

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

15400-15400-6-2001

Ray Judah

Elected Constitutional Officer

Lee County

County Commissioner, District 3

12664 Coconut Creek Ct

Fort Myers, FL 33908-3050

NAME OF AGENCY:

OFFICE HELD:

☐ OFFICER

OFFICE SOUGHT:

☐ CANDIDATE

POSITION:

☐ OTHER

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 of this packet.
OTHER FORMS you may need to file are described on page 6.

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2000, 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 26, 20 01 was \$ 656,814.99.

PART B -- ASSETS (Continued on Attached Page)

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 \$ 55,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET

VALUE OF ASSET

Residence 01-46-23-28.00000.1180	\$268,700.00
Residential lot No.B4L10 Wild River Phase III, Deschutes Co., Oregon	\$ 44,588.00
Ltd. Partnership - Justice Investors Ltd.	\$ 80,000.00
Charles Schwab Brokerage Account & Money Market Fund	\$104,324.26
Lee County Deferred Compensation Program	\$ 70,280.21

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

None

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 2000 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 2000 federal income tax return. [If you check this box and attach a copy of your 2000 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 ☐

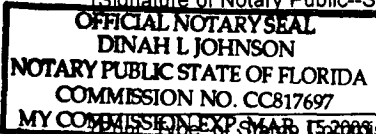
OATH

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 LEESworn to (or affirmed) and subscribed before me this 26th day ofJUNE, 2001 by RAY JUDAHDinah L. Johnson

(Signature of Notary Public--State of Florida)



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Ray JudahPersonally Known X OR Produced Identification _____

Type of Identification Produced _____

FORM 6:
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2000
(Continued)

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

<u>Description of Asset</u>	<u>Value of Asset</u>
Bank Accounts & Certificate of Deposit	
First Union National Bank	\$28,170.30
Huntington National Bank	
Edison National Bank	
Roth IRA	\$5,752.22

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ELECTIONS
Jul 2 12 02 PM '01

Label
(See instructions on page 19.)
Use the IRS label.
Otherwise, please print or type.
Presidential Election Campaign (See page 19.)

For the year Jan. 1-Dec. 31, 2000, or other tax year beginning 2000, ending 20

OMB No. 1545-0074

LABEL HERE

Your first name and initial
HENRY R

Last name
JUDAH

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

Last name
JUDAH

Home address (number and street). If you have a P.O. box, see page 19.
12664 COCONUT CREEK CT

Apt. no.

City, town or post office, state, and ZIP code.
FORT MYERS, FL 33908-3050

▲ IMPORTANT! ▲
You must enter your SSN(s) above.

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? ☐ Yes ☐ No ☐ Yes ☐ No

You

Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above and full name here.

4 ☐ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) with dependent child (year spouse died ☐). (See page 19.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

6b ☒ Spouse

6c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 20)
KALLEN LEE	JUDAH		SON	<input checked="" type="checkbox"/>

No. of boxes checked on 6a and 6b
2

No. of your children on 6c who:
• lived with you 1
• did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above
Add numbers entered on lines above 3

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

8b Tax-exempt interest. Do not include on line 8a

9 Ordinary dividends. Attach Schedule B if required

10 Taxable refunds or credits of state and local income taxes STMT 4 STMT 1 STMT 2

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☒

14 Other gains or (losses). Attach Form 4797

15a Total IRA distributions 15a b Taxable amount (see page 23)

16a Total pensions and annuities 16a b Taxable amount (see page 23)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits 20a b Taxable amount (see page 25)

21 Other income. List type and amount (see page 25)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

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

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23 IRA deduction (see page 27)

24 Student loan interest deduction (see page 27)

25 Medical savings account deduction. Attach Form 8853

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed health insurance deduction (see page 29)

29 Self-employed SEP, SIMPLE, and qualified plans

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 Add lines 23 through 31a

33 Subtract line 32 from line 22. This is your adjusted gross income

7 59,530.

8a 6,293.

9 2,547.

10 49.

11

12

13 281.

14

15b

16b

17 43,678.

18

19

20b

21

22 112,378.

23

24

25

26

27

28

29

30

31a

32

33 112,378.

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DIRECTOR
JAN 12 2001

Tax and Credits

34	Amount from line 33 (adjusted gross income)	34	112,378.
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here	35b	
36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	7,350.
37	Subtract line 36 from line 34	37	105,028.
38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter	38	8,400.
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	96,628.
40	Tax (see page 32). Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	21,327.
41	Alternative minimum tax. Attach Form 6251	41	0.
42	Add lines 40 and 41	42	21,327.
43	Foreign tax credit. Attach Form 1116 if required	43	
44	Credit for child and dependent care expenses. Attach Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8863	46	
47	Child tax credit (see page 36)	47	350.
48	Adoption credit. Attach Form 8839	48	
49	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	49	
50	Add lines 43 through 49. These are your total credits	50	350.
51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	51	20,977.

Other Taxes

52	Self-employment tax. Attach Schedule SE	52	
53	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	53	
54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	54	
55	Advance earned income credit payments from Form(s) W-2	55	
56	Household employment taxes. Attach Schedule H	56	
57	Add lines 51 through 56. This is your total tax	57	20,977.

Payments

58	Federal income tax withheld from Forms W-2 and 1099	58	6,536.
59	2000 estimated tax payments and amount applied from 1999 return	59	10,160.
60a	Earned income credit (EIC)	60a	
b	Nontaxable earned income; amount and type		
61	Excess social security and RRTA tax withheld (see page 50)	61	
62	Additional child tax credit. Attach Form 8812	62	
63	Amount paid with request for extension to file	63	
64	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	64	
65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments	65	16,696.

