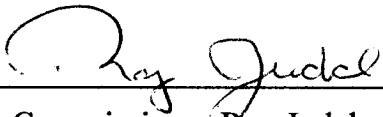


**MEMORANDUM**  
**FROM**  
**THE OFFICE OF COMMISSIONER RAY JUDAH**  
**LEE COUNTY BOARD OF COUNTY COMMISSIONERS**  
**DISTRICT 3**

**DATE:** June 14, 2006

**TO:** Sharon Harrington  
Supervisor of Elections

**FROM:**   
Commissioner Ray Judah

**RE:** Financial Disclosure for 2005

Enclosed please find a copy of Form 6, as prescribed by the Commission on Ethics, for making full and public my financial disclosure for year 2005.

Thank you.

**BOARD OF COUNTY COMMISSIONERS**

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

Bob Janes  
*District One*

Douglas R. St. Cerny  
*District Two*

Ray Judah  
*District Three*

Tammy Hall  
*District Four*

John E. Albion  
*District Five*

Donald D. Stilwell  
*County Manager*

David M. Owen  
*County Attorney*

Diana M. Parker  
*County Hearing Examiner*

**June 14, 2006**

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

**Dear Division Director:**

Enclosed please find Form 6, as prescribed by the Commission on Ethics, for making full and public my financial disclosure for year 2005.

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

Sincerely yours,



Ray Judah, District 3  
Lee County Board of County Commissioners

RJ:dj

## 2005

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

**Abstract**

[illegible]

ID No. 15400

Conf. Code

P. Req. Code \*\*\*\*\*

Judah, Henry

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

Please enter the value of your net worth as of December 31, 2005, 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 14, 2006 was \$ 802,873.81

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

**DESCRIPTION OF ASSET (specific description is required - see instructions p.4)**

Residence 01-46-23-28-00000.1180	\$459,906.00
Residential lot No. B4L10 Wild River Phase III, Deschutes County, Oregon	\$ 51,680.00
Ltd. Partnership - Justice Investors Ltd.	\$ 80,000.00
Charles Schwab Brokerage Account & Money Market Fund	\$ 52,103.16
Lee County Deferred Compensation Program	\$117,014.01

## NAME AND ADDRESS OF CREDITOR

Suncoast Schools Federal Credit Union	\$ 17,470.67
6801 East Hillsborough Avenue/P.O. Box 11904/Tampa, FL 33680	

## NAME AND ADDRESS OF CREDITOR

## AMOUNT OF LIABILITY

**PART D -- INCOME**

You may ***EITHER*** (1) file a complete copy of your 2005 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 2005 federal income tax return. [If you check this box and attach a copy of your 2005 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**

STATE OF FLORIDA  
COUNTY OF LEE

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.

Sworn to (or affirmed) and subscribed before me this 14<sup>th</sup> day of

JUNE, 20 06 by HENRY RAYMOND JUDAH

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

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

Personally Known X OR Produced Identification                     

Type of Identification Produced                     

Henry Raymond Judah  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

FORM 6:  
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2005  
(Continued)

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

<u>Description of Asset</u>	<u>Value of Asset</u>
Bank Accounts	
Wachovia Bank	\$4,169.24
Sun Trust	
 Roth IRA	 \$5,472.07

## Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning		2005, ending		20		OMB No. 1545-0074	
L A B E L  H E R E	Your first name and initial		Last name		Your social security number		
	HENRY R		JUDAH				
	If a joint return, spouse's first name and initial		Last name		Spouse's social security number		
	KRISTEN L		JUDAH				
	Home address (number and street). If you have a P.O. box, see page 16.				Apt. no.		You must enter ▲ your SSN(s) above.▲
12664 COCONUT CREEK CT							
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.						Checking a box below will not change your tax or refund.	
FORT MYERS, FL 33908-3050							

Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ☐ You ☐ Spouse

## Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☒ 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). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (see page 17)

## Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, 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) If qualifying child for child tax credit (see page 19) |
|----------------|-----------|--|-------------------------------------|--|
| KALLEN LEE     | JUDAH     |  | SON                                 |  |
|                |           |  |                                     |  |
|                |           |  |                                     |  |
|                |           |  |                                     |  |
- d Total number of exemptions claimed

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 20)

Dependents on 6c not entered above

Add numbers on lines above ▶ 3

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 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	84,737.
8a	Taxable interest. Attach Schedule B if required	8a	59.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	1,304.
b	Qualified dividends (see page 23)	9b	1,298.
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	<555.>
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	0.
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 29)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	85,545.
23	Educator expenses (see page 29)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 30)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN		
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 33)	33	
34	Tuition and fees deduction (see page 34)	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	85,545.

