

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE**OFFICE USE ONLY**

STATE OF FLORIDA

COUNTY OF LEE

I, ARNOLD ALEXANDER GIBBS
First Name Middle Name/Initial Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, ARNOLD A. GIBBS
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the non-partisan office of LEE COUNTY SCHOOL BOARD, 1
(office) (district)
I am a qualified elector of LEE County, Florida;
(circuit) (group)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X Arnold A. Gibbs
Signature of Candidate

(239) 540-7657 CCYCIP@COMCAST.NET
Telephone Number Email Address

5909 TARPON GARDENS CIR #201 CAPE CORAL FL 33914
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 18th day of June, 2010.

Personally Known: _____ or

Produced Identification: ☒Bernice Ramos Feliciano
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:

Florida Driver License

Bernice Ramos Feliciano

Commission # DD589927

Expires October 19, 2010

Bonded Troy Fain - Insurance, Inc. 800-385-7019

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2009

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTEREST

LAST NAME — FIRST NAME — MIDDLE NAME:

GIBBS, ARNOLD ALEXANDER

MAILING ADDRESS:

5909 TARPON GARDENS CIR. #201

CITY:

CAPE CORAL

ZIP:

33914

COUNTY:

LEE

NAME OF AGENCY:

LEE COUNTY SCHOOL BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

SCHOOL BOARD, DISTRICT 1, LEE COUNTY

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

10JUN18AM0848 SDE Lee Co FI

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2009, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of JUNE 17, 2010 was \$ -6,174.34

PART B — ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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

The aggregate value of my household goods and personal effects (described above) is \$ 63,900.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
BANK ACCOUNTS - SUNCOAST SCHOOLS FEDERAL CREDIT UNION	2,515.66
HOME - 5909 TARPON GARDENS CIR #201, CAPE CORAL, FL. 33914	400,000

PART C — LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BANK OF AMERICA MORTGAGE, P.O. Box 5170, SIMI VALLEY, CA. 93062	\$400,000.00
RIVERSIDE BANK - CAPE CORAL, FL.	\$49,000.00
CREDIT CARDS/REVOLVING LOANS	\$23,590.36

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2009 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☒ I elect to file a copy of my 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
N/A		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	N/A		

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

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

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 18th day of

June, 20 10 by ARNOLD A. GIBBS
Bernice Ramos Feliciano

(Signature of Notary Public--State of Florida)

Bernice Ramos Feliciano

Commission # DD589927

Expires October 19, 2010

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

Arnold A. Gibbs
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced Florida Driver's License

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

Form 1040 U.S. Individual Income Tax Return 2009 (99)		IRS Use Only - Do not write or staple in this space.																										
For the year Jan. 1-Dec. 31, 2009, or other tax year beginning		2009, ending																										
Your first name and initial		Last name																										
ARNOLD		GIBBS																										
If a joint return, spouse's first name and initial		Last name																										
ROSA M		RODRIGUEZ GIBBS																										
Home address (number and street). If you have a P.O. box, see page 14.		Apt. no.																										
5909 TARPON GARDEN CIRCLE #201																												
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.		You must enter your SSN(s) above. ▲																										
CAPE CORAL, FL 33914		Checking a box below will not change your tax or refund.																										
Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) <input type="checkbox"/> You <input type="checkbox"/> Spouse																												
Filing Status 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16)																												
Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) V if qualifying child for child tax credit (see page 17)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> If more than four dependents, see page 17 and check here <input type="checkbox"/> d Total number of exemptions claimed 2				(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) V if qualifying child for child tax credit (see page 17)																				
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) V if qualifying child for child tax credit (see page 17)																								
Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8,951. 8a Taxable interest. Attach Schedule B if required 11. b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends (see page 22) 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ -859. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here -3,000. 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 1,500. b Taxable amount 1,500. 16a Pensions and annuities 116,408. b Taxable amount 116,408. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation in excess of \$2,400 per recipient (see page 27) 20a Social security benefits 20a b Taxable amount (see page 27) 21 Other income. List type and amount (see page 29) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 123,011.																												
Adjusted Gross Income 23 Educator expenses (see page 29) 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 One-half of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction (see page 30) 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 34) 34 Tuition and fees deduction. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 31a and 32 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income 123,011.																												

