

FINANCIAL INTERESTS

Henry 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

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, 2001, 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 24, 2002 was \$ 649,148.17.

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 \$ 50,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Residence 01-46-23-28-00000.1180	\$289,984.00
Residential lot No. B4L10 Wild River Phase III, Deschutes Co. OR	\$ 45,925.00
Ltd. Partnership - Justice Investors Ltd.	\$ 80,000.00
Charles Schwab Brokerage Account & Money Market Fund	\$102,223.49
Lee County Deferred Compensation Program	\$ 65,816.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Honda Financial Services P.O. Box 1027, Alpharetta, GA 30009-1027	\$ 20,143.80

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 2001 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 2001 federal income tax return. [If you check this box and attach a copy of your 2001 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

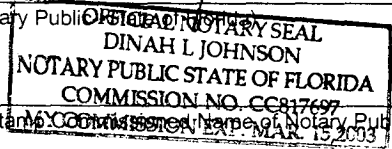
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 25th day of

JUNE, 20 02 by RAY JUDAH

Dinah L. Johnson

(Signature of Notary Public) 
(Print, Type, or Stamp Commission Number of Notary Public)

Ray Judah
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known X OR Produced Identification

Type of Identification Produced

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 2001
(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	\$31,054.94
Sun Trust	
Edison National Bank	
Roth IRA	\$4,288.54

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.	For the year Jan. 1-Dec. 31, 2001, or other tax year beginning _____, 2001, 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 19. 12664 COCONUT CREEK CT		Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. FORT MYERS, FL 33908-3050		▲ Important! ▲ You must enter your SSN(s) above.

Presidential

 Election Campaign
 (See page 19.)

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

Spouse

☐ Yes ☐ No ☐ Yes ☐ No

Filing Status

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

Check only one box.

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
- b ☒ Spouse
- c 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 | [REDACTED] | SON | <input checked="" type="checkbox"/> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
- d Total number of exemptions claimed **3**

 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

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.

- | | | | |
|-----|---|-----|---------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 61,867. |
| 8a | Taxable interest. Attach Schedule B if required | 8a | 1,699. |
| b | Tax-exempt interest. Do not include on line 8a | 8b | |
| 9 | Ordinary dividends. Attach Schedule B if required | 9 | 1,433. |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| 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 <input type="checkbox"/> | 13 | 209. |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | Total IRA distributions | 15a | |
| b | Taxable amount (see page 23) | 15b | |
| 16a | Total pensions and annuities | 16a | |
| b | Taxable amount (see page 23) | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 32,105. |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits | 20a | |
| b | Taxable amount (see page 25) | 20b | |
| 21 | Other income. List type and amount (see page 27) | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your total income | 22 | 97,313. |

Adjusted Gross Income

- | | | | |
|-----|---|-----|---------|
| 23 | IRA deduction (see page 27) | 23 | |
| 24 | Student loan interest deduction (see page 28) | 24 | |
| 25 | Archer MSA deduction. Attach Form 8853 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed health insurance deduction (see page 30) | 28 | |
| 29 | Self-employed SEP, SIMPLE, and qualified plans | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid | 31a | |
| b | Recipient's SSN | | |
| 32 | Add lines 23 through 31a | 32 | |
| 33 | Subtract line 32 from line 22. This is your adjusted gross income | 33 | 97,313. |

Tax and Credits

Standard Deduction for -

• People who checked any box on line 35a or 35b of who can be claimed as a dependent.

• All others:

Single,
\$4,550

Head of household,
\$6,650

Married filing jointly or Qualifying widow(er),
\$7,600

Married filing separately,
\$3,800

34	Amount from line 33 (adjusted gross income)	34	97,313.
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	35b	
36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	8,430.
37	Subtract line 36 from line 34	37	88,883.
38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32	38	8,700.
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	80,183.
40	Tax. Check if tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	16,385.
41	Alternative minimum tax. Attach Form 6251	41	
42	Add lines 40 and 41	42	16,385.
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	Rate reduction credit. See the worksheet on page 36	47	STMT 2
48	Child tax credit (see page 37)	48	600.
49	Adoption credit. Attach Form 8839	49	
50	Other credits 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)	50	
51	Add lines 43 through 50. These are your total credits	51	600.
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	52	15,785.
53	Self-employment tax. Attach Schedule SE	53	
54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach 5329 if required	55	
56	Advance earned income credit payments from Form(s) W-2	56	
57	Household employment taxes. Attach Schedule H	57	
58	Add lines 52 through 57. This is your total tax	58	15,785.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

59	Federal income tax withheld from Forms W-2 and 1099	59	7,764.
60	2001 estimated tax payments and amount applied from 2000 return	60	10,860.
61a	Earned income credit (EIC)	61a	
b	Nontaxable earned income	61b	
62	Excess social security and RRTA tax withheld (see page 51)	62	
63	Additional child tax credit. Attach Form 8812	63	
64	Amount paid with request for extension to file (see page 51)	64	
65	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65	
66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66	18,624.

Refund

Direct deposit? See page 51 and fill in 68b, 68c, and 68d.

67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	2,817.
68a	Amount of line 67 you want refunded to you	68a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number	d	number
69	Amount of line 67 you want applied to your 2002 estimated tax	69	2,817.

