CAUSE NO		
RAY L. SHACKELFORD	§	IN THE DISTRICT COURT
and CHARLENE H. DANIELS	ş	
Plaintiffs,	§	
	ş	
VS.	§	OF HARRIS COUNTY, TEXAS
	Ş	
JAY A. FINN, JAY A. FINN CPA, LLC	ş	
and JOSEPH M. ZIMMER	ŝ	
Defendants.	ş	JUDICIAL DISTRICT

PLAINTIFFS' ORIGINAL PETITION

Plaintiffs, Ray L. Shackelford and Charlene H. Daniels, file this their Plaintiffs Original Petition for accountants malpractice, complaining of Jay L. Finn, Jay A. Finn, CPA, LLC and Joseph M. Zimmer and would show the Court as follows:

DISCOVERY- CONTROL PLAN

 Plaintiffs intend to conduct discovery under Level 3 of the Texas Rules of Civil Procedure, Rule 190.4. Plaintiff anticipate the Court will enter a Scheduling Order.

CLAIM FOR RELIEF

 Plaintiffs seek monetary relief over \$250,000.00, but not more than \$1,000,000.00 pursuant to Tex. R. Civ. P. 47(c)(3)

PARTIES

- 3. Plaintiff, Ray L. Shackelford, is a resident of Houston, Harris County, Texas.
- 4. Plaintiff, Charlene H. Daniels, is a resident of Houston, Harris County, Texas.
- Defendant, Jay A. Finn, may be served with process and citation at his office address, Jay A. Finn, 11500 Northwest Freeway # 581, Houston, Texas 77092.

- Defendant, Jay A. Finn, CPA, LLC, is an entity located in Houston, Harris County, Texas and may be served with process and citation by serving its agent, Jay A. Finn, 11500 Northwest Freeway #581, Houston, Texas 77092.
- Defendant, Joseph M. Zimmer, may be served with process and citation at his office address, 11500 Northwest Freeway #581, Houston, Texas 77092.

JURISDICTION

 The Court has subject matter jurisdiction over this lawsuit because the amount in controversy exceeds the Court's minimum jurisdictional limits.

VENUE

9. Venue in this suit is proper in Harris County, Texas as the county in which all or a substantial part of the events or omissions giving rise to the claim occurred, pursuant to §15.002(a)(1), Tex. Civ. Prac. & Rem. C.

FACTS

- 10. In May 2019, Plaintiffs engaged Defendants to represent them in connection with a tax defense before the Internal Revenue Service and to communicate accurate information to revenue agents that Plaintiffs provided the names of the Defendants, regarding an attempt at a compromise and settlement, concerning claims for taxes allegedly owed.
- 11. Instead, in dealing with the Internal Revenue Service and its revenue agents, Defendants communicated inaccurate information to them, failed to communicate true and accurate information to them and did not contact a particular revenue agent, as requested by Plaintiffs, resulting in a denial of a compromise and

excessive costs to Plaintiffs.

COUNT 1-NEGLIGENCE

- 12. In representing Plaintiffs before the Internal Revenue Service, Defendants acts and omissions fell below the standard of care of reasonable prudent accountants and/or certified public accountants in the community and thus constituted negligence.
- 13. As a proximate cause of Defendants failure to communicate accurate information of Plaintiffs to the Internal Revenue Service and its agents, communicating inaccurate information, and a failure to communicate with a specified agent, Plaintiffs have suffered damages of at least \$250,000.00, for which they now sue Defendants.

JURY DEMAND

 Plaintiffs demand trial by jury and tender the appropriate jury fee with this petition.

CONDITIONS PRECEDENT

15. All conditions precedent to Plaintiffs claims have been performed or have occurred. All deadlines for filing this action have been extended by the Texas Supreme Court at the present time to October 1, 2021.

PRAYER

- 16. For these reasons, Plaintiffs ask the Court issue citations for Defendants to appear and answer, and that Plaintiffs be awarded a judgment against Defendants, jointly and severally, for the following:
 - a. Actual economic damages

- b. Pre-judgment and post judgment interest
- c. Court costs
- d. All other relief to which Plaintiffs are entitled.

Respectfully submitted,

<u>/s/Wayne H. Paris</u> Wayne H. Paris State Bar No. 15462000 Paris Law Group, P.L.L.C. Two Riverway, Suite 1080 Houston, Texas 77056 Telephone: (713) 951-9100 Facsimile: (713) 961-3082 E-mail: waynehparis@yahoo.com Exhibit 5 (5 of 10)

Form	62	5	1
		-	-

Department of the Treasury

Alternative Minimum Tax-Individuals

See separate instructions.

OMB No. 1545-0074 5 12

Attachment

Attach to Form 1040 or Form 1040N	NR	1040	Form	or	1040	Form	to	Attach	
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	Al Revenue Service (99) Attach to Form 1040 or Form 1040NR.		Sequence No. 32
	L and CHARLENE SHACKELFORD		security number
and the second se	rt Alternative Minimum Taxable Income (See instructions for how to comp	lete eac	452-02-8217 h line.)
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter		
	amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)		25,342
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line		20,042
	38. If zero or less, enter -0	. 2	0
3	Taxes from Schedule A (Form 1040), line 9		
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this lin		
5	Miscellaneous deductions from Schedule A (Form 1040), line 27		
6	Skip this line. It is reserved for future use		
7	Tax refund from Form 1040, line 10 or line 21	7	()
8	Investment interest expense (difference between regular tax and AMT)	. 8	
9	Depletion (difference between regular tax and AMT)	. 9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	. 10	
11	Alternative tax net operating loss deduction	. 11	()
12	Interest from specified private activity bonds exempt from the regular tax	. 12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	. 14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	. 15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	. 16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	. 17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	. 18	192
19	Passive activities (difference between AMT and regular tax income or loss)	. 19	
20	Loss limitations (difference between AMT and regular tax income or loss)	. 20	
21	Circulation costs (difference between regular tax and AMT)	. 21	
22	Long-term contracts (difference between AMT and regular tax income)	. 22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	. 24	
25	Income from certain installment sales before January 1, 1987	. 25	
26 27	Intangible drilling costs preference	. 26	
28	Other adjustments, including income-based related adjustments.	. 27	
20	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$223,900, see instructions.).		
Par	t II Alternative Minimum Tax (AMT)	. 28	25,534
29	Exemption. (If you were under age 24 at the end of 2011, see instructions.)	Xaldan	
20	이 수집에 많은 것 같아요. 이 것 같아요. 이 것 같아요. 이 것은 것이 같아요. 이 것 같아요. 이 있 않아요. 이 것 같아요. 이 것		
	IF your filing status is AND line 28 is not over THEN enter on line 29 Single or head of household		
	Married filing jointly or qualifying widow(er) 150,000		
			74.450
	If line 28 is over the amount shown above for your filing status, see instructions.	29	74,450
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33		
	and 35, and go to line 34.		
31	 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. 	. 30	0
	 If you reported capital gain distributions directly on Form 1040, line 13; you reported gualified dividends 		
	on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured	24	
	for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here.	. 31	0
	 All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 		
32	Alternative minimum tax foreign tax credit (see instructions)	. 32	
33	Tentative minimum tax. Subtract line 32 from line 31	. 33	0
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040,	TANK A	
	line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured		
	without using Schedule J (see instructions)		
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	. 35	0

For Paperwork Reduction Act Notice, see your tax return instructions.

SCHEDULE EIC

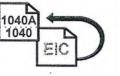
.

(Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.



OMB No. 1545-0074

Attachment Sequence No. 43

Your social security number

452-02-8217

G

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

UTION

RAY L and CHARLENE SHACKELFORD

Before you begin: • Se

• See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.

 Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

• If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 for details.

It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qu	alifying Child Information	CI	hild 1	Child 2		Child 3	
1	Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name	Last name	First name	Last name	First name	Last name
2	Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2011. If your child was born and died in 2011 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	630-	14-2005				
3	Child's year of birth		1989 and the child was (or your spouse, if ines 4a and 4b;		and the child was (or your spouse, if ines 4a and 4b;		and the child was (or your spouse, if ines 4a and 4b;
4 a	Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)?	X Yes. Go to line 5.	No. Go to line 4b.	Go to line 5.	No. Go to line 4b.	Go to line 5.	Go to line 4b.
b	Was the child permanently and totally disabled during any part of 2011?	Go to line 5.	No. The child is not a qualifying child.	Go to line 5.	No. The child is not a qualifying child.	Go to line 5.	No. The child is not a qualifying child.
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)		Son				1929-97 - 1929-92 - 1939 (Nr. 1939) 1929-97
6	Number of months child lived with you in the United States during 2011						
	• If the child lived with you for more than half of 2011 but less than 7 months, enter "7."						
	• If the child was born or died in 2011 and your home was the child's home for the entire time he or she was alive during 2011, enter "12."	12 Do not enter r months.	months more than 12	Do not enter i months.	months more than 12	Do not enter i months.	months more than 12

For Paperwork Reduction Act Notice, see your tax return instructions. (HTA) Schedule EIC (Form 1040A or 1040) 2011

886 Form

Department of the Treasury

Internal Revenue Service (99)

Education Credits (American Opportunity and Lifetime Learning Credits)

See separate instructions to find out if you are eligible to take the credits. Attach to Form 1040 or Form 1040A.

	OMB No. 1545-0	0074
	201	1
	Attachment Sequence No.	50
Your so	cial security numb	er

452-02-8217

Name(s) shown on return RAY L and CHARLENE SHACKELFORD

AUTION

You cannot take both an education credit and the tuition and fees deduction (see Form 8917) for the same student for the same year.

Part I American Opportunity Credit

Caution: You cannot take the American opportunity credit for more than 4 tax years for the same student.

	of your tax return)	than \$4,000 for each student.	or less, enter -0			add \$2,000 to the amount in column (e).
RISTOPHER ACKELFORD	630-14-2005	4,000	2,000	500		2,500
			0	0		0
			0	0		0
me learning credit for a	different student, go to				2	2,500
	tative American opport me learning credit for a c Lifetime Learning	tative American opportunity credit. Add the me learning credit for a different student, go to Lifetime Learning Credit.	ACKELFORD 630-14-2005 4,000 Image: Comparison of the statistic experiment o	ACKELFORD 630-14-2005 4,000 2,000	CKELFORD 630-14-2005 4,000 2,000 500 0 0 0 0 0 tative American opportunity credit. Add the amounts on line 1, column (f). If you are taking the me learning credit for a different student, go to Part II; otherwise, go to Part III. Image: Column (f) and the amounts on line 1. Column (f) and the amounts on line 1. Image: Column (f) and the amo	ACKELFORD 630-14-2005 4,000 2,000 500 0 0 0 0 0 tative American opportunity credit. Add the amounts on line 1, column (f). If you are taking the me learning credit for a different student, go to Part II; otherwise, go to Part III. 2 Lifetime Learning Credit.

(a) Student's name				(c) Qualified expenses (see	
First name	Last name	1 of your tax return)	_	instructions)	
Add the amounts on line 3, colur	nn (c), and enter the total		4	0	
Enter the smaller of line 4 or \$10,000		5	0		
Tentative lifetime learning cred	lit. Multiply line 5 by 20% (.20). If you have a	in entry on line 2, go to	6	0	
	First name Add the amounts on line 3, colum Enter the smaller of line 4 or \$10 Tentative lifetime learning cred	First name Last name Add the amounts on line 3, column (c), and enter the total	number (as shown on p	First name number (as shown on page 1 of your tax return) Add the amounts on line 3, column (c), and enter the total . 4 Enter the smaller of line 4 or \$10,000 . 5 Tentative lifetime learning credit. Multiply line 5 by 20% (.20). If you have an entry on line 2, go to 5	

For Paperwork Reduction Act Notice, see your tax return instructions. (HTA)

	3863 (2011) RAY L and CHARLENE SHACKELFORD	452-02-8217	Page 2
Part			
7	Enter the amount from line 2	7	2,500
8	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of		
	household, or qualifying widow(er)		
9	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you		
	are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from		
	Puerto Rico, see Pub. 970 for the amount to enter		
10	Subtract line 9 from line 8. If zero or less, stop; you cannot take any		
	education credit		
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of		
	household, or qualifying widow(er)		
12	If line 10 is:		
	• Equal to or more than line 11, enter 1.000 on line 12		
	• Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to	12	1 00000
	at least three places)	12	1.00000
13	Multiply line 7 by line 12. Caution: If you were under age 24 at the end of the year and meet	1.1	
	the conditions on page 4 of the instructions, you cannot take the refundable American opportunity		
	credit. Skip line 14, enter the amount from line 13 on line 15, and check this box.	13	0.500
14	Refundable American opportunity credit. Multiply line 13 by 40% (.40). Enter the amount here an	13	2,500
14	on Form 1040, line 66, or Form 1040A, line 40. Then go to line 15 below	14	1 000
Part	Nonrefundable Education Credits	14	1,000
15		15	4 500
16	Enter the amount from line 6, if any. If you have no entry on line 6, skip lines 17 through 22, and	15	1,500
	enter the amount from line 15 on line 6 of the Credit Limit Worksheet (see instructions)	40	
17	Enter: \$122,000 if married filing jointly; \$61,000 if single, head of	16	0
.,			
18	household, or qualifying widow(er)		
10	you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income		
19	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and		
10			
20	enter zero on line 22 19 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of 19		
20			
21	household, or qualifying widow(er)		
21			
	• Equal to or more than line 20, enter 1.000 on line 21 and go to line 22		
	• Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to at least		
22	three places)	21	0.00000
22	Multiply line 16 by line 21. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	▶ 22	0
23	Nonrefundable education credits. Enter the amount from line 11 of the Credit Limit Worksheet		
	(see instructions) here and on Form 1040, line 49, or Form 1040A, line 31	23	264
		Eor	m 8863 (2011)

Form 8867 Department of the Treasury Internal Revenue Service	 Paid Preparer's Earned Income Credit Check ▶ For more information about Form 8867, see www.irs.gov/form ▶ To be completed by preparer and filed with Form 1040, 1040A, or 	m8867	20 Attachm	
Faxpayer name(s) show	n on return LENE SHACKELFORD	Taxpayer's 452-02-82	social securi	
or the definitions	of the following terms, see Pub. 596. nvestment Income • Qualifying Child • Earned Income xpayers		I-time Stu	dent
	er's name and PTIN WINFRED FIELDS P00630	0769		
2 Is the taxpaye	er's filing status married filing separately?		Yes	X No
If you c	checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, o	continue.		
	payer (and the taxpayer's spouse if filing jointly) have a social security number m or her to work or is valid for EIC purposes? See the instructions before answ		🗌 Yes	🗌 No
If you c	hecked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, c	ontinue.		
	er filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earne	ed	🗌 Yes	🗌 No
If you c	hecked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, o	continue.		
Was the taxpa	ayer a nonresident alien for any part of 2011?		Yes	🗌 No
If you c	hecked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line	6.		
Is the taxpaye	er's filing status married filing jointly?		Yes	🗌 No
If you c Otherwise,	hecked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take , continue.	e the EIC.		
Is the taxpaye	er's investment income more than \$3,150? See Rule 6 in Pub. 596 before an	swering	Yes	🗌 No
► If you c	hecked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, o	continue.		
for 2011? If t	payer, or the taxpayer's spouse if filing jointly, be a qualifying child of anothe he taxpayer's filing status is married filing jointly, check "No." Otherwise, see F a taxpayer does not have a qualifying child) in Pub. 596 before answering .	Rule 10	□ Yes	🗌 No
	hecked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, whichever applies.	go to Part II		
or Paperwork Red	uction Act Notice, see page 4.		For	m 8867 (2

(HTA)

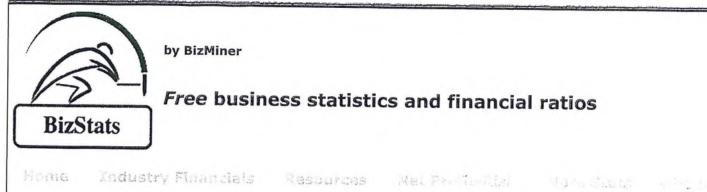
State of the local division in the local div	RAY L and CHARLENE SHACKELFORD	452-02-8217	Page 2
1 GI	Caution. If there is more than one child, complete lines 8 through 14 for	01111	
8	one child before going to the next column. Child's name	Child 1 Child 2	Child 3
9			
9	Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them? .	Yes No Yes No	🗌 Yes 🗌 No
10	 Is either of the following true? The child is unmarried, or The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund). 	□Yes □No □Yes □No	∏Yes ∏No
11	Did the child live with the taxpayer in the United States for over half of the		
	year? See the instructions before answering		Yes No
12	Was the child (at the end of 2011)— • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly),		
	 Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or Any age and permanently and totally disabled? If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12 on page 4. 	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No
13 a	Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child? ► If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.	☐ Yes ☐ No ☐ Yes ☐ No	🗌 Yes 🗌 No
b	Enter the child's relationship to the other person(s)		
С	Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering	Yes No Yes No Don't know Don't know	☐ Yes ☐ No ☐ Don't know
14	Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering	Yes No Yes No	Yes 🗌 No
	If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Yes" on line 14, continue.	x	
15	Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2011? See Pub. 596 for the limit		XYes No
	Note. If you checked "No" on line 13c or 14 but there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). Also do this if you checked "Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.		

FINN 01268867 (2011)

Done Line	8867 (2011) RAY L and CHARLENE SHACKELFORD 452-0	2-8217	Page 3
	rt III Taxpayers Without a Qualifying Child		
16	Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.) 🗌 Yes	🗌 No
	If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
17	Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2011?	🗌 Yes	🗌 No
	If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
18	Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for 2011? If the taxpayer's filing status is married filing jointly, check "No."	🗌 Yes	🗌 No
	If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
19	Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2011? See Pub. 596 for the limit .	🗌 Yes	🗌 No
	If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes' on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.		
Par			
20	Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?	☐ Yes	□ No
21	Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?	TYes	X No
22	Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibilit for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the responses you received).	y	□ No
23	Did you keep the following records? • Form 8867,		
	 The EIC worksheet(s) or your own worksheet(s), A record of how, when, and from whom the information used to prepare the form and worksheet(s was obtained, and 		
	 Copies of any documents provided by the taxpayer and on which you relied to complete the form and the worksheet. If you checked "Yes" on lines 20, 21, 22, and 23, submit Form 8867 in the manner required, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements. If you checked "No" on line 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$500 penalty for each failure to comply. 	C Yes	No

Line 48 (Sch C (1040)) - Other Expenses

	Description		Amount
1	BANK SERVICE CHARGES	1	2,377
2	DUES & SUBSCRIPTIONS	2	582
3	POSTAGE AND DELIVERY	3	1,102
4	TELEPHONE EXPENSES	4	4,373
5	REFUNDS TO CUSTOMERS	5	500
6	CONTRIBUTIONS	6	4,903
7	FEES TO DISTRICT ATTORNEY	7	309
8	SECURITY SERVICES	8	225
9	SKIP TRACE FEES TO CREDIT AGENCIES	9	198
10	DRY CLEANING SERVICES	10	248
11	CONTINUING EDUCATION	11	900
12	CLIENT PASS THROUGH FEES	12	37,553
13	Total	13	53,270



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Income-Expense Statement

Legal Services Sole Prop Annual Average Sales, Income & Expense	2014	Your Inputs
Sales	100.00%	\$217,597.00
Inventory (% of Sales)	0.42%	\$911.67
Cost of Sales	10.79%	\$234.79
COS-Labor Portion	1.15%	\$2,494.96
Gross Profit	89.21%	\$194,118.95
Salary-Wages	6.47%	\$14,083.49
Contract Labor-Commissions	3.89%	\$8,470.98
Rent	2.44%	\$5,307.74
Taxes	1.03%	\$2,251.92
Interest paid	0.30%	\$647.89
Amort. & Dep.	1.42%	\$3,097.52
Advertising	1.17%	\$2,552.58
Benefits-Pension	0.47%	\$1,016.87
Insurance (non-health)	0.82%	\$1,783.49
Home Office Expense	1.19%	\$2,579.24
Other SG&A Exp.	19.08%	\$41,520.30
Total Expenses	38.29%	\$83,312.01
Net Profit	50.92%	\$110,806.94
Total Direct Labor & NP	62.43%	\$135,856.36
	01.1070	1 \$100,000.00

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1.

Department of the Treasury—Internal Revenue Service Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

the second s	ember 2012) Information about Form 1040X and its separate instructions is	s at wu	vw.irs.gov/form10	40x.		
This ref	turn is for calendar year X 2012 2011 2010 200)9				
Other y	ear. Enter one: calendar year or fiscal year (month and year e	ended	d):			
Your first r	name and initial Last name			Your so	cial security nur	mber
RAY L	SHACKELFORD	452-02-8217				
If a joint re	turn, spouse's first name and initial				s social securit	v number
CHARL	ENE SHACKELFORD		1	164-33		,
	ress (number and street). If you have a P.O. box, see instructions.	-	-		ne number	
	DUTHMORE BLVD		Арт. по.	rour pho	ne number	
	or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see	instruc	tions)			
	ON, TX 77004	moudo	lions).			
	puntry name Foreign province/state/c	ounty			Foreign postal c	ode
		ounty			Poreigir postar c	oue
Amend	ed return filing status. You must check one box even if you are not changin		r filing status			
	n. In general, you cannot change your filing status from joint to separate return					
				9.		
	Single X Married filing jointly Married filing sepa	arately	y			
	Qualifying widow(er) Head of household (If the qualifying person is a ch	nild bu	it not your deper	ndent, s	ee instruction	s.)
		1				
	Use Part III on the back to explain any changes		A. Original amoun or as previously	amo	Net change— unt of increase	C. Correct
Incom	e and Deductions	-	adjusted (see instructions)	or	(decrease)-	Amount
1			(,			
1	Adjusted gross income. If net operating loss (NOL) carryback is					
•	included, check here	1	95,05		-69,157	25,897
2	Itemized deductions or standard deduction	2	18,59	_	-4,961	13,631
3	Subtract line 2 from line 1	3	76,46	2	-64,196	12,266
4	Exemptions. If changing, complete Part I on page 2 and enter the					
-	amount from line 30.	4	7,60		3,800	11,400
5	Taxable income. Subtract line 4 from line 3	5	68,86	2	-67,996	866
Tax Lia						
6	Tax. Enter method used to figure tax:					
	Table	6	9,46	1	-9,375	86
7	Credits. If general business credit carryback is included,					
	check here	7			86	86
8	Subtract line 7 from line 6. If the result is zero or less, enter -0	8	9,46	1	-9,461	0
9	Other taxes	9	12,56	2	-9,140	3,422
10	Total tax. Add lines 8 and 9	10	22,02	_	-18,601	3,422
Payme						
11	Federal income tax withheld and excess social security and tier 1					
	RRTA tax withheld (if changing, see instructions)	11				
12	Estimated tax payments, including amount applied from prior year's			-		
12	Estimated tax payments, including amount applied from prior year's					
12 13	Estimated tax payments, including amount applied from prior year's return .	12			2 598	2 598
13	Estimated tax payments, including amount applied from prior year's return				2,598	2,598
	Estimated tax payments, including amount applied from prior year's return	12			2,598	2,598
13	Estimated tax payments, including amount applied from prior year's return	12			2,598	2,598
13 14	Estimated tax payments, including amount applied from prior year's return. Earned income credit (EIC) Refundable credits from Schedule(s) 8812 or M or Form(s) 2439 4136 5405 8801 8812 (2009-2011) 8839 X 8863 8885 or other (specify):	12 13 14			1,000	
13	Estimated tax payments, including amount applied from prior year's return	12 13 14 ginal	return, and add	ditional	1,000	
13 14 15	Estimated tax payments, including amount applied from prior year's return	12 13 14 ginal			1,000	
13 14 15 16	Estimated tax payments, including amount applied from prior year's return . Earned income credit (EIC) . Refundable credits from Schedule(s) 8812 or M or Form(s) 2439 4136 5405 8801 8812 (2009-2011) 8839 X 8863 8885 or other (specify): Total amount paid with request for extension of time to file, tax paid with origitax paid after return was filed . Total payments. Add lines 11 through 15	12 13 14 ginal			1,000	1,000
13 14 15 16 Refund	Estimated tax payments, including amount applied from prior year's return . Earned income credit (EIC) . Refundable credits from Schedule(s) 8812 or M or Form(s) 2439 4136 5405 8801 8812 (2009-2011) 8839 X 8863 8885 or other (specify): Total amount paid with request for extension of time to file, tax paid with originate tax paid after return was filed . Total payments. Add lines 11 through 15 . Total amount You Owe (Note. Allow 8–12 weeks to process Form 104)	12 13 14 ginal	 	 	1,000 <u>15</u> 16	1,000
13 14 15 <u>16</u> Refund 17	Estimated tax payments, including amount applied from prior year's return . Earned income credit (EIC) . Refundable credits from Schedule(s) 8812 or M or Form(s) 2439 4136 5405 8801 8812 (2009-2011) 8839 X 8863 8885 or other (specify): Total amount paid with request for extension of time to file, tax paid with original return was filed . Total payments. Add lines 11 through 15 or Amount You Owe (Note. Allow 8–12 weeks to process Form 1044) Overpayment, if any, as shown on original return or as previously adjusted 1	12 13 14 ginal 0 <i>X.)</i> by the	e IRS	 	1,000 <u>15</u> 16 17	1,000
13 14 15 16 Refund 17 18	Estimated tax payments, including amount applied from prior year's return . Earned income credit (EIC) . Refundable credits from Schedule(s) 8812 or M or Form(s) 2439 4136 5405 8801 8812 (2009-2011) 8839 X 8863 8885 or other (specify): Total amount paid with request for extension of time to file, tax paid with originate tax paid after return was filed . Total payments. Add lines 11 through 15 I or Amount You Owe (Note. Allow 8–12 weeks to process Form 1044 Overpayment, if any, as shown on original return or as previously adjusted I Subtract line 17 from line 16 (If less than zero, see instructions) .	12 13 14 ginal 0 <i>X.)</i> by the	e IRS	 	1,000 <u>15</u> <u>16</u> <u>17</u> <u>18</u>	1,000 3,598
13 14 15 16 Refund 17 18 19	Estimated tax payments, including amount applied from prior year's return . Earned income credit (EIC) . Refundable credits from Schedule(s) 8812 or M or Form(s) 2439 4136 5405 8801 8812 (2009-2011) 8839 X 8863 8885 or other (specify): Total amount paid with request for extension of time to file, tax paid with originate tax paid after return was filed . Total payments. Add lines 11 through 15 . Total payments. Add lines 11 through 15 . Total payment, if any, as shown on original return or as previously adjusted I Subtract line 17 from line 16 (If less than zero, see instructions) . Amount you owe. If line 10, column C, is more than line 18, enter the different set of the set	12 13 14 ginal 	≆ IRS	· · · ·	1,000 15 16 17 18 19	1,000 3,598 3,598
13 14 15 16 Refund 17 18 19 20	Estimated tax payments, including amount applied from prior year's return . Earned income credit (EIC) . Refundable credits from Schedule(s) 8812 or M or Form(s) 2439 4136 5405 8801 8812 (2009-2011) 8839 X 8863 8885 or other (specify): Total amount paid with request for extension of time to file, tax paid with originate tax paid after return was filed . Total payments. Add lines 11 through 15 . Total payments. Add lines 11 through 15 . Total payment, if any, as shown on original return or as previously adjusted I Subtract line 17 from line 16 (If less than zero, see instructions) . Amount you owe. If line 10, column C, is more than line 18, enter the difference. This is the amount of the set of t	12 13 14 ginal 0X.) by the	e IRS	· · · ·	1,000 15 16 17 18 19	1,000 3,598 3,598 0
13 14 15 16 Refund 17 18 19	Estimated tax payments, including amount applied from prior year's return . Earned income credit (EIC) . Refundable credits from Schedule(s) 8812 or M or Form(s) 2439 4136 5405 8801 8812 (2009-2011) 8839 X 8863 8885 or other (specify): Total amount paid with request for extension of time to file, tax paid with originate tax paid after return was filed . Total payments. Add lines 11 through 15 . Total payments. Add lines 11 through 15 . Total payment, if any, as shown on original return or as previously adjusted I Subtract line 17 from line 16 (If less than zero, see instructions) . Amount you owe. If line 10, column C, is more than line 18, enter the different set of the set	12 13 14 ginal 0X.) by the	e IRS	· · · ·	1,000 15 16 17 18 19	2,598 1,000 3,598 3,598 0 176 176

Form 1040X (Rev. 12-2012)

RAY L and CHARLENE SHACKELFORD

	A D			20	١.
	1.	11	-1		·-

A REAL PROPERTY AND A REAL PROPERTY.	
Part I	Exemptions

- Complete this part only if you are:
- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by a Midwestern disaster in 2009.

See Fo	rm 1040 or Form 10	040A instructions and Fc	orm 1040X instructions.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
23		use. Caution. If someor cannot claim an exemption	ne can claim you as a on for yourself	. 23	2		2
24		children who lived with y		1		1	
25	Your dependent ch	hildren who did not live wit	h you due to divorce or separation	1. 25			
26	Other dependent	S		. 26			
27	Total number of e	exemptions. Add lines 23	8 through 26	. 27	3	0	3
28	amount shown in	per of exemptions claime the instructions for line	28				
29	If you are claimin displaced by a M 8914, line 6 for 2	g an exemption amount idwestern disaster, ente 009	for housing individuals r the amount from Form	29			
30			nd on line 4 on page 1 of this form		0	0	0
31	List ALL depende	ents (children and others	s) claimed on this amended retu	urn. If mo	ore than 4 depen	dents, see instru	ctions.
	(a) First name	Last name	(b) Dependent's social security number) Dependent's ationship to you	child for child	ox if qualifying tax credit (see uctions)
CHRIST	TOPHER	SHACKELFORD	630-14-2055	SON		[
						[
Part I		I Election Campaign					
		crease your tax or reduce					
C	check here if you die	d not previously want \$3	to go to the fund, but now do.				

Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

Attach any supporting documents and new or changed forms and schedules.

Line 1: Taxpayer AGI is decreased (\$69,157) due to additional expenses that weren't reported on the original return.

Line 2: Itemized deduction is reduced (\$4,961) due to reduction in general sales taxes.

Line 4: Exemption amount is increased \$3,800 due to dependent being recorded on the return that was initially not on originaly.

Line 5: Taxpayer's taxable income is reduced (\$67,996) due to the reasons stated above.

Line 6: Taxpayer's income tax is reduced (\$9,375) due to reduction in taxable income.

Line 7: Education credit is allowed due taxpayer now qualifying due to income level.

Line 9: Self-employment taxes are reduced (\$9,140) due to reduction in taxable income.

Line 10: Total tax is reduced (\$18,601) due to the reasons stated above.

Line 13: Taxper qualifies for EIC in the amount of \$2,598 along with \$1,000 AOC credit totaling \$3,598 in credits.

Line 20: Taxpayer is due a refund in the amount of \$176.

Sign Here

Part III

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an schedules and statements, and to the best of my know	original return and that ledge and belief, this an	I have examinended return	nined this amended return, inclu	iding accompanying	arer					
(other than taxpayer) is based on all information about which the preparer has any knowledge.										
· Just Musles Dur	3/2/2018	101	leve Maniets Much	up 3/2	1/18					
Your signature	Date	Spouse's sig	nature. If a joint return, both must si	gn. Date	,					
Paid Preparer Use Only				U						
WINFRED FIELDS		FIELDS E	ENTERPRISES							
Preparer's signature	Date	Firm's name	(or yours if self-employed)							
WINFRED FIELDS		11222 RIG	CHMOND AVE STE 195, HO	USTON, TX 77082	2					
Print/type preparer's name		Firm's addre	ess and ZIP code							
P00630769	X Check if self-emplo	oyed	(281) 496-9598	76-0552309						
PTIN			Phone number	EIN						

For forms and publications, visit IRS.gov

FINN 0131 (Rev. 12-2012)

1040		nent of the Treasury—Internal Revenue S Individual Income		2	012		·			
For the year Jan. 1-		2012, or other tax year beginning	Tux Netum		ending	OMB No.	1545-0074 IR		nly-Do not write or separate instru	staple in this space.
Your first name		M.I.	Last name				Suffix		ocial security n	
RAY		L	SHACKELFORD						2-8217	umber
If a joint return, spou	use's firs	t name M.I.	Last name				Suffix		e's social secu	rity number
CHARLENE			SHACKELFORD			•			3-3101	
1406 SOUTHMC		street). If you have a P.O. box, see i	nstructions.				Apt. no.			e SSN(s) above
		e, and ZIP code. If you have a foreig	n address, also complete	e spaces be	low (see instruc	tions).		Dee		6c are correct.
HOUSTON					ТХ	77004	1	1.000	esidential Electionere if you, or your s	
Foreign country nam	le		Foreign province	/state/count			n postal code	jointly, w	ent \$3 to go to this to dow will not change	fund. Checking
Filing Status	1	Single			4	Head of ho	ousehold (with qua	alifying p	erson). (See inst	ructions.) If
	2	X Married filing jointly (eve	n if only one had inc	ome)		the qualify child's nan	ing person is a chi	ild but no	ot your depender	nt, enter this
	3	Married filing separately				onia o nan	io nero.			
4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		and full name here.			•				1	
Check only one	P	·					name		name	SSN
box.		First name	Last name		5	Qualifying	g widow(er) with	n deper	ndent child	
Exemptions	6a	X Yourself. If someone ca	in claim you as a dep	pendent, d	o not check l	box 6a .			Boxes checked on 6a and 6b	2
	b	X Spouse						}	No. of children	
	C	Dependents:					Vif child under age		on 6c who:	
			(2) Depensocial securi		(3) Depende relationship to	ent's	lifying for child tax cr		 lived with you 	1
		rst name Last name				J you	(see instructions)		 did not live with you due to divorce 	
If more than four	CHF	RISTOPHER SHACKELFO	ORD 630-14	-2005	Son				or separation	0
dependents, see instructions and									(see instructions) Dependents on 60	
check here									not entered above	0
	d	Total number of exemptions of	laimed					_	Add numbers on	3
Income	-								lines above	
income	7	Wages, salaries, tips, etc. At	tach Form(s) W-2 .						7	
Attach Form(s)	8a b	Taxable interest. Attach Sch	edule B if required			1 1			8a	
W-2 here. Also	9a	Tax-exempt interest. Do no Ordinary dividends. Attach S	chedule B if required			80			0	
attach Forms W-2G and	b	Qualified dividends				9b		1	9a	
1099-R if tax	10	Taxable refunds, credits, or o	ffsets of state and lo	cal income	taxes				10	
was withheld.	11	Alimony received						.	11	
	12	Business income or (loss). A	ttach Schedule C or	C-EZ					12	27,865
If you did not	13 14	Capital gain or (loss). Attach	Schedule D if require	ed. If not r	equired, chec	k here	►		13	
get a W-2,	14 15a	Other gains or (losses). Attac IRA distributions	n Form 4/9/	• • •	1 1			.	14	
see instructions.	16a	Pensions and annuities					nount		15b-	
Enclose, but do	17	Rental real estate, royalties, p	partnerships. S corpo	prations, tr	usts etc. Atta	ach Scher	tule F	•	16b 17	
not attach, any	18	Farm income or (loss). Attack	Schedule F					. [18	
payment. Also,	19	Unemployment compensation	1						19	
please use	20a	Social security benefits	20a		b T	axable an	nount		20b	0
Form 1040-V.	21 22	Other income. List type and a Combine the amounts in the f	amount						21	
	23	Educator expanses	ar right column for li	nes / throu	igh 21. This is	s your tot	al income	►	22	27,865
Adjusted	24	Educator expenses	reservists nerformi	· · · ·	 and	23				
Gross		fee-basis government officials	Attach Form 2106	or 2106-E2	7	24				
Income	25	Health savings account deduc	ction. Attach Form 88	389		25				
	26	Moving expenses. Attach For	m 3903			26				
	27	Deductible part of self-employ	ment tax. Attach Sch	nedule SE		27	1,96	68	n an	
	28 29	Self-employed SEP, SIMPLE,	and qualified plans			28				
	30	Self-employed health insurant	f savings			29				
	31a	Penalty on early withdrawal or Alimony paid b Recipie	n savings			30				
	32	IRA deduction	ent's SSN			31a 32				
	33	Student loan interest deduction	on			33	······			
	34	Tuition and fees. Attach Form	8917			34				
	35	Domestic production activities	deduction. Attach F	orm 8903		35				
	36	Add lines 23 through 31a and	32 through 35						36	1,968
	37	Subtract line 36 from line 22.	This is your adjuste	d gross i	ncome				37	25,897

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

\$

Form 1040 (2012)	RAY L and CHARLENE SHACKELFORD 452-02-8217		Page 2
Tax and	38	Amount from line 37 (adjusted gross income).	38	25,897
Credits	39a	Check J You were born before January 2, 1948, Blind. Total boxes		
Credits		if: Spouse was born before January 2, 1948, Blind. Checked > 39a		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		
Deduction for-	40		and the second	
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13,631
People who check any	41	Subtract line 40 from line 38	41	12,266
box on line 39a or 39b or	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	42	11,400
who can be claimed as a	44		43	866
dependent,	45		44	86
see instructions.	46	Alternative minimum tax (see instructions). Attach Form 6251	45	
All others:	40	Add lines 44 and 45	46	86
	48	Foreign tax credit. Attach Form 1116 if required	-	
Single or Married filing	40	Credit for child and dependent care expenses. Attach Form 2441 48		
separately, \$5,950	50	Education credits from Form 8863, line 19	-	
Married filing	51	Retirement savings contributions credit. Attach Form 8880	-	
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required	- All and a second	
widow(er), \$11,900		Residential energy credits. Attach Form 5695	-	
Head of	53	Other credits from Form: a 3800 b 8801 c 53		
household, \$8,700	54	Add lines 47 through 53. These are your total credits	54	86
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0	55	0
Other	56	Self-employment tax. Attach Schedule SE	56	3,422
Taxes	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57	
TAKES	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 55 through 60. This is your total tax	61	3,422
Payments	62	Federal income tax withheld from Forms W-2 and 1099		
	63	2012 estimated tax payments and amount applied from 2011 return 63		
If you have a	64a	Earned income credit (EIC)		
qualifying	b	Nontaxable combat pay election 64b		
child, attach Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812 65		
	66	American opportunity credit from Form 8863, line 8		
	67	Reserved		
	68	Amount paid with request for extension to file	1.20	
	69	Excess social security and tier 1 RRTA tax withheld		
	70	Credit for federal tax on fuels. Attach Form 4136		
	71	Credits from Form: a 2439 b Reserved c 8801 d 8885 71		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	3,598
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	176
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here.	74a	176
	▶ b	Routing number XXXXXXXX C Type: Checking Savings	110000	
Direct deposit? See	▶ d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
instructions.	75		- North State	
A	75	Amount of line 73 you want applied to your 2013 estimated tax ► 75		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	0
You Owe	77	Estimated tax penalty (see instructions)	STATES -	
Third Party	D	o you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Com	nplete belo	w. No
Designee	D	esignee's Phone Personal identification		
		ame WINFRED FIELDS no. (281) 496-9598 number (PIN)	▶ 44522	
Sign Here	U	nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best	t of my know	ledge and
nere		elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepa		
Joint return? See			aytime phone	number
instructions. Keep a copy for	-	ATTORNEY AT LAW		
your records.	s	pouse's signature. If a joint return, both must sign. Date Spouse's occupation If the PIN	e IRS sent you	an Identity Protection
		HOUSE WIFE here	e (see inst.)	
Paid			X if	PTIN
Preparer	-		ployed	P00630769
Use Only			6-055230	19
	F		281) 496-	
			NN OT	11 4040

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FINN 0133 m 1040 (2012)

Other

Total

Miscellaneous

Deductions

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

(See instructions.)

and amount >

Schedule A (Form 1040) 2012

19

20

0

27

28

29

518

SCHEDULE A Itemized Deductions						OMB No. 1545-0074
Department of the T Internal Revenue S	Treasury	 Information about Schedule A and its separate instructions is Attach to Form 1040. 	s at www.	irs.gov/form1040.		2012 Attachment
Name(s) shown of					T You	Sequence No. 0
RAY L and C	HARL	ENE SHACKELFORD			1.00	452-02-8217
Medical		Caution. Do not include expenses reimbursed or paid by others.	18538		13122	452-02-6217
	1	Medical and dental expenses (see instructions)	1		1	
and Dental	2	Enter amount from Form 1040, line 38 2 25,897	1997		- 11	
	3	Multiply line 2 by 7.5% (.075)	3	1,942		
Expenses	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		1,042	4	0
Taxes You	5	State and local	11		3383	
Paid		a Income taxes, or	5	547		
		b X General sales taxes		547	- 400 A 40	
	6	Real estate taxes (see instructions)	6			
	7	Personal property taxes	7	135	1000	
	8	Other taxes. List type and amount			- 333	
			8		228	
	9	Add lines 5 through 8			9	682
Interest	10	Home mortgage interest and points reported to you on Form 1098	10			002
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid				
		to the person from whom you bought the home, see instructions	1.23		1000	
		and show that person's name, identifying no., and address	100			
	Name		10.1			
NOLE. AC	uless					
.our monguge	TIN		11			
interest deduction may	12	Points not reported to you on Form 1098. See instructions for				
be limited (see		special rules	12			
instructions).	13	Mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
	15	Add lines 10 through 14			15	0
Gifts to	16	Gits by cash of check. If you made any gift of \$250 or more,			1400	
Charity		see instructions	16	13,708		
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see			0.00	
gift and got a		instructions. You must attach Form 8283 if over \$500	17		2.20	
benefit for it, see instructions.	18	Carryover from prior year	18		130	

.....

29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount

If you elect to itemize deductions even though they are less than your standard

21

22

23

24

26

25,897

20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)

Unreimbursed employee expenses-job travel, union dues,

job education, etc. Attach Form 2106 or 2106-EZ if required.

22 Tax preparation fees

Multiply line 25 by 2% (.02)

Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

23 Other expenses-investment, safe deposit box, etc. List type

Other-from list in instructions. List type and amount

25 Enter amount from Form 1040, line 38 . . 25

Casualty and Theft Losses

Job Expenses

Miscellaneous

and Certain

Deductions

19

21

26

27

28

OIVID	140.	134	0-0014	
6	06		0	

07

12,949

0

13,631

SCHEDULE C (Form 1040)

.

