

CANDIDATE OATH -
CANDIDATE WITH PARTY AFFILIATION

FISHER, TIMOTHY P
921 NELSON RD N
CAPE CORAL FL 33993

111644860

LY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, TIM FISHER
(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 office of LEE COUNTY SHERIFF, _____, _____,
(office) (district #) (circuit #)
_____ ; I am a qualified elector of LEE County, Florida; I am qualified
(group or seat #)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 111644860

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

t-i-m f-i-s-h-e-r

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the REPUBLICAN Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

X [Signature] (239) 910-0340 TIM.FISHER@FISHERFORLEE.COM
Signature of Candidate Telephone Number Email Address

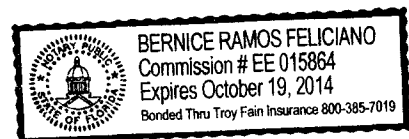
921 NELSON ROAD NORTH, CAPE CORAL FLORIDA 33993
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 7th day of June, 2012.

Personally Known: _____ or _____
Produced Identification: ✓
Signature of Notary Public Bernice R Feliciano
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: FLDL
SCANNED



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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

FISHER TIMOTHY P.

MAILING ADDRESS:

921 NELSON ROAD NORTH

CITY:

CAPE CORAL

ZIP:

33993

COUNTY:

LEE

NAME OF AGENCY:

LEE COUNTY SHERIFF'S OFFICE

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

SHERIFF

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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 6, 2012 was \$ 18,667

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 \$ 25,000⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
2003 TOYOTA SEQUOIA	12,500 -
2003 TOYOTA CAMRY	8,500 -
2006 HARLEY DAVIDSON	12,000 -
DEFERRED COMP. UALIC	6,600 -

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BANK OF AMERICA - 2536 SKYLINE BLVD, CAPE CORAL, 33914	15,800.64
DEPT. OF EDUCATION - PO Box 740351, ATLANTA, GA 30374	4,149.68
SUNCOAST FED CREDIT UNION 2325 SANTA BARBARA BLVD CC., 33991	25,982.68

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

12 JUN 7 AM 10:43 SCL LEE OF 1

PART D -- INCOME

You may *EITHER* (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and 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 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

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

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5]:

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

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

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

OATH

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

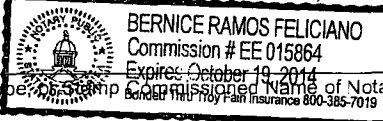
STATE OF FLORIDA
 COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 07th day of

June, 2012 by TIMOTHY FISHER

Bernice R. Feliciano

(Signature of Notary Public—State of Florida)



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

Personally Known _____ OR Produced Identification

Type of Identification Produced FLDL

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

*12 JUN 7 AM 10:43 SDE LEE CO FL

Form 1040 U.S. Individual Income Tax Return 2011

OMB No. 1545-0047 PS USA 1040-1091-10A OF 1040-1091-10A SHEET

For the year ending 12/31/11, or other tax year beginning 2011 ending 20

Your first name MI Last name P Fisher Your social security number

If a joint return, spouse's first name MI Last name M Fisher Spouse's social security number

Home address (number and street), if you have a P.O. box, see instructions Apartment no

921 Nelson Rd State FL ZIP code 33993

City or town or post office, if you have a foreign address, also complete spaces below (see instructions) Foreign province, county Foreign postal code

Cape Coral Foreign country name

Make sure the SSN(s) above are correct. Presidential Election Campaign Check here if you or your spouse (if filing jointly) want \$3 to go to this fund. (Checking a box below will not change your tax or refund.) [X] You [X] Spouse

Filing Status 1 [] Single 4 [] Head of household, with qualifying person. (See instructions.) If the qualifying person is a child but not your dependent, enter his or her name here. 2 [X] Married filing jointly (even if only one had income) 5 [] Qualifying widow(er) with dependent child. 3 [] Married filing separately. Enter spouse's SSN above & full name here.

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 2 b [X] Spouse 2

Table with columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) Child under age 17, or qualifying child (see instructions). Rows include Samantha M Fisher (Daughter) and Jessica M Fisher (Daughter). Total number of exemptions claimed: 4.

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 70,501. 8a Taxable interest. Attach Schedule B if required. 8b Tax-exempt interest. Do not include on line 8a. 9a Ordinary dividends. Attach Schedule B if required. 9b Qualified dividends.

10 Taxable refunds, credits, or offsets of state and local income taxes. 11 Allowance received. 12 Business income or (loss). Attach Schedule C or C-EZ. 13 Capital gain or (loss). Attach Form 1041-void. If not read, check here. 14 Other gains or (losses). Attach Form 4797.

15a IRA distributions. 15b Taxable amount. 16a Pensions and annuities. 16b Taxable amount. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.

18 Farm income or (loss). Attach Schedule F. 19 Unemployment compensation. 20a Social security benefits. 20b Taxable amount. 21 Other income.

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 70,501.

Adjusted Gross Income 23 Educator expenses. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 1098 or 1098-EZ. 25 Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903. 27 Deductible part of self-employment tax. Attach schedule SE. 28 Self-employed SEP, SIMPLE, and qualified plans. 29 Self-employed health insurance deduction. 30 Penalty on early withdrawal of savings. 31a Alimony paid. b Recipient's 1099. 32 IRA deduction. 33 Student loan interest deduction. 34 Tuition and fees. Attach Form 3902. 35 Domestic production activities deduction. Attach Form 990.

36 Add lines 23 through 35. 37 Subtract line 36 from line 22. This is your adjusted gross income. 70,173.

38 Add lines 36 through 37. 39

40

41

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include: 38 Amount from line 37 (adjusted gross income) 70,173; 39a Check boxes for birth dates; 40 Itemized deductions 33,863; 41 Subtract line 40 from line 38 36,310; 42 Exemptions 14,800; 43 Taxable income 21,510; 44 Tax (see instructions) 2,379; 45 Alternative minimum tax 2,379; 46-53 Credits (Foreign tax, Child tax, etc.) 2,000; 54 Total credits 2,000; 55 Subtract line 54 from line 45 379.

Standard Deduction for - People who check any box on line 39 or 39b or who can be claimed as a dependent, see instructions.

All others: Single or Married filing separately \$5,800 Married filing jointly or Qualifying widow(er) \$11,600 Head of household \$8,500

Other Taxes

Table with 2 columns: Line number and Amount. Rows include: 56 Self-employment tax; 57 Unreported social security and Medicare tax; 58 Additional tax on IRAs; 59a Household employment taxes; 59b First-time homebuyer credit repayment; 60 Other taxes; 61 Total tax 379.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include: 62 Federal income tax withheld 13,237; 63 2011 estimated tax payments 63; 64a Earned income credit 64a; 64b Nonrefundable combat pay election; 65 Additional child tax credit; 66 American opportunity credit; 67 First-time homebuyer credit; 68 Amount paid with request for extension; 69 Excess social security and tier 1 RRTA tax withheld; 70 Credit for federal tax on fuels; 71 Grants from Form 8870; 72 Total payments 13,237.

Refund

Table with 2 columns: Line number and Amount. Rows include: 73 Amount of line 72 you want refunded 12,858; 74a Amount of line 73 you want refunded 12,858; 74b Routing number; 74c Type: Checking; 74d Account number.

Amount You Owe

Table with 2 columns: Line number and Amount. Row 76 Amount you owe 12,858; 77 Estimated tax penalty 77.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? Yes, Complete below No

Sign Here

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. Taxpayer signature: Sandy York, Date: 01/29/2012, Signature of preparer: Sandy York, Date: 01/29/2012, Signature of spouse: unemployed, Date: 01/29/2012.

Paid Preparer's Use Only

Firm's name: Chaseone, Firm's address: 1360 Deer Run LaBelle, FL 33935, Firm's EIN: 71-0864390, Phone no: (863) 875-2343.

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Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return.		38-2099803 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp. 70501.18	2 Fed. income tax withheld 13236.56
b Employer ID number (EIN) 59-6000705	3 Social security wages 71542.24	4 Soc. sec. tax withheld 3004.77
	5 Medicare wages and tips 71542.24	6 Medicare tax withheld 1037.36
c Employer's name, address, and ZIP code LEE COUNTY OFFICE OF SHERIFF 14750 SIX MILE CYPRESS PARKWAY FORT MYERS FL 33912		
d Control number 1333		
e Employee's name, address, and ZIP code TIMOTHY P FISHER 921 NELSON ROAD NORTH CAPE CORAL FL 33993		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C 16.56
13 Statutory employee	14 Other Col.Pre- 572.52 RET DED 1041.06	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

2011

Dept. of the Treasury -- IRS

4UPPERFI ★ NTF 0492

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service (20)

▶ Attach to Form 1040.

◀ See instructions for Schedule A (Form 1040).