Refund

66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid	66	
67a	Amount of line 66 you want refunded to you	67a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
68	Amount of line 66 you want applied to your 2001 estimated tax	68	

Amount You Owe

69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe	69	4,281.
70	Estimated tax penalty. Also include on line 69	70	

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
Spouse's signature, if a joint return, both must sign.	Date
Your occupation	Daytime phone number
COUNTY COMMISSIONER	(941) 335-2480
Spouse's occupation	May the IRS discuss this return with the preparer shown below (see page 52)?
HOUSEWIFE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
GILBERT, WALLACE, STEWART			P00045558
MC GEE, STRAMEL & SOWERS, PA			EIN 59 2745432
PO BOX 308, FORT MYERS, FL 33902-0308			Phone no. 941 334-1363

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 08Part I
Interest**Note.** If you had over \$400 in taxable interest, you must also complete Part III.

- 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 ►

	Amount
FIRST UNION	15.
FIRST UNION	76.
FIRST UNION#	449.
FIRST UNION#	450.
FIRST UNION#2	1,203.
UNIMAR CO INDONESIA	
UNIMAR CO INDONESIAN#1	
HUNTINGTON BANK MNY MKT#	3,985.
HUNTINGTON BANKS SVGS#	34.
EDISON NATIONAL BANK	74.
FROM K-1 - R.Q. RICHARDS FOUNDATION MTG PTR	7.

- 2 Add the amounts on line 1 2 6,293.
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You **MUST** attach Form 8815 3
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a 4 6,293.

Part II
Ordinary
Dividends**Note.** If you had over \$400 in ordinary dividends, you must also complete Part III.

- 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13. ►

	Amount
CHARLES SCHWAB #GS 4866-6302	1,938.
MSDW #515 079768	2.
FROM K-1 - JUSTICE INVESTORS	8.
FROM K-1 - GRETA E. JUDAN TRUST FBO RAY JUDAH	599.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9 6 2,547.

Part III
Foreign
Accounts
and
Trusts

You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (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 2000, 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? Yes No X
- b If "Yes," enter the name of the foreign country ►
- 8 During 2000, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Yes No X
- If "Yes," you may have to file Form 3520. See page B-2

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

Schedule B (Form 1040) 2000

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**Note:** If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below.

Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations **Note:** If you report a loss from an at-risk activity, you must check either column (e) or (f) on line 27 to describe your investment in the activity. If you check column (f) you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) All is at risk	(f) Some is not at risk
A	JUSTICE INVESTORS	P		94-6213901	X	
B	R.Q. RICHARDS FOUNDATION MTG PTR	P		65-0678563	X	
C						
D						
E						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A	2,086.				
B	1.				
C					
D					
E					
28a Totals	2,086.				
b Totals	1.				
29 Add columns (h) and (k) of line 28a				29	2,086.
30 Add columns (g), (i), and (j) of line 28b				30	(1.)
31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below				31	2,085.

Part III Income or Loss From Estates and Trusts

32		(a) Name		(b) Employer identification number	
A	GRETA E. JUDAN TRUST FBO RAY JUDAH			68-6082466	
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		41,593.			
B					
33a	Totals	41,593.			
b	Totals				
34	Add columns (d) and (f) of line 33a			34	41,593.
35	Add columns (c) and (e) of line 33b			35	()
36	Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below			36	41,593.

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

37	(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
38	Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below				38

Part V Summary

39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below	39	
40	Total income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17	40	43,678.
41	Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6)	41	
42	Reconciliation for Real Estate Professionals. If you were a real estate professional, 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	42	

2000Attachment
Sequence No. 54ADepartment of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.

Your name

HENRY R JUDAH

Occupation in which you incurred expenses

LEE CO COMMISSIONER

Social security number

You May Use This Form Only if All of the Following Apply:

- You are an employee deducting expenses attributable to your job.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2000.

Caution: You can use the standard mileage rate for 2000 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 32 1/2¢ (.325)	1	3,497
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	
5	Meals and entertainment expenses: \$ _____ x 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses by 60% (.60) instead of 50%. For more details, see instructions.)	5	
6	Total expenses. Add lines 1 through 5. Enter here and on line 20 of Schedule A (Form 1040). (Fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	3,497

Part II Information on Your Vehicle. Complete this part only if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶ 06 / 15 / 88

8 Of the total number of miles you drove your vehicle during 2000, enter the number of miles you used your vehicle for:

a Business 10,760 b Commuting 9,600 c Other 5,000

9 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

10 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

11a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see instructions.

Form 2106-EZ (2000)

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT

1

	1999	1998	1997
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	66.		
LESS: TAX PAID IN FOLLOWING YEAR	17.		
NET TAX REFUNDS CALIFORNIA	49.		
TOTAL NET TAX REFUNDS	49.		

FORM 1040 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 2

	1999	1998	1997
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	49.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT			
1 NET REFUNDS FOR RECALCULATION	49.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	7,388.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	49.		
5 LINE 2 MINUS LINES 3 AND 4	7,339.		
6 MULTIPLY LINE 5 BY 80% (.80)	5,871.		
7 PRIOR YEAR AGI	93,837.		
8 ITEM. DED. PHASEOUT THRESHOLD	126,600.		
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)	<32,763.>		
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)	49.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	7,388.		
18 PRIOR YEAR STD. DED. AVAILABLE	7,200.		
19 SUBTRACT LINE 18 FROM LINE 17	188.		
20 LESSER OF LINE 16 OR LINE 19	49.		
21 PRIOR YEAR TAXABLE INCOME	78,199.		
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			49.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 1997			
TOTAL TO FORM 1040, LINE 10			49.

