

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2003

Henry Raymond Judah
County Commissioner, District 3
Lee County
Elected Constitutional Officer
12664 Coconut Creek Ct
Fort Myers, FL 33908-3050

COPY

FOR OFFICE
USE ONLY:

ID Code



ID No.

11109

Conf. Code

P. Req. Code

Judah Henry Raymond

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, 2003, 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 22, 20 04 was \$ 695,261.21

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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

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

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET | VALUE OF ASSET |
|--|----------------|
| Residence 01-46-23-28-00000.1180 | \$318,206.00 |
| Residential lot No. B4L10 Wild River Phase III, Deschutes Co. OR | \$ 48,721.00 |
| Ltd. Partnership - Justice Investors Ltd. | \$ 80,000.00 |
| Charles Schwab Brokerage Accounty & Money Market Fund | \$115,626.90 |
| Lee County Deferred Compensation Program | \$ 90,821.12 |

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 | \$ 8,113.81 |
| | |
| | |
| | |

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 2003 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 2003 federal income tax return. [If you check this box and attach a copy of your 2003 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 24th day of

JUNE, 20 04 by HENRY RAY JUDAH

Dinah L. Johnson
(Signature of Notary Public--State of Florida)



Dinah L. Johnson
My Commission DD248375
Expires September 09, 2007

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

Personally Known X OR Produced Identification

Type of Identification Produced

Henry Raymond Judah
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

FORM 6:
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2003
(Continued)

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

| <u>Description of Asset</u> | <u>Value of Asset</u> |
|-----------------------------|-----------------------|
| Bank Accounts | |
| Wachovia Bank | \$6,106.27 |
| Sun Trust | |
| Roth IRA | \$4,762.38 |

RECEIVED
2004 APR 23 11:10
SUNTRUST BANK

Label

(See instructions on page 19.)

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign (See page 19.)

L
A
B
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L

H
E
R
E

For the year Jan. 1-Dec. 31, 2003, or other tax year beginning

2003, ending

20

OMB No. 1545-0074

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. If you have a foreign address, see page 19.

FORT MYERS, FL 33908-3050

Your social security number

Spouse's social security number

▲ 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? ▶

You

Yes No

Spouse

Yes No

Filing Status

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child. (See page 20.)

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 6ab ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If qualifying child for child tax credit (see page 21)

KALLEN LEE JUDAH

SON

No. of boxes checked on 6a and 6b

2

No. of children on 6c who:

● lived with you 1
● did not live with you due to divorce or separation (see page 21)

Dependents on 6c not entered above

Add numbers on lines above ▶

3

d Total number of exemptions claimed

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 22.

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

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

7

69,103.

8a Taxable interest. Attach Schedule B if required

8a

1,253.

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

8b

9a Ordinary dividends. Attach Schedule B if required

9a

1,539.

b Qualified dividends (see page 23)

9b

1,535.

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

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

13a

b If box on 13a is checked, enter post-May 5 capital gain distributions

13b

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount (see page 25)

15b

16a Pensions and annuities

16a

b Taxable amount (see page 25)

16b

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

17

7,325.

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount (see page 27)

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

79,220.

Adjusted Gross Income

23 Educator expenses (see page 29)

23

24 IRA deduction (see page 29)

24

25 Student loan interest deduction (see page 31)

25

26 Tuition and fees deduction (see page 32)

26

27 Moving expenses. Attach Form 3903

27

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

28

29 Self-employed health insurance deduction (see page 33)

29

30 Self-employed SEP, SIMPLE, and qualified plans

30

31 Penalty on early withdrawal of savings

31

32a Alimony paid b Recipient's SSN ▶

32a

33 Add lines 23 through 32a

33

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

34

79,220.

Tax and Credits

Standard Deduction for -

• People who checked any box on line 36a or 36b or who can be claimed as a dependent.

