourteen years.
- Instructor, Nevada POST First Line Supervisory and Management Course.
- Presenter both nationally and international for the One October Debrief.
- Instructor for Leadership Ascendancy both at the Department and UNLV.
- Lead working group that authored, tested, and developed the STAR Protocol Department Policy in 2013.
- Co-author and instructor for The Art and Science of Leadership course.
- Board Member, Search and Seizure Committee.
- Co-instructed entire Department on Use of Force, as the Department was involved in the Collaborative Reform Process which introduced sanctity of life and de-escalation principles to agency.
- Member of the Critical Incident Review Panel.
- Conducted multiple interviews for national and local television and radio outlets.
- Volunteer and member of Bilbray Elementary School PTA for five years.


SPECIALIZED TRAINING AND AWARDS

- IACP Webber Seavey Semi Finalist Award Recipient (Hero's United).
- Special Weapons and Tactics School.
- POST Supervisor, Intermediate Certificate & Advanced Certificate.
- Medal of Honor.
- Jameson Fellowship member: collaboration amongst various social sectors to influence compassion, unity, and impactful change.
- Unit Exemplary Service Award: 2004, 2012, 2013, 2014 and 2018.
- Tactical command and decision-making course.
- Anti-Defamation League (ADL) Combating Extremism course 2017.
- The Sheriff's Leadership Series 2012-2013.
- American Red Cross Heroes of Southern Nevada Law-Enforcement 2008.
- James D. Hoff Memorial Award Recipient.
- Member, PERF, FBINAA, and IACP.
- Advanced Defensive Tactics Instructor.
- Understanding Leadership 360 Leadership Review.

APPLICATION FOR CHIEF OF POLICE
Maul Police Commission
County of Maui
An Equal Opportunity Employer


PLEASE TYPE OR PRINT LEGIBLY IN INK

1. PERSONAL DATA

PELLETIER, JOHN, LAWRENCE 
(last name) (first name) (middle name) (social security no.)

N/A
(nicknames, aliases, other names used, maiden name)


(address: number, street, apt. no.) (city) (state) (zip code)

 (702) 239-1248
(home no.) (business no.)

S/A
(mailing address: if different from above)

2. EDUCATION AND TRAINING

List all accredited college or university education received. Attach copies of official transcripts or diplomas or forward them to the Maui Police Commission. On attached sheets of plain paper, list law enforcement (seminars, conferences, workshops, etc.) and other training completed; include courses or subjects and dates of training. Attach copies of certificates or forward them to the Maui Police Commission. All information is subject to verification.

College/University/ FBI National Academy	Dates Attended (mo/yr)	Credit Hrs. Completed	Major Course Of Study	Graduated Yes or No	Degree
UNLV UNIV. OF NEVADA LAS VEGAS	From: / 1991 To: / 1997	139	POLITICAL SCIENCE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B/A
FBI (276) NATIONAL ACADEMY	From: / APRIL To: 2019 / JUNE / 2019	17	GENERAL LIE STUDY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
UNIVERSITY OF VIRGINIA (FBINA)	From: / 2018 To: / 2019	17	GENERAL LIE STUDY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COAST (OCC) COMMUNITY COLLEGE	From: / 1990 To: / 1990	18	GENERAL STUDY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	From: / To: /			<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. EMPLOYMENT

In accordance with the requirement of five years as a law enforcement officer, three of which must have been in an administrative position, please outline your experience beginning with your most current employment. On additional sheets of plain paper, you are encouraged to expand and describe in greater detail your law enforcement and management work experience. All information is subject to verification.

Employer LVMPD
LAS VEGAS METROPOLITAN
POLICE DEPT. From: mon. JULY yr. 1999 To: mon. yr. (PRESENT)
Address 400 S. MLK LAS VEGAS, NV 89106 Phone no. (702) 828-3111
Reason for leaving PRESENTLY EMPLOYED
Name, title of immediate supervisor DIC DEP. CHIEF JAMES LA ROCHELLE
Your title CAPTAIN
Duties EXPERIENCE AND DUTIES ARE OUTLINED ON ATTACHED PAGES.

Employer _____ From: mon. yr. To: mon. yr.
Address _____ Phone no. () -
Reason for leaving _____
Name, title of immediate supervisor _____
Your title _____
Duties _____

PROFESSIONAL EXPERIENCE for John Pelletier

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- Developed and implemented tactics related to the Department's Strategic Plan.
- Supervised the Problem Solving Unit; reviewed and approved search warrants and managed investigations.
- Responsible for valley wide police operations as Watch Commander.

4. REFERENCES

List three persons who are willing to provide professional references, and three persons who are willing to provide non-professional references. Persons providing professional references should be familiar with applicant's professional/work qualities; persons providing non-professional references should have knowledge of applicant through other than work or professional activities. A letter of reference shall be submitted directly by each reference listed to the Maui Police Commission at 55 Mahalani Street, Wailuku, HI 96793, to be received by July 12, 2021.

Professional References

Name	Address	Home/Business Phone
CHARLES HANK III	[REDACTED]	[REDACTED]
CHRIS TOMAINO	[REDACTED]	[REDACTED]
TOM ROBERTS	[REDACTED]	[REDACTED]

Non- Professional References

Name	Address	Home/Business Phone
MARC CASSEL	[REDACTED]	[REDACTED]
KEKAULIKE ROSEHILL	[REDACTED]	[REDACTED]
ROCCO J. DIINA	[REDACTED]	[REDACTED]

5. MILITARY SERVICE

Dates of Active Duty N/A

From / / To / / Branch of Service _____

Member of Reserve Unit

From / / To / / Branch of Service _____

(Attach copy of DD Form 214, as pertinent)

6. CRIMINAL AND TRAFFIC RECORD

Have you ever been convicted of any criminal offense and traffic violations, excluding parking violations:

Yes No

If yes, list all conviction and traffic violations, including date, place, charge and final disposition:

7. ORGANIZATIONS AND CLUBS (after high school)

MEMBER DAYLITE LODGE F AND AM (2010 - PRESENT)

BILBRY PTA (2014 - 2018)

PERF - POLICE EXECUTIVE RESEARCH FORUM

IACP - INTERNATIONAL ASSOC. CHIEFS OF POLICE

FBI NAA FBI NATIONAL ACADEMY ASSOCIATION

8. FORMER ADDRESSES

List all former addresses for past ten years. Include number, street, city, state, zip code and dates resided at the address. LIVED AT CURRENT SINCE 2010

- a. _____
- b. _____
- c. _____
- d. _____

9. HONORS

List all academic, professional and employment honors or recognition received.