Profit or Loss From Business

(Sole Proprietorship)

Depar	tment of the Treasury al Revenue Service (99)	Attach	tion on Schedule C a	nd its ins	structions, go to www.irs.gov therships generally must file Form	//schedulec.	Attachment 00
	of proprietor	, itta	101011111040, 10401111, 01	1041, pa	cherships generally must he Forn	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	Sequence No. 09 number (SSN)
RAY	L SHACKELFORD						452-02-8217
A	Principal business or profession	on, includir	ng product or service (se	e instruc	tions)		from instructions
LEG	AL SERVICES						541100
С	Business name. If no separate	business	name, leave blank.				D number (EIN), (see instr.)
RAY	SHACKELFORD ESQ					D Employer	D number (Env), (see msu.)
E	Business address (including s	uite or roo	m no.) > 1406 SO	JTHMO	REBIVD		
	City, town or post office, state,					TX	77004
F) X Cas			(3) Other (specify)		
G	Did you "materially participate" in	the operat			"No," see instructions for limit on l	Insses	X Yes No
н							
1					s) 1099? (see instructions) .		
J							
Par	If "Yes," did you or will you file	required r	onns 10997		<u></u>		. X Yes No
1		atructions	feeling dand shark the				
	on Form W/2 and the "Statuto	istructions	for line 1 and check the	e box if th	is income was reported to you		
2	on Form W-2 and the "Statutor	y employe	box on that form was	спеске	••••••••••••		369,428
3	Returns and allowances (see i Subtract line 2 from line 1 .	Instruction	») • • • • • • • • • •	• • •		2	
4	Cost of goods sold (from line 4	2)		• • •		. 3	369,428
5	Cost of goods sold (from line 4 Gross profit. Subtract line 4 f	(2)				. 4	
6	Other income, including federa	l and state	assoling or fuel tax or	· · · ·	· · · · · · · · · · · · · · · · · · ·	. 5	369,428
7	Gross income. Add lines 5 ar	n and State	gasonine of fuel lax cre	edit of fer	und (see instructions)	• 7	260 429
Par	II Expenses		Enter expenses	for hus	siness use of your home or		369,428
8	Advertising	8	Enter expenses	18	Office expense (see instructions		
9	Car and truck expenses (see			19	Pension and profit-sharing pla		2,278
	instructions)	9	2,836	20	Rent or lease (see instruction	and and the second second	
10	Commissions and fees	10	2,000	a	Vehicles, machinery, and equipment		
11	Contract labor (see instructions)	11	13,024	b	Other business property		
12	Depletion	12		21	Repairs and maintenance .		
13	Depreciation and section 179			22	Supplies (not included in Part		491
	expense deduction (not included in Part III) (see			23	Taxes and licenses		
	instructions)	13	8,831	24	Travel, meals, and entertainm		
14	Employee benefit programs			a	Travel	ALC: NOT ADDRESS OF A	5,646
	(other than on line 19)	14		b	Deductible meals and		
15	Insurance (other than health).	15	6,167		entertainment (see instruction	ns) 24b	
16	Interest:	ALC: TASK		25	Utilities	25	5,790
а	Mortgage (paid to banks, etc.)	16a	42,735	26	Wages (less employment credits) .		
b	Other	16b			Other expenses (from line 48		248,848
17	Legal and professional services .	17	4,917	b	Reserved for future use .		
28	Total expenses before expense					▶ 28	341,563
29 30	Tentative profit or (loss). Subtra			• • •		29	27,865
31	Expenses for business use of y Net profit or (loss). Subtract			not repo	ort such expenses elsewhere .	. 30	
51	 If a profit, enter on both Form 			a 12) and	on Cohodula CE line 0	1	
	(If you checked the box on line						07.005
	 If a loss, you must go to lin 		tructions) Estates and t	rusis, eni	er on Form 1041, line 3.	31	27,865
	- in a loss, you must go to im	0 02.					
32	If you have a loss, check the be	ox that des	scribes your investment	in this ar	tivity (see instructions)	1	
	 If you checked 32a, enter the 	e loss on b	oth Form 1040, line 1	2. (or For	m 1040NR, line 13) and	32a	All investment is at risk.
	on Schedule SE, line 2. (If yo	u checked	the box on line 1, see t	he line 3	1 instructions.)	}	
	Estates and trusts, enter on Fo	orm 1041,	line 3.			32b	Some investment is
	 If you checked 32b, you mu 	ist attach	Form 6198. Your loss r	nay be lir	nited.		not at risk.

For Paperwork Reduction Act Notice, see your tax return instructions. $\ensuremath{\mathsf{HTA}}$

Schedule C (Form 1040) 2012

OMB No. 1545-0074

2012

Sched	lule C (Form 1040) 2012	RAY L SHACKELFORD	452-02-8217	Page 2
Par	t III Cost of Goods So	ld (see instructions)	and all and a first of the second	
33	Method(s) used to value closing inventory:	a Cost b Lower of cost or ma	arket c Other (atta	ach explanation)
34	Was there any change in deter	mining quantities, costs, or valuations between opening	g and closing inventory?	Yes No
35	Inventory at beginning of year.	If different from last year's closing inventory, attach exp	planation 35	
36	Purchases less cost of items w	thdrawn for personal use		
37	Cost of labor. Do not include an	y amounts paid to yourself		
38	Materials and supplies			
39	Other costs			
40	Add lines 35 through 39			0
41	Inventory at end of year			
42 Part	IV Information on Yo	line 41 from line 40. Enter the result here and on line 4 ur Vehicle. Complete this part only if you a equired to file Form 4562 for this business.	re claiming car or truck exp	0 penses on 13 to find
44 a		a drove your vehicle during 2012, enter the number of a		
45		ersonal use during off-duty hours?		Yes No
46		nother vehicle available for personal use?	_	Yes No
47 a		rt your deduction?		Yes No
b				Yes No
Part	V Other Expenses. L	ist below business expenses not included o	on lines 8-26 or line 30.	
BANK	SERVICE CHARGES			1,745
DUES	& SUBSCRIPTIONS			2,089
POST	AGE AND DELIVERY			972
TELE	PHONE EXPENSES			2,284
PAYR	OLL EXPENSES			241,758
48	Total other expenses. Enter he	ere and on line 27a		248,848

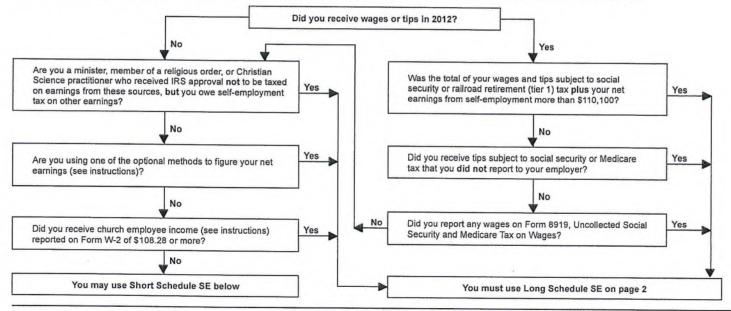
e

SCHEDULE SE (Form 1040)	Self-Emplo	OMB No. 1545-0074		
Department of the Treasury Internal Revenue Service (99)	 Information about Schedule SE and its sepa Attach to Form 104 	2012 Attachment Seguence No. 17		
Name of person with self-empl RAY L SHACKELFORD	oyment income (as shown on Form 1040)	Social security number of person with self-employment income	452-02-8217	

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b		1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report.	2	27,865
3	Combine lines 1a, 1b, and 2	3	27,865
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b	4	25,733
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	 Self-employment tax. If the amount on line 4 is: \$110,100 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 More than \$110,100, multiply line 4 by 2.9% (.029). Then, add \$11,450.40 to the result. 		
~	Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	3,422
6	Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is:		
	• \$14,643.30 or less, multiply line 5 by 57.51% (.5751)	S. S. S.	
	 More than \$14,643.30, multiply line 5 by 50% (.50) and add \$1,100 to the result. 		
	Enter the result here and on Form 1040, line 27, or Form		
	1040NR, line 27		

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2012 FINN 0137

6251 Form

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

5 14

Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

Interna	the first decision and the second and the second decisions is at www.ins.gowinn. I Revenue Service (99) ► Attach to Form 1040 or Form 1040NR. (s) shown on Form 1040 or Form 1040NR		Attachment Sequence No. 3	2
	L and CHARLENE SHACKELFORD		security number	
and the second	Alternative Minimum Taxable Income (See instructions for how to compl	-4	452-02-8217	
			n line.)	1
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 41, and go to line 41, and 41,			
2	amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	. 1	12,266	5
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0			
3	Taxes from Schedule A (Form 1040), line 9	. 2	(
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line		682	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27			
6	Skip this line. It is reserved for future use	. 6		
7	Tax refund from Form 1040, line 10 or line 21	. 7	1	1
8	Investment interest expense (difference between regular tax and AMT)		1	
9	Depletion (difference between regular tax and AMT)	9		+
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	. 10		+
11	Alternative tax net operating loss deduction		1	1)
12	Interest from specified private activity bonds exempt from the regular tax	. 12	1	+ /
13	Qualified small business stock (7% of gain excluded under section 1202).			+
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	. 14		-
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A).	15		+
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6).	. 16		-
17	Disposition of property (difference between AMT and regular tax gain or loss)	17		-
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	. 18	192	
19	Passive activities (difference between AMT and regular tax income or loss)	. 19	102	
20	Loss limitations (difference between AMT and regular tax income or loss)			1
21	Circulation costs (difference between regular tax and AMT)	. 21		1
22	Long-term contracts (difference between AMT and regular tax income)	. 22		
23	Mining costs (difference between regular tax and AMT)	. 23		
24	Research and experimental costs (difference between regular tax and AMT)	. 24		
25	Income from certain installment sales before January 1, 1987		(
26	Intangible drilling costs preference	26	,	1
27	Other adjustments, including income-based related adjustments	. 27		
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately, see			
-	instructions.).	. 28	13,140	
Par	Alternative Minimum Tax (AMT)			
29	Exemption. See instructions	. 29	78,750	
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33,			
	and 35, and go to line 34	. 30	C	
31	 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. 			
	 If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured 			
	for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here.	31	0	
	 All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 			
32	Alternative minimum tax foreign tax credit (see instructions)	. 32		
33	Tentative minimum tax. Subtract line 32 from line 31	33	0	
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured			
	without using Schedule J (see instructions)	. 34		
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45.	35	0	

For Paperwork Reduction Act Notice, see your tax return instructions. HTA

SCHEDULE EIC (Form 1040A or 1040)

Earned Income Credit

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Qualifying Child Information

0404 1040 EIC Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/form1040.

OMB No. 15	45-0074
20	12

43

Attachment

Your social security number

Sequence No

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

RAY L and CHARLENE SHACKELFORD

452-02-8217 See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make

Before you begin:

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AUTION

sure that (a) you can take the EIC, and (b) you have a qualifying child.

 Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 for details.

It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information		Child 1		Child 2		Child 3		
1	Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name	Last name	First name	Last name	First name	Last name	
2	Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2012. If your child was born and died in 2012 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.		14-2005					
3	Child's year of birth	Year If born after 1993 younger than you filing jointly), skip I go to line 5.	(or your spouse, if	younger than you	3 and the child was u (or your spouse, if lines 4a and 4b;	younger than yo	3 and the child was u (or your spouse, if b lines 4a and 4b;	
4 a	Was the child under age 24 at the end of 2012, a student, and younger than you (or your spouse, if filing jointly)?	X Yes. Go to line 5.	No. Go to line 4b.	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	
b	Was the child permanently and totally disabled during any part of 2012?	Go to line 5.	No. The child is not a qualifying child.	Go to line 5.	No. The child is not a qualifying child.	Go to line 5.	No. The child is not a qualifying child.	
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)		Son		-			
	Number of months child lived with you in the United States during 2012 • If the child lived with you for more than half of 2012 but less than 7 months, enter "7."							
ter years	• If the child was born or died in 2012 and your home was the child's home for more than half the time he or she was alive during 2012, enter "12."	12 Do not enter i months.	months more than 12	Do not enter months.	months	Do not enter months.	months	

For Paperwork Reduction Act Notice, see your tax return instructions. HTA

Schedule EIC (Form 1040A or 1040) 2012

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Education Credits

(American Opportunity and Lifetime Learning Credits)

See separate instructions to find out if you are eligible to take the credits.

Instructions and more are at www.irs.gov/form8863. Attach to Form 1040 or Form 1040A.

Sequence No. Your social security number

RAY L and CHARLENE SHACKELFORD

452-02-8217

1 CAUTION

Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.

Pa	Int I Refundable American Opportunity Credit		
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30.	1	2,500
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of		
	household, or qualifying widow(er)	100	
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you		
	are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from	Sec.	
	Puerto Rico, see Pub. 970 for the amount to enter		
4	Subtract line 3 from line 2. If zero or less, stop; you cannot take any	and a	
	education credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of		
	household, or qualifying widow(er)		
6	If line 4 is:	1.11	
	• Equal to or more than line 5, enter 1.000 on line 6	1.1	
	Less than line 5, divide line 4 by line 5. Enter the result as a decimal	6	1.00000
	(rounded to at least three places)	(1999)	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet	10.00	
	the conditions described in the instructions, you cannot take the refundable American opportunity		
	credit; skip line 8, enter the amount from line 7 on line 9, and check this box	7	2,500
8	Refundable American opportunity credit. Multiply line 7 by 40% (.40). Enter the amount here and		
01-140 p	on Form 1040, line 66, or Form 1040A, line 40. Then go to line 9 below	8	1,000
Pai			
9	Subtract line 8 from line 7. Enter here and on line 8 of the Credit Limit Worksheet (see instructions)	9	1,500
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If		
	zero skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	0
11	Enter the smaller of line 10 or \$10,000	11	0
12	Multiply line 11 by 20% (.20)	12	0
13	Enter: \$124,000 if married filing jointly; \$62,000 if single, head of	1992	
	household, or qualifying widow(er).		
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you	100	
	are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from		1.0
	Puerto Rico, see Pub. 970 for the amount to enter		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0-		
	on line 18, and go to line 19		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of		
	household, or qualifying widow(er)	になる	
17	If line 15 is:	La sala	
	 Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 		
	 Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least 		
	three places	17	0.00000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	0
19	Nonrefundable education credits. Enter the amount from line 13 of the Credit Limit Worksheet		
_	(see instructions) here and on Form 1040, line 49, or Form 1040A, line 31	19	86
For F	Paperwork Reduction Act Notice, see your tax return instructions. IRS.gov/form8863		Form 8863 (2012)

Name(s) shown on return

Page 2
Your social security number

RAY L and CHARLENE SHACKELFORD

opportunity credit or lifetime learning credit.	ou are claiming either the American Use additional copies of Page 2 as ne	eeded for
rt III Student and Educational Institution Information See instructions.	ation	
Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown or	page 1 of your tax return)
RISTOPHER SHACKELFORD	630-14-2005	
Educational institution information (see instructions)	000 11 2000	
Name of first educational institution	b. Name of second educational instit	tution (if any)
k University		
Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 00 17th Av. N Student Acct	(1) Address. Number and street (or P post office, state, and ZIP code. If instructions.	.O. box). City, town or a foreign address, see
Did the student receive Form 1098-T X Yes No		B-T Yes No
this institution for 2011 with Box 2 filled in X Yes No and Box 7 checked?	(3) Did the student receive Form 1098	
ou checked "No" in both (2) and (3), skip (4).	If you checked "No" in both (2) and (3), s	kip (4).
If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T).	(4) If you checked "Yes" in (2) or (3),	enter the institution's
Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 prior tax years?		o — Go to line 24.
Was the student enrolled at least half-time for at least one academic period that began in 2012 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)	X Yes — Go to line 25.	o — Stop! Go to line 1 for this student.
Did the student complete the first 4 years of post-secondary education before 2012?		o — Go to line 26.
Was the student convicted, before the end of 2012, of a felony for possession or distribution of a controlled substance?	Yes — Stop! N. Go to line 31 for this X co	o — See <i>Tip</i> below and omplete either lines 27-30 r line 31 for this student.
TIP and choose the credit for each student that gives you	u the lower tax liability. You cannot take the <i>i</i> the same student in the same year. If you co	American
American Opportunity Credit		
Adjusted qualified education expenses (see instructions). Do not	enter more than \$4,000	27 4,00
Subtract \$2,000 from line 27. If zero or less enter -0		28 2,00
Multiply line 28 by 25% (.25)		29 50
enter the result. Skip line 31. Include the total of all amounts from	2,000 to the amount on line 29 and	
Lifetime Learning Credit	Tail Fans III, line 30 on Part I, line 1	30 2,50
	the total of all amounts from all	
Parts III, line 31, on Part II, line 10.		31
	Opportunity credit or lifetime learning credit. If each student. each student. Student and Educational Institution Information. See instructions. Student name (as shown on page 1 of your tax return) RISTOPHER SHACKELFORD Educational institution information (see instructions) Name of first educational institution k University Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. D0 17th Av. N Student Acct shville, TN 87208 Did the student receive Form 1098-T from this institution for 2012? Did the student receive Form 1098-T from this institution for 2011 with Box 2 filled in X Yes No and Box 7 checked? Ou checked "No" in both (2) and (3), skip (4). If you checked "No" in both (2) ard (3), enter the institution's federal identification number (from Form 1098-T). Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 prior tax years? Was the student enrolled at least half-time for at least one academic period that began in 2012 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)	Ttill Student and Educational Institution Information See instructions. Student name (as shown on page 1 of your tax return) 21 Student social security number (as shown on 630-14-2005 RISTOPHER SHACKELFORD 630-14-2005 Educational Institution b. Name of second educational institu- tion Name of first educational institution b. Name of second educational insti- tution Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (1) Address. Number and street (or P.O. box). Post office, state, and ZIP code. If a foreign address, see instructions. 101 7th Av. N Student Acct shville. TN 87208 (2) Did the student receive Form 1098-T (3) Did the student receive Form 1098-T from this institution for 2011 with E filled in and Box 7 checked? 101 the student receive Form 1098-T from this institution for 2011 with Box 2 filled in and Box 7 checked? (4) If you checked "Ne" in (2) (2) (3), si federal identification number (from Form 1098-T). Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 prior tax years? (4) If you checked "Ne" in (2) or (3), site for postsecondary degree, certificate, or other recognized postsecondary degree, certificate, or other student that gives you the lower tax liab

Form 8863 (2012)

4,000 2,000 500

2,500

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Form	4562			tion and . mation on				ОМВ	No. 1545-0172
	ment of the Treasury Revenue Service (99)	► See separ			Attach to yo				
	e(s) shown on return			vity to which this	form relates	our lax return.	Identifying nur	Sequ	ence No. 179
the second se	L SHACKELFORD	Sch	C: 01 - LEO	GAL SERVICES	S		452-02-8217		
Part	Election To	o Expense Certain Pro	perty Und	der Section 1	79				
1 1	Note: If you n	nave any listed property, com	olete Part VI	before you comp	lete Part I.				
2 T	otal cost of section 17	e instructions)	· · · · ·	· · · · · · ·				1	
3 T	hreshold cost of sect	79 property placed in service ion 179 property before rec	luction in lin	uctions).	· · · · · · ·			2	
4 R	eduction in limitation.	Subtract line 3 from line 2	If zero or l	ess enter -0-	structions).		· · · · · ·	3	
5 0	ular infiliation for tax	year. Subtract line 4 from	ine 1. If zer	o or less enter	-0- If married	filing		4	0
S	eparately, see instruc				o . Il mameu	ming		5	0
6	(a)	Description of property		(b) (Cost (business use	only)	(c) Elected co	-	Bergerster al
							(-,		
/ L	sted property. Enter t	the amount from line 29 .				7	_		
9 Te	Dial elected cost of se	ection 179 property. Add an	nounts in co	lumn (c), lines	6 and 7			8	0
10 0	arryover of disallower	nter the smaller of line 5 or	line 8					9	0
11 B	usiness income limita	d deduction from line 13 of	your 2011 F	orm 4562.				10	
12 S	ection 179 expense d	tion. Enter the smaller of b leduction. Add lines 9 and	10 but do n	of onter more th	han zero) or lir	ne 5 (see instru	ictions)	11	
13 C	arryover of disallowed	d deduction to 2013. Add li	nes 9 and 1		nan line 11.	► 12		12	0
Note:	Do not use Part II or	Part III below for listed pro	perty. Instea	ad, use Part V				0	
Part	Special De	preciation Allowance	and Other	Depreciatio	n (Do not in	clude listed r	roperty) (See	instru	ictions)
14 0	pecial depreciation al	iowance for qualified prope	erty (other th	an listed prope	rtv) placed in	service		T	10(10)13./
du	uring the tax year (see	e instructions)						14	
10 11	openty subject to sec							15	
10 0	their depreciation (inc	luding ACRS).						16	500
Part	IVIACK5 De	preciation (Do not inc	iude listed	property.) (S	ee instruction	ns.)			
17 M	ACRS deductions for	accete placed in service in	Secti	on A					
18 If	vou are electing to gr	assets placed in service ir oup any assets placed in s	1 tax years t	beginning befor	e 2012			17	8,331
qe	eneral asset accounts	check here		g the tax year i	nto one or mo	re		1000	
	Sectio	n B - Assets Placed in So	nuico Durin	a 2012 Tax Va			· · · · •	27355	
	00010	n B - Assets Placed in Se (b) Month and			ar Using the (Seneral Depre	clation System	-	
	(a) Classification of prop		1-7	for depreciation s/investment use	(d) Recovery	(1) Commenting			
_		in service		ee instructions)	period	(e) Convention	(f) Method	(g) De	preciation deduction
19 a									
	5-year property								
	7-year property								
	10-year property								
	15-year property 20-year property	and the second sec							
	25-year property	State Dat State							
	Residential rental				25 yrs.		S/L		
	property				27.5 yrs.	MM	S/L	-	
i	Nonresidential real				27.5 yrs. 39 yrs.	MM MM	S/L		
	property		-			MM	S/L S/L		
	Section	C - Assets Placed in Serv	vice During	2012 Tax Year	Using the Al	ternative Denr	eciation System		
	class me						S/L	1	
	12-year				12 yrs.		S/L		
	40-year				40 yrs.	MM	S/L		
Part I		See instructions.)							
21 LIS	tal Add amounts from	mount from line 28	47 6					21	
Fr	ter here and on the a	n line 12, lines 14 through	17, lines 19	and 20 in colu	mn (g), and lir	ie 21.			
23 Fo	r assets shown above	ppropriate lines of your ret and placed in service du	ring the our	ent year and S CC	the parties	e instructions		22	8,831
of	the basis attributable	to section 263A costs .	ing the cull	ent year, enter	the portion	23		100	C. Seatter
For Pa	perwork Reduction A	ct Notice, see separate ins	tructions	· · · · · · ·	<u></u> .	23		[8	- AECO /00/0
HTA								ron	m 4562 (2012)

For Paperwork Reduction Act Notice, see separate instructions. HTA

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Depa	 Paid Preparer's Earned Income Credit Checklist To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ. Information about Form 8867 and its separate instructions is at www.irs.gov/form8866 	Attach	No. 1545-1629
		yer's social secur 2-8217	ity number
or	the definitions of the following terms, see Pub. 596. Investment Income Qualifying Child Earned Income	Full-time Stu	dent
d			
1	Enter preparer's name and PTIN WINFRED FIELDS P00630769		
2	Is the taxpayer's filing status married filing separately?	🗌 Yes	X No
	If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
3	Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering	X Yes	🗌 No
	If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
	Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)?	☐ Yes	X No
	If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
	Was the taxpayer a nonresident alien for any part of 2012?	Yes	X No
	If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.		
	Is the taxpayer's filing status married filing jointly?	Yes	No
	If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
	Is the taxpayer's investment income more than \$3,200? See Rule 6 in Pub. 596 before answering	☐ Yes	X No
	If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
	Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for 2012? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see Rule 10 (Rule 13 if the taxpayer does not have a qualifying child) in Pub. 596 before answering	☐ Yes	X No
	If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.		

For Paperwork Reduction	Act Notice,	see separate	instructions
HTA			

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RAY L and CHARLENE SHACKELFORD Form 8867 (2012)

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452-02-8217

Par	t II Taxpayers With a Child	452-02-0217		Page 2
	Caution. If there is more than one child, complete lines 8 through 14 for	Child 1	Child 2	Child 3
8	one child before going to the next column. Child's name			
9	Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister,	CHRISTOPHER S		
	stepbrother, stepsister, half brother, half sister, or a descendant of any of them?	X Yes No	☐ Yes ☐ No	∏ Yes □ No
10	Is either of the following true?			Yes No
	The child is unmarried, or			
	 The child is married, can be claimed as the taxpayer's dependent, and 			
	is not filing a joint return (or is filing it only as a claim for refund).	X Yes No	Yes No	☐ Yes ☐ No
11	Did the child live with the taxpayer in the United States for over half of the			
	year? See the instructions before answering	🗙 Yes 🗌 No	Yes No	Yes No
12	Was the child (at the end of 2012)-			
	 Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), 			
	 Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or 			
	Any age and permanently and totally disabled?	X Yes No	Yes No	🗌 Yes 🗌 No
	▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12.			
13 a	Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child?	Yes No	Yes No	∏Yes ∏No
	 If you checked "No" on line 13a, go to line 14. Otherwise, go to 			Yes No
	line 13b.			
b	Enter the child's relationship to the other person(s)		_	
C	Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering .	Yes No Don't know	Yes No Don't know	Yes No Don't know
	▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the Note at the bottom of this page.			
14	Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering	X Yes 🗌 No 🔽	Yes No [Yes 🗌 No
	If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Yes" on line 14, continue.			
15	Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2012? See Pub. 596 for the limit .		ī	X Yes 🗔 No
	▶ If you checked "No" on line 15, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.			
	Note. If you checked "No" on line 13c or 14 but there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). Also do this if you checked "Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.			1317

FINN 07/04/18867 (2012)

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COMPANY OF TAXABLE PARTY.	8867 (2012) RAY L and CHARLENE SHACKELFORD 2 till Taxpayers Without a Qualifying Child 2	52-02-8217	Page
16	Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 5] No
	If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, contin	ue.	
7	Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2012? See the instructions before answering .] No
	If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, contin	ue.	
8	Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for 2012? If the taxpayer's filing status is married filing jointly, check "No."	🗌 Yes 🗌] No
	If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, contin	ue.	
9	Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2012? See Pub. 596 for the limit .	🗋 Yes 🗌] No
	If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yo on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.	es" i	
art	IV Due Diligence Requirements		251091973
)	Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?	TYes T] No
	Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or y own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?	our	No
	If any qualifying child was not the taxpayer's son or daughter, did you ask why the parents were no	ot 🗌 Yes 🗌	No
	claiming the child and document the answer?	· · X Does not app	oly
	If the answer to question 13a is "Yes" (indicating that the child lived for more than half the year with someone else who could claim the child for the EIC), did you explain the tiebreaker rules and possible consequences of another person claiming your client's qualifying child?		No
	Did you ask this taxpayer any additional questions that are necessary to meet your knowledge requirement? See the instructions before answering .	- Dood not upp	No
	To comply with the EIC knowledge requirement, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known b you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the taxpayer's responses.		<i>.</i>
;	Did you document the additional questions you asked and your client's answers?	· · · □ Does not app	No

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Li	ne 21 (1040) - Other Income				
			Filer		Spouse
1	Gambling winnings (W-2G)	1	2,000	`	. 0
2	Canceled debts. These amounts may be shown in box 2 of Form 1099-C.	2	11,060	-	
	Ray Shackelford gambling loss	3	-2,000	_	
4	Canceled debt is not taxable. Debt was never used for business	4	-11,060	-	
_	Subtotal	5	0		0
6	Total other income (to Form 1040, line 21)			6	0

Lines 16a and b (Sch C (1040)) - Interest Expense

c

	Mortgage Interest							
1	Mortgage interest paid	d to banks, other financial in	nstitution	s (Form 1098	received)		1	42,735
2	Mortgage interest diffe	erence not reported on line	1 above.	Explain:				
							2	
3	Total mortgage interes	3	42,735					
	Other Interest							
1	Mortgage interest paid	d to banks, other financial in	nstitution	s (Form 1098	WAS NO	Гreceived)	1	
2	Jointly owned (other th	han spouse on MFJ return)	mortgag	je interest pai	d to banks	, other financial		
	Enter Name and Addr	ess of person who received	1 Form 1	 098 [.]			2	
	First Name							
	Business Name							
	Address					*****		
	City				State	Zip		
	Foreign Country							
	First Name		M.I.	Last Name				
	Business Name							
	Address				01-1-	7'		
	City Foreign Country				State	Zip		
	First Name Business Name							
	Address							
	City				State	Zip		
	Foreign Country							
3							3	
4							4	
56							5	
7	Total other interest rer	ported on line 16b					7	0
-								0

1040		artment of the Treasury—Internal Reven S. Individual Income 7			(99)	IRS Use Only-Do	o not write or stan	le in this snace
Label		ear Jan. 1-Dec. 31, 2004, or other	tax yea	ar beginning	, ending	l.		1545-0074
(See	RAY	lame	M.I. L	Last name SHACKELFORD		Suffix		ecurity number
		turn, spouse's first name	M.I.			Suffix	452-02-8217 Spouse's social	/ I security number
	Home add	ress (number and street). If you have a	P.O. bo	I x, see page 16.		Apt. no.	Imp	ortant!
please print 1		UTHMORE BLVD or post office					Your	nust enter
- open	HOUSTC			Sta			your SS	SN(s) above.
Election Campa		Note. Checking "Yes" will no	t chan	TX	7700	Contract of the local distance of the local distance of the	1	
(See page 16.)	- git	Do you, or your spouse if filin	g a joi	nt return, want \$3 to go to t	his fund?		rou es No	Spouse Yes No
	1	Single			X Head of	household (with qu	ualifying person). (See page 17.)
Filing Status		Married filing jointly (even if only o				alifying person is a s child's name here		our dependent,
	3	Married filing separately. Enter sp	ouse's	SSN above	enter this	s child s name nere	е.	
Check only		and full name here.			Fire	1	Lastantin	2011
one box.		First name	Last	t name 5		t name g widow(er) with d	Last name	SSN
	6 -	X Yourself. If someone can c					Boxes checke	
Exemption	ns						on 6a and 6b	
		Dependents:			1		No. of childre on 6c who:	n
		Dependents:		(2) Dependent's	(3) Depender	1., 4 1	 lived with 	you 2
		(1) First name Last name		social security number	relationship to you	credit (see page 18)	• did not live	
If more than four	r	RAY SHACKELF		456-99-5025	Son		you due to div or separation	
dependents, see	Э	CHRISTOPHER SHACKELF	ORD	630-14-2055	Son		(see page 18) Dependents of	
page 18.						<u> </u>	 not entered a 	
		Total number of exemptions clair	ned				 Add numbers lines above 	ion 3
Income								
Attach Form(s)	7 8 a	Wages, salaries, tips, etc. Attac Taxable interest. Attach Schedu		1(S) VV-2			. 7	0
W-2 here. Also		Tax-exempt interest. Do not ind	lude o	n line 8a	. 8b		. <u>8a</u>	0
attach Forms	9 a	Ordinary dividends. Attach Sche	dule B	if required		<u>_</u>	. 9a	0
W-2G and		Qualified dividends (see page 20)		9b			
1099-R if tax was withheld.	10	Taxable refunds, credits, or offse	ts of st	tate and local income taxes	(see page 20)	. 10	0
If you did not	11 12	Alimony received	 h Cab				11	0
get a W-2,	12	Business income or (loss). Attac Capital gain or (loss). Attach Sci					. 12	13,078
see page 19.	14	Other gains or (losses). Attach F	orm 47	97				0
	15 a	IRA distributions		15a 0		mount (see page :		0
5		Pensions and annuities			b Taxable a	mount (see page)	22) 16b	0
Enclose, but do	17	Rental real estate, royalties, part	nership	os, S corporations, trusts, e	tc. Attach Scl	nedule E	. 17	0
not attach, any payment. Also,	18 19	Farm income or (loss). Attach S	chedul	e F			. 18	0
please use		Unemployment compensation . Social security benefits	• • 1	202 0	h Tavable a	mount (see page)		0
Form 1040-V.	21	Other income. List type and amo				inounit (see page .	24) <u>20b</u>	
					\$		21	0
	22	Add the amounts in the far right of	column	for lines 7 through 21. Thi	is is your total	income	▶ 22	13,078
	23	Educator expenses (see page 26)		. 23	0		
Adjusted	24	Certain business expenses of res fee-basis government officials. A	tach E	s, performing artists, and	24			
Gross	25	IRA deduction (see page 26)						
Income	26	Student loan interest deduction (s	see pa	ge 28)	26	0	100 C C C C C C C C C C C C C C C C C C	
	27	Tuition and fees deduction (see p	age 29	9)	27	C	SQL refer to 1 here.	
	28	Health savings account deduction	n. Atta	ch Form 8889	28	0		
	29 30	Moving expenses. Attach Form 3				0		
	31	One-half of self-employment tax. Self-employed health insurance of				924		
	32	Self-employed SEP, SIMPLE, an	d quali	ified plans	31	0		
	33	Penalty on early withdrawal of sa	vings		. 33		in the second	
		Alimony paid b Recipient's	SSN		34a	C		
	35	Add lines 23 through 34a					. 35	924
	36	Subtract line 35 from line 22. Th	is is yo	our adjusted gross income	.		▶ 36	12,154
For Disclosure,	Privacy	Act, and Paperwork Reduction A	ct Not	tice, see page 75.				Form 1040 (2004)

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Form 1040 (2004	4) RAY L SHACKELFORD 452-02-8217		Page 2
Tax and	37 Amount from line 36 (adjusted gross income).	37	12,154
Credits	38 a Check ∫ You were born before January 2, 1940, Blind. Total boxes		
Standard Deduction	if: Spouse was born before January 2, 1940, Blind. checked > 38a		
for-			
	b If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here	20	7 4 50
People who checked any	40 Subtract line 39 from line 37	39	7,150
box on line	41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions	40	5,004
38a or 38b or	claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	9,300
who can be claimed as a	42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	41	9,300
dependent,	43 Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972.	42	0
see page 31.	44 Alternative minimum tax (see page 35). Attach Form 6251	44	0
All others:	45 Add lines 43 and 44	45	0
Single or	46 Foreign tax credit. Attach Form 1116 if required		
Married filing	47 Credit for child and dependent care expenses. Attach Form 2441		
separately,	48 Credit for the elderly or the disabled. Attach Schedule R		
\$4,850	49 Education credits. Attach Form 8863 49 0		
Married filing	50 Retirement savings contributions credit. Attach Form 8880 50 0 51 Child tax credit (see page 37) 51 51		
jointly or		特别的	
Qualifying widow(er),			
\$9,700			
Upped of			
Head of household,	b Form 8801 c Specify 54 0		
\$7,150	55 Add lines 46 through 54. These are your total credits	55	0
	56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	0
0.1	57 Self-employment tax. Attach Schedule SE	57	1,848
Other	58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	0
Taxes	Autor for the leg outor qualified retriction plans, etc. Autor routin 5529 in required	59	0
		60	0
		61	0
Payments	62 Endered income travitte and the second seco	62	1,848
	63 0 64 2004 estimated tax payments and amount applied from 2003 return 64 0		
If you have a			
qualifying	b Nontaxable combat pay election		
child, attach	66 Excess social security and tier 1 RRTA tax withheld (see page 54) 66 0		
Schedule EIC.	67 Additional child tax credit. Attach Form 8812		
	68 Amount paid with request for extension to file (see page 54)		
	69 Other payments from: a Form 2439 b Form 4136 c Form 8885 69 0		
	70 Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	4,511
Refund	71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	2,663
Direct deposit?	72 a Amount of line 71 you want refunded to you	72a	2,663
See page 54	b Routing number C Type: Checking Savings	121-22	
and fill in 72b,	▶ d Account number		
72c, and 72d.			
Amount	73 Amount of line 71 you want applied to your 2005 estimated tax ▶ 73 0 74 Amount you owe. Subtract line 70 from line 62. For details on how to pay see page 55. ▶		
You Owe	75. Estimated to a second the contract of the second	74	0
			aligned a second as
Third Party	Desires	lete the	e following. No
Designee	Designee's Phone Personal identification name pumber (PIN)		
Sign			
Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of belief, they are true, correct, and complete. Peclaration of preparer (other than taxpayer) is based on all information of which prepare	of my kno	owledge and
Joint return?	Your signature C H. C. D. Date / Your occupation		Daytime phone number
See page 17.	They or Muchel that 3/21/2018 Uterien		Daytime phone number
Keep a copy for your	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation		Home phone number
records.			
	Preparer's Date Check if	Pre	parer's SSN or PTIN
Paid	signature 3/20/2018 self-employed X)630769
Preparer's	Firm's name (or FIELDS ENTERPRISES EIN	100	
Use Only	yours if self-employed), 11222 RICHMOND AVENUE #195 Phone n	0.	281-496-9598
	address, and ZIP code HOUSTON State TX ZIP code		77082
			Form 1040 (2004)

SCHE	DULE	C
(Fo'rm	1040)

Profit or Loss From Business (Sole Proprietorship)

Revenue Service Atta of proprietor SHACKELFORD	ach to Form	1040 or 1041.	P.C.s. In	, must file Form 106			
		A REAL PROPERTY AND A REAL	See II	structions for Sche	dule C (Form	1040).	Attachment Sequence No. 0
SHACKELEORD							y number (SSN)
	n including	product on the factor				A CONTRACTOR OF THE OWNER	452-02-8217
Principal business or professio	m, including	product or service (s	see page	C-2 of the instruction	s) B		e from pages C-7, 8, & 9
Business name. If no separate	e business n	ame, leave blank				Emplana	541100
KELFORD & ASSOCIATES	LLC						ID number (EIN), if any 42-1609307
Business address (including su	lite or room	no.) > 1406 SO	UTHMC	REBLVD	 ,		42-1009307
City, town or post office, state,	and ZIP cod		DN				77004
Accounting method: (1)	X Cash	(2) Accru	al	(3) Other (spec	cify)		
Did you "materially participate"	in the opera	tion of this business	durina 2				s X Yes N
If you started or acquired this b	usiness duri	ing 2004 check here		ee in in the, bee pag	C C-5 101 minit	011 105585	s XYes N
I Income		ing 2004, check here					🕨 📘
						T T	
"Statutory employee" box on th	on. If this inc	ome was reported to	you on	Form W-2 and the	. —		
Returns and allowances	at ioni was	checked, see page	C-3 and (check here		1	49,744
Subtract line 2 from line 1	• • • • •		• • •		· · · · ·		
Cost of goods sold (from line 4)	2 on name 2)				· · · · ·		49,744
	L on page 2)			• • • • • • • •		4	570
Gross profit. Subtract line 4 fro	om line 3					-	40.474
Other income, including Federa	al and state o	asoline or fuel tax c	redit or re	fund (see page C-3)			49,174
							0
Gross income. Add lines 5 and	16					7	49,174
LAPenses. Enter ex	xpenses for	or business use	of your	home only on lin	e 30.		43,174
Advertising	8	846	19			19	
			20				
		0	a			20a	0
		1,937	b			20b	18,000
						21	
	12		_			22	
							515
	13	708			· · · · ·	24a	0
Employee benefit programs			- °		0		
other than on line 19)	14	232	c	Enter nondeduct-	0		
nsurance (other than health)	15	408		ible amount in-	50%		
nterest:							
	16a		d		m line 24b .	24d	0
	16b	148	25			25	
			26			26	3,220
		500	27				
		55 USO of homo Ada	lines 0.4	page 2)		27	9,492
,	o for busine	as use of nome. Aut	i lines o i	nrough 27 in columns	••••	28	36,096
entative profit (loss). Subtract I	ine 28 from	line 7					10.070
xpenses for business use of yo	our home. At	tach Form 8829					13,078
let profit or (loss). Subtract lin	e 30 from lin	ne 29.				50	0
If a profit, enter on Form 104	0, line 12, a	and also on Schedu	le SE, lir	e 2 (statutory employ	ees,		
ee page C-o). Estates and trust	ts, enter on l	Form 1041, line 3.		,p-0,	}	31	13,078
)		10,010
you have a loss, check the box	that describ	pes your investment	in this ac	tivity (see page C-6).	1		
If you checked 32a, enter the	loss on For	m 1040, line 12, and	d also or	Schedule SE line	2	32a	All investment is at risk.
statutory employees, see page	C-6). Estate:	s and trusts, enter of	n Form 1	041, line 3.		32h	Some investment is
	a second s	NAME OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY.			,		not at risk.
	Business address (including su City, town or post office, state, Accounting method: (1) Did you "materially participate" If you started or acquired this b Income Gross receipts or sales. Caution "Statutory employee" box on the Returns and allowances Subtract line 2 from line 1 Cost of goods sold (from line 4 Gross profit. Subtract line 4 from Other income, including Federar Advertising Car and truck expenses (see Dage C-3) Commissions and fees Contract labor (see page C-4) Depletion Depreciation and section 179 expense deduction (not included in Part III) (see hage C-4) Subtract (other than health) Interest: Mortgage (paid to banks, etc.) Other Mortgage (paid to banks, etc.) Other Subtract I abor, Subtract I supenses before expenses entative profit (loss). Subtract I xpenses for business use of your entative profit (loss). Subtract I xpenses for business use of your entative profit (loss). Subtract I xpenses for business use of your entative profit (loss). Subtract I xpenses for business use of your entative profit (loss). Subtract I xpenses for business use of your entative profit (loss). Subtract I xpenses for business use of your entative profit (loss). Subtract I xpenses for business use of your entative profit (loss). Subtract I xpenses for business use of your entative profit (loss). Subtract I you have a loss, check the box I f a loss, you must go to line you have a loss, check the box I f you checked 32a, enter the tatutory employees, see page I I you checked 32b, you must b If you checked 32b, you must b	Business address (including suite or room City, town or post office, state, and ZIP cool Accounting method: (1) X Cash Did you "materially participate" in the operative fyou started or acquired this business during if you started or acquired this business during if income Gross receipts or sales. Caution. If this income Statutory employee" box on that form was Returns and allowances Subtract line 2 from line 1 Cost of goods sold (from line 42 on page 2) Gross profit. Subtract line 4 from line 3 Other income, including Federal and state geness Car and truck expenses (see bage C-3) Contract labor (see page C-4) Depletion Businance (other than health) Depletion Depletion Depletion Depreciation and section 179 Expenses Depletion Depreciation and section 179 Expenses	Business address (including suite or room no.) ▶ 1406 SQ HOUSTC Accounting method: (1) X Cash (2) Accru Did you "materially participate" in the operation of this business If you started or acquired this business during 2004, check here Income Accru Income Income Gross receipts or sales. Caution. If this income was reported to "Statutory employee" box on that form was checked, see page of "Statutory employee" box on that form was checked, see page of "Statutory employee" box on that form uses checked, see page of "Statutory employee" box on that form uses checked see page of "Statutory employee" box on that form uses checked see page of "Statutory employee" box on that form uses checked see page of "Statutory employee" box on that form uses checked see page of "Statutory employee" box on that form uses checked see page of "Statutory employee" box on that form uses checked see page of "Statutory employee" box on that form uses checked see page of "Cost of goods sold (from line 42 on page 2) Gross profit. Subtract line 4 from line 3	Business address (including suite or room no.) ► 1406 SOUTHMC City, town or post office, state, and ZIP code HOUSTON Accounting method: (1) X Cash (2) Accrual Did you "materially participate" in the operation of this business during 2 If you started or acquired this business during 2004, check here Image: Comparison of this business during 2004, check here Income Income Gross receipts or sales. Caution. If this income was reported to you on 1 Statutory employee" box on that form was checked, see page C-3 and comparison on the 1 Cost of goods sold (from line 42 on page 2) Gross profit. Subtract line 4 from line 3 Cost of goods sold (from line 42 on page 2) Cost of goods sold (from line 42 on page 2) Gross income, Add lines 5 and 6	Business address (including suite or room no.) City, town or post office, state, and ZIP code HOUSTON Accounting method: (1) (X) Cash (2) (Accrual (3) Other (spec Did you "materially participate" in the operation of this business during 2004? If "No," see pag if you started or acquired this business during 2004, check here Income Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the Statutory employee" box on that form was checked, see page C-3 and check here Returns and allowances Subtract line 2 from line 1 Cost of goods sold (from line 42 on page 2) Gross profit. Subtract line 4 from line 3 Dther income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) Gross income. Add lines 5 and 6 Expenses. Enter expenses for business use of your home only on line Advertising	NELF-DOID & ASSOCIATES LLC Disiness address (including suite or room o.) 1406 SOUTHMORE BLVD City, town or post office, state, and ZIP code HOUSTON Accounting method: (1) (1) (2) Cash (2) (2) Accrual (3) (3) (4) Other (specify) Contraction of this business during 2004? If "No," see page C-3 for limit in the operation of this business during 2004? If "No," see page C-3 for limit for acquired this business during 2004, check here Income Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the Staturoy employee' box on that form was checked, see page C-3 and check here Subtract line 2 from line 1 Cost of goods soid (from line 42 on page 2) Gross profit. Subtract line 4 from line 3 There income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) a state gasoline or fuel tax credit or refund (see page C-3) a vehicles, machinery, and equipment 20 orminasions and fees 10 Pension and profit-sharing plans and matchinence a vehicles, machinery, and equipment 23 Traves and licenses a vehicles, machinery, and equipment 22 Supplies (not included in Part III) Perpreciation and section 179 Repairs and matchaneace a good on the section fort tage C-4) a good faa <l< td=""><td>NELF-DAD & ASSOCIATES LLC 1498 SQUTHMORE BLVD City, town or past office, state, and ZIP code HOUSTON Accounting method: (1) X Cash (2) Accrual (3) Other (specify) Did you "materially participate" in the operation of this business during 2004? If "No," see page C-3 for limit on losses 1 You started or acquired this business during 2004, check here 1 1 Income 1 2 3 Statutory employee" box on that form was checked, see page C-3 and check here 1 2 Statutory employee" box on that form was checked, see page C-3 and check here 1 2 Statutory employee" box on that form was checked, see page C-3 and check here 1 2 Statutory employee" box on that form was checked, see page C-3 and check here 5 5 Statutory employee" box on that form was checked, see page C-3 and check here 7 7 Arrow on a contract the sea (see page C-3) 6 5 5 Statutory employee box on that form was checked, see page C-3 and check here 1 1 Arrow on a page C-3) 8 846 19 Pension and profit-sharing plans Arrow on a page C-3 10 1.937 10 1.937 10 1.93</td></l<>	NELF-DAD & ASSOCIATES LLC 1498 SQUTHMORE BLVD City, town or past office, state, and ZIP code HOUSTON Accounting method: (1) X Cash (2) Accrual (3) Other (specify) Did you "materially participate" in the operation of this business during 2004? If "No," see page C-3 for limit on losses 1 You started or acquired this business during 2004, check here 1 1 Income 1 2 3 Statutory employee" box on that form was checked, see page C-3 and check here 1 2 Statutory employee" box on that form was checked, see page C-3 and check here 1 2 Statutory employee" box on that form was checked, see page C-3 and check here 1 2 Statutory employee" box on that form was checked, see page C-3 and check here 5 5 Statutory employee" box on that form was checked, see page C-3 and check here 7 7 Arrow on a contract the sea (see page C-3) 6 5 5 Statutory employee box on that form was checked, see page C-3 and check here 1 1 Arrow on a page C-3) 8 846 19 Pension and profit-sharing plans Arrow on a page C-3 10 1.937 10 1.937 10 1.93

OMB No. 1545-0074

COLUMN TWO IS NOT	dule C (Form 1040) 2004 RAY L SHACKELFORD till Cost of Goods Sold (see page C-6)	452-0	2-8217	F	ag
33	Method(s) used to				
	value closing inventory: a Cost b Lower of cost or market co		Other (attach exp	lanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inv	entorv?	lf		
	"Yes," attach explanation		Yes		1
35		1 1			1.
	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		-	
36	Purchases less cost of items withdrawn for personal use				
		36			L
37	Cost of labor. Do not include any amounts paid to yourself				
		37		570	┝
38	Materials and supplies	38			
					\vdash
39	Other costs	39			
•					-
10	Add lines 35 through 39	40		570	
1					
•	Inventory at end of year	41			
2	Cost of goods sold. Subtract line 41 from line 40. Enterthe and the				
The local division in	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42		570	
	IN Information on Your Vehicle. Complete this part only if you are claiming ca line 9 and are not required to file Form 4562 for this business. See the instruct C-4 to find out if you must file Form 4562.	r or tru	ick expenses	son	
	C-4 to find out if you must file Form 4562.	tions f	or line 13 on	page	
3	When did you place your vehicle in service for business purposes? (month, day, year)				
4					
	Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used yo	our vehic	cle for:		
	Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used yo				
a					
a	Business0 b Commuting0 c Othe	r			
a		r			
a 5	Business 0 b Commuting 0 c Othe Do you (or your spouse) have another vehicle available for personal use? 	r	· 🗌 Yes		
a 5	Business0 b Commuting0 c Othe	r	· 🗌 Yes		
a 5	Business 0 b Commuting 0 c Othe Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off-duty hours? 	r	· Pes		
a 5 7 a	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pres		
a 5 7 a b	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		
a 5 7 a b	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		1
a 5 7 a b Part	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		-
a 5 7 a b Part	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		
a 7 b art	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		
a a b art	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		
a a b art	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		-
a 5 7 a b Part	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		1
a a b art	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		
a 7 b art	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		
a 5 7 a b Part	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		-
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a 5 7 a b Part	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		1
a 5 7 a b Part	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		-
a 5 7 a b Part	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		-
a 5 6 7 a b Part	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		1
a 5 7 a b Part	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		1
a 5 6 7 a b Part	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		9
a 5 7 a b Part	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes		f
a 5 7 a b 2 art th <u>er</u>	Business 0 b Commuting 0 c Other Do you (or your spouse) have another vehicle available for personal use? .<	r	· Pes · Yes · Yes · Yes	9,492	f

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Schedule C	(Fo	rm	1040)	2004
FIN	Ň	01	51	

SCHEDULE SE

(Form 1040) Department of the Treasury

Internal Revenue Service

Self-Employment Tax

Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

Name of person with self-employment income (ca shows a 5 1010)	the for concure or (ronn 1040).	Sequence No. 17
Name of person with self-employment income (as shown on Form 1040)	Social security number of person	
RAY L SHACKELFORD	with self-employment income	And the second second
	with sen-employment income	452-02-8217

Who Must File Schedule SE

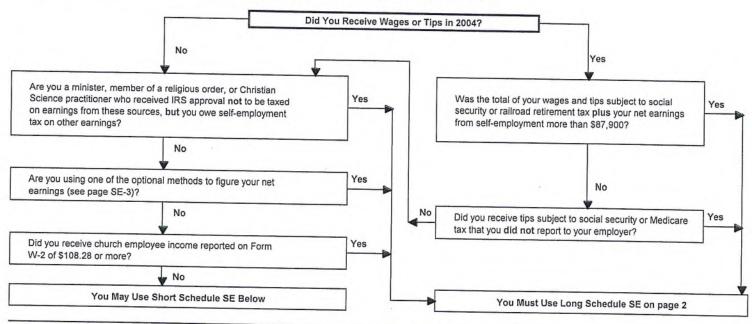
You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 57.