• All others:
Single, or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

| | | | |
|-----|---|----|---------|
| 35 | Amount from line 34 (adjusted gross income) | 35 | 79,220. |
| 36a | Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 36a <input type="checkbox"/> 36b | | |
| b | If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien | | |
| 37 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 37 | 10,931. |
| 38 | Subtract line 37 from line 35 | 38 | 68,289. |
| 39 | If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35 | 39 | 9,150. |
| 40 | Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0- | 40 | 59,139. |
| 41 | Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 41 | 8,256. |
| 42 | Alternative minimum tax. Attach Form 6251 | 42 | |
| 43 | Add lines 41 and 42 | 43 | 8,256. |
| 44 | Foreign tax credit. Attach Form 1116 if required | 44 | |
| 45 | Credit for child and dependent care expenses. Attach Form 2441 | 45 | |
| 46 | Credit for the elderly or the disabled. Attach Schedule R | 46 | |
| 47 | Education credits. Attach Form 8863 | 47 | |
| 48 | Retirement savings contributions credit. Attach Form 8880 | 48 | |
| 49 | Child tax credit (see page 40) | 49 | 600. |
| 50 | Adoption credit. Attach Form 8839 | 50 | |
| 51 | Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 | 51 | |
| 52 | Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify | 52 | |
| 53 | Add lines 44 through 52. These are your total credits | 53 | 600. |
| 54 | Subtract line 53 from line 43. If line 53 is more than line 43, enter -0- | 54 | 7,656. |
| 55 | Self-employment tax. Attach Schedule SE | 55 | |
| 56 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 56 | |
| 57 | Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required | 57 | |
| 58 | Advance earned income credit payments from Form(s) W-2 | 58 | |
| 59 | Household employment taxes. Attach Schedule H | 59 | |
| 60 | Add lines 54 through 59. This is your total tax | 60 | 7,656. |

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

| | | | |
|----|---|----|---------|
| 61 | Federal income tax withheld from Forms W-2 and 1099 | 61 | 7,314. |
| 62 | 2003 estimated tax payments and amount applied from 2002 return | 62 | 3,000. |
| 63 | Earned income credit (EIC) | 63 | |
| 64 | Excess social security and tier 1 RRTA tax withheld (see page 56) | 64 | |
| 65 | Additional child tax credit. Attach Form 8812 | 65 | |
| 66 | Amount paid with request for extension to file (see page 56) | 66 | |
| 67 | Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 | 67 | |
| 68 | Add lines 61 through 67. These are your total payments | 68 | 10,314. |

Refund

Direct deposit? See page 58 and fill in 70b, 70c, and 70d.

| | | | |
|-----|--|-----|--------|
| 69 | If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid | 69 | 2,658. |
| 70a | Amount of line 69 you want refunded to you | 70a | 2,298. |
| b | Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/> | | |
| 71 | Amount of line 69 you want applied to your 2004 estimated tax | 71 | 360. |

Amount You Owe

| | | | |
|----|---|----|--|
| 72 | Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57 | 72 | |
| 73 | Estimated tax penalty (see page 58) | 73 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? ☒ Yes. Complete the following. ☐ No

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

Sign Here

Joint return? See page 20. 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 **TAXPAYER'S COPY** Date **no.** Your occupation **COUNTY COMMISSIONER** Daytime phone number **no.**

Spouse's signature. If a joint return, both must sign. Spouse's occupation **no.**