LVMPD MEDAL OF HONOR
LVMPD UNIT EXEMPLARY SERVICE AWARD (FIVE TIMES)
IACP WEBBER SEAVEN (SIMI FINALIST) AWARD RECIPIENT
JAMES D. HOFF MEMORIAL AWARD RECIPIENT
RECOGNITION BY CITY OF LAS VEGAS FOR COMMUNITY EFFORTS
PLEASE SEE RESUME FOR ADDITIONAL

MAUI POLICE COMMISSION REQUIREMENTS

The Maui Police Commission is responsible for selecting the Chief of Police and is currently recruiting applicants to fill the position. As a requirement of your application process, you need to complete the following documents: Additional Background Data, Financial Disclosure Statement, Waiver of Liability and Release Form, and the Fair Credit Reporting Act Disclosure and Authorization. These documents are included in the application packet. Also, the Commission requires that you be fingerprinted.

Submit in person or mail applications, by certified mail, together with the required documents, to the MAUI POLICE COMMISSION, 55 MAHALANI STREET, WAILUKU, MAUI, HAWAII 96793. All applications must be received no later than 3:00 p.m., July 12, 2021.

CERTIFICATION

I certify that the information provided on this APPLICATION is true and correct to the best of my knowledge. I acknowledge that any misstatements or omissions of material facts shall be cause for non-selection.

 _____ 7 / 1 / 2021
Signature in Full Date

ADDITIONAL BACKGROUND DATA

Maui Police Commission

County of Maui

1. PERSONAL DATA

PELLETIER

Last Name

JOHN

First

LAWRENCE

Middle

[REDACTED]

Social Security No.

[REDACTED]

Address

Date of Birth

[REDACTED]

Residence Telephone

(702)

239 1248

Business Telephone

2. FINANCIAL DATA

- a. Loans and Mortgages (home mortgage and equity loans, auto loans, consumer and personal loans, etc.)

List all loans and mortgages that were outstanding for any period during the past seven years, including current loans and mortgages. Indicate dates loans and mortgages originated and terminated. **NONE**

Use additional sheets of paper if more space is needed.

Type of Loan	Account No.	Name of Company	Address	Dates From To
				From: / To: /
				From: / To: /
				From: / To: /
				From: / To: /

b. Credit Cards (list all credit card accounts for the past seven years)

Name of Company	Address	Account No.
AMEX	P.O. Box 29781 FORT LAUDERDALE, FL 333 125 S. WEST ST	[REDACTED]
BARCLAYS BANK	WILMINGTON, DE, 19801	
JPMCB	P.O. Box 15298 WILMINGTON, DE, 19850	
BARCLAYS BANK	WILMINGTON, DE, 19801	
TD/CBNA	P.O. Box 6003 HAGERSTOWN, MD, 21747	
SYNCF/MC	541 MERRIMACK AVE N1 DRAUGHT, MD, 01826	

c. Savings Accounts (current accounts)

Name of Company	Address	Account No.
CLARK COUNTY CREDIT UNION	2625 N. TENAYA WAY LAS VEGAS, NV 89128	[REDACTED]
FIDELITY	900 SALEM ST, SMITHFIELD, RI, 02917	[REDACTED]

d. Checking Accounts (current accounts)

Name of Company	Address	Account No.
CLARK COUNTY CREDIT UNION	2625 N. TENAYA WAY LAS VEGAS, NV 89128	[REDACTED]

e. Real Estate (list all real property that you own or in which you have a financial interest)

Address of Property

[REDACTED]

f. Business Entities. (list all partnerships, limited liability companies, corporations or other business entities in which you have a financial interest greater than \$25,000 or hold any managerial position; include name of business entity and address)

NONE

g. Are you delinquent or have been delinquent in taxes and/or other financial obligations during the past five years? Yes No

If yes, please explain:

h. Have you ever filed for bankruptcy? Yes No

If yes, please explain, including where it was filed.

i. Please provide copies of the past two years' worth of federal tax returns.

INCLUDED

PERSONAL DECLARATIONS

	<u>Yes</u>	<u>No</u>
a. Can you perform the essential functions of the position with or without accommodation? If no, please identify any request for accommodations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do you currently use LSD, amphetamines, barbituates, or drugs of a similar nature other than as prescribed medication?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Do you currently use cocaine, marijuana, hashish, heroin, or any form of narcotic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. To the best of your knowledge, have any members of your immediate family (Spouse, children, parents, siblings, parents-in-law, grandparents) been convicted for any violation of the law other than for traffic violations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. To the best of your knowledge, is there anything in your or your immediate family's background that would negate or jeopardize your selection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please explain any Yes and No responses.

REF "A" I CAN PERFORM THE FUNCTIONS OF THE JOB.

ALL "NO" CHECKED SINCE THEY DO NOT APPLY

I ALSO HAVE A TS/SCI (SECURITY CLEARANCE)

CERTIFICATION

I certify that the information provided on the ADDITIONAL BACKGROUND DATA is true and accurate to the best of my knowledge. I acknowledge that any misstatements or omissions of material facts shall be cause for non-selection.

7/1/2021

Date



Signature in Full

MAUI COUNTY BOARD OF ETHICS
c/o Department of the Corporation Counsel
200 South High Street, 3rd Floor
Wailuku, Maui, Hawaii 96793
Phone: 270-7740 Facsimile 270-7152

FINANCIAL DISCLOSURE STATEMENT (FDS)

LEGAL NAME OF FILER:

Last: PELLETIER First: JOHN MI: L.

OTHER NAMES:

(Please list any other names you currently use, or have used, in public discourse or business, if any.)
NONE

Do you have a spouse? Check (X) Yes X or No _____
Do you have dependent children? Check (X) Yes X or No _____

MAILING ADDRESS:

Street and  City: 
Daytime Phone No:  Email Address: 

This is a: **First-time filing**
Original submitted within 15 days of appointment and/or oath of office; or
concurrently with nomination papers.

(check one) Annual update (Due Jan. 1 – April 15 of every year)
 Interim "new" information update
Any changes on previous FDS form must be submitted within 30 days.

