A DEDGOV		The same of the same					
A PERSON							
ı		First Name & Initial: Fil-					
		C			Spouse St	ate:	
Filer E-mail:			pouse E-mail: _		Spouse	Agenda and a Co	, .
	Social Security Number	Occupation	Birth Date		Legally Blind	Disabled Handicapped	Deceased Date
Filer					Yes□ No□	Yes□ No□	
Spouse					Yes□ No□	Yes□ No□	
~	C Mariada					TO DESCRIPTION OF THE PERSON O	
APPLICABLE	☐ Married on ☐ Divorced on		egally Separate		44-1	mo/dd/yr	
BOX IF	Lived apart from my spo		Provide Divorce mo/de		uns year	FIRE	ma lalalius
OCCURRED DURING THE	☐ In immediate family ther			Deaths			mo/dd/yr
YEAR	☐ Paid alimony to Name	o note a bitalo a naop		oc. Sec.#)		(Amount) \$	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			prinoung ¢	
B DEPEND	ENT CHILDREN & OTHI	ER DEPENDENTS					
First Name	Last Name	Social Security# *	Months in	Birth Date	In	come	✓ If over ag
	(If Different)	(Mandatory)	Home (1-12)		W-2	Other	of 18 & Full Time Studen
a- 265 V							
			1				
			-				
Do you v	use your car for business purpose	r taxes to the Presidential Campaign Fu es other than commuting to and from wo	nd? (This will not ork? Did you trave	increase or decre	ase your tax.) and second job? Se	e Sections U, V an	d W.
any use	u provided a company car for bus other than your personal use of th	iness and/or personal use? If so, provid the company vehicle was included in you	e documentation : r W-2, see the ins	to show how the tructions in Section	car was treated by y	our employer for t	ax purposes. If
□ □ Were you	reimbursed by your employer fo	r car, travel or entertainment expenses?	If so, list amount	\$			
Was this	amount included in your W-2? L move because of a lob change? It	Yes No. If yes, see Sections P, U, f so, have employer's statement available	V, W, X & Y. e and list expense	es in Section R			
□ □ Do you d	or your spouse have any kind of re	etirement plan, such as pension, profit si	haring, 401K or st	ock-purchase pla	n, or an IRA or Keog	h account, or a ta	x-sheltered
	If so, circle the applicable plans, a contributed to your IRA or self-e	Also see Section EE. Imployed retirement plan for this year? I	f so complete ser	ction EE If not w	ould you like to?	Vac DNo	
☐ ☐ Were you	u or your spouse at least 701/2 year	rs of age on December 31?					
☐ ☐ Did you all other	receive a distribution from a pensi information provided by your plan	on plan, profit sharing plan, tax-sheltere administrator or your employer and col	d annuity, deferre	d compensation	plan, IRA or Keogh?	If so, provide Form	n 1099-R and
☐ ☐ Did you	withdraw IRA or Keogh funds from	one financial institution and re-deposit			ring the year? If so, i	ndicate the amour	nt of funds:
Withdrav	vn \$ a nave a foreign bank account or for	nd Re-deposited \$					
☐ ☐ Do you h	nave business or rental property?	If so, complete Section Z or Section AA					
☐ ☐ Did you	contribute to a Coverdell Education sell or gift any Stock. Land. D	on Savings Account? If so, how much? DSecurities, □ Partnership interests, or □	S	y ∏ Have any he	coma worthlage? If	o complete Secti	on D
☐ ☐ Did you	sell or gift any real estate last year	? If so, provide the final settlement state	ements for the pur	rchase and sale,	and complete Section	n D. If you sold yo	our own home,
provide a	a list of all improvements; if you be yone owe you money for which yo	ought another home, provide the settlen ou have exhausted all reasonable efforts	nent statement for	the purchase.	e usually are not do	duatible \	
☐ ☐ Did you	have any income or a loss from a	☐ Partnership, ☐ S Corporation, ☐ Esta	te or Trust? If a	so, complete Sect	tion BB.	ductible.)	
□ □ Did you l	have a casualty or theft loss? (Ger	nerally, the loss must exceed 10% of your value that could be considered your value.	ur income.) If so,	complete Section	Q.		
□ □ Did you t	ravel away from home as a volun	teer for a charitable organization? If so,	complete Section	0.			
☐ ☐ In order t	to work or attend school full time,	did you have expenses for the care of y	our child or anoth	ner dependent? If	so, complete Section	n CC.	
	pay estimated tax? If so, complete pay additional federal or state tax	e Section K. last year as a result of a government au	dit or notice, or b	ecause you filed a	a late return? If so	rovide all governm	nent notices
and your	canceled checks. List all of your	state payments in Section J.				a. goranii	
	ncur any adoption expenses this or your spouse permanently and to	year? otally disabled and under age 65?					
□ □ Do you a	nticipate any substantial change i	n your income, deductions or tax withhou	olding for next yea	ar? Explain in Sec	tion FF.		
☐ ☐ Did you l	lave any debt forgiven or a prope	rty repossessed or foreclosed upon? If s	so please provide	details. Bring any	/ 1099-C and 1099-A	received.	