Paid

Preparer's signature

Date **no.** Check if self-employed ☐ Preparer's SSN or PTIN **P00045558**

Use Only

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

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

Department of the Treasury—Internal Revenue Service

| | | |
|--|--|--|
| a Control number 1344 | 1 Wages, tips, other compensation 65867.92 | 2 Federal income tax withheld 7252.60 |
| OMB NO. 1545-0008 | 3 Social security wages 73867.86 | 4 Social security tax withheld 4579.81 |
| | 5 Medicare wages and tips 73867.86 | 6 Medicare tax withheld 1071.08 |
| c Employer's name, address and ZIP code BOARD OF COUNTY COMMISSIONERS 2115 SECOND STREET FORT MYERS FL 33901 | | |
| 7 Social security tips .00 | 8 Allocated tips .00 | 9 Advance EIC payment .00 |
| 10 Dependent care benefits .00 | 11 Nonqualified plans .00 | 12a See instructions for box 12 C 264.04 |
| 12b G 7999.94 | 12c | 12d |
| b Employer's identification number 59-6000702 | | d Employee's social security number |
| 13 Statutory employee X | Retirement plan X | 14 Other |
| e Employee's name, address and ZIP code HENRY R JUDAH 12664 COCONUT CREEK COURT FT MYERS FL 33908 | | |
| This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. | | |
| 2003 | 15 State Employer's state I.D. No. | 16 State wages, tips, etc. .00 |
| Form W-2 Wage and Tax Statement Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) | | 17 State income tax .00 |
| | | 18 Local wages, tips, etc. .00 |
| | | 19 Local income tax .00 |
| | | 20 Locality name |

| | |
|---|---|
| 1 Wages, tips, other comp. 3235.44 | 2 Federal income tax withheld 61.30 |
| 3 Social security wages 3235.44 | 4 Social security tax withheld 200.60 |
| 5 Medicare wages and tips 3235.44 | 6 Medicare tax withheld 46.91 |
| a Control Number 011676 73/MEL | Dep't 003183 |
| Corp. T | Employer use only 843 |
| c Employer's name, address, and ZIP code JONES RETAIL CORPORATION 180 RITTENHOUSE CIRCLE BRISTOL PA 19007 | |
| Batch #01705 | |
| b Employer's FED ID number 23-2256563 | d Employee's SSA number |
| 7 Social security tips | 8 Allocated tips |
| 9 Advance EIC payment | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 |
| 14 Other | 12b |
| | 12c |
| | 12d |
| 13 Stat emp./Ret plan/3rd party sick pay | |
| e1 Employee's name, address and ZIP code KRISTEN L JUDAH 12664 COCONUT CREEK C FT. MYERS, FL 33908 | |
| 15 State Employer's state ID no. FL | 16 State wages, tips, etc. |
| 17 State income tax | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |
| Safe, accurate, FAST! Use IRS e-file Visit the IRS Web Site at www.irs.gov . | |
| Employee Reference Copy W-2 Wage and Tax Statement Copy C for employee's records. | |
| 2003 OMB No. 1545-0008 | |

2003 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2003 pay stub plus any adjustments submitted by your employer.

| | | | | |
|--------------------------|---------|------------------------------|--------|----------------------|
| Gross Pay | 3235.44 | Social Security Tax Withheld | 200.60 | FL. State Income Tax |
| | | Box 4 of W-2 | | Box 17 of W-2 |
| | | | | SUI/SDI |
| | | | | Box 14 of W-2 |
| Fed. Income Tax Withheld | 61.30 | Medicare Tax Withheld | 46.91 | |
| Box 2 of W-2 | | Box 6 of W-2 | | |

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | FL. State Wages Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|--|
| Gross Pay | 3,235.44 | 3,235.44 | 3,235.44 | |
| Reported W-2 Wages | 3,235.44 | 3,235.44 | 3,235.44 | |

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll.