Amount You Owe

70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52	70	
71	Estimated tax penalty. Also include on line 70	71	22.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 53)? ☒ Yes. Complete the following. ☐ No

Designee's name **PREPARER** Phone no. Personal identification number (PIN)

Sign Here

Joint return? See page 19. Keep a copy for your records.

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	Daytime phone number
<i>[Signature]</i>	<i>[Date]</i>	COUNTY COMMISSIONER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<i>[Signature]</i>	<i>[Date]</i>		

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
<i>[Signature]</i>			P00045558
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
GILBERT, WALLACE, STEWART, MCGEE, STRAMEL & SOWERS, PA PO BOX 308, FORT MYERS, FL 33902-0308	59 2745432	941 334-1363	

**Underpayment of
Estimated Tax by Individuals, Estates, and Trusts**▶ See separate instructions.
▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No.1545-0140

2001Attachment
Sequence No. **06**

Name(s) shown on tax return

Identifying number

HENRY R & KRISTEN L JUDAH

In most cases, you do not need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 only if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from Part III, line 21, or Part IV, line 37, on the penalty line of your return, but do not attach Form 2210.

Part I Reasons for Filing - If 1a, 1b, or 1c below applies to you, you may be able to lower or eliminate your penalty. But you must check the boxes that apply and file Form 2210 with your tax return. If 1d below applies to you, check that box and file Form 2210 with your tax return.

- 1 Check whichever boxes apply (if none apply, see the text above Part I and **do not file Form 2210**):
- a ☐ You request a **waiver**. In certain circumstances, the IRS will waive all or part of the penalty.
See **Waiver of Penalty** on page 2 of the instructions.
- b ☐ You use the **annualized income installment method**. If your income varied during the year, this method may reduce the amount of one or more required installments. See page 5 of the instructions.
- c ☐ You had Federal income tax withheld from wages and, for estimated tax purposes, you treat the withheld tax as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. See the instructions for line 23 on page 3.
- d ☐ Your required annual payment (line 14 below) is based on your 2000 tax and you filed or are filing a joint return for either 2000 or 2001 but not for both years.

Part II Required Annual Payment

2	Enter your 2001 tax after credits (see page 2 of the instructions)	2	15,785.
3	Other taxes (see page 2 of the instructions)	3	
4	Add lines 2 and 3	4	15,785.
5	Earned income credit	5	
6	Additional child tax credit	6	
7	Credit for Federal tax paid on fuels	7	
8	Add lines 5, 6, and 7	8	
9	Current year tax. Subtract line 8 from line 4	9	15,785.
10	Multiply line 9 by 90% (.90)	10	14,207.
11	Withholding taxes. Do not include any estimated tax payments on this line (see page 3 of the instructions)	11	7,764.
12	Subtract line 11 from line 9. If less than \$1,000, stop here; you do not owe the penalty. Do not file Form 2210	12	8,021.
13	Enter the tax shown on your 2000 tax return (110% of that amount if the adjusted gross income shown on that return is more than \$150,000, or, if married filing separately for 2001, more than \$75,000). Caution: See instructions	13	20,977.
14	Required annual payment. Enter the smaller of line 10 or line 13 If line 11 is equal to or more than line 14, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above.	14	14,207.

Part III Short Method (Caution: See page 3 of the instructions to find out if you can use the short method. If you checked box 1b or 1c in Part I, skip this part and go to Part IV.)

15	Enter the amount, if any, from line 11 above	15	
16	Enter the total amount. If any, of estimated tax payments you made	16	
17	Add lines 15 and 16	17	
18	Total underpayment for year. Subtract line 17 from line 14. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above	18	
19	Multiply line 18 by .04397 (see page 3 of the instructions if you are eligible for relief due to the September 11, 2001, terrorist attacks)	19	
20	<ul style="list-style-type: none"> • If the amount on line 18 was paid on or after 4/15/02, enter -0- • If the amount on line 18 was paid before 4/15/02, make the following computation to find the amount to enter on line 20. 		
	Amount on line 18 x Number of days paid before 4/15/02 x .00016	20	
21	Penalty. Subtract line 20 from line 19. Enter the result here and on Form 1040, line 71; Form 1040A, line 46; Form 1040NR, line 69; Form 1040NR-EZ, line 26; or Form 1041, line 26, but do not file Form 2210 unless you checked one or more of the boxes in Part I above	21	

LHA For Paperwork Reduction Act Notice, see page 6 of separate instructions.