10JUN18PM0920 SDE Lee Co FI

Form 1040 (2009)

ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS

Page 2

Tax and Credits

Standard Deduction for:

• People who check any box on line 39a, 39b, or 40b **or** who can be claimed as a dependent.

• All others:

Single or Married filing separately, \$5,700
Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

38	Amount from line 37 (adjusted gross income)	38	123,011.
39a	Check <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. Total boxes checked ... <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ... <input type="checkbox"/> 39b		
40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin) If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ... <input type="checkbox"/> 40b	40a	38,952.
41	Subtract line 40a from line 38	41	84,059.
42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37	42	7,300.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	76,759.
44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	11,569.
45	Alternative minimum tax. Attach Form 6251	45	0.
46	Add lines 44 and 45	46	11,569.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 29	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 42)	51	
52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	11,569.
56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO	58	150.
59	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	59	
60	Add lines 55 through 59. This is your total tax STMT 5	60	11,802.
61	Federal income tax withheld from Forms W-2 and 1099	61	18,649.
62	2009 estimated tax payments and amount applied from 2008 return	62	
63	Making work pay and government retiree credits. Attach Schedule M	63	502.
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	Refundable education credit from Form 8863, line 16	66	
67	First-time homebuyer credit. Attach Form 5405	67	
68	Amount paid with request for extension to file (see page 72)	68	
69	Excess social security and tier 1 RRTA tax withheld (see page 72)	69	
70	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	70	
71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments	71	19,151.
72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	7,349.
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	73a	7,349.
b	Routing number 263182817 c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings d Account number 301410568		
74	Amount of line 72 you want applied to your 2010 estimated tax	74	
75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74	75	
76	Estimated tax penalty (see page 74)	76	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☒ Yes. Complete the following. ☐ No

Designee's name **PREPARER FIRM** Phone no. **239-542-1976** Personal identification number (PIN) **49110**

Sign Here

Joint return? See page 16. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation **RETIRED** Daytime phone number _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation **PERSONAL TRAINER**

Paid Preparer's Use Only

Preparer's signature _____ Date **02/11/10** Check if self-employed ☐ Preparer's SSN or PTIN **P00449110**

Firm's name (or yours if self-employed), address, and ZIP code **KEVIN M. BURNS & ASSOCIATES, PA** EIN **65-0676062**

4507 SE 16TH PLACE Phone no. **239-542-1976**

CAPE CORAL, FL 33904-7252

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040**Itemized Deductions**▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

2009Attachment
Sequence No. **07**

Your social security number

ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (See page A-1.)	SEE STATEMENT 6	1	1,106.	
2	Enter amount from Form 1040, line 38	2 123,011.	2		
3	Multiply line 2 by 7.5% (.075)		3	9,226.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4		0.
Taxes You Paid		State and local (check only one box):			
(See page A-2.)		a <input type="checkbox"/> Income taxes, or		5	1,159.
		b <input checked="" type="checkbox"/> General sales taxes		6	5,378.
6	Real estate taxes (See page A-5.)		7		
7	New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b		8		
8	Other taxes. List type and amount ▶		9		6,537.
9	Add lines 5 through 8				
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	31,690.
(See page A-6.)		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address		11	
Note. Personal interest is not deductible.				12	
12	Points not reported to you on Form 1098		13		
13	Qualified mortgage insurance premiums (See page A-7.)		14		
14	Investment interest. Attach Form 4952 if required. (See page A-8.)		15		31,690.
15	Add lines 10 through 14				
Gifts to Charity		16 Gifts by cash or check		16	725.
If you made a gift and got a benefit for it, see page A-8.		17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500		17	
18	Carryover from prior year		18		
19	Add lines 16 through 18		19		725.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.)		21	
(See page A-10.)				22	
22	Tax preparation fees		23		
23	Other expenses - investment, safe deposit box, etc. List type and amount ▶		24		
24	Add lines 21 through 23		25		
25	Enter amount from Form 1040, line 38	25	26		
26	Multiply line 25 by 2% (.02)		27		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				
Other Miscellaneous Deductions		28 Other - from list on page A-11. List type and amount		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?		29	38,952.
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a.			
		<input type="checkbox"/> Yes. Your deduction may be limited. See page A-11 for the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					

