

JUDICIAL OFFICE LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

COUNTY OF LEE

I. <u>Frank</u>	<u>B.</u>	<u>Mann Jr.</u>
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. Frank Mann Jr
(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 Co Judge Group 3 20th
(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 [Signature] (239) 247-4158 Frank@FrankMannJr.com
Signature of Candidate Telephone Number Email Address

24 Georgetown Ft Myers FL 33919
Address City State ZIP Code

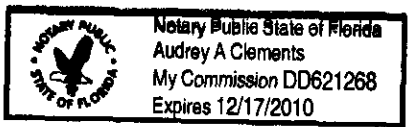
Sworn to (or affirmed) and subscribed before me this 30 day of April, 2010.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Audrey A Clements
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public



10APR30PM1004 SDE Lee Co FL

SCANNED

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2009

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

FINANCIAL INTEREST

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

~~Frank~~ Mann, Frank R. Jr.

MAILING ADDRESS:

24 Georgetown

Ft Myers FL ~~33901~~

CITY: Ft Myers ZIP: 33919 COUNTY: Lee

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Lee Co Judge Group 3

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, 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 12/31, 2009 was \$ 8,100.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<input checked="" type="checkbox"/> Household furnishings & equipment, vehicles, etc.	\$40,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SALIENTAE student loans	31,300.00
CitiBank Visa	650.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
State of FL	Tallahassee, FL	26,000

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

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES

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

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

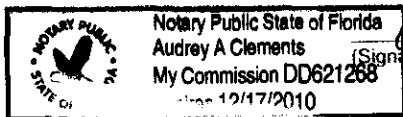
OATH

STATE OF FLORIDA
COUNTY OF LEE

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

Sworn to (or affirmed) and subscribed before me this 30 day of

April, 2010 by Frank Mann Sr



Audrey A. Clements
(Signature of Notary Public--State of Florida)

AUDREY A. CLEMENTS
(Print, Type, or Stamp Commissioned Name of Notary Public)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification

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.

SCANNED

Form **4868**
 Department of the Treasury
 Internal Revenue Service (99)
 (on bottom of page)

**Application for Automatic Extension of Time
 To File U.S. Individual Income Tax Return**

OMB No. 1545-0074
2009

*10APR30PM 1005 SDE L see Co F1

**Mail To: Department of the Treasury
 Internal Revenue Service
 P.O. BOX 105050
 ATLANTA, GA 30348-5050**

----- CUT HERE -----

Form **4868** **Application for Automatic Extension of Time To File U.S. Individual Income Tax Return** OMB No. 1545-0074
 Department of the Treasury Internal Revenue Service (99) For calendar year 2009, or other tax year beginning _____, ending _____ **2009**

Part I Identification				Part II Individual Income Tax	
1 Your name(s) (see instructions)				4 Estimate of total tax liability for 2009	\$ 138,618
DEIRDRE S MANN FRANKLIN B MANN JR				5 Total 2009 payments	89,618
Address (see instructions)				6 Balance due. Subtract line 5 from line 4 (see instructions)	49,000
24 GEORGETOWN				7 Amount you are paying (see instr.)	49,000
City, town, or post office		State	ZIP Code	8 Check here if you are "out of the country" and a U.S. citizen or resident (see instructions)	<input type="checkbox"/>
FORT MYERS		FL	33919	9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding	<input type="checkbox"/>
2 Your social security number		3 Spouse's social security number			

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Form **4868** (2009)

SCANNED

Form 1040

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 2008

(99) IRS Use Only—Do not write or staple in this space.

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

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning 2008, ending 20 OMB No. 1545-0074
Your first name and initial DEIRDRE S Last name MANN
Your social security number
If a joint return, spouse's first name and initial FRANKLIN B Last name MANN JR
Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 14. 24 GEORGETOWN Apt. no.
You must enter your SSN(s) above.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. FORT MYERS FL 33919
Checking a box below will not change your tax or refund.

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

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 6b Spouse
Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if actual child for child tax cr. (see page 17)
HALEY BAKER DAUGHTER
MELANIE BAKER DAUGHTER
MARYLEE G MANN DAUGHTER
Total number of exemptions claimed 5

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 140,314
8a Taxable interest. Attach Schedule B if required 8a 20
8b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a
9b Qualified dividends (see page 21) 9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22) 10
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12 30,450
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount (see page 23) 15b
16a Pensions and annuities 16a b Taxable amount (see page 24) 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 373,311
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount (see page 26) 20b
21 Other income. List type and amount (see page 28) 21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 544,095

Adjusted Gross Income 23 Educator expenses (see page 28) 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 2,152
28 Self-employed SEP, SIMPLE, and qualified plans 28
29 Self-employed health insurance deduction (see page 29) 29
30 Penalty on early withdrawal of savings 30
31a Alimony paid b Recipient's SSN 31a
32 IRA deduction (see page 30) 32
33 Student loan interest deduction (see page 33) 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 2,152
37 Subtract line 36 from line 22. This is your adjusted gross income 37 541,943



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Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	541,943
	39a	Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked ▶	39a	
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶	39b	
	c	Check if standard deduction includes real estate taxes or disaster loss (see page 34) ▶	39c	
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	70,808
	41	Subtract line 40 from line 38	41	471,135
	42	If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d	42	11,665
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	459,470
	44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	132,390
	45	Alternative minimum tax (see page 39). Attach Form 6251	45	
	46	Add lines 44 and 45 ▶	46	132,390
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Credit for the elderly or the disabled. Attach Schedule R	49	
	50	Education credits. Attach Form 8863	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit (see page 42). Attach Form 8901 if required	52	
	53	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 47 through 54. These are your total credits	55	
	56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- ▶	56	132,390
	57	Self-employment tax. Attach Schedule SE	57	4,303
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	60	
	61	Add lines 56 through 60. This is your total tax ▶	61	136,693
	62	Federal income tax withheld from Forms W-2 and 1099	62	20,597
	63	2008 estimated tax payments and amount applied from 2007 return	63	111,188
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election 64b		
	65	Excess social security and tier 1 RRTA tax withheld (see page 61)	65	
	66	Additional child tax credit. Attach Form 8812	66	
	67	Amount paid with request for extension to file (see page 61)	67	22,250
	68	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	68	
	69	First-time homebuyer credit. Attach Form 5405	69	
	70	Recovery rebate credit (see worksheet on pages 62 and 63)	70	
	71	Add lines 62 through 70. These are your total payments ▶	71	154,035
	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	17,342
	73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	73a	
	b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number <input type="text"/>		
	74	Amount of line 72 you want applied to your 2009 estimated tax ▶	74	16,013
	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65 ▶	75	
	76	Estimated tax penalty (see page 65)	76	1,329

Standard Deduction for—

- People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see page 34.
- All others:
 - Single or Married filing separately, \$5,450
 - Married filing jointly or Qualifying widow(er), \$10,900
 - Head of household, \$8,000

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Amount You Owe

Do you want to allow another person to discuss this return with the IRS (see page 66)? Yes. Complete the following. No

Designee's name **▶ PREPARER** Personal identification number (PIN) Phone 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.

