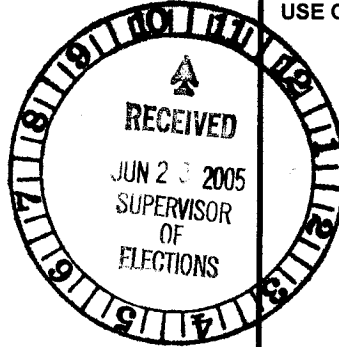


FINANCIAL INTERESTS

.....AUTO**3-DIGIT 339 T74 P1 140
 Henry Raymond Judah
 County Commissioner, District 3, Lee County
 Elected Constitutional Officer
 12664 Coconut Creek Ct
 Fort Myers FL 33908-3050



FOR OFFICE USE ONLY:

ID Code

ID No. 15400

Conf. Code

P. Req. Code *****

Judah Henry

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2004, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of June 21, 20 05 was \$ 721,623.56

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 50,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Residence 01-46-23-28-00000.1180	\$373,796.00
Residential lot No. B4L10 Wild River Phase III, Deschutes County, Oregon	\$ 50,180.00
Ltd. Partnership - Justice Investors Ltd.	\$ 80,000.00
Charles Schwab Brokerage Account & Money Market Fund	\$ 74,663.64
Lee County Deferred Compensation Program	\$106,184.25

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Schools Federal Credit Union	\$ 23,764.16
6801 East Hillsborough Avenue/P.O. Box 11904/Tampa, FL 33680	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2004 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2004 federal income tax return. [If you check this box and attach a copy of your 2004 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

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

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES

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

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


OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 22ND day of

JUNE, 20 05 by HENRY RAYMOND JUDAH

Dinah L. Johnson
(Signature of Notary Public--State of Florida)  Dinah L. Johnson
My Commission DD248375
Expires September 09, 2007

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

Henry Raymond Judah
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

FORM 6:
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2004
(Continued)

PART B:
ASSETS WORTH MORE THAN \$1,000

<u>Description of Asset</u>	<u>Value of Asset</u>
Bank Accounts	
Wachovia Bank	\$5,242.93
Sun Trust	
Roth IRA	\$5,320.90



LEE COUNTY
SOUTHWEST FLORIDA

BOARD OF COUNTY COMMISSIONERS

Writer's Direct Dial Number (239) 335-2223

Bob Janes
District One

Douglas R. St. Cerny
District Two

Ray Judah
District Three

Tammy Hall
District Four

John E. Albion
District Five

Donald D. Stilwell
County Manager

Diana M. Parker
*County Hearing
Examiner*

Department of State
Florida Commission on Ethics
P.O. Drawer 15709
Tallahassee, FL 32317-5709

June 22, 2005

Dear Division Director:

Enclosed please find Form 6, as prescribed by the Commission on Ethics, for making full and public my financial disclosure for year 2004.

If there are any questions or additional requirements under Article II, Section 8 of the Florida Constitution, please feel free to contact my office.

Sincerely yours,

Ray Judah, District 3
Lee County Board of County Commissioners

RJ:dj

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

Label HERE: For the year Jan. 1-Dec. 31, 2004, or other tax year beginning 2004, ending 20. OMB No. 1545-0074. Your first name and initial HENRY R Last name JUDAH Your social security number [redacted]. If a joint return, spouse's first name and initial KRISTEN L Last name JUDAH Spouse's social security number [redacted]. Home address (number and street). If you have a P.O. box, see page 16. 12664 COCONUT CREEK CT Apt. no. City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. FORT MYERS, FL 33908-3050

Election Campaign (See page 16.) Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You: [] Yes [] No Spouse: [] Yes [] No

Filing Status: 1 [] Single 2 [X] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 4 [] Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [] Qualifying widow(er) with dependent child (see page 17)

Exemptions: 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [X] Spouse. 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if qualifying child for child tax credit (see page 18). KALLEN LEE JUDAH [redacted] SON X. d Total number of exemptions claimed 3

Income: 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 69,635. 8a Taxable interest. Attach Schedule B if required 8a 229. b Tax-exempt interest. Do not include on line 8a 8b. 9a Ordinary dividends. Attach Schedule B if required 9a 2,114. b Qualified dividends (see page 20) 9b 2,108. 10 Taxable refunds, credits, or offsets of state and local income taxes STMT 1 STMT 2 10 400. 11 Alimony received 11. 12 Business income or (loss). Attach Schedule C or C-EZ 12. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 13 1,333. 14 Other gains or (losses). Attach Form 4797 14. 15a IRA distributions 15a b Taxable amount (see page 22) 15b. 16a Pensions and annuities 16a b Taxable amount (see page 22) 16b. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 3,190. 18 Farm income or (loss). Attach Schedule F 18. 19 Unemployment compensation 19. 20a Social security benefits 20a b Taxable amount (see page 24) 20b. 21 Other income. List type and amount (see page 24) 21. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 76,901.