Schedule A (Form 1040) 2009

Page **2**

Worksheet Before you begin: ✓ You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than \$135,000 (\$260,000 if married filing jointly).

for Line 7 - ✓ See the instructions for line 7 on page A-6.

New motor vehicle taxes

Use this worksheet to figure the amount to enter on line 7.

(Keep a copy for your records.)

1 Enter the state or local sales or excise taxes you paid in 2009 for the purchase of any new motor vehicle(s) after February 16, 2009 (see page A-6)	1		
2 Enter the purchase price (before taxes) of the new motor vehicle(s)	2		
3 Is the amount on line 2 more than \$49,500? <input type="checkbox"/> No. Enter the amount from line 1. <input type="checkbox"/> Yes. Figure the portion of the tax from line 1 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see page A-6).			3
4 Enter the amount from Form 1040, line 38	4		
5 Enter the total of any - • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and • Exclusion of income from Puerto Rico	5		
6 Add lines 4 and 5	6		
7 Enter \$125,000 (\$250,000 if married filing jointly)	7		
8 Is the amount on line 6 more than the amount on line 7? <input type="checkbox"/> No. Enter the amount from line 3 above on Schedule A, line 7. Do not complete the rest of this worksheet. <input type="checkbox"/> Yes. Subtract line 7 from line 6	8		
9 Divide the amount on line 8 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	9		
10 Multiply line 3 by line 9			10
11 Deduction for new motor vehicle taxes. Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7			11

Schedule A (Form 1040) 2009

SCHEDULE B

(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ See instructions.

OMB No. 1545-0074

2009Attachment
Sequence No. 08

Your social security number

ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS**Part I
Interest**

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

SUNCOAST SCHOOLS FED CREDIT UNION**Amount****11.**

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

- 2 Add the amounts on line 1 **2** **11.**
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a **4** **11.**

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

- 5 List name of payer ▶

Amount

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

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

Note. If line 6 is over \$1,500, you must complete Part III.**Part III
Foreign
Accounts
and
Trusts**

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

- 7a At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1 **X**

- b If "Yes," enter the name of the foreign country ▶

- 8 During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 **X**

827501
10-20-09

**SCHEDULE C
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
 Attach to Form 1040, 1040NR, or 1041. See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2009Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

ROSA M RODRIGUEZ GIBBS

B Enter code from pages C-9, 10, & 11

A Principal business or profession, including product or service (see page C-2)

PERSONAL TRAINER**812190**

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

WEIGHT CARDIO CONNECTION

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2009, check here

Part I Income

1	Gross receipts or sales. Caution. See page C-4 and check the box if: • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses.	<input type="checkbox"/>	1
2	Returns and allowances		2
3	Subtract line 2 from line 1		3
4	Cost of goods sold (from line 42 on page 2)		4
5	Gross profit. Subtract line 4 from line 3		5
6	Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)		6
7	Gross income. Add lines 5 and 6		7