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Timothy P & Robin M Fisher

Medical and Dental Expenses		Taxes You Paid		Interest You Paid		Gifts to Charity		Casualty and Theft Losses		Job Expenses and Certain Miscellaneous Deductions		Other Miscellaneous Deductions	
1 Caution. Do not include expenses reimbursed or paid by others.													
1	Medical and dental expenses (see instructions)	1	14,357.	10		16	1,306.	20		21	20,379.	28	
2	Enter amount from Form 1040, line 38	2	70,173.	11		17	2,579.	21		22	370.	29	33,863.
3	Multiply line 2 by 7.5% (.075)	3	5,263.	12		18		22		23		30	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4	9,094.	13		19	3,885.	24	21,349.	24	21,349.		
5 State and local (check only one box):													
a <input type="checkbox"/> Income taxes, or		5 903.											
b <input checked="" type="checkbox"/> General sales taxes													
6	Real estate taxes (see instructions)	6		14		15		25	70,173.	25	70,173.		
7	Personal property tax	7		15				26		26	1,403.		
8	Other taxes. List type and amount ▶	8	35.	16				27		27	19,946.		
9	Add lines 5 through 8	9	938.	17				28					
10 Home mtg interest and points reported to you on Form 1098		10											
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶													
12 Points not reported to you on Form 1098. See instrs for special rules		12											
13 Mortgage insurance premiums (see instructions)		13											
14 Investment interest. Attach Form 4952 if required. (See instr.)		14											
15 Add lines 10 through 14		15											
16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs		16 1,306.											
17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 709 if over \$500		17 2,579.											
18 Carryover from prior year		18											
19 Add lines 16 through 18		19 3,885.											
20 Casualty or theft losses. Attach Form 4684. (See instructions.)		20											
21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)		21 20,379.											
22 Tax preparation fees		22 370.											
23 Other expenses—investment, safe deposit box, etc. List type and amount ▶		23											
24 Add lines 21 through 23		24 21,349.											
25 Enter amount from Form 1040, line 38		25 70,173.											
26 Multiply line 25 by 2% (.02)		26 1,403.											
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter 0		27 19,946.											
28 Other—see list in instructions. List type and amount ▶		28											
29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40		29 33,863.											
30 If you want to itemize deductions even though they are less than your standard deduction, check here		30											

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Unreimbursed Employee Business Expenses

2011

Attachment to
Sequence No. **129A**

Department of the Treasury
Internal Revenue Service (29)

• Attach to Form 1040 or Form 1040NR.

Your name: **Timothy P Fisher**
 Occupation to which you incurred expenses: **law enforcement**
 Social security number: _____

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2011.

Caution: You can use the standard mileage rate for 2011 *only if:* (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Complete Part II. Multiply line 2a by 51¢ (.51) for miles driven before July 1, 2011, and by 55.5¢ (.555) for miles driven after June 30, 2011. Add the amounts; then enter the result here.	1	3,452.
2	Railroad fares, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work.	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment.	3	
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment.	4	11,786.
5	Meals and entertainment expenses: \$ _____ x 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	18,238.

Part II Information on Your Vehicle. Complete this part only if you are claiming vehicle expense on line 1.

7. When did you place your vehicle in service for business use? (month, day, year) **01/01/2009**

8. Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:
 a. Business **6,468** b. Commuting (see instr.) _____ c. Other **15,798**

9. Was your vehicle available for personal use during off-duty hours? Yes No

10. Do you (or your spouse) have another vehicle available for personal use? Yes No

11. Do you have evidence to support your deduction? Yes No

b. If "Yes," is the evidence written? Yes No

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

Form 2106-EZ (2011)

12 JUN 7 PM 10:43 SDE LEE CDF1

Noncash Charitable Contributions

Department of the Treasury

Internal Revenue Service

Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property. See separate instructions.

Name (as shown on your income tax return)

Identifying number

Timothy P & Robin M Fisher

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities -- List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Table with 2 columns: (a) Name and address of the donee organization, (b) Description of donated property. Includes entry for Goodwill and clothing/household items.

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

Table with 6 columns: (c) Date of the contribution, (d) Date acquired by donor, (e) How acquired by donor, (f) Donor's cost or adjusted basis, (g) Fair market value, (h) Method used to determine the fair market value. Includes entry for various items with purchase date and thrift shop value.

Part II Partial Interests and Restricted Use Property -- Complete lines 2a through 2c if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

Form sections 2a through 3c. 2a: Enter the letter from Part I that identifies the property... 2b: Total amount claimed as a deduction... 2c: Name and address of each organization... 3a: Is there a restriction... 3b: Did you give to anyone... 3c: Is there a restriction...

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Federal Information Worksheet

12 JUN 7 AM 10:44 SOE LEE CD F1

2011

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name: Fisher
 First Name: Timothy
 Middle Initial: T Suffix: _____
 Social Security No.: _____
 Occupation: deputy
 Date of Birth: 07/01/1966 (mm/dd/yyyy)
 or Age as of 1/1/2012: 45
 Date of death: _____
 Legally blind:
 E-mail Address: timrobfisher@comcast.net
 Work Phone: _____ Ext: _____
 Cell Phone: _____

Spouse:

Last Name: _____
 First Name: Robin
 Middle Initial: M Suffix: _____
 Social Security No.: _____
 Occupation: unemployed
 Date of Birth: 05/08/1969 (mm/dd/yyyy)
 or Age as of 1/1/2012: 42
 Date of death: _____
 Legally blind:
 E-mail Address: _____
 Work Phone: _____ Ext: _____
 Cell Phone: _____

Home Phone: _____

Fax Number: _____

Best contact phone number: _____

Check to print phone number on Form 1040

Home

Taxpayer Work

Spouse Work

Address: 921 Nelson Rd

City: Cape Coral

State: FL

ZIP Code

Apt. No.: _____
33993

Foreign province/country: _____

Foreign postal code: _____

Foreign country: _____

Foreign Phone: _____

APD/FPO/DPQ address (check if appropriate)

APD

FPO

DPQ

Part II - Federal Filing Status

1 Single

2 Married filing jointly

3 Married filing separately

Taxpayer did not live with spouse at any time during the year

Taxpayer is eligible to claim spouse's exemption (see Help)

4 Head of household

if the qualifying person is a child but not a dependent:

Child's name: _____

Child's social security number: _____

5 Qualifying widow(er)

Year the spouse died: _____

2009

2010

Part III - Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First Name	MI	Social Security Number	Date of birth:		E I C	Lived with taxpayer in U.S.	Education tuition and fees	Qualified child and dependent care expenses incurred and paid in 2011
			C o n t r i b u t i o n	Not qualified for child tax credit or non U.S.**				
Last Name	Suffix	*Relationship						
Samantha	M		05/11/1996					
Fisher		Daughter	L	<input type="checkbox"/>			<input type="checkbox"/>	
Jessica	M		09/19/1998					
Fisher		Daughter	L	<input type="checkbox"/>			<input type="checkbox"/>	
				<input type="checkbox"/>			<input type="checkbox"/>	
				<input type="checkbox"/>			<input type="checkbox"/>	

*Caution: If claiming child other than taxpayer's see Relationship in Help.

**Caution: If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Part IV - Earned Income Credit Information

Required to Calculate EIC:

Yes No

Is taxpayer or spouse qualifying child for EIC for another person?

Was taxpayer's (and spouse's if married filing jointly) home in United States for more than half of 2011?

Check Any that Apply:

Social Security card says Not Valid for Employment and SSN of the taxpayer, or spouse if married filing jointly, was obtained to get federally funded benefit, such as Medicaid (see Help)

Taxpayer filing as head of household and lived with nonresident alien spouse during last 12 months of 2011

EIC was disallowed or reduced in previous year and taxpayer required to file Form 3862

Taxpayer notified by IRS that EIC cannot be claimed in 2011

Keep for your records

Name(s) Shown on Return

Timothy P & Robin M Fisher

Social Security Number

Declaration Control Number

00 551188 00124 2

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet. If the ERO is not the same as the preparer designated on the Federal Information Worksheet, enter a Preparer Code from the Firm/Preparer Info to assign an ERO to this return.

Check to use ERO name instead of firm name in electronic file and on Forms 9878, 9879, & 9825

Firm Name	Social Security Number or PTIN	
Chaseone	000297671	
Name	Employer Identification Number	
Sandy Yerk	71-0864390	
Address	Phone Number	Fax Number
1360 Deer Run	(863) 675-2343	
City	State	ZIP Code
LaBelle	FL	33935
Country	Electronic Filers Identification Number (EFIN)	
	651188	
	E-mail Address	
	chase1@hughes.net	

Enter a Preparer Code from the Firm/Preparer Info to assign a different ERO to this return. (See Help)

Paid Preparer Information

Firm Name	Social Security Number or PTIN	
Chaseone	000297671	
Name	Employer Identification Number	
Sandy Yerk	71-0864390	
Address	Phone Number	Fax Number
1360 Deer Run	(863) 675-2343	
City	State	ZIP Code
LaBelle	FL	33935
Country	E-mail Address	
	chase1@hughes.net	

If your firm is ONLY the ERO and the return being transmitted was not prepared by your firm, enter a preparer code from the Alternative EF Preparer Information to assign a paid preparer. (See Help)

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed
 IRS prepared
 Prepared by taxpayer or other non-paid preparer

Miscellaneous Electronic Filing Items

Check this box to suppress Modernized e-File format for the tax return.