Your signature **TAXPAYERS COPY** Date Your occupation **BUSINESS ADMINISTRATION** Daytime phone number

Spouse's signature **Hughes, Snell & Co., P.A.** Date Spouse's occupation **ATTORNEY**

Fort Myers, FL

Paid

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN **P00371840**

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code **HUGHES, SNELL & CO., P.A. 1470 ROYAL PALM SQUARE BLVD FORT MYERS FL 33919-1049** EIN **59-2309183** Phone no. **239-939-2233**

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Form **4868**
 Department of the Treasury
 Internal Revenue Service (99)
 (on bottom of page)

**Application for Automatic Extension of Time
 To File U.S. Individual Income Tax Return**

OMB No. 1545-0074
2008

109PR300M1005 SDE Lee Co FI

**Mail To: Department of the Treasury
 Internal Revenue Service
 P.O. BOX 105050
 ATLANTA, GA 30348-5050**

**TAXPAYERS COPY
 Hughes, Snell & Co., P.A.
 Fort Myers, FL**

CUT HERE

Form 4868		Application for Automatic Extension of Time To File U.S. Individual Income Tax Return		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service (99)		For calendar year 2008, or other tax year beginning _____, ending _____		2008
Part I Identification			Part II Individual Income Tax	
1 Your name(s) (see instructions)			4 Estimate of total tax liability for 2008 \$ <u>122,365</u>	
DEIRDRE S MANN FRANKLIN B MANN JR			5 Total 2008 payments <u>100,115</u>	
Address (see instructions)			6 Balance due. Subtract line 5 from line 4 (see instructions) <u>22,250</u>	
24 GEORGETOWN			7 Amount you are paying (see instr.) <u>22,250</u>	
City, town, or post office		State	ZIP code	8 Check here if you are "out of the country" and a U.S. citizen or resident (see instructions) <input type="checkbox"/>
FORT MYERS		FL	33919	9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding <input type="checkbox"/>
2 Your social security number		3 Spouse's social security number		

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Form **4868** (2008)

SCANNED

Form **2210**

**Underpayment of
Estimated Tax by Individuals, Estates, and Trusts**

OMB No. 1545-0140

2008

Attachment
Sequence No. **06**

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

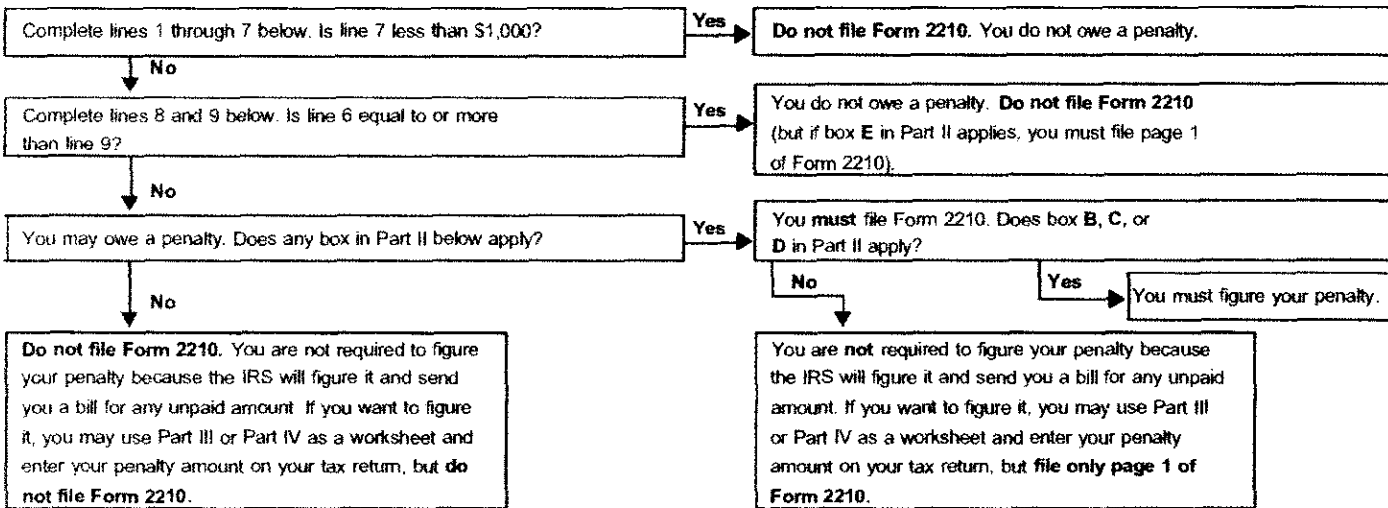
▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return

Identifying number

DEIRDRE S MANN & FRANKLIN B MANN JR

Do You Have To File Form 2210?



Part I Required Annual Payment

1	Enter your 2008 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)	132,390
2	Other taxes, including self-employment tax (see page 2 of the instructions)	4,303
3	Refundable credits. Enter the total of your earned income credit, additional child tax credit, credit for federal tax paid on fuels, health coverage tax credit, refundable credit for prior year minimum tax, first-time homebuyer credit, and recovery rebate credit	
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, you do not owe a penalty; do not file Form 2210	136,693
5	Multiply line 4 by 90% (.90)	123,024
6	Withholding taxes. Do not include estimated tax payments. (see page 2 of the instructions)	20,597
7	Subtract line 6 from line 4. If less than \$1,000, you do not owe a penalty; do not file Form 2210	116,096
8	Maximum required annual payment based on prior year's tax (see page 2 of the instructions)	216,058
9	Required annual payment. Enter the smaller of line 5 or line 8	123,024

Next: Is line 9 more than line 6?

- No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.
- Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.
- If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If only box A or E (or both) applies, file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Part II Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210.

- A You request a waiver (see page 2 of the instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B You request a waiver (see page 2 of the instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule AI and file Form 2210.
- D Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E You filed or are filing a joint return for either 2007 or 2008, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

For Paperwork Reduction Act Notice, see page 6 of separate instructions.

Form **2210** (2008)

DAA

10APPROX1005 SDE Lee Co FI

SCANNED

DEIRDRE S MANN & FRANKLIN B MANN JR

Form 2210 (2008)

Part IV Regular Method (See page 3 of the instructions if you are filing Form 1040NR or 1040NR-EZ.)

Section A—Figure Your Underpayment		Payment Due Dates				
		(a) 4/15/08	(b) 6/15/08	(c) 9/15/08	(d) 1/15/09	
18	Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (.25) of line 9, Form 2210, in each column	18	30,756	30,756	30,756	30,756
19	Estimated tax paid and tax withheld (see page 3 of the instructions). For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you do not owe a penalty. Do not file Form 2210 unless you checked a box in Part II	19	28,638	5,149	5,149	48,899
20	Enter the amount, if any, from line 26 in the previous column	20				
21	Add lines 19 and 20	21		5,149	5,149	48,899
22	Add the amounts on lines 24 and 25 in the previous column	22		2,118	27,725	53,332
23	Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19	23	28,638	3,031	0	0
24	If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-	24		0	22,576	
25	Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26	25	2,118	27,725	30,756	30,756
26	Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column	26				

Section B—Figure the Penalty (Complete lines 27 through 34 of one column before going to the next column.)

Rate Period 1	April 16, 2008—June 30, 2008		4/15/08	6/15/08		
	27	Number of days from the date shown above line 27 to the date the amount on line 25 was paid or 06/30/08, whichever is earlier	Days:	Days:		
28	Underpayment on line 25 (see page 4 of the instructions) x $\frac{\text{days on line 27}}{366}$ x .06	28	\$	\$		
SEE 2210 WORKSHEET						
Rate Period 2	July 1, 2008—September 30, 2008		6/30/08	6/30/08	9/15/08	
	29	Number of days from the date shown above line 29 to the date the amount on line 25 was paid or 9/30/08, whichever is earlier	Days:	Days:	Days:	
30	Underpayment on line 25 (see page 4 of the instructions) x $\frac{\text{days on line 29}}{366}$ x .05	30	\$	\$	\$	
Rate Period 3	October 1, 2008—December 31, 2008		9/30/08	9/30/08	9/30/08	
	31	Number of days from the date shown above line 31 to the date the amount on line 25 was paid or 12/31/08, whichever is earlier	Days:	Days:	Days:	
32	Underpayment on line 25 (see page 4 of the instructions) x $\frac{\text{days on line 31}}{366}$ x .06	32	\$	\$	\$	
Rate Period 4	January 1, 2009—April 15, 2009		12/31/08	12/31/08	12/31/08	1/15/09
	33	Number of days from the date shown above line 33 to the date the amount on line 25 was paid or 4/15/09, whichever is earlier	Days:	Days:	Days:	Days:
34	Underpayment on line 25 (see page 4 of the instructions) x $\frac{\text{days on line 33}}{365}$ x .05	34	\$	\$	\$	\$

35	Penalty. Add all amounts on lines 28, 30, 32, and 34 in all columns. Enter the total here and on Form 1040, line 76; Form 1040A, line 48; Form 1040NR, line 74; Form 1040NR-EZ, line 26; or Form 1041, line 26. Do not file Form 2210 unless you checked a box in Part II	35	\$				1,329
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1040NR Form 1005 SDE Lee Co FI



SCHEDULES A&B

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040.