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	57.	18	Office expense	18	
9	Car and truck expenses (see page C-4)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see page C-6):	20a	
11	Contract labor (see page C-4)	11		a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-5)	13	760.	22	Supplies (not included in Part III)	22	
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	
15	Insurance (other than health)	15		24	Travel, meals, and entertainment:	24a	
16	Interest:			a	Travel	24b	
a	Mortgage (paid to banks, etc.)	16a		b	Deductible meals and entertainment (see page C-6)	25	
b	Other	16b		26	Utilities	26	
17	Legal and professional services	17		27	Wages (less employment credits)	27	
					Other expenses (from line 48 on page 2)		
28	Total expenses before expenses for business use of home. Add lines 8 through 27	28		28		817.	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		29		-817.	
30	Expenses for business use of your home. Attach Form 8829	30		30			
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31		31		-817.	
32	If you have a loss, check the box that describes your investment in this activity (see page C-7). • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a	<input checked="" type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

LHA For Paperwork Reduction Act Notice, see page C-9 of the instructions.

Schedule C (Form 1040) 2009

**SCHEDULE C
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
 Attach to Form 1040, 1040NR, or 1041. See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2009Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

ARNOLD GIBBS**A** Principal business or profession, including product or service (see page C-2)**B** Enter code from pages C-9, 10, & 11**TRAVELING TEACHER****561490****C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN), if any**MEDICAL PRIORITY DISPATCHING****E** Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)**G** Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2009, check here**Part I Income****1** Gross receipts or sales. **Caution.** See page C-4 and check the box if:

• This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or

• You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses.

1 1,633.**2** Returns and allowances**2****3** Subtract line 2 from line 1**3** 1,633.**4** Cost of goods sold (from line 42 on page 2)**4****5** Gross profit. Subtract line 4 from line 3**5** 1,633.**6** Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)**6****7** Gross income. Add lines 5 and 6**7** 1,633.**Part II Expenses.** Enter expenses for business use of your home only on line 30.**8** Advertising**8****9** Car and truck expenses**9** 285.**10** Commissions and fees**10****11** Contract labor**11****12** Depletion**12****13** Depreciation and section 179 expense deduction (not included in Part III) (see page C-5)**13** 902.**14** Employee benefit programs (other than on line 19)**14****15** Insurance (other than health)**15****16** Interest:**a** Mortgage (paid to banks, etc.)**16a****b** Other**16b****17** Legal and professional services**17****18** Office expense**18****19** Pension and profit-sharing plans**19****20** Rent or lease (see page C-6):**20****a** Vehicles, machinery, and equipment**20a****b** Other business property**20b****21** Repairs and maintenance**21****22** Supplies (not included in Part III)**22****23** Taxes and licenses**23****24** Travel, meals, and entertainment:**24****a** Travel**24a** 488.**b** Deductible meals and

entertainment (see page C-6)

24b**25** Utilities**25****26** Wages (less employment credits)**26****27** Other expenses (from line 48 on page 2)**27****28** Total expenses before expenses for business use of home. Add lines 8 through 27**28** 1,675.**29** Tentative profit or (loss). Subtract line 28 from line 7**29** -42.**30** Expenses for business use of your home. Attach Form 8829**30****31** Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

31 -42.**32** If you have a loss, check the box that describes your investment in this activity (see page C-7).

• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). 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.

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2009
Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2		2			
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)		3			
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions				6	()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				7	

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8					
9 Enter your long-term totals, if any, from Schedule D-1, line 9		9			
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10			
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13 Capital gain distributions				13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions				14	(36,789.)
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15	-36,789.

LHA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR Instructions.

Schedule D (Form 1040) 2009

Schedule D (Form 1040) 2009 **ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS****2****Part III Summary**

16	Combine lines 7 and 15 and enter the result	16	-36,789.
If line 16 is: • A gain , enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • A loss , skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • Zero , skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.			
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } SEE STATEMENT 8 </div>	21	(3,000.)
Note. When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2009

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)
 Name(s) shown on return

Depreciation and Amortization **(Including Information on Listed Property) SUMMARY**

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2009
 Attachment
 Sequence No. 67

ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS ALL BUSINESS ACTIVITIES

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	902.
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	DELL COMPUTER	902.	902.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	902.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	902.
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	8,994.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	902.
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **6251**
Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2009Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS**Part I Alternative Minimum Taxable Income**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8814, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8814, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	1	84,059.
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-	2	
3	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	6,537.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is over \$166,800 (over \$83,400 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-11 of the instructions for Schedule A (Form 1040)	6	
7	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule	7	
8	Tax refund from Form 1040, line 10 or line 21	8	
9	Investment interest expense (difference between regular tax and AMT)	9	
10	Depletion (difference between regular tax and AMT)	10	
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	11	
12	Alternative tax net operating loss deduction	12	
13	Interest from specified private activity bonds exempt from the regular tax	13	
14	Qualified small business stock (7% of gain excluded under section 1202)	14	
15	Exercise of incentive stock options (excess of AMT income over regular tax income)	15	
16	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	16	
17	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	17	
18	Disposition of property (difference between AMT and regular tax gain or loss)	18	
19	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 9	19	-339.
20	Passive activities (difference between AMT and regular tax income or loss)	20	
21	Loss limitations (difference between AMT and regular tax income or loss)	21	
22	Circulation costs (difference between regular tax and AMT)	22	
23	Long-term contracts (difference between AMT and regular tax income)	23	
24	Mining costs (difference between regular tax and AMT)	24	
25	Research and experimental costs (difference between regular tax and AMT)	25	
26	Income from certain installment sales before January 1, 1987	26	
27	Intangible drilling costs preference	27	
28	Other adjustments, including income-based related adjustments	28	
29	Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than \$216,900, see instructions.)	29	90,257.

Part II Alternative Minimum Tax (AMT)

30	Exemption. (If you were under age 24 at the end of 2009, see instructions.) IF your filing status is ... AND line 29 is not over ... THEN enter on line 30 ... Single or head of household ... \$112,500 ... \$46,700 Married filing jointly or qualifying widow(er) ... 150,000 ... 70,950 Married filing separately ... 75,000 ... 35,475 If line 29 is over the amount shown above for your filing status, see instructions.	30	70,950.
31	Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II	31	19,307.
32	• If you are filing Form 2555 or 2555-EZ, see page 9 of the 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 page 2 and enter the amount from line 55 here. • All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 28% (.28). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	32	5,020.
33	Alternative minimum tax foreign tax credit (see instructions)	33	
34	Tentative minimum tax. Subtract line 33 from line 32	34	5,020.
35	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 Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	35	11,569.
36	AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	36	0.

Form 6251 (2009)

ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS

Page 2

Part III Tax Computation Using Maximum Capital Gains Rates

37 Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions		37
38 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see the instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	40	
41 Enter the smaller of line 37 or line 40		41
42 Subtract line 41 from line 37		42
43 If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		43
44 Enter: <ul style="list-style-type: none"> • \$67,900 if married filing jointly or qualifying widow(er), • \$33,950 if single or married filing separately, or • \$45,500 if head of household. 	44	
45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	45	
46 Subtract line 45 from line 44. If zero or less, enter -0-	46	
47 Enter the smaller of line 37 or line 38	47	
48 Enter the smaller of line 46 or line 47	48	
49 Subtract line 48 from line 47	49	
50 Multiply line 49 by 15% (.15)		50
If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.		
51 Subtract line 47 from line 41	51	
52 Multiply line 51 by 25% (.25)		52
53 Add lines 43, 50, and 52		53
54 If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		54
55 Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet in the instructions		55

Form **6251** (2009)

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT							
Name(s)							Social Security Number
ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS							
Form Name	Description	Income	Adjustment				
			Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251, Line 21	Form 6251 Other Adjustment
C-	WEIGHT CARDIO CONNECTION						
*	REGULAR INCOME	-817.					
	AMT DEPR ADJ	-339.		-339.			
*	AMT NET INCOME	-1,156.		-339.			
	** TOTAL ADJ & PREF **			-339.			