May I Use Short Schedule SE or Must I Use Long Schedule SE?



Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A		
2	1065), box 14, code A . Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065),	1	0
3 4	box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Combine lines 1 and 2 Net earnings from self-employment. Multiply line 3 by 92.35% (9235) If less than \$400	2	<u>13,078</u> 13,078
5	do not file this schedule; you do not owe self-employment tax	4	12,078
	 \$87,900 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57. More than \$87,900, multiply line 4 by 2.9% (.029). Then, add \$10,899.60 to the result. Enter the total here and on Form 1040, line 57. 	5	1,848
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 30 6 924		

For Paperwork Reduction Act Notice, see Form 1040 instructions. (HTA)

Schedule SE (Form 1040) 2004

OMB No. 1545-0074

Attachmen

SCHEDULE EIC **Earned Income Credit** OMB No. 1545-0074 (Form 1040A or 1040) 1040A Qualifying Child Information 1040 Complete and attach to Form 1040A or 1040 310; Department of the Treasury Attachment

only if you have a qualifying child.

Internal Revenue Service Name(s) shown on return

RAY L SHACKELFORD

Before you begin:

452-02-8217 See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 65a and 65b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.

 If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.



- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

0	ualifying Child Information		Child 1	Ch	ild 2
1	Child's name	First name	Last name	First name	Last name
_	If you have more than two qualifying children, you only have to list two to get the maximum credit.	RAY	SHACKELFORD	CHRISTOPHER	SHACKELFORD
2	Child's SSN The child must have an SSN as defined on page 42 of the Form 1040A instructions or page 44 of the Form 1040 instructions unless the child was born and died in 2004. If your child was born and died in 2004 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	45	6-99-5025		
3	Child's year of birth	Year If born after			4-2055 1989 5. skip lines 4a 9 5.
4	If the child was born before 1986— a Was the child under age 24 at the end of 2004 and a student?	Go to line 5.	No.	Ge to line 5.	No.
	b Was the child permanently and totally disabled during any part of 2004?	Continué	No. The child is not a qualifying child.	Yes.	No. The child is not a qualifying child.
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)		Son		
6	Number of months child lived with you in the United States during 2004			S	on
	 If the child lived with you for more than half of 2004 but less than 7 months, enter "7." 				
	 If the child was born or died in 2004 and your home was the child's home for the entire time he or she was alive during 2004, enter "12." 	Do not enter	12 months more than 12 months.	Do not enter mo	12 months re than 12 months.

TIP

You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2004, (b) is claimed as your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 67 of Form 1040.

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions. (HTA)

Schedule EIC (Form 1040A or 1040) 2004

Sequence No.

Your social security number

43

Department of the Treasury

Form

8812

Additional Child Tax Credit



OMB No. 1545-1620 G

1

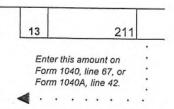
Attachment

nternal Revenue Service (Complete and attach to Form 1040 or Form 1040A.	·	Sequence No. 47
Name(s) shown on retur		Your so	cial security number
RAY L SHACKELF	FORD		452-02-8217
Part I All F	ilers		
or page 37 of	bunt from line 1 of your Child Tax Credit Worksheet on page 38 of the Form 1040 instructions the Form 1040A instructions. If you used Pub. 972, enter the amount from line 8 of the page 4 of the publication .		
		. 1	1,000
2 Liner the arrit	ount from Form 1040, line 51, or Form 1040A, line 33	2	0
3 Subtract line 2	2 from line 1. If zero, stop; you cannot take this credit	3	1,000
4 a Enter your tota	al earned income. See the instructions on back		
b Nontaxable co	ombat pay included on line 4a 4b 0		
	on line 4a more than \$10,750?		
	Leave line 5 blank and enter -0- on line 6.		
X Yes.	Subtract \$10,750 from the amount on line 4a. Enter the result 5 1,404		
6 Multiply the ar	nount on line 5 by 15% (.15) and enter the result	6	211
Next. Do you	have three or more qualifying children?	11-15-15	El Carlo Angel Carlo
X No.	If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13.		and a second
Yes.	If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.	n starebarde	ar a sang saki kita ng pinan
Part II Certa	in Filers Who Have Three or More Qualifying Children	1000.0000	
7 Enter the total	of the withheld social security and Medicare taxes from Form(s)		
vv-2, boxes 4	and 6. If married filing jointly, include your spouse's amounts		
8 1040 filers:	rou worked for a railroad, see the instructions on back 7 0		
· ·····	Enter the total of the amounts from Form 1040, lines 30 and 58, plus any uncollected social security and		
	Mediene estimate DDTA to the termination of terminatio of termination of termination of termination of te		
1040A filers:	Enter -0	-	
9 Add lines 7 an	d 8		
0 1040 filers:	Enter the total of the amounts from Form 1040, lines 65a and 66.		
1040A filores	Enter the total of the annual for the research	STATES STATES	

		intes oba and ob.	12-2-5-1-5-5-	
	1040A filers:	Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see the instructions on back).		
11	Subtract line 10	from line 9. If zero or less, enter -0	11	0
12	Enter the larger	r of line 6 or line 11 here	12	0
	Next, enter the	smaller of line 3 or line 12 on line 13.		
- and and a			and a second second second second second	eropologia. En calabia

Part III Your Additional Child Tax Credit

13 This is your additional child tax credit .



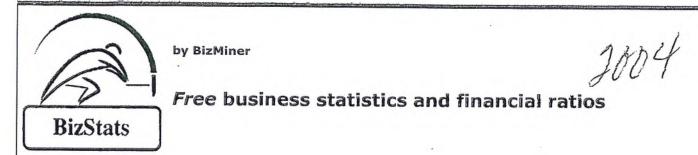
For Paperwork Reduction Act Notice, see back of form. (HTA)

Form 8812 (2004)

Forn	m 8863	(Hope a	Education and Lifetime See instr	Learning C	redits)	-	OMB No. 1545-1618
Interr	nal Revenue Service (99)		Attach to Form 104				Attachment Sequence No. 50
	e(s) shown on return Y L SHACKELFORD						ocial security number
	ution: You cannot take	e both an education c	redit and the tuition a	and fees deduction	(Form 1040 line 27	or Form	10404
IIIIe	(19) for the same stud	ent in the same year.					
Pa	art I Hope Credit.	Caution: You can	not take the Hope	credit for more th	han 2 tax years fo	or the sa	me student.
1	(a) Student's name (as shown on page 1 of your tax return) <u>First name</u> Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$2,000 for each student.	(d) Enter the smaller of the amount in column (c) or \$1,000	e (e) Subtr	act from	(f) Enter one-half of the amount in column (e)
	••••••		0				
			0	0		0	0
			0	0		0	0
							0
2	Add the amounts in	columns (d) and (f)	0	0		0	0
3	Add the amounts in Tentative Hope cred	dit Add the amount	2	0	Semanal Activity		0
-	the lifetime learning	credit for another s	tudent, go to Part I	l' othenvise ant	ou are taking	▶ 3	
Pa	rt II Lifetime Lear	ning Credit	und go to r arti	i, otherwise, go t		-13	0
4	the lifetime learning credit for the s ame student in the		's name (as shown o of your tax return) Last name SHACKELF		(b) Student's social number (as shown o 1 of your tax retu 456-99-502	on page urn)	(c) Qualified expenses (see instructions) 14,310 0 0
	same year.						0
5	Add the amounts on	line 4 column (a)	and anter the total				0
6	Add the amounts on Enter the smaller of	f line 5 or $$10,000$	and enter the total		· · · · · · ·	5	14,310
7	Tentative lifetime lea	arning credit. Multin	ly line 6 by 20% (20) and go to Par	+ 111	▶ 7	10,000
Par	Allowable Edu	ucation Credits			<u></u>		2,000
8	Tentative education	credits. Add lines 3	3 and 7			8	2,000
9	Enter: \$105,000 if n	narried filing jointly;	\$52,000 if single, h	nead of			2,000
10	household, or qualify	ying widow(er)		9	52,000		4
10 11	Enter the amount from	om Form 1040, line	37*, or Form 1040.	A, line 22 10	12,154		
	Subtract line 10 from any education credit		ess, stop; you can	not take			
12	Enter: \$20,000 if ma	irried filing jointly: \$	10.000 if single he	ad of	39,846	a distant a distant	
	household, or qualify	(ing widow(er)		12	10,000		
13	If line 11 is equal to	or more than line 12	enter the amount	t from line 8 on lin	ne 14 and		
	go to line 15. If line	11 is less than line	12, divide line 11 b	v line 12. Enter t	he result as		
14	a decimal (rounded f	to at least three plac	ces)			13	1.00000
15	Multiply line 8 by line Enter the amount fro	Eorm 1040 line	45 or Form 10404			▶ 14	2,000
16	Enter the total, if any	, of your credits from	m Form 1040 lines	, line 28	••••••••••••••••••••••••••••••••••••••	. 15	0
	Form 1040A, lines 2	9 and 30				16	
17	Subtract line 16 from	line 15. If zero or	less, stop; you car	nnot take anv edu	ucation	10	0
40	credits					▶ 17	0
18	Education credits.	Enter the smaller of	of line 14 or line 17	here and on For	m 1040		
	line 49, or Form 1044 * If you are filing Form 25	55, 2555-EZ or 4563 or		mo from Duarta Dia	· · · · · · · ·	▶ 18	0
		,,,,	, sa are excluding Inco	The norm Fuerto RICO	, see Fub. 9/0 for the	amount to	enter

For Paperwork Reduction Act Notice, see page 3. (HTA)

Form 8863 (2004)



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Income-Expense Statement

Legal Services Sole Prop Annual Average Sales, Income & Expense	2014	Your Inputs
Sales	100.00%	\$49,744.00
Inventory (% of Sales)	0.42%	\$208.41
Cost of Sales	10.79%	\$53.67
COS-Labor Portion	1.15%	\$570.36
Gross Profit	89.21%	\$44,376.77
Salary-Wages	6.47%	\$3,219.57
Contract Labor-Commissions	3.89%	\$1,936.52
Rent	2.44%	\$1,213.38
Taxes	1.03%	\$514.80
Interest paid	0.30%	\$148.11
Amort. & Dep.	1.42%	\$708.11
Advertising	1.17%	\$583.53
Benefits-Pension	0.47%	\$232.46
Insurance (non-health)	0.82%	\$407.72
Home Office Expense	1.19%	\$589.63
Other SG&A Exp.	19.08%	\$9,491.79
Total Expenses	38.29%	\$19,045.63
Net Profit	50.92%	\$25,331.14
Total Direct Labor & NP	62.43%	\$31,057.59

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United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-18-2017 Response Date: 08-18-2017 Tracking Number: 100346559202

Account Transcript

FORM NUMBER: 1040A

TAX PERIOD: Dec. 31, 2004

TAXPAYER IDENTIFICATION NUMBER: 452-02-8217

RAY L SHACKELFORD

<<<< POWER OF ATTORNEY/TAX INFORMATION AUTHORIZATION (POA/TIA) ON FILE>>>>

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE:	26,623.56						
ACCRUED INTEREST:	3,621.48	AS	OF:	Sep.	04,	2017	
ACCRUED PENALTY:	0.00	AS	OF:	Sep.	04,	2017	

ACCOUNT BALANCE PLUS ACCRUALS (this is not a payoff amount): 30,245.04

** INFORMATION FROM THE RETURN OR AS ADJUSTED **

EXEMPTIONS:	01
FILING STATUS:	Single
ADJUSTED GROSS	
INCOME:	49,744.00
TAXABLE INCOME:	41,794.00
TAX PER RETURN:	0.00
SE TAXABLE INCOME	
TAXPAYER:	49,331.00
SE TAXABLE INCOME	
SPOUSE:	0.00
TOTAL SELF	
EMPLOYMENT TAX:	7,548.00

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Dec. 01, 2010 PROCESSING DATE Dec. 20, 2010

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	TRANSACTI	ONS			
	EXPLANATION OF TRANSACTION Substitute tax return prepared by IRS	CYCLE	DATE 12-20-2010	AMOUNT \$0.00	
	49210-888-00000-0				
960	Appointed representative		11-20-2008	\$0.00	
570	Additional account action pending		12-20-2010	\$0.00	
420	Examination of tax return		12-09-2010	\$0.00	
560	IRS can assess tax until		09-13-2011	\$0.00	
300	Additional tax assessed by examination 09-09-2023 49247-453-10013-2	on2012100	5 03-19-2012	\$14,729.00	
336	Interest charged for late payment	20121005	03-19-2012	\$6,899.59	
276	Penalty for late payment of tax	20121005	03-19-2012	\$3,682.25	
971	Notice issued		03-19-2012	\$0.00	
300	Additional tax assessed by examinati 00-00-0000 49247-601-00128-2	on20123105	5 08-13-2012	\$0.00	
421	Closed examination of tax return		08-13-2012	\$0.00	
971	Collection due process Notice of Intent to Levy issued		08-13-2012	\$0.00	
582	Lien placed on assets due to balance owed		08-17-2012	\$0.00	
971	Collection due process Notice of Intent to Levy return receipt signed		08-20-2012	\$0.00	
971	Issued notice of lien filing and right to Collection Due Process hear ing		08-23-2012	\$0.00	
971	Pending installment agreement		10-30-2012	\$0.00	
582	Lien placed on assets due to balance owed		07-19-2013	\$0.00	
971	Notice issued		11-25-2013	\$0.00	

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196	Interest charged for late payment	20134505	11-25-2013	\$1,312.72	
971	Installment agreement established		02-21-2014	\$0.00	
971	No longer in installment agreement status		10-13-2014	\$0.00	
				÷	
971	Installment agreement established		08-07-2015	\$0.00	
971	No longer in installment agreement status		04-18-2016	\$0.00	
971	Installment agreement established		04-04-2016	\$0.00	

This Product Contains Sensitive Taxpayer Data

<u>1040</u>	0.3	S. Individual Income Tax I	<u>Return 2005</u>) (99)	IRS Use Only-Do	not write or stable	e in this space.
	or the yea	ar Jan. 1-Dec. 31, 2005, or other tax year begin	ning	, ending			B No. 1545-0074
		ame M.			Suffix	Your soci	al security numbe
instructions		turn, spouse's first name M.	. SHACKELFORD		0	452-02-	
on page 16.)	a joint ic	will will	. Last name		Suffix	Spouse's s	social security nu
label. He	ome add	ress (number and street). If you have a P.O. bo	0x, see page 16.		Apt. no.		must enter
Utherwise.		UTHMORE BLVD					r SSN(s) above.
		or post office, state, and ZIP code. If you have a	a foreign address, see page 1	6.			box below will r
	USTO		Т	TX 77	004	change you	r tax or refund.
Election Campai		Check here if you, or your spouse if fili	ng jointly, want \$3 to go to			X You	
Filing Status		Single	d /	4 X Head	of household (with qualifying person i	n qualifying pe	rson). (See pag
r ning Status		Married filing jointly (even if only one had		enter	this child's name h	nere.	iot your depende
	<u>،</u>	Married filing separately. Enter spouse's and full name here.	SSN above		:		,
Check only				-	First name	Last name	SSN
one box.		First name Las	t name		fying widow(er) wit		
	-	X Yaurak II		and the second sec			checked
Exemptions	6a				6a	on 6a ai	
	b	Spouse			· · · · · · · · · · ·	. No. of c	
	С	Dependents:	(2) Dependent's	(3) Depe	1.,	• lived	ho: with you
		(1) First name Last name	social security number	relation		e did n	ot live with
If more than four		(1) First name Last name CHRISTOPHER SHACKELFORD	630-14-2005	Son to ye	DU credit (see page		to divorce
dependents, see		RAY SHACKELFORD	456-99-5025	Son		or sepa (see pag	
page 19.						Depend	ents on 6c
						Add nu	mbers on
	d	Total number of exemptions claimed				. lines ab	the second second
Income	7	Wages, salaries, tips, etc. Attach Form	n(s) W-2			7	
Attach Form(s)	8a	Taxable interest. Attach Schedule B if	required			8a	
W-2 here. Also	b	Tax-exempt interest. Do not include of	on line 8a			0	
attach Forms W-2G and	b	Ordinary dividends. Attach Schedule E Qualified dividends (see page 23).	sirrequired	· · · · · ·		0 9a	
1099-R if tax	10	Taxable refunds, credits, or offsets of s	tate and local income taxe				
was withheld.	11	Alimony received				. 11	
	12	Business income or (loss). Attach Sch	edule C or C-EZ			12	10,46
f you did not	13	Capital gain or (loss). Attach Schedule	D if required. If not require	red, check he	ere 🕨	13	
get a W-2,	14	Other gains or (losses). Attach Form 47	797				
see page 22.		IRA distributions			le amount (see pag		
Enclose, but do	17	Rental real estate, royalties, partnership		b Taxab	le amount (see pag	ge 25) 16b	
not attach, any	18	Farm income or (loss). Attach Schedul	le F	elc. Allach		17	
payment. Also,	19	Unemployment compensation				19	
please use	20a	Social security benefits	20a 0	b Taxab	le amount (see pag	e 27) 20b	
Form 1040-V.	21	Other income. List type and amount (s	ee page 29)		\$		
	22	Add the amounts in the far right column	for lines 7 through 21 T	This is usually	\$	21	10.10
	23	Educator expenses (see page 29)	rior lines / tillough 21. T		3	. 22	10,46
Adjusted	24	Certain business expenses of reservists	s, performing artists, and	· · +			
Gross		fee-basis government officials. Attach F	Form 2106 or 2106-EZ	2	4	0	
ncome	25	Health savings account deduction. Atta	ch Form 8889	2	5	0	
noonie	26	Moving expenses. Attach Form 3903 .		2	6	0	
	27 28	One-half of self-employment tax. Attac	n Schedule SE	2		39	
	29	Self-employed SEP, SIMPLE, and qual Self-employed health insurance deduct	ined plans	2	9	0	
	30	Penalty on early withdrawal of savings	ion (see page 50)	2	0	0	
		Alimony paid b Recipient's SSN	 Image: A state in the state in		1a	0	
	32	IRA deduction (see page 31)		3	2	0	
	33	Student loan interest deduction (see pa	ge 33)	3	3	0	
	34	Tuition and fees deduction (see page 34	4)	3	4	0	
	35	Domestic production activities deduction	n. Attach Form 8903	3	5	0	
	36	Add lines 23 through 31a and 32 throug Subtract line 36 from line 22. This is yo	jh 35			. 36	73
	37	Deletered Bar Oct "				. ► 37	9,72

Form 1040 (2005	i)	RAY L SHACKELFORD 452-02-8217		P
Tax and	38	Amount from line 37 (adjusted gross income).	38	9,72
Credits	39a	Check J You were born before January 2, 1941, Blind. Total boxes		
Standard	1	if: Spouse was born before January 2, 1941, Blind, checked > 39a		
Deduction				
for-		If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here 🕨 39b	200000	
People who	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	7,30
checked any	41	Subtract line 40 from line 38	41	2,42
box on line 39a or 39b or	42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina,	Contraction of the	
who can be	43	see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	9,60
claimed as a	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
dependent, see page 36.	44	Tax (see page 37). Check if any tax is from: a Form(s) 8814 b Form 4972	44	
 All others: 	45	Alternative minimum tax (see page 39). Attach Form 6251	45	
	40	Add lines 44 and 45	46	
Single or Married filing	48			
separately,	49	Credit for child and dependent care expenses. Attach Form 2441 48 0 Credit for the elderly or the disabled. Attach Schedule R 49 0		
\$5,000	50	Education credits. Attach Form 8863		
Married filing	51	Retirement savings contributions credit. Attach Form 8880		
jointly or Qualifying	52	Child tax credit (see page 41). Attach Form 8901 if required 52 0		
widow(er),	53	Adoption credit. Attach Form 8839		
\$10,000	54	Credits from: a Form 8396 b Form 8859 54 0		
Head of	55	Other credits. Check applicable box(es): a Form 3800		
household,		b Form 8801 c Form 55 0		
\$7,300	56	Add lines 47 through 55. These are your total credits	1287 (1287) 1287 (1287)	
	57		56	
	58	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57	4 47
Other	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58 59	1,47
Taxes	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	
Payments	63	Add lines 57 through 62. This is your total tax	63	1,47
rayments	64	Federal income tax withheld from Forms W-2 and 1099 64	的意思	
	_ 65	2005 estimated tax payments and amount applied from 2004 return 65 0		
If you have a	_ 66a	Earned income credit (EIC)		
qualifying child, attach		Nontaxable combat pay election		
Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 59) 67 0		
	68 69	Additional child tax credit. Attach Form 8812		
	70	Amount paid with request for extension to file (see page 59)		
	71	Payments from: a Form 2439 b Form 4136 c Form 8885 70 0 Add lines 64, 65, 66a, and 67 through 70. These are your total payments	Second.	0.00
	72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	71	3,89
Refund		Amount of line 72 you want refunded to you	72 73a	2,41
Direct deposit?	▶ b	Routing number C Type: Checking Savings	134	2,41
See page 59 and fill in 73b,	▶ d	Account number		
3c, and 73d.			1995年1	
		Amount of line 72 you want applied to your 2006 estimated tax		
Amount		Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	(
You Owe	76	Estimated tax penalty (see page 60)		
Third Party	, D	o you want to allow another person to discuss this return with the IRS (see page 61)? X Yes. Com	plete the	following,
Designee	De	esignee's Phone Personal identification		. С
-		me ► WINFRED FIELDS no. ► (281) 496-9598 number (PIN)	▶ 445	
Sign Here	U	nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	best of m	y knowledge and
loint return?	De	lief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which p		
See page 17.	11		Day	time phone numb
Keep a copy	5	A TORNET AT LAW		
or your ecords.	/ 5,	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		
	Pr	eparer's Date Check if		arada 00ti
		Oneck II	Pre	parer's SSN or P
Paid	SIC	Induire VVINERED FIELDS	0.00	
				630769
Paid Preparer's Jse Only	Fir	mis name (or urs if self-employed), 11222 RICHMOND AVENUE #195 Phone r	76-0	630769 005304 -496-9598

FINN 0167 1040 (2005)

Profit or Loss From Business

Dependence for Tready International Statute of the Tready Statute of the Statute of the Statute of the Statute of Tread Statute of Trea	(Form 1040) (Sole Proprietorship)								200	5	
timme Revenue Broker (b) Photopic Device Social security number (SN) RAY L SHACKELFORD Social security number (SN) RAY L SHACKELFORD Social security number (SN) RAY L SHACKELFORD B Energe of pression, including product or service (see page C-2 of the instructions) LEGAL SERVICES D Employer D number (RN) C Business are for begrate business nume, leave blank. D Employer D number (RN) SHACKELFORD AND ASSOCIATES D Examples active from pages C-3 is a first one from page C-3 for limit on losses SHACKELFORD AND ASSOCIATES D dy our materially participation in the person of this business during 2005; If No." see page C-3 for limit on losses D dy our materially participation in the operation of this business during 2005; If No." see page C-3 for limit on losses Part I income T cross income, including Federat and state gascline or fuel tax credit or refund (see page C-3) 6 other income, including Federat and state gascline or fuel tax credit or refund (see page C-3) 7 cross income, including Federat and state gascline or fuel tax credit or refund (see page C-3) 8 Advertising 9 o 11 contras index geness (refer the states of or business use of your home only on line 30. 9 corras income, including Federat and state gascline or fuel tax credit or refund (see page C-3) 6 corter income, including Federat and state gascline or fuel tax credit or refund (see page C-3) 7 corter income, including Federat and state gascline or fuel tax credit or refund (see page C-3) 8 Advertising 9 o 9 o	Department of the Treasury Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.							Б-В.			9
RAY LEACKELFORD 452-02-421 A Principal business or profession, including product or service (see page C-2 of the instructions) B Enter code from pages C-3, 9, 6 to LEGAL SERVICES D Employer ID number (EN), if any Chy John or possion float state and 2P code D Employer ID number (EN), if any SHACKELFORD AND ASSOCIATES D Employer ID number (EN), if any Chy John or possion float state and 2P code HOUSTON Chy John or possion float state, and 2P code HOUSTON Chy John or possion float state, and 2P code HOUSTON Chy John or possion float state, and 2P code HOUSTON Chy John and and any ances TX Protein land any ances TY or the separate busines Statutory employee' box on that form was checked, see page C-3 Cast of goods and (from line 4 and participal state and busines Gross incomme, including Federal and state gasoline or tweit ax credit or refund (see page C-3) Eact of the separate busines Gross incomme, including Federal and state gasoline or tweit ax credit or refund (see page C-3) <	Bear a Debugantee	The second s	►Att	tach to	Form 1040 or 1041.	See Ins	structions for Schedule C (F	orm 1040)).		09
A Principal business on profession, including product or service (see page C-2 of the instructions) B B There code from pages C-8, 8, 40 EGAL SERVICES Employer ID number (EM), if any S4100 D Employer ID number (EM), if any CB, business name. In a separate business name, leave blank. D Employer ID number (EM), if any D CB, town or post office, state, and 21P code 1/406 SQUTHMORE BLVD. TX 77004 CB Did you "materially participate" in the operation of this business during 2005; check here TX 77004 PartL Income 1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box number (EM) and the form line 3 1 4 0 Subtract line 2 from line 1 4 0 5 455661 2 4 0 Subtract line 2 from line 3 Gross profits. Subtract line 4 from line 3 5 45,5661 9 9 7 45,5661 Cornant tox exponses (end as table gasoline or fuel tax credit or refund (see page C-3) 6 0 9 7 45,5661 Cornant tox exponses (end as table gasoline or fuel tax credit or refund (see page C-3) 6 0 9 9 9								Social sec	urity numbe	r (SSN)	
LEGAL SERVICES ▶ 541100 D Business ame. If no separate business name, leave blank. D Employer ID number (EIN), If any SHACKELFORD AND ASSOCIATES D Employer ID number (EIN), If any E Business address (including suite or room no.) > 1406 SQUITHMORE, BLVD. TX 77004 F Accounting method: (1) [\beer Cash (2) [\											
C Business name. If no separate business name, leave blank. D Employer ID number (BN), if any SHACKELFORD AND ASSOCIATES Business address (including suite or room no.) 1406 \$QUITHMORE BLVD. TX 77004 CBV, town or post office, state, and 2IP code (2) Account (3) Other (specify) TX 77004 G Did you "materially participate" in the operation of this business during 2005? If "No," see page C-3 for limit on losses X Yes No H Hy ou started or acquired this business during 2005, check here 1 45,561 2 2att Income 1 45,561 2 4 0 2 code sold (from line 4 5 45,561 2 4 0 3 dods sold (from line 4 5 45,561 6 0 0 7 dods sold (from line 4 5 45,561 0 0 7 45,561 Part II Expenses. Enlar expenses for business use of your home only on line 30. 8 7 45,561 9 Gar and truck expense (see page C) 8 0 0 18 640,00 10 5222 10 10 10 22 <td></td> <td></td> <td>rotession</td> <td>n, includ</td> <td>ing product or service</td> <td>(see page</td> <td>C-2 of the instructions)</td> <td>B Enter o</td> <td></td> <td></td> <td>10</td>			rotession	n, includ	ing product or service	(see page	C-2 of the instructions)	B Enter o			10
SHACKELFORD AND ASSOCIATES 1406 SOUTHMORE SLVD. Business address (including autio or como.) 1406 SOUTHMORE SLVD. F Accounting method: (1)			conorato	huning	a name lesus blesk						
E Business address (including sulte arroom no.) > 1406 SOUTHMORE BLVD. TX 77004 City, town or post office, state, and ZIP code HOUSTON TX 77004 G Did you "materially participate" in the operation of this business during 2005? If "No." see page C-3 for limit on losses X Yes No H ryou state dor acquired this business during 2005, check here Image: Comparison of this business during 2005? If "No." see page C-3 for limit on losses X Yes No Partul Income Income 1 45,661 2 4 0 Cost opods soid (from line 4 2 on page 2) 4 0 5 45,661 2 45,661 Cost opods soid (from line 4 2 on page 2) 4 0 5 45,661 0 Cost opods soid (from line 4 2 on page 2) 4 0 5 45,661 0 Cost opods soid (from line 3 and 6	-				ss name, leave blank.			D Employ	yer ID numb	er (EIN), if any	
Clip, town or post office, state, and 2/P code HOUSTON TX 77004 6 Accorual (3) □ Other (specify) → 7 Accorual (3) □ Other (specify) → 8 Did you "materially participate" in the operation of this business during 2005; check here ↓ ↓ 9 Off you stated or acquired this business during 2005; check here ↓ ↓ ↓ 9 Off you stated or acquired this business during 2005; check here ↓					om no.) • 1406 SC						
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 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see page C-6). If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 	30	Expenses for business i	use of yo	our hom	e. Attach Form 8829			. 30			
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 If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see page C-6). If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 		 If a profit, enter on F 	orm 104	IO, line	12, and also on Schee	dule SE, li	ne 2 (statutory employees,				
 32 If you have a loss, check the box that describes your investment in this activity (see page C-6). a If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. b If you checked 32b, you must attach Form 6198. Your loss may be limited. 32a All investment is at risk. 32b Some investment is not at risk. 					r on Form 1041, line 3.			31		10,465	
 If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 32a All investment is at risk. 32b Some investment is not at risk.)				
(statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. 32b Some investment is If you checked 32b, you must attach Form 6198. Your loss may be limited. not at risk.	32										
If you checked 32b, you must attach Form 6198. Your loss may be limited.		If you checked 32a, e	enter the	loss or	Form 1040, line 12,	and also of	n Schedule SE, line 2	. 32	a All in	vestment is at ris	ik.
 If you checked 32b, you must attach Form 6198. Your loss may be limited. not at risk. 								32	b Son	ne investment	is
				st attach	Form 6198. Your los	s may be li	mited.		not	at risk.	

For Paperwork Reduction Act Notice, see page C-7 of the instructions. (HTA)

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SCHEDULE C

Schedule C (Form 1040) 2005

OMB No. 1545-0074

(alabaration)	dule C (Form 1040) 2005 RAY L SHACKELFORD	452-02-8217	Page
Pa	rt III Cost of Goods Sold (see page C-6)		
33	Method(s) used to		
	value closing inventory: a Cost b Lower of cost or market	c Other (attach exp	planation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing	inventory? If	
	"Yes," attach explanation	Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation		
00	inventory at beginning of year. If different from last year's closing inventory, attach explanation .	35	
36	Purchases less cost of items withdrawn for personal use	. 36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	. 38	
39	Other peets		
39	Other costs	39	
40	Add lines 35 through 39	10	
			0
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	0
Par		car or truck expense	es on
	line 9 and are not required to file Form 4562 for this business. See the inst C-4 to find out if you must file Form 4562.	ructions for line 13 or	n page
43	When did you place your vehicle in service for business purposes? (month, day, year)		
44	Of the total number of miles you drove your vehicle during 2005, enter the number of miles you use	d your vehicle for:	
	During		
а	Business 0 b Commuting (see instructions) 0	c Other	0
45	Do you (or your spouse) have another vehicle available for personal use?	Yes	
			No No
46	Was your vehicle available for personal use during off-duty hours?	Yes	No
		_	
47 a	Do you have evidence to support your deduction?	Yes	No
b	If "Yes " is the evidence written?		
Par	If "Yes," is the evidence written?	· · · · · Yes	No
	Other Expenses. List below business expenses not included on lines 8–26	or line 30.	
Depr	eciation	0	649
			049
Othe	r SG&A Expenses		8,694
			0
48	Total other expenses. Enter here and on page 1, line 27	48	9,343

۰.

Schedute NF 001 6940) 2005

Schedule SE (Form 1040) 2005	Attachment Sequence No. 17			
Name of person with self-employment income (as shown on Form 1040)	Social security number of person	Page 2		
RAY L SHACKELFORD	with self-employment income	452-02-8217		
		102 02 0211		

Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See page SE-1.

Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you
	had \$400 or more of other net earnings from self-employment, check here and continue with Part I

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip this line if you use the farm optional method (see page SE-4).

	(see page 3E-4).		0
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4).	2	10,465
3	Combine lines 1 and 2	3	10,465
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	9,664
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	0
С	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception.		
	If less than \$400 and you had church employee income, enter -0- and continue.	4c	9,664
5 a	Enter your church employee income from Form W-2. See page SE-1	Salar	
	for definition of church employee income	10-10-10	
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	0
6	Net earnings from self-employment. Add lines 4c and 5b	6	9,664
7	Maximum amount of combined wages and self-employment earnings subject to social security		
	tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2005	7	90.000
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s)	N.S.S.	
	W-2) and railroad retirement (tier 1) compensation. If \$90,000 or more,		
	skip lines 8b through 10, and go to line 11 8a 0		
b	Unreported tips subject to social security tax (from Form 4137, line 9) 8b 0		
С	Add lines 8a and 8b	8c	0
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	90,000
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	1,198
11	Multiply line 6 by 2.9% (.029)	11	280
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	1,478
13	Deduction for one-half of self-employment tax. Multiply line 12 by	SERVICES.	
_	50% (.5). Enter the result here and on Form 1040, line 27 13 739	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
	100		

Part II Optional Methods To Figure Net Earnings (see page SE-3)

Farm Optional Method. You may use this method	only if (a) your gross farm income ¹ was not more	S. A. S.		
than \$2,400 or (b) your net farm profits ² were less t	than \$1,733.			
14 Maximum income for optional methods			1,600	
15 Enter the smaller of: two-thirds (² / ₃) of gross include this amount on line 4b above	14	0		
Nonfarm Optional Method. You may use this meth than \$1,733 and also less than 72.189% of your gro from self-employment of at least \$400 in 2 of the pr	nod only if (a) your net nonfarm profits ³ were less oss nonfarm income ⁴ and (b) you had net earnings			
Caution. You may use this method no more than fin	ve times.	in the		
16 Subtract line 15 from line 14	Subtract line 15 from line 14			
17 Enter the smaller of: two-thirds (² / ₃) of gross amount on line 16. Also include this amount	nonfarm income ⁴ (not less than zero) or the on line 4b above	17	0	
¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.	³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form Sch. K-1 (Form 1065-B), box 9.	1065), box	14, code A; and	
² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.	⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form Sch. K-1 (Form 1065-B), hox 9	1065), box 14	4, code C; and	

SCHEDULE EIC (Form 1040A or 1040)

(POINT 1040A OF 1040

Department of the Treasury

Internal Revenue Service

Earned Income Credit

Qualifying Child Information 1040 Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

L	OMB No. 1545-0074	_
	2005	
	Attachment Sequence No. 43	

Your social security number

452-02-8217

Name(s) shown on return RAY L SHACKELFORD

Before you begin:

(99)

See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.

1040A

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

621	alifying Child Information	Ch	nild 1	C	Child 2
1	Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name CHRISTOPHER	Last name SHACKELFORD	First name	Last name SHACKELFORD
2	Child's SSN The child must have an SSN as defined on page 44 of the Form 1040A instructions or page 48 of the Form 1040 instructions unless the child was born and died in 2005. If your child was born and died in 2005 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.		14-2005		6-99-5025
3	Child's year of birth	Year If born after 198 and 4b; go to lin	1989 6, skip lines 4a	Year	1986 986, skip lines 4a
4	If the child was born before 1987— Was the child under age 24 at the end of 2005 and a student?	Go to line 5.	No.	X Yes. Go to line 5.	No.
5	Was the child permanently and totally disabled during any part of 2005?	Continue	No. The child is not a qualifying child.	Continue	The child is not a qualifying child.
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	S	Son	Son	
6	Number of months child lived with you in the United States during 2005				
	 If the child lived with you for more than half of 2005 but less than 7 months, enter "7." 				
	 If the child was born or died in 2005 and your home was the child's home for the entire time he or she was alive during 2005, enter "12." 	Do not enter mo	12 months ore than 12 months.	Do not enter	<u>12</u> months more than 12 months.

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

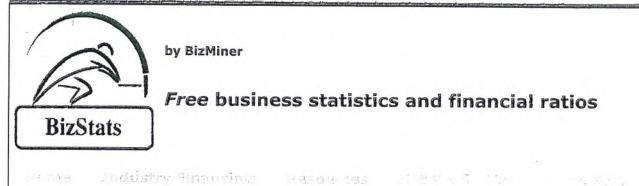
Form 1040.