▶ See instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074

2008

Attachment Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

DEIRDRE S MANN & FRANKLIN B MANN JR

C

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see page A-1)			
	2	Enter amount from Form 1040, line 38	2	541,943	
	3	Multiply line 2 by 7.5% (.075)		40,646	
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):				
	a	<input type="checkbox"/> Income taxes, or	5	2,131	
	b	<input checked="" type="checkbox"/> General sales taxes			
	6	Real estate taxes (see page A-5)	6	3,181	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8			9
					5,312
Interest You Paid (See page A-5.)	10	Home mortgage interest and points reported to you on Form 1098	10	42,126	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶			
	12	Points not reported to you on Form 1098. See page A-6 for special rules	12		
	13	Qualified mortgage insurance premiums (see page A-6)	13		
	14	Investment interest. Attach Form 4952 if required. (See page A-6.)	14	20	
	15	Add lines 10 through 14			15
				42,146	
Gifts to Charity If you made a gift and got a benefit for it, see page A-7.	16	Gifts by cash or check. If you made any gift of \$250 or more, see page A-7	16	27,170	
	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
				27,170	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-8.)			20
Job Expenses and Certain Miscellaneous Deductions (See page A-9.)	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶	21		
	22	Tax preparation fees	22		
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23		
	24	Add lines 21 through 23	24		
	25	Enter amount from Form 1040, line 38	25	541,943	
	26	Multiply line 25 by 2% (.02)	26	10,839	
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-10. List type and amount ▶			28
Total Itemized Deductions	29	Is Form 1040, line 38, over \$159,950 (over \$79,975 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 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter.			29
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here * LIMITED BY AGI ▶ <input type="checkbox"/>			70,808

*1099309M1005 SDE Lee Co FI



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

Your social security number

DEIRDRE S MANN & FRANKLIN B MANN JR

Schedule B—Interest and Ordinary Dividends

Attachment Sequence No. 08

		Amount
Part I Interest	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ► REGIONS BANK	20
	2 Add the amounts on line 1	20
	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	20

		Amount
Part II Ordinary Dividends	5 List name of payer ►	
	6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a	

		Yes	No
Part III Foreign Accounts and Trusts	7a At any time during 2008, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	8 During 2008, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule B (Form 1040) 2008

DAA



10APR30PM 1005 SDE Lee Co Fl

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2008

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

DEIRDRE S MANN & FRANKLIN B MANN JR

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: ● 14 days or ● 10% of the total days rented at fair rental value? (See page E-3)	Yes	No
				A	B
A	BUSINESS CONDOMINIUM - UNITS 103-105 FORT MYERS, FL				X
B	THRIFT-DEE, LLC				X
C					

Income:	Properties			Totals	
	A	B	C	(Add columns A, B, and C.)	
3 Rents received	3	71,639	248,805	3	320,444
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				
10 Legal and other professional fees	10				
11 Management fees	11				
12 Mortgage interest paid to banks, etc. (see page E-5)	12		180,000	12	180,000
13 Other interest	13				
14 Repairs	14				
15 Supplies	15				
16 Taxes	16		31,808		
17 Utilities	17				
18 Other (list) ▶	18				
19 Add lines 5 through 18	19		211,808	19	211,808
20 Depreciation expense or depletion (see page E-5)	20			20	
21 Total expenses. Add lines 19 and 20	21		211,808		
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	71,639	36,997		
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	0		
24 Income. Add positive amounts shown on line 22. Do not include any losses	24				108,636
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25				
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				108,636

1040PR300M1005 SDE L ee Co FI



FRANKLIN B MANN JR

Schedule C (Form 1040) 2008 LEGAL SERVICES

Part III Cost of Goods Sold (see page C-8)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-5 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 09/01/03

44 Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

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

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

47a Do you have evidence to support your deduction? Yes No

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

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

INTERNET ACCESS

WEBSITE HOST FEES

48	Total other expenses. Enter here and on page 1, line 27	48
----	---	----

10APR30PM 1005 SDF Lee Co FI



**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2008

Attachment Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor
FRANKLIN B MANN JR

Social security number (SSN)

A Principal business or profession, including product or service (see page C-3 of the instructions)
LEGAL SERVICES

B Enter code from pages C-9, 10, & 11
▶ **541100**

C Business name. If no separate business name, leave blank.
FRANKLIN B MANN JR, ATTORNEY AT LAW

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶ **24 GEORGE TOWN**
City, town or post office, state, and ZIP code **FORT MYERS FL 33919**

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

G Did you "materially participate" in the operation of this business during 2008? If "No," see page C-4 for limit on losses Yes No

H If you started or acquired this business during 2008, check here ▶

Part I Income

1 Gross receipts or sales. Caution. See page C-4 and check the box if: • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-4 for limit on losses.	<input type="checkbox"/>	1	30,450
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	30,450
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	30,450
6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)		6	
7 Gross income. Add lines 5 and 6		7	30,450

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

8 Advertising	8	18 Office expense	18
9 Car and truck expenses (see page C-5)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see page C-6):	
11 Contract labor (see page C-5)	11	a Vehicles, machinery, and equipment	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest:		24 Travel, meals, and entertainment:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals and entertainment (see page C-7)	24b
17 Legal and professional services	17	25 Utilities	25
28 Total expenses before expenses for business use of home. Add lines 8 through 27		26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7		27 Other expenses (from line 48 on page 2)	27
30 Expenses for business use of your home. Attach Form 8829			
31 Net profit or (loss). Subtract line 30 from line 29.			
• If a profit, enter on both Form 1040 , line 12, and Schedule SE , line 2, or on Form 1040NR , line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041 , line 3.			
• If a loss, you must go to line 32.			
32 If you have a loss, check the box that describes your investment in this activity (see page C-8).			
• If you checked 32a, enter the loss on both Form 1040 , line 12, and Schedule SE , line 2, or on Form 1040NR , line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on Form 1041 , line 3.			
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.			
		32a <input type="checkbox"/> All investment is at risk,	
		32b <input type="checkbox"/> Some investment is not at risk.	
			28 0
			29 30,450
			30
			31 30,450

1040PR30M 1006 SDE Lee Co F1

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

Schedule C (Form 1040) 2008

DAA

SCANNED

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

Your social security number

DEIRDRE S MANN & FRANKLIN B MANN JR

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? Yes No
If you answered "Yes," see page E-7 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	COSAS BUENAS BARATAS INC	S		65-0600262	
B	BUSINESS INTEREST	S		65-0600262	
C	JLS LTD	S		85-0372754	
D	BUSINESS INTEREST	S		85-0372754	

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A	0		15,303	257,296
B	0	61,605		
C	0			100,311
D	0	16,024		
29a Totals				357,607
b Totals		77,629	15,303	
30 Add columns (g) and (j) of line 29a			30	357,607
31 Add columns (f), (h), and (i) of line 29b			31	92,932
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	264,675

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-7)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18	41	373,311
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

10APR30PM 1006 SDE L ee Co FI

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2008

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

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

Name of person with self-employment income (as shown on Form 1040)
FRANKLIN B MANN JR

Social security number of person
with self-employment income ▶

Who Must File Schedule SE

You must file Schedule SE if:

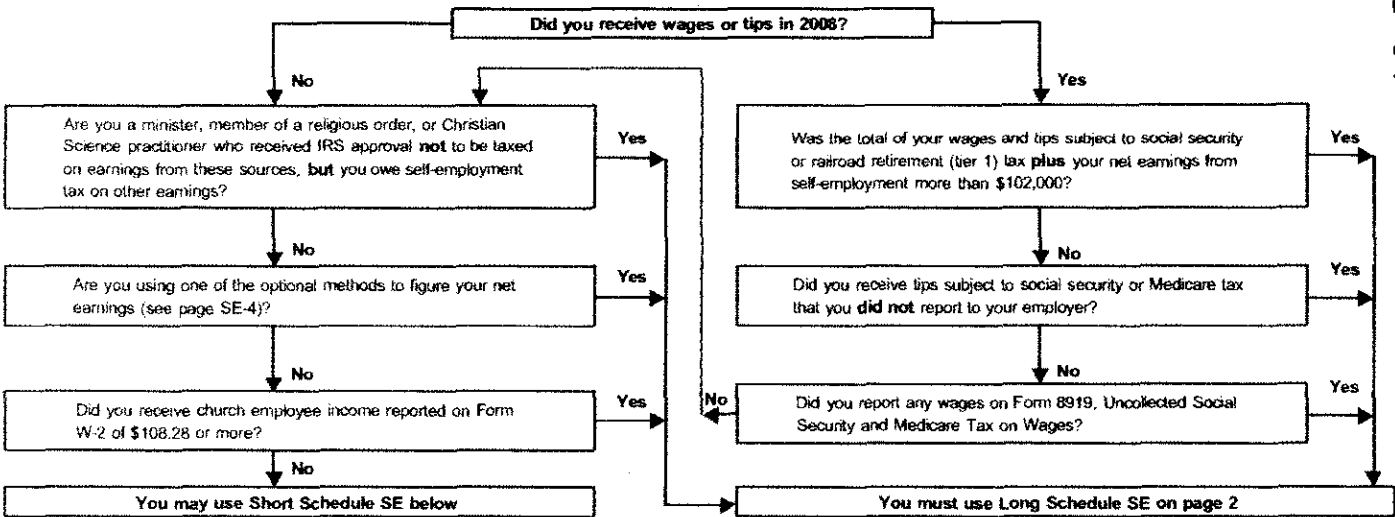
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order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

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

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

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

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



*10APR30PM10065DEL See O-F1

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

1a	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code X	1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report	2	30,450
3	Combine lines 1a, 1b, and 2	3	30,450
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	28,121
5	Self-employment tax. If the amount on line 4 is: • \$102,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57. • More than \$102,000, multiply line 4 by 2.9% (.029). Then, add \$12,648 to the result. Enter the total here and on Form 1040, line 57	5	4,303
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	2,152

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2008

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2008

Attachment Sequence No. **32**

▶ See separate instructions.

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

DEIRDRE S MANN & FRANKLIN B MANN JR

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	1	471,135
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	5,312
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	0
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is over \$159,950 (over \$79,975 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-10 of the instructions for Schedule A (Form 1040)	6	3,820
7	If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount	7	
8	Tax refund from Form 1040, line 10 or line 21	8	
9	Investment interest expense (difference between regular tax and AMT)	9	
10	Depletion (difference between regular tax and AMT)	10	
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	0
20	Loss limitations (difference between AMT and regular tax income or loss)	20	115
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative tax net operating loss deduction	28	
29	Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than \$214,900, see page 8 of the instructions.)	29	472,742

*10APP30PM1005 SDE Lee Co FI

Part II Alternative Minimum Tax (AMT)

30	Exemption. (If you were under age 24 at the end of 2008, see page 9 of the instructions.)														
	<table border="0"> <tr> <td>IF your filing status is . . .</td> <td>AND line 29 is not over...</td> <td>THEN enter on line 30...</td> </tr> <tr> <td>Single or head of household</td> <td>\$112,500</td> <td>\$46,200</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>150,000</td> <td>69,950</td> </tr> <tr> <td>Married filing separately</td> <td>75,000</td> <td>34,975</td> </tr> </table>	IF your filing status is . . .	AND line 29 is not over...	THEN enter on line 30...	Single or head of household	\$112,500	\$46,200	Married filing jointly or qualifying widow(er)	150,000	69,950	Married filing separately	75,000	34,975	30	
IF your filing status is . . .	AND line 29 is not over...	THEN enter on line 30...													
Single or head of household	\$112,500	\$46,200													
Married filing jointly or qualifying widow(er)	150,000	69,950													
Married filing separately	75,000	34,975													
	If line 29 is over the amount shown above for your filing status, see page 8 of the instructions.														
31	Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II	31	472,742												
32	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 	32	128,868												
33	Alternative minimum tax foreign tax credit (see page 9 of the instructions)	33													
34	Tentative minimum tax. Subtract line 33 from line 32	34	128,868												
35	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions)	35	132,390												
36	AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	36	0												

For Paperwork Reduction Act Notice, see page 12 of the instructions.

Form 6251 (2008)



Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0191

2008

Attachment
Sequence No. 51

Name(s) shown on return

Identifying number

DEIRDRE S MANN & FRANKLIN B MANN JR

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2008 (see instructions)	1	
2	Disallowed investment interest expense from 2007 Form 4952, line 7	2	96,237
3	Total investment interest expense. Add lines 1 and 2	3	96,237

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	20	
4b	Qualified dividends included on line 4a	4b		
c	Subtract line 4b from line 4a	4c		20
4d	Net gain from the disposition of property held for investment	4d		
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e		
f	Subtract line 4e from line 4d	4f		
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
h	Investment income. Add lines 4c, 4f, and 4g	4h		20
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6		20

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2009. Subtract line 6 from line 3. If zero or less, enter -0-	7	96,217
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	20

1099300M1006 SDE Lee Co F1

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ALT. MIN. TAX

Form **4952**

Investment Interest Expense Deduction

OMB No. 1545-0191

2008

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

DEIRDRE S MANN & FRANKLIN B MANN JR

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2008 (see instructions)	1	
2	Disallowed investment interest expense from 2007 Form 4952, line 7	2	96,237
3	Total investment interest expense. Add lines 1 and 2	3	96,237

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	20	
4b	Qualified dividends included on line 4a	4b		
4c	Subtract line 4b from line 4a	4c		20
4d	Net gain from the disposition of property held for investment	4d		
4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e		
4f	Subtract line 4e from line 4d	4f		
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
4h	Investment income. Add lines 4c, 4f, and 4g	4h		20
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6		20

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2009. Subtract line 6 from line 3. If zero or less, enter -0-	7	96,217
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	20

10APR30AM 1006 SDE Lee Co FI

SCANNED

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

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2008

Attachment Sequence No. **67**

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

Name(s) shown on return: **DEIRDRE S MANN & FRANKLIN B MANN JR** 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	
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	250,000
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6	FROM SCHEDULE K-1 (FORM 1120S)		15,303
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	15,303
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	15,303
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	15,303
13	Carryover of disallowed deduction to 2009. 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 instructions.)

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 2008	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 2008 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.		SL	
h Residential rental property			27.5 yrs.	MM	SL	
i Nonresidential real property			39 yrs.	MM	SL	
				MM	SL	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					SL	
b 12-year			12 yrs.		SL	
c 40-year			40 yrs.	MM	SL	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr	22	15,303
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.

Form **4562** (2008)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

*104PR30M1006 SDE L ee Co FI

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Form 1040	Auto Worksheet	2008
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Name **DEIRDRE S MANN & FRANKLIN B MANN JR** Taxpayer Identification Number _____

Description **LEGAL SERVICES**
 Form/Schedule **C** Unit number **1**
 Vehicle 1 - Date **9/01/03** Description **2001 FORD EXPEDITION**
 Vehicle 2 - Date _____ Description _____
 Vehicle 3 - Date _____ Description _____

General Information	Vehicle 1	Vehicle 2	Vehicle 3
1. Total mileage	_____	_____	_____
2 a. Business miles (50.5 cents per mile)	_____	_____	_____
b. Business miles (58.5 cents per mile)	_____	_____	_____
3. Commuting mileage	_____	_____	_____
4. Other mileage	_____	_____	_____
5. Business use percentage	_____ %	_____ %	_____ %
Actual Expenses			
6. Parking fees and tolls	_____	_____	_____
7 a. Gasoline, oil, repairs, insurance, etc.	_____	_____	_____
b. Interest, registration & taxes	_____	_____	_____
c. Vehicle rentals (net of inclusion amount)	_____	_____	_____
8. Total expenses. Add lines 7a - 7c	_____	_____	_____
9. Business use percentage from line 5	_____ %	_____ %	_____ %
10. Business use portion of actual expenses	_____	_____	_____
11. Depreciation	_____	_____	_____
12. Total actual expense allowable. Add lines 6, 10 and 11	_____	_____	_____
Standard Mileage Rate Method			
13. Business mileage (line 2) multiplied by applicable rate	_____	_____	_____
14. Parking fees and tolls from line 6	_____	_____	_____
15. Line 7b (Int & taxes only) multiplied by bus pct (line 5)	_____	_____	_____
16. Standard mileage rate	_____	_____	_____

*109PR30PM1006 SOE Lee Co F1

Vehicle 4 - Date _____ Description _____
 Vehicle 5 - Date _____ Description _____
 Vehicle 6 - Date _____ Description _____