Adjusted Gross Income: 23 Educator expenses (see page 26) 23. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24. 25 IRA deduction (see page 26) 25. 26 Student loan interest deduction (see page 28) 26. 27 Tuition and fees deduction (see page 29) 27. 28 Health savings account deduction. Attach Form 8889 28. 29 Moving expenses. Attach Form 3903 29. 30 One-half of self-employment tax. Attach Schedule SE 30. 31 Self-employed health insurance deduction (see page 30) 31. 32 Self-employed SEP, SIMPLE, and qualified plans 32. 33 Penalty on early withdrawal of savings 33. 34a Alimony paid b Recipient's SSN 34a. 35 Add lines 23 through 34a 35. 36 Subtract line 35 from line 22. This is your adjusted gross income 36 76,901.

Tax and Credits	37	Amount from line 36 (adjusted gross income)	37	76,901.
Standard Deduction for - ● People who checked any box on line 38a or 38b of who can be claimed as a dependent. ● All others: Single or Married filing separately, \$4,850 Married filing jointly or Qualifying widow(er), \$9,700 Head of household, \$7,150	38a	Check if: <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 38a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <input type="checkbox"/> 38b		
	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	9,700.
	40	Subtract line 39 from line 37	40	67,201.
	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	9,300.
	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	57,901.
	43	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	7,628.
	44	Alternative minimum tax. Attach Form 6251	44	0.
	45	Add lines 43 and 44	45	7,628.
	46	Foreign tax credit. Attach Form 1116 if required	46	
	47	Credit for child and dependent care expenses. Attach Form 2441	47	
	48	Credit for the elderly or the disabled. Attach Schedule R	48	
	49	Education credits. Attach Form 8863	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit (see page 37)	51	1,000.
52	Adoption credit. Attach Form 8839	52		
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53		
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54		
55	Add lines 46 through 54. These are your total credits	55	1,000.	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	6,628.	
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58		
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60	Advance earned income credit payments from Form(s) W-2	60		
61	Household employment taxes. Attach Schedule H	61		
62	Add lines 56 through 61. This is your total tax	62	6,628.	
Payments	63	Federal income tax withheld from Forms W-2 and 1099	63	7,143.
64	2004 estimated tax payments and amount applied from 2003 return	64	360.	
If you have a qualifying child, attach Schedule EIC.	65a	Earned income credit (EIC)	65a	
	b	Nontaxable combat pay election <input type="checkbox"/> 65b		
66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66		
67	Additional child tax credit. Attach Form 8812	67		
68	Amount paid with request for extension to file (see page 54)	68		
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69		
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	7,503.	
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	875.
Direct deposit? See page 54 and fill in 72b, 72c, and 72d.	72a	Amount of line 71 you want refunded to you	72a	875.
	b	Routing number <input type="text"/> C Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>		
73	Amount of line 71 you want applied to your 2005 estimated tax	73		
Amount You Owe	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	
75	Estimated tax penalty (see page 55)	75		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 56)? Yes. Complete the following. No

Designee's name **PREPARER** 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.

Your signature Date Your occupation **COUNTY COMMISSIONER** Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only Preparer's signature Date Check if self-employed Preparer's SSN or PTIN **P00045558**

Firm's name (or yours if self-employed), address, and ZIP code **GILBERT, WALLACE, STEWART, MCGEE, STRAMEL & SOWERS, PA PO BOX 308, FORT MYERS, FL 33902-0308**

EIN **59 2745432** Phone no. **239 334-1363**

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

HENRY R & KRISTEN L JUDAH

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. **08**

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

WACHOVIA ‡ -CKG
WACHOVIA # VGS
FROM K-1 - JUSTICE INVESTORS
FROM K-1 - GRETA E. JUDAH TRUST FBO RAY JUDAH

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Amount	
1.	1.
28.	28.
10.	10.
190.	190.
1	

2 Add the amounts on line 1 2 **229.**
 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3
 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a 4 **229.**

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer ▶ CHARLES SCHWAB & CO#GS

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Amount	
2,114.	2,114.
5	
6	2,114.

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a 6 **2,114.**

Note. If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? X
 b If "Yes," enter the name of the foreign country ▶
 8 During 2004, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 X

Yes	No
	X
	X

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Capital Gains and Losses

▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074

2004
Attachment
Sequence No. 12

Your social security number

HENRY R & KRISTEN L JUDAH



Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1					
2	Enter your short-term totals		2		
3	Total short-term sales price amounts. Add lines 1 and 2 in column (d)		3		
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7	Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)			7	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8					
SCHWAB - SEE SCHEDULE			26,150.	24,817.	1,333.
9	Enter your long-term totals		9		
10	Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10	26,150.	
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13	Capital gain distributions			13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15	Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2			15	1,333.

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 2004

Part III Summary			
16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below	16	1,333.
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-8 of the instructions	19	
20	Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 34 of the Instructions for Form 1040. Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 42, and then complete the Schedule D Tax Worksheet on page D-9 of the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	()
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>			
22	Do you have qualified dividends on Form 1040, line 9b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 34 of the Instructions for Form 1040. <input type="checkbox"/> No. Complete the rest of Form 1040.		