Form **2210** (2001)

Part IV Regular Method (See page 3 of the instructions if you are filing Form 1040NR or 1040NR-EZ.)**Section A - Figure Your Underpayment**

		Payment Due Dates				
		(a) 4/15/01	(b) 6/15/01	(c) 9/24/01	(d) 1/15/02	
22	Required installments. If box 1b applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (.25) of line 14, Form 2210, in each column	22	3,552.	3,552.	3,552.	3,551.
23	Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 23 on line 27. If line 23 is equal to or more than line 22 for all payment periods, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked a box in Part 1	23	1,941.	5,561.	5,561.	5,561.
Complete lines 24 through 30 of one column before going to the next column.						
24	Enter amount, if any, from line 30 of previous column	24			398.	2,407.
25	Add lines 23 and 24	25		5,561.	5,959.	7,968.
26	Add amounts on lines 28 and 29 of the previous column	26		1,611.		
27	Subtract line 26 from line 25. If zero or less, enter -0-. For column (a) only, enter the amount from line 23	27	1,941.	3,950.	5,959.	7,968.
28	If the amount on line 27 is zero, subtract line 25 from line 26. Otherwise, enter -0-	28		0.	0.	
29	Underpayment. If line 22 is equal to or more than line 27, subtract line 27 from line 22. Then go to line 24 of next column. Otherwise, go to line 30	29	1,611.			
30	Overpayment. If line 27 is more than line 22, subtract line 22 from line 27. Then go to line 24 of next column	30		398.	2,407.	4,417.

Section B - Figure the Penalty (Complete lines 31 through 36 of one column before going to the next column.)

Rate Period 1		4/15/01	6/15/01		
31	April 16, 2001-June 30, 2001 Number of days from the date shown above line 31 to the date the amount on line 29 was paid or 6/30/01, whichever is earlier	Days:	Days:		
32	Underpayment on line 29 $\times \frac{\text{Number of days on line 31}}{365} \times .08$	\$	\$		
Rate Period 2					
33	July 1, 2001-December 31, 2001 Number of days from the date shown above line 33 to the date the amount on line 29 was paid or 12/31/01, whichever is earlier	Days:	Days:	Days:	
34	Underpayment on line 29 $\times \frac{\text{Number of days on line 33}}{365} \times .07$	\$	\$	\$	
Rate Period 3					
35	January 1, 2002-April 15, 2002 Number of days from the date shown above line 35 to the date the amount on line 29 was paid or 4/15/02, whichever is earlier	Days:	Days:	Days:	Days:
36	Underpayment on line 29 $\times \frac{\text{Number of days on line 35}}{365} \times .06$	\$	\$	\$	\$
37	Penalty. Add all amounts on lines 32, 34, and 36 in all columns. Enter the total here and on Form 1040, line 71; Form 1040A, line 46; Form 1040NR, line 69; Form 1040NR-EZ, line 26; or Form 1041, line 26, but do not file Form 2210 unless you checked one or more of the boxes in Part I	37	\$		22.

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) HENRY R & KRISTEN L JUDAH				Identifying Number 	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/01	3,552.	3,552.			
04/15/01	<1,941.>	1,611.	61	.000219178	22.
06/15/01	3,552.	5,163.			
06/15/01	<1,941.>	3,222.			
06/15/01	<3,620.>	<398.>			
06/30/01	0.	<398.>	86	.000191781	
09/24/01	3,552.	3,154.			
09/24/01	<1,941.>	1,213.			
09/24/01	<3,620.>	<2,407.>			
12/31/01	0.	<2,407.>	15	.000164384	
01/15/02	3,551.	1,144.			
01/15/02	<1,941.>	<797.>			
01/15/02	<3,620.>	<4,417.>			
Penalty Due (Sum of Column F).					22.

* Date of estimated tax payment, withholding credit date or installment due date.

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A - Itemized Deductions
(Schedule B is on page 2)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

2001

Attachment
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

HENRY R & KRISTEN L JUDAH

**Medical
and
Dental
Expenses**

Caution. Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see page A-2) 1
- 2 Enter amount from Form 1040, line 34 2
- 3 Multiply line 2 above by 7.5% (.075) 3
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- 4

**Taxes You
Paid**

(See
page A-2.)

- 5 State and local income taxes **SEE STATEMENT 3** 5
- 6 Real estate taxes (see page A-2) 6
- 7 Personal property taxes 7
- 8 Other taxes. List type and amount 8
- ▶ **FL INTANGIBLE** **76.**

9 Add lines 5 through 8 9

2,888.

5,341.

76.

8,305.

**Interest
You Paid**

(See
page A-3.)

- 10 Home mortgage interest and points reported to you on Form 1098 10
- 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address 11

Note:
Personal
interest is
not
deductible.

- 12 Points not reported to you on Form 1098. (See page A-3.) 12
- 13 Investment interest. Attach Form 4952 if required. (See page A-3.) 13
- 14 Add lines 10 through 13 14

**Gifts to
Charity**

If you made a
gift and got a
benefit for it,
see page A-4.

- 15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4 15
- 16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500 16
- 17 Carryover from prior year 17
- 18 Add lines 15 through 17 18

125.

125.

**Casualty and
Theft Losses**

- 19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.) 19

**Job Expenses
and Most
Other
Miscellaneous
Deductions**

(See
page A-5 for
expenses to
deduct here.)

- 20 Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.) 20
- ▶ **FROM FORM 2106** **480.**
- 21 Tax preparation fees 21
- 22 Other expenses - investment, safe deposit box, etc. List type and amount 22

480.

1,050.

- 23 Add lines 20 through 22 23
- 24 Enter amount from Form 1040, line 34 24
- 25 Multiply line 24 above by 2% (.02) 25
- 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- 26

1,530.

1,946.

0.