					INC	OME					
C WAGES (PLI	EASE P	ROVIDE ALL V	V-2 FORMS)			G or	HER INCOME				
PROCESSOR POST SIGNOSCOSCOSOR SIGN	Employ	NAME OF PARTY OF PARTY.		Earning Filer	Spouse		# Of Forms Provid	ed	V	Amo Filer	ount Spouse
						Alimony	Received				Орошоо
			1			Commiss	sion, Bonus (not included in	W-2)			
							g or Prize Winnings, Awar				
						State Lot	tery Winnings				
						IRA, Keo	gh, 401-K, TSA Withdraw	als (See Section	EE)		10000
						Farm or	Farm Rental (provide expen	se details)			
						Disability	income				
_	100					Royalties	(1099-MISC)			3 (1 th)	1.4 54 5
D SALES OF						Hobby					
All sales of securities loss. For each sale p	rovide s	statements for b	oth the origina	n if there is no p	profit or sale, Also,	Pensions	, Annuities, Retirement (1	099-R)			
provide form 1099-B	and/or	1099-S from bro	oker or agent.			Railroad	Retirement (RRB-1099)				
Description	If inher.	Date Acquired	Date Sold	Selling Price	Original Cost	Scholars	hips, Fellowships, Grants				
					7 2 3	Social Se	ecurity (SSA-1099)				
	- 7				10.00	State Inc	ome Tax Refunds (1099-G)			
						Tips Rec	eived				
					1911/11/87	Unemplo	yment Compensation (10)	99-G)			
							ving are generally non-taxat deductions, etc.	ole, but may be r	equire	ed .	
						Gifts and	Inheritances				
E INSTALLME	NT SA	ALES				Insurance	e or Court Settlements				
Descript			rincipal +	Interest = To	tal Payment	Child Su	oport				
		2012 T		1		Veteran's	Benefits				
			N. Company			Loans or					
F INTEREST IN	ICON	ΛE									
Source (Name of			Ranke	Credit Unions	Sallas	Financed	Direct II C Obligations	Hama Ctata		00	Clata
Source (Maille Of	Dalin, Od	vings & Loan, etc.	Annual Control of the	porate Bonds		tgages	Direct U.S. Obligations Saving Bonds, T-Bills, Etc.	Home State Municipal Bon	ds		r State oal Bonds

F INTEREST	INCOME					
Source (Name	of Bank, Savings & Loan, etc.)	Banks, Credit Unions, Corporate Bonds	Seller Financed Mortgages	Direct U.S. Obligations Saving Bonds, T-Bills, Etc.	Home State Municipal Bonds	Other State Municipal Bonds
	<u> </u>					
		1.92				
		<u> </u>				
Name:	SSN:			Payer Address:		
Name:	SSN:			Payer Address:		
Forfeited Interes	st (Early withdrawals)		Fed	eral Withholding on INT &	DIV	

H DIVIDENDS								
Name of Payer (Please provide all forms 1099-DIV)	Foreign Taxes Paid	TOTAL Ordinary Dividends	Qualified Dividends*	Total Capital Gains Dividends	Direct U.S. Obligations Savings Bonds, T-Bills, etc. (State tax-free)	Taxable to State Only	Non-taxable State and Federal	Return of Capital
		17-1-17-19-21	The Assessment of the State of					
	7.							
		,	-	1				
			,			7.1	2	

[&]quot;The amount in the "Ordinary" column will include the "Qualified" dividends shown in the "Qualified Dividends" column. The portion of ordinary dividends that are qualified receive special tax treatment.