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	56,080.	6,426.			3,973.	929.
BRIGHT BEGINNINGS EARLY SCHOOL	3,450.	110.			214.	50.
TOTALS	59,530.	6,536.			4,187.	979.

FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 4

	1999	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
CALIFORNIA			
STATE TAX PAID IN FOLLOW YEAR	440.		
TOTAL STATE TAX PAID 1999	1,760.	66. =	17.

SCHEDULE D CAPITAL GAIN DISTRIBUTIONS STATEMENT 5

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
CHARLES SCHWAB #GS 4866-6302	281.	
TOTALS TO FORM 1040, LINE 13	281.	

Form 1040-ES (OCR)

Department of the Treasury
Internal Revenue Service

2001

OMB No. 1545-0087

Estimated Tax

**Payment
Voucher 1**

Calendar year -
Due April 16, 2001

- ▶ Make your check or money order payable to "United States Treasury."
- ▶ Write your social security number and "2001 Form 1040-ES" on your payment.
- ▶ Send your payment and this voucher to the P.O. box address below.

Amount of estimated tax you are
paying by check or money order.

\$ **3,620.**

Cross out any errors and print the correct information. Get Form 8822 to report a new address (see instructions). For Privacy Act and Paperwork Reduction Act Notice, see instructions.

07

HENRY R & KRISTEN L JUDAH
12664 COCONUT CREEK CT
FORT MYERS, FL 33908-3050

P.O. BOX 105900
ATLANTA, GA 30348-5900

568666135 00 JUDA 30 0 0112 430

**TAXPAYER'S
COPY**

CUT HERE

CUT HERE

Form 1040-ES (OCR)

Department of the Treasury
Internal Revenue Service

2001

OMB No. 1545-0087

Estimated Tax

**Payment
Voucher 2**

Calendar year -
Due June 15, 2001

- ▶ Make your check or money order payable to "United States Treasury."
- ▶ Write your social security number and "2001 Form 1040-ES" on your payment.
- ▶ Send your payment and this voucher to the P.O. box address below.

Amount of estimated tax you are
paying by check or money order.

\$ **3,620.**

Cross out any errors and print the correct information. Get Form 8822 to report a new address (see instructions). For Privacy Act and Paperwork Reduction Act Notice, see instructions.

07

HENRY R & KRISTEN L JUDAH
12664 COCONUT CREEK CT
FORT MYERS, FL 33908-3050

P.O. BOX 105900
ATLANTA, GA 30348-5900

568666135 00 JUDA 30 0 0112 430

CUT HERE

Form 1040-ES (OCR)

Department of the Treasury
Internal Revenue Service

2001

OMB No. 1545-0087

Estimated Tax

**Payment
Voucher 3**

Calendar year -
Due Sept. 17, 2001

- ▶ Make your check or money order payable to "United States Treasury."
- ▶ Write your social security number and "2001 Form 1040-ES" on your payment.
- ▶ Send your payment and this voucher to the P.O. box address below.

Amount of estimated tax you are
paying by check or money order.

\$ 3,620.

Cross out any errors and print the correct information. Get Form 8822 to report a new address (see instructions). For Privacy Act and Paperwork Reduction Act Notice, see instructions.

07

HENRY R & KRISTEN L JUDAH
12664 COCONUT CREEK CT
FORT MYERS, FL 33908-3050

P.O. BOX 105900
ATLANTA, GA 30348-5900

568666135 00 JUDA 30 0 0112 430

TAXPAYER'S
COPY

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Form 1040-ES (OCR)

Department of the Treasury
Internal Revenue Service

2001

OMB No. 1545-0087

Estimated Tax

**Payment
Voucher 4**

Calendar year -
Due Jan. 15, 2002

- ▶ Make your check or money order payable to "United States Treasury."
- ▶ Write your social security number and "2001 Form 1040-ES" on your payment.
- ▶ Send your payment and this voucher to the P.O. box address below.

Amount of estimated tax you are
paying by check or money order.

\$ 3,620.

Cross out any errors and print the correct information. Get Form 8822 to report a new address (see instructions). For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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568666135 00 JUDA 30 0 0112 430

CUT HERE

California Nonresident or Part-Year Resident Income Tax Return 2000

FORM
540NR

Fiscal year filers only: Enter month of year end; month year 2001.

JUDA ** 00
HENRY R JUDAH
KRISTEN L JUDAH

12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050

Step 2

Filing Status

Check only one.

- 1 ☐ Single
2 ☒ Married filing joint return (even if only one spouse had income)
3 ☐ Married filing separate return. 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

Attach check or money order here.

- 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 here ☐ 6
For line 7, line 8, line 9, and line 11: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.
7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions 7 ☐ 2 X \$75 = \$ 150
8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$75 = \$
9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 9 ☐ X \$75 = \$
10 Add line 7 through line 9. This is your total exemption credit before the dependent exemption credit 10 Total \$ 150
11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.
KALLEN LEE JUDAH SON
Total dependent exemption credit 11 ☐ 1 X \$235 = \$ 235

Step 4

Taxable Income

Attach copy of your Form(s) W-2, W-2G, 1099-R, 592-B, 594, 597, and other Forms 1099 showing California tax withheld here.