I am a: **Candidate for public office**
(check one) Name of public office/District: _____
Date of filing of nomination papers: _____

Elected or appointed official of the County of Maui
Position title: POLICE CHIEF
Date of oath of office: TBD

Board or Commission member
Name of Board/Commission: _____
Date of appointment (month & year): _____

ALL INFORMATION IS REQUIRED
FORM WILL BE RETURNED IF INCOMPLETE

FINANCIAL DISCLOSURE STATEMENT (FDS)

GENERAL INSTRUCTIONS: In accordance with the ordinances of the County of Maui and Rules of the Maui County Board of Ethics, the information provided on the following pages (Items 1 through 9) filed by Designated County Officials and Candidates shall be open to the public. Information provided by County Board or Commission Members shall be CONFIDENTIAL and is not for public distribution.

All questions must be answered on behalf of yourself (Filer), your Spouse, and all Dependent Children. For each item, except Items 1 and 8, use abbreviations "F" for Filer, "SP" for Spouse, "DC" for dependent children, and "JT" for Joint Interests of the spouse and filer. All items on the form MUST be completed. If you have no information to disclose under a particular item, check "None". Do not use "N/A".

If additional space is required to complete an item, check "Additional Sheets Are Attached."

Make a copy of your completed financial disclosure form for your records for future reference.

Except when reporting gifts, disclosures need not be made by exact dollar amounts but may be reported by "range of value" and need not be reported in values less than \$1,000. You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

*For dollar amount value, please use appropriate letter code as follows:

- | | | |
|--------------------------|----------------------------|-----------------------|
| (A) \$1,000 to \$9,999 | (D) \$50,000 to \$99,999 | (G) \$500,000 or more |
| (B) \$10,000 to \$24,999 | (E) \$100,000 to \$199,999 | |
| (C) \$25,000 to \$49,999 | (F) \$200,000 to \$499,999 | |

ITEM 1 – SOURCE OF INCOME (Includes salary, wages and retirement income, from all sources, <u>except social security income, unemployment income, or inheritances, for the previous calendar year.</u> Identify the company, individual, or entity paying the income to you, your spouse, or dependent children.)		
OCCUPATION (For Previous Calendar Year)	BUSINESS OR ORGANIZATION NAME & ADDRESS (if any, or if self-employed) SOURCE OF RETIREMENT INCOME (if retired)	*ANNUAL COMPENSATION (Use letter codes above)
Filer (Job Title, nature of business/organization): CAPTAIN, LVMPD POLICE DEPT. <input type="checkbox"/> Check Box If None	LAS VEGAS METROPOLITAN POLICE DEPARTMENT (LVMPD) 400 S. MLK LAS VEGAS, NV, 89106	E.
Spouse (Job Title, nature of business/organization): <input checked="" type="checkbox"/> Check Box If None		
Dependent Children (Job Title, nature of business/organization): <input checked="" type="checkbox"/> Check Box If None		
<input type="checkbox"/> CHECK HERE IF ADDITIONAL SHEETS ARE ATTACHED		

ITEM 2 – OTHER EARNINGS, INCOME, OR COMPENSATION RECEIVED IN ANY FORM (Other gross income includes, but is not limited to: income gain from business interests, capital gain from sale of real or personal property, rental income, interest income, dividends, royalties, forgiveness of a loan, or any other income reported in your federal and state income tax returns for the previous calendar year)

F, SP JT, DC	TYPE OF INCOME OR SERVICES RENDERED (What type of income was received in the previous year? What did you do to receive such income?)	WHERE IS INCOME OR COMPENSATION FROM? (What or who is the source?)	ANNUAL AMOUNT (Use letter codes below)

Check Box If None

Check Box if additional sheets are attached

ITEM 3 - EACH OWNERSHIP OR BENEFICIAL INTEREST HELD IN ANY BUSINESS OR COMPANY DOING BUSINESS IN THE STATE OF HAWAII (Business entities include, but are not limited to, sole proprietorships, partnerships, limited partnerships, limited liability companies, publicly or closely held corporations that are held in whole or in part)

F, SP JT, DC	NAME AND LOCATION OF BUSINESS	TYPE OF BUSINESS (What service do you or they provide?)	PERCENT OF OWNERSHIP AND VALUE OF INVESTMENT (Use letter codes below)

Check Box If None

Check Box if additional sheets are attached

ITEM 4 – IDENTIFY EACH INSOLVENT BUSINESS THAT CURRENTLY OWES YOU A DEBT

F, SP JT, DC	NAME, ADDRESS/LOCATION OF INSOLVENT BUSINESS (A business unable to satisfy creditors or discharge liabilities)	AMOUNT OWED TO YOU BY AN INSOLVENT BUSINESS (Use letter codes below)

Check Box If None

Check Box if additional sheets are attached

F = Filer
 SP = Spouse
 JT = Joint Tenants
 DC = Dependent Children

(A) \$1,000 to \$9,999
 (B) \$10,000 to \$24,999
 (C) \$25,000 to \$49,999

(D) \$50,000 to \$99,999
 (E) \$100,000 to \$199,999
 (F) \$ 200,000 to \$499,999
 (G) \$500,000 or more

ITEM 5 – DEBT (List all creditors and current debt owed: Include mortgages, car and other loans, and credit cards – list only if balance exceeds \$1,000 at time of filing this disclosure)

F, SP JT, DC	NAME OF CREDITORS	CURRENT AMOUNT OWED (Use letter codes below)
F, SP	HOME LOAN SHELLPOINT (NEW REZ)	E
F, SP	CLARK COUNTY CREDIT UNION	A
F	BANCORP BANK DELAWARE	A
F	AMERICAN EXPRESS	A
F	AUTO LOAN BANK OF AMERICA	C
F	AUTO LOAN FORD MOTOR CREDIT	B

Check Box If None

Check Box if additional sheets are attached

ITEM 6 - REAL PROPERTY INTERESTS OF ANY KIND IN THE STATE OF HAWAII (Exclude personal residence. If real property interests are owned by a business entity, hui, or partnerships, indicate name of entity and general partner. State percentage of each person's interest in the property and estimated value. You may use tax assessed value.)