General Information	Vehicle 4	Vehicle 5	Vehicle 6
1. Total mileage	_____	_____	_____
2 a. Business miles (50.5 cents per mile)	_____	_____	_____
b. Business miles (58.5 cents per mile)	_____	_____	_____
3. Commuting mileage	_____	_____	_____
4. Other mileage	_____	_____	_____
5. Business use percentage	_____ %	_____ %	_____ %
Actual Expenses			
6. Parking fees and tolls	_____	_____	_____
7 a. Gasoline, oil, repairs, insurance, etc.	_____	_____	_____
b. Interest, registration & taxes	_____	_____	_____
c. Vehicle rentals (net of inclusion amount)	_____	_____	_____
8. Total expenses. Add lines 7a - 7c	_____	_____	_____
9. Business use percentage from line 5	_____ %	_____ %	_____ %
10. Business use portion of actual expenses	_____	_____	_____
11. Depreciation	_____	_____	_____
12. Total actual expense allowable. Add lines 6, 10 and 11	_____	_____	_____
Standard Mileage Rate Method			
13. Business mileage (line 2) multiplied by applicable rate	_____	_____	_____
14. Parking fees and tolls from line 6	_____	_____	_____
15. Line 7b (Int & taxes only) multiplied by bus pct (line 5)	_____	_____	_____
16. Standard mileage rate	_____	_____	_____

Allowable Deduction	Vehicle expense	Vehicle rentals	Vehicle depreciation	Total allowable deduction
_____	_____	_____	_____	_____



Form 1040	General Sales Tax Deduction Worksheet	2008
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Name as shown on return DEIRDRE S MANN & FRANKLIN B MANN JR	Taxpayer Identification Number
---	--------------------------------

State of FLORIDA	Locality of
----------------------------	-------------

General Sales Tax from IRS Tables

- | | | |
|---|----|-------------------|
| 1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 37 | 1. | <u>541,943</u> |
| 2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges) | 2. | <u> </u> |
| 3. Add the nontaxable amounts from combat pay, public assistance, veteran's benefits, unemployment compensation. Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2008, as well as any economic stimulus payment you received in 2008 | 3. | <u> </u> |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes | 4. | <u>541,943</u> |
| 5. Enter the amount from the sales tax table in the Schedule A instructions.
Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8 and enter the amount from line 5 on line 9 | 5. | <u>2,131</u> |
| 6. Enter the number of days of residence in state | 6. | <u> </u> |
| 7. Total days in year | 7. | <u>366</u> |
| 8. Divide line 6 by line 7 (rounded to at least 3 decimal places) | 8. | <u> </u> |
| 9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. | 9. | <u>2,131</u> |

Local Sales Tax Using IRS Tables

- | | | |
|--|-----|-------------------|
| 10. Enter the amount from the sales tax table in the Schedule A instructions. | 10. | <u> </u> |
| 11. If you are a resident of Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. | 11. | <u> </u> |
| 12. Enter the local general sales tax rate (exclude statewide local sales tax rate) | 12. | <u> </u> |
| 13. Enter the state general sales tax rate (include statewide local sales tax rate) | 13. | <u> </u> |
| 14. Divide line 12 by line 13 (rounded to at least 3 decimal places) | 14. | <u> </u> |
| 15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19
If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19 | 15. | <u> </u> |
| 16. Enter the number of days of residence in locality | 16. | <u> </u> |
| 17. Total days in year | 17. | <u>366</u> |
| 18. Divide line 16 by line 17 (rounded to at least 3 decimal places) | 18. | <u> </u> |
| 19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. | 19. | <u> </u> |

General Sales Tax Summary

- | | | |
|---|-----|-------------------|
| 20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets | 20. | <u>2,131</u> |
| 21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets | 21. | <u> </u> |
| 22. Add lines 20 and 21, this is the total General Sales taxes using the tables | 22. | <u>2,131</u> |
| 23. Enter the actual state and local general sales taxes paid | 23. | <u> </u> |
| 24. Enter the greater of line 22 or line 23 | 24. | <u>2,131</u> |
| 25. Enter the state and local taxes paid on specified items (Major purchases) | 25. | <u> </u> |
| 26. Add lines 24 and 25, this is the deductible General Sales tax | 26. | <u>2,131</u> |
| 27. Enter total state and local income taxes paid | 27. | <u>1,614</u> |

Enter the greater of line 26 or 27 on Schedule A line 5. If line 26 is greater, mark Schedule A line 5b. If line 27 is greater, mark Schedule A line 5a.

*1099R309M1006 SDE Lee Co FL



Form **4952** **Investment Income Worksheet** **2008**

Name **DEIRDRE S MANN & FRANKLIN B MANN JR** Taxpayer Identification Number

1	Investment income expenses	Form 4952 Line 3	1	96,237
2	Interest income	20		
3	Dividend income			
4	Schedule F and Form 4835 investment income			
5	Schedule C investment income			
6	K-1 Investment income adjustment			
7	K1-T Investment income adjustment			
8	Gross Royalty income			
9	Other investment income			
10	K-1/K1-T Portfolio income			
11	Net passive income recharacterized as nonpassive income			
12	PTP Investment income +/- adjustment from Screen Misc			
13	Add Line 2 through Line 12.	Form 4952 Line 4a	13	20
14	Qualified dividends included on Line 13.	Form 4952 Line 4b	14	
15	Subtract Line 14 from Line 13.	Form 4952 Line 4c	15	20
16	Sch D non-business investment income +/- amount from Screens CO or Misc			
17	Capital gain distributions			
18	Net Like-kind capital gain or loss			
19	Net Installment capital gain			
20	Net K1-T capital gain or loss			
21	Net K-1 capital gain or loss			
22	Partner/Shareholder basis adjustment - net capital gain/loss			
23	Net Form 6781 capital gain or loss			
24	Screen Misc and other adjustments			
25	Add Line 16 through Line 24. If result is a loss, enter zero.	Form 4952 Line 4d	25	0
26	Sch D non-business l/t capital gain/loss +/- amount from Screens CO or Misc			
27	Capital gain distributions			
28	Long-term capital gain or loss from like-kind exchanges			
29	Long-term capital gain from installment sales			
30	Long-term capital gain or loss from Schedules K-1			
31	Partner/Shareholder basis adjustment - long-term capital gain/loss			
32	Long-term capital gain or loss from Schedules K1-T			
33	Long-term capital gains or losses from Form 6781			
34	Adjustment from Screen Misc			
35	Add Line 26 through Line 34. If result is a loss enter zero and go to Line 46.		35	0
36	Sch D non-business s/t capital gain/loss/- amount from Screens CO or Misc			
37	Short-term capital gain or loss from like-kind exchanges			
38	Short-term capital gain from installment sales			
39	Short-term capital gain or loss from Schedules K-1			
40	Partner/Shareholder basis adjustment - short-term capital gain/loss			
41	Short-term capital gain or loss from Schedules K1-T			
42	Short-term capital gain or loss from Form 6781			
43	Add Line 36 through Line 42. If result is less than zero, enter as a positive number. Otherwise, enter zero.		43	
44	Subtract Line 43 from Line 35. If result is a loss, enter zero.	Net capital gain from investments	44	
45	Enter the lesser of Line 25 or Line 44.	Form 4952 Line 4e	45	
46	Subtract Line 45 from Line 25. If less than zero, enter zero and go to Line 48.	Form 4952 Line 4f	46	0
47	Enter all or part of the amount on Lines 14 and 45 that you wish to include in inv income.	Form 4952 Line 4g	47	
48	Add Line 15, Line 46 and Line 47.	Form 4952 Line 4h	48	20
49	Investment expenses. Lesser of Sch A, Line 23 or Line 27, from Wrk 2 plus royalty expense	Form 4952 Line 5	49	
50	Subtract investment expense from investment income. (Line 49 from Line 48.)	Form 4952 Line 6	50	20
51	Subtract net investment income from total investment expense. (Line 50 from Line 1.)	Form 4952 Line 7	51	96,217
52	Investment interest expense deduction. Enter the smaller of Line 50 or Line 1.	Form 4952 Line 8	52	20