(HTA)

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Part II7Withhe6. If maworked81040 fi1040A9Add lin01040 fi		herwise, go to line 7.				
 7 Withhe 6. If ma worked 8 1040 fi 1040A 9 Add lin 0 1040 fi 		1941 11 941 94			and the second se	Constraint and a star
6. If ma worked 8 1040 fi 1040A 9 Add lin 0 1040 fi	Certain Fi	ers Who Have Three or More Qualifying Ch	nildren		Transmitted I	
worked 3 1040 fi 1040A Add lin 0 1040 fi	eld social secu	rity and Medicare taxes from Form(s) W-2, boxes 4 and			12-12-12	
3 1040 fi 1040A 9 Add lin 0 1040 fi	arried filing join	ntly, include your spouse's amounts with yours. If you				
1040A Add lin 0 1040 fi		see instructions on back	7	0	_	
Add lin 1040 fi		ter the total of the amounts from Form 1040, lines				
Add lin 1040 fi		and 59, plus any uncollected social security and				
Add lin1040 fi		dicare or tier 1 RRTA taxes included on line 63.	8	0	-838	
1040 fi	7 10		. 9	0	1.14	
		er the total of the amounts from Form 1040, lines			-	
		a and 67.				
1040A	filers: En	er the total of the amount from Form 1040A, line				
		a, plus any excess social security and tier 1 RRTA	10	0		
	tax	es withheld that you entered to the left of line 43				
	(se	e instructions on back).				
I Subtra	act line 10 from	line 9. If zero or less, enter -0		•••••••	11	0
2 Enter t	the larger of li	ne 6 or line 11			12	0
Next, e	enter the sma	ler of line 3 or line 12 on line 13.				
art III	Additiona	Child Tax Credit				and the consection of the second s
3 This is		innel skild for on 114			13	o
	is vour addi	ional child tax credit				<u> </u>

•

Lines 16a and b (Sch C (1040)) - Interest Expense Mortgage Interest 1 2 Mortgage interest difference not reported on line 1 above. Explain: 2 0 3 Other Interest 1 Mortgage interest paid to banks, other financial institutions (1098 WAS NOT received) 1 2 Jointly owned (other than spouse on MFJ return) mortgage interest paid to banks, other financial financial institutions (1098 WAS NOT received). Enter Name and Address of person receiving other 1098: Name Address 2 _____ _____ -----3 3 0 Other Interest Paid 4 136 5 6 7 8 136 8



Find more detailed BizMiner industry reports »

Income-Expense Statement

Legal Services Sole Prop Annual Average Sales, Income & Expense	2014	Your Inputs
Sales	100.00%	\$45,561.00
Inventory (% of Sales)	0.42%	\$190.89
Cost of Sales	10.79%	\$49.16
COS-Labor Portion	1.15%	\$522.40
Gross Profit	89.21%	\$40,645.11
Salary-Wages	6.47%	\$2,948.84
Contract Labor-Commissions	3.89%	\$1,773.67
Rent	2.44%	\$1,111.35
Taxes	1.03%	\$471.51
Interest paid	0.30%	\$135.66
Amort. & Dep.	1.42%	\$648.57
Advertising	1.17%	\$534.47
Benefits-Pension	0.47%	\$212.91
Insurance (non-health)	0.82%	\$373.43
Home Office Expense	1.19%	\$540.05
Other SG&A Exp.	19.08%	\$8,693.62
Total Expenses	38.29%	\$17,444.08
Net Profit	50.92%	\$23,201.03
Total Direct Labor & NP	62.43%	\$28,445.94

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United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-18-2017 Response Date: 08-18-2017 Tracking Number: 100346559202

Account Transcript

FORM NUMBER: 1040A

TAX PERIOD: Dec. 31, 2005

TAXPAYER IDENTIFICATION NUMBER: 452-02-8217 SPOUSE TAXPAYER IDENTIFICATION NUMBER: 464-33-3101*

RAY L SHACKELFORD

<<<< POWER OF ATTORNEY/TAX INFORMATION AUTHORIZATION (POA/TIA) ON FILE>>>>

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT	BALANCE:	26,845.55					
ACCRUED	INTEREST:	3,651.64	AS	OF:	Sep.	04,	2017
ACCRUED	PENALTY:	0.00	AS	OF:	Sep.	04,	2017

ACCOUNT BALANCE

PLUS ACCRUALS (this is not a payoff amount): 30,497.19

** INFORMATION FROM THE RETURN OR AS ADJUSTED **

Was those alinen paid on for 200 43

01
Married Filing Separate
45,561.00
37,361.00
0.00
45,174.00
0.00
6,912.00

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Dec. 01, 2010 PROCESSING DATE Dec. 20, 2010

FINN 0169

	TRANSACT	IONS			
CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT	
150	Substitute tax return prepared by IRS		12-20-2010	\$0.00	
	49210-888-00000-0				
960	Appointed representative		11-20-2008	\$0.00	
570	Additional account action pending		12-20-2010	\$0.00	
420	Examination of tax return		12-09-2010	\$0.00	
560	IRS can assess tax until		09-13-2011	\$0.00	
170	Penalty for not pre-paying tax 09-02-2023	20120905	03-12-2012	\$518.00	
160	Penalty for filing tax return after 09-02-2023	the due da	ate20120905 0	93-12-2012	\$2,907.23
	Additional tax assessed by examinat: 09-02-2023 49247-448-10043-2	ion20120905	5 03-12-2012	\$12,921.00	
226	Technic Alexandre Alexandre		L.C.S.		
330	Interest charged for late payment	20120905	03-12-2012	\$5,930.77	
276	Penalty for late payment of tax	20120905	03-12-2012	\$3,230.25	
971	Notice issued		03-12-2012	\$0.00	
	Additional tax assessed by examinat 00-00-0000 49247-601-00129-2	ion20123105	5 08-13-2012	\$0.00	
421	Closed examination of tax return		08-13-2012	\$0.00	
	Collection due process Notice of Intent to Levy issued		08-13-2012	\$0.00	
	Lien placed on assets due to balance owed		08-17-2012	\$0.00	
	Collection due process Notice of Intent to Levy return receipt signed		08-20-2012	\$0.00	
	Issued notice of lien filing and right to Collection Due Process heam ing	-	08-23-2012	\$0.00	

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1. * * * * * *		0100100 INF 0100 INC		
	971	Pending installment agreement	10-30-2012	\$0.00
	582	Lien placed on assets due to balance owed	07-19-2013	\$0.00
	971	Notice issued	11-25-2013	\$0.00
	196	Interest charged for late payment	20134505 11-25-2013	\$1,338.30
	971	Installment agreement established	02-21-2014	\$0.00
	971	No longer in installment agreement status	10-13-2014	\$0.00
	971	Installment agreement established	08-07-2015	\$0.00
	971	No longer in installment agreement status	04-18-2016	\$0.00
	971	Installment agreement established	04-04-2016	\$0.00

This Product Contains Sensitive Taxpayer Data

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P ·			
1040	U	partment of the Treasury—Internal Revenue Service 2006 (99) IRS Use Only—Do not	write or staple in this space.
Label	LY	or the year Jan. 1-Dec. 31, 2006, or other tax year beginning , ending	OMB No. 1545-0074
(See	A	Sumx	Your social security number
instructions		AY L SHACKELFORD a joint return, spouse's first name M.I. Last name Suffix	452-02-8217
on page 16.) Use the IRS	Ē [a joint return, spouse's first name M.I. Last name Suffix	Spouse's social security numb
abel.	H	ome address (number and street). If you have a P.O. box, see page 16.	
Otherwise,			You must enter
please print or type.		06 SOUTHMORE BLVD ity, town or post office, state, and ZIP code. If you have a foreign address, see page 16.	your SSN(s) above.
Presidential			Checking a box below will not
Election Campa		DUSTON TX 77004	hange your tax or refund.
licetion campa	aign	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)	X You Spouse
	1	Single 4 X Head of household (with qu	alifying person). (See page 1
Filing Status	5 2	Married filing jointly (even if only one had income) If the qualifying person is a	child but not your dependent
	3	Married filing separately. Enter spouse's SSN above enter this child's name here	9.
		and full name here.	1
Check only		First name	Last name SSN
ne box.		First name Last name 5 Qualifying widow(er) with de	ependent child (see page 17)
a fille a fille	6	a X Yourself. If someone can claim you as a dependent, do not check box 6a) Boxes checked
Exemptions	S		on 6a and 6b
			No. of children
		c Dependents: (3) Dependent's (4) Vit qualifying	 on 6c who: Iived with you
		social security number relationship child for child tax	 lived with you did not live with
more than four		(1) First name Last name to you credit (see page 19)	_ you due to divorce
ependents, see		CHROSTOPHEFSHACKELFORD 630-14-2005 Son	or separation
age 19.		RAY SHACKELFORD 456-99-5025 Son	(see page 20) Dependents on 6c
age is.			- not entered above
		d Total number of exemptions claimed	- Add numbers on
ncome			lines above
	7		. 7
ttach Form(s)	8		8a
/-2 here. Also	9	b Tax-exempt interest. Do not include on line 8a	
tach Forms /-2G and			9a
099-R if tax	10	Qualified dividends (see page 23) 9b Taxable refunds, credits, or offsets of state and local income taxes (see page 24) 9b	19 19 19 19 19 19 19 19 19 19 19 19 19 1
as withheld.	11	Alimony reasing	10
	12	Business income or (loss). Attach Schedule C or C-EZ	11 10 007
way all down t	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	12 12,807
you did not	14	Other gains or (losses) Attach Form 4797	13
et a W-2, ee page 23.	15a		
	16a		26) 16b
nclose, but do	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
ot attach, any	18	Farm income or (loss). Attach Schedule F	18
ayment. Also,	19	Unemployment compensation	. 19
ease use	20a	Social security benefits	(7) 20b 0
orm 1040-V.	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 12,807
dive 4 - d	23	Archer MSA deduction. Attach Form 8853	
djusted	24	Certain business expenses of reservists, performing artists, and	
ross	25	fee-basis government officials. Attach Form 2106 or 2106-EZ 24	
come	26	Health savings account deduction. Attach Form 8889	
	27	Moving expenses. Attach Form 3903 26 One-half of self-employment tax. Attach Schedule SE 27 905	
	28		
	29	Self-employed SEP, SIMPLE, and qualified plans 28 Self-employed health insurance deduction (see page 29) 29	
	30	Penalty on early withdrawal of savings	
	31a	Alimony paid b Recipient's SSN	-
	32	IRA deduction (see page 31)	
	33	Student loan interest deduction (see page 33)	
	34	Jury duty pay you gave to your employer	
	35	Domestic production activities deduction. Attach Form 8903. T 35 4.000	
	36	Add lines 23 through 31a and 32 through 35	36 4,905
	37	Subtract line 36 from line 22. This is your adjusted gross income	▶ 37 7,902
the second se	the second second second	Act, and Paperwork Reduction Act Notice, see page 80.	

Tax 38 Amount from fine 37 edipated grose income]. 38 75 Sector Spouse was born before January 2, 1942. Blind. Total boxes 38 75 Standard Deck (L) Spouse was born before January 2, 1942. Blind. thetekeet Image Standard Sta	Form 1040 (2006	5)	RAY L SHACKELFORD 452-02-8217		1
and 396 Check [You were born before January 2, 1942, Blind.] End boxes Total boxes Creadits iii your spouse wase born before January 2, 1942, Blind.] End boxes Standard De boucteon bit your spouse wase born before January 2, 1942, Blind.] End boxes Standard De termized deductions (from Schedule A) or your standard deduction (see left margin) 40 7,7 De termized deductions (from Schedule A) or your standard deduction (see left margin) 40 7,7 De termized deductions (from Schedule A) or your standard deduction (see left margin) 40 7,7 De termized deductions (from Schedule A) 11 margin 200 44 3 Standard (see definition (see left margin) 40 7,7 44 44 Standard (see definition (see left margin) 42 5,6 44 44 44 Standard (see definition (see left margin) 43 44	Tax	38		-	Page
Credits it Spouse was born before January 2, 1942. Blind. checker 33a Shandard b If your spouse kindse on a separate kinn or you ware a dask-takus also, see page 34 and takk, here. > 33a > 40 Shandard b Itemized decide lob or you provided housing to a person displaced by Hurricane Katha, asee page 36. 41 3 State step or state step	and	39a		38	7,902
Standard Deruction b If your spous heimids on a sepante feature ry ou were a dust status alow, seep and dusk then. 9 38 du 9 38 du Deruction 40 Itemized deductions (from Schedule A) or your standard doubling to a person displaced by Huricane Katrina, see page 30. Check if any 30.30 by the total number of exemptions claimed on line 6d. 42 9.0 38 or 38 or whice status are page 30. Check if any Xis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Xis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Xis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Xis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Xis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Xis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Kis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Kis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Kis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Kis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Kis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Kis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Kis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Kis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Kis 16 form: a person displaced by Huricane Katrina, see page 30. Check if any Kis 16 form	Credits				
for- meaned any back of large 0 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 7.5. for search any back of large 1 Subtract line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katina, see page 30. Check if any tax is from: 41 3 as or 380 or who can back see page 30. Check if any tax is from: and person displaced by Hurricane Katina, as page 30. Check if any tax is from: and person displaced by Hurricane Katina, degendant, see page 30. Check if any tax is from: and person displaced by Hurricane Katina, degendant, see page 30. Check if any tax is from: and person displaced by Hurricane Katina, degendant, degenda		1.	Blind.) checked 39a		
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checked any 41 31 Subtract line 40 from line 38 41 32 Sub or short 111 32 41 32 Sub or short 111 32 33 32		Г	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	7,550
sale or add or during as the page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d. 42 9,5 atomed as demend as demen	checked any		Subtract line 40 from line 38	41	352
who can be address of the set of th		42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina,		
claimed as a denotine. 31 Matable income. Subtract line 42 form line 41. Infine 42 lis more than line 41, enter -0. 43 see page 34 Ad line 42 form line 41. Infine 42 lis more than line 41, enter -0. 44 Ad others: Add line 43 and tach Form 116 if required 44 Add line 43 and 43. Add line 43 and 54. 45 Single or 47 Foreign tax credit. Attach Form 116 if required 47 Add line 43 and tach Form 3803 50 50 Stript or 47 Foreign tax credit. Attach Form 8803 50 Beak control line 41 (inter 42 form 883) 50 51 Beak control line 31 (inter 42 form 883) 51 53 Beak control line 31 (inter 31 (inter 31 form 883) 51 53 Stript or 7 Stript or 7 53 51 Stript or 7 Stript or 7 53 51 Stript or 7 Stript or 7 53 51 56 Stript or 7 Stript or 7 58 57 58 57 Stript or 7 Stript or 7 58 57 58 57 Stript or 7 Stript or 7 Stript or 7 58 58 58 57 </td <td></td> <td></td> <td>see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d</td> <td>42</td> <td>9,900</td>			see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	9,900
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Add bins 44 and 43. 47 48 Attract lines 47 48 Separation 48 49 Attract lines 48 49 Separation 50 50 Married ling 50 50 Married ling 50 51 Attract 50 51 Married ling 50 Education credits. Attach Form 8603 51 Child is acredit (see page 42). Attach Form 8601 if required 52 53 Child is acredit (see page 42). Attach Form 8001 if required 53 54 Strass 56 57 58 Strass 56 57 58 58 Strass 58 56 57 58 1,8 Strass 58 56 57 58 1,8 58 1,8 Strass 50 57 58 1,8 53 1,8 53 1,8 Strass 52 57 58 58 53 1,8 53 1,8 53 1,8 Strass <				44	
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Jointly or Jointly or Joint			Education credite Attach Form 9900		
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Head of dimensional dimensina dimensina distantedi dinterval dimensional dimensiona			Child tax credit (see page 42) Attach Form 8001 if required		
Head of noisehold, 55 Other credits: a promosehold, 57.350 Form 3800 b prom 3801 c pro		54	Credits from: a Form 8396 b Form 8839 c Form 8850		
\$7.550 56 Add lines 47 through 55. These are your total credits \$6 57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- \$6 58 Self-employment tax. Attach Schedule SE \$6 59 Social security and Medicare tax on tip lincome not reported to employer. Attach Form 4137 \$9 61 Advance earned income credit payments from Form(s) W-2, box 9 \$61 62 Add lines 57 through 62. This is your total tax. \$63 \$1,8 7ayments 64 \$62 \$61 65 2006 estimated tax payments and amount applied from 2005 return \$64 \$63 \$1,8 7you have a \$63 Excess social security and tier 1 RRT Attax withheld from 2005 return \$66 \$64 \$65 66a Earned income credit (EIC) \$66 b \$66 \$69 \$71 70 Payments from: \$66 \$69 \$72 \$68 \$90 70 Payments from: \$66 b \$71 \$66 b \$71 \$72 \$4,67 70 Provents from: \$66 b \$71 \$72 \$4,67 \$72 \$4,67 \$74 \$72 <td></td> <td>55</td> <td></td> <td></td> <td></td>		55			
37 Source than line 46, it line 56 is more than line 46, enter -0- 57 Cher 58 Self-employment tax. Attach Schedule SE 58 Faxes 60 60 61 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60 61 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60 62 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60 63 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 61 64 Federal income credit (EIC) 66 64 62 700 Add lines 57 through 50.2 This is your total tax. 66 66 66 700 Federal income credit (EIC) 66 66 67 69 70 Payments from: and fine 74 tax withheld (see page 60) 67 69 70 71 Credit for federal telephone excise tax paid. Attach Form 8813 if required 71 72 4.67 73 Hine 72 ts more than line 63, subtract line 72. This is the amount you overpaid. 73 2.88 74 Add lines 64, 65, 66a, and 67 throug		56	Add lines 47 through 55. These are your total aredite		2
Dther 56 Self-employment tax. Attach Schedule SE 58 1,8 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 58 1,8 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, box 9 61 62 Add lines 57 through 62. This is your total tax 63 1,8 7ayments 64 66 63 1,8 65 2006 estimated tax payments and amount applied from 2005 return 66 64 63 1,8 7you have a 66 4,636 63 1,8 66 63 1,8 67 Excess social security and Metal frequest for extension to file (see page 60) 67 68 90 67 68 90 69 90 69 90 69 90 69 70 Payments form: a Form 439 b Form 435 70 70 70 70 70 70 70 70 70 70 70 72 4,67 4,67 4,63 6			Subtract line 56 from line 46. If line 56 is more than line 46, enter 0		
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65 2006 estimated tax payments and amount applied from 2005 return 65 65 ryou have a usiNing hild, attach 66a 4,536 67 Excess social security and tier 1 RTA tax withheld (see page 60) 67 68 90 69 69 67 Excess social security and tier 1 RTA tax withheld (see page 60) 67 68 Additional child tax credit. Attach Form 8812 68 90 69 Additional child tax credit. Attach Form 8812 69 69 70 Payments from: a Form 4138 b Form 4138 c Form 4138 c Form 885 70 71 72 4,65 71 Credit for federal telephone excise tax paid. Attach Form 8913 if required 71 50 72 4,65 72 Add line 73 you want refunded to you. If Form 888 is attached, check here. 73 73 2,86 74 Amount of line 73 you want refunded to your 2007 estimated tax 75 74a 2,86 76 Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ayments	64	Federal income tax withheld from Forms W-2 and 1099	05	1,010
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Ualitying hild, attach schedule EIC. D Nontaxable combat pay election	f you have a	_ 66a	Earned income credit (EIC)		1000 C
Aid attach ichedule EIC. 67 Excess social security and tier 1 RRTA tax withheld (see page 60) 67 68 Additional child tax credit. Attach Form 8812 68 90 69 Amount paid with request for extension to file (see page 60) 68 90 70 Payments from: a Form 2439 b Form 4136 c Form 8855 70 70 71 Credit for federal telephone excise tax paid. Attach Form 8913 if required 71 50 72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments 71 73 2,86 74 Amount of line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid. 73 14a 2,86 rect deposit? b Routing number XXXXXXXXX c Type: Check king Savings 74a 2,86 b Routing number XXXXXXXXXX c Type: Check king Savings 74a 2,86 cord add Add Form 888. 75 Amount of line 73 you want refunded to you. If Form 888 is attached, check here. 76 74a 2,86 form 688. 75 Amount of line 73 you want paplied to you. 2007 estimated tax 75 76 76 76 76 76 76 <t< td=""><td></td><td>b</td><td>Nontaxable combat pay election</td><td></td><td></td></t<>		b	Nontaxable combat pay election		
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69 Amount paid with request for extension to file (see page 60) 69 70 70 Payments from: a Form 2439 b Form 8913 if required 71 70 71 72 4,67 71 Credit for federal telephone excise tax paid. Attach Form 8913 if required 71 50 72 4,67 74 Add lines 64, 65, 66a, and 67 through 71. These are your total payments 73 2,86 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. 74a 74a 2,86 75 Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. 74a 2,86 76 Amount of line 73 you want refunded to your 2007 estimated tax 75 74a 2,86 76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 76 76 70 Ou you want to allow another person to discuss this return with the IRS (see page 63)? Yes. Complete the following. Personal identification number (PIN) Personal identification number (PIN) 71 Do you want to allow another person to discuss this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declariation of preparer (other than taxpayer)	Chedule LIC.	68	Additional child tax credit. Attach Form 8812		
70 Payments from: a Form 2439 b Form 4136 c Form 8885 70		69	Amount paid with request for extension to file (see page 60) 69		4.000
72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments 72 4,6 73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 73 2,86 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. 74a 2,86 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. 74a 2,86 74a Account number XXXXXXXXX Checking Savings 75 Amount of line 73 you want applied to your 2007 estimated tax 75 76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 77 Estimated tax penalty (see page 62) <td></td> <td></td> <td></td> <td></td> <td></td>					
Refund 73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid. 73 73 74 Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. 74 74a 2,86 rect deposit? b Routing number XXXXXXXX b c Type: Checking Savings red dilin 74b, c, and 74d, form 8888. d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		71	Credit for federal telephone excise tax paid. Attach Form 8913 if required 71 50		and the second se
Refund 73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 73 2,86 rect deposit? b Routing number XXXXXXXXX b c Type: Checking Savings til lin 74b, c, and 74d, fill in 74b, c, and 74d, c,		72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	4,676
rect deposit? A Annount of line 73 you want refunded to you. If Form 8888 is attached, check here. Image: Checking is avings in the following is avings in the following is avings is avings in the following is avings is avings in the following is avings is avings in the following is avings in the following is avings in the following is aving is avin	lefund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	2,866
Be page 61 B Routing number XXXXXXXX C Type: Checking Savings In 74b, (c, and 74d, Form 8888. Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	rect denosit?	74a		74a	2,866
c, and 74d, Form 8888. 75 Amount of line 73 you want applied to your 2007 estimated tax		• D	Routing number XXXXXXXXX C C Type: Checking Savings		
Form 8888 75 Amount of line 73 you want applied to your 2007 estimated tax 75 mount 76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 76 ou Owe 77 Estimated tax penalty (see page 62) 77 hird Party Do you want to allow another person to discuss this return with the IRS (see page 63)? X Yes. Complete the following. lesignee Do you want to allow another person to discuss this return with the IRS (see page 63)? X Yes. Complete the following. ling Do you want to allow another person to discuss 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 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 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 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 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 and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer's signature. If a joint return, both must s		► d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Amount 76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 76 You Owe 77 Estimated tax penalty (see page 62) 77 hird Party Do you want to allow another person to discuss this return with the IRS (see page 63)? X Yes. Complete the following. Designee's name Preparer No. Phone Personal identification name Preparer no. No. Phone Number (PIN) No. Under penalties of perjury, Vacclare 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 Your signature Date Spouse's occupation Daytime phone num your signature If a joint return, both must sign. Date Check if Preparer's SIN or F signature FileLDS ENTERPRISES Date Check if Preparer's SIN or F P00630769 FileLDS ENTERPRISES EIN 76 Check if Prepare/s		75	Amount of line 73 you want applied to your 2007 activated to your 2007		
ou Owe 77 Estimated tax penalty (see page 62) 77 hird Party resignee Do you want to allow another person to discuss this return with the IRS (see page 63)? X Yes. Complete the following. ign ere Do you want to allow another person to discuss this return with the IRS (see page 63)? X Yes. Complete the following. Under penalties of perjury. Designee's name Preparer Phone no. Personal identification number (PIN) Under penalties of perjury. Geclare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Your signature Date Your occupation Daytime phone num Your signature Matcher Matcher Matcher Date Spouse's occupation Date Preparer's SSN or F aid Preparer's signature FIELDS ENTERPRISES Date Check if self-employed Preparer's SSN or F		76	Amount you owe. Subtract line 72 from line 73 from line 7		
hird Party Do you want to allow another person to discuss this return with the IRS (see page 63)? X Yes. Complete the following. Designee's Phone Personal identification name Preparer no. Phone under penalties of perjury, Vaciare 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 Your signature Date Your occupation Date Spouse's signature. If a joint return, both must sign. Date Preparer's signature Preparer's signature Firm's name (or FIELDS ENTERPRISES		77	Estimated tax papelly (and and a)	76	0
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ere belief, they are true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and your signature e page 17. ep a copy your sords. Your signature Date Your occupation Date information of which preparer has any knowledge and your occupation aid Preparer's signature Preparer's signature Preparer's SSN or Firm's name (or FIELDS ENTERPRISES Date Check if self-employed Preparer's SSN or Firm's name (or FIELDS ENTERPRISES	ian		der nenalties of porium. Labelere thet have service this is		
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Preparer's Preparer's signature Preparer's SSN or F Firm's name (or FIELDS ENTERPRISES	int return?	Yo	ur signature		
your cords. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation aid Preparer's signature VINFRED FIELDS Date Check if self-employed Preparer's SSN or F reparer's Firm's name (or FIELDS ENTERPRISES Fielder Check if self-employed Tell 76.00530.4			Say & Alachel the 3/21/2019 rour occupation	Da	aytime phone number
aid reparer's signature WINFRED FIELDS Date Check if Preparer's SSN or F Firm's name (or FIELDS ENTERPRISES Date 3/20/2018 self-employed X P00630769		Sp	augo's signature if a laint ration but the	1Viph	and the of the state of the
aid signature WINFRED FIELDS 3/20/2018 self-employed X P00630769 Firm's name (or FIELDS ENTERPRISES		/	United Spouse's occupation	350	
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reparer's Firm's name (or FIELDS ENTERPRISES	aid				eparer's SSN or PTIN
	reparer's				
				76-	-005304
se Only yours if self-employed), address, and ZIP code 11222 RICHMOND AVENUE #195 Phone no. 281-496-9598 HOUSTON State TX ZIP code 77082	of only		ress, and ZIP code	o. 28	1-496-9598

FINN 0173 1040 (2006)

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Form 1040) (Sole Proprietorship)					2006				
Depart	ment of the Treasury		P P			., must file Form 1065	or 1065-B.		
		Attach t	to For	m 1040, 1040NR, or 1	1041. ►S	ee Instructions for Sch	nedule C (Fo	rm 1040).	Attachment Sequence No. 09
Name	of proprietor						A DESCRIPTION OF TAXABLE PARTY.		umber (SSN)
RAY	L SHACKELFORD							45	2-02-8217
A	Principal business or pro	ofession,	, inclu	ding product or service	e (see pag	e C-2 of the instructions) B I	Enter code fr	om pages C-8, 9, & 10
	LEGAL SERVICES						541100		
C	Business name. If no se			ss name, leave blank.			D	Employer ID	number (EIN), if any
	CKELFORD AND ASS								
E	Business address (inclue City, town or post office,				•••••				
F	Accounting method:	(1)	X Ca	ash (2) Acc	rual	(3) Other (speci	fy) 🕨		
G	Did you "materially partie	cipate" in	n the c	peration of this busine	ess during	2006? If "No." see page	C-3 for limit	on losses	Yes No
н	If you started or acquired								
Pa									
1	Gross receipts or sales.	Caution	lf th	is income was reported	d to you of	Form W-2 and the			
	"Statutory employee" bo	ox on that	t form	was checked, see pag	ge C-3 and	check here		1	57,919
2	Returns and allowances								57,919
3	Subtract line 2 from line							3	57,919
4	Cost of goods sold (from							4	07,010
5	Gross profit. Subtract li							5	57,919
6	Other income, including							6	
7	Gross income. Add line							7	57,919
Par	Expenses. Er	nter ex	pens	es for business us	se of you	r home only on line	e 30.		
8	Advertising		8	984	18	Office expense		18	687
9	Car and truck expenses				19	Pension and profit-s	haring plans	19	
	page C-4)		9	1,780	20	the second second second			
10	Commissions and fees		10			a Vehicles, machinery, and		20a	
11	Contract labor (see page		11	2,919		b Other business prop		20b	21,600
12 13	Depletion	F	12		21			21	
15	expense deduction (not				22				500
	included in Part III) (see				23	Taxes and licenses Travel, meals, and e		23	599
	page C-4)	1	13	824		a Travel		24a	
14	Employee benefit progra	ams		021		Deductible meals an		270	
	(other than on line 19) .		14	271		entertainment (see p		24b	
15	Insurance (other than he	ealth)	15	475	25	Utilities		25	
16	Interest:				26	Wages (less employmen		26	3,749
а	Mortgage (paid to banks	, etc.)	16a		27	Other expenses (from	n line 48 on		
b	Other	· ·	16b	172		page 2)		27	11,052
17	Legal and professional								
	services		17					1022	
28	Total expenses before e	expense	s for b	ousiness use of home.	Add lines	8 through 27 in column	s 🕨	28	45,112
29	Tentative profit (loss). Su	ubtract li	no 28	from line 7				20	10 007
30	Expenses for business u							29 30	12,807
31	Net profit or (loss). Sub							30	
	 If a profit, enter on bo line 13 (statutory employ 	oth Form	n 1040), line 12, and Schedu	ule SE, lin Ists. enter	e 2, or on Form 1040N on Form 1041, line 3.	R,	31	12,807
	If a loss, you must go						J		12,007
32	If you have a loss, check			describes your investm	nent in this	activity (see page C-6)			
	 If you checked 32a, e 	enter the	loss o	on both Form 1040, lin	ne 12, and	Schedule SE, line 2, d	or on	32a	All investment is at risk.
	Form 1040NR, line 13 (statutory	empl	oyees, see page C-6).	Estates a	nd trusts, enter on Form	n	32b	Some investment is
	1041, line 3.								not at risk.
	 If you checked 32b, y 	you mus	t attac	ch Form 6198. Your lo	iss may be	e limited.	J	Contractory of the second	
For P (HTA)	aperwork Reduction Act	t Notice,	, see	page C-8 of the instru	uctions.			Sched	ule C (Form 1040) 2006

OMB No. 1545-0074

Texas and a second second	ule C (Form 1040) 2006 RAY L SHACKELFORD	452-02-8217	Page 2
Pa	t III Cost of Goods Sold (see page C-7)		and a constant process of a constant
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market	c Other (attach e	volanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing in If "Yes," attach explanation .	ventory?	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	No
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	0
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	o
Par	Information on Your Vehicle. Complete this part only if you are claiming c line 9 and are not required to file Form 4562 for this business. See the instru C-4 to find out if you must file Form 4562.	ar or truck expens actions for line 13 o	es on on page
43	When did you place your vehicle in service for business purposes? (month, day, year)	1/1/2006	
44	Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used	your vehicle for:	
а	Business4,000 b Commuting (see instructions)	c Other	8,000
45	Do you (or your spouse) have another vehicle available for personal use?	X Yes	No
46	Was your vehicle available for personal use during off-duty hours?	X Yes	No
47 a	Do you have evidence to support your deduction?		No
b	If "Yes," is the evidence written?	X Yes	No
Par	V Other Expenses. List below business expenses not included on lines 8–26	or line 30.	
Other	SG&A Expenses		11,052
48	Total other expenses. Enter here and on page 1, line 27	48 FINN	11,052

Schedule C (Form 1040) 2006

SCHEDULE SE		OMB No. 1545-0074
(Form 1040)	Self-Employment Tax	2006
Department of the Treasury nternal Revenue Service (99)	Attach to Form 1040. See Instructions for Schedule SE (Form 1040).	Attachment Sequence No. 17
Name of person with self-em	ployment income (as shown on Form 1040)	

		and the second se
RAY L SHACKELFORD	with self-employment income	452-02-8217
Name of person with sen-employment income (as shown on Point 1040	Social security number of person	

Who Must File Schedule SE

You must file Schedule SE if:

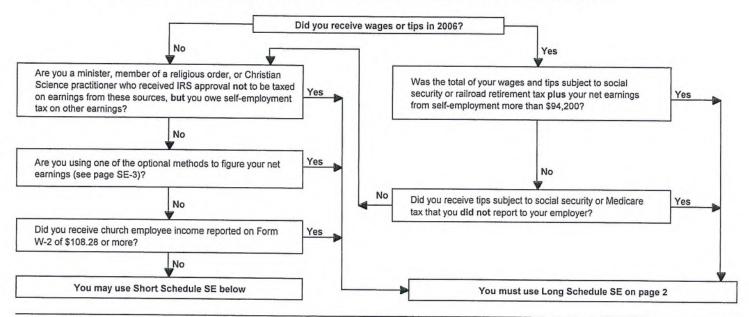
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt–Form 4361" on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report.	2	12,807
3	Combine lines 1 and 2	3	12,807
4 5	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax . Self-employment tax. If the amount on line 4 is:	4	11,827
	 \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. 	5	1.810
c	 More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on Form 1040, line 58. 		
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27 6 905		

For Paperwork Reduction Act Notice, see Form 1040 instructions. (HTA)

SCHEDULE EIC (Form 1040A or 1040)

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

RAY L SHACKELFORD

Before you begin:

begin: See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.

Complete and attach to Form 1040A or 1040

only if you have a qualifying child.

Earned Income Credit

Qualifying Child Information

 If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.

1040A

1040

- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualitying Child Information		Ch	nild 1	Child 2		
1	Child's name	First name	Last name	First name	Last name	
	If you have more than two qualifying children, you only have to list two to get the maximum credit.	CHROSTOPHE	SHACKELFORD	RAY	SHACKELFORD	
2	Child's SSN The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 49 of the Form 1040 instructions unless the child was born and died in 2006. If your child was born and died in 2006 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	630-	14-2005	456	3-99-5025	
3	Child's year of birth		Year 1989 If born after 1987, skip lines 4a and 4b; go to line 5.		Year 1986 If born after 1987, skip lines 4a and 4b; go to line 5,	
4	If the child was born before 1988—					
a	Was the child under age 24 at the end of 2006 and a student?	Go to line 5.	No. Continue.	X Yes. Go to line 5.	No. Continue.	
k	Was the child permanently and totally disabled during any part of 2006?	Continue.	No. The child is not a qualifying child.	Continue.	No. The child is not a qualifying child.	
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)		Son		Son	
6	Number of months child lived with you in the United States during 2006					
	If the child lived with you for more than half of 2006 but less than 7 months, enter "7."					
	 If the child was born or died in 2006 and your home was the child's home for the entire time he or she was alive during 2006, enter "12." 	Do not enter m	12 months ore than 12 months.	. Do not enter i	<u>12</u> months more than 12 months.	

TIP

You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2006, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 41 of Form 1040A or line 68 of Form 1040.

FINN 0177

OMB No. 1545-0074

Sequence No. 43

Your social security number

452-02-8217

Attachment

	0040	
Form	0012	

Department of the Treasury

Additional Child Tax Credit

1040 1040A 1040NR

\$812

OMB No. 1545-0074 2

Attachment

6

Conception of the local division of	venue Service (9		OA, or Form	1040NR.		Sequence No.
	shown on return				Your social se	ecurity number
Part	SHACKELFO				452-	-02-8217
		int from line 1 of your Child Tax Credit Worksheet on page 43 o	fthe Form 1	040 instructions		
pa	age 38 of the I	Form 1040A instructions, or page 20 of the Form 1040NR instru amount from line 8 of the worksheet on page 4 of the publication	uctions. If yo	u used Pub.		1,000
2 E	nter the amou	nt from Form 1040, line 53, Form 1040A, line 33, or Form 1040	NR, line 48		. 2	
3 SI	ubtract line 2 f	from line 1. If zero, stop; you cannot take this credit			3	1,000
		earned income (see instructions on back).	4a	11,902	10.000	
		nbat pay (see instructions on	A STATE			
		4b	-			
5 15		n line 4a more than \$11,300? e line 5 blank and enter -0- on line 6.			11日日	
X		ract \$11,300 from the amount on line 4a. Enter the result	5	602		
6 M	ultiply the amo	ount on line 5 by 15% (.15) and enter the result			6	90
		ave three or more qualifying children?				
LA	Smal	e 6 is zero, stop; you cannot take this credit. Otherwise, skip Pa ler of line 3 or line 6 on line 13.	rt II and ente	er the		
		e 6 is equal to or more than line 3, skip Part II and enter the amo	ount from line	e 3 on		
	line 1	3. Otherwise, go to line 7.				
Part II		n Filers Who Have Three or More Qualifying Chi	Idren		00022350	
7 W	ithheld social	security and Medicare taxes from Form(s) W-2, boxes 4 and				
wo	orked for a rail	ng jointly, include your spouse's amounts with yours. If you Iroad, see instructions on back	-			
	040 filers:	Enter the total of the amounts from Form 1040, lines	7		-	
		27 and 59, plus any uncollected social security and				
		Medicare or tier 1 RRTA taxes included on line 63.	8			
	040A filers:	Enter -0				
10	40NR filers:	Enter the total of the amounts from Form 1040NR, line				
		54, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 58.				1
9 Ad	dd lines 7 and		9	o		
0 10	040 filers:	Enter the total of the amounts from Form 1040, lines 66a and 67.				
10	40A filers:	Enter the total of the amount from Form 1040A, line				
		40a, plus any excess social security and tier 1 RRTA	10			
		taxes withheld that you entered to the left of line 43 (see instructions on back).				
10	40NR filers:	Enter the amount from Form 1040NR, line 61.				
1 Su	ubtract line 10	from line 9. If zero or less, enter -0			11	o
2 En	ter the larger	of line 6 or line 11			12	0
Next, enter the smaller of line 3 or line 12 on line 13.						
art III	Additio	nal Child Tax Credit			P. S.	
	, tautio					
3 Th	nis is your a	dditional child tax credit			. 13	90
				1040 1040.A 1040NR	Form 1040 Form 1040 Form 1040	amount on D, line 68, DA, line 41, or DNR, line 62.

Form 8863

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

Part I

1

Education Credits (Hope and Lifetime Learning Credits) ► See instructions.

06

OMB No. 1545-0074

RAYLSH	ACK	ELFOR	D				
Caution:	You	cannot	take th	e Hope	credit	and t	t

Revenue Service (99)		Att	tach to Form 1040 or	Form 1040A.			Sequence No. 50
s) shown on return						Your	social security number
L SHACKELFORD							452.02 8217
on: You cannot tal	ke the Ho	pe credit and the l	lifetime learning cred	lit for the same.	student in the sa	ame v	lear
Hope Cred	lit. Caut	ion: You canno	t take the Hope ci	redit for more th	han 2: tax vears	s for f	the same student.
(a) Student's na (as shown on pag of your tax retur First name Last name	ge 1 m)	(b) Student's social security number (as hown on page 1 f your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$2,200* for each student.	(d) Enter the smaller of the amount in column (c) or \$1,100**	e (e) Add	and	(f) Enter one-half of the amount in column (e)
				0		0	0
				o		0	0
				0			0
amount in column (c) of	sttended an \$2,200.	eligible educational inst	tution in the Gulf Opportun litution in the Gulf Opportur	nity Zone, enter the si	maller of the		
Tentative Hope cro learning credit for a	edit. Add	the amounts on linudent, go to Part I	ne 1, column (f). If yo l; otherwise, go to Pa	ou are taking the art III	e lifetime	2	0
I Lifetime Le	earning	Credit				14	
			age 1 of your tax retu ame		b) Student's social se number (as shown on 1 of your tax retur	n page	(c) Qualified expenses (see instructions)
(a) Stude First name Add the amounts or	n line 3, c	e (as shown on pa Last n olumn (c), and ent	ame			n page m)	ex
f line 3, column (c),	olumn (c),	and ent	ter the total			4	0
	1 110 - 01	φi0,000				5a	0

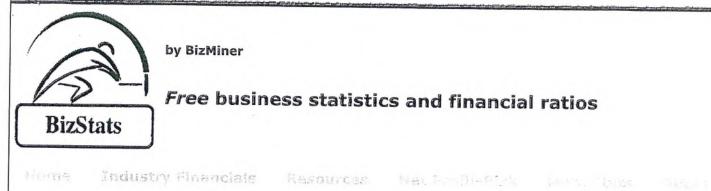
Tentative Hope credit. Add the amounts of 2 learning credit for another student, go to Pa

Part II Lifetime Learning Credit

(a) Student's name (as shown on page		(b) Student's social s number (as shown or			alified ses (see
First name Last nam	e	1 of your tax retu	rn)	instru	ctions)
					_
Add the amounts on line 3, column (c), and enter	the total		4		0
Enter the smaller of line 4 or \$10,000			5a		0
For students who attended an eligible educational	I institution in the Gulf Opportu	nity Zone, enter			
the smaller of \$10,000 or their qualified expenses	included on line 4 (see specia	rules on page 3)	5b		
Subtract line 5b from line 5a			5c		0
Multiply line 5b by 40% (.40)					0
					0
: Tentative lifetime learning credit. Add lines 6a a	and 6b and go to Part III				0
Allowable Education Credits			1001		
Tentative education credits. Add lines 2 and 6c.			7		0
Enter: \$110,000 if married filing jointly; \$55,000 if	single, head of	1	10000		U
household, or qualifying widow(er)		55 000	000100		
Enter the amount from Form 1040, line 38*, or Fo	rm 1040A, line 22 9		-		
Subtract line 9 from line 8. If zero or less, stop; yo	ou cannot take	1,002			
any education credits		47 098			
Enter: \$20,000 if married filing jointly; \$10,000 if s	ingle, head of	47,000	0.2162-2		
household, or qualifying widow(er)	11	10 000	- Contra		
If line 10 is equal to or more than line 11, enter the	amount from line 7 on line 13	and 10,000	10.000		
go to line 14. If line 10 is less than line 11, divide I	ine 10 by line 11 Enter the ros	ultoc	and and a second		
a decimal (rounded to at least three places)	ine to by inte the Enter the res	uit as	10	v	1 0000
Multiply line 7 by line 12				X	1.0000
Enter the amount from Form 1040 line 46 or Form	m 1040A line 28		13		0
Enter the total, if any, of your credits from Form 10	40 lines 47 through				
49, or Form 1040A, lines 29 and 30	AE				
Subtract line 15 from line 14. If zero or less ston:	Vou cannot take any				
education credits .	you cannot take any				
Education credits. Enter the smaller of line 13 of	line 16 here and on Form 104		-		
line 50, or Form 1040A line 31	ine to here and on Form 104	0,	-Section		
If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding	income from Puerto Rico soo Bub 07	· · · · · · · ·	1/	the second second	0
	First name Last name Add the amounts on line 3, column (c), and enter Enter the smaller of line 4 or \$10,000 For students who attended an eligible educational the smaller of \$10,000 or their qualified expenses Subtract line 5b from line 5a Multiply line 5b by 40% (.40) Multiply line 5c by 20% (.20) Tentative lifetime learning credit. Add lines 6a at the amount from Form 1040, line 38*, or Former Enter: \$110,000 if married filing jointly; \$55,000 if household, or qualifying widow(er) Enter: \$110,000 if married filing jointly; \$10,000 if si household, or qualifying widow(er) Enter: \$20,000 if married filing jointly; \$10,000 if si household, or qualifying widow(er) If line 10 is equal to or more than line 11, enter the go to line 14. If line 10 is less than line 11, divide I a decimal (rounded to at least three places) Multiply line 7 by line 12 Enter the amount from Form 1040, line 46, or Former Enter the total, if any, of your credits from Form 1040, line 46, or Former Subtract line 15 from line 14. If zero or less, stop; education credits Enter the total, if any, of your credits from Form 1040, line 46, or Former Enter the total, if any, of your credits from Form 1040, line 46, or Former Enter the total, if any, of your credits from Form 1040, line 46, or Former Enter the total, if any, of your credits from Form 1040, line 46, or Former Enter the total, if any, of your credits from Form 1040, line 45, or Former Enter Enter	First name Last name Add the amounts on line 3, column (c), and enter the total . Enter the smaller of line 4 or \$10,000 Der or students who attended an eligible educational institution in the Gulf Opporture the smaller of \$10,000 or their qualified expenses included on line 4 (see special subtract line 5b from line 5a . Def Der students who attended an eligible educational institution in the Gulf Opporture the smaller of \$10,000 or their qualified expenses included on line 4 (see special subtract line 5b from line 5a . Def Der students who attended an eligible educational institution in the Gulf Opporture the smaller of \$10,000 or their qualified expenses included on line 4 (see special subtract line 5b from line 5a . Subtract line 5b from line 5a . Tentative lifetime learning credit. Add lines 6a and 6b and go to Part III . III Allowable Education Credits Tentative education credits .Add lines 2 and 6c . Enter: \$110,000 if married filing jointly; \$55,000 if single, head of household, or qualifying widow(er) . Subtract line 9 from line 8. If zero or less, stop; you cannot take any education credits . If line 10 is equal to or more than line 11, enter the amount from line 7 on line 13 go to line 14. If line 10 is less than line 11, divide line 10 by line 11. Enter the ress a decimal (rounded to at least three places) . Multiply line 7 by line 12 . Enter the total, if any, of your credits from Form 1040A, line 28 . 14 Enter the total, if any, of your credi	First name Last name number (as shown or 1 of your tax returned 1 of your tax returned and the amounts on line 3, column (c), and enter the total. Add the amounts on line 3, column (c), and enter the total. Image: Column (c), and enter the total. a Enter the smaller of line 4 or \$10,000 Image: Column (c), and enter the total. b For students who attended an eligible educational institution in the Gulf Opportunity Zone, enter the smaller of \$10,000 or their qualified expenses included on line 4 (see special rules on page 3) c Subtract line 5b from line 5a Image: Column (c), and enter the total. Multiply line 5b by 40% (.40) Image: Column (c), and enter the total go to Part III. Image: Column (c) finaried filing jointly; \$55,000 if single, head of household, or qualifying widow(er) Image: Column (c), and filing jointly; \$50,000 if single, head of household, or qualifying widow(er) Subtract line 9 from line 8. If zero or less, stop; you cannot take any education credits. Image: Column (c), and filing jointly; \$10,000 if single, head of household, or qualifying widow(er) If line 10 is equal to or more than line 11, enter the amount from line 7 on line 13 and go to line 14. If line 10 is less than line 11, enter the amount from line 7 on line 13 and go to line 14. If line 10 is less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places). Multiply line 7 by line 12. Image: Column form form 1040, line 34, or Form 1040A, line 28. Enter the amount from Form 1040, line 46, or	First name Last name number (as shown on page 1 of your tax return) Add the amounts on line 3, column (c), and enter the total . 4 Add the amounts on line 3, column (c), and enter the total . 4 Enter the smaller of line 4 or \$10,000 . 5 For students who attended an eligible educational institution in the Gulf Opportunity Zone, enter the smaller of \$10,000 or their qualified expenses included on line 4 (see special rules on page 3) 5b Subtract line 5b by 40% (40) . 6a Multiply line 5b by 40% (40) . 6a Multiply line 5b by 40% (40) . 6a Multiply line 5b by 40% (40) . 6a Enter: \$110,000 if married filing jointly; \$55,000 if single, head of household, or qualifying widow(er) . 7 Enter: \$20,000 if married filing jointly; \$55,000 if single, head of household, or qualifying widow(er) . 9 7,902 Subtract line 9 from line 8. If zero or less, stop; you cannot take any education credits . 10 47,098 If line 10 is less than line 11, enter the amount from line 7 on line 13 and go to line 14. If line 10 is less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places) . 14 Inter the total, if any, of your credits from Form 1040, line 28 . 14 13 Inter the amount from Form 1040, line 46, or Form 1040A, line 28 .	First name Last name number (as shown on page 1 of your tax return) expense instru- expense instru- instru- Add the amounts on line 3, column (c), and enter the total. 4 Enter the smaller of line 4 or \$10,000 5a For students who attended an eligible educational institution in the Gulf Opportunity Zone, enter the smaller of \$10,000 or their qualified expenses included on line 4 (see special rules on page 3) 5b Subtract line 5b form line 5a 5c Multiply line 5b by 40% (.40) 6a Multiply line 5b by 20% (.20) 6a Tentative lifetime learning credit. Add lines 6a and 6b and go to Part III. 6c Tentative education credits. Add lines 2 and 6c. 7 Enter: \$110,000 if married filing jointly; \$55,000 if single, head of household, or qualifying widow(er) 8 55,000 Subtract line 9 from line 8. If zero or less, stop; you cannot take any education credits. 10 47,098 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) 11 10,000 If line 10 is less than line 11, enter the amount from line 7 on line 13 and go to line 14. If line 10 is less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places) 12 x Multiply line 7 by line 12 13 13 14 <td< td=""></td<>