Check this box to force state only filing for all states selected to be filed electronically.

Returns rejected for Taxpayer or Spouse name and SSN mismatch. Check this box to retransmit this return as an imperfect return. This only applies to reject code 0501 and 0504.

Enter an 'in care of addressee', continuation of the address entered on the Federal Information Worksheet, or name of personal representative.

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address.

Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

Iraq Freedom	<input type="checkbox"/>
Kosovo Operation	<input type="checkbox"/>
Afghanistan/Enduring Freedom	<input type="checkbox"/>
Desert Storm	<input type="checkbox"/>
Haiti	<input type="checkbox"/>
Former Yugoslavia	<input type="checkbox"/>
UN Operation	<input type="checkbox"/>
Joint Guard	<input type="checkbox"/>
Joint Forge	<input type="checkbox"/>
Northern Watch	<input type="checkbox"/>
Operation Allied Force	<input type="checkbox"/>
Northern Forge	<input type="checkbox"/>
Combat Zone	<input type="checkbox"/>
Deployment Date	<input type="checkbox"/>

Preparing Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return
File Form 8453 Only If You Are Attaching One or More of the Following Forms or Supporting Documents.

Check the applicable box(es) to identify the attachments.

Form 2848, Power of Attorney and Declaration of Representative	<input type="checkbox"/>
Form 3115, Change in Accounting Method	<input type="checkbox"/>
Form 3468, Historic Structure Certificate	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels	<input type="checkbox"/>
Form 5713, International Boycott Report	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser)	<input type="checkbox"/>
1098-C, Contributions of Motor Vehicles, Boats and Airplanes	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Documentation	<input type="checkbox"/>
Form 8825, Health Coverage Tax Credit	<input type="checkbox"/>
Form 8878, Foreign Disregarded Entities	<input type="checkbox"/>
Form 8804, Attach the Certificate for Biodiesel	<input type="checkbox"/>
Form 8949, Sales and Other Dispositions of Capital Assets (or a statement with the same information)	<input type="checkbox"/>
Appendix A, Statement by Taxpayer Using the Procedures in Rev. Proc. 2009-20 to Determine a Theft Loss Deduction Related to a Fraudulent Investment Arrangement	<input type="checkbox"/>

Name(s) Shown on Return

Timothy P & Robin M Fisher

Social Security Number

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
Lee County Sheriff's Office		70,501.	13,237.		
Totals		70,501.	13,237.		

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-stutory & statutory wages not on Sch C	70,501.		70,501.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages			
	Unreported tips			
2	Total federal tax withheld	13,237.		13,237.
3 & 7	Total social security wages/tips	71,542.		71,542.
4	Total social security tax withheld	3,005.		3,005.
5	Total Medicare wages and tips	71,542.		71,542.
6	Total Medicare tax withheld	1,037.		1,037.
8	Total allocated tips			
9	Not used			
10	Total dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12	17.		17.
b	Elective deferrals to qualified plans			
c	Roth contributions to 401(k) & 403(b) plans			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12	17.		17.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total deductible employee expenses	1,041.		1,041.
d	Total RR Tier 1 wages			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RRTA tips			
h	Total other items from box 14	573.		573.
16	Total state wages and tips			
17	Total state tax withheld			
19	Total local tax withheld			

Name as shown on return: Timothy P Fisher Social Security Number: _____

Employer EIN: 59-6000705
 Employer Name: Lee County Sheriff's Office
 Name (cont.): _____
 Street Address or P. O. Box: 14750 Six Mile Cypress Parkway
 City: Fort Myers State: FL ZIP: 33912 Foreign Address:

Spouse's W-2 Do not transfer this W-2 to next year
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1	Wages, tips, other comp.	<u>70,581.</u>	2	Federal tax withheld	<u>13,237.</u>
3	Social security wages	<u>71,542.</u>	4	Social sec tax withheld	<u>3,005.</u>
5	Medicare wages and tips	<u>71,542.</u>	6	Medicare tax withheld	<u>1,037.</u>
7	Social security tips		8	Allocated tips	

13 b Retirement plan
 Foreign source income eligible for exclusion on Form 2555
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>C</u>	<u>17.</u>	A. Enter amount attributable to RRTA Tier 2 tax
		M. Enter amount attributable to RRTA Tier 2 tax
		P. Double click to link to Form 9903, line 4
		R. Enter MSA contribution for Taxpayer
		Spouse
		W. Enter HSA contribution for Taxpayer
		Spouse
		G. <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state ID no.	Box 16 State wages, tips, etc.	Box 17 State income tax

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

3 (Not Used) 9
 10 Dependent care benefits (Check if employer furnished care at work) 10
 Dependent care benefits - Amount forfeited from flexible spending account
 11 Distributions from Section 457 and other nonqualified plans (See help) 11
 (EPC, Child Care, Child Tax Credit, or IRA)

Box 14 Description or Code on Actual Form W-2	Amount	Employer's identification of Description or Code (Identify this item by selecting the identification from the drop-down list. If not on the list, select Other.)
COL PRB	<u>573.</u>	Other (not classified)
RET DED	<u>1,041.</u>	Deductible employee expense

Timothy P Fisher

Page 2

Employer Name Lee County Sheriff's Office

Part I Statutory employees

A	<input type="checkbox"/>	Box 13a. Statutory employee	
B	<input type="checkbox"/>	Deducting expenses in connection with this income	
C	<input type="checkbox"/>	If deducting expenses, double click to link to Schedule C	C

Part II Clergy, church employees, members of recognized religious sects

Clergy only:		
D	Designated housing or parsonage allowance	D
E	Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value	E
F	If no FICA was withheld, check the applicable box below	
1	<input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only	
2	<input type="checkbox"/> Pay self-employment tax on W-2 income only	
3	<input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance	
4	<input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361	
Non-Clergy only:		
G	If no FICA was withheld, check the applicable box below	
1	<input type="checkbox"/> Pay self-employment tax on this W-2 income	
2	<input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029	

Part III Unreported Tip Income

H1	Tips \$20 or more in a month which were not reported to employer	H1
2	Tips less than \$20 in a month which were not required to be reported	H2
3	Value of non-cash tips, such as tickets or passes, not reported	H3
4	Actual amount of allocated tips if different than the amount in box 3	H4
5	Tips paid out through a tip-sharing arrangement	H5
6	<input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax	

Part IV Substitute Form W-2

1a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852

Part V Inmate in a Penal Institution

1a Pay from work performed while an inmate in a penal institution

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c	<input type="checkbox"/>	Third-party sick pay
	<input type="checkbox"/>	Non-standard W-2 (handwritten, typewritten, or altered in any way)
	<input type="checkbox"/>	Corrected W-2
	<input type="checkbox"/>	Income from Paid Family Leave
		Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN

First name Timothy M.I. Last name P Fisher Suffix

Address 921 Nelson Rd City Cape Coral St FL ZIP code 33993

Foreign Country

Child Tax Credit Worksheet

► Keep for your records.

Name as shown on Return

Timothy P & Robin M Fisher

Social Security Number

Before you begin:

✓ Figure the amount of any credits you are claiming on Form 5695, Part I; Form 8834, Part I; Form 8910, Form 8936; or Schedule R.

Caution! • To be a qualifying child for the child tax credit, the child must be under age 17 at the end of 2011 and meet the other requirements listed below.

• If you do not have a qualifying child, you cannot claim the child tax credit.

Part 1

1	Number of qualifying children	2 × 1,000. Enter the result	1	2,000.
2	Enter the amount from Form 1040, line 33; Form 1040A, line 22; or Form 1040NR, line 37		2	70,173.
3	1040 Filers. Enter the total of any —		3	0.
	• Exclusion of income from Puerto Rico, and			
	• Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.			
	1040A and 1040NR Filers. Enter -0-			
4	Add lines 2 and 3. Enter the total		4	70,173.
5	Enter the amount shown below for your filing status.		5	110,000.
	• Married filing jointly — \$110,000			
	• Single, head of household, or qualifying widower) — \$75,000			
	• Married filing separately — \$55,000			
6	Is the amount on line 4 more than the amount on line 5?		6	
	<input checked="" type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7.			
	<input type="checkbox"/> Yes. Subtract line 5 from line 4.			
	If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.			
7	Multiply the amount on line 6 by 5% (.05). Enter the result		7	0.
8	Is the amount on line 1 more than the amount on line 7?		8	2,000.
	<input type="checkbox"/> No. You cannot take the child tax credit on Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48. You also cannot take the additional child tax credit on Form 1040, line 65; Form 1040A, line 39; or Form 1040NR, line 33. Complete the rest of your Form 1040, 1040A, or Form 1040NR.			
	<input checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. Go to Part 2.			