## Adjusted Gross Income

**Tax and Credits**

Standard Deduction for:

- People who checked any box on line 39a or 39b or who can be claimed as a dependent.

- All others
- Single or Married filing separately. \$5,000
- Married filing jointly or Qualifying widow(er). \$10,000
- Head of household. \$7,300

38	Amount from line 37 (adjusted gross income)	38	85,545.
39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,000.
41	Subtract line 40 from line 38	41	75,545.
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	9,600.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	65,945.
44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	9,681.
45	Alternative minimum tax. Attach Form 6251	45	
46	Add lines 44 and 45	46	9,681.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 41). Attach Form 8901 if required	52	
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	9,681.

**Other Taxes**

58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	9,681.

**Payments**

If you have a qualifying child, attach Schedule EIC

64	Federal income tax withheld from Forms W-2 and 1099	64	9,091.
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	
66b	Nontaxable combat pay election	66b	
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	9,091.

**Refund**

Direct deposit? See page 59 and fill in 73b, 73c, and 73d

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	
73a	Amount of line 72 you want refunded to you	73a	
73b	Routing number	73b	
73c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	73c	
73d	Account number	73d	
74	Amount of line 72 you want applied to your 2006 estimated tax	74	

**Amount**

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	590.
----	---	----	------

**You Owe**

76	Estimated tax penalty (see page 60)	76	
----	-------------------------------------	----	--

**Third Party**

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☒ Yes. Complete the following. ☐ No

**Designee**

Designee's name: **PREPARER** Phone no.: **591-2745** Personal identification number (PIN): **591-2745**

**Sign****Here**

Joint return? See page 17. Keep a copy for your records

Under penalty 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: **PREPARER** Date: **04/10/06** Your occupation: **COUNTY COMMISSIONER** Daytime phone number: **591-2745**

Spouse's signature: **PREPARER** Date: **04/10/06** Spouse's occupation: **COUNTY COMMISSIONER**

**Paid**

Preparer's signature: **PREPARER** Date: **04/10/06** Check if self-employed: ☐ Preparer's SSN or PTIN: **P00045558**

**Preparer's****Use Only**

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

EIN: **591-2745432** Phone no.: **239 334-1363**

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

Your social security number

HENRY R &amp; KRISTEN L JUDAH

## Schedule B - Interest and Ordinary Dividends

Attachment  
Sequence No. 08**Part I**  
**Interest**

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

WACHOVIA # - CKG

WACHOVIA # SVGS

FROM K-1 - JUSTICE INVESTORS

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

Amount

1.

10.

48.

1

- 2 Add the amounts on line 1

2

59.

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

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

4

59.

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

**Part II**  
**Ordinary Dividends**

- 5 List name of payer ▶

CHARLES SCHWAB &amp; CO# 2

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

Amount

1,304.

5

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

6

1,304.

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

**Part III**  
**Foreign Accounts and Trusts**

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

Yes No

- 7a At any time during 2005, 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 2005, 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

507501  
11-21-05



**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

**2005**  
Attachment  
Sequence No. **12**

Your social security number

**HENRY R & KRISTEN L JUDAH**

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

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

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 SCHWAB SMALL CAP INDEX - 140 SHS	08/12/98	02/24/05	3,010.	2,650.	360.
SCHWAB SMALL CAP INDEX - 161.63 SHS	08/12/98	05/06/05	2,695.	2,492.	203.
COMPUWARE - 150 SHS	02/12/99	08/02/05	1,292.	3,491.	<2,199.>
INTEL CORP - 160 SHS	04/20/98	08/02/05	4,398.	3,174.	1,224.
LUCENT TECH INC - 300 SHS	10/09/98	08/02/05	860.	5,673.	<4,813.>
9 Enter your long-term totals, if any, from Schedule D-1, line 9		9	10,359.		4,670.
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10	22,614.		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13 Capital gain distributions				13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14	( )
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15	<555.>

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

Schedule D (Form 1040) 2005

**Part III Summary**

16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below	16	<555.>
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-8 of the instructions	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040. Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet on page D-9 of the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: <ul style="list-style-type: none"> <li>The loss on line 16 or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	( 555.)
Note. When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 9b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040. <input type="checkbox"/> No. Complete the rest of Form 1040.		