FINN 0179

	Mortgage Interes	t		
1		paid to banks, other financial institutions (1098 received)	4	
2	Mortgago interest	difference not reported on line 1 above. Explain:	· -	
4				
		erest reported on line 16a	2 _	
3	l otal mortgage int	erest reported on line 16a	3_	(
	Other Interest			
1	Mortgage interest	paid to banks, other financial institutions (1098 WAS NOT received)	1	
2	Jointly owned (oth	er than spouse on MFJ return) mortgage interest paid to banks, other financial		
-	institutions (Form	1008 WAS NOT received)	~	
	Enter Name and A	1098 WAS NOT received)	2 _	
		ddress of person who received Form 1098:		
	Name			
	Address			
	City, State, & Zip			
	Foreign Country			
	• •			
	Name			
	Address			
	City, State, & Zip			
	Foreign Country			
	Name			
	Address			
	City, State, & Zip			
~	Foreign Country			
	Vehicle interest .		3	
4			4	17
5			5	
6			6	
7			7 -	



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Income-Expense Statement

Legal Services Sole Prop Annual Average Sales, Income & Expense	2014	Your Inputs
Sales	100.00%	\$57,919.00
Inventory (% of Sales)	0.42%	\$242.66
Cost of Sales	10.79%	\$62.49
COS-Labor Portion	1.15%	\$664.10
Gross Profit	89.21%	\$51,669.72
Salary-Wages	6.47%	\$3,748.68
Contract Labor-Commissions	3.89%	\$2,254.77
Rent	2.44%	\$1,412.79
Taxes	1.03%	\$599.41
nterest paid	0.30%	\$172.45
Amort. & Dep.	1.42%	\$824.48
Advertising	1.17%	\$679.43
Benefits-Pension	0.47%	\$270.67
nsurance (non-health)	0.82%	\$474.72
Home Office Expense	1.19%	\$686.53
Other SG&A Exp.	19.08%	\$11,051.69
otal Expenses	38.29%	\$22,175.62
let Profit	50.92%	
Total Direct Labor & NP	62.43%	\$29,494.10 \$36,161.64

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This Product Contains Sensitive Taxpayer Data

Request Date: 08-18-2017 Response Date: 08-18-2017 Tracking Number: 100346559202

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Account Transcript

FORM NUMBER: 1040A

TAX PERIOD: Dec. 31, 2006

TAXPAYER IDENTIFICATION NUMBER:452-02-8217SPOUSE TAXPAYER IDENTIFICATION NUMBER:464-33-3101*

RAY L SHACKELFORD

<<<< POWER OF ATTORNEY/TAX INFORMATION AUTHORIZATION (POA/TIA) ON FILE>>>>

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT	BALANCE:	23,463.81					
ACCRUED	INTEREST:	3,191.67	AS	OF:	Sep.	04,	2017
ACCRUED	PENALTY:	0.00	AS	OF:	Sep.	04,	2017

ACCOUNT BALANCE PLUS ACCRUALS (this is not a

payoff amount): 26,655.48

** INFORMATION FROM THE RETURN OR AS ADJUSTED **

EXEMPTIONS:	01
FILING STATUS:	Married Filing Separate
ADJUSTED GROSS	
INCOME:	57,919.00
TAXABLE INCOME:	49,469.00
TAX PER RETURN:	0.00
SE TAXABLE INCOME	
TAXPAYER:	24,568.00
SE TAXABLE INCOME	
SPOUSE:	0.00
TOTAL SELF	
EMPLOYMENT TAX:	3,759.00

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Dec. 01, 2010 PROCESSING DATE Dec. 20, 2010

	DD31(0) of			
CODE	TRANSACT E EXPLANATION OF TRANSACTION			
150		CYCLE DATE 12-20-2010	AMOUNT \$0.00	
	49210-888-00000-0			
460	Extension of time to file tax retur ext. Date 10-15-2007	n 04-15-2007	\$0.00	
960	Appointed representative	11-20-2008	\$0.00	
570	Additional account action pending	12-20-2010	\$0.00	
420	Examination of tax return	12-09-2010	\$0.00	
560	IRS can assess tax until	09-13-2011	,,,,,,	
160	Penalty for filing tax return after 12-09-2023	the due date20122305	06-18-2012	\$2,854.13
766	Credit to your account	04-15-2007	-\$25.61	
770	Interest credited to your account	04-15-2007	-\$4.39	
300	Additional tax assessed by examinati 12-09-2023 49247-545-10025-2	on20122305 06-18-2012	\$12,685.00	
336	Interest charged for late payment	20122305 06-18-2012	\$3,801.01	
276	Penalty for late payment of tax	20122305 06-18-2012	\$3,163.75	
971	Notice issued	06-18-2012	\$0.00	
	Additional tax assessed by examinati 00-00-0000 49247-601-00130-2	on20123105 08-13-2012	\$0.00	
421	Closed examination of tax return	08-13-2012	\$0.00	
	Collection due process Notice of Intent to Levy issued	08-13-2012	\$0.00	
	Lien placed on assets due to balance owed	08-17-2012	\$0.00	
3	Collection due process Notice of Intent to Levy return receipt signed	08-20-2012	\$0.00	

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971	Issued notice of lien filing and right to Collection Due Process hear ing	08-23-2012	\$0.00	
971	Pending installment agreement	10-30-2012	\$0.00	
582	Lien placed on assets due to balance owed	07-19-2013	\$0.00	
971	Notice issued	11-25-2013	\$0.00	
196	Interest charged for late payment 20134	1505 11-25-2013	\$989.92	
971	Installment agreement established	02-21-2014	\$0.00	
971	No longer in installment agreement status	10-13-2014	\$0.00	
971	Installment agreement established	08-07-2015	\$0.00	
971	No longer in installment agreement status	04-18-2016	\$0.00	
971	Installment agreement established	04-04-2016	\$0.00	

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This Product Contains Sensitive Taxpayer Data

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May 21, 2019

Ray Shackelford Charlene Daniels 1406 Southmore Houston, TX 77004

TAX DEFENSE ENGAGEMENT LETTER

Engagement Letter for all tax defense, to include all IRS audits and collection matters including OIC's, installment agreements, payroll and other collection defense, foreign tax matters, streamlined domestic offshore agreements and any other related IRS engagement not mentioned above.

Dear Mr. Shackelford and Ms. Daniels,

We are pleased you have requested that Jay A. Finn, CPA, LLC ("Firm") to provide you with representation as set forth below. We would appreciate receiving written acknowledgement of this agreement for our files. We feel that it is in the best interest of our clients that they be fully informed of our billing practices. The purpose of this letter, therefore, is to set forth the scope of our engagement and representation before the IRS for you ("Client"), to set forth the financial arrangements regarding our engagement and to verify our agreement of the foregoing:

1. <u>Scope of Engagement</u>

Subject to the terms and conditions herein, including without limitation advance payment of the retainer and a signed copy of this agreement the Firm will perform those representation services which you requested and, more specifically any of the above services listed above as well as any IRS tax defense services that may not be listed above with the Internal Revenue Service From time to time there will be other Tax defense services included in this engagement that are not associated with IRS which include but are not limited to representation of the states and municipalities within the USA or outside the USA, agreements for property taxes, student loans or credit card reduction.

2. <u>Fee for Representation</u>

Thank you for the initial retainer for this service which had been set at \$9,000.00 with an additional \$800.00 withdrawn and \$450.00 for incidentals for additional offer and tax defense by Joe Zimmer, EA and myself. This also establishes the precedent of listing \$450.00 twice a month reducing your offer amount. At this time, our only financial payment with this engagement letter and final offer settlement is \$3600.00 for the down payment for the offer preparation already completed by our firm. This will be filed on or before May 31, 2019. It is not practical to file after that date given the IRS threat and the need for a new bank statement. We don't expect further time with Mr. Bagga but should that exceed 2 hours of time accumulation by our owners, the agreed upon hourly price is still \$192.00/hour. There will also be \$450.00 semi-monthly billings usually on the first and the fifteenth of each month beginning June 15th until the offer is accepted.

713.520.0010 PHONE 713.688.3991 FAX 800.950.1tax 800.9501829 FINN 0185

Initials_____

Ray Shackelford Charlene Daniels TAX DEFENSE ENGAGEMENT LETTER Page 2

Please note: Any possible appeal that usually wins any rejected offer is not included in the fee.

Once a retainer has been provided, if the work does not proceed, hourly fees for any time and work provided for your services will be deducted from the retainer before any refund/credit is processed. At the most, only 70% of the retainer will be provided as a refund/credit for the first 90 days after the tendering of the retainer and signing of this agreement. If documents and/or information needed to complete this engagement are not provided to our firm within 12 months, this engagement shall be invalid and there will be no credit/refund due to your company from our firm.

3. Disbursements

The performance of services involves costs and expenses, some of which must be paid to third parties. These expenses include, but are not limited to, filing fees, travel costs, messenger services, computerized research expenses and expenses of experts whom we deem appropriate to assist in our representation of you. We do not charge for internal copying costs, but if a production job is large and must be sent out for copying we will charge you the actual expense. We expect that you will either pay directly or reimburse us for such costs. If such costs may be calculated beforehand and appear to be substantial, we may ask you to advance us those sums before we expend them or to reimburse the vendor directly.

Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trusts, and estates) having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having a value exceeding \$10,000 in a foreign country shall report such a relationship. Although there are some limited exceptions, filing requirements also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). For example, a corporate-owned foreign account would require filings by the corporation *and* by the individual corporate officers with signature authority. Failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties.

If you and/or your entity have a financial interest in any foreign accounts, you are responsible for providing our firm with all the information necessary to prepare FinCEN Form 114 (formerly Form TD-F-90-22.1) required by the U.S. Department of the Treasury on or before October 15th of each tax year. If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required disclosure statements

In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the

Initials_____

Ray Shackelford Charlene Daniels TAX DEFENSE ENGAGEMENT LETTER Page 3

performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

It is our policy to retain engagement documentation for a period of seven years, after which time we will commence the process of destroying the contents of our engagement files. To the extent we accumulate any of your original records during the engagement, those documents will be returned to you promptly upon completion of the engagement, and you will provide us with a receipt for the return of such records. The balance of our engagement file, other than a copy of your corporate tax return, which we will provide to you at the conclusion of the engagement, is our property, and we will provide copies of such documents at our discretion, unless required by law, and if compensated for any time and costs associated with the effort.

In the event we are required to respond to a subpoena, court order, or other legal process for the production of documents and/or testimony relative to information we have obtained and/or prepared during the course of this engagement, you agree to compensate us at our hourly rates, as set forth above, for the time we expend in connection with such response, and to reimburse us for all of our out-of-pocket costs incurred in that regard.

In the event that we are or may be obligated to pay any cost, settlement, judgment, fine, penalty, or similar award or sanction as a result of a claim, investigation, or other proceeding instituted by any third party, and if such obligation is or may be a direct or indirect result of any inaccurate, incomplete, or misleading information that you provide to us during the course of this engagement (with or without your knowledge or intent), you agree to indemnify us, defend us, and hold us harmless as against such obligation.

You agree that any dispute (other than our efforts to collect an outstanding invoice) that may arise regarding the meaning, performance, or enforcement of this engagement or any prior engagement that we have performed for you, will, prior to resorting to litigation, be submitted to mediation, and that the parties will engage in the mediation process in good faith once a written request to mediate has been given by any party to the engagement Without disclosure in the return itself of the specific position taken on a given issue, we must have a reasonable belief that the position(s) satisfies the substantial-authority standard and that the position will be held to be the correct position upon examination by taxing authorities. If we do not believe there is a reasonable basis for the position, either the position cannot be taken, or we cannot sign the return. In order for us to make these determinations, we must rely on the accuracy and completeness of the relevant information you provide to us, and, in the event we and/or you are assessed penalties due to our reliance on inaccurate, incomplete, or misleading information you supplied to us (with or without your knowledge or intent), you will indemnify us, defend us, and hold us harmless as to those penalties.

Ray Shackelford Charlene Daniels TAX DEFENSE ENGAGEMENT LETTER Page 4

4. <u>Acknowledgment</u>

By executing this agreement, you acknowledge that there is uncertainty concerning the outcome of this matter and that the Firm and the undersigned partner has made no guarantees as to the disposition of any phase of this matter. All representations and expressions relative to the outcome of this matter, are only expressions of the said representative's opinions and do not constitute guarantees. We look forward to continuing to work with you and thank you once again for the opportunity to serve.

Very truly yours,

Jay Allen Finn, CPA	Date
Joseph Zimmer, EA	Date
AGREED:	
Ray Shackleford	Date
Charlene Daniels	Date



Info Default <info@jayfinncpa.com>

W-9

Tammy Richard <tammy.richard59@yahoo.com> Reply-To: Tammy Richard <tammy.richard59@yahoo.com> To: Jay Finn <jay@taxhouston.com> Cc: RAY SHACKELFORD <rshackctic@yahoo.com> Wed, Jan 29, 2020 at 5:08 PM

Mr. Finn,

Per Mr. Shackelford please complete the attached W-9 and return as soon as possible.

Thank you, Tammy Richard Legal Assistant to Attorney Ray L. Shackelford 713-520-8484(P) 713-520-8192 (F)

CONFIDENTIAL/ATTORNEY CLIENT PRIVILEGE: This e-mail message and any attachments are intended solely for the individual or entity to which it is addressed, and is confidential. If the reader of this message and any attachments is not the intended recipient, you are hereby notified that any examination, distribution, or copying of the material is strictly prohibited. If you received this message in error, please notify the sender promptly and delete this message and any attachments.

<mark>™-9.pdf</mark> 648K



Info Default <info@jayfinncpa.com>

[BCC] Termination of tax defense - Ray L. Shackelford & Charlene H. Daniels 1 message

Tammy Richard <tammy.richard59@yahoo.com> Reply-To: Tammy Richard <tammy.richard59@yahoo.com> To: "jay@taxhouston.com" <jay@taxhouston.com> Cc: RAY SHACKELFORD <rshackctic@yahoo.com> Wed, Jul 17, 2019 at 2:00 PM

Mr. Finn,

Please see the attached document.

Thank you, Tammy Richard Legal Assistant to Attorney Ray L. Shackelford 713-520-8484(P) 713-520-8192 (F)



EMAIL TO JAY FINN 7-17-2019.pdf 309K



Info Default <info@jayfinncpa.com>

[BCC] Termination of Tax Defense Engagement Letter

Tammy Richard <tammy.richard59@yahoo.com> Reply-To: Tammy Richard <tammy.richard59@yahoo.com> To: Jay Finn <jay@taxhouston.com> Cc: RAY SHACKELFORD <rshackctic@yahoo.com> Fri, Aug 9, 2019 at 12:34 PM

Mr. Finn,

Please see attached.

Thank you, Tammy Richard Legal Assistant to Attorney Ray L. Shackelford 713-520-8484(P) 713-520-8192 (F)

EMAIL TO JAY FINN 8-9-2019.pdf 649K

Form	W-	-9
(Rev. O	ctober a	2018)
Departm	ent of th	he Treasury
		Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

emai	Revenue Service				uctions and the lat					
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.									
	2 Business name/disr									
See Specific Instructions on page 3.	following seven box Individual/sole p single-member L Limited liability c Note: Check the LLC if the LLC is another LLC that	following seven boxes. Individual/sole proprietor or single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner.								
							(Applies to accounts maintained outside the U.S.) me and address (optional)			
	6 City, state, and ZIP	code				-				
	7 List account number	r(s) here (optional)								
ir	t I Taxpaye	r Identification	Number	(TIN)						
der	your TIN in the appropriate point of the second point of the secon	dividuals, this is gen tor, or disregarded e	nerally your sentity, see th	social security num ne instructions for P	per (SSN). However, art I, later. For other	for a	curity number			
	If the account is in m er To Give the Reque				Also see What Name	e and Employer	r identification number			

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

	Signature of
Here	U.S. person

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)

Date >

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- · Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Form W-9 (Rev. 10-2018)

SHACKELFORD & ASSOCIATES, L.L.C. ATTORNEYS & COUNSELORS AT LAW H J & M BUILDING 1406 SOUTHMORE BLVD. @ AUSTIN HOUSTON, TEXAS 77004

Ray L. Shackelford Of Counsel

Martha Adams Thomas & Williams, L.L.P. Telephone (713) 520-8484 Telecopier (713) 520-8192 Email: rshackctic@yahoo.com martha@madamslaw.com

July 17, 2019

Mr. Jay A. Finn, C.P.A. 11500 Northwest Frwy. Ste. 581 Houston, TX 77092 jay@taxhouston.com & fax (713) 688-3991

RE: Termination of tax defense engagement letter with Ray L. Shackelford & Charlene H. Daniels

Dear Mr. Finn,

Please accept this letter as formal notice of our termination of you & your firm's representation on behalf of my wife & myself regarding the Internal Revenue Service (IRS).

More specifically, upon the conclusion of our meeting with you on Monday, July 15, 2019 it is obvious that your approach and the current work that you've done in our behalf is not what we expected and/or promised in our initial consultation.

To wit, please cease & desist any further work other than to notify the IRS that your representation has been terminated & discontinue any charges on the credit card that was provided to your office for payment.

Sincerely, **RAY L. SHACKELFORD**

SHACKELFORD & ASSOCIATES, L.L.C. ATTORNEYS & COUNSELORS AT LAW H J & M BUILDING 1406 SOUTHMORE BLVD. @ AUSTIN HOUSTON, TEXAS 77004

Ray L. Shackelford Of Counsel

LaToya Jarrett Martha Adams Thomas & Williams, L.L.P. Telephone (713) 520-8484 Telecopier

(713) 520-8192 Email:

> rshacketic@vahoo.com jarrett.latoyap@gmail.com martha@madamslaw.com

August 9, 2019

Jay Finn 11500 Northwest Fwy, #561 Houston, Texas 77092

jay@taxhouston.com and fax (713) 688-3991

Re: Termination of Tax Defense Engagement Letter for Ray L. Shackelford and Charlene H. Daniels

Dear Mr. Finn,

It has been approximately three (3) weeks since our meeting with our bookkeeper, Natasha Martinez and you at your office concerning the handling of our tax defense with Internal Revenue Service (IRS) and the termination of your contract.

As such, let me reconfirm what we told you as to the reasons we were terminating your services. More specifically, the documents that your office forwarded to the IRS which were not indicative of the information we provided to you and were certainly not reflective of the income and expense information that we provided to you to forward to Mr. Bagga. In this meeting it was evident to us and our bookkeeper, Mrs. Martinez that you had not discussed our situation with Mr. Bagga, the assigned revenue agent nor had you forwarded all of the information that we provided to you to IRS. It was also obvious that you had never requested our transcripts until that meeting which informed us that we would have not been in compliance to even request an Offer and Compromise. Therefore, that meeting made it very apparent that you were not working in our best interest rather to your own interest.

Further, to input inaccurate income information and expenses based on the national average and not our personal expenses was malpractice and destined to fail and draw suspicion from the IRS that we were trying to evade our tax obligation rather than amicably resolve our tax delinquencies based on our present income situation.

These actions by you were not designed to resolve our IRS debts but to keep us obligated to paying your office additional monthly fees in addition to the initial amount of \$6,950 paid

previously. This was evidenced by the fact that you charged my wife's credit card \$450.00 again on August 1, 2019 after we had already terminated your services on July 17, 2019.

For the second and final time, please cease and desist any work and/or charges from you or any agent of your office as my next step will be to file a complaint with the State Board of Public Accountants which you have certainly given me grounds to do.

Sincerely,

Ray L. Shackelford and Charlene H. Daniels

<u>354360</u> <u>615</u>	Charle ne Daniels		8/5/20 19 9:53:2 0 AM	APPROV	VISA	VISA	*********** 8178	Charle ne H Daniel s		APPRO VAL	04990A	\$450.0 0	\$450.0 0	jaya60 48			
<u>354253</u> <u>685</u>	Charle ne Daniels		8/1/20 19 3:08:3 2 PM	APPROV	VISA		*****	Charle ne H Daniel s	RepeatS	APPRO VAL	04990A	\$450.0 0	\$450.0 0	jaya60 48			
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May 14, 2019

Shackleford/Daniels Accounting-Final Billing

April 3, 2019 (New quote for discounted rate of \$1,920.00 for CPA or EA when taxpayer agrees to a minimum of 10 hours).

Payment, thank you for 10 hours (without \$20.00), credited:	(\$1,920.00)
Initial cost at time of appointment:	<u>\$ 220.00</u>
Credit following appointment:	(\$1,700.00)
Additional credit based upon promise for Friday, 5/10/19 to a card today:	(\$ 850.00)
Jay Finn, CPA - time to date includes multi-discussion with RO (Revenue Officer)	
through today to initially discuss the case three times. Includes buying time	
until May 20, to see If we can do an offer. Meeting with Joe Zimmer, MBA, EA	
briefly concerning 433-A and 433-A OIC, as well as discussion of 433-B.	
Minimum 2 hours including conversations with Charlene Daniels, facilitate estimate payment for 5.75 hours @ \$192.00:	\$1,100.00
estimate payment for 5.75 hours @ \$192.00.	Ş1,100.00
Joseph Zimmer, MBA, EA brief time to coordinate with Jay Finn, CPA (no	
duplication of effort). Time on 433-A, 433-A OIC qualification and beginning	
discussions with Charlene Daniels. Both Jay and Joe evaluating attachments:	\$1,240.00
Additional un-billed time by Joe Zimmer, EA and Jay Finn, CPA to start and complet 433-A-OIC and analysis which was to be included in the \$3,600.00 down	9
(\$192 x 7.5 hrs.):	\$1,440.00
Amount of time through 5/3/19:	<u>\$3,780.00</u>
Final billing amount due upon receipt:	<u>\$1,230.00</u>

Additional down for lump sum and CPA deferred payment for offer in compromise and OIC forms for 2) Corporate Businesses: **CANCELLED.**

Thanks for your business!

713.520.0010 PHONE	800.950.1tax
713.688.3991 FAX	800.9501829
	FINN 0197

May 3, 2019

Shackleford/Daniels Accounting

April 3, 2019 (New quote for discounted rate of \$1,920.00 for CPA or EA when taxpayer agrees to a minimum of 10 hours).

Payment, thank you for 10 hours (without \$20.00), credited:	(\$1,920.00)
Initial cost at time of appointment: Credit following appointment:	<u>\$ 220.00</u> (\$1,700.00)
Jay Finn, CPA - time to date includes multi-discussion with RO (Revenue Officer) through today to initially discuss the case three times. Includs buying time until May 20, to see If we can do an offer. Meeting with Joe Zimmer, MBA, EA briefly concerning 433-A and 433-A OIC, as well as discussion of 433-B. Minimum 2 hours including conversations with Charlene Daniels, facilitate	
estimate payment for 5.75 hours @ \$192.00:	\$1,100.00
Joseph Zimmer, MBA, EA brief time to coordinate with Jay Finn, CPA (no duplication of effort). Time on 433-A, 433-A OIC qualification and beginning	4
discussions with Charlene Daniels. Both Jay and Joe evaluating attachments:	\$1,240.00
Estimated time by both through end of day and Saturday, (mostly by Joe):	<u>\$ 360.00</u>
Amount of time through 5/5/19:	<u>\$2,700.00</u>
Amount Now Owed:	<u>\$1,000.00</u>
Additional down for lump sum part of CPA deferred payment for offer for 2 businesses 433-B-OIC and 433-A-OIC by May 20, 2019 if offer is route, we go: Plus \$450.00 twice per month for the life of the offer (until acceptance letter)	\$3,600.00

713.520.0010 PHONE	800.950.1tax
713.688.3991 FAX	800.9501829
	FINN 0198

May 3, 2019

Shackleford/Daniels Accounting

April 3, 2019 (New quote of discounted rate of \$1,920.00 for CPA or EA when Taxpayer agrees to a minimum of 10 hours).

Payment, thank you for 10 hours (without the \$20.00), credited as:	(\$1,920.00)
Initial costs at time of appointment: Credit at that time:	<u>\$ 220.00</u> (\$1,700.00)
Jay Finn, CPA - time to date includes multi-discussion with RO (Revenue Officer) through today to initially discuss the case three times. Including buying time until May 20, to see If we can do an offer prior to. Meeting with Joe Zimmer, EA briefly concerning 433-A and 433-A OIC, as well as what to do concerning 433-B. Minimum 2 hours including conversations with Charlene Daniels, facilitate	
estimate payment 5.75 hours @ \$192.00:	\$1,100.00
Joseph Zimmer, MBA, EA brief time to coordinate with Jay Finn, CPA (no duplication of effort). Time on 433-A, 433-A OIC qualification and beginning discussions with Charlene Daniels. Both Jay and Joe evaluating attachments: Estimated time by both through end of day and Saturday, (mostly by Joe):	\$1,240.00 <u>\$ 360.00</u>
Amount of time through 5/5/19:	<u>\$2,700.00</u>
Amount Now Owed:	<u>\$1,000.00</u>
Additional down for lump sum part of CPA deferred payment for offer for 2 businesses 433-B-OIC and 433-A-OIC by May 20, 2019 if offer is route, we go: Plus \$450.00 twice a month for life of the offer (until acceptance letter)	\$3,600.00

CAUSE NO. 2021-63775

RAY L. SHACKELFORD and CHARLENE H. DANIELS,	§	IN THE DISTRICT COURT
Plaintiffs,	§	
VS.	§	334 th JUDICIAL DISTRICT
JAY A. FINN, JAY A. FINN CPA, LLC, and JOSEPH M. ZIMMER	§	
Defendants	§	HARRIS COUNTY, TEXAS

FINN DEFENDANTS' 9-xx-2022 MOTION FOR LEAVE TO DESIGNATE THE IRS AND US DEPARTMENT OF TREASURY AS RESPONSIBLE THIRD PARTIES

TO THE HONORABLE JUDGE OF SAID COURT:

JAY A. FINN and JAY A. FINN CPA, LLC, (hereinafter "Finn Defendants") files this Motion for leave designation of responsible third parties, and shows as follows:

FACTS SUPPORTING LEAVE TO DESIGNATE US DEPARTMENT OF THE TREASURY AND THE IRS AS RESPONSIBLE THIRD PARTIES

1. The Finn Defendants request leave to designate the US Department of the Treasury and the IRS as Responsible Third Parties in this case based on the following facts.

2. Plaintiffs' claims against the Finn Defendants are based in whole or in part on the Finn Defendants' response to a Subpoena issued from a US District Court on July 31, 2019. The Finn Defendants received a US District Court grand jury subpoena that directed him, under authority of law and issued by the US Attorney's Office, to testify and present documents regarding Plaintiffs alleged unlawful tax-related activities. See attached <u>Exhibit A</u>, the Grand Jury Subpoena. From the face of the subpoena, it appears that the Plaintiffs and two entities, Shackelford & Associates LLC and CH Daniels and Associates LLC, were the subject of the documents being sought by the US Treasury and the IRS. See page 3 of Exhibit A. The US

Department of Treasury, through the IRS, issued this subpoena, initiated an investigation, and sought testimony and documents from Defendants to be used before a Federal Grand Jury. Defendants are not at liberty to interfere with or ignore a subpoena in a US Treasury investigation. The Finn Defendants rightfully responded to subpoena issued by the US Department of the Treasury through the IRS, and without this subpoena, the documents would not have been produced.

3. Additionally, Plaintiffs' claims against the Finn Defendants are based in whole or in part on the US Department of the Treasury, through the IRS, rejecting the Offer in Compromise the Defendants prepared on behalf of Plaintiffs. In May of 2019, Plaintiffs signed a Form 433 Offer in Compromise. See <u>Exhibit B</u>. In June of 2019, the IRS sent a letter rejecting the offer. See attached <u>Exhibit C</u>, the Benson-Jones Letter. In this letter the IRS explains why it has chosen to reject the Offer in Compromise regarding Plaintiffs' tax liabilities. The tax deficiencies of Plaintiffs are evident (see <u>Exhibit D</u>, IRS Notice of Deficiency to Daniels, and <u>Exhibit E</u>, Notices from the IRS regarding tax issues and debts). Plaintiffs are aware of the IRS/Treasury activity, include agents who reviewed the information and rejected the OIC, as evidenced by their 11-16-21 Disclosures (Exhibit F).

4. As the Plaintiffs' claims against the Finn Defendants pertain to the rejection of the facts cited above, substantiated by the IRS documents, Finn Defendants request leave to designate the US Department of the Treasury and the IRS as Responsible Third Parties.

PRIOR NOTICE OF RESPONSIBLE THIRD PARTIES

5. On November 11, 2021, Finn Defendants served their initial disclosures, expressly providing notice that the US Department of the Treasury, and the IRS, may be designated as

2

responsible third parties. Additionally, in response to item 3 on page 2, Finn Defendants stated the facts that led to the third-party designations. See Exhibit G.

6. On November 11, 2021, the Finn Defendants filed their "Supplemental Answer and Designation of Responsible Third Parties. This pleading provided express notice to Plaintiffs of the Finn Defendants' intent to seek designation of the US Department of the Treasury and the IRS as responsible third-party defendants. This pleading also plead sufficient facts and included as an Exhibit the subpoena that led to the designation, as well as notice of the defendants' intent to exercise their CPRC chapter 33 rights. See Exhibit H, the 11-11-21 filing and its exhibit.

7. On August 2, 2022, Finn Defendants filed a supplemental answer, further expressly stating the facts that led to the designation of the IRS as a responsible third party. See <u>Exhibit I</u>.

8. On August 5, 2022, Finn Defendants served Plaintiffs with their Pretrial Disclosures, which included two letters from the IRS regarding the Plaintiffs and their claims. This is further evidence to support the designation of the US Department of Treasury and the IRS as responsible third-parties. See Exhibit J, Pretrial Disclosures and attachment.

9. On August 5, 2022, Finn Defendants' filed their request for entry of order designating the responsible third parties, which again included as exhibits the relevant filings and notice.

PRAYER

Based on the foregoing facts, the Finn Defendants request leave to designate the US
 Department of the Treasury and the IRS as responsible third parties.

3

Respectfully Submitted,

/s/ Tom Sanders

TOM SANDERS State Bar No. 17609900 P.O. Box 572 Barker, Texas 77413 (832) 321-3560 Telephone (832) 321-5009 Facsimile tcsanders76@yahoo.com

ATTORNEY FOR JAY A. FINN and JAY A. FINN CPA, LLC

CERTIFICATE OF SERVICE

I hereby certify that the foregoing has been forwarded to each attorney of record in accordance with Texas Rules of Civil Procedure on September 14, 2022.

/s/ Tom Sanders

TOM SANDERS

Automated Certificate of eService

This automated certificate of service was created by the efiling system. The filer served this document via email generated by the efiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Status

SENT

SENT

Tom Sanders on behalf of Tom Sanders Bar No. 17609900 tcsanders76@yahoo.com Envelope ID: 68237455 Status as of 9/14/2022 10:41 AM CST Case Contacts Name BarNumber TimestampSubmitted Email Thomas C.Sanders tcsanders76@yahoo.com 9/14/2022 10:23:16 AM waynehparis@yahoo.com Wayne H. Paris 15462000 9/14/2022 10:23:16 AM Exhibit A

AO 110 (Rev. 06/09) Subpoena to Testify Before a Grand Jury

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

SUBPOENA TO TESTIFY BEFORE A GRAND JURY

Jay Finn 11500 Northwest Fwy #581 Houston, TX 77092

YOU ARE COMMANDED to appear in this United States district court at the time, date, and place shown below to testify before the court's grand jury. When you arrive, you must remain at the court until the judge or a court officer allows you to leave.

Place: U. S. Federal Building and Courthouse 515 Rusk Ave - 3rd Floor, Ste 3000				Date	and Time:	na e ^{a g} ala nagenge e nana nana a ger nan
	Houston, TX 77002				8/28/2019	2:00 pm
	A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR A CONTRA	the statement of the stat	1 Constraint range range		a a an an anna a sa a a a	

You must also bring with you the following documents, electronically stored information, or objects (blank if not applicable):

SEE ATTACHMENT

Date: 7/31/2019

DAVID J. BRADLEY CLERK OF COURT

Signature of Herk or Deputy Clerk

The name, address, e-mail, and telephone number of the United States attorney, or assistant United States attorney, who requests this subpoena, are:

Robert Johnson

Assistant U.S. Attorney U. S. Attorney's Office (713)567-9000 1000 Louisiana, Suite 2300 Houston, Texas 77002

GJ No.: 18-2 Disclosure No.: 19-2488

SA Jason A. Webb, IRS-CID 281-635-5666

AO 110 (Rev. 06/09) Subpoena to Testify Before Grand Jury (Page 2)

,²

PROOF OF SERVICE

	This subpoena for (name of individual or organizati	ion)	
was re	eceived by me on (date)		In second second of the second sec
	I served the subpoena by delivering a copy	to the named person as follows:	
		on (Jora)	: or
	I returned the subpoena unexecuted becaus	se:	
	на и началивното на съдарен 1976 г. с. спор. Солонания воде инститески. Окад светие издавляется на с		
	I declare under penalty of perjury that this info	ormation is true.	
Date:			
	a Than and and a sector set of the Alexandration and a sector set of the Alexandration and a sector set of the	Server's signature	2 (
		Printed name and ti	ile
		Server's address	

Additional information regarding attempted service, etc:

19-2488 ATTACHMENT TO SUBPOENA ISSUED TO: Jay Finn

FOR THE YEARS: 2013 - 2019

Any and all documents in your custody or control relative to the financial transactions of:

Entity	TIN
Ray Shackelford	452-02-8217
Charlene Daniels	464-33-3101
Shackelford & Associates LLC	42-1609307
CH Daniels and Associates LLC	46-3570036

Including but not limited to the following:

All books, records, bank statements, canceled checks, deposit tickets, work-papers, financial statements, correspondence and other pertinent documents furnished by or on behalf of the above named client(s) for the preparation of state and federal income tax returns and for any other entity in which either or both of them have a financial interest, including but not limited to:

All records used in or resulting from the preparation of federal and state income tax returns consisting of but not limited to work-papers, notes, papers, memoranda and correspondence used or prepared by you relative to the preparation of the aforementioned returns.

Copies of federal and state income and payroll tax returns, state sales tax returns and amended tax returns.

All records, books of account and other documents or papers relative to financial transactions of the principals.

All client billing records relative to this client to include records disclosing the dates and types of service rendered; client account cards; billing invoices; records reflecting the dates, amounts, purpose, and method of all payments (cash or check); and all correspondence with this client.

Business Records Affidavit by Custodian of Records

Jay Finn

(hereafter referred to as the "Company")

I, _______(please print or type name), state the following under penalty of perjury in relation to the subpoena issued by the Grand Jury in the Southern District of Texas and issued to **Jay Finn**

- (1) I acknowledge that I am personally responsible for complying with the subpoena.
- (2) I have read the subpoena and understand what is requires.
- (3) I have made, or personas under my direct supervision have made, a full and complete search for all documents responsive to the subpoena. I understand that the company is required to make a full and complete search for all responsive documents that are in its possession, custody, or control, irrespective of where those documents are now located or who currently possesses them. I understand, for example, that if responsive documents have been provided to an outside accountant or attorney, or employee, or for some other reason are not on the Company's premises (but are within its legal ability to obtain), the Company would nonetheless be obligated to obtain those documents and produce them to the Grand Jury. In addition. I understand that the Company is required to produce responsive documents and records that are in its possession, custody, or control, irrespective of who generated the document or record, or whether they are printed on Company letterhead.

- (4) On the date set forth below, I sent all documents responsive to the subpoena that were in the Company's possession, custody, or control to the investgative agent whose name appears on the subpoena.
- (5) All of the documents I furnished were authentic records maintained by the Company or maintained under the Company's ultimate control, direction, or or supervision.
- (6) With the exceptions noted below, the documents I furnished were business records created by the company or Company employees or business associates, or were business records received and kept by the Company or Company employees or associates in the ordinary course of the Company's business affairs. That is, the records I furnished were made at or near the time of the events recorded therein; were made on the basis of personal knowledge of the events recorded; were made or received, and kept, as part of a regular business practice. Exceptions, if any, are the documents identified as follows:

Pursuant to Title 28, United States Code, Section 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on:	
	Title/Position:
Mailing Address:	
	анан амаа ал ан
Telephone Number(s):	
Signature:	

ALTERNATIVE METHOD OF COMPLIANCE

This subpoena commands you to appear before the Grand Jury in the Southern District of Texas at the time and place indicated on the face of the subpoena. As an alternative method of compliance, you may, at your option, send responsive documents to the investigating agent whose name and address appear below. If you choose to take advantage of this method of production, you acknowledge and agree to the following:

- 1. The alternative method of compliance is completely voluntary.
- 2. If requested to do so by an attorney for the government, your records custodian will appear before the Grand Jury at the subsequent session and provide testimony as the subpoena contemplates.
- 3. The alternative method of compliance is to execute the attached Business Records Affidavit and send it, on or before the subpoena return date, along with all responsive documents, (initialed and dated on the back of each page by your document custodian), via overnight delivery service to:

SA Jason A. Webb, IRS-CID IRS-CID 1919 Smith Street, Suite 2202 Houston, Texas 77002

jason.webb@ci.irs.gov 281-635-5666

(Questions concerning the scope of this subpoena or the alternative method of compliance should be directed to the investigative agent identified above.)

I. General

- A. Electronically stored records shall be produced in electronic form and shall include those records held:
 I. In your record retention systems: and/or
 - 2. By your technology, data, or other service provider(s).
- II. Text Data
 - A. Text data relating to transactions (e.g., core data, history file) shall be produced within a data file:
 - 1. Using delimited ASCII text data format; or
 - 2. Within software that can export without loss of data to a non proprietary file format; or
 - 3. Using commonly readable file format set by agreement.
 - B. Text data files relating to transactions produced according to II. A. shall include field descriptions/ headers, e.g., account number, date/time, description, payee/payor, check number, item identifier, and amount.

III. Image Data

- A. Image data shall be produced in individual graphic data files in Group IV tiff format with a unique identifier (bates number) electronically endorsed on the image: and
- B. Image data of items associated with specific transactions, e.g., checks, wires, deposits, etc. shall be:
 - 1. Linked to corresponding text data by the unique identifier.
 - 2. The document's file name should match the identifier (bates number).
- IV. Encryption/Authentication
 - A. Electronically stored records may be transmitted in an encrypted container. Decryption keys shall be produced separately at the time the data are produced.
 - B. Authentication, such as hash coding, may be set by agreement.

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Collection Information Statement for Wage Earners and Self-Employed Individuals

Wage Earners Complete Sections 1, 2, 3, 4, and 5 including the signature line on page 4. Answer all questions or write N/A if the question is not applicable.

Self-Employed Individuals Complete Sections 1, 3, 4, 5, 6 and 7 and the signature line on page 4. Answer all questions or write N/A if the question is not applicable.

For Additional Information, refer to Publication 1854, "How To Prepare a Collection Information Statement."

Include attachments if additional space is needed to respond completely to any question.