- 12 Total California wages from all your Form(s) W-2, box 17 12
13 Enter federal adjusted gross income from Form 1040, line 33; Form 1040A, line 19; Form 1040EZ, line 4; TeleFile Tax Record, line I; Form 1040NR, line 33; or Form 1040NR-EZ, line 10 13 112,378.
14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 33, column B. 14 49.
Caution: If the amount on Schedule CA (540NR), line 33, column B is a negative number, see instructions.
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 112,329.
16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 33, column C 16
Caution: If the amount on Schedule CA (540NR), line 33, column C is a negative number, see instructions.
17 Adjusted gross income from all sources. Combine line 15 and line 16 17 112,329.
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 40; OR Your California standard deduction. See instructions 18 5,622.
19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- 19 106,707.

Step 5

Tax

- 20 CA adjusted gross income from Schedule CA (540NR), line 33, column E 20 44,286.
22 Tax on the amount shown on line 19. Check if from:
☐ Tax Table ☒ Tax Rate Schedules ☐ FTB 3800 or ☐ FTB 3803 22 6,415.
Caution: If under age 14 and you have more than \$1,400 of investment income, read the line 22 instructions to see if you must attach form FTB 3800.
23 Exemption credits. If the amount on line 13 is more than \$124,246, see instructions. Otherwise add line 10 and line 11 and enter the result on line 23 23 385.
24 Subtract line 23 from line 22. If less than zero, enter -0- 24 6,030.
25a Ratio. Enter the ratio from Schedule CA (540NR), line 34 25a .3943
25b Multiply line 24 by the ratio on line 25a 25b 2,378.
26 Tax. Check if from ☐ Schedule G-1, Tax on Lump-Sum Distributions; and ☐ form FTB 5870A, Tax on Accumulation Distribution of Trusts 26
27 Add line 25b and line 26. Continue to Side 2 27 2,378.

Your SSN:

Step 6	28	Amount from Side 1, line 27	28	<u>2,378.</u>
Special Credits and Nonrefundable Renter's Credit	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	Add line 31 through line 34. Multiply the total by the ratio on Side 1, line 25a	• 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	<u>2,378.</u>

Step 7	44 Alternative minimum tax. Attach Schedule P (540NR)	• 44	
Other Taxes	45 Other taxes and credit recapture. See instructions	• 45	
	46 Add line 43 through line 45. This is your total tax	• 46	2,378.


Step 8	47 California income tax withheld. See instructions	■ 47	
Payments	48 2000 CA estimated tax. See instructions	■ 48	<u>1,720.</u>
	50 Excess SDI. See instructions	■ 50	
	Child and Dependent Care Expenses Credit. See instructions for lines 51 through 54.		
	• 51	• 52	
	■ 53	■ 54	
	55 Add line 47, line 48, line 50, and line 54. These are your total payments	55	<u>1,720.</u>

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	
	57	Amount of line 56 you want applied to your 2001 estimated tax	57	
	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	658.


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

Step 11 74 REFUND OR NO AMOUNT DUE. Subtract line 73 from line 58. Mail to:
 Refund or FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0000 **74**
 Amount You
 Owe 75 AMOUNT YOU OWE. Add line 59 and line 73. See instructions. Mail to:
 FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94287-0001 **75**

Step 12	76 Interest, late return penalties, and late payment penalties	76	
Interest and Penalties	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. See instructions	78	658.
	79 If you do not need California income tax forms mailed to you next year, check here	79	<input checked="" type="checkbox"/>

Step 13 Do not attach a voided check or a deposit slip. Routing number  ●

Fill in the boxes to have your refund directly deposited.

Direct Deposit Information Account Type: Checking ● ☐ Savings ● ☐ Account 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 Joint return? See instructions It is unlawful to forge a spouse's signature.	Your signature X	Daytime phone number (941) 335-2480
	Spouse's signature (if filing joint, both must sign) X	
	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) CORV	Date Paid Preparer's SSN/PTIN P00045558
	Firm's name (or yours if self-employed) GILBERT, WALLACE, STEWAR	Firm's address PO BOX 308, FORT MY 33902
		FEIN 59-2745432

2000

California Adjustments - Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule directly behind 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 2000:		
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 2000:		
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

	A	B	C	D	E
Section A - Income	Federal Amounts (taxable amounts from your federal return)	Subtractions See instructions	Additions See instructions	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)
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7 59,530.			59,530.	
8 Taxable interest income	8 6,293.			6,293.	
9 Ordinary dividends	9 2,547.			2,547.	607.
10 State tax refund. Enter the same amount in column A and column B	10 49.	49.			
11 Alimony received	11				
12 Business income or (loss)	12				
13 Capital gain or (loss)	13 281.			281.	
14 Other gains or (losses)	14				
15 Total IRA distributions.					
(a) (b)					
16 Total pensions & annuities.					
(a) (b)					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17 43,678.			43,678.	43,679.
18 Farm income or (loss)	18				
19 Unemployment compensation	19				
20 Social security benefits					
(a) (b)					
21 Other income.					
a California lottery winnings	a				
b Disaster loss carryover from FTB 3805V	b				
c Federal NOL (Form 1040, line 21)	c				
d NOL carryover from FTB 3805V	d				
e NOL from FTB 3805Z, FTB 3806, or FTB 3807	e				
f Other (describe)	f				
22a Total: Combine line 7 through line 21 in each column. Continue to Side 2	22a 112,378.	49.		112,329.	44,286.

