

**SHARON L. HARRINGTON
SUPERVISOR OF ELECTIONS
LEE COUNTY – FLORIDA**

<p><u>PHYSICAL ADDRESS</u> LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3RD FLOOR FORT MYERS FL 33901</p>	<p><u>MAILING ADDRESS</u> please send all correspondence to this address P O BOX 2545 FORT MYERS FL 33902-2545</p>
<p>MAIN OFFICE 239 LEE VOTE 239-533-8683</p>	<p>FAX 239-533-6310 WEBSITE www.leeelections.com</p>

QUALIFICATION CONFIRMATION

CANDIDATE	MIGUEL C. FERNANDEZ, III		
	LEE COUNTY COURT JUDGE GROUP 3		
DATE ISSUED	ALL FORMS SUBMITTED	FILING FEE PAID (CHECK ONE)	RECEIVED BY
04-29-10	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> PETITION METHOD <input type="checkbox"/> N/A(WRITE-IN)	BERNIE FELICIANO QUALIFYING OFFICER

This office is in receipt of all required candidate-qualifying forms, filing fee (if any) and/or candidate petition signatures required in order to qualify for the office you seek. If you have received a qualification confirmation from this office your candidate-qualifying process is complete.

Questions or concerns regarding candidate-qualifying can be addressed by contacting me at 239-533-6304.

Bernie Feliciano

Bernie Feliciano
Qualifying Officer

JUDICIAL OFFICE LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

COUNTY OF LEE

I, Miguel	Caridad	Fernandez
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

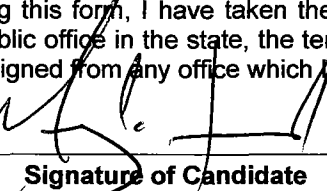
(Section 105.031, Florida Statutes)

I, Miguel C. Fernandez III
(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 judicial office of Lee County Judge, _____, _____,
(office) (district) (circuit)

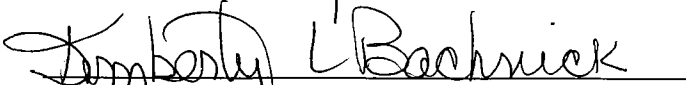
3; my legal residence is Lee County, Florida; I am a qualified elector
(group)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; 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 which I am required to resign pursuant to Section 99.012, Florida Statutes.

X 	(239) 707-7533	Fernandez4leecountyjudge@	yahoo.com
Signature of Candidate	Telephone Number	Email Address	
227 NE 22nd Avenue,	Cape Coral,	Florida	33909
Address	City	State	ZIP Code

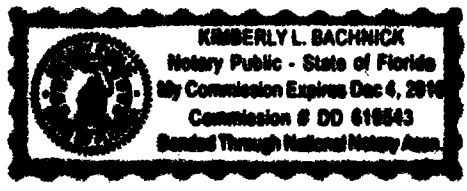
Sworn to (or affirmed) and subscribed before me this 29th day of April, 2010.

Personally Known: or


Signature of Notary Public – State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: _____

Type of Identification Produced:



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:
Fernandez Miguel Caridad

MAILING ADDRESS:
P.O. Box 1999

CITY : ZIP : COUNTY :
Fort Myers 33902 Lee

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Lee County Judge - Group 3

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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 December 31, 2009 was \$ 507,000.

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 \$ 93,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
227 NE 22nd Ave., Cape Coral, FL 33909	316,000
1401 Lee Street, Fort Myers, FL 33901	297,000
230 NE 22nd Ave., Cape Coral FL 33909	66,000
Lots: 237 NE 22nd Ave & 2203 NE 2nd St., Cape Coral, FL 33909	35,000
Personal accounts & NW Mutual (SEP)	39,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BAC Home Loans, PO Box 650070, Dallas TX 75265	294,000
Suntrust PO Box 79041, Baltimore, MD 21279	41,000
FifthThird Bank, PO Box 630778, Cincinnati, OH 45263	18,000
Nissan MAC, PO Box 650680, Dallas TX 75265	10,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Citi Card M/C, PO Box 6062 Sioux Falls, SD 57117	7,000