Name on Inter	nal Revenue Service (IRS) A	n IRS Account Employer Identification Nu				ion Numbe	rEIN		
RAY SHACKELFC				452028217					
	Personal Information	A CONTRACTOR OF THE		A REAL PROPERTY AND A REAL			ALL ALL ALL		
and the second of the second second burgers and	of Taxpayer and Spouse (if ap)	plicable)		1c Home Pho	one	10	Cell Phone		
BAY L SHACKELFORD, CHARLENE H DANIELS			(713	8770760		(713)	8186	627	
1b Address (Street, City, State, ZIP code) (County of Residence)			1e Business l		16	Business Ce	ell Phone		
	MORE, HOUSTON, TX 7700			(713	5208484		()		
HARRIS				2b Name, Ag	e, and Relationship o	of depend	ent(s)		
				N/A					
2a Marital Stat	tus: 🖌 Married 🗌 Unmar	ried (Single, Divorced	d. Widowed)						
	SSN or ITIN	Date of Birth			Driver's Lice	nse Numb	er and State		
3a Taxpayer	452028217	06031		07968602 (TX)					
3b Spouse	464333101	04041		02251980 (TX)					
	Employment Informat	and a start of the	the second s	and the second second					A A A A A A A A A A A A A A A A A A A
If you or your so	ouse have self-employment inc	ome instead of or i	in addition to wa	ae income, comn	lete Business Informa	tion in Sec	tions 6 and 7.		
n you or your sp	Taxpayer	one mateur of or	an dealer of the wa	genicerine cerrip		Spouse			
An Taynayork	Employer Name			5a Spouse's	Employer Name				
	RD & ASSOCIATES LLC				ELS & ASSOCIATES,	LLC			
the second s	treet, City, State, and ZIP code)				Street, City, State, and				
	IMORE BLVD HOUSTON, HO	USTON, TX 7700	4-5846	1406 SOU"	THMORE BLVD HOU	ISTON, HO	DUSTON, TX	77004-584	46
				All the Constants Science					
Re Mark Tolo	ohone Number 4d Do	es employer allow c	ontact at work	Se Work Tel	ephone Number	5d Do	es employer a	allow contact	at work
(713)		Yes No	onder at work	(713	and the second s			No	
		cupation			with this employer	5f 00	cupation		
16 (year.	a subsection of the second	ORNEY		06 (yea		1	JECT MANA	GER	
		y Period:			withholding allowances		Period:		
claimed on F		Veekly	Bi-weekly	claimed on	Form W-4		Weekly	BI-we	okly
			Other				Monthly	C Othe	
	Second Second		· · · · · · · · · · · · · · · · · · ·	- Who have					
	Other Financial Inform		ര്വാടാത്ര	putananan	umentation)			7 Ves	[7] No
6 Are you a	party to a lawsuit (If yes, and	the second s		Represer	and has		ocket/Case N	_	
Plaint	States and the second s	cation of Filing		Kepreser	ited by		JEREV Lase n		
Amount o	and the second	ssible Completion D	ato (mmddianad	Subject o	of Suit			(2)	
Ś		ssible completion b	ate (minudyyyy)	Jubject	JI Juli				
	ever filed bankruptcy (If yes	, answer the follow	ving)				V	/ Yes	No No
		ed (mmddyyyy)	Date Discharged	(mmddyyyy)	Petition No.		Location File	ed	
01012018	02232018				18-30002		OUSTON		
8 In the pas	t 10 years, have you lived o	utside of the U.S	for 6 months o	r longer (If yes, a	answer the following)		C] Yes	V No
Dates live	d abroad: from (mmddyyyy)			To (mma	ldyyyy)				
9a Are you t	he beneficiary of a trust, est	ate, or life insura	ance policy (If ye	s, answer the fol	lowing)			Yes	V No
Place whe	re recorded:						EIN:		
Name of the trust, estate, or policy			Anticipat	ed amount to be receiv	ved W	/hen will the	amount be	received	
	2 0			\$				1	<u>[]</u>
	trustee, fiduciary, or contri	butor of a trust		· * ·	7] Yes	V No
Name of t	he trust:						EIN:] V	[7] 01-
	ave a safe deposit box (busi) (If yes, answer t	he following)			l	Yes	V No
	Name, address and box numb	er(s))			Contents			Value	
N/A	·		the state of the s	in lifuar annual th	na fallourina)		r	\$ Yes	V No
	10 years, have you transferred				nsferred (mmddyyyy)	To M	nom or Wher		
List Asset	(5)	Value a	at Time of Transl	Date Irai	isierreu (mmaayyyy)	10 001	ion or wriet	e was it i fa	naleneu
NA		2		1		1000			and the second se

Form 433-A (Rev. 2-2019)									Page 2
Section 4: Personal /	Asset Informat	tion for all Indiv	iduals (Foreign a	andDome	50 (a)			in long the second second	Sara and
12 CASH ON HAND Includ	de cash that is not	in a bank				Total Cash	on Hand	\$	
PERSONAL BANK ACCOUN			obile (e.g., PayPal) acco	ounts, money	market a	ccounts, sa	vings accounts	, and store	ed value cards
(e.g., payroll cards, governme	ent benefit cards, et	c.).		· · · · · · · · · · · · · · · · · · ·					
7	Full Name & Addres	s (Street, City, State, ZIP	code) of Bank, Savings &		A	nt Number		1000	nt Balance
Type of Account	Loan, C	redit Union, or Financia	I Institution		ACCOU	nt Number		1355	05012019 mmddyyyy
13a Checking Account		Capital One Bank 1680 CAPITAL ONE DRIVE, MCLEAN, VA 22102							150.00
13b Checking Account	Checking Account Capital One Bank 8232193140						\$	200.00	
13c Total Cash (Add lines 13								\$	350.00
INVESTMENTS Include sto commodities (e.g., gold, silv officer, director, owner, mer	er, copper, etc.). In	clude all corporation	is, partnerships, limite	d liability com	npanies, o	or other bus	siness entities i		
Type of Investment or Financial Interest	(Street,	Full Name & Addre City, State, ZIP code) o		Current V	/alue	As of	ce (if applicable)		quity minus Loan
14a N/A	-	anadi Misiliyaca na - Iiwiwiliya		-					
146 N/A	Phone			\$		\$		\$	
	Phone			\$		\$		\$	
VIRTUAL CURRENCY (CRY etc.) If applicable, attach a s				you have a fi	nancial ir	nterest. (e.g	., Bitcoin, Ether	eum, Liteo	:oin, Ripple,
Type of Virtual Currency	Name of Virtual Currency Wallet, Exchange or Digital Currency Exchange (DCE) Exchange c			Currency (Mobile Wallet, C		Vallet, Online) of Virtual Currency t, Online, and/or External dware storage)		al Currency and Value in rs as of today coins \$64,600.00 USD)
14c N/A			and an even of the state of the state of the					\$	
14d								\$	
14e Total Equity (Add lines	14a through 14d a	nd amounts from any	attachments)					s	0.00
AVAILABLE CREDIT Include				hanna an 1990 - Convenient				1.7	
Full Name & Ado	dress (Street, City, St	<i>ate, ZIP code</i>) of Credi	t Institution	Credit L	imit	000000000000	unt Owed 05012019 mmddyyyy	(Takto Urioseenious	able Credit 05012019 mmddyyyy
15a See Attached	an cashe a sa s	1					A		
Acct. No				s s			\$		
15b									14
Acct. No				\$		s		ŝ	
15c Total Available Credit			and the suscession of the subscription of the					\$	<mark>540.66</mark>
16a LIFE INSURANCE Do y			bugh 16f for each policies		erm Life i	nsurance ac	oes not nave a c	ash value)	
16b Name and Address of In Company(ies):	nsurance								
16c Policy Number(s)									
16d Owner of Policy							4		
16e Current Cash Value 16f Outstanding Loan Bala	nce	\$	\$				\$		
16g Total Available Cash (S		A THEOREM VIEW COM	and a second	rom any attacl	hments			\$	0.00

Form 433-A (Rev. 2-2019)

orm 433-A (Rev. 2-2019	CONTRACTOR OF THE DESIGNATION OF THE PARTY		ana	1411124 14 S. 11A			A TRANSPORT OF THE OWNER OF THE OWNER	Page 3
REAL PROPERTY I	nclude all real property owne	ed or being purch	ased					
		Purchase Date (mmddyyyy)	Current Fair Value (F		Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
17a Property Descri	ption					5		
N/A		<u> </u>	\$		\$	\$ me, Address (Street, Cit	by State 710 code)	\$
Location (Stree	t, City, State, ZIP code) and Co	unty		Lenuei		Phone	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7b Property Descr	iption	T	L					
N/A			\$		\$	\$ ime, Address (Street, Cit		\$
	rt, City, State, ZIP code) and Co					Phone		an a
17c Total Equity	Add lines 17a, 17b and amour	nts from any attac	hments)				\$	0.00
PERSONAL VEHIC	LES LEASED AND PURCHA	SED Include boat	s, RVs, moto	rcycles,	all-terrain and off-r	oad vehicles, trailers,	etc.	
Description (Year	, Mileage, Make/Model, cle Identification Number)	Purchase/Lease Date (mmddyyy)	Current Fai	ir Market	T	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
18a Year	Make/Model	03302019	c	0.00	s 0.00	s 900.00	04012023	s 0.00
2019	LEXUS/LX570 License/Tag Number	Lender/Lessor	Name Add	ross (Stre	eet, City, State, ZIP c	ode), and Phone		
Mileage 2000	LY 19605	Lexus Financia		1035 (50)				
	ication Number	PO Box 4102, 0		EAM, IL	60197			
JTJHY7AX7K42901		1				Phone 8	00-874-7050	
18b Year	Make/Model		1				00010000	0.0
2019	LEXUS/LS500	03312019	\$	0.00	5	2	03312023	\$ 0.0
Mileage	License/Tag Number	And a supervision of the supervision of the		lress (Str	eet, City, State, ZIP o	ode), and Phone		
1100	LTJ4056	Lexus Financia		-	60107			
Vehicle Identif	ication Number	P O Box 4102,	LAROL STRE	CAM, IL	00197			
JTHB51FFOK5007	241	L				Phone 8	00-874-7050	
18c Total Equity	(Add lines 18a, 18b and amou	nts from any attac	chments)				\$	0.0
PERSONAL ASSE as licenses, doma	TS Include all furniture, pers in names, patents, copyright	onal effects, artw s, mining claims, e	ork, jewelry, etc.	collectio	ons (coins, guns, etc	.), antiques or other a	issets. Include in	tangible assets suc
		Purchase/Leas Date (mmddyyy			et Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
19a Property Descr	iption							
N/A			\$		\$	\$	<u></u>	\$
Location (Stree	et, City, State, ZIP code) and Co	ounty		Lend	er/Lessor Name, A	ddress (Street, City, Sta	ite, ZIP code), and	Phone
						Phone		
19b Property Desc	ription	1	Τ		T		1	
N/A			\$	1	\$	15	710 45 45	\$
Location (Stre	et, City, State, ZIP code) and C	ounty		Lend	er/Lessor Name, A	ddress (Street, City, St	ate, ZIP code), and	a Phone
						Phone		
19c Total Fount	(Add lines 19a, 19b and amou	unts from any atta	chments)				\$	0.0

Form 433-A (Rev. 2-2019)

If you are self-employed, sections 6 and 7 must be completed before continuing.

Monthly Income/Expense Statement (For ad	dditional information, re	eter to				
Total Income			Total Living Expense	25		IRS USE ONLY
Source	Gross Monthly		Expense Items ⁶		Actual Monthly	Allowable Expenses
20 Wages (Taxpayer) ¹	\$ 0.00	35	Food, Clothing and Misc. 7	\$	1,288.00	
21 Wages (Spouse) 1	\$ 0.00	36	Housing and Utilities ⁸	\$	1,826.00	
22 Interest - Dividends	\$ 0.00	37	Vehicle Ownership Costs ⁹	\$	1,800.00	
23 Net Business Income ²	\$ 0.00	38	Vehicle Operating Costs 10	\$	574.00	
24 Net Rental Income ³	\$ 0.00	39	Public Transportation ¹¹	\$	0.00	
25 Distributions (K-1, IRA, etc.) ⁴	\$ 9,000.00	40	Health Insurance	\$	900.00	
26 Pension (Taxpayer)	\$ 0.00	41	Out of Pocket Health Care Costs 12	\$	497.00	
27 Pension (Spouse)	\$ 0.00	42	Court Ordered Payments	\$	0.00	
28 Social Security (Taxpayer)	\$ 0.0	43	Child/Dependent Care	\$	0.00	
29 Social Security (Spouse)	\$ 0.00) 44	Life Insurance	\$	714.29	
30 Child Support			Current year taxes (Income/FICA) 13	\$	0.00	
31 Alimony	\$ 0.0) 46	Secured Debts (Attach list)	\$	0.00	
Other Income (Specify below) ⁵		47	Delinquent State or Local Taxes	\$	0.00	
32 Other (Rent subsidy, Oll credit, etc.)	\$ 0,0) 48	Other Expenses (Attach list)	\$	900.00	
33 Other	\$ 0.0) 49	Total Living Expenses (add lines 35-48)	\$	8,502.29	
34 Total Income (add lines 20-33)	\$ 9,000.0) 50	Net difference (Line 34 minus 49)	\$	500.71	

1 Wages, salaries, pensions, and social security: Enter gross monthly wages and/or salaries. Do not deduct tax withholding or allotments taken out of pay, such as insurance payments, credit union deductions, car payments, etc. To calculate the gross monthly wages and/or salaries: If paid weekly - multiply weekly gross wages by 4.3. Example: \$425.89 x 4.3 = \$1,831.33

If paid biweekly (every 2 weeks) - multiply biweekly gross wages by 2.17. Example: \$972.45 x 2.17 = \$2,110.22

If paid semimonthly (twice each month) - multiply semimonthly gross wages by 2. Example: \$856.23 x 2 = \$1,712.46

- 2 Net Income from Business: Enter monthly net business income. This is the amount earned after ordinary and necessary monthly business expenses are paid. This figure is the amount from page 6, line 89. If the net business income is a loss, enter "0". Do not enter a negative number. If this amount is more or less than previous years, attach an explanation.
- 3 Net Rental Income: Enter monthly net rental income. This is the amount earned after ordinary and necessary monthly rental expenses are paid. Do not include deductions for depreciation or depletion. If the net rental income is a loss, enter "0." Do not enter a negative number.
- 4 Distributions: Enter the total distributions from partnerships and subchapter S corporations reported on Schedule K-1, and from limited liability companies reported on Form 1040, Schedule C, D or E. Enter total distributions from IRAs if not included under pension income.
- 5 Other Income: Include agricultural subsidies, unemployment compensation, gambling income, oil credits, rent subsidies, etc.
- 6 Expenses not generally allowed: We generally do not allow tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions or payments on unsecured debts. However, we may allow the expenses if proven that they are necessary for the health and welfare of the individual or family or the production of income. See Publication 1854 for exceptions.
- 7 Food, Clothing and Miscellaneous: Total of food, clothing, housekeeping supplies, and personal care products for one month. The miscellaneous allowance is for expenses incurred that are not included in any other allowable living expense items. Examples are credit card payments, bank fees and charges, reading material, and school supplies.
- 8 Housing and Utilities: For principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, homeowner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection, telephone, cell phone, cable television and internet services.
- 9 Vehicle Ownership Costs: Total of monthly lease or purchase/loan payments.
- 10 Vehicle Operating Costs: Total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.
- 11 Public Transportation: Total of monthly fares for mass transit (e.g., bus, train, ferry, taxi, etc.)
- 12 Out of Pocket Health Care Costs: Monthly total of medical services, prescription drugs and medical supplies (e.g., eyeglasses, hearing aids, etc.)

13 Current Year Taxes: Include state and Federal taxes withheld from salary or wages, or paid as estimated taxes.

Certification: Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.

Taxpayer's Signature Spouse's signature Date allen

After we review the completed Form 433-A, you may be asked to provide verification for the assets, encumbrances, income and expenses reported. Documentation may include previously filed income tax returns, pay statements, self-employment records, bank and investment statements, loan statements, bills or statements for recurring expenses, etc.

IRS USE ONLY (Notes)

	Sections 6 and 7 must	he completed only if	VOU are SELE	EMPLOY	ED.	
Section 6: Busines		be completed only in	you are seen	Givit Go i		and the second second second
	e proprietorship (filing Schedule C)	Ves, Continue w	th Sections 6 and	7.	No, Compl	ete Form 433-B.
All other business er	ntities, including limited liability compar	nies, partnerships or corpora	tions, must comp	lete Form 43	З-В.	
2 Business Name & Ad	Idress (if different than 1b)					
3 Employer Identificatio	n Number 54 Type of Business	terreter and the second se		The second secon	e business a	
	,	lway			ral Contractor age Gross Montl	Ves N
5 Business Website (w	eb address)	57 Total Number	of Employees	56 Aver	age Gross Monu	ny Paylon
9 Frequency of Tax De	eposits	60 Does the busi	ness engage in e-	Commerce	·	
			If yes, complete /			Ves I f
PAYMENT PROCESSOR (e.)	g., PayPal, Authorize.net, Google Checkout, etc.)	Include virtual currency waller,	exchange of digital	currency exci	ange.	
Na	me & Address (Street, City, State, ZIP code). Nan	ne & Address (Street, City, State, Z	P code)		Payment Proces	sor Account Numb
51a						
CREDIT CARDS ACCEPT	TED BY THE BUSINESS				- manager	
Credit Card	Merchant Account Number	Issui	ng Bank Name & A	ddress (Stre	et, City, State, ZIP	code)
createdra						-possignition of a second second
2a						
526						
52c						
3 BUSINESS CASH O	N MAND Include cash that is not in a ba	ank.			Cash on Hand	
53 BUSINESS CASH O BUSINESS BANK ACCO	UNTS Include checking accounts, onlin	ne and mobile (e.g., PayPal) a	ccounts, money n 4.	The second s		
53 BUSINESS CASH O BUSINESS BANK ACCO	IN MAND Include cash that is not in a ba DUNTS Include checking accounts, onlin government benefit cards, etc.). Report P	ne and mobile (e.g., PayPal) a	ccounts, money n 4.	The second s		
53 BUSINESS CASH O BUSINESS BANK ACCO	UNTS Include checking accounts, onlin government benefit cards, etc.). Report P Full name & Address (Street	ne and mobile (e.g., PayPal) a Personal Accounts in Section , City, State, ZIP code)	4.	The second s	ints, savings acco	ounts, and stored v Account Balan As of
BUSINESS CASH O BUSINESS BANK ACCO cards (e.g., payroll cards,	UNTS Include checking accounts, onlin government benefit cards, etc.). Report P	ne and mobile (e.g., PayPal) a Personal Accounts in Section , City, State, ZIP code)	4.	narket accou	ints, savings acco	ounts, and stored v
BUSINESS CASH O BUSINESS BANK ACCO cards (e.g., payroll cards, Type of Account	UNTS Include checking accounts, onlin government benefit cards, etc.). Report P Full name & Address (Street	ne and mobile (e.g., PayPal) a Personal Accounts in Section , City, State, ZIP code)	4.	narket accou	ints, savings acco	ounts, and stored v Account Balan As of mmddyyyy
BUSINESS CASH O BUSINESS BANK ACCO cards (e.g., payroll cards, Type of Account	UNTS Include checking accounts, onlin government benefit cards, etc.). Report P Full name & Address (Street	ne and mobile (e.g., PayPal) a Personal Accounts in Section , City, State, ZIP code)	4.	narket accou	ints, savings acco	ounts, and stored v Account Balan As of
BUSINESS CASH O BUSINESS BANK ACCO cards (e.g., payroll cards, Type of Account	UNTS Include checking accounts, onlin government benefit cards, etc.). Report P Full name & Address (Street	ne and mobile (e.g., PayPal) a Personal Accounts in Section , City, State, ZIP code)	4.	narket accou	ints, savings acco	ounts, and stored v Account Balan As of mmddyyyy
BUSINESS CASH O BUSINESS BANK ACCO cards (e.g., payroll cards, Type of Account 54a 54b 54c Total Cash in Bani	UNTS Include checking accounts, onlin government benefit cards, etc.). Report P Full name & Address (Street, of Bank,Savings & Loan, Credit Un	ne and mobile (e.g., PayPal) a Personal Accounts in Section , City, State, ZIP code) ion or Financial Institution. any attachments)	4. P	narket accou	ints, savings acco	Account Balan As of \$ \$ \$ \$
BUSINESS BANK ACCO cards (e.g., payroll cards, Type of Account 64a 64b 64c Total Cash in Bank	UNTS Include checking accounts, onlin government benefit cards, etc.). Report P Full name & Address (Street, of Bank,Savings & Loan, Credit Un state (Add lines 64a, 64b and amounts from of CEIVABLE Include e-payment accounts	ne and mobile (e.g., PayPal) a Personal Accounts in Section , City, State, ZIP code) ion or Financial Institution. any attachments) s receivable and factoring co	4.	v bartering c	nts, savings acco	Account Balan As of \$ \$ \$ accounts.
BUSINESS CASH O BUSINESS BANK ACCO cards (e.g., payroll cards, Type of Account 54a 54b 54c Total Cash in Bank ACCOUNTS/NOTES RE (List all contracts separa	UNTS Include checking accounts, onlin government benefit cards, etc.). Report P Full name & Address (Street, of Bank,Savings & Loan, Credit Un	ne and mobile (e.g., PayPal) a Personal Accounts in Section , City, State, ZIP code) ion or Financial Institution. any attachments) s receivable and factoring co t started.) Include Federal, s	4.	v bartering o vormment s	nts, savings acco	Account Balan As of \$ \$ \$ accounts.
BUSINESS CASH O BUSINESS BANK ACCO cards (e.g., payroll cards, Type of Account 44a 54b 54c Total Cash in Bank ACCOUNTS/NOTES RE (List all contracts separa Accounts/Notes Re	UNTS Include checking accounts, onlin government benefit cards, etc.). Report P Full name & Address (Street, of Bank,Savings & Loan, Credit Un se (Add lines 64a, 64b and amounts from o CEIVABLE Include e-payment accounts tely, including contracts awarded, but not	ne and mobile (e.g., PayPal) a Personal Accounts in Section , City, State, ZIP code) ion or Financial Institution. any attachments) s receivable and factoring co t started. include Federal , s	4.	v bartering o vormment s	nts, savings acco ber r online auction grants and contri ber or Government	Account Balan As of
BUSINESS CASH O BUSINESS BANK ACCO cards (e.g., payroll cards, Type of Account 44a 54b 54c Total Cash in Bank ACCOUNTS/NOTES RE (List all contracts separa Accounts/Notes Re	UNTS Include checking accounts, onlin government benefit cards, etc.). Report P Full name & Address (Street, of Bank,Savings & Loan, Credit Un se (Add lines 64a, 64b and amounts from o CEIVABLE Include e-payment accounts tely, including contracts awarded, but not	ne and mobile (e.g., PayPal) a Personal Accounts in Section , City, State, ZIP code) ion or Financial Institution. any attachments) s receivable and factoring co t started. include Federal , s	4.	v bartering o vorment g	nts, savings acco ber r online auction grants and contri ber or Government	Account Balan As of \$ \$ \$ \$ accounts. racts.
3 BUSINESS CASH O BUSINESS BANK ACCO cards (e.g., payroll cards, Type of Account 54a 54b 54c Total Cash in Bani ACCOUNTS/NOTES RE (List all contracts separa Accounts/Notes Re	UNTS Include checking accounts, onlin government benefit cards, etc.). Report P Full name & Address (Street, of Bank,Savings & Loan, Credit Un se (Add lines 64a, 64b and amounts from o CEIVABLE Include e-payment accounts tely, including contracts awarded, but not	ne and mobile (e.g., PayPal) a Personal Accounts in Section , City, State, ZIP code) ion or Financial Institution. any attachments) s receivable and factoring co t started. include Federal , s	4.	v bartering o vorment g	nts, savings acco ber r online auction grants and contri ber or Government	Account Balan As of
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BUSINESS CASH O BUSINESS BANK ACCO cards (e.g., payroll cards, Type of Account 54a 54b 64c Total Cash in Bank ACCOUNTS/NOTES RE (List all contracts separa	UNTS Include checking accounts, onlin government benefit cards, etc.). Report P Full name & Address (Street, of Bank,Savings & Loan, Credit Un se (Add lines 64a, 64b and amounts from o CEIVABLE Include e-payment accounts tely, including contracts awarded, but not	ne and mobile (e.g., PayPal) a Personal Accounts in Section , City, State, ZIP code) ion or Financial Institution. any attachments) s receivable and factoring co t started. include Federal , s	4.	v bartering o vorment g	nts, savings acco ber r online auction grants and contri ber or Government	Account Balan As of
BUSINESS CASH O BUSINESS BANK ACCO cards (e.g., payroll cards, Type of Account 54a 54b 54c Total Cash in Bani ACCOUNTS/NOTES RE (List all contracts separa Accounts/Notes Re 65a 655	UNTS Include checking accounts, onlin government benefit cards, etc.). Report P Full name & Address (Street, of Bank,Savings & Loan, Credit Un se (Add lines 64a, 64b and amounts from o CEIVABLE Include e-payment accounts tely, including contracts awarded, but not	ne and mobile (e.g., PayPal) a Personal Accounts in Section , City, State, ZIP code) ion or Financial Institution. any attachments) s receivable and factoring co t started. include Federal , s	4.	v bartering o vorment g	nts, savings acco ber r online auction grants and contri ber or Government	Account Balan As of

Form 433-A (Rev. 2-2019)							Page O
BUSINESS ASSETS Include all tools, books, m intangible assets such as licenses, patents, don	achinery, equipme	ent, inventory o ghts, trademar	r oth ks, m	er assets used in tra ining claims, etc.	ade or business. Inclu	de a list and sho	w the value of all
Intarigible assets such as incenses, parents, on	Purchase/Lease Date (mmddyyyy)	Current Fair M	arket		Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
66a Property Description		s		s	\$		\$
Location (Street, City, State, ZIP code) and C	Country		Leno	der/Lessor/Landlord N	ame, Address (Street, Cit	y, State, ZIP code), a	and Phone
					Phone		
66b Property Description		\$		\$	\$		\$
Location (Street, City, State, ZIP code) and C	Country		Len	der/Lessor/Landlord N	lame, Address (Street, Cit	y, State, ZIP code),	and Phone
		_			Phone		
	- to former and attac	hmantel				\$	
66c Total Equity (Add lines 66a, 66b and amou	Ints from any actac	ninens)	A IA	In if you are S	ELF-EMPLOYE	a particular and a second s	
							and the second se
Section 7: Sole Proprietorship Inform	ation (lines 67)	through 87 sl	noul)	dreconcile with	business Profit and	Illoss Statem	ni)
	Accrual						
Use the prior 3, 6, 9 or 12 month period to deterr	nine your typical bu	usiness income o	and e	xpenses.			
Income and Expenses during the period (m	mddyyyy)				to (mmddyyyy)		
Provide a breakdown below of your average mo	onthly income and e	expenses, based	onti	he period of time use	ed above.	(1)	te as passdad)
Total Monthly Busines					Business Expenses ense Items		Actual Monthly
Source		Monthly				\$	0.00
67 Gross Receipts	\$			Materials Purchase Inventory Purchase		\$	0.00
68 Gross Rental Income	\$			Gross Wages & Sala		5	0.00
69 Interest	\$	0.00			ines	s	0.00
70 Dividends	\$	0.00	00	Supplies ³		\$	0.00
71 Cash Receipts not included in lines 67-70 Other Income (Specify below)	3	0.00	87	Utilities/Telephone	, ⁴	\$	0.00
	\$	0.00		Vehicle Gasoline/O		\$	0.00
	\$			Repairs & Maintena		\$	0.00
73	Ś	stratight and a state which a strate of the		Insurance		\$	0.00
74	\$	0.00	86	Current Taxes 5		\$	0,00
75 76 Total Income (Add lines 67 through 75)	Ś	0.00	87	Other Expenses, incl (Specify)	uding installment payr	nents \$	0.00
76 Total income (Add inles of through 75)			88		dd lines 77 through	87) \$	0.00
	89 Net Business Income (Line 76 minus 88)				38) 6 \$	0.00	
Enter the monthly net inco	me amount from	line 89 on line	a 23.	section 5. If line B	9 is a loss, enter "0"	on line 23, sect	tion 5.
Se	lf-employed taxp	ayers must re	turn	to page 4 to sign i	the certification.		
 Materials Purchased: Materials are items d production of a product or service. 		ne		5 Current Taxes: property, sales	Real estate, excise, fr and employer's porti	anchise, occupa on of employme	tional, personal ent taxes.
2 Inventory Purchased: Goods bought for re				82 SF			
3 Supplies: Supplies are items used in the buused up within one year. This could be the professional equipment, etc.	cost of books, offic	e supplies,		if duplicated de home already i	ncome: Net profit from eductions are elimina ncluded in housing a depreciation and dep	ted (e.g., expension of the second seco	chedule C may be used ses for business use of ses on page 4). dule C are not cash
4 Utilities/Telephone: Utilities include gas, e trash collection, telephone, cell phone and	lectricity, water, oi business internet.	l, other fuels,		expenses and r interest cannot	nust be added back to be deducted if it is a ments allowed.	o the net incom	e figure. In addition,

IRS USE ONLY (Notes)

Privacy Act: The information requested on this Form is covered under Privacy Acts and Paperwork Reduction Notices which have already been provided to the taxpayer.

Available Credit

Full Name & Address of Credit Institution	Credit Limit	Amount Owed As of 05012019	Available Credit As of 05012019
BBVA COMPASS PO BOX 830139 BIRMINGHAM, AL 36283	3,398.33	3,395.33	3.00
Acct. No.: 9895			
Capital One PO BOX 60599 CITY OF INDUSTRY, CA 91716	3,000.00	2,573 13	426.87
Acct. No.: 2204			
OPEN SKY PO BOX 9224 OLS BETHPAGE, NY 11804	200.00	89.21	110.79
Acct. No.: 8027			
Acct. No.:			
Acct. No.:			
Acct. No.:			
Acct. No.:			
Acct. No.:			
Acct. No.:			
Acct No .			
cct. No.:			

Page 1

Other Expenses

Description	Monthly Payment
SECTION 5, LINE 48 FOR CPA COLLECTIONS/LEGAL	
AND OIC CALCULATIONS EXPENSES ALLOWED AND BASED UPON IRM: 5.15.1.10	900.00
	and a second
	and the second

Exhibit C

Department of the Treasury

Internal Revenue Service COIC PO Box 30803, AMC Memphis, TN 38130-0803 Date of this Letter: 06/24/2019

Person to Contact: Phyllis D. Holmes Employee #:1000201507 Phone#:(844)398-5025 Taxpayer ID#:***-**-8217 Taxpayer Name: RAY SHACKELFORD & CHARLENE DANIELS

Offer Number:1001560997

JOSEPH M ZIMMER 11500 NORTHWEST FWY STE 581 HOUSTON, TX 77092-6524-314

Dear Joseph M Zimmer,

Attached is a copy of correspondence which was sent to your client. We are forwarding a copy to you per your client's instructions as indicated on line 2 and line 5 of Form 2848, Power of Attorney and Declaration of Representative, or on line 4 or 5 of Form 8821, Tax Information Authorization.

If no copy of the correspondence sent to your client is attached, the issue involves tax information you are not entitled to receive based on the Form 2848 or Form 8821 on file. Please consult your client for additional information.

If you have any questions, please contact the person whose name and telephone number are shown in the upper right hand corner of this letter.

Sincerely,

Ms. A. Benson-Jones Process Examiner Team Manager

cc: Taxpayer

Letter POA(AOIC)

Department of the Treasury

Date of this Letter: 04/24/2019

Internal Revenue Service COIC PO Box 30803, AMC Memphis, TN 38130-0803 Person to Contact: Phyllis D. Holmes Employee #:1000201507 Phone#:(844)398-5025 EXT. 06:00am-02:30pm Mon-Fri Taxpayer ID#:***-**-8217 Offer Number:1001560997

RAY SHACKELFORD & CHARLENE DANIELS 4743 IVANHOE ST HOUSTON, TX 77027-4729-43

Dear Ray Shackelford & Charlene Daniels,

We have closed our file on your offer and are returning your Form 656, Offer in Compromise for the following reason(s):

We have determined that your offer was submitted solely to hinder or delay our collection actions which are expected to collect significantly more than the amount you have offered.

If you wish to present a new offer, you must submit a new Form 656, current financial information using Form 433-A(OIC) and/or Form 433-B(OIC), all required supporting financial documentation, a check for the \$186 application fee, and a separate check for the 20 percent of the lump sum amount offered or your first proposed installment payment. Mail your completed forms and your checks to the address listed in the instructions for Form 656.

If you believe the return of your offer was made in error, or your failure to provide the information/substantiation we requested was due to circumstances beyond your control (your serious illness, death or serious illness of your immediate family member, or disaster) within 30 days from the date of this letter you may contact the person whose name and telephone number are shown in the upper right hand corner of this letter to request reconsideration of our decision to close your offer. You should be prepared to discuss specifics, provide verification of the circumstances beyond your control and, if applicable, provide the information previously requested.

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continued on next page

FINN 0631

As of the date outhis letter, we are considering your offer closed. Any payments received with your offer or after the date of this letter will be applied to your liability, unless specified elsewhere in this letter. If you have any questions, please contact the person whose name and telephone number are shown in the upper right hand corner of this letter.

Sincerely,

Ms. A. Benson-Yones Process Examiner Team Manager



Department of the Treasury Internal Revenue Service 1973 N RULON WHITE BLVD OGDEN UT 84201-0021



9307 1107 5620 6446 6363 03

004755.818022.189999.21487 2 AB 0.412 1180



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RAY SHACKELFORD & CHARLENE DANIELS CHARLENE DANIELS 4743 IVANHOE ST HOUSTON TX 77027-4729

004755

	國的聽
Notice	CP3219A
Tax year	2016
Notice date	June 3, 2019
Social Security number	XXX-XX-8217
AUR control number	70062-0062
To contact us	Phone 1-800-829-8310
	Fax 1-877-477-9640
Last date to petition	September 3, 2019

Tax Court Page 1 of 9



45202821720162

Notice of Deficiency Proposed increase in tax and notice of your right to challenge

We have determined there is a deficiency (increase) in your 2016 income tax based on information we received from third parties (such as employers or financial institutions) that doesn't match the information you reported on your tax return. See below for an explanation of how this increase was calculated. This letter is your NOTICE OF DEFICIENCY, as required by law.

If you disagree

You have the right to challenge this determination in U.S. Tax Court. If you choose to do so, you must file your petition with the Tax Court by September 3, 2019. This date can't be extended. See below for details about how and where to file a petition.

If you agree

You can pay now or receive a bill. See the section below titled "If you agree with the proposed changes, you can pay now or receive a bill."

You have the right to petition the Tax Court

Summary of proposed changes

Increase in tax (deficiency)	\$33,147
Substantial tax understatement penalty	\$6,629

If you want to resolve this matter with the IRS

You may be able to resolve this matter without going to the U.S. Tax Court if you contact us directly. See the "You may be able to resolve your dispute with the IRS" section below.

If you want assistance

You may be able to receive assistance from a Low Income Taxpayer Clinic or from the Taxpayer Advocate Service. See the "Additional information" section below.

You have the right to challenge our deficiency determination, including penalties, before making any payment by filing a petition with the U.S. Tax Court. You must file your petition within 90 days (or 150 days if the notice is addressed to a person outside of the United States) from the date of this letter, which is **September 3, 2019**. The Tax Court can't consider your case if the petition is filed late. If you decide to file a petition, send that petition to the following address:

United States Tax Court 400 Second Street, NW Washington, DC 20217

	NoticeCP3219ATax year2016Notice dateJune 3, 2019Social security number452-02-8217Page 2 of 99
	You can download a petition form and rules from the U.S. Tax Court's website (www.ustaxcourt.gov) or by contacting the Office of the Clerk of the U.S. Tax Court at the address directly above.
	Attach a complete copy of this letter including attachments to your petition. The Tax Court has a simplified procedure for small tax cases when the amount in dispute is \$50,000 or less (including penalties) for any one tax year. You can obtain a copy of these simplified procedures on the Tax Court's website or by contacting the Tax Court.
	Review this notice and compare our changes to the information on your 2016 tax return. NOTE: The amounts shown above may differ from your previous notice because not all items can be challenged in the Tax Court.
You may be able to resolve your dispute with the IRS	If you don't agree with the proposed changes and want us to consider additional information, you may mail or fax that information to us:
• • • • • • • • • • • • • • • • • • •	 You may mail additional information together with the enclosed Form 5564 (or signed statement explaining which items you disagree with and why) to the following address:
	1973 N RULON WHITE BLVD OGDEN UT 84201-0021
	 You may fax additional information together with the enclosed Form 5564 (or signed statement explaining which items you disagree with and why) to 1-877-477-9640.
	To resolve your dispute with the IRS, it is important you contact us IMMEDIATELY. Our consideration of any additional information will not extend the September 3, 2019 deadline to file a petition with the U.S. Tax Court.
If you agree with the proposed changes, you can pay now or receive a bill	If you agree with the proposed changes, you can pay your tax liability now or choose to receive a bill:
	 If you choose to pay some or all of your tax liability now, you may enclose a check or money order payable to United States Treasury Department with the enclosed Form 5564, Notice of Deficiency Waiver, to the address below. You will receive a bill for any unpaid tax, interest, and applicable penalties.
	1973 N RULON WHITE BLVD OGDEN UT 84201-0021
	 If you are not paying your tax liability now, sign the enclosed Form 5564, Notice of Deficiency Waiver and mail it to the IRS at the following address:
	1973 N RULON WHITE BLVD OGDEN UT 84201-0021

IRS I	NoticeCP3219ATax year2016Notice dateJune 3, 2019Social security number452-02-8217Page 3 of 9
	You'll receive a bill for the amount due (including any interest and applicable penalties).
	 NOTE: If you filed your tax return married filing jointly, both spouses must sign Form 5564.
004755	 Do NOT mail the Form 5564 or any payment of your liability to the Tax Court.
If we don't hear from you	If we do not hear from you and you do not petition the U.S. Tax Court, we will assess the additional tax you owe plus any applicable penalties and interest and send you a bill.
Additional information	 Visit www.irs.gov/cp3219a for more information about this notice, frequently asked questions, and to review the following: Publication 1, Your Rights as a Taxpayer Publication 5181, Tax Returns Reviewed by Mail: CP2000, Letter 2030, CP2501, Letter 2531
	For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
	Keep this notice for your records.
	If you'd like to authorize someone to represent you before the IRS, please complete and send us a Power of Attorney and Declaration of Representative (Form 2848), before your representative contacts us on your behalf.
	The IRS office whose phone number appears at the top of the notice can best address and access your tax information and help get you answers. If you filed a joint return, we're required to send a copy of this notice to both you and your spouse. Each copy contains the same information about your joint account.
а С С	Low Income Taxpayer Clinics Low Income Taxpayer Clinics (LITCs) represent individuals whose income is below a certain level that need help to resolve a tax problem with the IRS. IRS problems can include audits, appeals, tax collection disputes, and cases in the U.S. Tax Court. LITCs can also provide information about taxpayer rights and responsibilities in different languages. Services are offered for free or for a small fee. For more information and to find an LITC near you, see the LITC page on www.irs.gov/advocate or IRS Publication 4134, Low Income Taxpayer Clinic List. This publication is also available by calling 800- 829-3676 or at your local IRS office. LITCs are independent from the IRS.
	Taxpayer Advocate Service The IRS office whose phone number appears at the top of the notice can best address and access your tax information and help get you answers. However, you may be eligible for free help from the Taxpayer Advocate Service (TAS) if you can't resolve your tax problem with the IRS, or you believe an IRS procedure just isn't working as it should. TAS is an independent organization within the Internal Revenue Service (IRS) that helps taxpayers and protects taxpayer rights. Call TAS at 877-777-4778 or TTY/TDD 800-



Notice CP3219A Tax year 2016 Notice date June 3, 2019 Social security number 452-02-8217 Page 5 of 9

	Changes to your 2016 tax return			
	Your income and deductions	Shown on return	As corrected by IRS	Difference
	Gambling income	\$0	\$55,122	\$55,122
HIWAR	Nonemployee compensation	\$1,501,574	\$1,637,013	\$135,439
出现	Schedule C expenses *1	\$513,070	\$559,186	\$46,116
	Income net difference			\$144,445
	Self-employment tax deduction	\$8 258	\$14,161	\$5,903
004755	Gambling losses	\$0	\$55,122	\$55,122
	Deduction net difference *2			\$61,025
	Change to taxable income			\$83,420

Your tax computations	Shown on return	As corrected by IRS	Difference
Taxable income, line 43	\$84,813	\$168,233	\$83,420
Tax, line 44	\$12,749	\$34,091	\$21,342
Self-Employment tax, line 57	\$16,515	\$28,320	\$11,805
Total tax, line 63	\$29,264	\$62,411	\$33,147
Tax you owe			\$33,147

(*1) Increases to expenses result in a decrease in the amount displayed as Income net difference.

(*2) Increases to deductions result in a decrease to taxable income.

Explanation of changes to your	This section tells you specifically what income information the IRS received about you
2016 Form 1040	from others (including your employers, banks, mortgage holders, etc.). This
	information doesn't match the information you reported on your tax return.

Use the table to compare the data the IRS received from others to the information you reported on your tax return to understand where the difference(s) occurred. To assist you in reviewing your income amounts, the table may include both reported and unreported amounts.

		unreported amounts.			
Gambling Income					
Received from	Address	Account Information	Shown on return	Reported by others	Difference
BELLAGIO LLC	P O BOX 98805	019001003632	-	\$1,200	-
	LAS VEGAS NV 89193	SSN 464-33-3101			
		Form W-2G			
BELLAGIO LLC	P O BOX 98805	019001003677	-	\$1,200	•
	LAS VEGAS NV 89193	SSN 452-02-8217			
		Form W-2G			
PNK LAKE CHARLES LLC	777 AVENUE L AUBERGE	001576342	-	\$10,000	
DBA L AUBERGE CASINO RESORT	LAKE CHARLES LA 70601	SSN 464-33-3101			
		Form W-2G			
PNK LAKE CHARLES LLC	777 AVENUE L AUBERGE	001576342	•	\$7,200	
DBA L AUBERGE CASINO RESORT	LAKE CHARLES LA 70601	SSN 464-33-3101			
		Form W-2G			
PNK LAKE CHARLES LLC	777 AVENUE L AUBERGE	001576342	•	\$4,500	•
DBA L AUBERGE CASINO RESORT	LAKE CHARLES LA 70601	SSN 464-33-3101			
		Form W-2G			
PNK LAKE CHARLES LLC	777 AVENUE L AUBERGE	001576342	•	\$4,000	-
DBA L AUBERGE CASINO RESORT	LAKE CHARLES LA 70601	SSN 464-33-3101			
		Form W-2G			

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Continued on back ...

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Notice	CP3219A
Tax year	2016
Notice date	June 3, 2019
Social security number	452-02-8217
Page 6 of 9	

Gambling Income Received from	Address	Account Information	Shown on return	Reported by others	Difference
PNK LAKE CHARLES LLC DBA L AUBERGE CASINO RESORT	777 AVENUE L AUBERGE LAKE CHARLES LA 70601	001576342 SSN 464-33-3101 Form W-2G		\$3,600	-
PNK LAKE CHARLES LLC DBA L AUBERGE CASINO RESORT	777 AVENUE L AUBERGE LAKE CHARLES LA 70601	001576342 SSN 464-33-3101 Form W-2G	-	\$3,000	
PNK LAKE CHARLES LLC DBA L AUBERGE CASINO RESORT	777 AVENUE L AUBERGE LAKE CHARLES LA 70601	001576342 SSN 464-33-3101 Form W-2G	-	\$2,400	-
PNK LAKE CHARLES LLC DBA L AUBERGE CASINO RESORT	777 AVENUE L AUBERGE LAKE CHARLES LA 70601	001576342 SSN 464-33-3101 Form W-2G	-	\$2,000	-
PNK LAKE CHARLES LLC DBA L AUBERGE CASINO RESORT	777 AVENUE L AUBERGE LAKE CHARLES LA 70601	001576342 SSN 464-33-3101 Form W-2G	-	\$1,800	
PNK LAKE CHARLES LLC DBA L AUBERGE CASINO RESORT	777 AVENUE L AUBERGE LAKE CHARLES LA 70601	001576342 SSN 464-33-3101 Form W-2G	-	\$1,600	
PNK LAKE CHARLES LLC DBA L AUBERGE CASINO RESORT	777 AVENUE L AUBERGE LAKE CHARLES LA 70601	001576342 SSN 464-33-3101 Form W-2G	-	\$1,222	-
PNK LAKE CHARLES LLC DBA L AUBERGE CASINO RESORT	777 AVENUE L AUBERGE LAKE CHARLES LA 70601	001576342 SSN 464-33-3101 Form W-2G	-	\$1,200	
PNK LAKE CHARLES LLC DBA L AUBERGE CASINO RESORT	777 AVENUE L AUBERGE LAKE CHARLES LA 70601	001576343 SSN 452-02-8217 Form W-2G	-	\$3,200	
PNK LAKE CHARLES LLC DBA L AUBERGE CASINO RESORT	777 AVENUE L AUBERGE LAKE CHARLES LA 70601	001576343 SSN 452-02-8217 Form W-2G	-	\$2,400	-
NK LAKE CHARLES LLC DBA L AUBERGE CASINO RESORT	777 AVENUE L AUBERGE LAKE CHARLES LA 70601	001576343 SSN 452-02-8217 Form W-2G		\$1,800	-
NK LAKE CHARLES LLC BA L AUBERGE CASINO RESORT	777 AVENUE L AUBERGE LAKE CHARLES LA 70601	001576343 SSN 452-02-8217 Form W-2G		\$1,600	-
	777 AVENUE L AUBERGE LAKE CHARLES LA 70601	001576343 SSN 452-02-8217 Form W-2G	-	\$1,200	-

Gambling Income Total

\$0 \$55,122

\$55,122



Power Of Attorney

We sent a copy of this notice to your representative as indicated in your Power of Attorney.

Self-Employment Tax on Self-Employment (SE) income

Self-Employment (SE) income generally includes nonemployee compensation, merchant card, third party network payments, and other income from part-time or full-time work and is subject to Self-Employment Tax. We figured the Self-Employment Tax on the net SE income reported on your return and/or on the underreported SE income.

Self-Employment Tax consists of Social Security Tax of 12.4% and Medicare Tax of 2.9%, and for SE income in excess of certain thresholds based on your filing status, an Additional Medicare Tax of 0.9%. (Even if you have paid the maximum amount of Social Security Tax, you are still liable for Medicare Tax, and Additional Medicare Tax, if over the applicable threshold.) The deductible part of the Self-Employment Tax is based on the change we made to your Self-Employment Tax. If you were an employee, you will be liable for income tax and the employee's share of Social Security (6.2%) and Medicare taxes (1.45%), and Additional Medicare Tax, if applicable. Your social security account will be credited with the amount of Self-Employment income shown on this notice.

Schedule A general sales tax deduction

Based on our proposed changes to your income, you may be entitled to claim additional state and local sales taxes. If you are entitled to an additional state and local sales tax deduction, please provide us with a signed statement showing the amount of the additional deduction that you are entitled to claim.

Form W-2 or 1099 not received

The law requires you to report your income correctly. If your payers did not send you a yearly income statement (Form W-2, Wage and Tax Statement, Form 1099, etc.), you must use the information you have (pay stubs, monthly income statements, deposit slips, etc.) to estimate the total amount of income you received during the year.

Misidentified income

If any of the income shown on this notice is not yours, send us the name, address, and social security number of the person who received the income. Please notify the payers to correct their records to show the name and social security number of the person who actually received the income, so that future reports to us are accurate.

We are required by law to charge any applicable penalties.