ITEMIZED DEDUCTIONS & ESTIMATED TAXES

MEDICAL EXPENSES PAID		OME MORTGAGE INTEREST	PAID	
GENERALLY MUST EXCEED 7.5% OF INCOME		Not for a Rental	Primary	Second
Hospital, Medical and Dental Insurance Premiums	3.7.50 1036 10 10 10 10	Enter Rental Interest in Sec. AA	Residence	Home
Long Term Care Insurance for the Filer		Paid to a bank, S & L, etc.*		
Long-Term Care Insurance for the Spouse	1ST	Paid to an Individual (Must list below)		
Group Health Insurance Deducted from Pay	TD	Payee Name:	ss	3*
Medicare Insurance Premiums	- 1 - A-1	Address:		
Prescription Drugs (no "over-the-counter" drugs)		Paid to a bank, S & L, etc.*		111111
Doctors	2ND	Paid to an Individual (Must list below)		
Dentists		Payee Name:	SS	3*
Psychotherapy, Psychological Counseling	TD	Address:		
Hospital	Home	Equity Loan		
Nursing Home, Nursing Care	*Amoun	its must agree with Form 1098 issued by t	ha financial lastitudas	HE STOR
Glasses, Hearing Aids, Batteries	If no, ch	neck here _i.	ne imanciai institution	
Lab & X-Ray	If Form	1098 was issued in another social security	y number enter that p	erson's name
Medical Equipment & Supplies	and SS	# here:		
Physical Therapy	Name:_	and have in a scallfled mater have been	SS#	
Ambulance, Paramedics	ii the se	cond home is a qualified motor home, boa	t, etc., list the name o	r tne payee ner
Telephone Toll Calls	Yes I	No	Section Follows	
Parking Fees, Taxi, Bus, Air and Other Travel		■ Did you refinance during the year?		
Lodging for Away-From-Home Medical Treatment		 Does your home equity loan exceed 		
Auto Travel (miles)		■ Does the sum of all first & second ho	me mortgages excee	d \$1,000,000?
Other:	Mı	NVESTMENT INTEREST PAID		
Other.	Interest	paid for investments, such as land, ma	rgin interest, etc.	Mark Street
Other:	Paid To	TO RECOGNIZACIONE DE PROGRAMMA	n For Loan	Interest Pai
J TAXES PAID Real Estate – Home				
The Location of the Control of the C				

J TAXES PAID	
Real Estate - Home	
- Other	
Vehicle License Fees	
Number of Vehicles	
Personal Property Tax (Boat, Plane, Etc.)	
State Income Tax Paid (Provide cancelled checks):	
Balance Due on Last Year's State Return	
Extension Payment on Last Year's State Return	
Payment On a Prior Year's State Return	
Last Year's 4th Qtr. Est. Pd. to State Jan. of this Year	
Other:	
Other:	
Other:	

K ESTIMATED	TAXES				
Please provide cance	elled checks if avai	lable.			
	Date Due	Date	Paid	Federal	State
Applied From Prior Y	ear's Refund			\$	\$
First Quarter	APRIL	/	/	\$	\$
Second-Quarter	JUNE	/	1 / 1	\$	\$
Third Quarter	SEPT.	1	/	\$	\$
Fourth Quarter	THIS JAN.	/	/	\$	\$