**Other
Miscellaneous
Deductions**

- 27 Other - from list on page A-6. List type and amount 27

**Total
Itemized
Deductions**

- 28 Is Form 1040, line 34, over \$132,950 (over \$66,475 if married filing separately)?
☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36.
☐ **Yes.** Your deduction may be limited. See page A-6 for the amount to enter.

8,430.

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.

EDISON NATIONAL BANK 1003 T

FIRST UNION 100002-CKG

FIRST UNION -SVGS

HUNTINGTON BANKS SVGS#10485896

FROM K-1 - R.O. RICHARDS FOUNDATION MTG PTR

Amount

1,644.

8.

17.

23.

7.

1

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.

- 2 Add the amounts on line 1
- 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
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

2

1,699.

3

4

1,699.

Note. If line 4 is over \$400, you must complete Part III.

Part II
Ordinary Dividends

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

CHARLES SCHWAB & CO#GS 4899-6302

FROM K-1 - JUSTICE INVESTORS

FROM K-1 - GRETA E. JUDAH TRUST FBO RAY JUDAH

Amount

1,339.

3.

91.

5

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.

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

6

1,433.

Note. If line 6 is over \$400, you must complete Part III.

Part III
Foreign Accounts and Trusts

You must complete this part if you (a) had over \$400 of taxable 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.

Yes

No

- 7a At any time during 2001, 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 2001, 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

**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

2001

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	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
	(c) Date sold			
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 2000 Capital Loss Carryover Worksheet			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	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss) * (see instr. below)
	(c) Date sold				
8					
9 Enter your long-term totals	9				
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10				
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. SEE STATEMENT 4			13	209.	
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 2000 Capital Loss Carryover Worksheet			14 () ()		
15 Combine lines 8 through 14 in column (g)			15		
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f) Next: Go to Part III on page 2.			16	209.	

* 28% rate gain or loss includes all "collectibles gains and losses" and up to 50% of the eligible gain on qualified small business stock. See instructions.

Part III Taxable Gain or Deductible Loss

17 Combine lines 7 and 16 and enter the result. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13, and complete Form 1040 through line 39.....	17	209.
Next: <ul style="list-style-type: none"> • If both lines 16 and 17 are gains and Form 1040, line 39, is more than zero, complete Part IV below. • Otherwise, skip the rest of Schedule D and complete Form 1040. 		
18 If line 17 is a loss, enter here and on Form 1040, line 13, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)). Then complete Form 1040 through line 37	18	()
Next: <ul style="list-style-type: none"> • If the loss on line 17 is more than the loss on line 18 or if Form 1040, line 37, is less than zero, skip Part IV below and complete the Capital Loss Carryover Worksheet on page D-6 of the instructions before completing the rest of Form 1040. • Otherwise, skip Part IV below and complete the rest of Form 1040. 		

Part IV Tax Computation Using Maximum Capital Gains Rates

19 Enter your unrecaptured section 1250 gain, if any, from line 17 of the worksheet on page D-7 of the instructions	19	
If line 15 or line 19 is more than zero, complete the worksheet on page D-9 of the instructions to figure the amount to enter on lines 22, 29, and 40 below, and skip all other lines below. Otherwise, go to line 20.		
20 Enter your taxable income from Form 1040, line 39	20	80,183.
21 Enter the smaller of line 16 or line 17 of Schedule D	21	209.
22 If you are deducting investment interest expense on Form 4952, enter the amount from Form 4952, line 4e. Otherwise, enter -0-	22	0.
23 Subtract line 22 from line 21. If zero or less, enter -0-	23	209.
24 Subtract line 23 from line 20. If zero or less, enter -0-	24	79,974.
25 Figure the tax on the amount on line 24. Use the Tax Table or Tax Rate Schedules, whichever applies	25	16,343.
26 Enter the smaller of:	26	45,200.
<ul style="list-style-type: none"> • The amount on line 20 or • \$45,200 if married filing jointly or qualifying widow(er); \$27,050 if single; \$36,250 if head of household; or \$22,600 if married filing separately 		
If line 26 is greater than line 24, go to line 27. Otherwise, skip lines 27 through 33 and go to line 34.		
27 Enter the amount from line 24	27	
28 Subtract line 27 from line 26. If zero or less, enter -0- and go to line 34	28	
29 Enter your qualified 5-year gain, if any, from line 7 of the worksheet on page D-8	29	
30 Enter the smaller of line 28 or line 29	30	
31 Multiply line 30 by 8% (.08)	31	
32 Subtract line 30 from line 28	32	
33 Multiply line 32 by 10% (.10)	33	
If the amounts on lines 23 and 28 are the same, skip lines 34 through 37 and go to line 38.		
34 Enter the smaller of line 20 or line 23	34	209.
35 Enter the amount from line 28 (if line 28 is blank, enter -0-)	35	0.
36 Subtract line 35 from line 34	36	209.
37 Multiply line 36 by 20% (.20)	37	42.
38 Add lines 25, 31, 33, and 37	38	16,385.
39 Figure the tax on the amount on line 20. Use the Tax Table or Tax Rate Schedules, whichever applies	39	16,398.
40 Tax on all taxable income (including capital gains). Enter the smaller of line 38 or line 39 here and on Form 1040, line 40	40	16,385.