Part 2

9	Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 41		9	2,379.			
10	Add the following amounts from --		10	0.			
	Form 1040	or	Form 1040A	or	Form 1040NR		
	Line 47		Line 29		Line 45	+	
	Line 48		Line 31		Line 46	+	
	Line 49		Line 32		Line 47	+	
	Line 50					+	
	Form 5695, line 14					+	
	Form 8834, line 23					+	
	Form 8910, line 22					+	
	Form 8936, line 15					+	
	Schedule R, line 22					+	
			Enter the total			10	0.
11	Are you claiming any of the following credits?		11	0.			
	• Mortgage interest credit, Form 8896.						
	• Residential energy efficient property credit, Form 5695, Part II.						
	• District of Columbia first-time homebuyer credit, Form 8359.						
	<input checked="" type="checkbox"/> No. Enter the amount from line 10.						
	<input type="checkbox"/> Yes. Complete the Line 11 Worksheet, later, to figure the amount to enter here.						
12	Subtract line 11 from line 9. Enter the result.		12	2,379.			
13	Is the amount on line 8 of this worksheet more than the amount on line 12?		13	2,000.			
	<input checked="" type="checkbox"/> No. Enter the amount from line 8.						
	<input type="checkbox"/> Yes. Enter the amount from line 12. See the TIP below.						
	This is your child tax credit						

TIP: You may be able to take the **additional child tax credit** on Form 1040, line 65; Form 1040A, line 39; or Form 1040NR, line 33, only if you answered "yes" on line 13.

- First, complete your Form 1040 through line 64a (also complete line 69), Form 1040A through line 39a, or Form 1040NR through line 62 (also complete line 65).
- Then, use Form 8812 to figure any additional child tax credit.

Enter this amount on Form 1040, line 51; Form 1040A, line 41; or Form 1040NR, line 43.

Name(s) Shown on Return

Timothy P & Robin M Fisher

Social Security Number

1	Prescription medications		1	598.
2	Health insurance premiums:			
a	From Form(s) 1099-R		2a	
b	For medical care, other than self-employed health insurance		b	600.
c	Medicare premiums		c	
<p>NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2d - 2i below.</p>				
d	Taxpayer's gross long-term care premiums	2d		
e	Taxpayer's allowable long-term care premiums	e		
f	Spouse's gross long-term care premiums	f		
g	Spouse's allowable long-term care premiums	g		
h	Dep or child under 27 gross long-term care premiums	h		
i	Dep or child under 27 allowable long-term care prem.	i		
j	Total allowable long-term care premiums, sum of lines 2e, 2g, and 2i	j		
k	Taxpayer's long-term care premiums not deducted as an adjustment to income	k		
l	Spouse's long-term care premiums not deducted as an adjustment to income	l		
m	Dependent's long-term care premiums not deducted as an adj to income	m		
n	Self-employed health insurance not deducted as an adjustment to income	n		
3	Fees for doctors, dentists, etc.	3		606.
4	Fees for hospitals, clinics, etc.	4		
5	Lab and x-ray fees	5		
6	Expenses for qualified long-term care	6		1,261.
7	Eyeglasses and contact lenses	7		203.
8	Medical equipment and supplies	8		
9	Medical transportation expenses:			
a	Medical miles driven 01/01/11 thru 06/30/11	9a		2,995.
b	Multiply the number of miles on line 9a by 19 cents per mile	b		569.
c	Medical miles driven 7/01/11 thru 12/31/11	c		2,995.
d	Multiply the number of miles on line 9c by 23.5 cents per mile	d		704.
e	Other medical transportation costs not included above for example, ambulance fees	e		
f	Total medical transportation expenses (add lines 9b and 9d and 9e)	9f		1,273.
10	Lodging for medical purposes (up to \$50 per night per person)	10		
11	Other medical and dental expenses:			
a	Family Medical	11a		9,316.
b		b		
c		c		
d		d		
e		e		
f		f		
g		g		
h		h		
i		i		
j		j		
12	Total of medical and dental expenses (add lines 1 through 11j)	12		14,357.
13a	Less: insurance reimbursement for any expenses listed	13a		
b	Less: medical savings account (MSA) or health savings account (HSA) distributions	b		
14	Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1)	14		14,357.

▶ Keep for your records

Name(s) Shown on Return Timothy P & Robin M Fisher	Social Security Number
--	------------------------

Part I Name of Charity and Donation Value

1 Name of charity Goodwill

2a Value of contribution 2,579.

Part II Type of Donated Property

3 Check one:

Tangible personal property		Intangible property	
a <input checked="" type="checkbox"/>	Household items & clothing	i <input type="checkbox"/>	Stock, Publicly traded
b <input type="checkbox"/>	Motor vehicle, boat, or airplane	j <input type="checkbox"/>	Stock, Other than publicly traded
c <input type="checkbox"/>	Art, Other than self-created	k <input type="checkbox"/>	Securities, Other than stock
d <input type="checkbox"/>	Art, Self-created	l <input type="checkbox"/>	Intellectual property
e <input type="checkbox"/>	Collectibles	m <input type="checkbox"/>	Other
f <input type="checkbox"/>	Business equipment	Real property	
g <input type="checkbox"/>	Business inventory	n <input type="checkbox"/>	Real property, Conservation property
h <input type="checkbox"/>	Other	o <input type="checkbox"/>	Real property, Other than conservation

Part III Additional Information

If total noncash contributions are more than \$500, complete Part III

4a Street address of charity 4940 Bayline Rd

4b Charity City or Town North Fort Myers State FL ZIP 33903

5 Unique description of donated property clothing, household items

6 Date of donation (mm/dd/yyyy or Various) various

7 Method used to determine the fair market value Thrift shop value

Part IV Acquisition Information

If the value of this contribution is more than \$500, complete Part IV

8 Date the donated property was acquired (mm/dd/yyyy) various

9 How the donated property was acquired Purchase

10 Cost or adjusted basis in the donated property 8,995.

11 If business equipment, enter accumulated depreciation

Part V Deduction

12 Amount claimed as a deduction 2,579.

Part VI Type of Charitable Organization

13 Check one (a) 501(c)(3) charity (b) Other than 501(c)(3) charity

Part VII Charity's Use of Certain Appreciated Property

Complete when value is greater than cost.

14 Is the charity's use of property related to its exempt purpose? Yes No
Check "No" if the charity sold the donated property.

Part VIII Motor vehicle, boat, airplanes

15 a Was a Form 1098-C received? Yes No
b If no, did you receive other written acknowledgment? Yes No
QuickZoom here to access Form 1098-C to enter appropriate information.

Part IX Additional information for Contributions of Property More than \$5,000

Complete Part IX for a contribution of property that has a value of more than \$5,000. Generally, you must have a written appraisal for these contributions.

16 Was an appraisal required for this property? Yes No

17 Appraiser Information:

- a Date of Appraisal
b Appraiser Title
c Appraiser Identifying Number
d Appraiser Business Address (including room or suite number)
e Appraiser City or Town State ZIP Code

18 Charity Information:

- a Charity Date of Receipt or Gift
b Charity Representative Title
c Charity Identifying Number
d Charity Street Address (including room or suite number)
e Charity City or Town State ZIP Code

19 Other Information:

- a If a group or items were donated, describe any items which were appraised at \$500 or less
b For tangible property, give a brief summary of its overall physical condition on the date it was donated
c For stock and securities (checkboxes 3f-3j), enter average trading price
d For bargain sales, enter the amount received

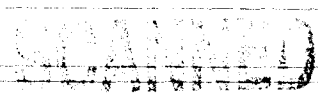
Part X Partial Interest Donations

If entire interest in the property was not donated, complete Part X. Complete Part X for a contribution of property that has a value of \$5,000 or less, and for publicly traded stock donations.

20 Was the entire interest donated for this property? Yes No
If no, complete line 21

21 Partial interest donation information:

- a Amount claimed as a deduction on 2011 tax return
b Deduction claimed for this property on prior years' tax returns
c Location of tangible property donated
d Name of the person, other than the charity on line 1, who has possession of the donated property
e If a partial interest in this property was donated to a different charity in a prior year, enter the name of the charity
f Street address of prior charity
g City of prior charity State ZIP Code



Part XI Restricted Use Property

If restrictions were attached to the charity's right to use or dispose of the property, then complete Part XI.

22 Were restrictions attached to the charity's right to use or dispose of this property? Yes No
If yes, complete line 23.

23 Restriction information:

a Describe the restriction:

b Did you give to anyone other than the charity on line 1 the right to income from the donated property or to possession of the donated property? Yes No

c If you checked Yes on line 23b, describe the right to income:

d Were restrictions attached limiting the donated property to a specific use? Yes No

e If you checked Yes on line 23d, describe the use limitation:

Charitable Contributions Summary

2011

12 JUN 7 AM 10:44 SDE LEE CDF1

Printed for your records

Name(s) Shown on Return

Timothy P & Robin M Fisher

Social Security Number

Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Cape Coral Baptist	1,040.	1,040.		
Girl Scout	18.	18.		
Salvation Army	5.	5.		
Publix - Food Bank	10.	10.		
Military - Dollar Store - 83 Mile	5.	5.		
Charitable mileage expense	228.	228.		
Totals:	1,306.	1,306.		