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

ASSET NUMBER	DESCRIPTION	AMT METHOD	AMT LIFE	REGULAR DEPRECIATION	AMT DEPRECIATION	AMT ADJUSTMENT
	WEIGHT CARDIO CONNECTION					
4	DESK	150DB	5.00	247.	357.	-110.
6	TV/DVD	150DB	5.00	40.	58.	-18.
7	BOWFLEX	150DB	5.00	346.	500.	-154.
8	TREADMILL	150DB	5.00	127.	184.	-57.
	** SUBTOTAL **			760.	1,099.	-339.
	MEDICAL PRIORITY DISPATCHING					
9	DELL COMPUTER	200DB	7.00	902.	902.	0.
	** SUBTOTAL **			902.	902.	0.
	*** GRAND TOTAL ***			1,662.	2,001.	-339.

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

SCHEDULE C- 4
Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

2009Attachment
Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS**MEDICAL PRIORITY
DISPATCHING****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	902.
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	902.
23	Portion of the basis attributable to section 263A costs	23	

Form 4562 (2009)

ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS

Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2009 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2009 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

SCHEDULE M
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service (99)**Making Work Pay and Government
Retiree Credits**

▶ Attach to Form 1040A, 1040, or 1040NR.

▶ See separate instructions.

OMB No. 1545-0074

2009Attachment
Sequence No. 166

Name(s) shown on return

Your social security number

ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS

- 1a Important:** See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the "No" box below and see instructions if (a) you have a net loss from a business, (b) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (c) your wages include pay for work performed while an inmate in a penal institution, (d) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or (e) you are filing Form 2555 or 2555-EZ.

Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?

☐ Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.☒ No. Enter your earned income (see instructions) **1a** 8,092.

- b** Nontaxable combat pay included on
line 1a (see instructions) **1b**

2 Multiply line 1a by 6.2% (.062) **2** 502.**3** Enter \$400 (\$800 if married filing jointly) **3** 800.**4** Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a) **4** 502.**5** Enter the amount from Form 1040, line 38*, or Form 1040A, line 22 **5** 123,011.**6** Enter \$75,000 (\$150,000 if married filing jointly) **6** 150,000.

- 7** Is the amount on line 5 more than the amount on line 6?

☒ No. Skip line 8. Enter the amount from line 4 on line 9 below.☐ Yes. Subtract line 6 from line 5 **7****8** Multiply line 7 by 2% (.02) **8****9** Subtract line 8 from line 4. If zero or less, enter -0- **9** 502.

- 10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions).

☒ No. Enter -0- on line 10 and go to line 11.☐ Yes. Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly) **10** 0.

- 11** Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work not covered by social security? Do not include any pension or annuity reported on Form W-2.

☒ No. Enter -0- on line 11 and go to line 12.

☐ Yes. • If you checked "No" on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is "Yes" for both spouses)

• If you checked "Yes" on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10)

11 0.**12** Add lines 10 and 11 **12** 0.**13** Subtract line 12 from line 9. If zero or less, enter -0- **13** 502.**14** Making work pay and government retiree credits. Add lines 11 and 13. Enter the result here and on Form 1040, line 63; Form 1040A, line 40; or Form 1040NR, line 60 **14** 502.

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

Earned Income Worksheet - Line 1a*Keep for Your Records***Before you begin:**

- ✓ If you are claiming the additional child tax credit and have already completed Form 8812, enter on line 1a of Schedule M the amount from line 4a of your Form 8812. Do not complete the worksheet below.
- ✓ Disregard community property laws when figuring the amounts to enter on this worksheet.
- ✓ If married filing jointly, include your spouse's amounts with yours when completing this worksheet.