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	1,518.				
B	7.				
C					
D					
E					
28a Totals	1,518.				
b Totals	7.				
29 Add columns (h) and (k) of line 28a				29	1,518.
30 Add columns (g), (i), and (j) of line 28b				30	(7.)
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	1,511.

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer identification number
A	GRETA E. JUDAH 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
A	30,594.	
B		
33a Totals	30,594.	
b Totals		
34 Add columns (d) and (f) of line 33a		34 30,594.
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 30,594.

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	32,105.
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	

Employee Business Expenses

▶ See separate instructions.

▶ Attach to Form 1040.

2001Attachment
Sequence No. 54

Your name

HENRY R JUDAH

Occupation in which you incurred expenses

COUNTY COMMISSIONER

Social security number

[REDACTED]

Part I Employee Business Expenses and Reimbursements**Step 1 Enter Your Expenses**

	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1 3,012.	
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 (see instructions)	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 3,012.	

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7 2,532.	
--	----------	--

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7	8 480.	
Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.		
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses by 60% (.60) instead of 50%. For details, see instructions.)	9 480.	
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 20. (Fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	10	480.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 2106 (2001)

Part II Vehicle Expenses**Section A - General Information** (You must complete this section if you are claiming vehicle expenses.)

	(a) Vehicle	1	(b) Vehicle
11 Enter the date the vehicle was placed in service	11		
12 Total miles the vehicle was driven during 2001	12	20,360 miles	miles
13 Business miles included on line 12	13	8,730 miles	miles
14 Percent of business use. Divide line 13 by line 12	14	42.88 %	%
15 Average daily roundtrip commuting distance	15	miles	miles
16 Commuting miles included on line 12	16	miles	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12	17	11,630 miles	miles
18 Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
19 Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
20 Do you have evidence to support your deduction?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21 If "Yes," is the evidence written?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 34 1/2¢ (.345)	22	3,012.
---	----	--------

Section C - Actual Expenses

	(a) Vehicle	(b) Vehicle
23 Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a Vehicle rentals	24a	
b Inclusion amount (see instructions)	24b	
c Subtract line 24b from line 24a	24c	
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2--see instructions)	25	
26 Add lines 23, 24c, and 25	26	
27 Multiply line 26 by the percentage on line 14	27	
28 Depreciation. Enter amount from line 38 below	28	
29 Add lines 27 and 28. Enter total here and on line 1	29	

Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

	(a) Vehicle	(b) Vehicle
30 Enter cost or other basis (see instructions)	30	
31 Enter amount of section 179 deduction (see instructions)	31	
32 Multiply line 30 by line 14 (see instructions if you elected the section 179 deduction)	32	
33 Enter depreciation method and percentage (see instructions)	33	
34 Multiply line 32 by the percentage on line 33 (see instructions)	34	
35 Add lines 31 and 34	35	
36 Enter the limit from the table in the line 36 instructions	36	
37 Multiply line 36 by the percentage on line 14	37	
38 Enter the smaller of line 35 or line 37. Also enter this amount on line 28 above	38	

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT

1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T LEE COUNTY BD OF COMMISSIONERS	61,867.	7,764.			4,332.	1,013.
TOTALS	61,867.	7,764.			4,332.	1,013.

FORM 1040	RATE REDUCTION CREDIT	STATEMENT	2
1. ENTER THE AMOUNT FROM FORM 1040, LINE 39. IF LINE 39 IS ZERO OR BLANK, STOP; YOU CANNOT TAKE THE CREDIT		80,183.	
2. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS			
* SINGLE OR MARRIED FILING SEPARATELY - \$6,000			
* HEAD OF HOUSEHOLD - \$10,000		12,000.	
* MARRIED FILING JOINTLY OR QUALIFYING WIDOWER(ER) - \$12,000			
3. IS THE AMOUNT ON LINE 1 LESS THAN THE AMOUNT ON LINE 2?			
NO. ENTER: \$300 IF SINGLE OR MARRIED FILING SEPARATELY; \$500 IF HEAD OF HOUSEHOLD; \$600 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER).		600.	
YES. MULTIPLY THE AMOUNT ON LINE 1 BY 5%(.05). ENTER THE RESULT			
4. ENTER THE AMOUNT FROM FORM 1040, LINE 42	16,385.		
5. ADD THE AMOUNTS FROM FORM 1040, LINES 43 THROUGH 46. ENTER THE TOTAL			
6. SUBTRACT LINE 5 FROM LINE 4. IF THE RESULT IS ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT		16,385.	
7. ENTER THE SMALLER OF LINE 3 OR LINE 6		600.	
8. ENTER THE AMOUNT, IF ANY, OF YOUR ADVANCE PAYMENT (BEFORE OFFSET). IF FILING A JOINT RETURN, INCLUDE YOUR SPOUSE'S ADVANCE PAYMENT WITH YOURS		600.	
9. RATE REDUCTION CREDIT. SUBTRACT LINE 8 FROM LINE 7. ENTER THE RESULT HERE AND, IF MORE THAN ZERO, ON FORM 1040, LINE 47			

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT	3
DESCRIPTION		AMOUNT	
CALIFORNIA ESTIMATE PAYMENTS		1,800.	
CALIFORNIA PRIOR YEAR ESTIMATE PAYMENTS		430.	
CALIFORNIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS		658.	
TOTAL TO SCHEDULE A, LINE 5		2,888.	