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Goodwill	2,579.	2,579.			
Totals:	2,579.	2,579.			

Part III Contribution Carryovers to 2012

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1. 2011 contributions	3,885.		3,885.			
2. 2011 contributions allowed	3,885.		3,885.	0.	0.	0.
3. Carryovers from:						
a. 2010 tax year						
b. 2008 tax year						
c. 2007 tax year						
d. 2006 tax year						
e. 2005 tax year						
4. Carryovers allowed in 2011	0.		0.	0.	0.	0.
5. Carryovers disallowed in 2011	0.		0.	0.	0.	0.
6. Carryovers to 2012:						
a. From 2011	0.		0.	0.	0.	0.
b. From 2010						
c. From 2008						
d. From 2007						
e. From 2006						
f. From 2005 (expired)						

Earned Income Worksheet

2011

▶ Keep for your records

*12 JUN 7 AM 10:44 SOE LEE CO FI

Name(s) Shown on Return

Timothy P & Robin M Fisher

Social Security Number

Part I -- Earned Income Credit Wks Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee Income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II -- Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	70,501.		70,501.
7 Taxable employer-provided adoption benefits			
8 Add lines 5 through 7. To Form 2441, lines 19 and 20	70,501.		70,501.
9a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a and 9b. To Form 2441, lines 4 and 5	70,501.		70,501.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet	70,501.		70,501.

Part III -- IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc.	70,501.		70,501.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2	70,501.		70,501.

Part IV -- Form 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc.	70,501.		70,501.
25 Nontaxable combat pay			
26 Foreign earned income exclusion			
27 Combine lines 23 through 26. To Form 8812, line 4a & Line 11 Wks, line 2	70,501.		70,501.

Keep for your records

Name(s) Shown on Return: Timothy P & Robin M Fisher Social Security Number: _____

Part I Information from Form(s) 1098-E, Student Loan Interest Statement

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Student loan interest (Box 1)
<u>Sallie Mae</u>			<u>164.</u>
<u>Dept of Ed</u>			<u>164.</u>
Total student loan interest			<u>328.</u>

Part II Computation of Student Loan Interest Deduction

1	Enter the total interest you paid in 2011 on qualified student loans (see Form 1040 instructions).	1	<u>328.</u>
2	Enter the smaller of line 1 or \$2,500.	2	<u>328.</u>
3	Modified AGI. Note: If line 3 is \$75,000 or more if single, head of household, or qualifying widow(er) or \$150,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	<u>70,501.</u>
4	Enter: \$50,000 if single, head of household, or qualifying widow(er); \$120,000 if married filing jointly.	4	<u>120,000.</u>
5	Subtract line 4 from line 3. If zero or less, enter -0 here and on line 7, skip line 6, and go on to line 8.	5	<u>0.</u>
6	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places).	6	
7	Multiply line 2 by line 6.	7	<u>0.</u>
8	Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	<u>328.</u>

* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Name(s) Shown on Return: Timothy P & Robin M Fisher Social Security Number: _____

2010 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals						

Other Tax and Income Information			2010	2011
1	Filing status	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0-4)	2		
3	Itemized deductions	3	32,057.	33,863.
4	Check box if required to itemize deductions	4		
5	Adjusted gross income	5	80,353.	70,173.
6	Tax liability for Form 2210 or Form 2210-F	6	1,114.	379.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information

Excess Contributions			2010	2011
9a	Taxpayer's excess Archer MSA contributions as of 12/31	9a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11a	Taxpayer's excess HSA contributions as of 12/31	11a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2010	2011
Note: Enter all entries as a positive amount				
12a	Short-term capital loss	12a		
b	AMT Short-term capital loss	b		
13a	Long-term capital loss	13a		
b	AMT Long-term capital loss	b		
14a	Net operating loss available to carry forward	14a		
b	AMT Net operating loss available to carry forward	b		
15a	Investment interest expense disallowed	15a		
b	AMT investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16a		
a	2011	a		
b	2010	b		
c	2009	c		
d	2008	d		
e	2007	e		
f	2006	f		

Your Name Timothy P Fisher	Social Security Number
--------------------------------------	------------------------

Occupation in which You Incurred Expenses
law enforcement

Line 4 – Other Business Expenses

1 Business gifts	1	125.
2 Education	2	720.
3 Home office (QuickZoom to Employee Home Office W/Is)	3	3,487.
4 Trade publications	4	
5 Depreciation and amortization (for vehicles, use the Vehicle Expenses Worksheet)	5	
6 Other		
50% of meals	6	210.
uniform upkeep & supplies (SWAT/Reg Duty)		2,010.
PBA/IUPA		480.
See Additional Expenses		2,724.
7 Total other business expenses. Add lines 1 through 6. Carries to Form 2106, line 4	7	14,786.

Line 7 – Allocation of Employer Reimbursements

8 Reimbursements that were not reported in box 1 of Form W-2	8	
9 Total expenses for the period(s) covered by the reimbursements on line 8	9	
10 Meal and entertainment expenses included in line 9	10	
11 Divide line 10 by line 9	11	
12 Employer reimbursement for meals and entertainment. Multiply line 8 by line 11. Carries to Form 2106, line 7, column B	12	
13 Employer reimbursement for other than meals and entertainment. Subtract line 12 from line 8. Carries to Form 2106, line 7, column A	13	
Department of Transportation (DOT) Employees - complete lines 14 - 19		
14 Employer reimbursement for meals and entertainment expenses	14	
15 Total meals and entertainment expenses for the period(s) covered by the reimbursements on line 14	15	
16 Meal expenses included in line 15 that are covered by DOT rules regarding hours of service limits	16	
17 Divide line 16 by line 15	17	
18 Employer reimbursement for DOT meals. Multiply line 14 by line 17	18	
19 Employer reimbursement for other meals and entertainment. Subtract line 18 from line 14	19	

Line 10 – Allocation of Business Expenses

(Qualified Performing Artists, Armed Forces Reservists, and Disabled Individuals)

20 Total employee expenses from Form 2106, line 10	20	18,238.
21 Qualified performing artist expenses. Carries to Form 1040, line 24 (or to Form 1040NR, line 35)	21	
22 Armed Forces Reservists related travel more than 100 miles from home (up to the federal per diem rate). Carries to Form 1040, line 24 (not applicable to Form 1040NR)	22	
23 Impairment-related work expenses. Carries to Schedule A (Form 1040) line 28 (or to Schedule A (Form 1040NR), line 14)	23	
24 Net employee expenses. Subtract lines 21, 22, and 23 from line 20. Carries to Schedule A (Form 1040), line 21 (or to Schedule A (Form 1040NR), line 7)	24	18,238.

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Employee Home Office Worksheet

▶ Keep for your records

2011

Copy 1

Your name **Timothy P Fisher** Social Security Number _____

Part I Part of Your Home Used for Business Law enforcement
921 Nelson Rd

1	Area used regularly and exclusively for business, regularly and exclusively for daycare, or regularly for inventory storage	1	
2	Total area of home	2	900
3	Divide line 1 by line 2. Enter result as a percentage	3	2,620
	<ul style="list-style-type: none"> • For daycare facilities not used exclusively for business, also complete lines 4 - 9. • All others, skip lines 4 - 9 and enter the amount from line 3 on line 10. 		34.35 %
4	Area used only partly for daycare	4	
5	Divide line 4 by line 2. Enter the result as a percentage	5	%
6	Multiply days used for daycare during year by hours used per day	6	hr
7	Total hours available for use during the year (365 x 24 hours)	7	hr
8	Divide line 6 by line 7. Enter result as a decimal amount	8	
9	Multiply line 8 by line 5	9	%
10	Business percentage. For daycare facilities not used exclusively for business, add line 3 and line 9. All others, enter the amount from line 3	10	34.35 %

Part II Figure Your Allowable Deduction

11	Total wages from this business	11	71,542.
12	Percent of wages from the business use of this home	12	30.00 %
13	Wages from the business use of home. Multiply line 11 by line 12	13	21,463.
14	Gain from business use of home shown on Schedule D or Form 4797	14	
15	Gross income from wages, Sch D and Form 4797. Add line 13 and line 14	15	21,463.
16a	Total employee expenses (excluding home office)	16a	9,751.
	<ul style="list-style-type: none"> b If there is more than one home office for this business, enter the amount of expenses from line 16a allocable to this home office. 	b	
17	Any losses from this business not derived from the business use of your home and shown on Schedule D or Form 4797	17	
18	Net income from business use of home. Line 15 less line 16 and line 17	18	11,712.

See instructions for columns (a) and (b) before completing lines 19 - 29

		(a) Direct expenses	(b) Indirect expenses	
19	Casualty losses			
20	Deductible mortgage interest			
21	Real estate taxes			
22	Add lines 19, 20, and 21			
23	Multiply line 22, column (b) by line 10			
24	Add line 22, column (a) and line 23			
25	Subtract line 24 from line 18. If zero or less, enter 0			11,712.
26	Insurance			
27	Rent		13,320.	
28	Repairs and maintenance		200.	
29	Utilities	2,400.	4,200.	
30	Other expenses			
31	Add lines 25 through 30	2,400.	17,720.	