Income Adjustment Schedule

	A	B	C	D	E
Section B - Adjustments to Income	Federal Amounts (taxable amounts from your federal return)	Subtractions See instructions	Additions See instructions	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 112,378.	49.		112,329.	44,286.
23 IRA deduction	23				
24 Student loan interest deduction	24				
25 Medical savings account deduction	25				
26 Moving expenses	26				
27 One-half of self-employment tax	27				
28 Self-employed health insurance deduction	28				
29 Keogh/self-employed SEP/SIMPLE plans	29				
30 Penalty on early withdrawal of savings	30				
31a Alimony paid. (b) Enter recipient's: SSN _____ Full name _____	31a				
32 Add line 23 through line 31a in each column, A through E	32				
33 Total. Subtract line 32 from line 22b in each column, A through E	33 112,378.	49.		112,329.	44,286.
34 Ratio. Divide line 33, column E by line 33, column D. Carry the decimal to five places. Then round it to four places by dropping amounts 4 and under (.44454 becomes .4445) and rounding up to the next number for amounts 5 and over (.44455 becomes .4446). This number may be greater than 1.0000. Enter the result here and on Form 540NR, line 25a. Note: If the result is zero or less, enter -0- on Form 540NR, line 25a	34				.3943

Part III Adjustments to Federal Itemized Deductions

35 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)	35	5,471.
36 Enter total of federal Schedule A, line 5 (state and local income tax and State Disability Insurance) and line 8 (foreign taxes only)	36	1,713.
37 Subtract line 36 from line 35	37	3,758.
38 Other adjustments including California lottery losses. Specify	38	
39 Combine line 37 and line 38	39	3,758.
40 California itemized deductions		
Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?		
Single or married filing separate \$124,246		
Married filing joint or qualifying widow(er) \$248,494		
Head of household \$186,370		
Is the amount you entered on line 40 more than your standard deduction below?		
Single or married filing separate \$2,811		
Married filing joint, head of household, or qualifying widow(er) \$5,622		
NO. Transfer the amount on line 39 to line 40.		
YES. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 40.		
YES. Transfer the amount on line 40 to Form 540NR, line 18.		
NO. Enter your standard deduction on Form 540NR, line 18.		
	40	3,758.

2000

Alternative Minimum Tax and Credit

Limitations - Nonresidents or Part-Year Residents

P (540NR)

Attach this schedule to Form 540NR.

Name(s) as shown on Form 540NR

Your social security number

HENRY R & KRISTEN L JUDAH**Part I Adjustments and Preferences** Important: See instructions for information regarding California/federal differences.

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540NR, line 18, and go to line 6	1	5,622.
2	Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 34	2	
3	Personal property taxes and real property taxes. See instructions	3	
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	4	
5	Miscellaneous itemized deductions. See instructions	5	
6	Refund of personal property taxes and real property taxes. See instructions	6	()
Caution: Do not include your state income tax refund on this line.			
7	Investment interest expense adjustment. See instructions	7	
8	Post-1986 depreciation. See instructions	8	
9	Adjusted gain or loss. See instructions	9	
10	Incentive stock options and California qualified stock options (CQSOs). See instructions	10	
11	Passive activities adjustment. See instructions	11	5.
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 8	12	
13	Other. Enter the amount, if any, for each item, a through o, and enter the total on line 13. See instructions.		
	a Appreciated contributions	a	
	b Circulation expenditures	b	
	c Depletion	c	
	d Depreciation (pre-1987)	d	
	e Installment sales	e	
	f Intangible drilling costs	f	
	g Long-term contracts	g	
	h Loss limitations	h	
	i Mining costs	i	
	j Patron's adjustment	j	
	k Pollution control facilities	k	
	l Qualified small business stock	l	
	m Research and experimental	m	
	n Tax shelter farm activities	n	
	o Related adjustments	o	
	Total of the amounts on line a through line o	13	
14	Total Adjustments and Preferences. Combine line 1 through line 13	14	5,627.

Part II Alternative Minimum Taxable Income (AMTI)

15	Enter taxable income from Form 540NR, line 19. See instructions	15	106,707.
16	Net operating loss (NOL) deduction from Schedule CA (540NR), line 21b, 21d and 21e, column B. Enter as a positive amount	16	
17	AMTI exclusion. See instructions	17	()
18	If your federal AGI is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions	18	()
	Single or married filing separate		\$124,246
	Married filing joint or qualifying widow(er)		\$248,494
	Head of household		\$186,370
19	Combine line 14 through line 18	19	112,334.
20	Alternative minimum tax NOL deduction. See instructions. Do not enter more than 90% of line 19	20	
21	Alternative minimum taxable income. Subtract line 20 from line 19 (if married filing separate and line 21 is more than \$236,073, see instructions)	21	112,334.

Part III Exemption Amount and 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	\$171,345	\$45,692	
	Married filing joint or qualifying widow(er)	228,459	60,923	
	Married filing separate	114,229	30,461	
	If Part II, line 21 is over the amount shown above for your filing status, see instructions.			
23	Subtract line 22 from line 21. If zero or less, enter -0-			23 51,411.
24	Multiply line 23 by 7.0% (.07)			24 3,599.
25	a Alternative minimum taxable income. Enter the amount from Part II, line 21			25a 112,334.
	b Itemized deductions not included in Part I. See instructions			25b
	c Total AMT adjusted gross income. Add line 25a and line 25b and complete Part IV now			25c 112,334.
	d AMT California adjusted gross income from Part IV, line 8			25d 44,291.
	e Ratio. Divide line 25d by line 25c. This amount may be more than 1.0000			25e .3943
26	Tentative minimum tax. Multiply line 24 by line 25e			26 1,419.
27	Regular tax from Form 540NR, line 22 multiplied by the ratio from Form 540NR, line 25a. If an amount is entered on Form 540NR, line 26, see instructions			27 2,529.
28	Alternative Minimum Tax. Subtract line 27 from line 26. If zero or less, enter -0- here and on Form 540NR, line 44. Continue to Part V 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 V, Section C, line 25)			28 0.