SCHEDULE D CAPITAL GAIN DISTRIBUTIONS STATEMENT 4

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
CHARLES SCHWAB & CO#GS 4899-6302	209.	
TOTALS TO SCHEDULE D, LINE 13	209.	

Form 1040-ES (OCR)
Department of the Treasury
Internal Revenue Service

2002
OMB No. 1545-0087

Estimated Tax

**Payment
Voucher 1**

Calendar year -
Due April 15, 2002

- ▶ Make your check or money order payable to "United States Treasury."
- ▶ Write your social security number and "2002 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.

\$

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 [REDACTED] 00 [REDACTED]

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 0212 430

TAXPAYER'S
COPY
CUT HERE
CUT HERE

Form 1040-ES (OCR)
Department of the Treasury
Internal Revenue Service

2002
OMB No. 1545-0087

Estimated Tax

**Payment
Voucher 2**

Calendar year -
Due June 17, 2002

- ▶ Make your check or money order payable to "United States Treasury."
- ▶ Write your social security number and "2002 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.

\$

1,203.

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 [REDACTED] 00 [REDACTED]

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 0212 430

CUT HERE

Form 1040-ES (OCR)
Department of the Treasury
Internal Revenue Service

2002
OMB No. 1545-0087

Estimated Tax

**Payment
Voucher 3**

Calendar year -
Due Sept. 16, 2002

- ▶ Make your check or money order payable to "United States Treasury."
- ▶ Write your social security number and "2002 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.

\$ 2,010.

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 [REDACTED] 00 [REDACTED] 212

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 0212 430

CUT HERE

TAXPAYER'S
COPY

CUT HERE

Form 1040-ES (OCR)
Department of the Treasury
Internal Revenue Service

2002
OMB No. 1545-0087

Estimated Tax

**Payment
Voucher 4**

Calendar year -
Due Jan. 15, 2003

- ▶ Make your check or money order payable to "United States Treasury."
- ▶ Write your social security number and "2002 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.

\$ 2,010.

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 [REDACTED] 00 [REDACTED] 212

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 0212 430

CUT HERE

California Nonresident or Part-Year Resident Income Tax Return 2001

Long Form

FORM
540NR

Fiscal year filers only: Enter month of year end: month _____ year 2002.

JUDA ** 01
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 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

- 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
- 7 **Personal:** If you checked box 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 \$79 = \$ 158
- 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$79 = \$
- 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 9 ☐ X \$79 = \$
- 10 Add line 7 through line 9. This is your total exemption credit before the dependent exemption credit 10 Total \$ 158
- 11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.
KALLEN LEE JUDAH SON

Dependent Exemptions

Total dependent exemption credit 11 ☐ 1 X \$247 = \$ 247

Step 4

Taxable Income

Attach check or money order here.

- 12 Total California wages from all your Form(s) W-2, box 16 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 97,313.
- 14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 33, column B 14
- Caution:** If Schedule CA (540NR), line 33, column B, is a negative amount, see instructions.
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 97,313.
- 16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 33, column C 16
- Caution:** If 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 97,313.
- 18 Enter the **larger of:** Your California itemized deductions from Schedule CA (540NR), line 40; OR Your California **standard deduction.** See instructions 18 5,920.
- 19 Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0- 19 91,393.

Step 5

Tax

Attach copy of your Form(s) W-2, W-2G, 592-B, 594, and 597. Also, attach any Form(s) 1099 showing California tax withheld.

- 22 Tax on the amount shown on line 19. Check the box if from:
☒ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 or ☐ FTB 3803 22 4,805.
- Caution:** If under age 14 and you have more than \$1,500 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 \$130,831, see instructions. Otherwise, add line 10 and line 11 and enter the result here 23 405.
- 24 Subtract line 23 from line 22. If less than zero, enter -0- 24 4,400.
- 25 CA adjusted gross income from Schedule CA (540NR), line 33, column E 25 32,206.
- 25a Ratio. Enter the ratio from Schedule CA (540NR), line 34 25a .3310
- 25b Multiply line 24 by the ratio on line 25a 25b 1,456.
- 26 Tax. Check box if from: ☐ Schedule G-1, Tax on Lump-Sum Distributions ☒ Form FTB 5870A, Tax on Accumulation Distribution of Trusts 26
- 27 Add line 25b and line 26. Continue to Side 2 27 1,456.