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law enforcement

1

32	Multiply line 31, column (b) by line 10		6,087.
33	Carryover of operating expenses from 2010		
34	Add line 31 in column (a), line 32, and line 33	34	8,487.
35	Allowable operating expenses. Enter the smaller of line 25 or line 34	35	8,487.
36	Limit on excess casualty losses and depreciation. Subtract line 35 from line 25	36	3,225.
37	Excess casualty losses	37	
38	Depreciation of your home from Part III	38	
39	Carryover of excess casualty losses and depreciation from 2010	39	
40	Add lines 37 through 39	40	
41	Allowable excess casualty losses and depreciation. Enter the smaller of line 36 or line 40	41	
42	Add lines 24, 35, and 41	42	8,487.
43	Casualty loss portion, if any, from lines 24 and 41. Carry amount to Form 4684, Section B	43	
44	Allowable expenses for business use of your home. Subtract line 43 from line 42	44	8,487.
45	Less deductible mortgage interest, mortgage insurance and real estate taxes reported on Sch A	45	0.
46	Form 2106 home office expenses. Carries to Form 2106 Adj Wks, line 3	46	6,487.

Part III Depreciation of Your Home

47	Enter the smaller of your home's adjusted basis or its fair market value	47	
48	Value of land included on line 47	48	
49	Basis of building. Subtract line 48 from line 47	49	
50	Business basis of building. Multiply line 49 by line 10	50	
51	Depreciation percentage	51	3
52	Depreciation attributable to business use of home. Multiply line 50 by line 51	52	
53	Depreciation for additions and improvements attributable to business use of home	53	
54	Total allowable depreciation. Add line 52 and line 53. Enter here and on line 38	54	

Part IV Carryover of Unallowed Expenses to 2012

55	Operating expenses. Subtract line 35 from line 34. If less than zero, enter -0-	55	0.
56	Excess casualty losses and depreciation. Subtract line 41 from line 40. If less than zero, enter -0-	56	

Vehicle Expenses Worksheet

2011

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Form 2106 Law enforcement

Name(s) Shown on Return

Timothy P & Robin M Fisher

Social Security Number

Vehicle Information - Complete for all vehicles

	Vehicle 1	Vehicle 2
1 Make and model of vehicle	Toyota Sequoia	
2 Date placed in service	01/01/2009	
3 Type of vehicle	SZ - Lx truck/v	
4a Ending mileage reading	152,286	
b Beginning mileage reading	130,020	
c Total miles for the year	22,266	
5a Business miles from 01/01/11 thru 06/30/11	3,955	
b Business miles from 07/01/11 thru 12/31/11	3,413	
6 Commuting miles for the year		
7 Other personal miles for the year	15,798	
8 Percent of business use	29.05 %	%
9 Average daily commuting miles		
10 Months for special allocation. See Tax Help		

- 11 a Is there evidence to support the deduction? Yes No
- b If "Yes," is the evidence written? Yes No
- 12 Is another vehicle available for personal use? Yes No
- 13 Was the vehicle available for personal use during off-duty hours? Yes No

Standard Mileage Rate

14 Does vehicle qualify for standard mileage rate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 Was the vehicle leased?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16a Standard mileage deduction for 1/1 thru 6/30	1,550.	
b Standard mileage deduction for 7/1 thru 12/31	1,394.	
c Total standard mileage deduction	3,152.	

Actual Expenses

17 Expenses:		
a Gas, oil, repairs, insurance, etc.	7,913.	
b Vehicle registration, license (excluding property tax)	250.	
c Vehicle lease or rental fees		
d Less: inclusion amount		
e Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2)		
18 Expenses subtotal	8,663.	
19 Expenses applicable to business	2,342.	
20 Vehicle depreciation and Section 179 (from page 2)	957.	
21 Total actual expenses	3,199.	

Standard Mileage vs Actual Expenses

Check box to force a method

22 Standard mileage (to Form 2106, Section B)	<input checked="" type="checkbox"/>	3,152.	<input type="checkbox"/>
23 Actual expenses (to Form 2106, Section C)	<input type="checkbox"/>	3,199.	<input type="checkbox"/>

Vehicle Depreciation Information		Vehicle 1	Vehicle 2
Complete for Actual Expenses only		Toyota Scionia	
24	Cost or basis	53,000.	
25	Section 179 expense elected		
26	Depreciation and Section 179 limit for automobiles	857.	
27 a	Economic Stimulus - Qualified Property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Qualified Disaster Area - Qualified Property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Kansas Disaster Zone - Qualified Property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d	Gulf Opportunity Zone - Qualified Property for GO Zone	Reg <input type="checkbox"/> Ext <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reg <input type="checkbox"/> Ext <input type="checkbox"/> No <input type="checkbox"/>
e	Percentage for Special Depreciation Allowance	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
f	Elect OUT of Special Depreciation Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g	Elect 30% in place of 50% Special Depreciation Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h	QuickZoom to view the Election statements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i	Special Depreciation Allowance		
j	AMT Special Depreciation Allowance		
28	Prior depreciation	111.	
29	Depreciation deduction	857.	
30	Alternative minimum tax prior depreciation	111.	
31	Alternative minimum tax depreciation deduction	857.	
32	Alternative minimum tax adjustment/preference	0.	
33	QuickZoom to Asset Life History		

MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion

34	Elect OUT of regs under Sec. 1.168(i)-6T(i)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
35	If asset represents entire basis of replacement property, enter excess basis		
Pre-02/28/04 transactions only (See Tax Help):			
36	Asset ID (Enter same ID on all related assets)		
37	Check if asset represents exchanged basis of replacement property	<input type="checkbox"/>	<input type="checkbox"/>
38	Total basis of all related parts		

State Depreciation - Complete for Actual Expenses only

39	QuickZoom to select or delete states	
40 a	State (CA info must be entered in CA state return, do not enter here)	
b	Asset status	
c	Vehicle description	
d	Vehicle number	
e	State cost or basis	
f	State Section 179 deduction	
g	State Section 179 deduction allowed (enter for dispositions only)	
h	State Special Depreciation Allowance	
i	State depreciable basis	
j	State prior depreciation	
k	State depreciation deduction	
l	If this asset represents entire basis of replacement property, enter excess basis	
m	Form 8829: If luxury auto, enter depreciation at 100% business use	
n	State gain/loss basis, if different from state cost	
o	Include vehicle in state return	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disposition of Vehicle - Complete for all vehicles		Vehicle 1	Vehicle 2
41	Date of disposition		
42	Date acquired, if different from line 2		
43	Sales price (business portion only)		
44	Expense of sale (business portion only)		
45	Section 179 deduction allowed		
46	Double click to link sale to Form 6252		
47 a	Double click to link sale to Form 8824		
	b Form 8824: Depreciation allowable at 100% business use		
	c Form 8824: AMT depreciation allowable at 100% business use		
48	Gain/loss basis, if different from line 24 (enter 100%)		
49	AMT gain/loss basis, if different from line 71 (enter 100%)		
50	Depreciation allowed or allowable		
51	AMT depreciation allowed or allowable		
52	Gain or loss		
53	Alternative minimum tax gain or loss		
54	Part of Form 4797 to which gain/loss carries		

Detail Vehicle Depreciation Information - This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries. Complete for Actual Expenses only.

55	Subject to automobile limitations?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
56	Truck or van?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
57	Electric passenger vehicle?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
58	Heavy SUV?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
59	Listed property?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
60	Eligible Section 179 property (current year assets only)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
61	Use IRS tables for MACRS property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
62	Qualified Indian reservation property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
63	Depreciation type	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
64	Asset class	MACRS							
65	Depreciation method	5							
66	Convention (Half-year assumed for MACRS property)	SL							
67	QuickZoom to set 2011 convention	HY							
68	Recovery period	5.0							
69	Year of depreciation	3							
70	Depreciable basis	15,397.							
71	Alternative minimum tax basis, if different from line 24								
72	Alternative minimum tax depreciation method	SL							
73	Alternative minimum tax recovery period	5.0							
74	Alternative minimum tax depreciable basis	15,397.							