**KRISTEN L JUDAH
12664 COCONUT CREEK
C
FT. MYERS, FL 33908**

Social Security Number:
Taxable Marital Status: **MARRIED**
Exemptions/Allowances:
FEDERAL: 0
STATE: No State Income Tax

SCHEDULES A&B
(Form 1040)

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

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

2003

Attachment
Sequence No. **07**

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 35 | 2 | |
| 3 | Multiply line 2 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 | 5 State and local income taxes SEE STATEMENT 3 | 5 | 890. |
| (See page A-2.) | 6 Real estate taxes (see page A-2) | 6 | 9,841. |
| | 7 Personal property taxes | 7 | |
| | 8 Other taxes. List type and amount | 8 | |
| | 9 Add lines 5 through 8 | 9 | 10,731. |
| Interest You Paid | 10 Home mortgage interest and points reported to you on Form 1098 | 10 | |
| (See page A-3.) | 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: | 12 Points not reported to you on Form 1098. (See page A-3.) | 12 | |
| Personal interest is not deductible. | 13 Investment interest. Attach Form 4952 if required. (See page A-4.) | 13 | |
| | 14 Add lines 10 through 13 | 14 | |
| Gifts to Charity | 15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4 | 15 | 200. |
| If you made a gift and got a benefit for it, see page A-4. | 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 | 200. |
| 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 | 20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.) | 20 | 611. |
| (See page A-5.) | ▶ FROM FORM 2106 | 21 | 900. |
| | 21 Tax preparation fees | 22 | |
| | 22 Other expenses - investment, safe deposit box, etc. List type and amount | 23 | 1,511. |
| | 23 Add lines 20 through 22 | 24 | 79,220. |
| | 24 Enter amount from Form 1040, line 35 | 25 | 1,584. |
| | 25 Multiply line 24 by 2% (.02) | 26 | 0. |
| | 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- | 27 | |
| Other Miscellaneous Deductions | 27 Other - from list on page A-6. List type and amount | 27 | |
| Total Itemized Deductions | 28 Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filing separately)? <input checked="" type="checkbox"/> 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 37. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter. | 28 | 10,931. |

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 ►

CMT CREDIT UNIONEDISON NATIONAL BANK#TSUNTRUST BANK SVGS#6WACHOVIA # -CKGWACHOVIA # -SVGS

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.

Amount2.1,241.3.1.6.

- 2 Add the amounts on line 1

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.

Attach Form 8815

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

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

1**2****3****4**1,253.1,253.**Part II
Ordinary
Dividends**

- 5 List name of payer ►

CHARLES SCHWAB & CO#GSFROM K-1 - GRETA E. JUDAH TRUST FBO RAY JUDAH

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.

Amount1,538.1.**5**

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

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

61,539.**Part III
Foreign
Accounts
and
Trusts**

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

Yes**No**

- 7a At any time during 2003, 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 2003, 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

X327501
10-15-03

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

Schedule B (Form 1040) 2003

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

27 Are you reporting losses not allowed in prior years due to the at-risk or basis limitations, passive losses not reported on Form 8582, or unreimbursed partnership expenses? ☐ Yes ☒ No
If you answered "Yes," see page E-5 before completing this section.
Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

| 28 | (a) Name | (b) Enter P for partnership; S for S corporation | (c) Check if foreign partnership | (d) Employer identification number | (e) Check if any amount is not at risk |
|----|-------------------|--|----------------------------------|------------------------------------|--|
| A | JUSTICE INVESTORS | P | | 94-6213901 | |
| B | | | | | |
| C | | | | | |
| D | | | | | |

| Passive Income and Loss | | Nonpassive Income and Loss | | |
|---|--------------------------------------|---------------------------------------|--|---|
| (f) Passive loss allowed (attach Form 8582 if required) | (g) Passive income from Schedule K-1 | (h) Nonpassive loss from Schedule K-1 | (i) Section 179 expense deduction from Form 4562 | (j) Nonpassive income from Schedule K-1 |
| A | 253. | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| 29a Totals | 253. | | | |
| b Totals | | | | |
| 30 Add columns (g) and (j) of line 29a | | | 30 | 253. |
| 31 Add columns (f), (h), and (i) of line 29b | | | 31 | () |
| 32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below | | | 32 | 253. |