1.	a. Enter the amount from line 7 of Form 1040A or Form 1040	1a.	8,951.
	b. Enter the amount of any nontaxable combat pay received. Also enter this amount on Schedule M, line 1b. This amount should be shown in Form(s) W-2, box 12, with code Q	1b.	
	Next, if you are filing Schedule C, C-EZ, F, or SE, or you received a Schedule K-1 (Form 1065 or Form 1065-B), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.		
2.	a. Enter any statutory employee income reported on line 1 of Schedule C or C-EZ	2a.	
	b. Enter any 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.* Reduce this amount by any partnership section 179 expense deduction, any depletion on oil and gas properties, and any unreimbursed nonfarm partnership expenses deducted on Schedule E. Do not include any statutory employee income or any other amounts exempt from self-employment tax. Options and commodities dealers must add any gain or subtract any loss (in the normal course of dealing in or trading section 1256 contracts) from section 1256 contracts or related property	2b.	-859.
	c. Enter any net farm profit or (loss) from Schedule F, line 36, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A.* Reduce this amount by any partnership section 179 expense deduction, any depletion on oil and gas properties, and any unreimbursed farm partnership expenses deducted on Schedule E. Do not include any amounts exempt from self-employment tax	2c.	
	d. If you used the farm optional method to figure net earnings from self-employment, enter the amount from Schedule SE, Section B, line 15. Otherwise, skip this line and enter on line 2e the amount from line 2c	2d.	
	e. If line 2c is a profit, enter the smaller of line 2c or line 2d. If line 2c is a (loss), enter the (loss) from line 2c ...	2e.	
3.	Combine lines 1a, 1b, 2a, 2b, and 2e. If zero or less, stop. Do not complete the rest of this worksheet. Instead, enter -0- on line 1a of Schedule M, skip lines 1b through 8, enter -0- on line 9, and go to line 10 of Schedule M ...	3.	8,092.
4.	Enter any amount included on line 1a that is:		
	a. A scholarship or fellowship grant not reported on Form W-2	4a.	
	b. For work done while an inmate in a penal institution (enter "PRI" and this amount on the dotted line next to line 7 of Form 1040A or 1040)	4b.	
	c. A pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan (enter "DFC" and this amount on the dotted line next to line 7 of Form 1040A or 1040). This amount may be shown in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received as a pension or annuity	4c.	
5.	a. Enter any amount included on line 3 that is also included on Form 2555, line 43, or Form 2555-EZ, line 18. Do not include any amount that is also included on line 4a, 4b, or 4c above	5a.	
	b. Enter the amount, if any, from Form 2555, line 44, that is also deducted on Schedule C, C-EZ, or F, or included on Schedule E in partnership net income or (loss)	5b.	
	c. Subtract line 5b from line 5a	5c.	
6.	Enter the amount from Form 1040, line 27	6.	
7.	Add lines 4a through 4c, 5c, and 6	7.	
8.	Subtract line 7 from line 3. Enter the result here and on Schedule M, line 1a	8.	8,092.

* If you have any Schedule K-1 amounts and you are not required to file Schedule SE, complete the appropriate line(s) of Schedule SE, Section A. Put your name and social security number on Schedule SE and attach it to your return.

ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS

FORM 1040	PENSIONS AND ANNUITIES	STATEMENT	1
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MIAMI FIREFIGHTERS AND POLICE OFFICERS

AMOUNT RECEIVED THIS YEAR	79,805.	
NONTAXABLE AMOUNT		
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		79,805.

CITY OF CAPE CORAL POLICE RET

AMOUNT RECEIVED THIS YEAR	34,603.	
NONTAXABLE AMOUNT		
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		34,603.

TEACHERS INSURANCE AND ANNUITY ASSOC

AMOUNT RECEIVED THIS YEAR	2,000.	
NONTAXABLE AMOUNT		
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		2,000.

TOTAL INCLUDED IN FORM 1040, LINE 16B		116,408.
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FORM 1040	IRA DISTRIBUTIONS	STATEMENT	2
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NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
NATIONWIDE LIFE INSURANCE COMPANY	1,500.	1,500.
TOTAL TO FORM 1040, LINE 15	1,500.	1,500.

ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT	3
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T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T EDISON COLLEGE	7,850.	71.				123.
T CITY OF CAPE CORAL	1,101.					
TOTALS	8,951.	71.				123.