Schedule D (Form 1040) 2005

Name(s) shown on Form 1040

Your social security number

HENRY R &amp; KRISTEN L JUDAH

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
COCA COLA - 95 SHS	12/07/89	11/01/05	4,036.	911.	3,125.
CHEVRON CORP - 35 SHS	11/26/86	11/28/05	2,030.	811.	1,219.
EDISON INTNL - 50 SHS	09/30/86	11/28/05	2,223.	869.	1,354.
MICROSOFT - 75 SHS	02/22/99	11/28/05	2,070.	3,098.	(1,028.)
9 Totals. Add the amounts in column (d). Also, combine the amounts in column (f). Enter here and on Schedule D, line 9			10,359.		4,670.

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

Your social security number

HENRY R &amp; KRISTEN L JUDAH

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

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

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

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	JUSTICE INVESTORS	P		94-6213901	
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					
B					
C					
D					
29a	Totals				
b	Totals				
30	Add columns (g) and (j) of line 29a				30
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

**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					
B					
34a	Totals				
b	Totals				
35	Add columns (d) and (f) of line 34a			35	
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	

**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	0.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code N; and Schedule K-1 (Form 1041), line 14, code F (see page E-7)	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	

# Passive Activity Loss Limitations

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

**2005**  
Attachment  
Sequence No. 88

Name(s) shown on return

Identifying number

**HENRY R & KRISTEN L JUDAH**

**Part I 2005 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation see Special Allowance for Rental Real Estate Activities on page 3 of the instructions.)

- 1a Activities with net income (enter the amount from Worksheet 1, column (a))
- 1b Activities with net loss (enter the amount from Worksheet 1, column (b))
- 1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))
- 1d Combine lines 1a, 1b, and 1c

1a	
1b	
1c	

1d

**Commercial Revitalization Deductions From Rental Real Estate Activities**

- 2a Commercial revitalization deductions from Worksheet 2, column (a)
- 2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)
- 2c Add lines 2a and 2b

2a	
2b	

2c

**All Other Passive Activities**

- 3a Activities with net income (enter the amount from Worksheet 3, column (a))
- 3b Activities with net loss (enter the amount from Worksheet 3, column (b))
- 3c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))
- 3d Combine lines 3a, 3b, and 3c

3a	
3b	<1,771.>
3c	

3d

<1,771.>

- 4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used

4

<1,771.>

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.

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

6	
7	
8	

5

9

10

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.

- 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions
- 12 Enter the loss from line 4
- 13 Reduce line 12 by the amount on line 10
- 14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13

11

12

13

14

**Part IV Total Losses Allowed**

- 15 Add the income, if any, on lines 1a and 3a and enter the total
- 16 Total losses allowed from all passive activities for 2005. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return

15

16

0.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c					

**Worksheet 2 - For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

**Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c		<1,771.>			

**Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

**Worksheet 5 - Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 5				
Total		1,771.	1.000000000	1,771.

**Worksheet 6 - Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 6				
Total		1,771.	1,771.	

**Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

Name of Activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total					

## ALTERNATIVE MINIMUM TAX

Form

**8582**Department of the Treasury  
Internal Revenue Service (99)**Passive Activity Loss Limitations**

- ▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

**2005**Attachment  
Sequence No. 88

Name(s) shown on return

Identifying number

**HENRY R & KRISTEN L JUDAH****Part I 2005 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation see Special Allowance for Rental Real Estate Activities on page 3 of the instructions.)

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

1a

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

1b

c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))

1c

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

1d

**Commercial Revitalization Deductions From Rental Real Estate Activities**

2a Commercial revitalization deductions from Worksheet 2, column (a)

2a

b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)

2b

c Add lines 2a and 2b

2c

**All Other Passive Activities**

3a Activities with net income (enter the amount from Worksheet 3, column (a))

3a

b Activities with net loss (enter the amount from Worksheet 3, column (b))

3b

&lt;1,771.&gt;

c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))

3c

d Combine lines 3a, 3b, and 3c

3d

&lt;1,771.&gt;

4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used

4

&lt;1,771.&gt;

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.

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

5

6 Enter \$150,000. If married filing separately, see the instructions

6

7 Enter modified adjusted gross income, but not less than zero (see the instr.)

7

Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.