Part III Income or Loss From Estates and Trusts

| 33 | (a) Name | (b) Employer identification number |
|----|------------------------------------|------------------------------------|
| A | GRETA E. JUDAH TRUST FBO RAY JUDAH | 68-6082466 |
| 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 | 7,072. | | |
| B | | | |
| 34a Totals | 7,072. | | |
| b Totals | | | |
| 35 Add columns (d) and (f) of line 34a | | 35 | 7,072. |
| 36 Add columns (c) and (e) of line 34b | | 36 | () |
| 37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below | | 37 | 7,072. |

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

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

Part V Summary

| | | | |
|----|---|----|--------|
| 40 | Net farm rental income or (loss) from Form 4835. Also, complete line 42 below | 40 | |
| 41 | Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17 | 41 | 7,325. |
| 42 | Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6) | 42 | |
| 43 | Reconciliation for Real Estate Professionals. If you were a real estate professional, (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules | 43 | |

Employee Business Expenses

▶ See separate instructions.

▶ Attach to Form 1040.

2003Attachment
Sequence No. **54**

Your name

HENRY R JUDAH

Occupation in which you incurred expenses

COUNTY COMMISSIONER

Social security number

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 3,143. | |
| 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 3,143. | |

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 | 8 611. | |
| 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 65% (.65) instead of 50%. For details, see instructions.) | 9 611. | |
| 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 | 611. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form 2106 (2003)

SUPERVISOR'S SIGNATURE
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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 2003 | 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 36¢ (.36) | 22 | 3,143. |
|----------------------------------|----|--------|

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 section 179 deduction and special allowance (see instructions) | 31 | |
| 32 Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) | 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 applicable limit explained 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 **2106** (2003)

California Nonresident or Part-Year
Resident Income Tax Return 2003

Long Form

FORM
540NR

C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2004.

JUDA ** 03
 HENRY R JUDAH
 KRISTEN L JUDAH
 12664 COCONUT CREEK CT
 FORT MYERS FL 33908-3050

P
AC
A
R
RP

Step 2

Filing Status

Check only one.

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

Step 3

Exemptions

Enclose, but do
not staple, any
payment.

- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, check the box ☐ 6
 ► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.
 7 **Personal:** If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions 7 ☐ 2 X \$82 = \$ 164
 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$82 = \$
 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 9 ☐ X \$82 = \$
 10 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.
 KALLEN LEE JUDAH SON
 Total dependent exemptions 10 ☐ 1 X \$257 = \$ 257
 11 **Exemption amount:** Add line 7 through line 10 11 \$ 421

Step 4

Total
Taxable
IncomeStandard
DeductionSingle or Married
filing separately,
\$3,070Married filing
jointly, Head of
household, or
Qualifying
widow(er), \$6,140

- 12 Total California wages from all your Form(s) W-2, box 16 12
 13 Enter federal adjusted gross income from Form 1040, line 34; Form 1040A, line 21; Form 1040EZ, line 4; TeleFile Tax Record, line I; Form 1040NR, line 33; or Form 1040NR-EZ, line 10 13 79,220.
 14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 34, column B 14 2,878.
 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 76,342.
 16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 34, column C 16
 17 Adjusted gross income from all sources. Combine line 15 and line 16 17 76,342.
 18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 40; OR Your California standard deduction (see left margin). See instructions 18 10,041.
 19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 19 66,301.