*10APR30PM 1006 SDE Lee Co FI



Form **4952** **Investment Income Worksheet - AMT** **2008**

Name **DEIRDRE S MANN & FRANKLIN B MANN JR** Taxpayer Identification Number ()

1	Investment income expenses	Form 4952-AMT Line 3	1	96,237
2	Interest income	2	20	
3	Dividend income	3		
4	Schedule F and Form 4835 investment income	4		
5	Schedule C investment income	5		
6	K-1 Investment income adjustment	6		
7	K1-T Investment income adjustment	7		
8	Gross Royalty income	8		
9	Other investment income	9		
10	K-1/K1-T Portfolio income	10		
11	Net passive income recharacterized as nonpassive income	11		
12	PTP investment income +/- adjustment from Screen Misc	12		
13	Add Line 2 through Line 12.	Form 4952-AMT Line 4a	13	20
14	Qualified dividends included on Line 13.	Form 4952-AMT Line 4b	14	
15	Subtract Line 14 from Line 13.	Form 4952-AMT Line 4c	15	20
16	Sch D non-business investment income +/- amount from Screens CO or Misc	16		
17	Capital gain distributions	17		
18	Net Like-kind capital gain or loss	18		
19	Net Installment capital gain	19		
20	Net K1-T capital gain or loss	20		
21	Net K-1 capital gain or loss	21		
22	Partner/Shareholder basis adjustment - net capital gain/loss	22		
23	Net Form 6781 capital gain or loss	23		
24	Screen Misc and other adjustments	24		
25	Add Line 16 through Line 24. If result is a loss, enter zero.	Form 4952-AMT Line 4d	25	0
26	Sch D non-business l/t capital gain/loss +/- amount from Screens CO or Misc	26		
27	Capital gain distributions	27		
28	Long-term capital gain or loss from like-kind exchanges	28		
29	Long-term capital gain from installment sales	29		
30	Long-term capital gain or loss from Schedules K-1	30		
31	Partner/Shareholder basis adjustment - long-term capital gain/loss	31		
32	Long-term capital gain or loss from Schedules K1-T	32		
33	Long-term capital gains or losses from Form 6781	33		
34	Adjustment from Screen Misc	34		
35	Add Line 26 through Line 34. If result is a loss enter zero and go to Line 46.		35	0
36	Sch D non-business s/t capital gain/loss/- amount from Screens CO or Misc	36		
37	Short-term capital gain or loss from like-kind exchanges	37		
38	Short-term capital gain from installment sales	38		
39	Short-term capital gain or loss from Schedules K-1	39		
40	Partner/Shareholder basis adjustment - short-term capital gain/loss	40		
41	Short-term capital gain or loss from Schedules K1-T	41		
42	Short-term capital gain or loss from Form 6781	42		
43	Add Line 36 through Line 42. If result is less than zero, enter as a positive number. Otherwise, enter zero.		43	
44	Subtract Line 43 from Line 35. If result is a loss, enter zero.	AMT Net capital gain from investments	44	
45	Enter the lesser of Line 25 or Line 44.	Form 4952-AMT Line 4e	45	
46	Subtract Line 45 from Line 25. If less than zero, enter zero and go to Line 48.	Form 4952-AMT Line 4f	46	0
47	Enter all or part of the amount on Lines 14 and 45 that you wish to include in inv income.	Form 4952-AMT Line 4g	47	
48	Add Line 15, Line 46 and Line 47.	Form 4952-AMT Line 4h	48	20
49	Investment expenses. Sum of bond premium amort exp not subject to 2% & royalty exp	Form 4952-AMT Line 5	49	
50	Subtract investment expense from investment income. (Line 49 from Line 48.)	Form 4952-AMT Line 6	50	20
51	Subtract net investment income from total investment expense. (Line 50 from Line 1.)	Form 4952-AMT Line 7	51	96,217
52	Investment interest expense deduction. Enter the smaller of Line 50 or Line 1.	Form 4952-AMT Line 8	52	20

*104PR30AM1006 SDE Lee Co FI



*10APR30AM1007 SDE Lee Co FI

Form **1040** **K-1 Reconciliation Worksheet - Form 1040, Sch A, Form 4952, 8903** **2008**

Name **DEIRDRE S MANN** Taxpayer Identification Number ()

Activity **COSAS BUENAS BARATAS INC** EIN **65-0600262** Form **K1** K1 Unit **1**

Type **S CORPORATION NO LIMITATION** Entire disposition of activity

	Current Year Amount	PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended At-risk Loss	Disallowed At-risk Limitation	PY Suspended Passive Loss	Disallowed Loss Limitation	Tax Return
Form 1040 page 1								
Other portfolio income/-loss								
Other income/-loss								
Penalty on early withdrawal								
1040 page 2								
Federal income tax withheld								
Undistributed capital gains credit								
Recapture of low-income housing cr								
Recapture of indian employment cr								
Recapture of employ child care cr								
Recapture of new markets cr								
Recapture of qual electric veh cr								
Recapture of alt motor vehicle cr								
Recapture of alt fuel veh refueling cr								
Schedule A								
Cash contributions (50%)	22,370							22,370
Cash contributions (30%)								
Noncash contributions (50%)								
Noncash contributions (30%)								
Cap gain prop 50% org (30%)								
Cap gain prop (20%)								
Cash contributions (100%)								
Portfolio deductions (2% floor)								
Portfolio deductions (other)								
Real estate taxes								
State income tax withheld								
Foreign taxes								
Investment int from 4952								
Form 4952								
Investment interest expense								
Investment income adjustment								
Investment expenses								
Form 8903								
Qualified production activities inc								
Employer's W-2 wages								

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Form 1040		K-1 Reconciliation Worksheet - Form 4684, Sch SE, Misc, Credits						2008	
Name DEIRDRE S MANN		Taxpayer Identification Number							
Activity COSAS BUENAS BARATAS INC		EIN 65-0600262				Form K1		K1 Unit 1	
Type S CORPORATION NO LIMITATION		Entire disposition of activity							
	Current Year Amount	PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended At-risk Loss	Disallowed At-risk Limitation	PY Suspended Passive Loss	Disallowed Loss Limitation	Tax Return	
Form 4684									
Form 4684 It loss trade/business									
Form 4684 It loss income producing									
Form 4684 long-term gain									
Form 4684 st loss income producing									
Schedule SE									
Net earnings from self-employ									
Gross farming or fishing inc									
Gross nonfarm income									
Miscellaneous / Basis Worksheet									
Self-employed medical insurance									
Wages for SE health deduction									
Other tax-exempt income									
Nondeductible expenses	6,751							6,751	
Cash & market security distrib									
Property distributions	209,931							209,931	
Repayment of shareholder loans									
Dependent care benefits (Form 2441)									
Credits									

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Form 1040	K-1 Detail Summary Report	2008
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Name **DEIRDRE S MANN & FRANKLIN B MANN JR** Taxpayer Identification Number _____

T/S/J	Entity Name	Disposed	Type of Entity	Employer ID Number
T A	COSAS BUENAS BARATAS INC	-	S CORPORATION	65-0600262
T B	JLS LTD	-	S CORPORATION	85-0372754
- C	_____	-	_____	_____
- D	_____	-	_____	_____
- E	_____	-	_____	_____
- F	_____	-	_____	_____
- G	_____	-	_____	_____
- H	_____	-	_____	_____
- I	_____	-	_____	_____
- J	_____	-	_____	_____

	Interest *	Dividends	Royalties	Net ST Capital Gain/Loss	Net LT Capital Gain/Loss	Other Portfolio Inc/Loss
A	_____	_____	_____	_____	_____	_____
B	_____	_____	_____	_____	_____	_____
C	_____	_____	_____	_____	_____	_____
D	_____	_____	_____	_____	_____	_____
E	_____	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____	_____
G	_____	_____	_____	_____	_____	_____
H	_____	_____	_____	_____	_____	_____
I	_____	_____	_____	_____	_____	_____
J	_____	_____	_____	_____	_____	_____
Taxpayer	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____	_____

(*Interest includes tax-exempt amounts reported on Form 1040, line 8b)