F, SP JT, DC	STREET ADDRESS OR TAX MAP KEY NO.	OWNERSHIP NAME OR BUSINESS NAME AND PARTNERS	PERCENTAGE OF OWNERSHIP AND VALUE OF YOUR INTEREST (Use letter codes below)

Check Box If None

Check Box if additional sheets are attached

F = Filer
 SP = Spouse
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(A) \$1,000 to \$9,999
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(D) \$50,000 to \$99,999
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 (G) \$500,000 or more

ITEM 7- CURRENT OFFICER, DIRECTOR, BOARD MEMBER OR TRUSTEE POSITION(S) HELD

(Include ALL companies and/or non-profits)

F, SP JT, DC	NAME AND ADDRESS OF ORGANIZATION OR BUSINESS	TYPE OF POSITION HELD	NATURE OF BUSINESS OR ORGANIZATION
SP	BILBRY ELEMENTARY SCHOOL (PTA) PARENT TEACHER ASSOCIATION	PRESIDENT	PTA PARENT (TEACHER ASSOC. (NON PROFIT)
SP	POLICE WIVES OF AMERICA	VICE - PRESIDENT	(NON PROFIT) TO HELP WITH LAW ENFORCEMENT DEATH / TRAGEDIES

Check Box If None Check Box if additional sheets are attached

ITEM 8 - PERSONS, FIRMS OR ORGANIZATIONS YOU (FILER) HAVE REPRESENTED OR TESTIFIED ON BEHALF OF BEFORE COUNTY AGENCIES CURRENTLY OR IN THE 12 MONTHS PRECEDING THE DATE OF FILING

NAME OF PERSON, FIRM OR ORGANIZATION	NAME OF COUNTY AGENCY you have gone before to represent or testify on behalf of inc: Person, Firm or Organization	NATURE OF MATTER

Check Box If None Check Box if additional sheets are attached

ITEM 9 - GIFTS RECEIVED WITHIN THE 12 MONTHS OF DATE OF FILING
(See instructions below with regard to "GIFTS")

F, SP JT, DC	SOURCE, AND SOURCE'S BUSINESS ACTIVITY, IF ANY	DESCRIPTION OF GIFT AND DATE RECEIVED	ACTUAL VALUE OF GIFT (Best estimate)

Check Box If None Check Box if additional sheets are attached

F = Filer
SP = Spouse

JT = Joint Tenants
DC = Dependent Children

GIFTS INSTRUCTIONS:

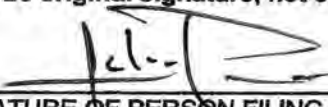
Board of Ethics Rules Section §04-101-42(a)(9) Contents of disclosure. states, Financial Disclosure Statements shall include "a description of any gift or gifts, valued singly or in the aggregate at \$50 or more, from a single source, received directly or indirectly by the person, the person's spouse or

dependent child within the preceding twelve months, the name of the source, the date the gift was received, and an estimate of the value of the gift, provided, however, that the following need not be included:

- (A) Gifts received by will or intestate succession or by way of any inter vivos or testamentary trust established by a spouse or ancestor.
- (B) Gifts from a spouse, fiancée, any consanguinity or the spouse of such a relative. A gift from any such person is a reportable gift if the person is acting as an agent or intermediary for any person not covered by this paragraph
- (C) Political campaign contributions that comply with the law.
- (D) Gifts which are not used and which, within thirty days after receipt, are returned to the donor or delivered to a charitable organization without being claimed as a charitable organization without being claimed as a charitable contribution for tax purposes.
- (E) Exchanges of approximately equal value on holidays, birthdays, or special occasions.
- (F) Anything available to or distributed to the public generally without regard to the official status of the recipient.
- (G) Gifts offered to the County and received under chapter 3.56, Maui County Code."

REMARKS: (Additional information or disclosures)

CERTIFICATION: I hereby certify under penalty of perjury that the information contained in the Financial Disclosure Statement (FDS) form above is a true, correct, and complete statement.
(Must be original signature, not electronic.)


SIGNATURE OF PERSON FILING DISCLOSURE
JOHN PELLETIER
PRINT NAME

2/1/21
DATE

For ALL Board and Commission Members: Please submit your form to your Board or Commission secretary. **Do Not Submit Directly To The Board Of Ethics.**

For Candidates for Public Office: Please file a copy of your FDS concurrently with your nomination papers with the Office of the County Clerk (7th Floor, County Building), and your original FDS with the Board of Ethics (3rd Floor, County Building.).

For Elected Officials and Appointed Officers: Please file a copy of your FDS with the Office of the County Clerk (7th Floor, County Building), and your original FDS with the Board of Ethics (3rd Floor, County Building.).

**MAUI POLICE COMMISSION
APPLICANT'S WAIVER OF LIABILITY AND RELEASE FORM**

In order to permit the Maui Police Commission, hereafter referred to as the "Commission", to make a thorough investigation of my background, health, family, personal habits, and reputation, for the purpose of determining my fitness and suitability for employment with the Commission:

I, JOHN PELLETIER hereby release from liability and agree to hold harmless from any liability under any and all possible causes of legal action any and all persons and legal entities who shall furnish any information or opinions regarding my background, health, family, personal habits or reputation.

The undersigned hereby authorizes any person or legal entity who may be contacted by the Commission, its officers, employees or agents, to release and transmit to such officers, employees or agents, any information, data, or opinions related to my background, health, family, personal habits, and reputation. Further the undersigned waives for this purpose any and all legal privileges I may have to maintain such information as confidential, including but not limited to the following privileges: attorney-client, physician-patient, psychotherapist-patient, clergyman-patient, husband-wife, creditor-customer, and accountant-client, employment based peer groups.

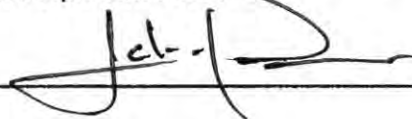
The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the Commission, its officers, its employees, and its agents, related in any way to its investigation into my background, health, family, personal habits and reputation.

The undersigned further authorizes access to the applicant's credit report for employment purposes to help determine responsibility toward his/her obligations and integrity and ability to fulfill his/her financial obligations.

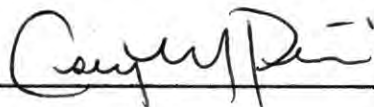
I further realize that it is necessary for the Commission to thoroughly investigate all aspects of my personal background and qualifications and, by applying for the position of Chief of Police, I expressly waive all of my legal rights and causes of action to the extent that the Maui Police Commission investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes action of mine. I hereby authorize the Commission to reproduce this form to be used solely for the purpose of police pre-employment investigation.