FORM 1040	FEDERAL INCOME TAX WITHHELD	STATEMENT	4
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T S DESCRIPTION	AMOUNT
T EDISON COLLEGE	71.
T MIAMI FIREFIGHTERS AND POLICE OFFICERS	15,525.
T CITY OF CAPE CORAL POLICE RET	2,653.
T TEACHERS INSURANCE AND ANNUITY ASSOC	400.
TOTAL TO FORM 1040, LINE 61	18,649.

FORM 1040	OTHER TAXES	STATEMENT	5
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DESCRIPTION	AMOUNT
UT - UNCOLLECTED TAX	83.
TOTAL INCLUDED IN FORM 1040, LINE 60	83.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
PRESCRIPTION MEDICINES AND DRUGS	43.
DOCTORS, DENTISTS, ETC.	1,063.
TOTAL TO SCHEDULE A, LINE 1	1,106.

ARNOLD GIBBS & ROSA M RODRIGUEZ GIBBS

SCHEDULE A	GENERAL SALES TAX DEDUCTION WORKSHEET	STATEMENT	7
1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. FLORIDA IF, FOR ALL OF 2009, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, RHODE ISLAND, OR WEST VIRGINIA, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7. OTHERWISE, GO TO LINE 2.		1,159.
2	DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS, CALIFORNIA (LOS ANGELES COUNTY ONLY), COLORADO, GEORGIA, ILLINOIS, LOUISIANA, MISSOURI, NEW YORK STATE, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2009? IF NO, ENTER -0-. IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.		0.
3	DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2009? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS. IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7. IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES. CAPE CORAL		
4	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6. IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES.	6.0000	
5	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).	.0000	
6	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, MULTIPLY LINE 2 BY LINE 3. IF YES, MULTIPLY LINE 1 BY LINE 5.		0.
6A	ADD LINE 1 AND LINE 6.		1,159.
6B	PART-YEAR DAYS RATE.		1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.		1,159.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.		
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5 AND CHECK BOX "B" ON THAT LINE.		1,159.

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SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT	8
1. ENTER THE AMOUNT FROM FORM 1040, LINE 41		84,059.	
2. DID YOU FILE FORM 8914 FOR 2008? X NO. ENTER -0- YES. ENTER THE AMOUNT FROM YOUR 2008 FORM 8914, LINE 2			
3. SUBTRACT LINE 2 FROM LINE 1		84,059.	
4. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT.		3,000.	
5. COMBINE LINES 3 AND 4. IF ZERO OR LESS, ENTER -0-		87,059.	
6. ENTER THE SMALLER OF LINE 4 OR LINE 5		3,000.	
7. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT .			
8. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15			
9. ADD LINES 6 AND 8			
10. SHORT-TERM CAPITAL LOSS CARRYOVER TO 2010. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0- . . .			
11. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT.		36,789.	
12. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7			
13. SUBTRACT LINE 7 FROM LINE 6. IF ZERO OR LESS, ENTER -0-	3,000.		
14. ADD LINES 12 AND 13		3,000.	
15. LONG-TERM CAPITAL LOSS CARRYOVER TO 2010. SUBTRACT LINE 14 FROM LINE 11. IF ZERO OR LESS, ENTER -0- . .		33,789.	

FORM 6251 DEPRECIATION ON ASSETS PLACED IN SERVICE AFTER 1986 STATEMENT 9

DESCRIPTION	AMOUNT
DESK	-110.
TV/DVD	-18.
BOWFLEX	-154.
TREADMILL	-57.
TOTAL TO FORM 6251, LINE 19	-339.

FORM 4562 PART I - BUSINESS INCOME STATEMENT 10

INCOME TYPE	AMOUNT
WAGES	8,951.
SCHEDULE C	-859.
SECTION 179 EXPENSE	902.
TOTAL BUSINESS INCOME USED IN FORM 4562, LINE 11	8,994.