	Guaranteed Payments	Sec 1231 Net Gain/Loss	Other Income/Loss Pg 1 1040	Charitable Contributions	Section 179 Pass-Through	Net Earnings From SE
A	_____	_____	_____	22,370	15,303	_____
B	_____	_____	_____	_____	_____	_____
C	_____	_____	_____	_____	_____	_____
D	_____	_____	_____	_____	_____	_____
E	_____	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____	_____
G	_____	_____	_____	_____	_____	_____
H	_____	_____	_____	_____	_____	_____
I	_____	_____	_____	_____	_____	_____
J	_____	_____	_____	_____	_____	_____
Taxpayer	_____	_____	_____	22,370	15,303	_____
Spouse	_____	_____	_____	_____	_____	_____
Totals	_____	_____	_____	22,370	15,303	_____

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Form 1040	Itemized and Standard Deduction Worksheets	2008
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Name DEIRDRE S MANN & FRANKLIN B MANN JR	Taxpayer Identification Number
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Itemized Deductions Worksheet

1. Enter the total of the amounts from Schedule A, lines 4, 9, 15, 19, 20, 27, and 28	1.	74,628
2. Enter the total of the amounts from Schedule A, lines 4, 14, and 20, plus any gambling and casualty or theft losses included on line 28. Caution: Be sure your total gambling and casualty/theft losses are identified on line 28. Also include any amount included on Schedule A, line 16, that you elected to treat as qualified contributions for relief efforts in a Midwestern disaster area	2.	20
3. Subtract line 2 from line 1. If the result is zero, stop here ; enter the amount from line 1 above on Schedule A, line 29	3.	74,608
4. Multiply line 3 by 80% (.80)	4.	59,686
5. Enter the amount from Form 1040, line 38	5.	541,943
6. Enter \$159,950 (\$79,975 if married filing separately)	6.	159,950
7. Subtract line 6 from line 5. If the result is zero or less, stop here ; enter the amount from line 1 above on Schedule A, line 29	7.	381,993
8. Multiply line 7 by 3% (.03)	8.	11,460
9. Enter the smaller of line 4 or line 8	9.	11,460
10. Divide line 9 by 1.50	10.	7,640
11. Subtract line 10 from line 9	11.	3,820
12. Total itemized deductions. Subtract line 11 from line 1. Enter the result here and on Schedule A, line 29	12.	70,808

Standard Deduction Worksheet

1. Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <input checked="" type="radio"/> Single or Married filing separately - \$5,450 <input type="radio"/> Married filing jointly or qualifying widow(er) - \$10,900 <input type="radio"/> Head of household - \$8,000 	1.	10,900
2. Can you (or your spouse if married, filing jointly) be claimed as a dependent? <input checked="" type="checkbox"/> No. Skip line 3; enter the amount from line 1 on line 4. <input type="checkbox"/> Yes. Go to line 3.		
3. Is your earned income more than \$600? <input type="checkbox"/> Yes. Add \$300 to your earned income. Enter the total. <input type="checkbox"/> No. Enter \$900	3.	
4. Enter the smaller of line 1 or line 3. If under 65 and not blind, continue to line 6. Otherwise , go to line 5.	4.	10,900
5. Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> If 65 or older or blind, multiply \$1,050 (\$1,350 if single or head of household) by the number in the box above	5.	
6. Enter net disaster loss from Form 4684, line 18a. If more than zero, check the box on Form 1040, line 39c.	6.	
7. Enter the amount of state and local real estate taxes paid that would be deductible on Schedule A, line 6, if you were itemizing deductions. Do not include foreign real estate taxes.	7.	3,181
8. Enter \$500 (\$1,000 if married filing jointly)	8.	1,000
9. Enter the smaller of line 7 or line 8. If more than zero, check the box on Form 1040, line 39c.	9.	1,000
10. Add lines 4, 5, 6, and 9. Enter the total here and on Form 1040, line 40 (Form 1040A, line 24)	10.	11,900

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Form 1040	Exemption Worksheet	2008
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Name DEIRDRE S MANN & FRANKLIN B MANN JR	Taxpayer Identification Number
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Exemptions Worksheet

1. Multiply \$3,500 by the total number of exemptions claimed on Form 1040, line 6d		1. <u>17,500</u>
2. Enter the amount from Form 1040, line 38	2. <u>541,943</u>	
3. Enter on line 3 the amount shown below for your filing status:		
<ul style="list-style-type: none"> ● Single - \$159,950 ● Married filing jointly or Qualifying widow(er) - \$239,950 ● Married filing separately - \$119,975 ● Head of household - \$199,950 	3. <u>239,950</u>	
4. Subtract line 3 from line 2. If zero or less, stop here ; enter the amount from line 1 above on Form 1040, line 42	4. <u>301,993</u>	
5. Is line 4 more than \$122,500 (more than \$61,250 if married filing separately)?		
<input checked="" type="checkbox"/> Yes. Multiply \$2,333 by the total number of exemptions claimed on Form 1040, line 6d. Enter the result here and on Form 1040, line 42. Do not complete the rest of this worksheet.		
<input type="checkbox"/> No. Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, round it up to the next higher whole number (for example, increase 0.0004 to 1)	5. <u>11,665</u>	
6. Multiply line 5 by 2% (.02) and enter the result as a decimal amount	6. _____	
7. Multiply line 1 by line 6	7. _____	
8. Divide line 7 by 3.0	8. _____	
9. Deduction for exemptions. Subtract line 8 from line 1. Enter the result here and on Form 1040, line 42	9. _____	

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Form 1040	Net Earnings from Self-Employment Worksheet	2008
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Name DEIRDRE S MANN & FRANKLIN B MANN JR	Taxpayer Identification Number
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	Taxpayer	Spouse
Farm profit or (loss)		
Schedule F	_____	_____
Farm Partnerships - Schedule K-1, box 14, code A	_____	_____
Auto expense from farm partnerships	_____	_____
Amortization from farm partnerships	_____	_____
Depreciation & Section 179 from farm partnerships	_____	_____
Depletion from farm partnerships	_____	_____
Other expenses from farm partnerships	_____	_____
Home office expenses from farm partnerships	_____	_____
Unreimbursed partnership expenses from farm partnerships	_____	_____
Farm adjustment to SE income	_____	_____
Net farm profit or (loss) - Schedule SE line 1a	0	0
Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, In 6b or listed on Sch K-1 (Form 1065), box 20, code X - Sch SE line 1b	0	0
Nonfarm profit or (loss)		
Schedule C (excluding minister Schedule C income reported below)	_____	30,450
Nonfarm partnerships - Schedule K-1, box 14, code A	_____	_____
Auto expense from nonfarm partnerships	_____	_____
Amortization from nonfarm partnerships	_____	_____
Depreciation & section 179 from nonfarm partnerships	_____	_____
Depletion from nonfarm partnerships	_____	_____
Other expenses from nonfarm partnerships	_____	_____
Home office expenses from nonfarm partnerships	_____	_____
Unreimbursed partnership expenses from nonfarm partnerships	_____	_____
Employee business expenses - Form 2106 (excluding minister 2106 expenses reported below)	_____	_____
Nonfarm adjustment to SE income	_____	_____
Self-employment income reported as other income	_____	_____
Self-employment income from contracts and straddles	_____	_____
Minister/clergy self-employment income (from Clergy Worksheet Page 3, line 8)	_____	_____
Net nonfarm profit or (loss) - Schedule SE line 2	0	30,450
Other income items subject to and/or exempt from self-employment tax		
Fees received for services performed as a notary public	_____	_____
Earnings while debtor in a chapter 11 bankruptcy case	_____	_____
Net adjustment included on Schedule SE, line 3	0	0
Net profit (loss) from self-employment activities - Schedule SE line 3	0	30,450
Church employee income - Schedule SE line 5a	_____	_____

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Form 1040	Tax Refund Worksheets	2008
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Name DEIRDRE S MANN & FRANKLIN B MANN JR	Taxpayer Identification Number
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	2007	2006	2005
1. State and local tax refunds	1. _____	_____	_____
2a. State and local tax refunds with no tax benefit derived due to AMT	2a. _____	_____	_____
2b. Sales tax benefit reduction	2b. _____	_____	_____
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1	3. _____	_____	_____
4. Total itemized deductions from Schedule A	4. _____	_____	_____
5. Standard deduction	5. _____	_____	_____
6. Subtract line 5 from line 4. If result is zero or less, STOP here The amount on line 3 is not taxable	6. _____	_____	_____
7. Enter the smaller of line 3 or line 6	7. _____	_____	_____
8. Taxable income (If taxable income is negative amount, enter that amount in brackets. Adjust taxable income for any NOL carryover.)	8. _____	_____	_____
9. Enter the following amount to include on Form 1040, line 10: If line 8 is:	9. _____	_____	_____
• 0 or more, enter the amount from line 7.			
• A negative amount, add lines 7 and 8 and enter net amount, but not less than zero.			