Name(s) Shown on Return Timothy P & Robin M Fisher		Social Security Number		
Income	2010	2011	Difference	%
Wages, salaries, tips, etc	70,350.	70,501.	151.	0.21
Interest and dividend income				
State tax refund				
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above	11,446.		-11,446.	-100.00
Total Income	81,796.	70,501.	-11,295.	-13.81
Adjustments to Income	1,443.	328.	-1,115.	-77.27
Adjusted Gross Income	80,353.	70,173.	-10,180.	-12.67
Itemized Deductions				
Medical and dental	3,681.	9,094.	413.	4.76
Income or sales tax	1,062.	903.	-159.	-14.97
Real estate taxes				
Personal property and other taxes	626.	35.	-591.	-94.41
Interest paid	5,768.		-5,768.	-100.00
Gifts to charity	1,732.	3,885.	2,153.	124.31
Casualty and theft losses				
Miscellaneous	14,180.	19,946.	5,758.	40.58
Total Itemized Deductions	32,057.	33,863.	1,806.	5.63
Standard or Itemized Deduction	32,057.	33,863.	1,806.	5.63
Exemption Amount	14,600.	14,800.	200.	1.37
Taxable Income	33,696.	21,510.	-12,186.	-36.16
Income tax	4,214.	2,379.	-1,835.	-43.55
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	4,214.	2,379.	-1,835.	-43.55
Nonbusiness credits	2,000.	2,000.	0.	0.00
Business credits				
Total Credits	2,000.	2,000.	0.	0.00
Self-employment tax				
Other taxes				
Total Tax After Credits	2,214.	379.	-1,835.	-82.58
Withholding	14,038.	13,237.	-801.	-5.71
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments	800.		-800.	-100.00
Total Payments	14,838.	13,237.	-1,601.	-10.79
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	12,624.	12,850.	224.	1.85
Balance Due				

Keep for your records

Name(s) Shown on Return

Timothy P & Robin M Fisher

Five Year Tax History:

	2007	2008	2009	2010	2011
Filing status				MFJ	MFJ
Total income				81,796.	70,501.
Adjustments to income				1,443.	328.
Adjusted gross income				80,353.	70,173.
Tax expenses				1,688.	938.
Interest expense				5,768.	
Contributions				1,732.	3,885.
Miscellaneous deductions				14,188.	19,946.
Other itemized deductions				8,681.	9,094.
Total itemized/standard deduction				32,057.	33,863.
Exemption amount				14,600.	14,800.
Taxable income				33,696.	21,510.
Tax				4,214.	2,379.
Alternative minimum tax					
Total credits				2,000.	2,000.
Other taxes					
Payments				14,838.	13,237.
Form 2210 penalty					
Amount owed					
Applied to next year's estimated tax					
Refund				12,624.	12,858.
Effective tax rate %				1.76	0.54
**Tax bracket %				15	15

**Tax bracket %

**Tax bracket % is based on Taxable income.

Tax Summary Report

2011

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Timothy P & Robin M Fisher

Filing status	Married Filing Jointly	Number of exemptions	4
Gross Income			
Wages and salaries			70,501.
Interest and dividend income			
Business income (loss)			
Capital gains (losses)			
Pensions and annuities			
Rents, royalties, partnerships, etc.			
Farm income (loss)			
Social security benefits			
Other income			
Total Gross Income			70,501.
Adjustments to Income			
			329.
Adjusted Gross Income	(Last year's AGI)	80,353.	70,173.
Itemized/Standard Deductions			
Medical and dental			9,094.
Taxes			933.
Interest			
Contributions			3,885.
Casualty or theft loss(es)			
Miscellaneous			19,946.
Total Itemized Deductions			33,863.
Standard deduction			
Exemption amount			14,800.
Taxable Income			
			21,510.
Taxes			
Income tax			2,379.
Alternative minimum tax			
Total Taxes before Credits			2,379.
Nonbusiness credits			2,000.
Business credits			
Total Credits			2,000.
Self-employment tax			
Other taxes			
Total Tax			
			379.
Payments			
Withholding			13,237.
Estimated tax payments			
Other payments			
Total Payments			13,237.
Estimated tax penalty			
Refund applied to next year's estimated tax			
Amount Overpaid			
			12,858.
Refund			
			12,858.
Amount Applied to Estimate			
Amount Due			
			0.
Tax Rates			
Tax bracket			15.8
Effective tax rate			0.548

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Schedule A

Line 21 statement - Unreimbursed employee expenses

Reductible expenses from Form 2106	18,238.
Employee business expense from Form	1,041.
Job - Search - taxpayer election e	1,700.

Form 2106 Adjustments Worksheet, Line 6
Additional Expenses

Latino Officers Association	6	100.
cell phone	6	1,279.
LOA meals 50%	6	25.
sig sauer 1911	6	600.
glock 36	6	468.
holster for 1911	6	40.
benchmate knife	6	212.
Total		<u>2,724.</u>

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Supporting Statement of:

Form 2106 (law enforcement) -- Form 2106 Adjustments Wks -- Employee Home Office

Description	Amount
cable/phone/internet	2,400.00
Total	<u>2,400.00</u>

Supporting Statement of:

Form 2106 (law enforcement) -- Form 2106 Adjustments Wks -- Employee Home Office

Description	Amount
electricity	3,600.00
water	600.00
Total	<u>4,200.00</u>

Supporting Statement of:

Form 2106 (law enforcement) -- Vehicle Wks/Line 5a-1

Description	Amount
LCSO	145
LOA	110
Election	2,800
Total	<u>3,055</u>

Supporting Statement of:

Form 2106 (law enforcement) -- Vehicle Wks/Line 5b-1

Description	Amount
LCSO	140
LOA	210
Election	3,063
Total	<u>3,413</u>

SMART WORKSHEET FOR Form 1040, Individual Tax Return

Tax Smart Worksheet

A Tax 2,379.
 Check if from:

1	Tax table	<input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions)	<input type="checkbox"/>
3	Schedule D Tax Worksheet	<input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>
5	Schedule J	<input type="checkbox"/>
6	Form 8615	<input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet	<input type="checkbox"/>

B Additional tax from Form 8814
C Additional tax from Form 4972
D Tax from additional Form(s) 4972
E Recapture tax from Form 8863
F IRC Section 197(f)(9)(B)(ii) election for an additional tax
G Tax. Add lines A through F. Enter the result here and on line 44 2,379.

SMART WORKSHEET FOR Schedule A: Itemized Deductions

State and Local Taxes Smart Worksheet

Enter sales tax information below. The greater of sales taxes from line I plus line J, or income taxes on line K, will flow to line 5. See Help

A Income from Form 1040, line 38 70,173.
B Nontaxable income entered elsewhere on return
C Available income: 2010 refundable credits in excess of tax 0.
D Enter any additional nontaxable income
E Total available income for sales taxes 70,173.
F Sales tax table information:

Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a). If AZ, CA, CO, LA, NJ, NY, or SC in column (a):
QuickZoom to Misc Global Options to enter default locality
 or Double-click in column (d) to select your locality for each state entered.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
ST	Lived in State From	Lived in State To	Enter Total Tax Rate	State Tax Rate (%)	Local Tax Rate (%)	State Table Amount	Local Sales Taxes	Prorated or Total Amount
FL	01/01/11	12/31/11	6.0000	6.0000	0.0000	903.	0.	903.

Total general sales taxes from table 903.
H Enter additions to table amount (motor vehicle, boat)
I Total sales taxes from table plus additions to table amount 903.
J Enter actual sales taxes paid (in lieu of table amount)
K Total income taxes paid

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

Cash Contributions Smart Worksheet

A Miles driven for charitable purposes:

1 All miles for:

a To perform charitable services: 1,468.

b To deliver non-cash contributions: 160.

c Total. Add lines a and b. 1,628.

B Cash contributions, enter name of charity, type of charity, and amount:

Name of charity	Type	Amount
Cape Coral Baptist		1,040.
Girl Scout		10.
Salvation Army		5.
Publix - Food Bank		10.
Military - Dollar Store - US Military Kids		5.
Charitable mileage expense		228.

C Print cash contribution detail with filing copy? Yes

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

Noncash Contributions Smart Worksheet

A For each non-cash contribution, enter the charity and donation information below.
Double-click on the Charity Name when entry of additional information is required.

Charity and Donation Information	Amount
Charity Name: <u>Goodwill</u> Address: <u>4940 Bayline Rd</u> City: <u>North Fort Myers</u> State: <u>FL</u> ZIP: <u>33903</u> Description: <u>clothing, household items</u> Property type: <u>a Household items & clothing</u> Date donated: <u>various</u> Date acquired: <u>various</u> How acquired: <u>Purchase</u> Cost or acq basis: <u>8,995.</u> Fair market value: <u>2,579.</u> How valued: <u>Thrift shop value</u>	2,579.
Charity Name: _____ Address: _____ City: _____ State: _____ Description: _____ Property type: _____ Date donated: _____ Date acquired: _____ How acquired: _____ Cost or acq basis: _____ Fair market value: _____ How valued: _____	

B Check for election under IRC Sec. 170(b)(1)(C)(ii) Yes

C Print non-cash contribution detail with filing copy when Form 8283 not required? Yes

Below you will find a list of recommendations that offer potential opportunities to save on your taxes next year. We created this list for you based on the information in your 2011 tax return. If you have any questions about anything on this list, please don't hesitate to contact our firm. Also, you have received a copy of your tax return. Keep a copy of your return and your supporting documentation for at least three years or more after you file your tax return.