Step 5

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

- 20 Tax on the amount shown on line 19. Check the box if from:
☒ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 or ☐ FTB 3803 20 2,489.
Caution: If under age 14 and you have more than \$1,500 of investment income. See instructions.
 21 CA adjusted gross income from Schedule CA (540NR), Part IV, line 42 21 4,448.
 22 CA Taxable Income from Schedule CA (540NR), Part IV, line 46 22 3,863.
 23 CA Tax Rate. Divide line 20 by line 19 23 .0375
 24 CA Tax Before Exemption Credits. Multiply line 22 by line 23 24 145.
 25a CA Exemption Credit Percentage. Divide line 22 by line 19. If more than 1, enter 1.0000 25a .0583
 25b CA Prorated Exemption Credits. Multiply line 11 by line 25a. If the amount on line 13 is more than \$135,714, see instructions. 25b 25.
 25c CA Regular Tax Before Credits. Subtract line 25b from line 24. If less than zero enter -0- 25c 120.
 26 Tax. Check the box if from: ☐ Schedule G-1, Tax on Lump-Sum Distributions ☒ Form FTB 5870A, Tax on Accumulation Distribution of Trusts 26
 27 Add line 25c and line 26. Continue to Side 2 27 120.

| | | | | |
|---|--|--|---|----------|
| Step 6 | | Your name: HENRY R JUDAH | Your SSN: _____ | |
| Special Credits and Nonrefundable Renter's Credit | 28 | Amount from Side 1, line 27 | 120. | |
| | 31 | Credit for joint custody head of household. See instructions | • 31 | |
| | 32 | Credit for dependent parent. See instructions | • 32 | |
| | 33 | Credit for senior head of household. See instructions | • 33 | |
| | 34 | Credit for long-term care. See instructions | • 34 | |
| | 36 | Credit percentage and credit amount. See instructions. Credit percentage 36a | • 36 | |
| | 37 | Enter credit name _____ code no _____ and amount _____ | ► 37 | |
| | 38 | Enter credit name _____ code no _____ and amount _____ | ► 38 | |
| | 39 | To claim more than two credits, see instructions | • 39 | |
| | 40 | Nonrefundable renter's credit. See instructions for "Step 6" | • 40 | |
| 42 | Add line 36 through line 40. These are your total credits | 42 | | |
| 43 | Subtract line 42 from line 28. If less than zero, enter -0- | 43 | 120. | |
| Step 7 | | | | |
| Other Taxes | 44 | Alternative minimum tax. Attach Schedule P (540NR) | • 44 | |
| | 45 | Other taxes and credit recapture. See instructions | • 45 | |
| 46 | Add line 43 through line 45. This is your total tax | • 46 | 120. | |
| Step 8 | | | | |
| Payments | 47 | California income tax withheld. See instructions | ■ 47 | |
| | 48 | Nonresident withholding (Form(s) 592-B, 594, or 597). See instructions | ■ 48 | |
| | 49 | 2003 CA estimated tax and other payments. See instructions | ■ 49 520. | |
| | 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 | 520. | |
| Step 9 | | | | |
| Overpaid Tax or Tax Due | 56 | Overpaid tax. If line 55 is more than line 46, subtract line 46 from line 55 | 56 400. | |
| | 57 | Amount of line 56 you want applied to your 2004 estimated tax | ■ 57 120. | |
| | 58 | Overpaid tax available this year. Subtract line 57 from line 56 | ■ 58 280. | |
| | 59 | Tax due. If line 55 is less than line 46, subtract line 55 from line 46 | 59 | |
| Step 10 | | | | |
| Contributions | CA Seniors Special Fund. | | | |
| | See instructions | • 60 .00 | CA Breast Cancer Research Fund | • 65 .00 |
| | Alzheimer's Disease/Related Disorders Fund | • 61 .00 | CA Firefighters' Memorial Fund | • 66 .00 |
| | CA Fund for Senior Citizens | • 62 .00 | Emergency Food Assistance Program Fund | • 67 .00 |
| | Rare and Endangered Species | | CA Peace Officer Memorial Foundation Fund | • 68 .00 |
| | Preservation Program | • 63 .00 | Asthma and Lung Disease Research Fund | • 69 .00 |
| | State Children's Trust Fund for the | | CA Missions Foundation Fund | • 70 .00 |
| | Prevention of Child Abuse | • 64 .00 | | |
| | 73 | Add line 60 through line 70. These are your total contributions | • 73 | |
| | Step 11 | | | |
| Refund or Amount You Owe | 74 | REFUND OR NO AMOUNT DUE. Subtract line 73 from line 58. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 | ■ 74 280. | |
| | 75 | AMOUNT YOU OWE. Add line 59 and line 73. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 | ■ 75 | |
| Step 12 | | | | |
| Interest and Penalties | 76 | Interest, late return penalties, and late payment penalties | 76 | |
| | 77 | Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached | ■ 77 | |
| | 78 | Total amount due. Enclose, but do not staple, any payment | 78 | |
| | 79 | If you do not need California income tax forms mailed to you next year, check the box <input checked="" type="checkbox"/> | • 79 | |
| Step 13 | | | | |
| Direct Deposit (Refund Only) | Do not attach a voided check or a deposit slip. See instr. Complete this section to have your refund directly deposited. | | Routing number _____ | |
| | Account Type: | Account number _____ | | |
| Checking | <input type="checkbox"/> | Savings | <input type="checkbox"/> | |
| 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 (optional) (239) 335-2480 | | |
| It is unlawful to forge a spouse's signature. | Spouse's signature (if filing jointly, both must sign) | | | |
| | Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) | | Date | |
| Joint return? See instructions. | Firm's name (or yours if self-employed) | Firm's address | Paid Preparer's SSN/PTIN P00045558 FEIN 59-2745432 | |
| GILBERT, WALLACE, STEWART, PO BOX 308, FORT MYERS, FL 33902-0308 | | | | |