Tax Refund Worksheet for Itemized Deduction Limitation

	2007	2006	2005
1. State and local tax refunds subject to phase-out	1. _____ 0	_____	_____
2a. State and local tax refunds with no tax benefit derived due to AMT	2a. _____	_____	_____
2b. Sales tax benefit reduction	2b. _____	_____	_____
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1	3. _____	_____	_____
Itemized deductions before state and local tax refunds:			
4. Adjusted gross income	4. _____	_____	_____
5. AGI threshold	5. _____	_____	_____
6. Line 4 minus line 5	6. _____	_____	_____
7. Itemized deductions before phase-out	7. _____	_____	_____
8. Itemized deductions subject to phase-out	8. _____	_____	_____
9. Multiply line 6 by 3% (.03)	9. _____	_____	_____
10. Multiply line 8 by 80% (.80)	10. _____	_____	_____
11. Phase-out (smaller of line 9 or line 10)(multiply by 2/3 for 2006 and 2007)	11. _____	_____	_____
12. Allowable itemized deductions (line 7 minus line 11)	12. _____	_____	_____
Itemized deductions adjusted for state and local tax refund:			
13. Adjusted itemized deductions before phase-out (line 7 minus line 3)	13. _____	_____	_____
14. Adjusted itemized deductions subject to phase-out (line 8 minus line 3)	14. _____	_____	_____
15. Multiply line 14 by 80% (.80)	15. _____	_____	_____
16. Adjusted phase-out (smaller of line 9 or 15)(multiply by 2/3 for 2006/2007)	16. _____	_____	_____
17. Adjusted itemized deductions allowed (line 13 minus line 16)	17. _____	_____	_____
18. Standard deduction	18. _____	_____	_____
19. Enter the larger of line 17 or line 18	19. _____	_____	_____
20. Taxable refund to be reported on Form 1040, line 10 (line 12 minus line 19)	20. _____	_____	_____

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Federal Statements

Schedule A. Line 5 - State and Local Taxes

Description	Amount
STATE TAX PAYMENTS	\$ 1,614
TOTAL INCOME TAXES	<u>1,614</u>
GENERAL SALES TAX	2,131
TOTAL SALES TAXES*	<u>2,131</u>

*SALES TAXES ARE BEING DEDUCTED

Schedule A. Line 6 - Real Estate Taxes

Description	Amount
24 GEORGE TOWN	\$ 3,181
TOTAL	<u>\$ 3,181</u>

Schedule A. Line 10 - Home Mortgage Interest From Form 1098

Description	Amount
FIDELITY BANK	\$ 12,440
REGIONS BANK	29,686
TOTAL	<u>\$ 42,126</u>

Schedule A. Line 16 - Charitable Contributions by Cash or Check

Description	Amount	Qualifying Midwestern Disaster Relief Contrib
FIRST PRESBYTERIAN CHURCH	\$	
PROJECT CURE, MS		
SWFAS		
ROTARY TRUST		
MDA		
YMCA STRONG KIDS		
YOUNG ARTISTS AWARDS		
HARRY CHAPIN FOOD BANK		
FLORIDA PREMIER SOCCER		
JUNIOR LEAGUE OF FORT MYERS		
RENAISSANCE SCHOOL ANNUAL FUN	4,800	
50% CASH CONTRIB FROM K-1S	22,370	
TOTAL	<u>\$ 27,170</u>	

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Federal Statements

Form 6251, Line 19 - Passive Activities

Description	Form/ Sch	AMT Inc/Loss	Regular Inc/Loss	Difference Line 19
BUSINESS CONDOMINIUM - UNITS 103-10	SCH E1	\$ 71,639	\$ 71,639	\$
THRIFT-DEE, LLC	SCH E1	36,997	36,997	
TOTAL		<u>\$ 108,636</u>	<u>\$ 108,636</u>	<u>\$ 0</u>

Form 6251, Line 20 - Loss Limitations

Description	Form/ Sch	AMT Inc/Loss	Regular Inc/Loss	Difference Line 20
COSAS BUENAS BARATAS INC	SCH E2	\$ 158,224	\$ 158,018	\$ 206
JLS LTD	SCH E2	84,196	84,287	-91
TOTAL		<u>\$ 242,420</u>	<u>\$ 242,305</u>	<u>\$ 115</u>

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Federal Statements

Pass-through expense from K-1

Form 4562, Line 11 Business Income

<u>Description</u>	<u>Amount</u>
WAGE INCOME	\$ 140,314
BUSINESS INCOME	30,450
SCHEDULE E INCOME	388,614
PAL SECTION 179 ADJUSTMENT	-108,636
TOTAL	<u>\$ 450,742</u>

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Federal Statements

Form 4952 Worksheet, Line 1 - Investment Income Expenses

<u>Description</u>	<u>Amount</u>
DISALLOWED INV INT EXP - PY	\$ <u>96,237</u>
TOTAL	\$ <u><u>96,237</u></u>

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Federal Statements

Form 4952 AMT Worksheet, Line 1 - Investment Income Expenses

<u>Description</u>	<u>Amount</u>
DISALLOWED INV INT EXP - PY	\$ 96,237
TOTAL	\$ 96,237

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Form 1040	Carryover Report	2008
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Name **DEIRDRE S MANN & FRANKLIN B MANN JR** Taxpayer Identification Number _____

Carryover Item	Available to 2008	2008 Amounts	2008 Amounts	Carryover to 2009
Excess section 179	_____	_____	_____	_____
Minimum tax credit	_____	_____	_____	_____
Investment interest	<u>96,237</u>	UTILIZED	<u>-20</u>	<u>96,217</u>
Investment interest - AMT	<u>96,237</u>	UTILIZED	<u>-20</u>	<u>96,217</u>
Short-term capital loss	_____	_____	_____	_____
Short-term capital loss - AMT	_____	_____	_____	_____
Long-term capital loss	_____	_____	_____	_____
Long-term capital loss - AMT	_____	_____	_____	_____
Residential energy efficient property	_____	_____	_____	_____

Nonrecaptured Section 1231 Losses - Line 8, Form 4797		
2003 Amounts	_____	_____
2004 Amounts	_____	_____
2005 Amounts	_____	_____
2006 Amounts	_____	_____
2007 Amounts	GENERATED	<u>1,408</u>
Available to 2008	_____	<u>1,408</u>
2008 Amounts	_____	_____
Carryover to 2009	_____	<u>1,408</u>

AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797		
2003 Amounts	_____	_____
2004 Amounts	_____	_____
2005 Amounts	_____	_____
2006 Amounts	_____	_____
2007 Amounts	GENERATED	<u>1,880</u>
Available to 2008	_____	<u>1,880</u>
2008 Amounts	_____	_____
Carryover to 2009	_____	<u>1,880</u>

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Form **1040** **Salaries & Wages Report** **2008**

Name **DEIRDRE S MANN & FRANKLIN B MANN JR** Taxpayer Identification Number

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T COSAS BUENAS BARATAS INC	140,314	20,597	102,000
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
	Taxpayer	140,314	20,597	102,000
	Spouse	140,314	20,597	102,000
	Totals	140,314	20,597	102,000

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Allocated Tips	Advanced EIC	Dep Care Ben	Other, Box 14
A	6,324	140,314	2,035				
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	6,324	140,314	2,035				
Spouse							
Totals	6,324	140,314	2,035				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

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Form 1040	Withholding Summary Report	2008
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Name **DEIRDRE S MANN & FRANKLIN B MANN JR** Taxpayer Identification Number

T/S	Description	Federal Withholding	State Withholding	Local Withholding
T	COSAS BUENAS BARATAS INC	20,597		
	Taxpayer	20,597		
	Spouse			
	Total	20,597		

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