Step 6		Your name: HENRY R JUDAH		Your SSN: [REDACTED]			
Special Credits and Nonrefundable Renter's Credit	28	Amount from Side 1, line 27			28 1,456.		
	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 1,456.		
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 1,456.		
Step 8	47	California income tax withheld. See instructions			■ 47		
Payments	48	Nonresident withholding (Form(s) 592-B, 594, and 597). See instructions			■ 48		
	49	2001 CA estimated tax and other payments. See instructions			■ 49 2,400.		
	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 2,400.		
Step 9	56	Overpaid tax. If line 55 is more than line 46, subtract line 46 from line 55			56 944.		
Overpaid Tax or Tax Due	57	Amount of line 56 you want applied to your 2002 estimated tax			■ 57 944.		
	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	CA Seniors Special Fund.				CA Breast Cancer Research Fund	• 65 .00	
Contributions	See instructions			• 60 .00	CA Firefighters' Memorial Fund	• 66 .00	
	Alzheimer's Disease/Related Disorders Fund			• 61 .00	Emergency Food Assistance Program Fund	• 67 .00	
	CA Fund for Senior Citizens			• 62 .00	CA Peace Officer Memorial Foundation Fund	• 68 .00	
	Rare and Endangered Species Preservation Program			• 63 .00	Lupus Foundation of America, California Chapters Fund	• 69 .00	
	State Children's Trust Fund for the Prevention of Child Abuse			• 64 .00			
	73			Add line 60 through line 69. 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 94240-0000			■ 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	76	Interest, late return penalties, and late payment penalties			76		
Interest and Penalties	77	Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached			■ 77		
	78	Total amount due. See instructions			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	Do not attach a voided check or a deposit slip. Complete this section to have your refund directly deposited.						
Direct Deposit (Refund Only)	Account Type:		Routing number		•		
	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	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	Your signature			Daytime phone number			
	X [Signature]			(941) 335-2480			
It is unlawful to forge a spouse's signature.	Spouse's signature (if filing joint, both must sign)			Date			
	X [Signature]			Date			
Joint return? See instructions.	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)			Paid Preparer's SSN/PTIN			
	Firm's name (or yours if self-employed)			P00045558			
Firm's address			FEIN				
GILBERT, WALLACE, STEWART, PO BOX 308, FORT MYERS, FL 33902-0308			59-2745432				

2001

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

HENRY R & KRISTEN L JUDAH

Social security number

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

	Yourself	Spouse
During 2001		
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 2001:		
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	61,867.			61,867.	
8 Taxable interest income 8	1,699.			1,699.	
9 Ordinary dividends 9	1,433.			1,433.	94.
10 State tax refund. Enter the same amount in column A and column B 10					
11 Alimony received 11					
12 Business income or (loss) 12					
13 Capital gain or (loss) 13	209.			209.	
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	32,105.			32,105.	32,112.
18 Farm income or (loss) 18					
19 Unemployment compensation 19					
20 Social security benefits					
(a) (b)					
21 Other income.					
a California lottery winnings					
b Disaster loss carryover from FTB 3805V					
c Federal NOL (Form 1040, line 21)					
d NOL carryover from FTB 3805V 21					
e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809					
f Other (describe)					
22a Total: Combine line 7 through line 21 in each column. Continue to Side 2 22a	97,313.			97,313.	32,206.

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	97,313.			97,313.	32,206.
23 IRA deduction					
24 Student loan interest deduction					
25 Medical savings account deduction					
26 Moving expenses					
27 One-half of self-employment tax					
28 Self-employed health insurance deduction					
29 Keogh/self-employed SEP/SIMPLE plans					
30 Penalty on early withdrawal of savings					
31a Alimony paid. (b) Enter recipient's: SSN _____ Full name _____					
32 Add line 23 through line 31a in each column, A through E					
33 Total. Subtract line 32 from line 22b in each column, A through E	97,313.			97,313.	32,206.
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					.3310

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	8,430.
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	2,888.
37 Subtract line 36 from line 35	37	5,542.
38 Other adjustments including California lottery losses. Specify _____	38	
39 Combine line 37 and line 38	39	5,542.
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 \$130,831		
Married filing joint or qualifying widow(er) \$261,664		
Head of household \$196,248		
Is the amount you entered on line 40 more than your standard deduction below?		
Single or married filing separate \$2,960		
Married filing joint, head of household, or qualifying widow(er) \$5,920		
40	40	5,542.
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.		

YEAR
2001

CALIFORNIA SOURCES

CALIFORNIA FORM
3801

Passive Activity Loss Limitations

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

Part I 2001 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	32,112.	
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	32,112.	
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	32,112.	

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 separate, 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 2001. 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		

2001 Income from Passthroughs

CA ALL-SOURCES

JUSTICE INVESTORS

I.D. NUMBER: [REDACTED]

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE INCOME	1,518
----------------	-------

NET INCOME (LOSS) FOR ENTITY	<u>1,518</u>
------------------------------	--------------

ACTIVITY INFORMATION:

JUSTICE INVESTORS

RENTAL REAL ESTATE INCOME (LOSS)	1,785
SECTION 754 DEPRECIATION	-267

TOTAL PASSIVE GAIN (LOSS)	<u><u>1,518</u></u>
---------------------------	---------------------

GRETA E. JUDAH TRUST FBO RAY JUDAH
I.D. NUMBER: [REDACTED]

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE INCOME	30,594
NET INCOME (LOSS) FOR ENTITY	<u>30,594</u>

ACTIVITY INFORMATION:

GRETA E. JUDAH TRUST FBO RAY JUDAH

ORDINARY INCOME (LOSS)	30,594
TOTAL PASSIVE GAIN (LOSS)	<u>30,594</u>

R.Q. RICHARDS FOUNDATION MTG PTR
I.D. NUMBER:

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE LOSS ALLOWED -7

NET INCOME (LOSS) FOR ENTITY -7

ACTIVITY INFORMATION:

R.Q. RICHARDS FOUNDATION MTG PTR

ORDINARY INCOME (LOSS) -7

TOTAL PASSIVE GAIN (LOSS) -7

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	1,518.	0.		1,518.	
GRETA E. JUDAH TRUST					
FBO RAY JUDAH	30,594.	0.		30,594.	
TOTALS	32,112.	0.		32,112.	