- You had a large federal tax refund. You may wish to consider reducing your federal income tax withholding by filing a new Form W-4 with your employer.
- For the tax year 2012, during the months of January and February the social security tax on wages has been reduced to 4.2% from 6.2%.
- You may be eligible to reduce your future tax liability and save for your retirement by contributing to a traditional IRA, starting in 2012.
- Consider taking some college courses to enhance your job skills. You could possibly receive a tax benefit on the supplies, books and tuition expenses for the college courses.
- Keep detailed records of your medical expenses during 2012. These expenses may qualify as a tax deduction.
- Be sure to keep a detailed annual mileage record for all vehicles for which you are claiming employee business expenses. The record should include your business's name, the business and the total miles for the year, and the business trip purpose.

Thank you again for your tax business this year. We look forward to meeting your future needs.

Summary

Items Affecting Your Bottom Line	2010	2011	Difference	% Difference
Total Income	\$ 81,786	\$ 70,501	\$ -11,285	-13.8%
Adjustments to Income	\$ 1,448	\$ 328	\$ -1,120	-77.3%
Adjusted Gross Income (AGI)	\$ 80,353	\$ 70,173	\$ -10,180	-12.7%
Standard or Itemized Deductions	\$ 33,057	\$ 33,883	\$ 826	2.5%
Exemptions	\$ 14,800	\$ 14,800	\$ 0	0%
Taxable Income	\$ 33,896	\$ 21,510	\$ -12,386	-36.5%
Total Tax	\$ 4,214	\$ 3,379	\$ -835	-19.8%
Payments and Credits	\$ 16,838	\$ 15,237	\$ -1,601	-9.5%
Penalties	\$ -	\$ -	\$ 0	0%
Bottom Line	\$ 12,824	\$ 12,858	\$ 34	0.3%

Detail of Featured Line Items

Sources of Income	2010	2011	Difference	% Difference
Wages, Salaries, Tips	\$ 70,350	\$ 70,501	\$ 151	0.2%
Interest & Ordinary Dividends	\$ -	\$ -	\$ 0	0%
State Tax Refund	\$ -	\$ -	\$ 0	0%
Schedule C (all)	\$ -	\$ -	\$ 0	0%
Capital Gains (losses)	\$ -	\$ -	\$ 0	0%
IRA Taxable Distributions	\$ -	\$ -	\$ 0	0%
Pension Taxable Distributions	\$ -	\$ -	\$ 0	0%
Rents and Royalty Income	\$ -	\$ -	\$ 0	0%
Partnerships, SCorps, etc	\$ -	\$ -	\$ 0	0%
Farm Income	\$ -	\$ -	\$ 0	0%
Social Security (taxable)	\$ -	\$ -	\$ 0	0%
Other Income	\$ 11,448	\$ -	\$ -11,448	-100%
Total Income	\$ 81,786	\$ 70,501	\$ -11,285	-13.8%

Itemized Deductions	2010	2011	Difference	% Difference
Medical & dental	\$ 3,881	\$ 3,094	\$ -787	-20.3%
Income or sales tax	\$ 1,082	\$ 903	\$ -179	-16.5%
Real estate taxes	\$ -	\$ -	\$ 0	0%
Personal property & other taxes	\$ 828	\$ 35	\$ -793	-95.8%
Interest paid	\$ 5,768	\$ -	\$ -5,768	-100%
Gifts to charity	\$ 1,732	\$ 3,885	\$ 2,153	124.3%
Casualty & theft losses	\$ -	\$ -	\$ 0	0%
Misc	\$ 14,189	\$ 19,346	\$ 5,157	36.4%
Itemized phaseout	\$ -	\$ -	\$ 0	0%
Total itemized deductions	\$ 33,057	\$ 33,883	\$ 826	2.5%

Taxes	2010	2011	Difference	% Difference
Income Tax	\$ 4,214	\$ 3,379	\$ -835	-19.8%
Additional Income Tax	\$ -	\$ -	\$ 0	0%
Self-Employment Tax	\$ -	\$ -	\$ 0	0%
Alternative Minimum Tax (AMT)	\$ -	\$ -	\$ 0	0%
Other Taxes	\$ -	\$ -	\$ 0	0%
Total Tax	\$ 4,214	\$ 3,379	\$ -835	-19.8%

Timothy Fisher and Robin Fisher
Tax Year 2011

What is my deduction this year?

"What is my deduction this year?"

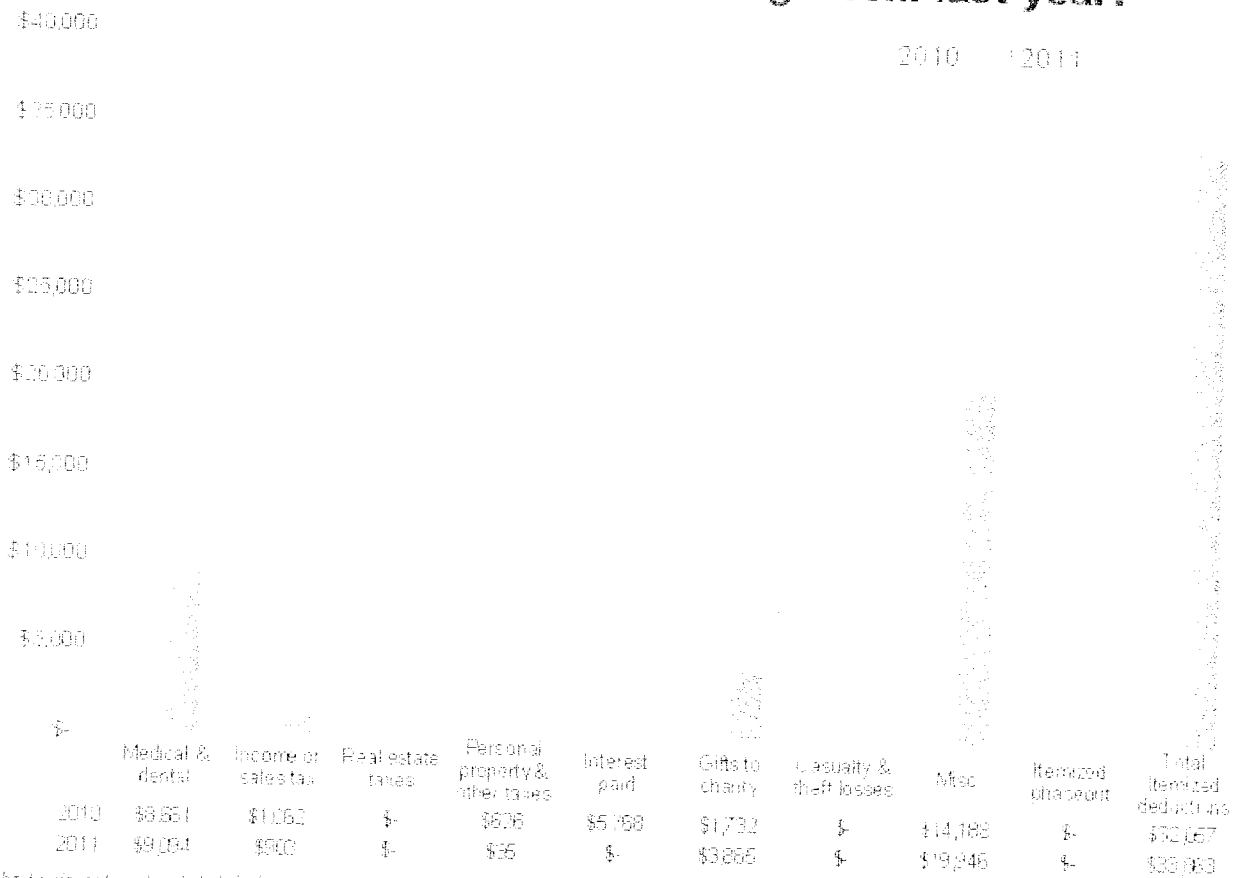
Deduction Applied*	Deduction Type
\$33,863	Itemized

**How the standard or itemized deduction is applied depends on which is beneficial to your overall tax return or required by law*

"How did my deductions change from last year?"

	2010	2011
Deduction Applied	Itemized \$32,057	Itemized \$33,863

"How did my itemized deductions change from last year?"



If charts do not match total deductions, your return may have utilized the standard deduction or was subject to other limitations

Questions? Email me at rfisher1@hughes.net or give me a call at (863) 475-2341

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"What is my bottom line? What is my effective tax rate?"

Refund	Effective tax rate ^A
\$12,858	0.54%

Effective Tax Rate is based on amount of tax liability after credits and payments.

"Why is the bottom line this amount?"

	2010	2011	% Change	Difference
Taxable Income	\$33,696	\$21,510	-36.16%	-\$12,186
Total Tax	\$4,214	\$2,379	-43.55%	\$1,835
Payments & Credits	\$16,838	\$15,237	-9.51%	-\$1,601
Bottom Line	\$12,858	\$12,858	1.85%	\$234

"How did my effective tax rate change?"

	2010	2011	% Change	Difference
Effective Tax Rate	1.75%	0.54%	-69.32%	-1.22%

"How did my tax situation change from last year?"



*12JUN 7 AM 1045 SDE LEE CO FL



specialy prepared for
Timothy Fisher
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Tax Year 2011

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