CONTINUATION

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Law Office of Miguel C. Fernandez III	30,000

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

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

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

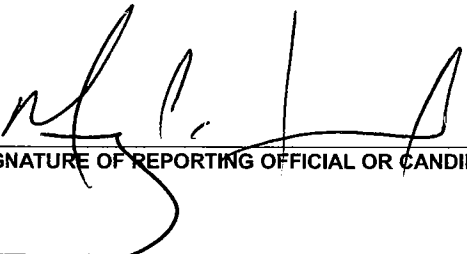
PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Law Office of Miguel C. Fernandez III PA		
ADDRESS OF BUSINESS ENTITY	1401-D Lee Street, Fort Myers, FL 33901		
PRINCIPAL BUSINESS ACTIVITY	Law Office		
POSITION HELD WITH ENTITY	Attorney		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	Owner/President		

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.


SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

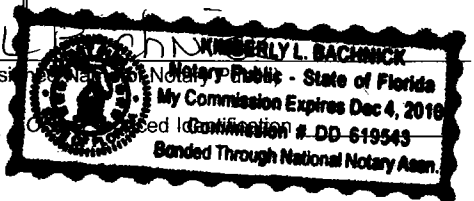
STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 29th day of April, 2010 by Miguel C Fernandez III


(Signature of Notary Public--State of Florida)

Kimberly L. Bachnick
(Print, Type, or Stamp Commission Expires Dec 4, 2016)

Personally Known



Type of Identification Produced _____

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.

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Filing Status Check only one box.

Exemptions If more than four dependents, see page 17 and check here

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning _____, 2009, ending _____, 20

Your first name and initial: **MIGUEL C.** Last name: **FERNANDEZ III**

If a joint return, spouse's first name and initial: **DENISE P.** Last name: **FERNANDEZ**

Home address (number and street). If you have a P.O. box, see page 14. Apt. no. **PO BOX 1999**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. **FORT MYERS FL 33902-1999**

OMB No. 1545-0074

Your social security number _____

Spouse's social security number _____

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child (see page 16)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qual. child for child tax cr. (see page 17)
DESIREE	FERNANDEZ		DAUGHTER	<input type="checkbox"/>
MARIAH	FERNANDEZ		DAUGHTER	<input type="checkbox"/>
GABRIELLE	FERNANDEZ		DAUGHTER	<input type="checkbox"/>

d Total number of exemptions claimed **5**

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see page 22. Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	100,926
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on the 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 22)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see page 24)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see page 25)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	106,636
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation in excess of \$2,400 per recipient (see page 27)	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 27)	20b	
21	Other income. List type and amount (see page 29)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	207,562

Adjusted Gross Income

23	Educator expenses (see page 29)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 30)	29	19,427
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN ▶		
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 34)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	19,427
37	Subtract line 36 from line 22. This is your adjusted gross income	37	188,135

CLIENT COPY

10APR29PM0430 SDFL eee Co F1

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 188,135

39a Check You were born before January 2, 1945, Blind. Total boxes checked 39a

if: Spouse was born before January 2, 1945, Blind. 39b

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here 39b

40a Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40a 31,414

b 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) 40b

41 Subtract line 40a from line 38 41 156,721

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 18,250

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 138,471

44 Tax (see page 37). Check if any tax is from: a Form(s) 8814 b Form 4972 44 27,035

45 Alternative minimum tax (see page 40). Attach Form 6251 45

46 Add lines 44 and 45 46 27,035

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 8396 b 8839 c 5695 52

53 Other credits from Form: a 3800 b 8801 c 53 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 27,035

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59 Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H 59

60 Add lines 55 through 59. This is your total tax 60 27,035

Payments

61 Federal income tax withheld from Forms W-2 and 1099 61 8,023

62 2009 estimated tax payments and amount applied from 2008 return 62 22,200

63 Making work pay and government retiree credits. Attach Schedule M 63 37

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 2439 b 4136 c 8801 d 8885 70

71 Add lines 61, 62, 63, 64a, & 65 through 70. These are your total payments 71 30,260

Refund

72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid 72 3,225

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here 73a 3,225

b Routing number XXXXXXXXXX c Type: Checking Savings

d Account number XXXXXXXXXXXXXXXXXXXX

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

Amount You Owe

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

Third Party Designee

Designee's name DON L HISSAM Personal identification number (PIN) 71444 Phone no. 239-939-0661

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.