Part IV AMT California Adjusted Gross Income

1	California adjusted gross income from Schedule CA (540NR), line 33, column E		1 44,286.
2	Net operating loss (NOL) deduction, if any, included on Schedule CA (540NR), line 21, column E. Enter as a positive number		2
3	AMTI exclusion. See instructions		3 ()
4	Combine line 1, line 2 and line 3		4 44,286.
5	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 QSOs	n Mining costs	
	e Passive activities	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		5 5.
6	Combine line 4 and line 5		6 44,291.
7	California AMT net operating loss deduction. Do not enter more than 90% of line 6. See instructions		7
8	AMT California adjusted gross income. Subtract line 7 from line 6. Enter here and on Part III, line 25d		8 44,291.

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

1 Enter the amount from Form 540NR, line 27 1 **2,378.**
2 Enter the tentative minimum tax from Side 2, Part III, line 26 2 **1,419.**

Section A - Credits that reduce excess tax.

	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
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			959.	
A1 Credits that reduce excess tax and have no carryover provisions.				
4 Code: 170 Credit for joint custody head of household Credit from Form 540NR instructions _____ X Ratio from Form 540NR, line 25a _____ = 4				
5 Code: 173 Credit for dependent parent Credit from Form 540NR instructions _____ X Ratio from Form 540NR, line 25a _____ = 5				
6 Code: 163 Credit for senior head of household Credit from Form 540NR instructions _____ X Ratio from Form 540NR, line 25a _____ = 6				
7 Code: 214 Credit for long-term care Credit from Form 540NR instructions _____ X Ratio from Form 540NR, line 25a _____ = 7				
8 Code: 162 Prison inmate labor credit 8				
9 Code: 169 Enterprise zone employee credit 9				
10 Code: 212 Teacher retention credit 10				
11 Nonrefundable renter's credit 11				
A2 Credits that reduce excess tax and have carryover provisions. See instructions.				
12 Code: _____ Credit Name: _____ 12				
13 Code: _____ Credit Name: _____ 13				
14 Code: _____ Credit Name: _____ 14				
15 Code: _____ Credit Name: _____ 15				
16 Code: 188 Credit for prior year alternative minimum tax 16				

Section B - Credits that may reduce tax below tentative minimum tax.

17 If Part V, 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) 17			2,378.	
B1 Credits that reduce net tax and have no carryover provisions.				
18 Nonrefundable renter's credit 18				
19 Code 212: Teacher retention credit 19				
B2 Credits that reduce net tax and have carryover provisions. See instructions.				
20 Code: _____ Credit Name: _____ 20				
21 Code: _____ Credit Name: _____ 21				
22 Code: _____ Credit Name: _____ 22				
23 Code: _____ Credit Name: _____ 23				
B3 Other state tax credit				
24 Code: 187 Other state tax credit 24				

Section C - Credits that may reduce alternative minimum tax.

25 Enter your alternative minimum tax from Side 2, Part III, line 28 25				
26 Code: 180 Solar energy credit carryover from Section B2, column (d) ... 26				
27 Code: 181 Commercial solar energy credit carryover from Section B2, column (d) ... 27				
28 Adjusted AMT. Enter the balance from line 27, column (c) here and on Form 540NR, line 44 28				

YEAR
2000

CALIFORNIA SOURCES

CALIFORNIA FORM

3801

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

Name(s) as shown on return

HENRY R & KRISTEN L JUDAH

Social security no., Calif. corporation no., or FEIN

Part I 2000 Passive Activity Loss

Caution: See the instructions for Worksheet 1 and Worksheet 2 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	43,679.
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	43,679.
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	43,679.

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 separately, 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 2000. 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	

2000 Income from Passthroughs

CA ALL-SOURCES

JUSTICE INVESTORS
I.D. NUMBER:

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE INCOME	2,086
NET INCOME (LOSS) FOR ENTITY	<u>2,086</u>

ACTIVITY INFORMATION:

JUSTICE INVESTORS

SECTION 754 DEPRECIATION	0
TOTAL PASSIVE GAIN (LOSS)	<u>0</u>

JUSTICE INVESTORS-ENTITY#101; ACT #4

RENTAL REAL ESTATE INCOME (LOSS)	2,353
SECTION 754 BASIS REDUCTION	-267
TOTAL PASSIVE GAIN (LOSS)	<u>2,086</u>

GRETA E. JUDAN TRUST FBO RAY JUDAH
I.D. NUMBER: 68-6082466

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE INCOME	41,593
NET INCOME (LOSS) FOR ENTITY	<u>41,593</u>

ACTIVITY INFORMATION:

GRETA E. JUDAN TRUST FBO RAY JUDAH

ORDINARY INCOME (LOSS)	41,593
TOTAL PASSIVE GAIN (LOSS)	<u><u>41,593</u></u>

R.Q. RICHARDS FOUNDATION MTG PTR
I.D. NUMBER: 65-0678563

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE LOSS ALLOWED	-1
NET INCOME (LOSS) FOR ENTITY	<u>-1</u>

ACTIVITY INFORMATION:

R.Q. RICHARDS FOUNDATION MTG PTR

ORDINARY INCOME (LOSS)	-1
TOTAL PASSIVE GAIN (LOSS)	<u><u>-1</u></u>

CA 3801	OTHER PASSIVE ACTIVITIES - WORKSHEET 2	STATEMENT	1
---------	--	-----------	---

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
JUSTICE INVESTORS-ENTITY#101 ACT #4	2,086.	0.		2,086.	
GRETA E. JUDAN TRUST FBO RAY JUDAH	41,593.	0.		41,593.	
R.Q. RICHARDS FOUNDATION MTG PTR	0.	<1.>			<1.>
TOTALS	43,679.	<1.>		43,679.	<1.>

CA 3801	SUMMARY OF PASSIVE ACTIVITIES	STATEMENT	2
---------	-------------------------------	-----------	---

A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS-ENTITY 101; ACT #4	SCH E	2,086.		2,086.		
GRETA E. JUDAN TRUST FBO RAY JUDAH	SCH E	41,593.		41,593.		
R.Q. RICHARDS FOUNDATION MTG PTR	SCH E	<1.>		<1.>		1.
TOTALS		43,678.		43,678.		1.