2003

California Adjustments - Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on return

Social security number

HENRY R & KRISTEN L JUDAH

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

Yourself

Spouse

During 2003

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 2003:

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 (difference between CA and Federal law) | Additions See instructions (difference between CA and Federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C. 7 | 69,103. | | | 69,103. | |
| 8 Taxable interest income 8 | 1,253. | | | 1,253. | |
| 9 (a) Ordinary dividends 9(a) | 1,539. | 1. | | 1,538. | |
| (b) 1,535. | | | | | |
| 10 Taxable refunds, credits, or offsets of state and local income taxes. Enter the same amount in column A and column B 10 | | | | | |
| 11 Alimony received 11 | | | | | |
| 12 Business income or (loss) 12 | | | | | |
| 13 (a) Capital gain or (loss) 13(a) | | | | | |
| (b) 13(b) | | | | | |
| 14 Other gains or (losses) 14 | | | | | |
| 15 Total IRA distributions 15(b) | | | | | |
| 16 Total pensions & annuities 16(b) | | | | | |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 17 | 7,325. | 2,877. | | 4,448. | 4,448. |
| 18 Farm income or (loss) 18 | | | | | |
| 19 Unemployment compensation 19 | | | | | |
| 20 Social security benefits 20(b) | | | | | |
| (a) 20(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 | | SUSPENDED | | 21 | 21 |
| e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 | | SUSPENDED | | | |
| f Other (describe) _____ | | | | | |
| 22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 22a | 79,220. | 2,878. | | 76,342. | 4,448. |

Income Adjustment Schedule

| | A | B | C | D | E |
|--|--|--|---|--|---|
| Section B - Adjustments to Income | Federal Amounts (taxable amounts from your federal return) | Subtractions (See instructions (difference between CA & federal law)) | Additions (See instructions (difference between CA & federal law)) | Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 22b Enter totals from Schedule CA (540NR), Side 1, line 22a, column A through column E | 79,220. | 2,878. | | 76,342. | 4,448. |
| 23 Educator expense | | | | | |
| 24 IRA deduction | | | | | |
| 25 Student loan interest deduction | | | | | |
| 26 Tuition and fees deduction | | | | | |
| 27 Moving expenses | | | | | |
| 28 One-half of self-employment tax | | | | | |
| 29 Self-employed health insurance deduction | | | | | |
| 30 Self-employed SEP, SIMPLE, and qualified plans | | | | | |
| 31 Penalty on early withdrawal of savings | | | | | |
| 32a Alimony paid. (b) Enter recipient's: SSN _____ Last name _____ | | | | | |
| 33 Add line 23 through line 32a in each column, A through E | | | | | |
| 34 Total. Subtract line 33 from line 22b in each column, A through E | 79,220. | 2,878. | | 76,342. | 4,448. |