46			<u> </u>
N EDUCATION EXPENSES			
CAUTION: These expenses qualify for tax crec certain exclusions and tax or penalty free distri- by student. Use a different column for each sta	butions, Expenses	must be se	to justify gregated
STUDENT:	THIS COLUM	AN IS DESIG	NATED FO
Taxpayer			a
Spouse			- 0
Dependent:	0		0
Dependent:	0		0
FOR TUITION CREDIT ONLY - Qualified Educatio	nal Institution		
Check if at least half-time student	o o		0
Post Secondary - First 2 years			
After First 2 years	447		
Fees - Enrollment/Attendance Only			
Other Expenses - DO NOT COMPLETE Unless qua distributions, Savings Bond Interest Exclusion, or st expenses for continuing education should be entere	udent loan interest d	leductions. S	imilar
Books/Supplies			4 1
Room/Board	A Section 1		
CONTINUING EDUCATION EXPENSES -Education for the taxpayer & spouse only and ONLY	if job related		
Tuition and Fees		1	1
Seminar Fees, etc.		1 1	1 7
Books/Supplies, etc.			
Travel	(list in appro	priate area op	posite pa

ITEMIZED DEDUCTIONS (Continued) Q CASUALTY OR THEFT LOSS O CHARITABLE CONTRIBUTIONS CASH CONTRIBUTIONS - All cash charitable contributions MUST be documented Generally Must Exceed 10% of Income. with either a bank record or written verification from the charity. Type of Loss Do not include political or legislative action contributions, raffle or lottery tickets, or amounts paid for bingo or similar games. Date of Loss CHARITY **AMOUNT** CHARITY **AMOUNT** Fair Market Value Before Loss House of Worship Scouts Fair Market Value After Loss Gov't Organizations United Way Was Loss Covered by Insurance? ☐ Yes □ No Payroll Deductions Amount Reimbursed by Insurance Red Cross, Cancer R MOVE FOR BUSINESS PURPOSES NON-CASH - Household and clothing items must be in good or better condition. A written receipt is required for donations of \$250 or more, and a detailed list should be New job location must be 50 miles further from old home than old job location. included with your return if the total exceeds \$500. Date hired for new job: Household & Clothing (provide detailed list if required) Date Moved From Old Residence Date Arrived At New Residence Vehicle Donation (provide copy of 1098-C) Miles From Old Residence to New Job (A) mi. **EXPENSES AS A VOLUNTEER** Miles From Old Residence to Old Job (B) mi. Auto Travel Travel Meals Difference in (A) and (B) (Must Be 50 Miles or More) Parking, Tolls Lodging Cost of Commercial Movers Truck, Trailer Rental Phone Public Transportation Road Tolls Supplies Other: Lodging En Route (Do Not Include Meals) Uniforms Other: Automobile Travel mi. Value of Clothing, Furniture, etc., donated is usually the fair market value at the time of the gift. Provide detailed list of items if total amount is more than \$500. The list must include, Other: for each item, cost, fair market value, date acquired, date contributed, and name and address of organization donated to. Please call this office in advance if the contribution Other exceeds \$5,000. نے۔ S INVESTMENT & OTHER EXPENSES P MISCELLANEOUS BUSINESS EXPENSES Filer Spouse Tuition & Fees Books & Supplies Travel (See Sections U, V, W, X & Y)

Do not enter expenses you have listed elsewhere. Attorney Fees (To protect taxable income) Business Gifts (See Section Y) Dues: Union and Professional Employment Related Education & Seminars Entertainment & Meals (See Section Y) Gambling Losses-(Limited to Winnings) Insurance-Business (E&O, Malpractice, Etc.) Jobseeking Expenses in Same Field Employment & Resume Fees Travel (See Sections U, V, W, X & Y) Licenses, Fees, Credentials, Etc. Publications, Books, Etc., Used in Business Telephone (business calls only) Tools, Supplies, Equipment Uniforms - Purchase Cleaning Other: Other: Other:

S II I I S II I I I I I I I I I I I I I	
IRA & Keogh Fees Paid By You	
Investment Counsel Fees	
Publications & Journals (For Investment Use)	
Safe Deposit Box	
Tax Preparation & Consultation Fees	
Travel (Investment Seminars and Conventions Not Allowed)	See Sections U, V, W, X & Y
Telephone, Office Supplies (For Investment Use)	
Other:	
Other:	d feite mana la di con

T "OFFICE IN HOME" EXPENSE

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting or dealing with you in the normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business.