Your signature [Signature] Date 4/13/10 Your occupation ATTORNEY Daytime phone number

Spouse's signature [Signature] Date 4/13/10 Spouse's occupation HOMEMAKER/SECRETARY

Paid

Preparer's signature [Signature] Date 04/10/10 Check if self-employed Preparer's SSN or PTIN P00136558

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code HISSAM & ASSOCIATES ACCOUNTANTS, INC. 1937 GRACE AVENUE FORT MYERS FL 33901 EIN 59-1479137 Phone no. 239-939-0661

1040PR29PM0430 SDEL Lee Co FI

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
Employee's soc. sec. no.	1 Wages, tips, other comp. 91481.56	2 Federal income tax withheld 7969.00	
Employer ID number (EIN) 5-0627426	3 Social security wages 73255.00	4 Social security tax withheld 4541.81	
	5 Medicare wages and tips 73255.00	6 Medicare tax withheld 1062.19	
Employer's name, address, and ZIP code MIGUEL C FERNANDEZ III PC 1401 LEE STREET FORT MYERS FL 33901-2824			
Control number 4			
Employee's name, address, and ZIP code Suff. MIGUEL C. FERNANDEZ III 225 NE 7TH PLACE CAPE CORAL FL 33909			
Social security tips	8 Allocated tips	9 Advance EIC payment	
Dependent care benefits	11 Nonqualified plans	12a Code S	1200.00
Statutory employee	14 Other 2% S/H IN 19426.56	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
15 State Employer's state ID number	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 **2009** Dept. of the Treasury -- IRS

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 9443.75	2 Federal income tax withheld 54.00	
b Employer ID number (EIN) 65-0627426	3 Social security wages 10043.75	4 Social security tax withheld 619.63	
	5 Medicare wages and tips 10043.75	6 Medicare tax withheld 148.67	
c Employer's name, address, and ZIP code MIGUEL C FERNANDEZ III PC 1401 LEE STREET FORT MYERS FL 33901-2824			
d Control number 5			
e Employee's name, address, and ZIP code Suff. DENISE FERNANDEZ 225 NE 7TH PLACE CAPE CORAL FL 33909			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code S	600.00
13 Statutory employee	14 Other	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
15 State Employer's state ID number	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 **2009** Dept. of the Treasury -- IRS

DAA

10APR29PM0430 SIELeeCoFl

SCHEDULE A (Form 1040)

Itemized Deductions

2009

Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040.

See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

MIGUEL C. FERNANDEZ III & DENISE P. FERNANDEZ

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see page A-1)	1		
	2	Enter amount from Form 1040, line 38	2		
	3	Multiply line 2 by 7.5% (.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid (See page A-2.)	5 State and local (check only one box):		5	2,988	
	a	<input type="checkbox"/> Income taxes, or			
	b	<input checked="" type="checkbox"/> General sales taxes			
	6	Real estate taxes (see page A-5)	6	7,475	
	7	New motor vehicle taxes from line 11 of the worksheet on back. Skip this line if you checked box 5b	7		
	8	Other taxes. List type and amount	8		
	9	Add lines 5 through 8			
			9	10,463	
	Interest You Paid (See page A-6.)	10	Home mortgage interest and points reported to you on Form 1098	10	14,878
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		
12		Points not reported to you on Form 1098. See page A-7 for special rules	12		
13		Qualified mortgage insurance premiums (see page A-7)	13		
14		Investment interest. Attach Form 4952 if required. (See page A-8.)	14		
15		Add lines 10 through 14			
			15	14,878	
Gifts to Charity If you made a gift and got a benefit for it, see page A-8.		16	Gifts by cash or check. If you made any gift of \$250 or more, see page A-8	16	6,286
		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	6,286	
Casualty and Theft Losses		20	Casualty or theft loss(es). Attach Form 4684. (See page A-10.)		20
Job Expenses and Certain Miscellaneous Deductions (See page A-10.)		21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.)	21	
	22	Tax preparation fees	22	375	
	23	Other expenses—investment, safe deposit box, etc. List type and amount	23		
	24	Add lines 21 through 23	24	375	
	25	Enter amount from Form 1040, line 38	25	188,135	
	26	Multiply line 25 by 2% (.02)	26	3,763	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			
		27			
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)? <input 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 checked="" 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		
			* LIMITED BY AGI		
				29	
				31,414	