8 Subtract line 7 from line 6

8

9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions

9

10 Enter the smaller of line 5 or line 9

10

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions

11

12 Enter the loss from line 4

12

13 Reduce line 12 by the amount on line 10

13

14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13

14

**Part IV Total Losses Allowed**

15 Add the income, if any, on lines 1a and 3a and enter the total

15

16 Total losses allowed from all passive activities for 2005. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return

SEE STATEMENT 10

16

0.



**ALTERNATIVE MINIMUM TAX**

Form 8582 (2005) **HENRY R & KRISTEN L JUDAH**

Page 2

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c					

**Worksheet 2 - For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

**Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c		<1,771.>			

**Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

**Worksheet 5 - Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 5				
Total		1,771.	1.000000000	1,771.



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	70,974.	7,467.			4,896.	1,145.	
S	SHELL POINT							
	RETIREMENT COMM	13,763.	1,624.			853.	200.	
TOTALS		84,737.	9,091.			5,749.	1,345.	

FORM 1040		QUALIFIED DIVIDENDS		STATEMENT		2
NAME OF PAYER			ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS		
CHARLES SCHWAB & CO#GS 4866-6302			1,304.	1,298.		
TOTAL INCLUDED IN FORM 1040, LINE 9B				1,298.		

FORM 8582		OTHER PASSIVE ACTIVITIES - WORKSHEET 3				STATEMENT		3
		CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS			
NAME OF ACTIVITY		NET INCOME	NET LOSS		GAIN	LOSS		
JUSTICE INVESTORS		0.	<1,771.>			<1,771.>		
TOTALS		0.	<1,771.>			<1,771.>		

FORM 8582		ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5			STATEMENT		4
NAME OF ACTIVITY		FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS		
JUSTICE INVESTORS		SCH E	1,771.	1.000000000	1,771.		
TOTALS			1,771.	1.000000000	1,771.		

FORM 8582

## ALLOWED LOSSES - WORKSHEET 6

STATEMENT

5

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	SCH E	1,771.	1,771.	
TOTALS		1,771.	1,771.	

FORM 8582

## SUMMARY OF PASSIVE ACTIVITIES

STATEMENT

6

R R E A NAME	FORM OR SCHEDULE	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	SCH E	<1,771.>	<1,771.>	1,771.	
TOTALS		<1,771.>	<1,771.>	1,771.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 16

FORM 8582

ALTERNATIVE MINIMUM TAX  
OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT

7

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
JUSTICE INVESTORS	0.	<1,771.>			<1,771.>
TOTALS	0.	<1,771.>			<1,771.>

FORM 8582

ALTERNATIVE MINIMUM TAX  
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 8

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
JUSTICE INVESTORS	SCH E	1,771.	1.000000000	1,771.
TOTALS		1,771.	1.000000000	1,771.

FORM 8582

ALTERNATIVE MINIMUM TAX  
ALLOWED LOSSES - WORKSHEET 6

STATEMENT 9

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	SCH E	1,771.	1,771.	
TOTALS		1,771.	1,771.	

FORM 8582AMT

## SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 10

A NAME	FORM OR SCHEDULE	PRIOR GAIN/LOSS YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	SCH E	<1,771.>	<1,771.>	1,771.	
TOTALS		<1,771.>	<1,771.>	1,771.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 16

California Nonresident or Part-Year  
Resident Income Tax Return 2005

## Long Form

FORM

540NR C1 Side 1

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2006.

██████████ JUDA \*\* ██████████ 05  
 HENRY R JUDAH  
 KRISTEN L JUDAH

12664 COCONUT CREEK CT  
 FORT MYERS FL 33908-3050

P  
 AC  
 A  
 R  
 RP

**Filing Status**

1 ☐ Single

Check only one 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 \_\_\_\_\_

**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

► 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 in 1, 3, or 4 above, enter 1 in the box. If you checked in 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions 7 ☐ 2 X \$87 = \$ 174

8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$87 = \$

9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 9 ☐ X \$87 = \$

**Dependent Exemptions**

10 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.  
 KALLEN LEE JUDAH SON

Total dependent exemptions 10 ☐ 1 X \$272 = \$ 272

11 **Exemption amount:** Add line 7 through line 10 11 \$ 446

**Total Taxable Income**

12 Total California wages from all your Form(s) W-2, box 16 or CA Sch W-2 CG, line C 12

13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4; Form 1040NR, line 35; or Form 1040NR-EZ, line 10 13 85,545.