Total Square Feet of Home	
Sq. Feet of Office Sq. Feet of Storage	
Rent*	
Utilities	
Management, Condo Fees	
Insurance	
General Home Maintenance & Repairs**	
Maintenance & Repairs For Office	
Other:	
*H was any year home and de another and the section of	4 11 4 4

improvements to office. **Roof, outside painting OK; not lawn care.

Section V MUST be completed for every vehicle that is used for business. Section W is NOT required if you are using the government's "standard mileage rate". However, Section W must be completed if you are using the actual expense method or if you ever depreciated your vehicle under the ACRS/MACRS method. If this is the first year of business use for vehicle, provide a copy of the purchase or lease contract. If you drive a company auto, provide information from employer, complete Section V, and list only the expenses you actually paid for in Section W. AMOUNTS INCLUDED IN SECTIONS V & W SHOULD NOT BE INCLUDED ANYWHERE ELSE ON THIS FORM.

DO NOT complete this section or section W if your personal automobile is used only for commuting to and from work and for personal travel.		CLE #1 Spouse		CLE #2 Spouse		CLE #3	ise	VEHIC Filer	
VEHICLE DESCRIPTION: (Make & Model)									
Date Originally Purchased	/	/	/	1	1	1			/
Cost of Vehicle (Year Purchased Only)			,	,	-		\neg		
Parking ·							\neg		
TOTAL Miles Driven THIS YEAR for All Purposes, Including Personal		mi	y	mi			mi	-14.5	mi
BUSINESS MILES DRIVEN:									43.20
For Your Employer		mi		mi			mi		mi
To Professional Meetings		mi		mi			mi		mi
Between 1st and 2nd Job		mi		mi			mi	-	mi
From Job to School		mi		mi			mi		mi
Jobseeking		mi		mi			mi		mi
For Investment and Tax Preparation		mi		mi			mi		mi
Rental Activities		mi		mi			mi		mi
Self Employed Business		mi		mi			mi		mi
Temporary Job Site, or		mi		mi			mi		mi
Average Distance Round Trip To Work (Required)		mi		mi	: .		mi		mi
NUMBER OF DAYS Vehicle Driven To Work This Year (Required)		days	-	days		da	-		days

W BUSINESS AUTOMOBILE EXPENSES	VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4
Gasoline, Oil, Lubrication	\$	\$	\$	\$
Repairs & Maintenance	\$	\$_	\$	\$
Tires, Batteries, Etc.	s	\$	\$	\$
Insurance (DON'T DUPLICATE IN SEC. Z OR AA)	\$	\$	\$	\$
License & Taxes (DON'T DUPLICATE IN SEC. J, P, Z, OR AA)	\$	\$	\$	\$
Interest (DON'T DUPLICATE IN SEC. Z OR AA)	\$	\$	\$	\$
Wash & Wax	\$	\$	\$	\$
Lease Payments	\$	\$	\$	\$
Other:	\$	\$	\$	\$.

SEE SECTION Y FOR OTHER INSTRUCTIONS AND RECORDKEEPING RULES.	FILER Expenses Related To:		Rental Property			SPOUSE Expenses Related To:	
	Employment	SELF-EMP. BUSINESS	#1	#2	#3	Employment	SELF-EMP BUSINESS
Airfare, Train, Bus							
Auto Rental, Taxi, Etc.				146			34 2
Meals & Tips							
Lodging							
Laundry							
Tips							
Other:							
Other:							
Other:							

Y BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions must be based on a log and/ or other receipts and records. The combination of records should document: the business purpose, date and time, place, and amount.

For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial and bona fide business discussion or activity before or after the meal/entertainment, or (3) you ate alone while out of town. You must record the name and business relationship of each person entertained. Gifts are limited to \$25 per person per year. You may not deduct these expenses unless they are documented!