This release from liability given by me to the Commission, its officer, employees, agents, and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs and personal representatives.

Signature _____



Notarized by/
Witnessed by



Date & Time

7/1/2021 2:44pm

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

Disclosure

MAUI POLICE COMMISSION, when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. As an applicant or employee of Maui Police Commission, you are a "consumer" with rights under the FCRA.


A "consumer reporting agency" is a person or business that, for monetary fees, dues or on a cooperative nonprofit basis, regularly, assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to others, such as Maui Police Commission.

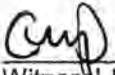
A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.

If Maui Police Commission obtains a "consumer report" about you, and if Maui Police Commission considers any information in the "consumer report" when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the "consumer report", as well as a written summary of your consumer rights, before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies."

Authorization

By signing below, I JOHN PELLETIER, hereby voluntarily authorize Maui Police Commission to obtain "consumer reports" about me from a "consumer reporting agency" and to consider the "consumer reports" when making decisions regarding my employment at Maui Police Commission. I understand that I have rights under the FCRA, including the rights discussed above.

 JOHN PELLETIER 7/1/21
Name Date

 CRISTY PELLETIER 7/1/21
Witness Name Date

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION



Issues this award thereby certifying that

John Pelletier

Vegas Metropolitan Police Department, Las Vegas, NV

has completed a general course of instruction afforded by the

FBI National Academy

*at Quantico in the state of Virginia for a period of ten weeks
ending the seventh day of June in the year of two thousand and nineteen.*

A handwritten signature in black ink, appearing to read "C. Wray".

Christopher A. Wray
Director
Federal Bureau of Investigation

A handwritten signature in black ink, appearing to read "Don Alway".

Donald Alway
Assistant Director
Training Division

The University of Nevada, Las Vegas

Has Conferred Upon

John Lawrence Pelletier

the degree of

Bachelor of Arts

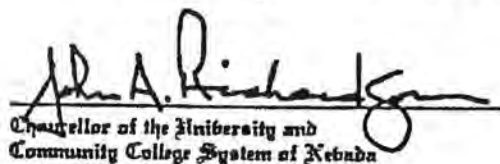
Political Science

with all the rights and privileges thereunto appertaining.

In witness thereof this diploma duly signed has been
issued and the seal of the University affixed.

Approved by the Board of Regents upon recommendation of the Faculty

Given this twelfth day of August, nineteen hundred and ninety-four.


Chancellor of the University and
Community College System of Nevada


Chairman of the Board of Regents




President of the University

UNIVERSITY OF VIRGINIA
SCHOOL OF CONTINUING AND PROFESSIONAL STUDIES

Awards this

Certificate of Achievement

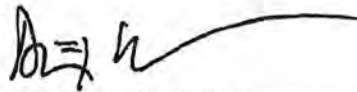
to

John Pelletier

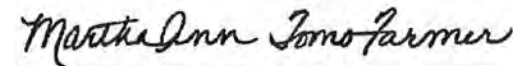
For the successful completion of the
Undergraduate Certificate in

Criminal Justice Education

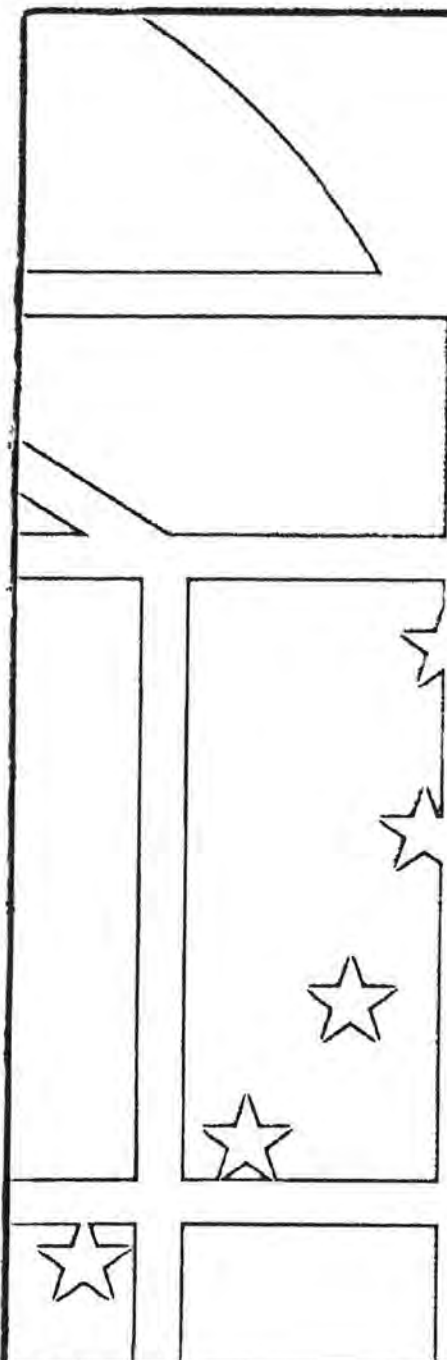
June 7, 2019



Dean, School of Continuing and Professional Studies



Registrar, School of Continuing and Professional Studies

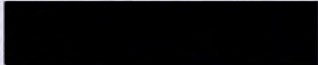




COURSE NUMBER	COURSE TITLE	GRADE	CREDITS	COURSE NUMBER	COURSE TITLE	GRADE	CREDITS
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Issued / Mailed To:

JOHN PELLETIER



National Id:

Birthdate:

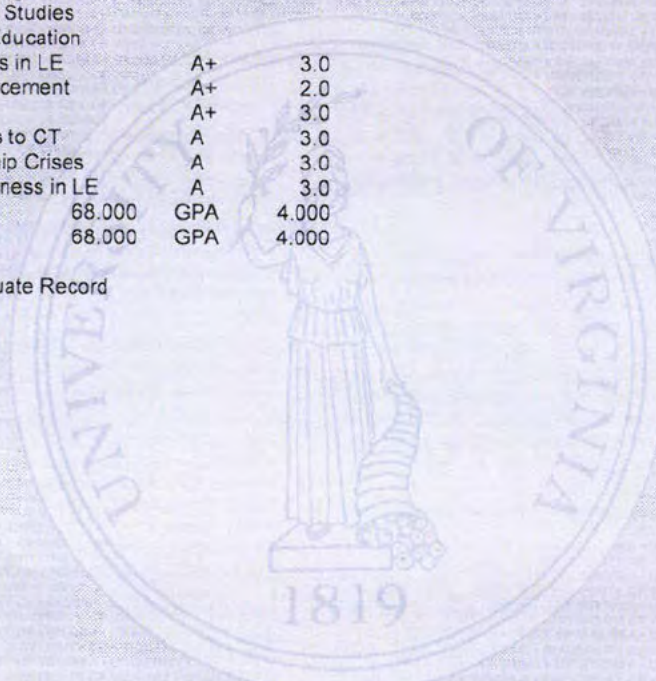


Beginning of Undergraduate Record

2019 Spring

School:	Continuing & Prof Studies			
Certificate:	Criminal Justice Education			
CJ 3210	Contemporary Issues in LE	A+	3.0	
CJ 3400	Fitness in Law Enforcement	A+	2.0	
CJ 3690	Public Speaking	A+	3.0	
CJ 4670	Law Enf Approaches to CT	A	3.0	
CJ 5300	Navigating Leadership Crises	A	3.0	
CJ 5660	Adv Concept of Wellness in LE	A	3.0	
Curr Credits	17.0	Grd Pts	68.000	GPA 4.000
Cuml Credits	17.0	Grd Pts	68.000	GPA 4.000

End of Undergraduate Record



**RAISED SEAL NOT REQUIRED
 OFFICIAL IF DELIVERED IN SEALED ENVELOPE**

This official university transcript is printed on secured paper
 and does not require a raised seal.



Louisa Hawthorne
 UNIVERSITY REGISTRAR



THE INFORMATION CONTAINED IN THIS TRANSCRIPT IS CONFIDENTIAL AND SHOULD NOT BE RELEASED WITHOUT THE STUDENT'S WRITTEN CONSENT



Official Transcript

Student ID: [REDACTED]

Name: Pelletier, John Lawrence

03/01/2011

Page 2 of 2

Order Nbr:

000011901

	Att	Eamed	Points	GPA	GP Bal
Term Totals:	2.00	2.00	8.00	4.00	4.00

1996 Spring

	Att	Eamed	Points	GPA	GP Bal
CRJ 209 Intro Crim Investig			3.00	3.00	B+

	Att	Eamed	Points	GPA	GP Bal
Term Totals:	3.00	3.00	9.90	3.30	3.90

1997 Spring

	Att	Eamed	Points	GPA	GP Bal
POS 409 Politics and Film			3.00	3.00	A-

	Att	Eamed	Points	GPA	GP Bal
Term Totals:	3.00	3.00	11.10	3.70	5.10

1997 Fall

	Att	Eamed	Points	GPA	GP Bal
COS 483X Obscenity Issues in Reg			3.00	3.00	A

	Att	Eamed	Points	GPA	GP Bal
Term Totals:	3.00	3.00	12.00	4.00	6.00

Undergraduate Career Totals

Cumulative Totals:	128.00	139.00	318.80	2.49	62.80
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End of Official Transcript

RECIPIENT

THIS OFFICIAL UNIVERSITY TRANSCRIPT DOES NOT REQUIRE A RAISED SEAL



JAMES GARRISON
OFFICE OF THE REGISTRAR



Official Transcript

Student ID: XXXXXXXXXX

Name: Pelletier, John Lawrence

03/01/2011

Page 1 of 2

Order Nbr:

000011901

Degrees Awarded

Degree: Bachelor of Arts
 Confer Date: 08/12/1994
 Degree GPA: 2.357
 Plan: Political Science

SECOND BACC PROGRAM 1-17-95

Beginning of Undergraduate Record

Transfer/Test Credits

Orange Coast College TRANSFER CREDIT 15.00

1991 Spring

			Att	Ehr	Grd					
FIS	497	Genre Stds in Film	3.00	3.00	A-					
HIS	100	Hist Iss Contem Man	4.00	4.00	B					
PHI	105	Evid & Indctv Reasn	3.00	3.00	B					
POS	101	Intro Amer Politics	4.00	4.00	B+					
SOC	101	Intro to Soc	3.00	3.00	C					
Term Totals:			17.00	17.00	51.30	3.01	17.30			

1991 Fall

			Att	Ehr	Grd					
CSC	115	Intro to Computers	3.00	3.00	D+					
ENG	101	Comp and Rhetoric	3.00	3.00	C					
PHI	101	Intro to Philosophy	3.00	3.00	B-					
POS	320	Public Policy form	3.00	3.00	B					
PSY	101	Gen Psych	3.00	3.00	D					
Term Totals:			15.00	15.00	30.00	2.00	0.00			

1992 Spring

			Att	Ehr	Grd					
AST	103	the Solar System	3.00	3.00	C-					
AST	105	Intro Astronomy Lab	1.00	1.00	B+					
ENG	102	Comp and Rhetoric	3.00	3.00	B					
ENG	170	Intro Poetry	3.00	3.00	B					
POS	200	Surv Political Thry	3.00	3.00	C+					
POS	230	Intro Amer Legl Sys	3.00	3.00	B-					
Term Totals:			16.00	16.00	41.40	2.58	9.40			

1992 Fall

			Att	Ehr	Grd					
GEO	101	Physical Geography	3.00	3.00	C					
POS	310	Legislative Process	3.00	3.00	B-					
POS	311	The Presidency	3.00	3.00	C-					
POS	342	US foreign Policy	3.00	3.00	C+					
POS	457	Pol System Mid East	3.00	3.00	B					

Term Totals:	Att	Earned	Points	GPA	GP Bal
	15.00	15.00	35.10	2.34	5.10

1993 Spring

			Att	Ehr	Grd					
MAT	120*	Fund Coll Math	3.00	3.00	B					
POS	330	Const Law:Govt Powr	3.00	3.00	C+					
POS	350	Intro Compar Polit	3.00	3.00	B-					
POS	425	Intelligence	3.00	3.00	C+					
Term Totals:			12.00	12.00	30.90	2.57	6.90			