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

HENRY R & KRISTEN L JUDAH

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? Yes No
If you answered "Yes," see page E-6 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	JUSTICE INVESTORS	P		94-	
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A	79.			
B				
C				
D				
29a Totals	79.			
b Totals				
30 Add columns (g) and (j) of line 29a				30 79.
31 Add columns (f), (h), and (i) of line 29b				31 ()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32 79.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	GRETA E. JUDAH TRUST FBO RAY JUDAH	68-
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A	3,111.		
B			
34a Totals	3,111.		
b Totals			
35 Add columns (d) and (f) of line 34a			35 3,111.
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37 3,111.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17	41	3,190.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code N; and Schedule K-1 (Form 1041), line 14 (see page E-6)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**Depreciation and Amortization
(Including Information on Listed Property) SUMMARY**

▶ See separate instructions. ▶ Attach to your tax return.

HENRY R & KRISTEN L JUDAH

ALL BUSINESS ACTIVITIES

Identifying number

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses	1	102,000.
2	Total cost of section 179 property placed in service (see instructions)	2	0.
3	Threshold cost of section 179 property before reduction in limitation	3	410,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	102,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
TOTAL ALLOWABLE PASS-THROUGH SECTION 179 EXPENSE 28.			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	28.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	28.
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	69,635.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	28.
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

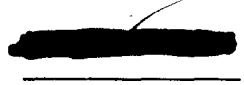
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



FORM 1040	STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	1
	2003	2002	2001
GROSS STATE/LOCAL INC TAX REFUNDS	400.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	400.		
TOTAL NET TAX REFUNDS	400.		

FORM 1040

TAXABLE STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 2

	2003	2002	2001
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	400.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT			
1 NET REFUNDS FOR RECALCULATION	400.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	10,931.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	400.		
5 LINE 2 MINUS LINES 3 AND 4	10,531.		
6 MULTIPLY LINE 5 BY 80% (.80)	8,425.		
7 PRIOR YEAR AGI	79,220.		
8 ITEM. DED. PHASEOUT THRESHOLD	139,500.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	<60,280.>		
10 MULTIPLY LINE 9 BY 3% (.03)			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS			
13B PRIOR YR. STD. DED. AVAILABLE			
14 PRIOR YR. ALLOWABLE ITEM. DED.			
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	400.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	10,931.		
18 PRIOR YEAR STD. DED. AVAILABLE	9,500.		
19 SUBTRACT LINE 18 FROM LINE 17	1,431.		
20 LESSER OF LINE 16 OR LINE 19	400.		
21 PRIOR YEAR TAXABLE INCOME	59,139.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10			
* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20			
* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			400.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2001			
TOTAL TO FORM 1040, LINE 10			400.



FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 3

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
LEE COUNTY BD OF COMMISSIONERS	68,268.	7,129.			4,729.	1,106.
JONES RETAIL CORPORATION	1,367.	14.			85.	20.
TOTALS	69,635.	7,143.			4,814.	1,126.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 4

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
CHARLES SCHWAB & CO#GS	2,114.	2,108.
TOTAL INCLUDED IN FORM 1040, LINE 9B		2,108.

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

DETACH HERE

TAXABLE YEAR

Due April 15, 2005

CALIFORNIA FORM

2005

Estimated Tax for Individuals

540-ES

[REDACTED]	JUDA **	[REDACTED]	05	APE	0
HENRY	R JUDAH				
KRISTEN	L JUDAH				

12664 COCONUT CREEK CT
 FORT MYERS FL 33908-3050

Payment Voucher 1

Amount of payment

24.

File only if you are making a payment of estimated tax.
 Mail this voucher and your check or money order to:
 FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031

568666135JUDA036012608000000000000248

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----

TAXABLE YEAR

Due June 15, 2005

CALIFORNIA FORM

2005

Estimated Tax for Individuals

540-ES

[REDACTED]	JUDA **	[REDACTED]	05	APE	0
HENRY	R JUDAH				
KRISTEN	L JUDAH				

12664 COCONUT CREEK CT
 FORT MYERS FL 33908-3050

Payment Voucher 2

Amount of payment
 30.00

File only if you are making a payment of estimated tax.
 Mail this voucher and your check or money order to:
 FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031

568666135JUDA0360126080000000000000304

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----

TAXABLE YEAR

Due Sept. 15, 2005

CALIFORNIA FORM

2005

Estimated Tax for Individuals

540-ES

██████████ JUDA ** ██████████
HENRY R JUDAH
KRISTEN L JUDAH

05

APE

0

12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050

Payment
Voucher
3

Amount of payment 30.

File only if you are making a payment of estimated tax.
Mail this voucher and your check or money order to:
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031

568666135JUDA0360126080000000000000304

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

DETACH HERE

TAXABLE YEAR

Due Jan. 17, 2006

CALIFORNIA FORM

2005

Estimated Tax for Individuals

540-ES

[REDACTED] JUDA ** [REDACTED] 05
 HENRY R JUDAH
 KRISTEN L JUDAH

APE 0

12664 COCONUT CREEK CT
 FORT MYERS FL 33908-3050

Payment
 Voucher
 4

Amount of payment 30.

File only if you are making a payment of estimated tax.
 Mail this voucher and your check or money order to:
 FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031

568666135JUDA0360126080000000000000304

California Nonresident or Part-Year Resident Income Tax Return 2004

Long Form

FORM 540NR

C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2005.