**Standard Deduction**

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B 14 48.

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 85,497.

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C 16 266.

17 Adjusted gross income from all sources. Combine line 15 and line 16 17 85,763.

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 43; OR Your California standard deduction (see left margin). See instructions 18 7,249.

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 19 78,514.

**California Taxable Income**

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 3,296.

Caution: If under age 14 and you have more than \$1,600 of investment income. See instructions.

21 CA adjusted gross income from Schedule CA (540NR), Part IV, line 45 21

22 CA Taxable Income from Schedule CA (540NR), Part IV, line 49 22 0.

23 CA Tax Rate. Divide line 20 by line 19 23 .0000

24 CA Tax Before Exemption Credits. Multiply line 22 by line 23 24 0.

25a CA Exemption Credit Percentage. Divide line 22 by line 19. If more than 1, enter 1.0000 25a .0000

25b CA Prorated Exemption Credits. Multiply line 11 by line 25a. If the amount on line 13 is more than \$143,839, see instructions 25b 0.

25c CA Regular Tax Before Credits. Subtract line 25b from line 24. If less than zero, enter -0- 25c 0.

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 0.

Your name: **HENRY R JUDAH**Your SSN or ITIN: **[REDACTED]**

Special Credits and Nonrefundable Renter's Credit	28	Amount from Side 1, line 27	28	0.
	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	
	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	• 40	
	41	Add line 36 through line 40. These are your total credits	41	
	42	Subtract line 41 from line 28. If less than zero, enter -0-	42	0.
Other Taxes	43	Alternative minimum tax. Attach Schedule P (540NR)	• 43	
	44	Mental Health Services Tax. See instructions	• 44	
	45	Other taxes and credit recapture. See instructions	• 45	
	46	Add line 42 through line 45. This is your total tax	• 46	0.
Payments	47	California income tax withheld. See instructions	■ 47	
To view your estimated payments, go to www.ftb.ca.gov	48	Nonresident withholding (Form(s) 592-B, 593-B, or 594). See instructions	■ 48	
	49	2005 CA estimated tax and other payments. See instructions	■ 49	120.
	50	Excess SDI. To see if you qualify, see instructions	■ 50	
	Child and Dependent Care Expenses Credit. See instructions; attach form FTB 3506.			
	• 51		• 52	
	■ 53		■ 54	
	55	Add line 47, line 48, line 49, line 50, and line 54. These are your total payments	55	120.
Overpaid Tax or Tax Due	56	Overpaid tax. If line 55 is more than line 46, subtract line 46 from line 55	56	120.
	57	Amount of line 56 you want applied to your 2006 estimated tax	■ 57	
	58	Overpaid tax available this year. Subtract line 57 from line 56	■ 58	120.
	59	Tax due. If line 55 is less than line 46, subtract line 55 from line 46	59	

## Contributions

CA Seniors Special Fund. See instructions	• 60	.00	Emergency Food Assistance Program Fund	• 67	.00
Alzheimer's Disease/Related Disorders Fund	• 61	.00	CA Peace Officer Memorial Foundation Fund	• 68	.00
CA Fund for Senior Citizens	• 62	.00	CA Military Family Relief Fund	• 71	.00
Rare and Endangered Species Preservation Program	• 63	.00	CA Prostate Cancer Research Fund	• 72	.00
State Children's Trust Fund for the Prevention of Child Abuse	• 64	.00	Veterans' Quality of Life Fund	• 73	.00
CA Breast Cancer Research Fund	• 65	.00	CA Sexual Violence Victim Services Fund	• 74	.00
CA Firefighters' Memorial Fund	• 66	.00	CA Colorectal Cancer Prevention Fund	• 75	.00
76	Add line 60 through line 75. These are your total contributions				• 76

Refund or Amount You Owe	77	REFUND OR NO AMOUNT DUE. Subtract line 76 from line 58. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002	■ 77	120.
	78	AMOUNT YOU OWE. Add line 59 and line 76. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	■ 78	
Interest and Penalties	79	Interest, late return penalties, and late payment penalties	79	
	80	Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached	■ 80	
	81	Total amount due. Enclose, but do not staple, any payment	81	
	82	If you do not need California income tax forms mailed to you next year, check the box	• 82	<input checked="" type="checkbox"/>