1993 Fall

			Att	Ehr	Grd					
CRJ	201	The Nature of Crime	3.00	3.00	D+					
FRE	113	French I	4.00	0.00	F					
HIS	415	US GI Age 1877-1900	3.00	3.00	C-					
PHI	120	Intro to Religion	3.00	3.00	B-					
POS	446	Intl Rel of the Mid East	3.00	3.00	A-					
Term Totals:			16.00	12.00	28.20	1.76	-3.80			

1994 Spring

			Att	Ehr	Grd					
MUS	125	History Rock Music	3.00	3.00	C					
POS	414	State Politics	3.00	3.00	B-					
POS	458	Islamic Politics	3.00	3.00	A					
POS	467	Political Violence	3.00	3.00	B-					
POS	475	Pol Theory Pol Ed	3.00	3.00	C+					
Term Totals:			15.00	15.00	41.10	2.74	11.10			

1994 Summer

			Att	Ehr	Grd					
SPA	113	Spanish I	4.00	4.00	D					
SPA	114	Spanish II	4.00	4.00	C-					
Term Totals:			8.00	8.00	10.80	1.35	-5.20			

1995 Spring

			Att	Ehr	Grd					
HIS	429	His of Am Labor	3.00	3.00	B					
Term Totals:			3.00	3.00	9.00	3.00	3.00			

1995 Fall

			Att	Ehr	Grd					
EDA	300	Nevada School Law	2.00	2.00	A					

RECIPIENT

THIS OFFICIAL UNIVERSITY TRANSCRIPT DOES NOT REQUIRE A RAISED SEAL



JAMES GARRISON
OFFICE OF THE REGISTRAR

College: Orange Coast College	Student ID: [REDACTED]	SSN: [REDACTED]	Date of Birth: [REDACTED]
Record of: John L Pelletier	TouchSafe®		
Program: Orange Coast General Admit	Date Issued: 01-MAR-2011	High School Attended: WOODBRIIDGE HIGH SCHOOL	
Major: General Interest	High School Graduation: Jun 1, 1990		
Issued To: JOHN PELLETIER 8025 CHABLIS BAT ST. LAS VEGAS, NV 89131-4806		<p><i>The Family Educational Rights and Privacy Act of 1974 (as amended) prohibits the release of this information without the student's written consent. An official transcript must include the signature of the registrar and the seal of the college or university. This document reports academic information only.</i></p>	

Current Program
Undeclared
Program : Orange Coast General Admit
Major : General Interest

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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INSTITUTION CREDIT:

OCC Spring 1990

ANTH A280	Intro to Archaeology	3.00 C	6.00
ART A102	Contemporary Art Hist	3.00 C	6.00
ART A120	Freehand Drawing	3.00 A	12.00
HIST A198	The World At War	3.00 B	9.00
PSCI A101	Surv of Current Issues	3.00 A	12.00

Ehrs: 15.00 GPA-Hrs: 15.00 Qpts: 45.00 GPA: 3.00

Last Standing: OCC Good Standing

***** TRANSCRIPT TOTALS *****

	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	15.00	15.00	45.00	3.00
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	15.00	15.00	45.00	3.00

***** END OF TRANSCRIPT *****



Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial: **JOHN L. PELLETIER** Last name: [REDACTED] Your social security number: [REDACTED]

If joint return, spouse's first name and middle initial: **CRISTY M. PELLETIER** Last name: [REDACTED] Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. [REDACTED] 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
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED]
 Foreign country name: [REDACTED] Foreign province/state/county: [REDACTED] Foreign postal code: [REDACTED] If more than four dependents, see instructions and ✓ here

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
CHRISTIAN PELLETIER	[REDACTED]	[REDACTED]	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ALIYA PELLETIER	[REDACTED]	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for —
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under *Standard Deduction*, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	176,736.
2a	Tax-exempt interest	2a	
		2b	267.
3a	Qualified dividends	3a	
		3b	
4a	IRA distributions	4a	
		4b	
c	Pensions and annuities	4c	
		4d	
5a	Social security benefits	5a	
		5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here	6	
7a	Other income from Schedule 1, line 9	7a	
b	Add lines 1, 2b, 3b, 4b, 4c, 5b, 6, and 7a. This is your total income	7b	177,003.
8a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	177,003.
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400.
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	24,400.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	152,603.

12a Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814		
2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	25,290.
b Add Schedule 2, line 3, and line 12a and enter the total	12b	25,290.
13a Child tax credit or credit for other dependents	13a	4,000.
b Add Schedule 3, line 7, and line 13a and enter the total	13b	4,000.
14 Subtract line 13b from line 12b. If zero or less, enter -0-	14	21,290.
15 Other taxes, including self-employment tax, from Schedule 2, line 10	15	
16 Add lines 14 and 15. This is your total tax	16	21,290.
17 Federal income tax withheld from Forms W-2 and 1099	17	23,410.
18 Other payments and refundable credits:		
a Earned income credit (EIC)	18a	
b Additional child tax credit. Attach Schedule 8812	18b	
c American opportunity credit from Form 8863, line 8	18c	
d Schedule 3, line 14	18d	
e Add lines 18a through 18d. These are your total other payments and refundable credits	18e	
19 Add lines 17 and 18e. These are your total payments	19	23,410.
Refund 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	2,120.
21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	2,120.
b Routing number		
c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number		
22 Amount of line 20 you want applied to your 2020 estimated tax	22	
Amount You Owe 23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24 Estimated tax penalty (see instructions)	24	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Direct deposit?
See instructions.

Third Party Designee
(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. _____	Email address _____		

Paid Preparer Use Only

Preparer's name: RAVEN GILMORE, CPA
Preparer's signature: RAVEN GILMORE, CPA
Date: _____
Check if: 3rd Party Designee Self-employed

Firm's name: GILMORE & GILMORE, CPA'S PC
Firm's address: 3067 E WARM SPRINGS RD STE 300 LAS VEGAS, NV 89120
Firm's EIN: 0-_____

Alternative Minimum Tax – Individuals

► Go to www.irs.gov/Form6251 for instructions and the latest information.
► Attach to Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

JOHN L. AND CRISTY M. PELLETIER

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

1	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	152,603.
2a	If filing Schedule A (Form 1040 or 1040-SR), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 9.	2a	24,400.
b	Tax refund from Sched 1 (Form 1040 or 1040-SR), ln 1 or ln 8	2b	
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040 or 1040-SR), line 8. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$733,700, see instructions.)	4	177,003.