JUDA ** 04
 HENRY R JUDAH
 KRISTEN L JUDAH
 12664 COCONUT CREEK CT
 FORT MYERS FL 33908-3050

P
AC
A
R
RP

Step 2

Filing Status

Check only one.

- 1 Single
- 2 Married filing jointly (even if only one spouse had income)
- 3 Married filing separately. Enter spouse's social security number above and full name here _____
- 4 Head of household (with qualifying person). STOP. See instructions.
- 5 Qualifying widow(er) with dependent child. Enter year spouse died _____

Step 3

Exemptions
Enclose, but do not staple, any payment.

- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, check the box • 6

▶ For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

- 7 **Personal:** If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions 7 2 X \$85 = \$ 170
- 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 X \$85 = \$
- 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 • 9 X \$85 = \$
- 10 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.
KALLEN LEE JUDAH SON

Dependent Exemptions

- Total dependent exemptions • 10 1 X \$265 = \$ 265
- 11 **Exemption amount:** Add line 7 through line 10 11 \$ 435

Step 4

Total Taxable Income

Standard Deduction

Single or Married filing separately, \$3,165
 Married filing jointly, Head of household, or Qualifying widow(er), \$6,330

- 12 Total California wages from all your Form(s) W-2, box 16 • 12
- 13 Enter federal adjusted gross income from Form 1040, line 36; Form 1040A, line 21; Form 1040EZ, line 4; TeleFile Tax Record, line I; Form 1040NR, line 34; or Form 1040NR-EZ, line 10 13 76,901.
- 14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 36, column B • 14 600.
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 76,301.
- 16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 36, column C • 16 593.
- 17 Adjusted gross income from all sources. Combine line 15 and line 16 • 17 76,894.
- 18 Enter the **larger of:** Your California itemized deductions from Schedule CA (540NR), line 42; OR Your California **standard deduction** (see left margin). See instructions • 18 6,330.
- 19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- 19 70,564.

Step 5

California Taxable Income

Attach copy of your Form(s) W-2, W-2G, 592-B, 593-B, and 594.

Also attach any Form(s) 1099 showing California tax withheld.

- 20 Tax on the amount shown on line 19. Check the box if from:
 Tax Table FTB 3800 or FTB 3803 ⊙ 20 2,745.
Caution: If under age 14 and you have more than \$1,600 of investment income. See instructions.
- 21 CA adjusted gross income from Schedule CA (540NR), Part IV, line 44 • 21 3,783.
- 22 CA Taxable Income from Schedule CA (540NR), Part IV, line 48 • 22 3,472.
- 23 CA Tax Rate. Divide line 20 by line 19 23 .0389
- 24 CA Tax Before Exemption Credits. Multiply line 22 by line 23 24 135.
- 25a CA Exemption Credit Percentage. Divide line 22 by line 19. If more than 1, enter 1.0000 25a .0492
- 25b CA Prorated Exemption Credits. Multiply line 11 by line 25a. If the amount on line 13 is more than \$139,921, see instructions. 25b 21.
- 25c CA Regular Tax Before Credits. Subtract line 25b from line 24. If less than zero, enter -0- 25c 114.
- 26 Tax. Check the box if from: Schedule G-1, Tax on Lump-Sum Distributions Form FTB 5870A, Tax on Accumulation Distribution of Trusts ⊙ 26
- 27 Add line 25c and line 26. Continue to Side 2 • 27 114.

Step 6 Your name: **HENRY R JUDAH** Your SSN or ITIN: XXXXXXXXXX

Special Credits and Nonrefundable Renter's Credit	28	Amount from Side 1, line 27	28	114.
	31	Credit for joint custody head of household. See instructions	31	
	32	Credit for dependent parent. See instructions	32	
	33	Credit for senior head of household. See instructions	33	
	34	Credit for long-term care. See instructions	34	
	36	Credit percentage and credit amount. See instructions. Credit percentage 36a	36	
	37	Enter credit name _____ code no _____ and amount	37	
	38	Enter credit name _____ code no _____ and amount	38	
	39	To claim more than two credits, see instructions	39	
	40	Nonrefundable renter's credit. See instructions for "Step 6"	40	
	42	Add line 36 through line 40. These are your total credits	42	
	43	Subtract line 42 from line 28. If less than zero, enter -0-	43	114.

Step 7 Other Taxes	44	Alternative minimum tax. Attach Schedule P (540NR)	44	
	45	Other taxes and credit recapture. See instructions	45	
	46	Add line 43 through line 45. This is your total tax	46	114.

Step 8 Payments	47	California income tax withheld. See instructions	47	
	48	Nonresident withholding (Form(s) 592-B, 593-B, or 594). See instructions	48	
	49	2004 CA estimated tax and other payments. See instructions	49	120.
	50	Excess SDI. See instructions	50	
	Child and Dependent Care Expenses Credit. See instructions; attach form FTB 3506.			
	51		52	
	53		54	
	55	Add line 47, line 48, line 49, line 50, and line 54. These are your total payments	55	120.