104PR29P10430 SDE LeB Co F

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2009

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

MIGUEL C. FERNANDEZ III & DENISE P. FERNANDEZ

Part I Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and address of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	
			Yes	No
A	COMMERCIAL RENTAL 1401 LEE STREET FORT MYERS FL	• 14 days or • 10% of the total days rented at fair rental value? (See page E-3)	A	X
B	RESIDENTIAL RENTAL 230 NE 22 AVENUE CAPE CORAL FL 33909		B	X
C			C	

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3	46,300	3,100	3 49,400
4 Royalties received	4			4
Expenses:				
5 Advertising	5			
6 Auto and travel (see page E-4)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	4,159	648	
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see page E-5)	12		1,227	12 1,227
13 Other interest	13			
14 Repairs	14		3,541	
15 Supplies	15		566	
16 Taxes	16	5,968	1,236	
17 Utilities	17		295	
18 Other (list) ▶ SEE STATEMENT 1	18		351	
19 Add lines 5 through 18	19	10,127	7,864	19 17,991
20 Depreciation expense or depletion (see page E-5)	20	4,203	4,163	20 8,366
21 Total expenses. Add lines 19 and 20	21	14,330	12,027	
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	22	31,970	-8,927	
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23	0	8,927	
24 Income. Add positive amounts shown on line 22. Do not include any losses	24			24 31,970
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			25 8,927
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			26 23,043

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

Your social security number

MIGUEL C. FERNANDEZ III & DENISE P. FERNANDEZ

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

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

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see page E-7 before completing this section. [] Yes [X] No

Table with 5 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row A: MIGUEL C. FERNANDEZ III PC, S, [], 65-0627426, []

Summary table for Part II with columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals: 0, 87,006, 3,413, 83,593.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B are empty.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b.

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

Part V Summary

Summary table for Part V with columns: Description, Amount. Row 41: Total income or (loss). Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18. Amount: 106,636.

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

2009

Attachment
Sequence No. **27**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **See separate instructions.**

Name(s) shown on return

Identifying number

MIGUEL C. FERNANDEZ III & DENISE P. FERNANDEZ

1 Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 2						

3 Gain, if any, from Form 4684, line 43

3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

5

6 Gain, if any, from line 32, from other than casualty or theft

6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:

7

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions)

8

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)

9

*100PR120PM04B1 SDE L sec Co FI

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

--	--	--	--	--	--	--

11 Loss, if any, from line 7

11

12 Gain, if any, from line 7 or amount from line 8, if applicable

12

13 Gain, if any, from line 31

13

14 Net gain or (loss) from Form 4684, lines 35 and 42a

14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36

15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

16

17 Combine lines 10 through 16

17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14

18b

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2009)

THERE ARE NO AMOUNTS FOR PAGE 2

Form **4562**
 Department of the Treasury
 Internal Revenue Service

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172
2009
 Attachment Sequence No. **67**

(99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

MIGUEL C. FERNANDEZ III & DENISE P. FERNANDEZ

Identifying number

Business or activity to which this form relates

RESIDENTIAL RENTAL

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 (see instructions)	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 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
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.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	2,675
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	0
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 ▶	<input type="checkbox"/>	

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		2,674	5.0	HY	200DB	534
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	06/09/09	48,455	27.5 yrs.	MM	S/L	954
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	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 instructions	22	4,163
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	

For Paperwork Reduction Act Notice, see separate instructions.