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 checked="" 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	Spouse's signature (if filing jointly, both must sign)	Daytime phone number (optional)
	X		(239) 335-2480

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

Joint return? See instructions	Firm's name (or yours if self-employed)	Firm's address	Paid Preparer's SSN/PTIN
	GILBERT, WALLACE, STEWART,	PO BOX 308, FORT MYERS, FL 33902-0308	P00045558
			FEIN
			59-2745432

539042/12-22-05

2005

# 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 &amp; KRISTEN L JUDAH

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

	Yourself	Spouse
During 2005:		
1 a I was domiciled in (enter state or country)	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 2005:		
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 & 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)
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	84,737.			84,737.	
8 Taxable interest income	59.	48.		11.	
9 (a) Ordinary dividends					
(b) 1,298.	1,304.			1,304.	
10 Taxable refunds, credits, or offsets of state and local income taxes. Enter the same amount in column A and column B					
11 Alimony received					
12 Business income or (loss)					
13 Capital gain or (loss)	<555.>			<555.>	
14 Other gains or (losses)					
15 Total IRA distributions					
(a) 15(b)					
16 Total pensions & annuities					
(a) 16(b)					
17 Rental real estate royalties, partnerships, S corporations, trusts, etc.			266.	266.	
18 Farm income or (loss)					
19 Unemployment compensation					
20 Social security benefits					
(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	21
e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809					
f Other (describe)					
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 22a	85,545.	48.	266.	85,763.	



Income Adjustment Schedule		A	B	C	D	E
Section B - Adjustments to Income		Federal Amounts (taxable amounts from your federal return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22b	Enter totals from Schedule CA (540NR), Side 1, line 22a, column A through column E	22b	85,545.	48.	266.	85,763.
23	Educator expenses	23				
24	Certain business expenses of reservists, performing artists, and fee-basis government officials	24				
25	Health savings account deduction	25				
26	Moving expenses	26				
27	One-half of self-employment tax	27				
28	Self-employed SEP, SIMPLE, and qualified plans	28				
29	Self-employed health insurance deduction	29				
30	Penalty on early withdrawal of savings	30				
31a	Alimony paid. b Enter recipient's SSN Last name	31a				
32	IRA deduction	32				
33	Student loan interest deduction	33				
34	Tuition and fees deduction	34				
35	Domestic production activities deduction	35				
36	Add line 23 through line 35 in each column, A through E	36				
37	Total. Subtract line 36 from line 22b in each column, A through E	37	85,545.	48.	266.	85,763.

### Part III Adjustments to Federal Itemized Deductions

38	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)	38	8,151.
39	Enter total of federal Schedule A (Form 1040), line 5 State Disability Insurance and (state and local income tax or general sales tax) and line 8 (foreign taxes only). See instructions	39	902.
40	Subtract line 39 from line 38	40	7,249.
41	Other adjustments including California lottery losses. See instructions. Specify	41	
42	Combine line 40 and line 41	42	7,249.
43	Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status? Single or married filing separately \$143,839 Head of household \$215,762 Married filing jointly or qualifying widow(er) \$287,682 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43	43	7,249.
44	Enter the larger of the amount on line 43 or your standard deduction listed below Single or married filing separately \$3,254 Married filing jointly, head of household, or qualifying widow(er) \$6,508	44	7,249.

### Part IV California Taxable Income

45	California AGI. Enter your California AGI from line 37, column E	45	
46	Enter your deductions from line 44	46	7,249.
47	Deduction percentage. Divide line 37, column E by line 37, 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-	47	.0000
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47	48	0.
49	California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 22. If less than zero, enter -0-	49	0.

YEAR

2005

## 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 &amp; KRISTEN L JUDAH

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

## Part I 2005 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)	
1b	Activities with net loss from Worksheet 1, column (b)	
1c	Prior year unallowed losses from Worksheet 1, column (c)	
1d	Combine line 1a, line 1b, and line 1c	

## All Other Passive Activities

2a	Activities with net income from Worksheet 2, column (a)	
2b	Activities with net loss from Worksheet 2, column (b)	<1,825.>
2c	Prior year unallowed losses from Worksheet 2, column (c)	
2d	Combine line 2a, line 2b, and line 2c	<1,825.>
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.	<1,825.>

## 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	
5	Enter \$150,000. If married filing a separate return, see instructions	
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.	
7	Subtract line 6 from line 5	
8	Multiply line 7 by 50% (.50). Do not enter more than \$25,000	
9	Enter the smaller of line 4 or line 8	

## Part III Total Losses Allowed

10	Add the income, if any, from line 1a and line 2a and enter the total	
11	Total losses allowed from all passive activities for 2005. Add line 9 and line 10. See the instructions on Side 2 to find out how to report the losses on your tax return.	0.