Step 9 Overpaid Tax or Tax Due	56	Overpaid tax. If line 55 is more than line 46, subtract line 46 from line 55	56	6.
	57	Amount of line 56 you want applied to your 2005 estimated tax	57	6.
	58	Overpaid tax available this year. Subtract line 57 from line 56	58	
	59	Tax due. If line 55 is less than line 46, subtract line 55 from line 46	59	

Step 10 Contributions	CA Seniors Special Fund.		CA Firefighters' Memorial Fund	66	.00	
	See instructions	60	.00	Emergency Food Assistance Program Fund	67	.00
	Alzheimer's Disease/Related Disorders Fund	61	.00	CA Peace Officer Memorial Foundation Fund	68	.00
	CA Fund for Senior Citizens	62	.00	Asthma and Lung Disease Research Fund	69	.00
	Rare and Endangered Species Preservation Program	63	.00	CA Missions Foundation Fund	70	.00
	State Children's Trust Fund for the Prevention of Child Abuse	64	.00	CA Military Family Relief Fund	71	.00
	CA Breast Cancer Research Fund	65	.00	CA Prostate Cancer Research Fund	72	.00
	73	Add line 60 through line 72. These are your total contributions	73			

Step 11 Refund or Amount You Owe	74	REFUND OR NO AMOUNT DUE. Subtract line 73 from line 58. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002	74	0.
	75	AMOUNT YOU OWE. Add line 59 and line 73. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	75	

Step 12 Interest and Penalties	76	Interest, late return penalties, and late payment penalties	76	
	77	Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached	77	
	78	Total amount due. Enclose, but do not staple, any payment	78	0.
	79	If you do not need California income tax forms mailed to you next year, check the box	79	<input checked="" type="checkbox"/>

Step 13 Direct Deposit (Refund Only)

Do not attach a voided check or a deposit slip. See instr. Complete this section to have your refund directly deposited.

Account Type: Checking Savings Account number _____

Routing number _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. 4

Sign Here Your signature: X Spouse's signature (if filing jointly, both must sign): _____ Daytime phone number (optional): (239) 335-2480

It is unlawful to forge a spouse's signature. Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge): X

Joint return? See instructions.	Firm's name (or yours if self-employed): <u>GILBERT, WALLACE, STEWART, PO BOX 308, FORT MYERS, FL 33902-0308</u>	Firm's address:	Date: _____	Paid Preparer's SSN/PTIN: <u>P00045558</u>
				FEIN: _____
				<u>59-</u>

439042/12-06-04

2004

California Adjustments -
Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule directly behind Long Form 540NR, Side 2.

Name(s) as shown on return

Social security number

HENRY R & KRISTEN L JUDAH

Part I Residency Information. You must complete all lines that apply to you and your spouse.

	Yourself	Spouse
During 2004		
1 a I was domiciled in (enter state)	N/A	N/A
b I was in the military and stationed in (enter state or country)	N/A	N/A
2 I became a California resident (enter the state of prior residence and date of move)	N/A	N/A
3 I became a nonresident (enter new state of residence and date of move)	N/A	N/A
4 I was a nonresident of California the entire year (enter state or country of residence)	FL	FL
5 The number of days I spent in California (for any purpose) is:	N/A	N/A
6 I owned a home/property in California (enter "Yes" or "No")	NO	NO
Before 2004:		
7 I was a California resident for the period of (enter dates)	N/A	N/A
8 I entered California on (enter date)	N/A	N/A
9 I left California on (enter date)	N/A	N/A

Part II Income Adjustment Schedule

Section A - Income	A Federal Amounts (taxable amounts from your federal return)	B Subtractions See instructions (difference between CA & Federal law)	C Additions See instructions (difference between CA & Federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	69,635.			69,635.	
8 Taxable interest income	229.	200.		29.	
9 (a) Ordinary dividends					
(b) 2,108.	2,114.			2,114.	
10 Taxable refunds, credits, or offsets of state and local income taxes. Enter the same amount in column A and column B	400.	400.			
11 Alimony received					
12 Business income or (loss)					
13 Capital gain or (loss)	1,333.			1,333.	
14 Other gains or (losses)					
15 Total IRA distributions					
(a) 15(b)					
16 Total pensions & annuities					
(a) 16(b)					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	3,190.		593.	3,783.	3,783.
18 Farm income or (loss)					
19 Unemployment compensation					
20 Social security benefits					
(a) 20(b)					
21 Other income.					
a California lottery winnings		a	a		
b Disaster loss carryover from FTB 3805V		b	b		
c Federal NOL (Form 1040, line 21)		c	c		
d NOL carryover from FTB 3805V	21	d	d	21	21
e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		e	e		
f Other (describe)		f	f		
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2	76,901.	600.	593.	76,894.	3,783.

Income Adjustment Schedule

	A	B	C	D	E
Section B - Adjustments to Income	Federal Amounts (taxable amounts from your federal return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As if You Were a CA Resident (subtract column B from column A; add column C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22b Enter totals from Schedule CA (540NR), Side 1, line 22a, column A through column E	22b 76,901.	600.	593.	76,894.	3,783.
23 Educator expense	23				
24 Certain business expenses of reservists, performing artists, and fee-basis government officials	24				
25 IRA deduction	25				
26 Student loan interest deduction	26				
27 Tuition and fees deduction	27				
28 Health savings account deduction	28				
29 Moving expenses	29				
30 One-half of self-employment tax	30				
31 Self-employed health insurance deduction	31				
32 Self-employed SEP, SIMPLE, and qualified plans	32				
33 Penalty on early withdrawal of savings	33				
34a Alimony paid. b Enter recipient's: SSN _____ Last name _____	34a				
35 Add line 23 through line 34a in each column, A through E	35				
36 Total. Subtract line 35 from line 22b in each column, A through E	36 76,901.	600.	593.	76,894.	3,783.