CA 3801	OTHER PASSIVE ACTIVITIES - WORKSHEET 2	STATEMENT	3
---------	--	-----------	---

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
JUSTICE INVESTORS-ENTITY#101 ACT #4	2,086.	0.		2,086.	
GRETA E. JUDAN TRUST FBO RAY JUDAH	41,593.	0.		41,593.	
TOTALS	43,679.	0.		43,679.	

CA 3801

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 4

RE A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS-ENTITY 101; ACT #4	SCH E	2,086.		2,086.		
GRETA E. JUDAN TRUST FBO RAY JUDAH	SCH E	41,593.		41,593.		
TOTALS		43,679.		43,679.		

TAXPAYERS
COPY

DETACH HERE

TAXABLE YEAR

2001

Estimated Tax for Individuals

CALIFORNIA FORM

540-ES

██████ JUDA ** ████████ 01
HENRY R JUDAH
KRISTEN L JUDAH

APE 0

12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050

Payment
Voucher
1

Due April 16, 2001

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 942887, SACRAMENTO CA 94287-0031

Amount of payment 600.

568666135JUDA036012608000000000006007

For Privacy Act Notice, get form FTB 1131.

540ES01106022

Form 540-ES (REV. 2000)

039081/12-12-00

TAXPAYERS
COPY

DETACH HERE

TAXABLE YEAR

2001

Estimated Tax for Individuals

CALIFORNIA FORM

540-ES

JUDA
HENRY R JUDAH
KRISTEN L JUDAH

01

APE

0

12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050

Payment
Voucher
2

Due June. 15, 2001

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 942887, SACRAMENTO CA 94287-0031

Amount of payment

600.

568666135JUDA036012608000000000006007

For Privacy Act Notice, get form FTB 1131.

540ES01106022

Form 540-ES (REV. 2000)

039082/12-12-00

TAXPAYERS
COPY

DETACH HERE

TAXABLE YEAR

2001

Estimated Tax for Individuals

CALIFORNIA FORM

540-ES

HENRY JUDA **
KRISTEN R JUDAH
L JUDAH

01

APE

0

12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050

Payment
Voucher
3

Due Sept. 17, 2001

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

Amount of payment

600.

568666135JUDA03601260800000000006007

For Privacy Act Notice, get form FTB 1131.

540ES01106022

Form 540-ES (REV. 2000)

TAXPAYERS
COPY 1

DETACH HERE

TAXABLE YEAR

2001

Estimated Tax for Individuals

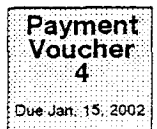
CALIFORNIA FORM

540-ES

UDA ** 000 01
HENRY R JUDAH
KRISTEN L JUDAH

APE 0

12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050



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 94287-0031

Amount of payment 600.

568666135JUDA036012608000000000006007

For Privacy Act Notice, get form FTB 1131.

540ES01106022

Form 540-ES (REV. 2000)



2001 Florida Intangible Personal Property Tax Return for
Individual and Joint Filers as of January 1, 2001

CCH

DR-6011

R. 01/01

Name HENRY R AND KRISTEN L JUDAH

Address 12664 COCONUT CREEK CT

Address

City/State/ZIP FORT MYERS, FL 33908-305

8705000101013115035686661354

Filing Status JOINT Amended Return

Address Changes

Deceased

#2SSN

DOR Use Only

/ /

	0	7800	7600
	0	200	0
0	0	0	
0	11842900	0	
2	11842900	0	
0	0		
			7600

1. Loans, Notes, and Accounts Receivable (From Schedule B, Line 12)
2. Beneficial Interest in Any Trust (From Schedule C, Line 13)
3. Bonds (From Schedule D, Line 14)
4. Stocks, Mutuals, Money Market Funds, and Limited Partnership Interests (From Schedule E, Line 15)..... 118429.00
5. Total Intangible Assets (Total of Lines 1 through 4). Also enter on Line 6A of Tax Calculation Worksheet. 118429.00
6. Total Tax Due (From Tax Calculation Worksheet, Line 6E)
(If Line 6 is less than \$60, no payment is due.) 78.00
7. Discount (Jan. or Feb. - 4%; March - 3%; April - 2%; May - 1%; June - 0%; if postmarked on or before the last
day of the discount period. The discount period is not extended when ending on a Saturday, Sunday or holiday.) 2.00
8. Penalty
9. Interest
10. Voluntary Election Campaign Contribution
- 11a. Total Due 76.00
- 11b. Less Amount Paid with Extension
- 11c. Total Due (Line 11a less Line 11b; U.S. funds only) 76.00

Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge (ss. 199.232(2); 92.525(2); & 837.06 F.S.).