Part II Alternative Minimum Tax (AMT)

5	Exemption. (If you were under age 24 at the end of 2019, see instructions.) IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ... Single or head of household \$ 510,300 \$ 71,700 Married filing jointly or qualifying widow(er) 1,020,600 111,700 Married filing separately 510,300 55,850 If line 4 is over the amount shown above for your filing status, see instructions.	5	111,700.
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10.	6	65,303.
7	• If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result.	7	16,979.
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7.	9	16,979.
10	Add Form 1040 or 1040-SR, line 12a (minus any tax from Form 4972), and Schedule 2 (Form 1040 or 1040-SR), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040 or 1040-SR), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 12a, refigure that tax without using Schedule J before completing this line (see instructions)	10	25,290.
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 1.	11	0.

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

Form **8867**

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment Sequence No. **70**

Taxpayer name(s) shown on return

JOHN L. AND CRISTY M. PELLETIER

Enter preparer's name and PTIN

RAVEN GILMORE, CPA

Taxpayer identification number

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents, if any, that you relied on. _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2019)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)			
	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)			
	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)		
	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)		
	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification		
<p>► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:</p> <p>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);</p> <p>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;</p> <p>C. Submit Form 8867 in the manner required; and</p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> 1. A copy of this Form 8867. 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s). 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained. 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s). <p>► If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.</p>		
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial **JOHN L. PELLETIER** Last name [REDACTED] Your social security number [REDACTED]

If joint return, spouse's first name and middle initial **CRISTY M. PELLETIER** Last name [REDACTED] Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED]
 [REDACTED] address, also complete spaces below. State [REDACTED] ZIP code [REDACTED]
 Foreign country name [REDACTED] Foreign province/state/county [REDACTED] Foreign postal code [REDACTED]

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

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

Dependents (see instructions):

More than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
	CHRISTIAN PELLETIER		[REDACTED]	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ALIYA PELLETIER		[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	189,249.
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	140.
3a	Qualified dividends	3a	
3b	Ordinary dividends	3b	
4a	IRA distributions	4a	
4b	Taxable amount	4b	
5a	Pensions and annuities	5a	
5b	Taxable amount	5b	
6a	Social security benefits	6a	
6b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
8	Other income from Schedule 1, line 9	8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income .	9	189,389.
10	Adjustments to income:		
a	From Schedule 1, line 22	10a	
b	Charitable contributions if you take the standard deduction. See instructions	10b	300.
c	Add lines 10a and 10b. These are your total adjustments to income .	10c	300.
11	Subtract line 10c from line 9. This is your adjusted gross income .	11	189,089.
12	Standard deduction or itemized deductions (from Schedule A)	12	24,800.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	24,800.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	164,289.

Attach Sch. B if required.

Standard Deduction for —
 • Single or Married filing separately, \$12,400
 • Married filing jointly or Qualifying widow(er), \$24,800
 • Head of household, \$18,650
 • If you checked any box under **Standard Deduction**, see instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	27,724.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	27,724.
19	Child tax credit or credit for other dependents	19	4,000.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	4,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	23,724.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	23,724.
25	Federal income tax withheld from :		
	a Form(s) W-2	25a	26,109.
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	26,109.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	26,109.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,385.
35 a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,385.
	b Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
37	Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	
38	Estimated tax penalty (see instructions)	38	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

Direct deposit?
See instructions.

Amount You Owe

For details on how to pay, see instructions.

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 **RAVEN GILMORE, CPA** Phone no. **702-364-0400** Personal identification number (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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
RAVEN GILMORE, CPA		POLICE CAPTAIN	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		HOMEMAKER	
Phone no. 702-324-6433	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
RAVEN GILMORE, CPA	RAVEN GILMORE, CPA		P00185096	
Firm's name	Firm's address		Phone no.	Firm's EIN
GILMORE & GILMORE CPAS PC	8560 S EASTERN AVE STE 200 LAS VEGAS, NV 89123		(702) 364-0400	<input type="checkbox"/>

Alternative Minimum Tax – Individuals
 ▶ Go to www.irs.gov/Form6251 for instructions and the latest information.
 ▶ Attach to Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

JOHN L. AND CRISTY M. PELLETIER

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

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	164,289.
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12.	2a	24,800.
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8.	2b	
c	Investment interest expense (difference between regular tax and AMT).	2c	
d	Depletion (difference between regular tax and AMT).	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8. Enter as a positive amount.	2e	
f	Alternative tax net operating loss deduction.	2f	
g	Interest from specified private activity bonds exempt from the regular tax.	2g	
h	Qualified small business stock, see instructions.	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income).	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A).	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss).	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	2l	
m	Passive activities (difference between AMT and regular tax income or loss).	2m	
n	Loss limitations (difference between AMT and regular tax income or loss).	2n	
o	Circulation costs (difference between regular tax and AMT).	2o	
p	Long-term contracts (difference between AMT and regular tax income).	2p	
q	Mining costs (difference between regular tax and AMT).	2q	
r	Research and experimental costs (difference between regular tax and AMT).	2r	
s	Income from certain installment sales before January 1, 1987.	2s	
t	Intangible drilling costs preference.	2t	
3	Other adjustments, including income-based related adjustments.	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$745,200, see instructions.)	4	189,089.

Part II Alternative Minimum Tax (AMT)

5	Exemption. IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ... Single or head of household. \$ 518,400. \$ 72,900 Married filing jointly or qualifying widow(er) 1,036,800. 113,400 Married filing separately. 518,400. 56,700 If line 4 is over the amount shown above for your filing status, see instructions.	5	113,400.
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10.	6	75,689.
7	<ul style="list-style-type: none"> If you are filing Form 2555, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; 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 40 here. All others: If line 6 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. 	7	19,679.
8	Alternative minimum tax foreign tax credit (see instructions).	8	
9	Tentative minimum tax. Subtract line 8 from line 7.	9	19,679.
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line (see instructions).	10	27,724.
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1.	11	0.

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

Paid Preparer's Due Diligence Checklist

2020

Department of the Treasury
Internal Revenue Service

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Taxpayer identification number

JOHN L. AND CRISTY M. PELLETIER

Enter preparer's name and PTIN

RAVEN GILMORE, CPA

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on:			

6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

BAA For Paperwork Reduction Act Notice, see separate instructions.



Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

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

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; and
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- ▶ If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

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