YEAR  
**2005**

CALIFORNIA SOURCES

CALIFORNIA FORM

**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 2005 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

2b Activities with net loss from Worksheet 2, column (b)

2b

<1,559.>

2c Prior year unallowed losses from Worksheet 2, column (c)

2c

2d Combine line 2a, line 2b, and line 2c

2d

<1,559.>

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

<1,559.>

**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 2005.

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

0.

# California Worksheets

**Attach this page to your California tax return**

## California Passive Activity Worksheet (see General Instructions for Step 1)

Use this worksheet to figure California income (loss) from passive activities before application of PAL rules.

[illegible]

# California Adjustment Worksheet (see General Instructions for Step 4 and the example on page 4)

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported.	(b) Passive or Nonpassive Enter the passive or nonpassive character of the activity for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should enter this amount on Schedule CA (540 or 540NR) as follows:
(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is <b>positive</b> , enter the amount on Schedule CA (540 or 540NR) line 12, Column C.
				If the amount below is <b>negative</b> , enter the amount on Schedule CA (540 or 540NR) (as a positive amount) on line 12, Column B.
Totals		1(c)	1(d)*	1(e)

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
JUSTICE INVESTORS	PASSIVE	266.	0.	If the amount below is <b>positive</b> , enter the amount on Schedule CA (540 or 540NR) line 17, Column C.
GRETA E. JUDAH TRUST FBO RAY JUDAH	PASSIVE	0.	0.	
				If the amount below is <b>negative</b> , enter the amount on Schedule CA (540 or 540NR) (as a positive amount) on line 17, Column B.
Totals		2(c) 266.	2(d)** 0.	2(e) 266.

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is <b>positive</b> , enter the amount on Schedule CA (540 or 540NR) line 18, Column C.
				If the amount below is <b>negative</b> , enter the amount on Schedule CA (540 or 540NR) (as a positive amount) on line 18, Column B.
Totals		3(c)	3(d)***	3(e)

\*This amount should be the same as the amount reported on Schedule CA (540 or 540NR), column A, line 12.

\*\*This amount should be the same as the amount reported on Schedule CA (540 or 540NR), column A, line 17.

\*\*\*This amount should be the same as the amount reported on Schedule CA (540 or 540NR), column A, line 18.

536-11-05-01-05

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2005 Income from Passthroughs

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CA ALL-SOURCES

JUSTICE INVESTORS

I.D. NUMBER: [REDACTED]

## TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE INCOME	266
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NET INCOME (LOSS) FOR ENTITY	<u>266</u>
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## ACTIVITY INFORMATION:

JUSTICE INVESTORS

ORDINARY INCOME (LOSS)	-1,559
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SECTION 754 DEPRECIATION	0
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SECTION 754 BASIS REDUCTION	0
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SCHEDULE E ACTIVITY INCOME (LOSS)	-1,559
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DISALLOWED LOSS FROM FORM 3801	1,825
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TOTAL PASSIVE ACTIVITY GAIN (LOSS)	<u>266</u>
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CA 3801 OTHER PASSIVE ACTIVITIES - WORKSHEET 2 STATEMENT 1

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NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
JUSTICE INVESTORS	0.	<1,825.>			<1,825.>
TOTALS	0.	<1,825.>			<1,825.>

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CA 3801 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 4 STATEMENT 2

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NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
JUSTICE INVESTORS	SCH E	1,825.	1.000000000	1,825.
TOTALS		1,825.	1.000000000	1,825.

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CA 3801 ALLOWED LOSSES - WORKSHEET 5 STATEMENT 3

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NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	SCH E	1,825.	1,825.	
TOTALS		1,825.	1,825.	

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CA 3801 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 4

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NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	SCH E	<1,825.>		<1,825.>	1,825.	
TOTALS		<1,825.>		<1,825.>	1,825.	