Accuracy-related penalties

Description

We assessed an accuracy-related penalty because your understatement of tax is either substantial, due to negligence, or both. We assessed the penalty on the entire underpayment as provided by Internal Revenue Code Section 6662(b) under paragraph (1) and/or (2). However, if we determine that part or all of the underpayment is not due to negligence or to the substantial understatement of tax, we may still apply the penalty for the remaining underpayment.

Substantial tax understatement

Penalties

Accuracy-related penalty for substantial understatement of tax

Amount \$6,629

December 31, 2016	Increase in tax \$33,147	Accuracy-Related Penal	Penalties	
Tax year ended		Deficiency		
Individual Income				
Kind of Tax	Copy to Authorized Representative			
	452-02-8217 4	64-33-3101		
	4743 IVANHOE ST HOUSTON TX 77027-4729			
Name and address of taxpayer(s)	RAY SHACKELFORD & CHARLENE DANII CHARLENE DANIELS	ELS	June 3, 2019	
(November 2016)	Notice of Deficiency -		6652 C:AUR	
FORM 5564	Department of the Treasury Internal Rever		Symbols	



I consent to the immediate assessment and collection of the deficiencies (increase in tax and penalties) shown above, plus any interest. Also, I waive the requirement under section 6532 (a) (1) of the Internal Revenue Code that a notice of claim disallowance be sent to me by certified mail for any overpayment shown on the attached report.

I understand that the filing of this waiver is irrevocable and it will begin the 2-year period for filing suit for refund of the claims disallowed as if the notice of disallowance had been sent by certified or registered mail.

ure			Date	
Inat			Date	
sig	Ву	Title	Date	

Note: If you consent to the assessment of the deficiencies shown in this waiver, please sign and return this form to limit the interest charge and expedite our bill to you. Please do not sign and return any prior notices you may have received. Your consent signature is required on this waiver, even if fully paid.

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Your consent will not prevent you from filing a claim for refund (after you have paid the tax) if you later believe you are so entitled; nor prevent us from later determining, if necessary, that you owe additional tax: nor extend the time provided by law for such action.

If you later file a claim and the Service disallows it, you may file suit for refund in a District Court or in the United States Claims Court, but you may not file a petition with the United States Tax Court.

Who Must Sign: If you filed jointly, both you and your spouse must sign. Your attorney or agent may sign this waiver provided that action is specifically authorized by a power of attorney which, if not previously filed, must accompany this form.

If this waiver is signed by a person acting in a fiduciary capacity (for example, an executor, administrator, or a trustee), Form 56, Notice Concerning Fiduciary Relationship, should, unless previously filed, accompany this form.

If you agree, please sign and return this form; keep one copy for your records.

Exhibit E



Department of the Treasury Internal Revenue Service P.O. Box 249 Memphis, TN 38101-0249

005305.971209.239214.1125 1 AB 0.419 962

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RAY SHACKELFORD & CHARLENE DANIELS 4743 IVANHOE ST HOUSTON TX 77027-4729

005305

 I on your rebieterstore

 Notice name CP14
 Notice date November 23, 2020

 Tax Year 2019
 Your caller ID 169288

 Your TIN 452-02-8217
 18H

 For more information

Visit irs.gov/CP14 to learn more about this notice and avoid waiting on the phone.

Page 1 of 3

Our records show you filed your 2019 Form 1040SR with an amount owed. → Amount due by December 9, 2020: \$108,137.02

What you owe	Your billing summary (transactions within the last 21 days may not be reflected)		
	Tax you owed when you filed your return	\$142,811.00	
1001 A 5 36 1 100	Total penalties (see page 3 for more information)	\$4,367.4	
Scan me	Total interest (see page 3 for more information)	\$1,108.50	
	Payments and credits	-\$40,150.00	
	Amount due by December 9, 2020	\$108,137.02	
	If you already have an installment or payment agreement in place for this tax year, then continue with that agreement.		
	If we don't receive a full payment of the amount owed by this apply to your account. Penalties can be as high as 50% or mo addition, each day you wait to pay after this date, interest acc	pre of the tax you owe. In	
What you need to do right now	Pay as much as you can now by visiting irs.gov/payments onli and you'll receive instant confirmation of your payment. In a f Pay directly from your bank account for free	ne or on your mobile device. It's fast, secure, few easy steps, you can:	
	 Pay using a credit or debit card for a small fee 		
	If you can't pay online, you can mail in a check or money orde For any amount you can't pay right now, see the next page to	er with the payment stub below.	

For pending or approved payment arrangements, or if you are a debtor in a bankruptcy case, please see the "IRS Help" section.

Continued on back...



RAY SHACKELFORD & CHARLENE DANIELS 4743 IVANHOE ST HOUSTON TX 77027-4729
 Notice
 CP14

 Notice date
 November 23, 2020

 Taxpayer Identification
 452-02-8217

 number
 CP14

Amount due by December 9, 2020

\$108,137.02

Amount enclosed:

Make your check or money order payable to the United States Treasury.

Write your taxpayer identification number (452-02-8217), the tax year (2019), and the form number (1040SR) on your payment and mail this slip in with it.

INTERNAL REVENUE SERVICE P.O. BOX 742562 CINCINNATI OH 45280-2562

միկվերողերհիդնանջերերը, դրու լուել լեւ լորոնվել

207824804000 07% SIP405 0 0E DAHZ DA 745850324

0 TIN: 452-02-8217

Options if you can't pay in full Consider the following options if you can't pay in full right now: Pay over fine Visit irs.gov/installmentagreements to learn more about installment agreements, which allow you balance over time as long as you stay current with your filing obligations. If you qualify, you can online to save time and money at irs.gov/OPA. Settle your tax debt If you can't pay your balance in full, an offer in compromise could allow you to settle your tax debt If you can't pay your payment Temporarily delay collection In cases of financial hardship, the IRS may temporarily delay collection until your situation improving security of pay more	Page 2 of :
Pay over time Visit is:.gov/installmentagreements to learn more about installment agreements, which allow you balance over time as long as you stay current with your filing obligations. If you qualify, you can online to save time and money at irs.gov/OPA. Settle your tax debt If you can't pay your balance in full, an offer in compromise could allow you to settle your tax debt If you can't pay your balance in full, an offer in compromise could allow you to settle your tax debt If you can't pay your balance in full, an offer in compromise could allow you to settle your tax debt If you can't pay your balance in full, an offer in compromise could allow you to settle your tax debt If you can't pay your balance in full, an offer in compromise could allow you to settle your tax debt If you can't pay your balance in full, an offer in compromise could allow you to settle your tax debt If you can't pay your balance in full, an offer in compromise could allow you to settle your tax debt If you can't pay your offers in compromise. Temporarily delay collection In cases of financial hardship, the IRS may temporarily delay collection until you call offers in compromise.	
irs.gov/delay to learn more.	i also apply ebt for less f you qualify
RS Help For online assistance, you can visit its.gov/help.	
If you can't find what you need online, you can call the IRS at 800-829-8374.	Charles directly (G
If you have an approved payment arrangement, or have applied for one, continue n payments per that agreement. Remember that interest continues to be charged unit pay your balance.	iaking il you fully
If you are a debtor in a bankruptcy case, this notice is for your information only and is not intend payment outside of the bankruptcy process for taxes due before you filed your petition. You will r another notice for the balance due while the automatic stay remains in effect. For more informati Bankruptcy visit: irs.gov/declarebankruptcy.	
Additional information For more information about this notice, visit irs.gov/CP14.	all and the second second second
The Taxpayer Advocate Service (TAS) is an independent organization within the IRS that can help your taxpayer rights. TAS can offer you help if your tax problem is causing a hardship, or you've to haven't been able to resolve your problem with the IRS. If you qualify for TAS assistance, which is free, TAS will do everything possible to help you. Visit www.taxpayeradyocate irs gov or call 827.	ried but
Tax professionals who are independent from the IRS may be able to help you. Scan here to view the Taxpayer Advocate Website Tax professionals who are independent from the IRS may be able to help you. Low Income Taxpayer Clinics (LITCs) can represent low income persons before the IRS or in court. also provide assistance to persons who speak English as a second language. Any services provided assistance to persons who speak English as a second language. Any services provided assistance to person who speak English as a second language. Any services provided assistance to person who speak English as a second language. Any services provided assistance to person who speak English as a second language. Any services provided assistance to person who speak English as a second language. Any services provided assistance to person who speak English as a second language. Any services provided assistance to person who speak English as a second language. Any services provided assistance to person who speak English as a second language. Any services provided assistance to person who speak English as a second language. Any services provided assistance to person who speak English as a second language. Any services provided assistance to person who speak English as a second language. Any services provided assistance to person who speak English as a second language. Any services provided assistance to person who speak English as a second language. Any services provided assistance to person assistance to person who speak English as a second language. Any services provided assistance to person	LITCs can 1 by an
State bar associations, state or local society of accountants or enrolled agents, or other nonprofit t professional organizations may also be able to provide referrals.	ах
As a taxpayer, you are entitled to certain rights. The enclosed Taxpayer Bill of Rights provides more information.	2
The IRS adopted the Taxpayer Bill of Rights (TBOR). Employees are responsible for being familiar w acting in accord with taxpayer rights. See IRC Section 7803(a)(3), and for additional information al Taxpayer Bill of Rights please visit the TBOR website: www.irs.gov/taxpayer-bill-of-rights.	ith and bout the

	4.4
Notice: CP	14

23

	Penalties		We are required l remove or reduce	by law to charge ap penalties. Visit irs.	plicable penalties. However gov/penalties to learn more	, in select situations, we ma	y be able to
	Penalty	Description	Action date	Months late	Unpaid amount	Monthly rate	Amount
S223	Failure to pay (Internal Revenue Code Section 6651)	We assess a penalty for each month or part of a month you don't pay the tax you owe by the due date and afterward, up to 25% of the tax shown on the return.	12/15/2020	05	\$102,661.00	0.50%	\$2,566.52

005305 Total monthly penalties

\$2,566.52

Penaity	Description	Period	Days late	Interest rate	Interest factor	Amount due	Amoun
Failure to pay proper estimated tax (Internal Revenue Code Section 6654)	When you don't pay enough taxes due for the year with your quarterly estimated tax payments, we charge a penalty for not properly estimating your tax.	N/A	N/A	N/A	N/A	N/A	\$ 1,770.94
Dishonored Check or other form of payment (Internal Revenue Code Section 6657)	We charge a penalty when a bank does not honor a check or other form of payment. Payment of \$1,250 or more, then the penalty is 2%. Payments less than \$1,250, the penalty is the amount of the check, or \$25, whichever is less.	N/A	N/A	N/A	N/A	N/A	\$30.00
Total daily penalties			//··				\$1,800.94

interest (Internal Revenue Code Section 6601)

We are required by law to charge interest when you don't pay your liability on time. Unlike penalties, we cannot reduce or remove interest due to reasonable cause. Interest accumulates daily, so the longer you wait to pay, the more interest we add to your account. Visit irs.gov/interest for more information.

Period	Days	Interest rate	Interest factor	Amount due	Interest charge
07/15/2020 - 11/23/2020	131	3.0%	0.010795116	\$102,691.00	\$1,108.56
Total interest					\$1,108.56





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RAY SHACKELFORD 4743 IVANHOE ST HOUSTON TX 77027-4729

	For yo	SB ur refere	nce
Notice name	CP503	Notice date	03-01-2021
Tax year	2019	Your cal ID	ler 948389
Taxpayer number	ID	452-02	-8217
New quick payments	k, easy, a	and secur	e online
Visit <u>irs.gov</u> interest and phone			

이 비 승규 회사가 가지 않는 것 같아요. 한 것

022439

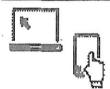
TO: RAY SHACKELFORD

We recently contacted you about your past due 2019 taxes. You must pay your balance immediately.

Amount Past Due: \$110,526.54

You must pay by March 11, 2021 to stop further penalties and interest. If you don't act now, the IRS may consider levying (seizing) your income or bank account.

What You Need To Do Now



Pay online now from your bank

- > Quick, free and easy way to pay
- > Secure payment directly from your bank account without fees
- > Convenient method; just use a computer or mobile device



irs.gov/payments

What You Need

To Verify Your Identity:

- □ Filing Status
- □ Address

To Pay:

- Bank Account Number
- □ Bank Routing Number

Don't know this information? You can find your recent tax returns on <u>irs.gov/individuals/get-transcript</u>. Your bank account and routing numbers are on your check.

How to Pay From Your Bank

- 1. Go to irs.gov/directpay
- 2. Select "Make a Payment"
- 3. Enter the following options:
 - ✓ Reason for Payment: Tax Return or Notice
 - ✓ Apply Payment To: 1040SR
 - Tax Period for Payment: December 31, 2019
- 4. Follow the instructions to verify your identity and submit secure bank information
- 5. Submit your secure payment

TIN: 452-02-8217

Page 3 of 4

Additional information

For more information about this notice, visit irs.gov/cp503.

Can't pay in full right now? Pay as much as you can and set up a monthly payment plan online at irs.gov/opa.

To learn about your other options, visit irs.gov/payments under the topic "Can't Pay Now?"

You can contact us by mail at the following address. Be sure to include your taxpayer identification number, the tax year and the form number you are writing about.

Internal Revenue Service P.O. Box 249

Memphis, TN 38101-0249

We're required to send a copy of this notice to both you and your spouse. Each copy contains the same information about your joint account. Please note: Only pay the amount due once.

If you have not paid the debt already, a federal tax lien has arisen as a claim against all your property. If you don't pay the amount due immediately or make payment arrangements, we can file a Notice of Federal Tax Lien (NFTL) publicly establishing our priority with your creditors or we may levy (seize your property) subject to any applicable Collection Due Process rights. If we file the NFTL, it may be difficult to sell or borrow against your property.

If you don't believe you owe or don't agree with our intent to file a NFTL, you have the right to request an appeal under the Collection Appeals Program before the NFTL is filed. If you want to file an appeal, call or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see Publication 1660 (Collection Appeal Rights).

Note: The CAP is different from the Collection Due Process (CDP) program. CAP addresses appeals when the Service communicates its intent to file an NFTL, while a CDP hearing is offered after the Service files an NFTL. For additional information, visit <u>irs.qov/compliance/appeals</u>.

Continued on back ...



022439

CAF Copy



For your reference

Notice nameCP504Tax year2019Notice date04-05-2021Your caller IDTaxpayer ID number452-02-8217

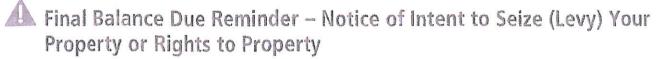
New quick, easy, and secure online payments

Visit irs.gov/directpay to avoid additional interest and penalties or time lost on the phone



Department of the Treasury Internal Revenue Service Memphis, TN 38101-0069

018818



To: RAY SHACKELFORD

As of April 5, 2021, we have not received your overdue tax after sending several notices to you. You must pay your balance immediately or we will levy (seize) your property. If you do not make your payment now, we will consider your noncompliance an active choice and you could face a levy.

Amount Due Immediately: \$111,353.80

also.

Payment must be received immediately.

What You Need To Do Immediately

Gather this information

- □ Your taxpayer ID number (see the reference box above)
- □ Form numbers (1040, 1040A or 1040EZ)
- Your filing status for the outstanding tax years
- Address from the outstanding tax years
- Your bank routing number
- 2 Your bank account number

Pay directly online from your bank account

- 1. Go to irs.gov/payments/direct-pay
- 2. Select "Make a Payment"
- 3. Follow the instructions to make your payment for each outstanding tax year



Use barcode for quick access to payment options on irs.gov/payments

Continued on back...



Tax year: 2019

Notice date: April 5, 2021

TIN: 452-02-8217 Page 2 of 4

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Consequences If You Don't Pay Immediately

- We may levy your income and bank accounts, as well as seize your property or your rights to property if you fail to comply. Property includes wages and other income, bank accounts, business assets, personal assets (including your car and home), Social Security benefits, Alaska Permanent Fund dividends, or state tax refunds.
- > We can file a Notice of Federal Tax Lien, notifying your creditors we have a claim (lien) against all your property.
- The U.S. Department of State may revoke your passport or decline to issue or renew a passport if you have seriously delinquent tax debt totaling more than \$54,000. For more information, visit <u>www.irs.gov/passports</u>.

Other Options

If you do not wish to pay directly online from your bank account, you may...

Pay online by card (additional fees apply)	Pay by check or money order	Pay your balance over time
 Go to <u>irs.gov/payments</u> or use the barcode on page 1 Select "Pay Your Taxes by Debit or Credit" Select an IRS-cleared payment 	 Make your check or money order payable to the "United States Treasury" Write your taxpayer ID number (XXX-XX-8217) on your payment 	 If you can't pay the total amount due, pay as much as you can now and visit <u>irs.gov/opa</u> to set up a payment plan Alternative options for those with financial hardships,
 processor 4. Pay through the payment processor's website 	3. Mail your check or money order with the payment stub	including offer in compromise and temporary delay of collection, visit irs.gov/payments

When you pay by check, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Your payment must be received within 21 calendar days of the date of this notice (10 business days if the amount you owe is \$100,000 or more) to avoid additional penalty and interest charges.

Notice of Intent to levy

This notice is your Notice of Intent to Levy (Internal Revenue Code Section 6331 (d)). If we don't receive the amount due within 30 days from the date of this notice, we can levy your state tax refund. We may also serve a Disqualified Employment Tax Levy or a Federal Contractor Levy, as explained in the enclosed Publication 594, IRS Collection Process. In most other situations, before we levy on your property or rights to property, we'll send you a notice that gives you the opportunity to request a Collection Due Process hearing, unless you have already received one.

If you have not paid the debt already, a federal tax lien has arisen as a claim against all your property. If you don't pay the amount due immediately or make payment arrangements, we can file a Notice of Federal Tax Lien (NFTL) publicly establishing our priority with your creditors or we may levy (subject to any applicable Collection Due Process rights). If we file the NFTL, it may be difficult to sell or borrow against your property.



Tax year: 2019

Notice date: April 5, 2021

Page 3 of 4

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Other Options—continued

If you don't agree with our intent to levy or file a NFTL, you have the right to request an appeal under the Collection Appeals Program (CAP) before collection action takes place. If you want to file an appeal, call 800-829-8374 or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see enclosed Publication 1660 (Collection Appeal Rights).



Note: The CAP is different from the Collection Due Process (CDP) program. CAP addresses appeals under Notification of Intent to Levy in Internal Revenue Code Section 6331(d) when a Section 6330 hearing is not offered. For additional information, visit ins.gov/compliance/appeals.

018818

We're required to send a copy of this notice to both you and your spouse. Each copy contains the same information about your joint account. Please note: Only pay the amount due once.

Tax period ending	Form number	Amount you owed	Interest ¹	Failure-to-pay penalty ²	
12/31/2019	1040SR	\$108,137.02	\$1,163.56	\$2,053.22	
Amount Due Imr	nediately				\$111,353.80
		accrue if payment is received a	after 21 calendar days	from the	
notice date (or 10 busi Visit <u>www.irs.g</u>	ness days if you owe ov/payments/view-vo ate an online account is and interest.		, billing details.	from the	

IRS Help

For more information about this notice, visit irs.gov/CP504.



Tax year: 2019

Notice date: April 5, 2021

TIN: 452-02-8217

Page 4 of 4

Taxpayer Rights and Sources of Assistance

The Internal Revenue Code (IRC) gives taxpayers specific rights. The Taxpayer Bill of Rights groups these into 10 fundamental rights. See IRC Section 7803(a)(3). IRS employees are responsible for being familiar with and following these rights. For additional information about your taxpayer rights, please see the enclosed Publication 1, Your Rights as a Taxpayer, or visit irs.gov/taxpayer-bill-of-rights.

The Taxpayer Advocate Service (TAS) is an independent organization within the IRS that helps taxpayers and protects taxpayers' rights. TAS can offer you help if your tax problem is causing a financial difficulty, you've tried but been unable to resolve your issue with the IRS, or you believe an IRS system, process, or procedure isn't working as it should. If you qualify for TAS assistance, which is always free, TAS will do everything possible to help you. To learn more, visit <u>www.taxpayeradvocate.irs.gov</u> or call 877-777-4778.

Tax professionals who are independent from the IRS may be able to help you.

Low Income Taxpayer Clinics (LITCs) can represent low-income persons before the IRS or in court. LITCs can also help persons who speak English as a second language. Any services provided by an LITC must be for free or a small fee. To find an LITC near you:

- Go to <u>www.taxpayeradvocate.irs.gov/litcmap;</u>
- Download IRS Publication 4134, Low Income Taxpayer Clinic List, available at <u>www.irs.gov/forms</u>; or
- Call the IRS toll-free at 800-829-3676 and ask for a copy of Publication 4134.

State bar associations, state or local societies of accountants or enrolled agents, or other nonprofit tax professional organizations may also be able to provide referrals.



Scan here to view the Taxpayer Advocate Website



RAY SHACKELFORD 55L DON KNIGHT 8100 WASHINGTON AVE STE 1000 HOUSTON 1X 77037-1059

Notice	CP504	
Notice Date	April 5, 2021	
TIN	452-02-8217	

Amount Due Immediately: \$111,353.80

Make your check or money order payable to the "United States Treasury".

- On the memo line write your Taxpayer Identification Number (452-02-8217), the tax year (2019), and form number (1040SR).
- · Mail this payment stub with your check or money order.

INTERNAL REVENUE SERVICE P.O. BOX 1235 CHARLOTTE, NC 28201-1235 THILLING MARKED IN THE POINT OF THE POINT OF

Amount due immediately

SB

For your reference

Tax year 2015



Department of the Treasury Internal Revenue Service Memphis, TN 38101-0069



9307 1107 5660 7938 2113 27

RAY SHACKELFORD 4743 IVANHOE ST HOUSTON TX 77027-4729
 Notice date
 07-19-2021

 Your caller ID
 948389

 Taxpaver ID number
 452-02-8217

Notice name CP504

New guick, easy, and secure online

payments Visit irs.qov/directpay to avoid additional interest

and penalties or time lost on the phone

142912

Final Balance Due Reminder – Notice of Intent to Seize (Levy) Your Property or Rights to Property

To: RAY SHACKELFORD

As of July 19, 2021, we have not received your overdue tax after sending several notices to you. You must pay your balance immediately or we may levy (seize) your property. If you do not make your payment now, we will consider your noncompliance an active choice and you could face a levy.

Amount Due Immediately: \$25,945.52

Payment must be received immediately.

What You Need To Do Immediately

Gather this information

- □ Your taxpayer ID number (see the reference box above)
- □ Form numbers (1040, 1040A or 1040EZ)
- □ Your filing status for the outstanding tax years
- □ Address from the outstanding tax years
- □ Your bank routing number
- □ Your bank account number

Pay directly online from your bank account

- 1. Go to irs.gov/payments/direct-pay
- 2. Select "Make a Payment"
- 3. Follow the instructions to make your payment for each outstanding tax year





Tax year: 2015

Notice date: July 19, 2021

TIN: 452-02-8217

Page 2 of 4

Consequences If You Don't Pay Immediately

- We may levy your income and bank accounts, as well as seize your property or your rights to property if you fail to comply. Property includes wages and other income, bank accounts, business assets, personal assets (including your car and home), Social Security benefits, Alaska Permanent Fund dividends, or state tax refunds.
- We can file a Notice of Federal Tax Lien, notifying your creditors we have a claim (lien) against all your property.
- The U.S. Department of State may revoke your passport or decline to issue or renew a passport if you
 have seriously delinquent tax debt totaling more than \$54,000. For more information, visit
 www.irs.gov/passports.

Other Options

If you do not wish to pay directly online from your bank account, you may...

Pay online by card (additional fees apply)	Pay by check or money order	Pay your balance over time
 Go to <u>irs.gov/payments</u> or use the barcode on page 1 Select "Pay Your Taxes by Debit or Credit" Select an IRS-cleared payment processor Pay through the payment processor's website 	 Make your check or money order payable to the "United States Treasury" Write your taxpayer ID number (XXX-XX-8217) on your payment Mail your check or money order with the payment stub 	 If you can't pay the total amount due, pay as much as you can now and visit <u>irs.gov/opa</u> to set up a payment plan Alternative options for those with financial hardships, including offer in compromise and temporary delay of collection, visit <u>irs.gov/payments</u>

When you pay by check, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Your payment must be received within 21 calendar days of the date of this notice (10 business days if the amount you owe is \$100,000 or more) to avoid additional penalty and interest charges.

Notice of Intent to levy

This notice is your Notice of Intent to Levy (Internal Revenue Code Section 6331 (d)). If we don't receive the amount due within 30 days from the date of this notice, we can levy your state tax refund. We may also serve a Disqualified Employment Tax Levy or a Federal Contractor Levy, as explained in the enclosed Publication 594, IRS Collection Process. In most other situations, before we levy on your property or rights to property, we'll send you a notice that gives you the opportunity to request a Collection Due Process hearing, unless you have already received one.

If you have not paid the debt already, a federal tax lien has arisen as a claim against all your property. If you don't pay the amount due immediately or make payment arrangements, we can file a Notice of Federal Tax Lien (NFTL) publicly establishing our priority with your creditors or we may levy (subject to any applicable Collection Due Process rights). If we file the NFTL, it may be difficult to sell or borrow against your property.

Notice: CP504	Tax year: 20

year: 2015

Notice date: July 19, 2021

TIN: 452-02-8217

Page 3 of 4

Other Options—continued

If you don't agree with our intent to levy or file a NFTL, you have the right to request an appeal under the Collection Appeals Program (CAP) before collection action takes place. If you want to file an appeal, call 800-829-8374 or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see enclosed Publication 1660 (Collection Appeal Rights).

Note: The CAP is different from the Collection Due Process (CDP) program. CAP addresses appeals under Notification of Intent to Levy in Internal Revenue Code Section 6331(d) when a Section 6330 hearing is not offered. For additional information, visit irs.gov/compliance/appeals.

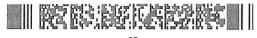
142912

We're required to send a copy of this notice to both you and your spouse. Each copy contains the same information about your joint account. Please note: Only pay the amount due once.

Form number	Amount you owed	Interest ¹	Failure-to-pay penalty²	
1040	\$17,940.47	\$4,006.52	\$3,998.53	
nediately				\$25,945.52
ness days if you owe ayments/view-your-ta	\$100,000 or more). ax-account to view online billin	g details.	(199	3 6 7 1 1
	1040 nediately applicable penalties ness days if you owe ayments/view-your-ta	1040 \$17,940.47 nediately applicable penalties accrue if payment is received a ness days if you owe \$100,000 or more). ayments/view-your-tax-account to view online billin	1040 \$17,940.47 \$4,006.52 nediately applicable penalties accrue if payment is received after 21 calendar days	penalty² 1040 \$17,940.47 \$4,006.52 \$3,998.53 nediately applicable penalties accrue if payment is received after 21 calendar days from the ness days if you owe \$100,000 or more). Image: Comparison of the section of the

IRS Help

For more information about this notice, visit irs.gov/CP504.







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4743 IVANHOE ST HOUSTON TX 77027-4729 For your reference

 Notice name
 CP504
 Tax year
 2013

 Notice date
 07-19-2021

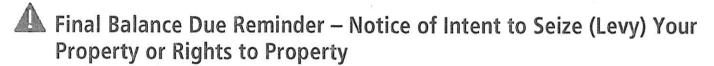
 Your caller ID
 948389

 Taxpayer ID number
 452-02-8217

New quick, easy, and secure online payments

Visit <u>irs.gov/directpay</u> to avoid additional interest and penalties or time lost on the phone

142917



To: RAY SHACKELFORD

As of July 19, 2021, we have not received your overdue tax after sending several notices to you. You must pay your balance immediately or we may levy (seize) your property. If you do not make your payment now, we will consider your noncompliance an active choice and you could face a levy.

Amount Due Immediately: \$15,692.11

-

Payment must be received immediately.

What You Need To Do Immediately

Gather this information

- □ Your taxpayer ID number (see the reference box above)
- □ Form numbers (1040, 1040A or 1040EZ)
- □ Your filing status for the outstanding tax years
- □ Address from the outstanding tax years
- □ Your bank routing number
- □ Your bank account number

Pay directly online from your bank account

- 1. Go to irs.gov/payments/direct-pay
- 2. Select "Make a Payment"
- 3. Follow the instructions to make your payment for each outstanding tax year







Tax year: 2013

Notice date: July 19, 2021

TIN: 452-02-8217

Page 3 of 4

Other Options-continued

If you don't agree with our intent to levy or file a NFTL, you have the right to request an appeal under the Collection Appeals Program (CAP) before collection action takes place. If you want to file an appeal, call 800-829-8374 or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see enclosed Publication 1660 (Collection Appeal Rights).

Note: The CAP is different from the Collection Due Process (CDP) program. CAP addresses appeals under Notification of Intent to Levy in Internal Revenue Code Section 6331(d) when a Section 6330 hearing is not offered. For additional information, visit irs.gov/compliance/appeals.

142917

1201

We're required to send a copy of this notice to both you and your spouse. Each copy contains the same information about your joint account. Please note: Only pay the amount due once.

Tax period ending	Form number	Amount you owed	Interest ¹	Failure-to-pay penalty ²	
12/31/2013	1040	\$9,539.13	\$3,507.26	\$2,645.72	
Amount Due Im	mediately	_			\$15,692.11
Additional interest and	applicable penalties	accrue if payment is received	after 21 calendar days	from the	
 notice date (or 10 bus Visit <u>www.irs.gov/p.</u> 	iness days if you owe ayments/view-your-ta n online account, cal		g details.	from the	

IRS Help

For more information about this notice, visit irs.gov/CP504.

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> RAY SHACKELFORD 4743 IVANHOE ST HOUSTON TX 77027-4729

For your referenceNotice name CP504Tax year 2018Notice date07-19-2021Your caller ID948389Taxpayer ID number452-02-8217New quick, easy, and secure online
paymentssecure onlineVisit irs.gov/directpay to avoid additional interest

and penalties or time lost on the phone

142907

Final Balance Due Reminder – Notice of Intent to Seize (Levy) Your Property or Rights to Property

To: RAY SHACKELFORD

As of July 19, 2021, we have not received your overdue tax after sending several notices to you. You must pay your balance immediately or we may levy (seize) your property. If you do not make your payment now, we will consider your noncompliance an active choice and you could face a levy.

Amount Due Immediately: \$88,740.64

Payment must be received immediately.

What You Need To Do Immediately

Gather this information

- □ Your taxpayer ID number (see the reference box above)
- □ Form numbers (1040, 1040A or 1040EZ)
- □ Your filing status for the outstanding tax years
- □ Address from the outstanding tax years
- □ Your bank routing number
- Your bank account number

Pay directly online from your bank account

- 1. Go to irs.gov/payments/direct-pay
- 2. Select "Make a Payment"
- Follow the instructions to make your payment for each outstanding tax year





Tax year: 2018

Notice date: July 19, 2021

TIN: 452-02-8217

Page 3 of 4

Other Options-continued

If you don't agree with our intent to levy or file a NFTL, you have the right to request an appeal under the Collection Appeals Program (CAP) before collection action takes place. If you want to file an appeal, call 800-829-8374 or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see enclosed Publication 1660 (Collection Appeal Rights).

Note: The CAP is different from the Collection Due Process (CDP) program. CAP addresses appeals under Notification of Intent to Levy in Internal Revenue Code Section 6331(d) when a Section 6330 hearing is not offered. For additional information, visit irs.gov/compliance/appeals.

142907

1000

We're required to send a copy of this notice to both you and your spouse. Each copy contains the same information about your joint account. Please note: Only pay the amount due once.

Tax period ending	Form number	Amount you owed	Interest ¹	Failure-to-pay penalty ²	
12/31/2018	1040	\$80,397.54	\$3,231.63	\$5,111.47	
Amount Due Imi	nediately				\$88,740.64
Additional interest and	d applicable penalties	accrue if payment is received	after 21 calendar days	from the]
notice date (or 10 bus • Visit <u>www.irs.gov/p</u>	iness days if you owe ayments/view-your-ta n online account, cal		g details.	from the	

IRS Help

For more information about this notice, visit irs.gov/CP504.

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RAY SHACKELFORD 4743 IVANHOE ST HOUSTON TX 77027-4729 For your referenceNotice name CP504Tax year 2017Notice date07-19-2021Your caller ID948389Taxpayer ID number452-02-8217New quick, easy, and secure online
paymentsSecure online

Visit <u>irs.gov/directpay</u> to avoid additional interest and penalties or time lost on the phone

142902

Final Balance Due Reminder – Notice of Intent to Seize (Levy) Your Property or Rights to Property

To: RAY SHACKELFORD

As of July 19, 2021, we have not received your overdue tax after sending several notices to you. You must pay your balance immediately or we may levy (seize) your property. If you do not make your payment now, we will consider your noncompliance an active choice and you could face a levy.

Amount Due Immediately: \$98,401.93

Payment must be received immediately.

What You Need To Do Immediately

Gather this information

- □ Your taxpayer ID number (see the reference box above)
- □ Form numbers (1040, 1040A or 1040EZ)
- □ Your filing status for the outstanding tax years
- □ Address from the outstanding tax years
- □ Your bank routing number
- □ Your bank account number

Pay directly online from your bank account

- 1. Go to irs.gov/payments/direct-pay
- 2. Select "Make a Payment"
- 3. Follow the instructions to make your payment for each outstanding tax year





Notice: CP504	Tax year: 2017	Notice date: July 19, 2021	TIN: 452-02-8217	Page 3 of 4
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Other Options—continued

If you don't agree with our intent to levy or file a NFTL, you have the right to request an appeal under the Collection Appeals Program (CAP) before collection action takes place. If you want to file an appeal, call 800-829-8374 or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see enclosed Publication 1660 (Collection Appeal Rights).

Note: The CAP is different from the Collection Due Process (CDP) program. CAP addresses appeals under Notification of Intent to Levy in Internal Revenue Code Section 6331(d) when a Section 6330 hearing is not offered. For additional information, visit irs.gov/compliance/appeals.

142902

We're required to send a copy of this notice to both you and your spouse. Each copy contains the same information about your joint account. Please note: Only pay the amount due once.

Tax period ending	Form number	Amount you owed	Interest ¹	Failure-to-pay penalty ²	
12/31/2017	1040	\$74,591.54	\$9,265.16	\$14,545.23	
Amount Due Imi	nediately				\$98,401.93
Additional interest and	applicable penalties	accrue if payment is received	after 21 calendar davs	from the more than	8
 Notice date (or 10 bus Visit <u>www.irs.gov/p</u> 	ness days if you owe ayments/view-your-ta n online account, cal	s accrue if payment is received \$100,000 or more). <u>ax-account to view online billin</u> I 800-829-8374 for a detailed	g details.	from the	

IRS Help

For more information about this notice, visit irs.gov/CP504.

談》 IRS Department of the Treasury Internal Revenue Service Memphis, TN 38101-0069

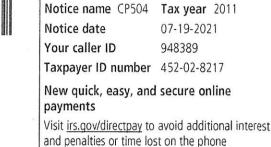


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RAY L & CHARLENE SHACKELFORD 4743 IVANHOE ST HOUSTON TX 77027-4729

142913



For your reference

Final Balance Due Reminder – Notice of Intent to Seize (Levy) Your Property or Rights to Property

To: RAY L & CHARLENE SHACKELFORD

As of July 19, 2021, we have not received your overdue tax after sending several notices to you. You must pay your balance immediately or we may levy (seize) your property. If you do not make your payment now, we will consider your noncompliance an active choice and you could face a levy.

Amount Due Immediately: \$34,319.62

Payment must be received immediately.

What You Need To Do Immediately

Gather this information

- □ Your taxpayer ID number (see the reference box above)
- □ Form numbers (1040, 1040A or 1040EZ)
- □ Your filing status for the outstanding tax years
- □ Address from the outstanding tax years
- □ Your bank routing number
- Your bank account number

Pay directly online from your bank account

- 1. Go to irs.gov/payments/direct-pay
- 2. Select "Make a Payment"
- 3. Follow the instructions to make your payment for each outstanding tax year



Use barcode for quick access to payment options on <u>irs.gov/payments</u>

Continued on back ...

Tax year: 2011

Notice date: July 19, 2021

TIN: 452-02-8217

Other Options-continued

If you don't agree with our intent to levy or file a NFTL, you have the right to request an appeal under the Collection Appeals Program (CAP) before collection action takes place. If you want to file an appeal, call 800-829-8374 or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see enclosed Publication 1660 (Collection Appeal Rights).

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Note: The CAP is different from the Collection Due Process (CDP) program. CAP addresses appeals under Notification of Intent to Levy in Internal Revenue Code Section 6331(d) when a Section 6330 hearing is not offered. For additional information, visit <u>irs.gov/compliance/appeals</u>.

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Your Billing Summary

Tax period ending	Form number	Amount you owed	Interest ¹	Failure-to-pay penalty ²	
12/31/2011	1040	\$21,773.23	\$8,437.37	\$4,109.02	
Amount Due Im	mediately				\$34,319.62

Additional interest and applicable penalties accrue if payment is received after 21 calendar days from the notice date (or 10 business days if you owe \$100,000 or more).

- Visit <u>www.irs.gov/payments/view-your-tax-account</u> to view online billing details.
- If you can't create an online account, call 800-829-8374 for a detailed calculation of your penalties and interest.

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irs.gov/payments/viewyour-tax-account

- 1. Internal Revenue Code Section 6601
- 2. Internal Revenue Code Section 6651

IRS Help

For more information about this notice, visit irs.gov/CP504.





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RAY L SHACKELFORD 4743 IVANHOE ST HOUSTON TX 77027-4729 For your reference

 Notice name
 CP504
 Tax year
 2004

 Notice date
 07-19-2021
 948389

 Your caller ID
 948389
 452-02-8217

New quick, easy, and secure online payments

Visit <u>irs.gov/directpay</u> to avoid additional interest and penalties or time lost on the phone

142908

Final Balance Due Reminder – Notice of Intent to Seize (Levy) Your Property or Rights to Property

To: RAY L SHACKELFORD

As of July 19, 2021, we have not received your overdue tax after sending several notices to you. You must pay your balance immediately or we may levy (seize) your property. If you do not make your payment now, we will consider your noncompliance an active choice and you could face a levy.

Amount Due Immediately: \$35,914.08

Payment must be received immediately.

What You Need To Do Immediately

Gather this information

- □ Your taxpayer ID number (see the reference box above)
- □ Form numbers (1040, 1040A or 1040EZ)
- □ Your filing status for the outstanding tax years
- □ Address from the outstanding tax years
- □ Your bank routing number
- □ Your bank account number

Pay directly online from your bank account

- 1. Go to irs.gov/payments/direct-pay
- 2. Select "Make a Payment"
- Follow the instructions to make your payment for each outstanding tax year



Notice:	CP504
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Tax year: 2004

Notice date: July 19, 2021

Other Options—continued

If you don't agree with our intent to levy or file a NFTL, you have the right to request an appeal under the Collection Appeals Program (CAP) before collection action takes place. If you want to file an appeal, call 800-829-8374 or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see enclosed Publication 1660 (Collection Appeal Rights).

Note: The CAP is different from the Collection Due Process (CDP) program. CAP addresses appeals under Notification of Intent to Levy in Internal Revenue Code Section 6331(d) when a Section 6330 hearing is not offered. For additional information, visit irs.gov/compliance/appeals.

142908	Your	Billing	Summary
	iuui	DIMIN	JAIIIIAIV

Tax period ending	Form number	Amount you owed	Interest ¹	Failure-to-pay penalty ²	
12/31/2004	1040A	\$26,623.56	\$9,290.52	\$0.00	
Amount Due Im	mediately				\$35,914.08

Additional interest and applicable penalties accrue if payment is received after 21 calendar days from the notice date (or 10 business days if you owe \$100,000 or more).

- Visit www.irs.gov/payments/view-your-tax-account to view online billing details.
- If you can't create an online account, call 800-829-8374 for a detailed calculation of your penalties and interest.
- 1. Internal Revenue Code Section 6601
- 2. Internal Revenue Code Section 6651

Bean me

irs.gov/payments/viewyour-tax-account

IRS Help

For more information about this notice, visit irs.gov/CP504.

Department of the Treasury Internal Revenue Service

Memphis, TN 38101-0069



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RAY L SHACKELFORD 4743 IVANHOE ST HOUSTON TX 77027-4729

The second s	
Notice name CP504	Tax year 2005
Notice date	07-19-2021
Your caller ID	948389
Taxpayer ID number	452-02-8217
New quick, easy, and	secure online

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For your reference

New quick, easy, and secure online payments

Visit <u>irs.gov/directpay</u> to avoid additional interest and penalties or time lost on the phone

142905

Final Balance Due Reminder – Notice of Intent to Seize (Levy) Your Property or Rights to Property

To: RAY L SHACKELFORD

As of July 19, 2021, we have not received your overdue tax after sending several notices to you. You must pay your balance immediately or we may levy (seize) your property. If you do not make your payment now, we will consider your noncompliance an active choice and you could face a levy.

Amount Due Immediately: \$36,213.51

Payment must be received immediately.

What You Need To Do Immediately

Gather this information

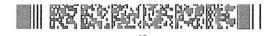
- □ Your taxpayer ID number (see the reference box above)
- □ Form numbers (1040, 1040A or 1040EZ)
- □ Your filing status for the outstanding tax years
- □ Address from the outstanding tax years
- □ Your bank routing number
- □ Your bank account number

Pay directly online from your bank account

- 1. Go to irs.gov/payments/direct-pay
- 2. Select "Make a Payment"
- 3. Follow the instructions to make your payment for each outstanding tax year







Notice: CP504	Tax year: 2005	Notice date: July 19, 2021	TIN: 452-02-8217	Page 3 of 4	

Other Options-continued

If you don't agree with our intent to levy or file a NFTL, you have the right to request an appeal under the Collection Appeals Program (CAP) before collection action takes place. If you want to file an appeal, call 800-829-8374 or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see enclosed Publication 1660 (Collection Appeal Rights).

Note: The CAP is different from the Collection Due Process (CDP) program. CAP addresses appeals under Notification of Intent to Levy in Internal Revenue Code Section 6331(d) when a Section 6330 hearing is not offered. For additional information, visit irs.gov/compliance/appeals.

142905 Your Billing Summary	142905	Your	Billing	Summary
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Tax period ending	Form number	Amount you owed	Interest ¹	Failure-to-pay penalty ²	
12/31/2005	1040A	\$26,845.55	\$9,367.96	\$0.00	
Amount Due Im	mediately				\$36,213.51

Additional interest and applicable penalties accrue if payment is received after 21 calendar days from the notice date (or 10 business days if you owe \$100,000 or more).

- Visit <u>www.irs.gov/payments/view-your-tax-account</u> to view online billing details.
- If you can't create an online account, call 800-829-8374 for a detailed calculation of your penalties and interest.
- 1. Internal Revenue Code Section 6601
- 2. Internal Revenue Code Section 6651



irs.gov/payments/viewyour-tax-account

IRS Help

For more information about this notice, visit irs.gov/CP504.

If you can't find what you need online, and still have questions not addressed in this notice call the IRS at 800-829-8374.

Continued on back...





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RAY L SHACKELFORD 4743 IVANHOE ST HOUSTON TX 77027-4729

For your reference

 Notice name
 CP504
 Tax year
 2006

 Notice date
 07-19-2021
 948389

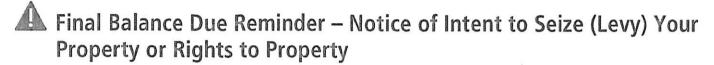
 Your caller ID
 948389
 452-02-8217

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Visit <u>irs.gov/directpay</u> to avoid additional interest and penalties or time lost on the phone

142909

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TO: RAY L SHACKELFORD

As of July 19, 2021, we have not received your overdue tax after sending several notices to you. You must pay your balance immediately or we may levy (seize) your property. If you do not make your payment now, we will consider your noncompliance an active choice and you could face a levy.

Amount Due Immediately: \$31,651.72

Payment must be received immediately.

What You Need To Do Immediately

Gather this information

- □ Your taxpayer ID number (see the reference box above)
- □ Form numbers (1040, 1040A or 1040EZ)
- □ Your filing status for the outstanding tax years
- □ Address from the outstanding tax years
- □ Your bank routing number
- □ Your bank account number

Pay directly online from your bank account

- 1. Go to irs.gov/payments/direct-pay
- 2. Select "Make a Payment"
- 3. Follow the instructions to make your payment for each outstanding tax year



irs.gov/payments/view-

your-tax-account

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Tax year: 2006

Notice date: July 19, 2021

TIN: 452-02-8217

Page 3 of 4

Other Options-continued

If you don't agree with our intent to levy or file a NFTL, you have the right to request an appeal under the Collection Appeals Program (CAP) before collection action takes place. If you want to file an appeal, call 800-829-8374 or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see enclosed Publication 1660 (Collection Appeal Rights).