If your employer reimbursed you for any business expense and included the reimbursement in your W-2 income, include the expense in Section P, R, W, or X, and put an asterisk (*) by the amount.

Must keep different businesses separated and the business of each spouse separate	☐ Filer ☐ Spouse	☐ Filer ☐ Spouse
Income: Gross Receipts or Sales		
Returns and Refunds		
Other:	. 7	
Other:		
Cost of Inventory at Beginning of Year		Transport
Cost of Merchandise Purchased		
Cost of Items for Personal Use		
Cost of Inventory at End of Year		
Advertising	100	
Bank Charges		
Car Expenses	See Sections L	, V, W, X & Y
Commissions		
Dues and Publications		
Freight		
Health Insurance	3	
Insurance (Not Life)		,
Interest: Mortgage Paid to Banks		
Other:		
Legal and Professional Services		
Office Expenses		
Rent or Lease: Machinery/Equipment		
Rent or Lease: Other Business Property		
Repairs		

Property Address 1 2 3 Property 1 Income: Rents Received Rental Deposits Advertising Auto & Travel See Cleaning & Maintenance Commissions Insurance Legal & Professional Fees Mortgage Interest Paid to Banks, Etc. Other Interest Repairs: Carpentry, Hardware Electrical Painting & Decorating Plumbing Miscellaneous	NERSHIP IF THAN 100% %
2 3 Property Income: Rents Received Rental Deposits Advertising Auto & Travel Cleaning & Maintenance Commissions Insurance Legal & Professional Fees Mortgage Interest Paid to Banks, Etc. Other Interest Repairs: Carpentry, Hardware Electrical Painting & Decorating Plumbing Miscellaneous	
Property Income: Rents Received Rental Deposits Advertising Auto & Travel Cleaning & Maintenance Commissions Insurance Legal & Professional Fees Mortgage Interest Paid to Banks, Etc. Other Interest Repairs: Carpentry, Hardware Electrical Painting & Decorating Plumbing Miscellaneous	. 07
Property Income: Rents Received Rental Deposits Advertising Auto & Travel See Cleaning & Maintenance Commissions Insurance Legal & Professional Fees Mortgage Interest Paid to Banks, Etc. Other Interest Repairs: Carpentry, Hardware Electrical Painting & Decorating Plumbing Miscellaneous	
Income: Rents Received Rental Deposits Advertising Auto & Travel Cleaning & Maintenance Commissions Insurance Legal & Professional Fees Mortgage Interest Paid to Banks, Etc. Other Interest Repairs: Carpentry, Hardware Electrical Painting & Decorating Plumbing Miscellaneous	%
Rental Deposits Advertising Auto & Travel See Cleaning & Maintenance Commissions Insurance Legal & Professional Fees Mortgage Interest Paid to Banks, Etc. Other Interest Repairs: Carpentry, Hardware Electrical Painting & Decorating Plumbing Miscellaneous	3
Advertising Auto & Travel See Cleaning & Maintenance Commissions Insurance Legal & Professional Fees Mortgage Interest Paid to Banks, Etc. Other Interest Repairs: Carpentry, Hardware Electrical Painting & Decorating Plumbing Miscellaneous	
Auto & Travel See Cleaning & Maintenance Commissions Insurance Legal & Professional Fees Mortgage Interest Paid to Banks, Etc. Other Interest Repairs: Carpentry, Hardware Electrical Painting & Decorating Plumbing Miscellaneous	
Cleaning & Maintenance Commissions Insurance Legal & Professional Fees Mortgage Interest Paid to Banks, Etc. Other Interest Repairs: Carpentry, Hardware Electrical Painting & Decorating Plumbing Miscellaneous	
Commissions Insurance Legal & Professional Fees Mortgage Interest Paid to Banks, Etc. Other Interest Repairs: Carpentry, Hardware Electrical Painting & Decorating Plumbing Miscellaneous	J-Y
Insurance Legal & Professional Fees Mortgage Interest Paid to Banks, Etc. Other Interest Repairs: Carpentry, Hardware Electrical Painting & Decorating Plumbing Miscellaneous	
Legal & Professional Fees Mortgage Interest Paid to Banks, Etc. Other Interest	
Mortgage Interest Paid to Banks, Etc. Other Interest Repairs: Carpentry, Hardware Electrical Painting & Decorating Plumbing Miscellaneous	
Other Interest	
Repairs: Carpentry, Hardware Electrical Painting & Decorating Plumbing Miscellaneous	
Electrical Painting & Decorating Plumbing Miscellaneous	
Painting & Decorating Plumbing Miscellaneous	
Plumbing Miscellaneous	
Miscellaneous	
Supplies	