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CA 3801 OTHER PASSIVE ACTIVITIES - WORKSHEET 2 STATEMENT 5

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NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
JUSTICE INVESTORS	0.	<1,559.>			<1,559.>
TOTALS	0.	<1,559.>			<1,559.>

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CA 3801 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 4 STATEMENT 6

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NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
JUSTICE INVESTORS	SCH E	1,559.	1.000000000	1,559.
TOTALS		1,559.	1.000000000	1,559.

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CA 3801 ALLOWED LOSSES - WORKSHEET 5 STATEMENT 7

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NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	SCH E	1,559.	1,559.	
TOTALS		1,559.	1,559.	

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CA 3801 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 8

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R R E A NAME	FORM OR SCHEDULE	PRIOR GAIN/LOSS YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	SCH E	<1,559.>	<1,559.>	1,559.	
TOTALS		<1,559.>	<1,559.>	1,559.	

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**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&B (Form 1040).

OMB No. 1545-0074

**2005**

Attachment  
Sequence No. 07

Your social security number

**HENRY R & KRISTEN L JUDAH**

<b>Medical and Dental Expenses</b>		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 38	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			
<b>Taxes You Paid</b>		5 State and local (check only one box):			
(See page A-2.)		a <input type="checkbox"/> Income taxes, or			
		b <input checked="" type="checkbox"/> General sales taxes (see page A-3)		5	902.
6	Real estate taxes (see page A-5)	6		4,837.	
7	Personal property taxes	7			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			5,739.
<b>Interest You Paid</b>		10 Home mortgage interest and points reported to you on Form 1098		10	
(See page A-5.)		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-6 and show that person's name, identifying no., and address		11	
<b>Note.</b> Personal interest is not deductible		12 Points not reported to you on Form 1098.		12	
		13 Investment interest. Attach Form 4952 if required. (See page A-6.)		13	
		14 Add lines 10 through 13		14	
<b>Gifts to Charity</b>		15a Total gifts by cash or check. SEE STATEMENT 9		15a	1.
If you made a gift and got a benefit for it, see page A-7.		b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions		15b	
		16 Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500		16	
		17 Carryover from prior year		17	
		18 Add lines 15a, 16, and 17		18	1.
<b>Casualty and Theft Losses</b>		19 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)		19	
<b>Job Expenses and Certain Miscellaneous Deductions</b>		20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.)			
(See page A-8.)		▶ FROM FORM 2106-EZ 4,122.		20	4,122.
		21 Tax preparation fees		21	
		22 Other expenses - investment, safe deposit box, etc. List type and amount		22	
		23 Add lines 20 through 22		23	4,122.
		24 Enter amount from Form 1040, line 38		24	85,545.
		25 Multiply line 24 by 2% (.02)		25	1,711.
		26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		26	2,411.
<b>Other Miscellaneous Deductions</b>		27 Other - from list on page A-9. List type and amount		27	
<b>Total Itemized Deductions</b>		28 Is Form 1040, line 38, over \$145,950 (over \$72,975 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 40.		28	8,151.
		<input type="checkbox"/> Yes. Your deduction may be limited. See page A-9 for the amount to enter.			
		29 If you elect to itemize deductions even though they are less than your standard deduction, check here			

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT	9
DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	
FROM K-1 - JUSTICE INVESTORS	1.		
SUBTOTALS	1.		
TOTAL TO SCHEDULE A, LINE 15A		1.	

## SCHEDULE A

## GENERAL SALES TAX DEDUCTION WORKSHEET

STATEMENT 10

1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. FLORIDA	902.
2	DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS (TEXARKANA ONLY), CALIFORNIA (LOS ANGELES COUNTY ONLY), COLORADO, GEORGIA, ILLINOIS, LOUISIANA, NEW YORK (NEW YORK CITY ONLY), OR NORTH CAROLINA IN 2005? IF NO, ENTER -0-. IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	0.
3	DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2005? VIRGINIA RESIDENTS ANSWER NO. RESIDENTS OF CALIFORNIA, NEVADA AND TEXARKANA, ARKANSAS, SEE INSTRUCTIONS. IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7. IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES. FORT MYERS	
4	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6. IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES.	6.0000
5	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).	.0000
6	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, MULTIPLY LINE 2 BY LINE 3. IF YES, MULTIPLY LINE 1 BY LINE 5.	0.
6A	ADD LINE 1 AND LINE 6.	902.
6B	PART-YEAR DAYS RATE.	1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.	902.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.	
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5.	902.