Note: The CAP is different from the Collection Due Process (CDP) program. CAP addresses appeals under Notification of Intent to Levy in Internal Revenue Code Section 6331(d) when a Section 6330 hearing is not offered. For additional information, visit <u>irs.gov/compliance/appeals</u>.

Tax period ending	Form number	Amount you owed	Interest ¹	Failure-to-pay penalty ²	
12/31/2006	1040A	\$23,463.81	\$8,187.91	\$0.00	
Amount Due Im	mediately				\$31,651.7
 notice date (or 10 bus Visit <u>www.irs.gov/p</u> 	iness days if you owe ayments/view-your-ta n online account, cal	s accrue if payment is received s \$100,000 or more). ax-account to view online billin 1 800-829-8374 for a detailed	g details.	from the	

1. Internal Revenue Code Section 6601

2. Internal Revenue Code Section 6651

IRS Help

For more information about this notice, visit irs.gov/CP504.





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RAY L SHACKELFORD 4743 IVANHOE ST HOUSTON TX 77027-4729

	50		
For your	reference		
Notice name CP504	Tax year 2007		
Notice date	07-19-2021		
Your caller ID	948389		
Taxpayer ID number	452-02-8217		
New quick, easy, and payments	secure online		
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Visit <u>irs.gov/directpay</u> to avoid additional interest and penalties or time lost on the phone

142911

Final Balance Due Reminder – Notice of Intent to Seize (Levy) Your Property or Rights to Property

To: RAY L SHACKELFORD

As of July 19, 2021, we have not received your overdue tax after sending several notices to you. You must pay your balance immediately or we may levy (seize) your property. If you do not make your payment now, we will consider your noncompliance an active choice and you could face a levy.

Amount Due Immediately: \$12,651.29

Payment must be received immediately.

What You Need To Do Immediately

Gather this information

- □ Your taxpayer ID number (see the reference box above)
- □ Form numbers (1040, 1040A or 1040EZ)
- □ Your filing status for the outstanding tax years
- □ Address from the outstanding tax years
- □ Your bank routing number
- Your bank account number

Pay directly online from your bank account

- 1. Go to irs.gov/payments/direct-pay
- 2. Select "Make a Payment"
- 3. Follow the instructions to make your payment for each outstanding tax year



Tax year: 2007

Notice date: July 19, 2021

TIN: 452-02-8217

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irs.gov/payments/view-

your-tax-account

Other Options-continued

If you don't agree with our intent to levy or file a NFTL, you have the right to request an appeal under the Collection Appeals Program (CAP) before collection action takes place. If you want to file an appeal, call 800-829-8374 or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see enclosed Publication 1660 (Collection Appeal Rights).

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142911	Your	Billing	Summarv

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Tax period ending	Form number	Amount you owed	Interest ¹	Failure-to-pay penalty ²	
12/31/2007	1040A	\$9,378.56	\$3,272.73	\$0.00	
Amount Due Im	mediately				\$12,651.29

Additional interest and applicable penalties accrue if payment is received after 21 calendar days from the notice date (or 10 business days if you owe \$100,000 or more).

- Visit www.irs.gov/payments/view-your-tax-account to view online billing details.
- If you can't create an online account, call 800-829-8374 for a detailed calculation of your penalties and interest.
- 1. Internal Revenue Code Section 6601
- 2. Internal Revenue Code Section 6651

IRS Help

For more information about this notice, visit irs.gov/CP504.

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RAY L SHACKELFORD 4743 IVANHOE ST HOUSTON TX 77027-4729 For your referenceNotice name CP504Tax year 2008Notice date07-19-2021Your caller ID948389Taxpayer ID number452-02-8217New quick, easy, and secure online
paymentssecure onlineVisit irs.gov/directpay to avoid additional interest
and penalties or time lost on the phone

142914

Final Balance Due Reminder – Notice of Intent to Seize (Levy) Your Property or Rights to Property

To: RAY L SHACKELFORD

As of July 19, 2021, we have not received your overdue tax after sending several notices to you. You must pay your balance immediately or we may levy (seize) your property. If you do not make your payment now, we will consider your noncompliance an active choice and you could face a levy.

Amount Due Immediately: \$66,404.94

Payment must be received immediately.

What You Need To Do Immediately

Gather this information

- □ Your taxpayer ID number (see the reference box above)
- □ Form numbers (1040, 1040A or 1040EZ)
- □ Your filing status for the outstanding tax years
- □ Address from the outstanding tax years
- □ Your bank routing number
- □ Your bank account number

Pay directly online from your bank account

- 1. Go to irs.gov/payments/direct-pay
- 2. Select "Make a Payment"
- 3. Follow the instructions to make your payment for each outstanding tax year





Sean me irs.gov/payments/view-

your-tax-account

Notice: CP504	Tax year: 2008	Notice date: July 19, 2021	TIN: 452-02-8217	Page 3 of 4
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Other Options—continued

If you don't agree with our intent to levy or file a NFTL, you have the right to request an appeal under the Collection Appeals Program (CAP) before collection action takes place. If you want to file an appeal, call 800-829-8374 or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see enclosed Publication 1660 (Collection Appeal Rights).

Note: The CAP is different from the Collection Due Process (CDP) program. CAP addresses appeals under Notification of Intent to Levy in Internal Revenue Code Section 6331(d) when a Section 6330 hearing is not offered. For additional information, visit irs.gov/compliance/appeals.

142914	Your	Billing	Summary
	a Co Cea	Statistics.	o minimum y

Tax period ending	Form number	Amount you owed	Interest ¹	Failure-to-pay penalty ²	
12/31/2008	1040A	\$48,778.55	\$17,626.39	\$0.00	
Amount Due Im	mediately				\$66,404,94

Additional interest and applicable penalties accrue if payment is received after 21 calendar days from the notice date (or 10 business days if you owe \$100,000 or more).

- Visit <u>www.irs.gov/payments/view-your-tax-account</u> to view online billing details.
- If you can't create an online account, call 800-829-8374 for a detailed calculation of your penalties and interest.
- 1. Internal Revenue Code Section 6601
- 2. Internal Revenue Code Section 6651



For more information about this notice, visit irs.gov/CP504.

If you can't find what you need online, and still have questions not addressed in this notice call the IRS at 800-829-8374.

Continued on back ...

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RAY L SHACKELFORD 4743 IVANHOE ST HOUSTON TX 77027-4729 For your reference

 Notice name
 CP504
 Tax year
 2009

 Notice date
 07-19-2021
 948389

 Your caller ID
 948389
 452-02-8217

New quick, easy, and secure online payments

Visit <u>irs.gov/directpay</u> to avoid additional interest and penalties or time lost on the phone

142904



To: RAY L SHACKELFORD

As of July 19, 2021, we have not received your overdue tax after sending several notices to you. You must pay your balance immediately or we may levy (seize) your property. If you do not make your payment now, we will consider your noncompliance an active choice and you could face a levy.

Amount Due Immediately: \$121,050.13

Payment must be received immediately.

What You Need To Do Immediately

Gather this information

- □ Your taxpayer ID number (see the reference box above)
- □ Form numbers (1040, 1040A or 1040EZ)
- □ Your filing status for the outstanding tax years
- □ Address from the outstanding tax years
- □ Your bank routing number
- Your bank account number

Pay directly online from your bank account

- 1. Go to irs.gov/payments/direct-pay
- 2. Select "Make a Payment"
- 3. Follow the instructions to make your payment for each outstanding tax year



Notice: CP504	Tax year: 2009	Notice date: July 19, 2021	TIN: 452-02-8217	Page 3 of 4

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irs.gov/payments/view-

your-tax-account

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Other Options—continued

If you don't agree with our intent to levy or file a NFTL, you have the right to request an appeal under the Collection Appeals Program (CAP) before collection action takes place. If you want to file an appeal, call 800-829-8374 or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see enclosed Publication 1660 (Collection Appeal Rights).

Note: The CAP is different from the Collection Due Process (CDP) program. CAP addresses appeals under Notification of Intent to Levy in Internal Revenue Code Section 6331(d) when a Section 6330 hearing is not offered. For additional information, visit irs.gov/compliance/appeals.

Your Billing Summary		142904	Yo	ur	Bil	ling	Summary
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1 1 2 0 0 4

Tax period ending	g Form number	Amount you owed	Interest ¹	Failure-to-pay penalty ²	
12/31/2009	1040A	\$89,736.02	\$31,314.11	\$0.00	
Amount Due I	mmediately				\$121,050.13

Additional interest and applicable penalties accrue if payment is received after 21 calendar days from the notice date (or 10 business days if you owe \$100,000 or more).

- Visit <u>www.irs.gov/payments/view-your-tax-account</u> to view online billing details.
- If you can't create an online account, call 800-829-8374 for a detailed calculation of your penalties and interest.
- 1. Internal Revenue Code Section 6601
- 2. Internal Revenue Code Section 6651



For more information about this notice, visit irs.gov/CP504.

If you can't find what you need online, and still have questions not addressed in this notice call the IRS at 800-829-8374.

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Department of the Treasury Internal Revenue Service Memphis, TN 38101-0069



9307 1107 5660 7938 2113 65



21

RAY L SHACKELFORD 4743 IVANHOE ST HOUSTON TX 77027-4729 For your reference

 Notice name CP504
 Tax year 2010

 Notice date
 07-19-2021

 Your caller ID
 948389

 Taxpayer ID number
 452-02-8217

New quick, easy, and secure online payments

Visit <u>irs.gov/directpay</u> to avoid additional interest and penalties or time lost on the phone

142916

Final Balance Due Reminder – Notice of Intent to Seize (Levy) Your Property or Rights to Property

To: RAY L SHACKELFORD

As of July 19, 2021, we have not received your overdue tax after sending several notices to you. You must pay your balance immediately or we may levy (seize) your property. If you do not make your payment now, we will consider your noncompliance an active choice and you could face a levy.

Amount Due Immediately: \$136,938.59

-

Payment must be received immediately.

What You Need To Do Immediately

Gather this information

- □ Your taxpayer ID number (see the reference box above)
- □ Form numbers (1040, 1040A or 1040EZ)
- □ Your filing status for the outstanding tax years
- □ Address from the outstanding tax years
- □ Your bank routing number
- □ Your bank account number

Pay directly online from your bank account

- 1. Go to irs.gov/payments/direct-pay
- 2. Select "Make a Payment"
- 3. Follow the instructions to make your payment for each outstanding tax year



Use barcode for quick access to payment options on irs.gov/payments



Notice date: July 19, 2021

TIN: 452-02-8217

Page 3 of 4

Other Options-continued

If you don't agree with our intent to levy or file a NFTL, you have the right to request an appeal under the Collection Appeals Program (CAP) before collection action takes place. If you want to file an appeal, call 800-829-8374 or send us a Collection Appeals Request (Form 9423) to the address at the top of this notice. Call 800-829-8374 if you have any questions. For more information about your appeal rights, see enclosed Publication 1660 (Collection Appeal Rights).

Note: The CAP is different from the Collection Due Process (CDP) program. CAP addresses appeals under Notification of Intent to Levy in Internal Revenue Code Section 6331(d) when a Section 6330 hearing is not offered. For additional information, visit irs.gov/compliance/appeals.

142916	١
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2916	Your	Billing	Summary

Tax period ending	Form number	Amount you owed	Interest ¹	Failure-to-pay penalty ²	
12/31/2010	1040	\$100,762.82	\$35,162.01	\$1,013.76	
Amount Due Im	mediately				\$136,938.59

Additional interest and applicable penalties accrue if payment is received after 21 calendar days from the notice date (or 10 business days if you owe \$100,000 or more).

- Visit www.irs.gov/payments/view-your-tax-account to view online billing details.
- If you can't create an online account, call 800-829-8374 for a detailed calculation of your penalties and interest.
- 1. Internal Revenue Code Section 6601
- 2. Internal Revenue Code Section 6651



irs.gov/payments/viewyour-tax-account

IRS Help

For more information about this notice, visit irs.gov/CP504.

If you can't find what you need online, and still have questions not addressed in this notice call the IRS at 800-829-8374.

11/16/2021 3:59 PM Marilyn Burgess - District Clerk Harris County Envelope No. 59220371 By: SIMONE MILLS Filed: 11/16/2021 3:59 PM

CAUSE NO. 2021-63775

RAY L. SHACKELFORD	§	IN THE DISTRICT COURT
and CHARLENE H. DANIELS	§	
Plaintiffs,	§	
	§	
VS.	§	OF HARRIS COUNTY, TEXAS
	§	
JAY A. FINN, JAY A. FINN CPA, LLC	C §	
and JOSEPH M. ZIMMER	§	
Defendants.	§	334 th JUDICIAL DISTRICT

PLAINTIFFS' INITIAL DISCLOSURES

Plaintiffs, Ray L. Shackelford and Charlene H. Daniels, submit these their

Plaintiffs' Initial Disclosures in the above styled cause and would state as follows:

(1) the correct names of the parties of the lawsuit

RESPONSE: Ray L. Shackelford-Plaintiff Charlene H. Daniels-Plaintiff Jay A. Finn-Defendant Jay A. Finn CPA, LLC-Defendant Joseph M. Zimmer-Defendant

(2) the name, address, and telephone number of any potential parties

RESPONSE: None at this time

(3) the legal theories and in general, the factual basis of the responding party's claims or defenses. The responding party need not marshall all evidence that may be offered at trial.

RESPONSE: Plaintiff sue Defendants for negligence in failing to communicate accurate information of Plaintiff to the IRS and its agents, communicating inaccurate information and a failure to communicate with a specified agent. Plaintiffs claims are not barred by the limitations period per COVID 19 Order of the Supreme Court.

(4) a computation of each category of damages claimed by the responding party

RESPONSE: \$250,000.00 proximately caused by Defendants' negligence

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Exhibit F

(5) the name, address, and telephone number of person having knowledge of relevant facts and a brief statement of each identifying person's connection with the case

- RESPONSE: (a) Ray L. Shackelford c/o Wayne H. Paris 2 Riverway, Suite 1080 Houston, Texas 77056 (713) 951-9100 Plaintiff in this case
 - (b) Charlene H. Daniels
 c/o Wayne H. Paris
 2 Riverway, Suite 1080
 Houston, Texas 77056
 (713) 951-9100
 Plaintiff in this case
 - (c) Jay A. Finn Jay A. Finn CPA, LLC c/o Tom Sanders
 P.O. Box 572 Barker, Texas 77443 (832) 321-3560 Defendants in the case
 - (d) Joseph M. Zimmer Address and phone number unknown Defendant in the case
 - (e) Anubhav Bagga
 Revenue Officer
 1919 Smith St.
 Houston, Texas 77002
 (281) 408-3350
 Tax Agent that reviewed information

- (f) Ms. A. Benson-Jones Process examiner team manager Department of the Treasury Internal Revenue Service P.O. Box 30803 Memphis, TN 38130-0803 Phone contact: Phyllis D. Holmes (844) 398-5025 Has knowledge of the denial of the offer and compromise
- (g) Will supplement with others

(6) a copy- or a description by category and location- of all documents electronically stored information and tangible things that the responding party has in its possession, custody or control, and may use to support its claims or defenses, unless the use would be solely for impeachment.

RESPONSE: See attached

(7) any indemnity and insuring agreements described in Rule 192.3(f)

RESPONSE: None

(8) any settlement agreements described in Rule 192.3(g)

RESPONSE: None

(9) any witness statements described in Rule 192.3(h)

RESPONSE: None at this time

(10) in a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, all medical records and bills that are reasonably related to the injuries or damages asserted or, in lieu thereof, an authorization permitting disclosure of such medical records and bills.

RESPONSE: None

(11) in a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, all medical records and bills obtained by the responding party by virtue of an authorization furnished by the requesting party

RESPONSE: None

(12) the name, address, and telephone number of any person who may be designated as a responsible third party

RESPONSE: None at this time

Respectfully submitted,

/s/ Wayne H. Paris

Wayne H. Paris State Bar No. 15462000 Paris Law Group, P.L.L.C. Two Riverway, Suite 1080 Houston, Texas 77056 Telephone: (713) 951-9100 Facsimile: (713) 961-3082 E-mail: waynehparis@yahoo.com Attorney for Plaintiffs

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Plaintiffs Initial Disclosures have been served on all interest counsel of record on this $\frac{16}{2}$ day of November 2021 by electronic transmission.

> /s/ Wayne H. Paris Wayne H. Paris

Tom Sanders PO Box 572 Barker, Texas 77413 via emal: tcsanders76@yahoo.com

Automated Certificate of eService

This automated certificate of service was created by the efiling system. The filer served this document via email generated by the efiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Wayne Paris on behalf of Wayne Paris Bar No. 15462000 waynehparis@yahoo.com Envelope ID: 59220371 Status as of 11/16/2021 4:05 PM CST

Case Contacts

Name	BarNumber	Email	TimestampSubmitted	Status
Thomas C.Sanders		tcsanders76@yahoo.com	11/16/2021 3:59:19 PM	SENT
Wayne H. Paris	15462000	waynehparis@yahoo.com	11/16/2021 3:59:19 PM	SENT

CAUSE NO. 2021-63775

RAY L. SHACKELFORD and CHARLENE H. DANIELS,	§	IN THE DISTRICT COURT
Plaintiffs,	§	
VS.	§	334 th JUDICIAL DISTRICT
JAY A. FINN, JAY A. FINN CPA, LLC, and JOSEPH M. ZIMMER	§	
Defendants	Ş	HARRIS COUNTY, TEXAS

FINN DEFENDANTS' INITIAL DISCLOSURES

TO: Plaintiffs, Ray L. Shackelford and Charlene H. Daniels, by and through their attorney of record, Wayne H. Paris, waynehparis@yahoo.com

Pursuant to the Texas Rules of Civil Procedure, Defendants, JAY A. FINN and JAY A. FINN

CPA, LLC (Finn Defendants) hereby serves these disclosures on Plaintiffs.

Respectfully Submitted,

/s/ Tom Sanders

TOM SANDERS State Bar No. 17609900 P.O. Box 572 Barker, Texas 77413 (832) 321-3560 Telephone (832) 321-5009 Facsimile tcsanders76@yahoo.com

ATTORNEY FOR JAY A. FINN and JAY A. FINN CPA, LLC

CERTIFICATE OF SERVICE

I certify that a copy of the above was served on each attorney of record or party in accordance with the Texas Rules of Civil Procedure on November 11, 2021.

/s/ Tom Sanders

TOM SANDERS

FINN DEFENDANTS' DISCLOSURES

1) The correct names of the parties of the lawsuit.

RESPONSE:

RAY L. SHACKELFORD, CHARLENE H. DANIELS, JAY A. FINN, JAY A. FINN CPA, LLC, JOSEPH M. ZIMMER

2) The name, address, and telephone number of any potential parties.

RESPONSE:

None at this time.

3) The legal theories and, in general, the factual bases of the responding party's claims or defenses (the responding party need not marshal all evidence that may be offered at trial).

RESPONSE:

The Finn Defendants contend that any harm alleged to have occurred due to the defendants' actions are a direct result of the conduct of Plaintiffs. Plaintiffs were and are believed to continue to be under investigation by the US Treasury Department.

Jay Finn received a US District Court grand jury subpoena to testify and present documents regarding Plaintiffs alleged unlawful activities. Defendants are not at liberty to interfere with the US Treasury investigation, and were justified in responding to the subpoena. For the purposes of this response, Defendants adopt their pleadings.

Independently, Plaintiffs claims are outside the limitations period.

4) A computation of each category of damages claimed by the responding party.

RESPONSE:

None at this time.

5) The name, address, and telephone number of persons having knowledge of relevant facts, and a brief statement of each identifying person's connection with the case.

RESPONSE:

Ray L. Shackelford, c/o Wayne H. Paris

Charlene H. Daniels c/o Wayne H. Paris Jay A. Finn and Judy Finn c/o Tom Sanders

Joseph M. Zimmer

Jason A. Webb US Department of the Treasury Special Agent 8701 South Gessner, Ste. 1010 Houston, Texas 281-635-5666 Agent involved in the investigation that led to the grand jury subpoena.

Robert Johnson Assistant US Attorney 1000 Louisiana Street, Ste. 2300 Houston, Texas 713-567-9000 US Attorney involved in the case that led to the grand jury subpoena.

Mr. Amubhav Baggi 1919 Smith St., Stop 5125 Houston, TX 77002 Revenue agent who received the OIC.

Ms. A. Benson-Jones Process Examiner Team Manager IRS, COIC Department P. O. Box 30803, AMC Memphis, TN 38130-0803 IRS employee who issued the denial letter for the OIC.

Persons listed by the other Parties to the lawsuit.

6) a copy - or a description by category and location - of all documents, electronically stored information, and tangible things that the responding party has in its possession, custody, or control, and may use to support its claims or defenses, unless the use would be solely for impeachment;

RESPONSE:

None at this time.

7) any indemnity and insuring agreements described in Rule 192.3 (f);

RESPONSE:

None.

8) any settlement agreements described in Rule 192.3 (g);

RESPONSE:

None.

9) any witness statements described in Rule 192.3 (h);

RESPONSE:

None at this time.

10) in a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, all medical records and bills that are reasonably related to the injuries or damages asserted or, in lieu thereof, an authorization permitting the disclosure of such medical records and bills;

RESPONSE:

None at this time.

11) in a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, all medical records and bills obtained by the responding party by virtue of an authorization furnished by the requesting party; and

RESPONSE:

None at this time.

12) the name, address, and telephone number of any person who may be designated as a responsible third party.

RESPONSE:

Finn Defendants may designate the US Department of the Treasury and the IRS, including their agents and attorneys, as a responsible third parties. See Section 5 for names and contact information.

Automated Certificate of eService

This automated certificate of service was created by the efiling system. The filer served this document via email generated by the efiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Tom Sanders on behalf of Tom Sanders Bar No. 17609900 tcsanders76@yahoo.com Envelope ID: 59071070 Status as of 11/11/2021 9:48 AM CST

Case Contacts

Name	BarNumber	Email	TimestampSubmitted	Status
Thomas C.Sanders		tcsanders76@yahoo.com	11/11/2021 9:48:18 AM	SENT
Wayne H. Paris	15462000	waynehparis@yahoo.com	11/11/2021 9:48:18 AM	SENT

CAUSE NO. 2021-63775

RAY L. SHACKELFORD and CHARLENE H. DANIELS,	§	IN THE DISTRICT COURT
Plaintiffs,	§	
VS.	§	334 th JUDICIAL DISTRICT
JAY A. FINN, JAY A. FINN CPA, LLC, and JOSEPH M. ZIMMER	§	
Defendants	§	HARRIS COUNTY, TEXAS

DEFENDANTS JAY A. FINN AND JAY A. FINN CPA, LLC'S 11-11-2021 SUPPLEMENTAL ANSWER AND DESIGNATION OF RESPONSIBLE THIRD PARTIES

TO THE HONORABLE JUDGE OF SAID COURT:

DESIGNATION OF RESPONSIBLE THIRD PARTIES

1. JAY A. FINN and JAY A. FINN CPA, LLC, (hereinafter "Defendants") hereby designates the United States Department of the Treasury, and the Internal Revenue Service, and their agents who were involved with the Plaintiffs' tax question, as responsible third parties in this case.

2. Plaintiffs' claims against the Finn Defendants are the direct result of a grand jury subpoena issued in a federal investigation of the Plaintiffs. See the attached Exhibit A.

SUPPLEMENT TO ANSWER

The Finn Defendants plead for all their rights per other sections of CPRC chapter
 including 33.001, 33.002, and 33.003. Also these Defendants plead their rights to sections
 33.011 through 33.015.

4. The Finn Defendants plead that all conditions precedent have not been performed.

5. The Finn Defendants plead their rights, if any, to the provisions of chapter 150 of the CPRC.

6. The Finn Defendants plead the affirmative defense of illegality.

PRAYER

For legal and equitable reasons, the Finn Defendants plead that the Finn Defendants should be found not liable. Finn Defendants plead for all relief they are entitled to as pled in their pleadings.

Respectfully Submitted,

/s/ Tom Sanders

TOM SANDERS State Bar No. 17609900 P.O. Box 572 Barker, Texas 77413 (832) 321-3560 Telephone (832) 321-5009 Facsimile tcsanders76@yahoo.com

ATTORNEY FOR JAY A. FINN and JAY A. FINN CPA, LLC

CERTIFICATE OF SERVICE

I hereby certify that the foregoing has been forwarded to each attorney of record in accordance with Texas Rules of Civil Procedure on November 11, 2021.

/s/ Tom Sanders

TOM SANDERS

Automated Certificate of eService

This automated certificate of service was created by the efiling system. The filer served this document via email generated by the efiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Tom Sanders on behalf of Tom Sanders Bar No. 17609900 tcsanders76@yahoo.com Envelope ID: 59074534 Status as of 11/11/2021 11:09 AM CST

Case Contacts

Name	BarNumber	Email	TimestampSubmitted	Status
Thomas C.Sanders		tcsanders76@yahoo.com	11/11/2021 10:56:35 AM	SENT
Wayne H. Paris	15462000	waynehparis@yahoo.com	11/11/2021 10:56:35 AM	SENT

Exhibit A

AO 110 (Rev. 06/09) Subpoena to Testify Before a Grand Jury

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

SUBPOENA TO TESTIFY BEFORE A GRAND JURY

Jay Finn 11500 Northwest Fwy #581 Houston, TX 77092

YOU ARE COMMANDED to appear in this United States district court at the time, date, and place shown below to testify before the court's grand jury. When you arrive, you must remain at the court until the judge or a court officer allows you to leave.

Place:	ce: U. S. Federal Building and Courthouse 515 Rusk Ave - 3rd Floor. Ste 3000		n na sanananan na ku	Date and Time:		a an a star a the star star a star and a star a star	
	Houston, TX 77002			1	8/28/2019	2:00 pm	
	A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR A CONTRA	a contraction of the second	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		

You must also bring with you the following documents, electronically stored information, or objects (blank if not applicable):

SEE ATTACHMENT

Date: 7/31/2019

DAVID J. BRADLEY CLERK OF COURT

Signature of Herk or Deputy Clerk

The name, address, e-mail, and telephone number of the United States attorney, or assistant United States attorney, who requests this subpoena, are:

Robert Johnson

Assistant U.S. Attorney U. S. Attorney's Office (713)567-9000 1000 Louisiana, Suite 2300 Houston, Texas 77002

GJ No.: 18-2 Disclosure No.: 19-2488

SA Jason A. Webb, IRS-CID 281-635-5666

AO 110 (Rev. 06/09) Subpoena to Testify Before Grand Jury (Page 2)

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PROOF OF SERVICE

	This subpoena for (name of individual or organization	on)			
was re	eceived by me on (date)	na na sana na mana na m	An ann ann an ann an Anna Anna Anna Ann		
	I served the subpoena by delivering a copy	to the named person as follows:	· · · · · · · · · · · · · · · · · · ·		
		an (Jera)	: or		
	I returned the subpoena unexecuted becaus	e:			
	n a nana amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o amin'ny faritr'o	aanaa ahaa ahaa ahaa ahaa ahaa ahaa aha			
	I declare under penalty of perjury that this information is true.				
Date:					
	a than a sharanni a sharanni a ta 27 10 10 10 10 10 10 10 10 10 10 10 10 10	Server's signatue	1997 - 1997 -		
		Printed name and t	title		
		Server's address	s		

Additional information regarding attempted service, etc:

19-2488 ATTACHMENT TO SUBPOENA ISSUED TO: Jay Finn

FOR THE YEARS: 2013 - 2019

Any and all documents in your custody or control relative to the financial transactions of:

Entity	TIN
Ray Shackelford	452-02-8217
Charlene Daniels	464-33-3101
Shackelford & Associates LLC	42-1609307
CH Daniels and Associates LLC	46-3570036

Including but not limited to the following:

All books, records, bank statements, canceled checks, deposit tickets, work-papers, financial statements, correspondence and other pertinent documents furnished by or on behalf of the above named client(s) for the preparation of state and federal income tax returns and for any other entity in which either or both of them have a financial interest, including but not limited to:

All records used in or resulting from the preparation of federal and state income tax returns consisting of but not limited to work-papers, notes, papers, memoranda and correspondence used or prepared by you relative to the preparation of the aforementioned returns.

Copies of federal and state income and payroll tax returns, state sales tax returns and amended tax returns.

All records, books of account and other documents or papers relative to financial transactions of the principals.

All client billing records relative to this client to include records disclosing the dates and types of service rendered; client account cards; billing invoices; records reflecting the dates, amounts, purpose, and method of all payments (cash or check); and all correspondence with this client.

Business Records Affidavit by Custodian of Records

Jay Finn

(hereafter referred to as the "Company")

I, _______(please print or type name), state the following under penalty of perjury in relation to the subpoena issued by the Grand Jury in the Southern District of Texas and issued to **Jay Finn**

- (1) I acknowledge that I am personally responsible for complying with the subpoena.
- (2) I have read the subpoena and understand what is requires.
- (3) I have made, or personas under my direct supervision have made, a full and complete search for all documents responsive to the subpoena. I understand that the company is required to make a full and complete search for all responsive documents that are in its possession, custody, or control, irrespective of where those documents are now located or who currently possesses them. I understand, for example, that if responsive documents have been provided to an outside accountant or attorney, or employee, or for some other reason are not on the Company's premises (but are within its legal ability to obtain), the Company would nonetheless be obligated to obtain those documents and produce them to the Grand Jury. In addition. I understand that the Company is required to produce responsive documents and records that are in its possession, custody, or control, irrespective of who generated the document or record, or whether they are printed on Company letterhead.

- (4) On the date set forth below, I sent all documents responsive to the subpoena that were in the Company's possession, custody, or control to the investgative agent whose name appears on the subpoena.
- (5) All of the documents I furnished were authentic records maintained by the Company or maintained under the Company's ultimate control, direction, or or supervision.
- (6) With the exceptions noted below, the documents I furnished were business records created by the company or Company employees or business associates, or were business records received and kept by the Company or Company employees or associates in the ordinary course of the Company's business affairs. That is, the records I furnished were made at or near the time of the events recorded therein; were made on the basis of personal knowledge of the events recorded; were made or received, and kept, as part of a regular business practice. Exceptions, if any, are the documents identified as follows:

Pursuant to Title 28, United States Code, Section 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on:	
	Title/Position:
Mailing Address:	
	анан амаа ал ан
Telephone Number(s):	
Signature:	

ALTERNATIVE METHOD OF COMPLIANCE

This subpoena commands you to appear before the Grand Jury in the Southern District of Texas at the time and place indicated on the face of the subpoena. As an alternative method of compliance, you may, at your option, send responsive documents to the investigating agent whose name and address appear below. If you choose to take advantage of this method of production, you acknowledge and agree to the following:

- 1. The alternative method of compliance is completely voluntary.
- 2. If requested to do so by an attorney for the government, your records custodian will appear before the Grand Jury at the subsequent session and provide testimony as the subpoena contemplates.
- 3. The alternative method of compliance is to execute the attached Business Records Affidavit and send it, on or before the subpoena return date, along with all responsive documents, (initialed and dated on the back of each page by your document custodian), via overnight delivery service to:

SA Jason A. Webb, IRS-CID IRS-CID 1919 Smith Street, Suite 2202 Houston, Texas 77002

jason.webb@ci.irs.gov 281-635-5666

(Questions concerning the scope of this subpoena or the alternative method of compliance should be directed to the investigative agent identified above.)

I. General

- A. Electronically stored records shall be produced in electronic form and shall include those records held:
 I. In your record retention systems: and/or
 - 2. By your technology, data, or other service provider(s).
- II. Text Data
 - A. Text data relating to transactions (e.g., core data, history file) shall be produced within a data file:
 - 1. Using delimited ASCII text data format; or
 - 2. Within software that can export without loss of data to a non proprietary file format; or
 - 3. Using commonly readable file format set by agreement.
 - B. Text data files relating to transactions produced according to II. A. shall include field descriptions/ headers, e.g., account number, date/time, description, payee/payor, check number, item identifier, and amount.

III. Image Data

- A. Image data shall be produced in individual graphic data files in Group IV tiff format with a unique identifier (bates number) electronically endorsed on the image: and
- B. Image data of items associated with specific transactions, e.g., checks, wires, deposits, etc. shall be:
 - 1. Linked to corresponding text data by the unique identifier.
 - 2. The document's file name should match the identifier (bates number).
- IV. Encryption/Authentication
 - A. Electronically stored records may be transmitted in an encrypted container. Decryption keys shall be produced separately at the time the data are produced.
 - B. Authentication, such as hash coding, may be set by agreement.

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CAUSE NO. 2021-63775

RAY L. SHACKELFORD and CHARLENE H. DANIELS,	§	IN THE DISTRICT COURT
Plaintiffs,	§	
VS.	§	334 th JUDICIAL DISTRICT
JAY A. FINN, JAY A. FINN CPA, LLC, and JOSEPH M. ZIMMER	§	
Defendants	§	HARRIS COUNTY, TEXAS

DEFENDANTS JAY A. FINN AND JAY A. FINN CPA, LLC'S 8-2-2022 SUPPLEMENTAL ANSWER

TO THE HONORABLE JUDGE OF SAID COURT:

SUPPLEMENT TO ANSWER

1. The Finn Defendants' response to the Plaintiffs' recent DTPA allegations is that the Plaintiffs were at fault. The activity of the IRS, including the rejection of the Plaintiffs' OIC and the subpoena for records per a criminal investigation, and the IRS's scrutiny of their tax returns were caused by the Plaintiffs' activities, including years of filing suspect tax returns. The Plaintiffs' OIC was rejected by the IRS because of the Plaintiffs pattern of not paying their taxes.

2. The Finn Defendants plead for all exemption protection and defenses provided by the Texas Business Code Section 17.49(c) and (d).

PRAYER

For legal and equitable reasons, the Finn Defendants plead that the Finn Defendants should be found not liable. Finn Defendants plead for all relief they are entitled to as pled in their pleadings.

Respectfully Submitted,

/s/ Tom Sanders

TOM SANDERS State Bar No. 17609900 P.O. Box 572 Barker, Texas 77413 (832) 321-3560 Telephone (832) 321-5009 Facsimile tcsanders76@yahoo.com

ATTORNEY FOR JAY A. FINN and JAY A. FINN CPA, LLC

CERTIFICATE OF SERVICE

I hereby certify that the foregoing has been forwarded to each attorney of record in accordance with Texas Rules of Civil Procedure on August 2, 2022.

/s/ Tom Sanders

TOM SANDERS

Automated Certificate of eService

This automated certificate of service was created by the efiling system. The filer served this document via email generated by the efiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Tom Sanders on behalf of Tom Sanders Bar No. 17609900 tcsanders76@yahoo.com Envelope ID: 66892292 Status as of 8/2/2022 3:13 PM CST Case Contacts Name BarNumber Email TimestampSubmitted Status Thomas C.Sanders tcsanders76@yahoo.com 8/2/2022 2:27:37 PM SENT 8/2/2022 2:27:37 PM Wayne H. Paris 15462000 waynehparis@yahoo.com SENT

CAUSE NO. 2021-63775

RAY L. SHACKELFORD and CHARLENE H. DANIELS,	§	IN THE DISTRICT COURT
Plaintiffs,	§	
VS.	§	334 th JUDICIAL DISTRICT
JAY A. FINN, JAY A. FINN CPA, LLC, and JOSEPH M. ZIMMER	§	
Defendants	§	HARRIS COUNTY, TEXAS

FINN DEFENDANTS' PRETRIAL DISCLOSURES

TO: Plaintiffs, Ray L. Shackelford and Charlene H. Daniels, by and through their attorney of record, Wayne H. Paris, waynehparis@yahoo.com

Pursuant to the Texas Rules of Civil Procedure, Defendants, JAY A. FINN and JAY A. FINN CPA,

LLC (Finn Defendants) hereby serves these disclosures on Plaintiffs.

Respectfully Submitted,

/s/ Tom Sanders

TOM SANDERS State Bar No. 17609900 P.O. Box 572 Barker, Texas 77413 (832) 321-3560 Telephone (832) 321-5009 Facsimile tcsanders76@yahoo.com

ATTORNEY FOR JAY A. FINN and JAY A. FINN CPA, LLC

CERTIFICATE OF SERVICE

I certify that a copy of the above was served on each attorney of record or party in accordance with the Texas Rules of Civil Procedure on August 5, 2022.

/s/ Tom Sanders

TOM SANDERS

FINN DEFENDANT'S PRETRIAL DISCLOSURES

(1) the name and, if not previously provided, the address, and telephone number of each witness—separately identifying those the party expects to present and those it may call if the need arises;

RESPONSE:

EXPECTS TO CALL:

Ray L. Shackelford, c/o Wayne H. Paris

Charlene H. Daniels c/o Wayne H. Paris

Jay A. Finn and Judy Finn c/o Tom Sanders

Joseph M. Zimmer 11500 Northwest Freeway #581, Houston, TX 77092

Jason A. Webb US Department of the Treasury Special Agent 8701 South Gessner, Ste. 1010 Houston, Texas 281-635-5666 Agent involved in the investigation that led to the grand jury subpoena.

Robert Johnson Assistant US Attorney 1000 Louisiana Street, Ste. 2300 Houston, Texas 713-567-9000 US Attorney involved in the case that led to the grand jury subpoena.

Mr. Amubhav Baggi 1919 Smith St., Stop 5125 Houston, TX 77002 Revenue agent who received the OIC.

Ms. A. Benson-Jones Process Examiner Team Manager IRS, COIC Department P. O. Box 30803, AMC Memphis, TN 38130-0803 IRS employee who issued the denial letter for the OIC.

MAY CALL IF THE NEED PRESENTS:

Persons listed by the other Parties to the lawsuit.

(2) an identification of each document or other exhibits, including summaries of other evidence separately identifying those items the party expects to offer and those it may offer if the need arises.

RESPONSE:

EXPECT TO OFFER:

Client Information: FINN 0001-0004 Documents received from Clients: FINN 0005-0021 Emails: FINN 0022-0195 Engagement Letter and Billing: FINN 0196-0208 IRS Contact: FINN 0209-0211 OIC Final: FINN 0212-0231 OIC Preparation: FINN 0232-0389 Other: FINN 0390 POA: FINN 0391-0405 Subpoena: FINN 0406-0413 Tax Returns: FINN 0414-0629 IRS Benson-Jones Letter Declining OIC: FINN 0630-0632

MAY OFFER:

Any documents identified by Plaintiffs.



Department of the Treasury

Internal Revenue Service COIC PO Box 30803, AMC Memphis, TN 38130-0803 Date of this Letter: 06/24/209

Person to Contact: Phyllis D. Holmes Employee #:1000201507 Phone#:(844)398-5025 Taxpayer ID#:***-**-8217 Taxpayer Name: RAY SHACKELFORD & CHARLENE DANIELS

Offer Number:1001560997

JOSEPH M ZIMMER 11500 NORTHWEST FWY STE 581 HOUSTON, TX 77092-6524-314

Dear Joseph M Zimmer,

Attached is a copy of correspondence which was sent to your client. We are forwarding a copy to you per your client's instructions as indicated on line 2 and line 5 of Form 2848, Power of Attorney and Declaration of Representative, or on line 4 or 5 of Form 8821, Tax Information Authorization.

If no copy of the correspondence sent to your client is attached, the issue involves tax information you are not entitled to receive based on the Form 2848 or Form 8821 on file. Please consult your client for additional information.

If you have any questions, please contact the person whose name and telephone number are shown in the upper right hand corner of this letter.

Sincerely,

Ms. A. Benson-Jones Process Examiner Team Manager

cc: Taxpayer

Letter POA(AOIC)

Department of the Treasury

Date of this Letter: 04/24/2019

Internal Revenue Service COIC PO Box 30803, AMC Memphis, TN 38130-0803 Person to Contact: Phyllis D. Holmes Employee #:1000201507 Phone#:(844)398-5025 EXT. 06:00am-02:30pm Mon-Fri Taxpayer ID#:***-**-8217 Offer Number:1001560997

RAY SHACKELFORD & CHARLENE DANIELS 4743 IVANHOE ST HOUSTON, TX 77027-4729-43

Dear Ray Shackelford & Charlene Daniels,

We have closed our file on your offer and are returning your Form 656, Offer in Compromise for the following reason(s):

We have determined that your offer was submitted solely to hinder or delay our collection actions which are expected to collect significantly more than the amount you have offered.

If you wish to present a new offer, you must submit a new Form 656, current financial information using Form 433-A(OIC) and/or Form 433-B(OIC), all required supporting financial documentation, a check for the \$186 application fee, and a separate check for the 20 percent of the lump sum amount offered or your first proposed installment payment. Mail your completed forms and your checks to the address listed in the instructions for Form 656.

If you believe the return of your offer was made in error, or your failure to provide the information/substantiation we requested was due to circumstances beyond your control (your serious illness, death or serious illness of your immediate family member, or disaster) within 30 days from the date of this letter you may contact the person whose name and telephone number are shown in the upper right hand corner of this letter to request reconsideration of our decision to close your offer. You should be prepared to discuss specifics, provide verification of the circumstances beyond your control and, if applicable, provide the information previously requested.

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continued on next page

FINN 0631

As of the date outhis letter, we are considering your offer closed. Any payments received with your offer or after the date of this letter will be applied to your liability, unless specified elsewhere in this letter. If you have any questions, please contact the person whose name and telephone number are shown in the upper right hand corner of this letter.

Sincerely,

Ms. A. Benson-Yones Process Examiner Team Manager

§

§

§

RAY L. SHACKELFORD and CHARLENE H. DANIELS

VS.

JAY A. FINN, JAY A. FINN CPA, LLC and JOSEPH M. ZIMMER

THE DISTRICT COURT OF

HARRIS COUNTY, TEXAS

334TH JUDICIAL DISTRICT

DEFENDANTS, JAY A FINN and JAY A FINN CPA, LLC'S SUPPLEMENTAL ANSWER

TO THE HONORABLE JUDGE OF SAID COURT:

Supplement to Answer

The Finn Defendants further supplement their answer to the Plaintiffs' allegations as follows:

1) To the extent the Plaintiffs are "fracturing" their causes of action against the Defendants,

fracturing is not allowed by Texas law.

2) Independently, the Plaintiffs should not be allowed to profit from dishonoring their

contract they signed wherein they agreed to mediate before filing suit.

3) The Defendants are not liable as they acted in reliance on information supplied by the

Plaintiffs. Incomplete disclosure of the history of Plaintiffs' tax problems is the fault of the Plaintiffs not the Defendants. The Finn Defendants could not know what the Plaintiffs knew and failed to disclose

regarding the Plaintiffs suspect history of tax payments.

<u>Prayer</u>

For legal and equitable reasons, the Finn Defendants plead that they should be found not liable.

Finn Defendants plead for all relief they are entitled to as plead in their pleadings.

Respectfully Submitted,

/s/ Tom Sanders

TOM SANDERS State Bar No. 17609900 P.O. Box 572 Barker, Texas 77413 State bar No. 17609900 (832) 321-3560 Telephone (832) 321-5009 Facsimile tcsanders76@yahoo.com ATTORNEY FOR DEFENDANTS, JAY A. FINN, JAY A. FINN CPA, LLC

N CPA, LLC

CERTIFICATE OF SERVICE

I certify that a copy of the above was served on each attorney of record or party in accordance with the Texas Rules of Civil Procedure on this 5th day of October, 2022.

/s/ Tom Sanders

TOM SANDERS

Automated Certificate of eService

This automated certificate of service was created by the efiling system. The filer served this document via email generated by the efiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Yvonne Stokley on behalf of Tom Sanders Bar No. 17609900 tsanders.yvonne@gmail.com Envelope ID: 68929556 Status as of 10/5/2022 2:05 PM CST Case Contacts

Name	BarNumber	Email	TimestampSubmitted	Status
Thomas C.Sanders		tcsanders76@yahoo.com	10/5/2022 2:03:37 PM	SENT
Wayne H. Paris	15462000	waynehparis@yahoo.com	10/5/2022 2:03:37 PM	SENT