Part III Adjustments to Federal Itemized Deductions

37 Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27 (or Schedule A (Form 1040NR), lines 3, 7, 8, 15, and 16)	37	5,801.
38 Enter total of federal Schedule A (Form 1040), line 5 (state and local income tax and State Disability Insurance), or General Sales Tax and line 8 (foreign taxes only)	38	992.
39 Subtract line 38 from line 37	39	4,809.
40 Other adjustments including California lottery losses. See instructions. Specify _____	40	
41 Combine line 39 and line 40	41	4,809.
42 Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status? Single or married filing separately \$139,921 Head of household \$209,885 Married filing jointly or qualifying widow(er) ... \$279,846 NO. Transfer the amount on line 41 to line 42. YES. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 42	42	4,809.
43 Enter the larger of the amount on line 42 or your standard deduction listed below Single or married filing separately \$3,165 Married filing jointly, head of household, or qualifying widow(er) \$6,330	43	6,330.

Part IV California Taxable Income

44 California AGI. Enter your California AGI from line 36, column E	44	3,783.
45 Enter your deductions from line 43	45	6,330.
46 Deduction percentage. Divide line 36, column E by line 36, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-	46	.0492
47 California Itemized/Standard Deductions. Multiply line 45 by the percentage on line 46	47	311.
48 California Taxable Income. Subtract line 47 from line 44. Transfer this amount to Long Form 540NR, line 22. If less than zero, enter -0-	48	3,472.

2004

Limitations - Nonresidents or Part-Year Residents

P (540NR)

Attach this schedule to Long Form 540NR.

Name(s) as shown on Long Form 540NR

Your social security number

HENRY R & KRISTEN L JUDAH

[REDACTED]

Part I Alternative Minimum Taxable Income (AMTI) Important: See instructions for information regarding California/federal differences.

Table with 21 rows for Alternative Minimum Taxable Income (AMTI) calculations. Includes items like itemized deductions, medical expense, personal property taxes, investment interest, depreciation, and adjustments. Final AMTI is 76,895.

Part II - Alternative Minimum Tax (AMT)

22 Exemption Amount. (If this schedule is for a child under age 14, see instructions.)			
If your filing status is:		And line 21 is not over:	Enter on line 22:
Single or head of household	\$192,963	\$51,457	} 22 _____ 68,610.
Married filing jointly or qualifying widow(er)	257,284	68,610	
Married filing separately	128,641	34,303	
If Part I, line 21 is more than the amount shown above for your filing status, see instructions.			
23 Subtract line 22 from Part I, line 21. If zero or less, enter -0-		23	8,285.
24 Total Tentative Minimum Tax (TMT). Multiply line 23 by 7.0% (.07)		24	580.
25 California adjusted gross income (AGI) from Schedule CA (540NR), line 44		25	3,783.
26 NOL adjustment, if any, included on Schedule CA (540NR), line 21, column E. Enter as a positive number		26	
27 Alternative Minimum Tax Income (AMTI) exclusion. See instructions		27	()
28 Combine line 25 through line 27		28	3,783.
29 Adjustments and Preferences. See instructions before completing.			
a Investment interest expense	_____	k Intangible drilling costs	_____
b Post-1986 depreciation	_____	l Long-term contracts	_____
c Adjusted gain or loss	_____	m Loss limitations	_____
d Incentive stock options and COSOs	_____	n Mining costs	_____
e Passive activities	_____ 1.	o Patron's adjustment	_____
f Beneficiaries of estates & trusts	_____	p Pollution control facilities	_____
g Circulation expenditures	_____	q Qualified small business stock	_____
h Depletion	_____	r Research and experimental	_____
i Depreciation (pre-1987)	_____	s Tax shelter farm activities	_____
j Installment sales	_____	t Related adjustments	_____
Add line a through line t		29	1.
30 Combine line 28 and line 29		30	3,784.
31 California Alternative Minimum Tax (AMT) net operating loss (NOL) deduction. See instructions		31	
32 California AMT AGI. Subtract line 31 from line 30. If you did not itemize deductions, enter the result here and on line 40 and skip lines 33 through line 39. If you itemized deductions, enter the result here and continue to line 33		32	3,784.
33 Itemized deductions (before federal AGI limitation and proration). Enter the amount from Schedule CA (540NR), line 41		33	
34 Itemized deductions included in Part I.			
a Medical and dental expense, enter amount from Part I, line 2.	_____	a	_____
b Personal property taxes and real property taxes, enter amount from Part I, line 3.	_____	b	_____
c Interest on home mortgage, enter amount from Part I, line 4.	_____	c	_____
d Miscellaneous itemized deductions, enter amount from Part I, line 5.	_____	d	_____
e Investment interest expense adjustment, enter amount from Part I, line 7.	_____	e	_____
Combine line a through line e		34	()
35 Total AMT Itemized Deductions. Combine line 33 and line 34		35	
36 Total AMTI. Enter the amount from Part I, line 21		36	
37 Total AMT AGI. Add line 35 and line 36		37	
38 AMT Itemized Deduction Percentage. Divide line 32 by line 37. Do not enter more than 1.0000		38	
39 Prorated AMT Itemized Deductions. Multiply line 35 by line 38		39	
40 California AMTI. Subtract line 39 from line 32		40	3,784.
41 Total TMT. Enter the amount from line 24		41	580.
42 California AMT Rate. Divide line 41 by amount from Part I, line 21		42	.0075
43 California TMT. Multiply line 40 by line 42		43	28.
44 Regular Tax. Enter the amount from Long Form 540NR, line 24		44	135.
45 Alternative Minimum Tax. Subtract line 44 from line 43. If zero or less, enter -0- here and on Long Form 540NR, line 44. Continue to Part III to figure your allowable credits. (If you have a carryover credit for solar energy or commercial solar energy, also enter the result on Side 3, Part III, Section C, line 23). If you make estimated tax payments for tax year 2005, enter amount from line 45 on the 2005 Form 540-ES, Estimated Tax Worksheet, line 16.		45	0.