CA 3801 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 2

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	1,518.		1,518.		
GRETA E. JUDAH TRUST	SCH E					
FBO RAY JUDAH		30,594.		30,594.		
TOTALS		32,112.		32,112.		

139083/11-08-01

--- DETACH HERE ---

IF NO PAYMENT IS DUE, DO NOT MAIL

--- DETACH HERE ---

TAXABLE YEAR

2002

Estimated Tax for Individuals

Due Sept. 16, 2002

CALIFORNIA FORM

540-ES

JUDA **
HENRY R JUDAH
KRISTEN L JUDAH

02

APE

0

12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050

Payment
Voucher
3

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

166.

568666135JUDA036012608000000000001666

For Privacy Act Notice, get form FTB 1131.

540ES02106022

Form 540-ES (REV. 2001)

139084/11-08-01

--- DETACH HERE ---

IF NO PAYMENT IS DUE, DO NOT MAIL

--- DETACH HERE ---

TAXABLE YEAR

2002

Estimated Tax for Individuals

Due Jan. 15, 2003

CALIFORNIA FORM

540-ES

JUDA **
HENRY R JUDAH
KRISTEN L JUDAH

02

APE

0

12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050

**Payment
Voucher
4**

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

370.

568666135JUDA0360126080000000000003707



2002 Florida Intangible Personal Property Tax Return for
Individual and Joint Filers as of January 1, 2002

CCH1

DR-6011
R. 01/02

8209000101023115035686661354

Name HENRY R JUDAH
Name KRISTEN L JUDAH
Address 12664 COCONUT CREEK CT
Address
City/State/ZIP FORT MYERS, FL 33908-30

Filing Status JOINT Amended Return
Deceased #1SSN [REDACTED]

Address Changes
[REDACTED]

DOR Use Only

/ /

[REDACTED]	0	6700	6500
[REDACTED]	0	200	0
0	0	0	
0	10658200	0	
2	10658200	0	
0	0		
			6500

- Loans, Notes, and Accounts Receivable (From Schedule B, Line 12)
- Beneficial Interest in Any Trust (From Schedule C, Line 13)
- Bonds (From Schedule D, Line 14)
- Stocks, Mutuals, Money Market Funds, and Limited Partnership Interests (From Schedule E, Line 15)..... 106582.00
- Total Taxable Intangible Assets (Total of Lines 1 through 4). Also enter on Line 1 of Tax Calculation Worksheet. 106582.00
- Total Tax Due (From Tax Calculation Worksheet, Line 5)
If Line 6 is less than \$60, no payment is due. (File your return by Telefile or Internet) 67.00
- 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 federal or state holiday.) 2.00
- Penalty
- Interest
- Voluntary Election Campaign Contribution
- 11a. Total Due 65.00
- 11b. Less Amount Paid with Extension
- 11c. Total Due (Line 11a less Line 11b; U.S. funds only) 65.00

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.]

144001/10-10-01

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

Payment Coupon 2002 Florida Intangible Tax

Do Not Detach Gilbert, Wallace, Stewart, McGee
Stramel & Sowers, P.A. 59-2745432
P.O. Box 308 Fort Myers, FL 33902

CCH1

Return and Payment must be postmarked no later than June 30, 2002, to avoid Penalty and Interest.

DR-6011
R. 01/02

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

HENRY R AND KRISTEN L JUDAH #1SSN [REDACTED]
12664 COCONUT CREEK CT #2SSN [REDACTED]

Make Check Payable and Mail to:

FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0140

FORT MYERS, FL 33908-30

568666135	0	6700	6500
555450360	0	200	0
0	0	0	
0	10658200	0	
2	10658200	0	
0	0		

6500

8209 00010102 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 2001

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
1. Enter Total Intangible Assets from Schedule A, Line 5	\$	\$ 106,582.
2. Subtract Personal Exemption	-\$20,000	-\$40,000
3. Taxable Assets	\$	\$ 66,582.
4. Multiply by Tax Rate	X .001	X .001
5. Total Tax Due, carry Amount to Schedule A, Line 6	\$	\$ 67.

Do not mark in this area

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

Mail to: FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0140

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 [s.215.34(2), F.S.].

Include These Schedules With Your Tax Return

CCH1
DR-6011S
R. 01/02

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, 2002
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, 2002 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 Value (F)	Total Taxable Amount January 1, 2002 (G)
b. Total Value of Bonds in Trust				b.		
Beneficial Interest in Other Intangible Assets						
Type of Property						Total Taxable Amount January 1, 2002
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.

Bonds

14404 1/10-03-01

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

[illegible]

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).