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 | 10,931. |
| 36 Enter total of federal Schedule A (Form 1040), line 5 (state and local income tax and State Disability Insurance) and line 8 (foreign taxes only) | 36 | 890. |
| 37 Subtract line 36 from line 35 | 37 | 10,041. |
| 38 Other adjustments including California lottery losses. See instructions. Specify _____ | 38 | |
| 39 Combine line 37 and line 38 | 39 | 10,041. |
| 40 Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status? Single or married filing separately \$135,714 Head of household \$203,574 Married filing jointly or qualifying widow(er) \$271,432 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 | 40 | 10,041. |
| 41 Enter the larger of the amount on line 40 or your standard deduction listed below Single or married filing separately \$3,070 Married filing jointly, head of household, or qualifying widow(er) \$6,140 | 41 | 10,041. |

Part IV California Taxable Income

| | | |
|--|----|---------|
| 42 California AGI. Enter your California AGI from line 34, column E | 42 | 4,448. |
| 43 Enter your deductions from line 41 | 43 | 10,041. |
| 44 Deduction percentage. Divide line 34, column E by line 34, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter 0 | 44 | .0583 |
| 45 California Itemized/Standard Deductions. Multiply line 43 by the percentage on line 44. | 45 | 585. |
| 46 California Taxable Income. Subtract line 45 from line 42. Transfer this amount to Long Form 540NR, line 22. If less than zero, enter -0- | 46 | 3,863. |

YEAR

CALIFORNIA SOURCES

CALIFORNIA FORM

2003

Passive Activity Loss Limitations

3801

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

Name(s) as shown on return

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

HENRY R & KRISTEN L JUDAH

Part I 2003 Passive Activity Loss

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

Rental Real Estate Activities with Active Participation

1a Activities with net income from Worksheet 1, column (a)

1a

1b Activities with net loss from Worksheet 1, column (b)

1b

1c Prior year unallowed losses from Worksheet 1, column (c)

1c

1d Combine line 1a, line 1b, and line 1c

1d

All Other Passive Activities

2a Activities with net income from Worksheet 2, column (a)

2a

4,448.

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

4,448.

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

4,448.

Part II Special Allowance for Rental Real Estate with Active Participation

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

4 Enter the smaller of the loss on line 1d or the loss on line 3

4

5 Enter \$150,000. If married filing a separate return, see instructions

5

6 Enter federal modified adjusted gross income, but not less than zero.

6

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

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 2003.

11

Add line 9 and line 10. See the instructions on Side 2 to find out how to report the losses on your tax return

2003 Income from Passthroughs

CA ALL-SOURCES

JUSTICE INVESTORS

I.D. NUMBER:

TAXABLE INCOME (LOSS) SUMMARY:

NET INCOME (LOSS) FOR ENTITY

0

ACTIVITY INFORMATION:

JUSTICE INVESTORS

SETTLEMENT INCOME

0

SECTION 754 DEPRECIATION

0

TOTAL PASSIVE GAIN (LOSS)

0

RECEIVED

2004 JUN 24 10:11:41

SUPERVISOR OF COURTESY

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

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE INCOME 4,448

NET INCOME (LOSS) FOR ENTITY 4,448

ACTIVITY INFORMATION:

GRETA E. JUDAH TRUST FBO RAY JUDAH

ORDINARY INCOME (LOSS) 4,448

TOTAL PASSIVE GAIN (LOSS) 4,448

RECEIVED
2006 JUN 24 10:11:41
SUPERVISOR OF ELECTIONS