Part III Credits that Reduce Tax Note: Be sure to attach your credit forms to Long Form 540NR.

1 Enter the amount from Long Form 540NR, line 27 1 114.
 2 Enter the tentative minimum tax from Side 2, Part II, line 43 2 28.

	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A - Credits that reduce excess tax.				
3 Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits 3			86.	
A1 Credits that reduce excess tax and have no carryover provisions.				
4 Code: 214 Credit for long-term care (FTB 3504) Credit from Form 540NR, _____ X Credit Percentage _____ = 4 See line 34 instructions on 540NR Long Form.				
5 Code: 162 Prison inmate labor credit (FTB 3507) 5				
6 Code: 169 Enterprise zone employee credit (FTB 3553) 6				
A2 Credits that reduce excess tax and have carryover provisions. See instructions.				
7 Code: _____ Credit Name: _____ 7				
8 Code: _____ Credit Name: _____ 8				
9 Code: _____ Credit Name: _____ 9				
10 Code: _____ Credit Name: _____ 10				
11 Code: 188 Credit for prior year alternative minimum tax 11				
Section B - Credits that may reduce tax below tentative minimum tax.				
12 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c) 12			114.	
B1 Credits that reduce net tax and have no carryover provisions.				
13 Code: 170 Credit for joint custody head of household Credit from Form 540NR, _____ X Credit Percentage _____ = 13 See line 31 instructions on 540NR Long Form.				
14 Code: 173 Credit for dependent parent Credit from Form 540NR, _____ X Credit Percentage _____ = 14 See line 32 instructions on 540NR Long Form.				
15 Code: 163 Credit for senior head of household Credit from Form 540NR, _____ X Credit Percentage _____ = 15 See line 33 instructions on 540NR Long Form.				
16 Nonrefundable renter's credit 16				
17 Code: 212 Teacher retention credit 17	SUSPENDED	SUSPENDED	SUSPENDED	
B2 Credits that reduce net tax and have carryover provisions. See instructions.				
18 Code: _____ Credit Name: _____ 18				
19 Code: _____ Credit Name: _____ 19				
20 Code: _____ Credit Name: _____ 20				
21 Code: _____ Credit Name: _____ 21				
B3 Other state tax credit				
22 Code: 187 Other state tax credit 22				
Section C - Credits that may reduce alternative minimum tax.				
23 Enter your alternative minimum tax from Side 2, Part II, line 45 23				
24 Code: 180 Solar energy credit carryover from Section B2, column (d) ... 24				
25 Code: 181 Commercial solar energy credit carryover from Section B2, column (d) 25				
26 Adjusted AMT. Enter the balance from line 25, column (c) here and on Long Form 540NR, line 44 26				

2004

Passive Activity Loss Limitations

3801

Attach to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).

Name(s) as shown on return HENRY R & KRISTEN L JUDAH	Social security no., Calif. corporation no., or FEIN [REDACTED]
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Part I 2004 Passive Activity Loss

Caution: See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before completing Part I. Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

1a Activities with net income from Worksheet 1, column (a)	1a		
1b Activities with net loss from Worksheet 1, column (b)	1b		
1c Prior year unallowed losses from Worksheet 1, column (c)	1c		
1d Combine line 1a, line 1b, and line 1c		1d	

All Other Passive Activities

2a Activities with net income from Worksheet 2, column (a)	2a	3,783.	
2b Activities with net loss from Worksheet 2, column (b)	2b		
2c Prior year unallowed losses from Worksheet 2, column (c)	2c		
2d Combine line 2a, line 2b, and line 2c		2d	3,783.
3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10.		3	3,783.