Supplies		
Taxes: Payroll (Provide All Payroll Reports)		120 THE 18-3 TH
Sales		
Property		
Other:		
Travel	See Sections	X&Y
Business Meals & Entertainment		
Gifts (Generally limited to \$25 per person per year)		
Telephone		
Utilities	J. 14	
Wages	i ii	
Education & Seminars		- Artikalia
Equipment, Furniture, Improvements	List in area	below
Other:		
Other:		
Check if Forms 1099 Filed		
Check if Home Office (See Section T)		
Check if Keogh or HR-10 Retirement Plan		
EQUIPMENT, FURNITURE, IMPROVEMENTS		
Description	Date Acquired	Cost
	-1	

Wages a	nd Salaries				
Other:	Replacement & Improvement	ts:	Lis	st in area l	below
	Bank Charges				
dic	Gardening & Landscaping			1	4
	Homeowner Assoc. Dues/Fe	es			
	Licenses & Permits				
	Management Fees				
	Office Expenses				
	Pest Control				
	Telephone				
	13;2 12 12 2				
		-		1.2	
				131	
Check if	Forms 1099 Filed				
Number	of Days Used Personally				
REPLACE	MENTS, FURNITURE, IMPROVEM	ENTS			
	Description (Furniture, Carpets, Fence,		ate ased or	Cost	✓ Property
F	Pool, Appliances, Roof, Etc.)		pleted	COSt	1 2 3
1 7			4 3 3		1 2
			1 1		

A STATE OF THE PARTY OF THE PAR	, TRUSTS, S. CORF			THE RESIDENCE OF THE PARTY OF T	ORMS AND ASS	OCIATED INSTRUCTION	IS
Name of Entity	Type of Activit	y /	1	Name of Entity		Type of Activity	
		1 1 1 1 1 1 1 1 1 1			1 1 1 1		
— ✓ If First Year	✓ If Final Ye	ar	_	✓ If First Year		✓ If Final Year	
C CHILD OR DEPENDENT	CARE EXPENSES	Care r	must enable yo	u to work (or look	for work) or atten	d school FULL TIME. Ca y or mentally incapable o	are must l
✓ Check here if you have employe	r provided dependent				CONTRACTOR OF THE PARTY OF THE	Must Be Allocated By C	Secretario de la constante de
Paid To	Address		or Employer ID# inless exempt org		(child: Child	d:
PI	hone:		Check if	exempt			2
P	hone:		☐ ✓ Check if	exempt			
	C 1 10 10 10 10 10 10 10 10 10 10 10 10 1						
D INFORMATION FOR STA		DV	All with the stockers	Y Or MAY NOT		TO BE A STATE OF THE STATE OF T	
e you living in rented property last ne, Address, and Phone Number o		□ Yes	□ No	If yes, Rent Pa	aid \$	Date Rented:	/
no, riddredd, ard rifelio ridinber o	Landiora.		-				-
you participate in a ridesharing or	vanpool program?	□ Yes	□ No				
ool District Name and #:							
ount of Political Contribution:		\$					
er:		\$	2.1				
EE IRA & RETIREMENT PLAN	S You	Spouse	FF AD	DITIONAL EXF	LANATIONS	OR QUESTIONS YO	OU HA
ployer Pension Plan?	□ Yes	☐ Yes	100 10000			A STATE OF THE STA	F-1-1
ditional IRA, Keogh & SEP Plans:							
ntributions			de				
hdrawals (1) llovers (2) (3)							
	41 1		1				
II IIIA	SECTION NOT COMPANY						
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