TOP SECRET SDF/EE/CF

Depreciation and Amortization
(Including Information on Listed Property)

(99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return
MIGUEL C. FERNANDEZ III & DENISE P. FERNANDEZ

Identifying number

Business or activity to which this form relates
PASS-THROUGH EXPENSE FROM K-1

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	5,349
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	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
	FROM SCHEDULE K-1 (FORM 1120S)		3,413
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	3,413
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	3,413
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 (see instructions)	11	187,932
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	3,413
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.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	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 instructions	22	3,413
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	

SCHEDULE M
(Form 1040A or 1040)

Making Work Pay and Government Retiree Credits

OMB No. 1545-0074

2009

Department of the Treasury
Internal Revenue Service (99)

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

▶ See separate instructions.

Attachment Sequence No. **166**

Name(s) shown on return

Your social security number

MIGUEL C. FERNANDEZ III & DENISE P. FERNANDEZ

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 the 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		
b Nontaxable combat pay included on line 1a (see instructions)	1b			
2 Multiply line 1a by 6.2% (.062)		2		
3 Enter \$400 (\$800 if married filing jointly)		3		
4 Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a)		4		800
5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22		5	188,135	
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?		7		
<input type="checkbox"/> No. Skip line 8. Enter the amount from line 4 on line 9 below.				
<input checked="" type="checkbox"/> Yes. Subtract line 6 from line 5			38,135	
8 Multiply line 7 by 2% (.02)		8		763
9 Subtract line 8 from line 4. If zero or less, enter -0-		9		37
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).		10		0
<input checked="" type="checkbox"/> No. Enter -0- on line 10 and go to line 11.				
<input type="checkbox"/> 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)				
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.		11		0
<input checked="" type="checkbox"/> No. Enter -0- on line 11 and go to line 12.				
<input type="checkbox"/> 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)				
12 Add lines 10 and 11		12		
13 Subtract line 12 from line 9. If zero or less, enter -0-		13		37
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		37

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

Federal Statements

Residential Rental

Statement 1 - Schedule E, Line 18 - Other Expenses

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
PEST CONTROL	\$ 78		\$ 78
STORMWATER FEE	273		273
TOTAL	<u>\$ 351</u>		<u>\$ 351</u>

Federal Statements

Statement 2 - Form 4797, Line 2 - Section 1231 Information

Desc	Date	Date	Sales	Dep	Basis	Gain or
	Acq	Sold	Price	Allowed		Loss
OFFICE FF&E	6/30/99	1/01/09	\$	1,712	\$ 1,712	\$
MISC FURNISHINGS	10/23/02	6/30/09		568	568	
HP PRINTER W/CABLE	7/24/02	6/30/09		535	535	
GATEWAY P4 LAPTOP	4/15/05	6/30/09		1,300	1,300	
VERIZON PHONES (4)	7/28/06	6/30/09		578	578	
TOTAL						\$ 0

109PR29PM0431 SOE L ee Co F1

2009

For calendar year 2009, or tax
year beginning _____
ending _____

Final K-1 Amended K-1

Shareholder's Share of Income, Deductions, Credits, etc.
▶ See back of form and separate instructions.

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) 87,006	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction 3,413	16 C*	Items affecting shareholder basis 2,218
12 A	Other deductions 3,154	D	81,000
		17 K*	Other information STMT
* See attached statement for additional information.			

Part I Information About the Corporation

A Corporation's employer identification number
65-0627426

B Corporation's name, address, city, state, and ZIP code
MIGUEL C. FERNANDEZ III PC
PO BOX 1999
FORT MYERS FL 33902-1999

C IRS Center where corporation filed return
OGDEN, UT 84201

Part II Information About the Shareholder

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code
MIGUEL C. FERNANDEZ III
PO BOX 1999
FORT MYERS FL 33902-1999

F Shareholder's percentage of stock ownership for tax year 100.000000 %