Part II Special Allowance for Rental Real Estate with Active Participation

Note: Enter all numbers in Part II as positive amounts.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4		
5 Enter \$150,000. If married filing a separate return, see instructions	5		
6 Enter federal modified adjusted gross income, but not less than zero. Note: If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	6		
7 Subtract line 6 from line 5	7		
8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000		8	
9 Enter the smaller of line 4 or line 8		9	

Part III Total Losses Allowed

10 Add the income, if any, from line 1a and line 2a and enter the total	10		
11 Total losses allowed from all passive activities for 2004. Add line 9 and line 10. See the instructions on Side 2 to find out how to report the losses on your tax return		11	

2004 Income from Passthroughs

CA ALL-SOURCES

JUSTICE INVESTORS

I.D. NUMBER: [REDACTED]

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE INCOME	388
NET INCOME (LOSS) FOR ENTITY	<u>388</u>

ACTIVITY INFORMATION:

JUSTICE INVESTORS

ORDINARY INCOME (LOSS)	67
RENTAL REAL ESTATE INCOME (LOSS)	321
SECTION 754 DEPRECIATION	0
TOTAL PASSIVE GAIN (LOSS)	<u>388</u>

2004 Income from Passthroughs

CA ALL-SOURCES

GRETA E. JUDAH TRUST FBO RAY JUDAH
I.D. NUMBER: ██████████

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE INCOME	3,395
NET INCOME (LOSS) FOR ENTITY	<u>3,395</u>

ACTIVITY INFORMATION:

GRETA E. JUDAH TRUST FBO RAY JUDAH

ORDINARY INCOME (LOSS)	3,395
TOTAL PASSIVE GAIN (LOSS)	<u>3,395</u>

CA SCHEDULE CA RENTS, ROYALTIES, PARTNERSHIPS, ETC... STATEMENT 1

DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
JUSTICE INVESTORS	388.	79.	309.
GRETA E. JUDAH TRUST FBO RAY JUDAH	3,395.	3,111.	284.
TOTAL TO SCHEDULE CA (540NR), LINE 17			593.

CA 3801 OTHER PASSIVE ACTIVITIES - WORKSHEET 2 STATEMENT 2

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
JUSTICE INVESTORS	388.	0.		388.	
GRETA E. JUDAH TRUST FBO RAY JUDAH	3,395.	0.		3,395.	
TOTALS	3,783.	0.		3,783.	

CA 3801 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 3

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	SCH E	388.		388.		
GRETA E. JUDAH TRUST FBO RAY JUDAH	SCH E	3,395.		3,395.		
TOTALS		3,783.		3,783.		

Tax Year 2004

Pag
Date Prepared: January 19, 20

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
101 MONTGOMERY ST.
SAN FRANCISCO, CA 94104
Federal ID Number: 94-1737782

Recipient's Name and Address

HENRY RAYMOND JUDAH TTEE
HENRY RAYMOND JUDAH DECLARATIO
U/A DTD 03/05/1992
12664 COCONUT CREEK CT
FORT MYERS FL 33908

Taxpayer ID Number: 56-8666135
Account Number: GS 4866-6302

Proceeds From Broker Transactions - 2004 Form 1099-1

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0

1a-Sale Date	1b-Cusip ** Number	Date Acquired	Quantity	7 - Description	2 - Gross Proceeds (Less Commissions)	Cost
09/27/04 S	166764100	11-19-86	200.00	CHEVRONTEXACO CORP	\$ 10,560.80	\$ 2,318.50
09/27/04 S	808517106	08-11-98	138.44	SCHWAB 1000 FUND	4,388.77	4,000.00
10/27/04 M	00209A106	08-10-87	48.00	A T & T WIRELESS SVCSXXX	720.00	270.80
12/07/04 S	G8915Z102	01-27-97	50.00	TOMMY HILFIGER CORP F	487.53	1,255.40
12/07/04 S	00845V209	10-6-98	79.00	AGERE SYSTEMS INC CL B	85.11	995.20
12/07/04 S	45678T201	04-28-00	1.00	INFOSPACE INC NEW	28.97	755.88
12/07/04 S	887317105	08-11-99	40.00	TIME WARNER INC	712.03	1,928.70
12/07/04 S	931142103	03-03-00	10.00	WAL-MART STORES INC	505.43	553.38
12/14/04 S	20030N101	08-10-87	48.00	COMCAST CORP NEW CL A	1,442.09	2,159.07
12/14/04 S	254687106	1-13-99	75.00	DISNEY WALT CO	2,059.75	4,017.80
12/14/04 S	359065109	10-23-02	100.00	FRONTIER AIRLINES	1,092.02	577.98
12/14/04 S	717081103	05-4-99	150.00	PFIZER INCORPORATED	4,062.95	5,943.80
Total Gross Proceeds from Broker Transactions (less commissions)					26,145.45	24,776.70

Total Federal Income Tax Withheld

Gross Proceeds from each of your security transactions are reported individually to the IRS.

Gross Proceeds in aggregate are not reported to the IRS and should not be so reported on your tax return.

12-07-04 10-6-98 3 Agere Systems CLA 4.08 40.48
ALL L-T 26149.53 24817.00

* CLASSES OF STOCK C = Common P = Preferred O = Other
** ACTIVITY CODES C = Cash in lieu E = Exchange P = Principal S = Sale T = Tender
CV = Conversion M = Cash Merger R = Redemption SS = Short Sale

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the I.R.S. determines that it has not been reported. If you should have any questions regarding information being reported on this form please call us at 1-800-435-4000.

SA H.A.