Signature of Taxpayer TAXPAYER	Date	Signature of Individual or Firm Preparing the Return	
Signature of Spouse COPY	Telephone No. (941) 335-2480	Preparer's SSN or FEIN or PTIN 59-2745432	Date

Payment Coupon 2001 Florida Intangible Tax

Do Not Detach

Return and Payment must be postmarked no later than June 30, 2001, to avoid Penalty and Interest. **Gilbert, Wallace, Stewart, McGee**
Stramel & Sowers, P.A. 59-2745432CH
P.O. Box 308 Fort Myers, FL 33902

Enter correct name, address, and social security number(s) below, if not pre-addressed:

DR-6011

R. 01/01

HENRY R AND KRISTEN L JUDAH
12664 COCONUT CREEK CT

#1SSN

#2SSN

Make Check Payable and Mail to:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0143

FORT MYERS, FL 33908-305

568666135	0	7800	7600
555450360	0	200	0
0	0	0	
0	11842900	0	
2	11842900	0	
0	0		
			7600

8705 00010101 311503 5686661354

Important Information Requested

1. What is the date that your Florida residency was established? _____
 These two items may assist you in establishing a residency date:
 A) The first year you qualified for homestead exemption. B) The first day you were qualified to register to vote in Florida.
- Month Day Year
 Example: **06 10 2000**

2. Do you reside outside Florida during a portion of the year? ☐ Yes ☒ No

If yes, enter your non-Florida address: _____
 When do you normally reside there? from _____ until _____ Phone number at above address: _____

3. If your filing status has changed or is incorrect, please complete the information below:

A) Marriage B) Divorce C) Death
 Date of Marriage _____ Date of Divorce _____ Date of Death _____
 Spouse's SSN _____ Your SSN _____ SSN of Deceased _____

4. If your name/mailling address/SSN has changed or is incorrect, complete the following:

Taxpayer #1	Taxpayer #2
Name _____	Name _____
Correct SSN _____	Correct SSN _____
New Address _____	New Address _____
City/State/ZIP _____	City/State/ZIP _____
Telephone Number _____	Telephone Number _____
Signature _____	Signature _____

Tax Calculation Worksheet

Instructions: Determine which column applies based on filing status.
 Complete only the applicable column.

(Complete only one column below)

	Individual	Joint
6A. Enter Total Intangible Assets from Schedule A, Line 5	\$	\$ 118,429.
6B. Multiply by Tax Rate	X .001	X .001
6C. Gross Tax	\$	\$ 118.
6D. Subtract Personal Exemption	- \$20.00	- \$40.00
6E. Enter Total Tax Due Carry Amount to Schedule A, Line 6	\$	\$ 78.

Make check payable to: Florida Department of Revenue
 (Include SSN or FEIN on check)

Mail to: FLORIDA DEPARTMENT OF REVENUE
 5050 W TENNESSEE ST
 TALLAHASSEE FL 32399-0143

Do not mark in this area

Note:

Neither foreign currency nor funds drawn on other than U.S. banks will be accepted. State law requires a service fee for returned checks or drafts of fifteen (\$15.00) dollars or five (5%) percent of the face amount, whichever is greater, not to exceed \$150.00 [s.215.34(2), F.S.].

include These Schedules With Your Tax Return

CCH
DR-601IS
R. 01/01

Name: HENRY R AND KRISTEN L JUDAH

Social Security Number

Spouse's Social Security Number
(Complete only if filing a joint return)

Schedule B	Loans, Notes, and Accounts Receivable	Total Taxable Amount January 1, 2001
Accounts Receivable		
Notes Receivable		
Loans and Advances Receivable		
Other Receivables		
12.	Total of Schedule B (Enter on Schedule A, Line 1.)	12.

Schedule C	Beneficial Interest in any Trust (Individual Receiving Income from Trust Property)						FEIN of Trust
Beneficial Interest in Stocks, Mutuals, Money Market Funds, and Limited Partnership Interests							
Name of Company Issuing Stocks (List Alphabetically - Do Not Abbreviate) (A)		Class C = Common P = Preferred (B)	Number of Shares (C)	Just Value Per Share (D)	Total Just Value January 1, 2001 C x D = (E)		
a. Total Value of Stocks in Trust				a.			
Beneficial Interest in Bonds							
Name of Issuer, Series (List Alphabetically - One Bond Per Line) (A)		Face Value Per Bond (B)	Interest Rate (C)	Maturity Date (D)	Number Owned (E)	Per \$100.00 Value (F)	Total Taxable Amount January 1, 2001 (G)
b. Total Value of Bonds in Trust				b.			
Beneficial Interest in Other Intangible Assets							
Type of Property						Total Taxable Amount January 1, 2001	
c. Total Value of Other Intangible Assets in Trust				c.			
13.	Total of Schedule C; Lines a+b+c (Enter on Schedule A, Line 2.)						13.

Schedule E	Stocks, Mutuals, Money Market Funds, and Limited Partnership Interests The law provides for a specific penalty of 10% for omitted and/or undervalued stock.
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[illegible]

15. Total of Schedule E (Enter on Schedule A, Line 4.)	15.	118,429.
--	-----	----------

Include additional schedules if necessary. Photocopies of all schedules are acceptable. You may use your broker's statement if all required information is listed and the totals are transferred to the appropriate schedule(s).



BOARD OF COUNTY COMMISSIONERS

Writer's Direct Dial Number: (941) 335-2223

Bob Janes
District One

Douglas R. St. Cerny
District Two

Ray Judah
District Three

Andrew W. Coy
District Four

John E. Albion
District Five

Donald D. Stilwell
County Manager

James G. Yaeger
County Attorney

Diana M. Parker
County Hearing Examiner

June 26, 2001

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

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 2000.

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 Commissioner

RJ:dj

JUL 2 12 02 PM '01

RECEIVED
SUPERVISOR OF
ELECTIONS

P.O. Box 398 Fort Myers, Florida 33902-0398 (941) 335-2111
Internet address: <http://www.lee-county.com>

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER