

JUDICIAL OFFICE  
CANDIDATE OATH

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MIAMI-DADE ELECTIONS OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Andrew "Andy" Hague  
(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 County Court Judge, 11,  
(office) (district #) (circuit #)  
21; my legal residence is Miami Dade 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; 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

**Section 876.05, Florida Statutes, oath** (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X Andrew Hague (305) 804-8780 ashague@yahoo.com  
Signature of Candidate Telephone Number Email Address

P.O. Box 331150 Miami FL 33233  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109135060

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

An-drew "An-dee" Hague (rhymes with vague)

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 5<sup>th</sup> day of April, 20 12.

Personally Known: \_\_\_\_\_ or

Produced Identification:

Type of Identification Produced: Florida's Driver's License

Vanessa Innocent  
Signature of Notary Public  
Print, Vanessa Innocent Notary Public, State of Florida  
My Comm. Expires Jun 2, 2014  
Commission # DD 997683  
Bonded Through National Notary Assn.

**FORM 6 FULL AND PUBLIC DISCLOSURE RECEIVED 2011**

**FINANCIAL INTERESTS**

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

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FOR OFFICE USE ONLY:

MIAMI-DADE ELECTIONS

ID Code

ID No.

Conf Code

P. Req. Code

LAST NAME — FIRST NAME — MIDDLE NAME:  
**Hague Andrew Stuart**

MAILING ADDRESS:  
**P.O. Box 331150**

CITY: ZIP: COUNTY:  
**Miami 33133 Miami Dade**

NAME OF AGENCY:  
**11th Judicial Circuit**

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
**County Court Judge**

CHECK IF THIS IS A FILING BY A CANDIDATE

**PART A – NET WORTH**

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of March 31st, 2012, 20\_\_ was \$ 32,556,092.85.

**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 \$ 200,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
See Schedule "A" Attached	\$32,356,092.85

**PART C – LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See 2011 Income Tax Return		

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

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

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 ELECTIONS  
 CAMITDAD

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

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

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

**OATH**

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

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 4th day of

April, 2012 by Andrew Hague

(Signature of Notary Public--State of Florida)

John C. Carruthers  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known NOTARY PUBLIC STATE OF FLORIDA Produced Identification

John C. Carruthers  
 Commission # DD833973  
 Type of Identification Notary Seal Expires: OCT. 31, 2012

Andrew Hague  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

**SCHEDULE "A"**

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**ASSETS as of March 31<sup>st</sup>, 2012**

2012 APR -5 AM 11: 32

**REAL ESTATE**

MIAMI-DADE  
ELECTIONS

Miami Residence	\$1,200,000.00
2/3 Interest 80 Acres Little Exuma Island, Bahamas Total value \$45,000,000.00	\$30,000,000.00

**MUTUAL FUNDS**

3,551.787 Shares NYVTX Class A	\$129,995.40
1,303.187 Shares MFEGX MFS Growth Fund A	\$63,178.51

**CASH VALUE OF LIFE INSURANCE POLICY**

Mass Mutual Life Insurance Policy	\$8,500
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**CASH IN THE BANK**

Coconut Grove Bank 2701 S Bayshore Dr, Miami FL 33133

Checking	\$30,803.85
Savings	\$26,124.99

Chase Bank 2750 Coral Way, Miami, FL 33145

Checking	\$1,000.00
Savings	\$54,873.99

First Florida Credit Union 8390 NW 53 St, STE 100 Miami, FL 33166	\$4,101.11
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Department of the Treasury — Internal Revenue Service (99)  
**Form 1040 U.S. Individual Income Tax Return 2011**

OMB No. 1545-0047 IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2011, or other tax year beginning 2011, ending 2011, 20  
 See separate instructions.

Your first name **Andrew** MI Last name **Hague** Your social security number  
 If a joint return, spouse's first name **Mary Jane** MI Last name **Hague** Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.  
 City, town or post office. If you have a foreign address, also complete spaces below (see instructions).

**Miami** FL ZIP code  
 Foreign country name Foreign province/country Foreign postal code

**MIAMI-DADE ELECTIONS** Apartment no. Make sure the SSN(s) above and on line 6c are correct.

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund.  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 & full name here.  
 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.  
 5  Qualifying widow(er) with dependent child

**Exemptions**  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a.  
 b  Spouse  
 c Dependents:  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if child under age 17 qualifying for child tax or (see instrs)  
 Christopher M Hague ion  
 If more than four dependents, see instructions and check here   
 d Total number of exemptions claimed 3

7	8a	8b	9a	9b	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22																
Wages, salaries, tips, etc. Attach Form(s) W-2	Taxable interest. Attach Schedule B if required	Tax-exempt interest. Do not include on line 8a	Ordinary dividends. Attach Schedule B if required	Qualified dividends	Taxable refunds, credits, or offsets of state and local income taxes	Alimony received	Business income or (loss). Attach Schedule C or C-EZ	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	Other gains or (losses). Attach Form 4797	IRA distributions	Taxable amount	Pensions and annuities	Taxable amount	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	Farm income or (loss). Attach Schedule F	Unemployment compensation	Social security benefits	Taxable amount	Other income	Combine the amounts in the far right column for lines 7 through 21. This is your total income	262,175.	1,302.	1,423.	3,977.	3,232.											177,136.

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

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

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

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

Tax and Credits

38 Amount from line 37 (adjusted gross income) 77,122.
39a Check if: You were born before January 2, 1947, Spouse was born before January 2, 1947, Blind. Total boxes checked 39a

Standard Deduction for -

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

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

40 Itemized deductions (from Schedule A) or your standard deduction 18,294.
41 Subtract line 40 from line 38 158,828.
42 Exemptions. Multiply \$3,700 by the number on line 6d. 11,100.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 147,728.
44 Tax (see instrs). Check if any from: a Form(s) 8814 b Form 4972 c 962 election 29,013.
45 Alternative minimum tax (see instructions). Attach Form 6251 0.
46 Add lines 44 and 45 29,013.

Other Taxes

47 Foreign tax credit. Attach Form 1116 if required 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Education credits from Form 8863, line 23 49
50 Retirement savings contributions credit. Attach Form 8880 50
51 Child tax credit (see instructions). 51
52 Residential energy credits. Attach Form 5695 52
53 Other crs from Form: a 3800 b 8801 c 53
54 Add lines 47 through 53. These are your total credits 54
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 29,013.
56 Self-employment tax. Attach Schedule SE 56 27.
57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
59a Household employment taxes from Schedule H 59a
59b First-time homebuyer credit repayment. Attach Form 5405 if required 59b
60 Other taxes. Enter code(s) from instructions 60
61 Add lines 55-60. This is your total tax 61 29,040.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62 100,775.
63 2011 estimated tax payments and amount applied from 2010 return 63
64a Earned income credit (EIC). 64a
64b Nontaxable combat pay election 64b
65 Additional child tax credit. Attach Form 8812 65
66 American opportunity credit from Form 8863, line 14 66
67 First-time homebuyer credit from Form 5405, line 10 67
68 Amount paid with request for extension to file 68
69 Excess social security and tier 1 RRTA tax withheld 69 1,310.
70 Credit for federal tax on fuels. Attach Form 4136 70
71 Credits from Form: a 2439 b 8839 c 8801 d 8885 71
72 Add lns 62, 63, 64a, & 65-71. These are your total pmts 72 102,085.

Refund

Direct deposit? See instructions.

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 73,045.
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a 73,045.
b Routing number c Type: X Checking Savings
d Account number
75 Amount of line 73 you want applied to your 2012 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions 76
77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete below. No
Designee's name Michael J. McGee Phone no. (954) 929-3303 Personal identification number (PIN) 99315

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 Date Your occupation Daytime phone number
County Court Judge
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst)
Hygienist

Paid Preparer's Use Only

Print/Type preparer's name Michael J. McGee Preparer's signature Date 03/23/2012 Check self-employed if PTIN P01322556
Firm's name Michael J. McGee, CPA, PA Firm's EIN 65-0430268
Firm's address 2500 Hollywood Blvd., Suite 405 Hollywood FL 33020 Phone no. (954) 929-3303

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See Instructions for Schedule A (Form 1040).

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**2011**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Andrew S & Mary Jane Hague

Your social security number

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<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) . . . . .	1	
	2	Enter amount from Form 1040, line 38 . . . . . <b>2</b>		
	3	Multiply line 2 by 7.5% (.075). . . . .	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>			
	a	<input type="checkbox"/> Income taxes, or	5	1,573.
	b	<input checked="" type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions) . . . . .	6	11,990.
	7	Personal property tax . . . . .	7	
	8	Other taxes. List type and amount ▶ Foreign taxes from interest & dividends 154.	8	154.
	9	Add lines 5 through 8 . . . . .	9	13,717.
<b>Interest You Paid</b>	10	Home mtg interest and points reported to you on Form 1098 . . . . .	10	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶		
	<b>Note.</b> Your mortgage interest deduction may be limited (see instrs).			
	11		11	
	12	Points not reported to you on Form 1098. See instrs for spl rules . . . . .	12	
	13	Mortgage insurance premiums (see instructions) . . . . .	13	
	14	Investment interest. Attach Form 4952 if required. (See instrs.) . . . . .	14	
	15	Add lines 10 through 14 . . . . .	15	
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs . . . . .	16	3,324.
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 . . . . .	17	
	18	Carryover from prior year . . . . .	18	
	19	Add lines 16 through 18 . . . . .	19	3,324.
	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		
		See Line 21 statement - Unreimbursed employee expenses 4,475.	21	4,475.
	22	Tax preparation fees . . . . .	22	320.
	23	Other expenses — investment, safe deposit box, etc. List type and amount ▶	23	
	24	Add lines 21 through 23 . . . . .	24	4,795.
	25	Enter amount from Form 1040, line 38 . . . . . <b>25</b> 177,122.		
	26	Multiply line 25 by 2% (.02) . . . . .	26	3,542.
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	1,253.
<b>Other Miscellaneous Deductions</b>	28	Other — from list in instructions. List type and amount ▶		
	28		28	
<b>Total Itemized Deductions</b>	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 . . . . .	29	18,294.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . <input type="checkbox"/>		



**SCHEDULE B**  
**(Form 1040A or 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2011**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.**

▶ **See Instructions.**

Attachment  
Sequence No. **08**

Name(s) shown on return

Your social security number

Andrew S & Mary Jane Hague

**Part I**  
**Interest**

(See instructions for Form 1040A, or Form 1040, line 8a.)

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

		Amount
<b>1</b>	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶ <u>Exeter Trust Company</u> <u>First Florida CU</u> <u>Coconut Grove Bank</u> <u>Chase</u> <u>Caring Home Care, Inc.</u>	676. 15. 176. 376. 59.
	<b>2</b> Add the amounts on line 1 . . . . .	<b>2</b> 1,302.
	<b>3</b> Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .	<b>3</b>
	<b>4</b> Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a. . . . . ▶	<b>4</b> 1,302.
	<b>Note.</b> If line 4 is over \$1,500, you must complete Part III.	

**Part II**  
**Ordinary Dividends**

(See instructions for Form 1040A, or Form 1040, line 9a.)

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

<b>5</b>	List name of payer ▶ <u>Exeter Trust Company</u> <u>AXA Computershare</u> <u>Morgan Stanley Smith Barney</u>	3,274. 11. 692.
	<b>6</b> Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a . . . . . ▶	<b>6</b> 3,977.
	<b>Note.</b> If line 6 is over \$1,500, you must complete Part III.	

**Part III**  
**Foreign Accounts and Trusts**

(See instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No
<b>7 a</b> At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If 'Yes,' are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements . . . . .		<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶		<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> During 2011, 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 instructions. . . . .		<input type="checkbox"/>	<input checked="" type="checkbox"/>

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

**2011**  
Attachment  
Sequence No. **09**

Name of proprietor

Mary Jane Hague

2012 APR -5 AM 11:33

Social security number (SSN)

**A** Principal business or profession, including product or service (see instructions)

Travel Agent

**B** Enter code from instructions

▶ 812990

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

MIAMI-DADE  
ELECTIONS

**D** Employer ID number (EIN), (see instrs)

**E** Business address (including suite or room no.) ▶ 1635 S. Bayshore Drive

City, town or post office, state, and ZIP code Miami, FL 33133-4213

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

**G** Did you 'materially participate' in the operation of this business during 2011? If 'No,' see instructions for limit on losses . . . . .  Yes  No

**H** If you started or acquired this business during 2011, check here . . . . .  Yes  No

**I** Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions). . . . . Yes  No

**J** If 'Yes,' did you or will you file all required Forms 1099? . . . . . Yes  No

**Part I Income**

<b>1 a</b> Merchant card and third party payments. For 2011, enter -0- . . . . .	<b>1 a</b>	0.	
<b>b</b> Gross receipts or sales not entered on line 1a (see instructions) . . . . .	<b>1 b</b>	1,114.	
<b>c</b> Income reported to you on Form W-2 if the 'Statutory Employee' box on that form was checked. <b>Caution.</b> See instructions before completing this line . . . . .	<b>1 c</b>		
<b>d</b> Total gross receipts. Add lines 1a through 1c . . . . .	<b>1 d</b>		1,114.
<b>2</b> Returns and allowances plus any other adjustments (see instructions) . . . . .	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d . . . . .	<b>3</b>		1,114.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>		
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>		1,114.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>		
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>		1,114.

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

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions) . . . . .	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>		<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment . . . . .	<b>20 a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20 b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc) . . . . .	<b>16 a</b>		<b>a</b> Travel . . . . .	<b>24 a</b>	
<b>b</b> Other . . . . .	<b>16 b</b>		<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24 b</b>	
<b>17</b> Legal & professional services . . . . .	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>27 a</b> Other expenses (from line 48) . . . . .	<b>27 a</b>	119.
<b>30</b> Expenses for business use of your home. Attach <b>Form 8829</b> . Do <b>not</b> report such expenses elsewhere . . . . .	<b>30</b>		<b>b</b> Reserved for future use . . . . .	<b>27 b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.					
• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . If you entered an amount on line 1c, see instructions. Estates and trusts, enter on <b>Form 1041, line 3</b> .				<b>31</b>	995.
• If a loss, you <b>must</b> go to line 32.					
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on <b>Form 1041, line 3</b> .				<b>32 a</b>	<input type="checkbox"/> All investment is at risk.
• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				<b>32 b</b>	<input type="checkbox"/> Some investment is not at risk.

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

Schedule C (Form 1040) 2011

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on 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 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year)    ▶ \_\_\_\_\_
- 44 Of the total number of miles you drove your vehicle during 2011, 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
- 47 a 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.

Membership Expenses	119.
-----	
-----	
-----	
-----	
-----	
-----	
-----	
-----	
-----	
48 <b>Total other expenses.</b> Enter here and on line 27a	119.

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).  
▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **12**

Name(s) shown on return

Andrew S & Mary Jane Hague

2012 APR -5 AM 11:33

Your social security number

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
1 Short-term totals from all Forms 8949 with <b>box A</b> checked in <b>Part I</b> . . . . .	17,075.	18,754.		-1,679.
2 Short-term totals from all Forms 8949 with <b>box B</b> checked in <b>Part I</b> . . . . .	53,096.	48,673.		4,423.
3 Short-term totals from all Forms 8949 with <b>box C</b> checked in <b>Part I</b> . . . . .				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .			6	
7 <b>Net short-term capital gain or (loss)</b> . Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2. . . . .			7	2,744.

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

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
8 Long-term totals from all Forms 8949 with <b>box A</b> checked in <b>Part II</b> . . . . .				
9 Long-term totals from all Forms 8949 with <b>box B</b> checked in <b>Part II</b> . . . . .	78,177.	71,911.		6,266.
10 Long-term totals from all Forms 8949 with <b>box C</b> checked in <b>Part II</b> . . . . .				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			12	
13 Capital gain distributions. See instrs. . . . .			13	1,168.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .			14	-14,219.
15 <b>Net long-term capital gain or (loss)</b> . Combine lines 8 through 14 in column (h). Then go to Part III on page 2 . . . . .			15	-6,785.

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

Schedule D (Form 1040) 2011

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p>	<p><b>16</b></p>	<p>-4,041.</p>
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22.</li> </ul>		
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions . . . . .</p>	<p><b>18</b></p>	
<p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions . . . . .</p>	<p><b>19</b></p>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p>		
<ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>		
<p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p>		
<p><input checked="" type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		
	<p><b>21</b></p>	<p>-3,000.</p>









Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

Andrew S & Mary Jane Hague

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 instructions.

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 [X] No
If you answered 'Yes,' see instructions before completing this section.

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows include Caring Properties, LLC, Caring Associates, Inc., Job Power, Inc., and See Line 28 Information.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Rows include 29a Totals, 29b Totals, 30, 31, and 32 Total partnership and S corporation income or (loss).

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows include 34a Totals, 34b Totals, 35, 36, and 37 Total estate and trust income or (loss).

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39 Combine columns (d) and (e) only.

Part V Summary

Table with 2 columns: Description, Amount. Rows include 40 Net farm rental income or (loss), 41 Total income or (loss), 42 Reconciliation of farming and fishing income, and 43 Reconciliation for real estate professionals.

Name of person with self-employment income (as shown on Form 1040)

Mary Jane Hague

Social security number of person with self-employment income

Section B - Long Schedule SE

Part I Self-Employment Tax

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Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

Table with 13 rows and 2 columns. Row 1: A If you are a minister... 1 a Net farm profit... 1 b If you received social security... 2 Net profit or (loss) from Schedule C... 3 Combine lines 1a, 1b and 2... 4 a If line 3 is more than zero... 4 b If you elect one or both... 4 c Combine lines 4a and 4b... 5 a Enter your church employee income... 5 b Multiply line 5a by 92.35%... 6 Add lines 4c and 5b... 7 Maximum amount of combined wages... 8 a Total social security wages... 8 b Unreported tips... 8 c Wages subject to social security... 8 d Add lines 8a, 8b, and 8c... 9 Subtract line 8d from line 7... 10 Multiply the smaller of line 6... 11 Multiply line 6 by 2.9%... 12 Self-employment tax... 13 Deduction for employer-equivalent... 13 14

Part II Optional Methods To Figure Net Earnings (see instructions)

Table with 3 rows and 2 columns. Row 1: Farm Optional Method... 14 Maximum income for optional methods... 15 Enter the smaller of: two-thirds (2/3) of gross farm income... Row 2: Nonfarm Optional Method... 16 Subtract line 15 from line 14... 17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income...

(1) From Schedule F, line 9, and Schedule K-1 (Form 1065), box 14, code B. (2) From Schedule F, line 34, and Schedule K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

(3) From Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A; and Schedule K-1 (Form 1065-B), box 9, code J1. (4) From Schedule C, line 7; Schedule C-EZ, line 1d; Schedule K-1 (Form 1065), box 14, code C; and Schedule K-1 (Form 1065-B), box 9, code J2.

**Passive Activity Loss Limitations**

**2011**

Attachment Sequence No. **88**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1041.

Name(s) shown on return

Identifying number

Andrew S & Mary Jane Hague

**Part I 2011 Passive Activity Loss**

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

<b>Rental Real Estate Activities With Active Participation</b> (For the definition of active participation, see <b>Special Allowance for Rental Real Estate Activities</b> in the instructions.)			
1 a	Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .	0.	
1 b	Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .	-12,436.	
1 c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . .	-18,762.	
1 d	Combine lines 1a, 1b, and 1c . . . . .	-31,198.	
<b>Commercial Revitalization Deductions From Rental Real Estate Activities</b>			
2 a	Commercial revitalization deductions from Worksheet 2, column (a) . . . . .		
2 b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) . . . . .		
2 c	Add lines 2a and 2b . . . . .		
<b>All Other Passive Activities</b>			
3 a	Activities with net income (enter the amount from Worksheet 3, column (a)) . . . . .		
3 b	Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . . .		
3 c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . .		
3 d	Combine lines 3a, 3b, and 3c . . . . .		
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . . . . If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.	-31,198.	

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not complete Part II or Part III. Instead, go to line 15.**

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See the instructions for an example.

5	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 . . . . .	31,198.
6	Enter \$150,000. If married filing separately, see the instructions . . . . .	150,000.
7	Enter modified adjusted gross income, but not less than zero (see instructions) . . . . .	177,136.
8	Subtract line 7 from line 6 . . . . .	
9	Multiply line 8 by 50% (.5). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . .	
10	Enter the <b>smaller</b> of line 5 or line 9 . . . . . If line 2c is a loss, go to Part III. Otherwise, go to line 15.	0.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions . . . . .	
12	Enter the loss from line 4 . . . . .	
13	Reduce line 12 by the amount on line 10 . . . . .	
14	Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13 . . . . .	

**Part IV Total Losses Allowed**

15	Add the income, if any, on lines 1a and 3a and enter the total . . . . .	0.
16	<b>Total losses allowed from all passive activities for 2011.</b> Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return . . . . .	0.

BAA For Paperwork Reduction Act Notice, see instructions.

RECEIVED

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Caring Properties, LLC	0.	12,436.	18,762.		31,198.
<b>Total. Enter on Form 8582, lines 1a, 1b, and 1c . . . . .</b>	0.	12,436.	18,762.		

**Worksheet 2 – For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total. Enter on Form 8582, lines 2a and 2b . . . . .</b>			

**Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
<b>Total. Enter on Form 8582, lines 3a, 3b, and 3c . . . . .</b>					

**Worksheet 4 – Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
<b>Total . . . . .</b>			1.00		

**Worksheet 5 – Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Caring Properties, LLC	E Ln 28A	31,198.	1.00000000	31,198.
<b>Total . . . . .</b>		31,198.	1.00	31,198.

**Worksheet 6 – Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Caring Properties, LLC	E Ln 28A	31,198.	31,198.	0.
<b>Total</b>		31,198.	31,198.	0.

**Worksheet 7 – Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

Name of activity . . .	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
<b>Form or schedule and line number to be reported on (see instructions)</b>					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
<b>Form or schedule and line number to be reported on (see instructions)</b>					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
<b>Form or schedule and line number to be reported on (see instructions)</b>					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
<b>Form or schedule and line number to be reported on (see instructions)</b>					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
<b>Total</b>			1.00		

<b>Name of activity . . .</b>					
<b>Form or schedule and line number to be reported on (see instructions)</b>					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
<b>Form or schedule and line number to be reported on (see instructions)</b>					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
<b>Form or schedule and line number to be reported on (see instructions)</b>					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
<b>Form or schedule and line number to be reported on (see instructions)</b>					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
<b>Total</b>			1.00		

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR - 5 APR - 5 AM 11:34

Your name: Andrew S Hague; Occupation: County Court Judge; Social security number: [redacted]

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

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

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

Part I Figure Your Expenses

Table with 6 rows and 2 columns. Row 1: Complete Part II. Multiply line 8a by 51¢ (.51) for miles driven before July 1, 2011, and by 55.5¢ (.555) for miles driven after June 30, 2011. Add the amounts, then enter the result here. 1 317.
Row 2: Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work. 2
Row 3: Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment. 3
Row 4: Business expenses not included on lines 1 through 3. Do not include meals and entertainment. 4 3,638.
Row 5: Meals and entertainment expenses: \$ x 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.) 5
Row 6: Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) 6 3,955.

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

- 7 When did you place your vehicle in service for business use? (month, day, year) ► 01/01/2011
8 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:
a Business 595 b Commuting (see instr) c Other 7,332
9 Was your vehicle available for personal use during off-duty hours? [X] Yes [ ] No
10 Do you (or your spouse) have another vehicle available for personal use? [X] Yes [ ] No
11 a Do you have evidence to support your deduction? [X] Yes [ ] No
b If 'Yes,' is the evidence written? [X] Yes [ ] No

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

Form 2106-EZ (2011)

# Federal Information Worksheet

**2011**

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last Name . . . . . Hague  
 First Name . . . . . Andrew  
 Middle Initial . . . . .    Suffix . . . . .     
 Social Security No. . . . .     
 Occupation . . . . . County Court Judge  
 Date of Birth . . . . . 12/02/1955 (mm/dd/yyyy)  
 or Age as of 1/1/2012. . . . . 56  
 Date of death . . . . .     
 Legally blind . . . . .   
 E-mail Address . . . . .     
 Work Phone . . . . .    Ext . . . . .     
 Cell Phone . . . . .   

### Spouse:

Last Name . . . . . Hague  
 First Name . . . . . Mary Jane  
 Middle Initial . . . . .    Suffix . . . . .     
 Social Security No. . . . .     
 Occupation . . . . . Hygienist  
 Date of Birth . . . . . 09/27/1959 (mm/dd/yyyy)  
 or Age as of 1/1/2012. . . . . 52  
 Date of death . . . . .     
 Legally blind . . . . .   
 E-mail Address . . . . .     
 Work Phone . . . . .    Ext . . . . .     
 Cell Phone . . . . .   

Home Phone . . . . .    Fax Number . . . . .     
 Best contact phone number. . . . .     
 Check to print phone number on Form 1040  Home  Taxpayer Work  Spouse Work  
 Address . . . . .    Apt No. . . . .     
 City . . . . . Miami State . . . . . FL ZIP Code . . . . . 33133-4213  
 Foreign province/county . . . . .    Foreign postal code . . . . .     
 Foreign Country . . . . .    Foreign Phone . . . . .     
 APO/FPO/DPO address, check if appropriate. . . . . APO  FPO  DPO

## Part II – Federal Filing Status

- 1  Single  
 2  Married filing jointly  
 3  Married filing separately  
     Taxpayer **did not** live with spouse at any time during the year  Taxpayer is eligible to claim spouse's exemption (see Help)  
 4  Head of household  
    If the qualifying person is a child but not a dependent:  
    Child's name . . . . .    Child's social security number . . . . .     
 5  Qualifying widow(er) . . . . . Year the spouse died. . . . . ▶ 2009  2010

## Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First Name	MI	Social Security Number	Date of birth		E I C	Lived with taxpayer in U.S.	Education tuition and fees	Qualified child and dependent care expenses incurred and paid in 2011
Last Name	Suffix	*Relationship	C o d e	Not qualified for child tax credit or non U.S.**				
Christopher	M		12/31/1990					
Hague		Son	I	<input type="checkbox"/>			<input type="checkbox"/>	
				<input type="checkbox"/>			<input type="checkbox"/>	
				<input type="checkbox"/>			<input type="checkbox"/>	
				<input type="checkbox"/>			<input type="checkbox"/>	

\*Caution: If claiming child other than taxpayer's see **Relationship** in Help.  
 \*\*Caution: If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box.

## Part IV – Earned Income Credit Information

### Required to Calculate EIC:

- Yes No  
  Is taxpayer or spouse qualifying child for EIC for another person?  
  Was taxpayer's (and spouse's if married filing jointly) home in United States for more than half of 2011?

### Check Any that Apply:

- Social Security card says **Not Valid for Employment** and SSN of the taxpayer, or spouse if married filing jointly, was obtained to get federally funded benefit, such as Medicaid (see Help)  
 Taxpayer filing as head of household **and** lived with nonresident alien spouse during last six months of 2011  
 EIC was disallowed or reduced in previous year and taxpayer required to file Form 8862  
 Taxpayer notified by IRS that EIC cannot be claimed in 2011

Electronic Filing Information Worksheet 2011

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Name(s) Shown on Return Andrew S & Mary Jane Hague Social Security Number 2012 APR -5 AMT: 34

Declaration Control Number 00116034008 - 00082 - 2

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

Check to use ERO name instead of firm name in electronic file and on Forms 8878, 8879, & 9325

Firm Name: Michael J. McGee, CPA, PA; Social Security Number or PTIN: P01322556; Name: Michael J. McGee; Employer Identification Number: 65-0430268; Address: 2500 Hollywood Blvd., Suite 405; Phone Number: (954) 929-3303; Fax Number: (954) 241-6793; City: Hollywood, State: FL, ZIP Code: 33020; Electronic Filers Identification Number (EFIN): 602400; Country: ; E-mail Address: ;

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

Paid Preparer Information

Firm Name: Michael J. McGee, CPA, PA; Social Security Number or PTIN: P01322556; Name: Michael J. McGee; Employer Identification Number: 65-0430268; Address: 2500 Hollywood Blvd., Suite 405; Phone Number: (954) 929-3303; Fax Number: (954) 241-6793; City: Hollywood, State: FL, ZIP Code: 33020; Country: ; E-mail Address: ;

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

Non Paid Preparer Information

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

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



**Miscellaneous Electronic Filing Items**

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

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

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

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

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

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

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

- Iraqi Freedom . . . . .
- Kosovo Operation . . . . .
- Afghanistan/Enduring Freedom . . . . .
- Desert Storm . . . . .
- Haiti . . . . .
- Former Yugoslavia . . . . .
- UN Operation . . . . .
- Joint Guard . . . . .
- Joint Forge . . . . .
- Northern Watch . . . . .
- Operation Allied Force . . . . .
- Northern Forge . . . . .
- Combat Zone . . . . .  Deployment Date . . . . .

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

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

- Form 2848, Power of Attorney and Declaration of Representative . . . . .
- Form 3115, Change in Accounting Method . . . . .
- Form 3468, Historic Structure Certificate . . . . .
- Form 4136, Credit for Federal Tax Paid on Fuels . . . . .
- Form 5713, International Boycott Report . . . . .
- Form 8283, Noncash Charitable Contributions (Declaration of Appraiser) . . . . .
- 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . .
- Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Documentation . . . . .
- Form 8885, Health Coverage Tax Credit . . . . .
- Form 8858, Foreign Disregarded Entities . . . . .
- Form 8864, attach the Certificate for Biodiesel . . . . .
- Form 8949, Sales and Other Dispositions of Capital Assets.(or a statement with the same information) . . . . .
- Appendix A, Statement by Taxpayer Using the Procedures in Rev. Proc. 2009-20 to Determine a Theft Loss Deduction Related to a Fraudulent Investment Arrangement . . . . .

Keep for your records

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Name(s) Shown on Return
Andrew S & Mary Jane Hague

Social Security Number

2012 APR -5 AM 11:34

Table with 6 columns: Form W-2 Employer, SP, Wages, Federal Tax, State Wages, State Tax. Includes entries for State of Florida, Star One Staffing, Inc., Caring Associates, Inc., and Caring Home Care, Inc. with a 'Totals' row at the bottom.

Form W-2 Summary

Table with 5 columns: Box No., Description, Taxpayer, Spouse, Total. Lists various wage and tax categories from Box 1 to Box 19, including total wages, federal tax withheld, social security, Medicare, and state taxes.

► Keep for your records

Name as shown on return Andrew S Hague	Social Security Number
---	------------------------

Employer EIN . . . . . 59-6001874  
 Employer Name . . . . . State of Florida  
 Name (cont.) Jeff Atwater Chief Financial Officer  
 Street Address or P. O. Box 200 E. Gaines Street  
 City Tallahassee State FL ZIP 32399-0356 Foreign Addr.   
 Foreign Country . . . . .

Spouse's W-2  Do not transfer this W-2 to next year  
 Automatically calculate lines 3 through 6 and line 16.  
**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp . . . . . 124,175.	2 Federal tax withheld . . . . . 21,319.
3 Social security wages . . . . . 106,800.	4 Social sec tax withheld . . . . . 4,486.
5 Medicare wages and tips . . . . . 126,189.	6 Medicare tax withheld . . . . . 1,830.
7 Social security tips . . . . .	8 Allocated tips . . . . .

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax . . . . .
		M: Enter amount attributable to RRTA Tier 2 tax . . . . .
		P: Double click to link to Form 3903, line 4 . . . . .
		R: Enter MSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		W: Enter HSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

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

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

9 (Not Used) . . . . .	9 <input type="checkbox"/>
10 Dependent care benefits (Check if employer furnished care at work) . . . . .	10 <input type="checkbox"/>
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11 <input type="checkbox"/>

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
125	8,091.	Other (not classified)

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Andrew S Hague

Page 2

Employer Name . . . State of Florida

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Part I Statutory employees

MIAMI-DADE ELECTIONS

- A  Box 13a. Statutory employee
- B  Deducting expenses in connection with this income
- C  If deducting expenses, double click to link to Schedule C . . . . .

C

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

Clergy only:

- D  Designated housing or parsonage allowance . . . . .
- E  Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .
- F  If no FICA was withheld, check the applicable box below
  - 1  Pay self-employment tax on housing or parsonage allowance only
  - 2  Pay self-employment tax on W-2 income only
  - 3  Pay self-employment tax on W-2 income and housing allowance
  - 4  Exempt from self-employment tax and has approved Form 4361

D

E

Non-Clergy only:

- G  If no FICA was withheld, check the applicable box below
  - 1  Pay self-employment tax on this W-2 income
  - 2  Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

- H 1  Tips \$20 or more in a month which were not reported to employer . . . . .
- 2  Tips less than \$20 in a month which were not required to be reported . . . . .
- 3  Value of non-cash tips, such as tickets or passes, not reported . . . . .
- 4  Actual amount of allocated tips if different than the amount in box 8 . . . . .
- 5  Tips paid out through a tip-sharing arrangement . . . . .
- 6  Employer is a federal, state, or local government and tips are only subject to Medicare tax

H1

H2

H3

H4

H5

Part IV Substitute Form W-2

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

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution . . . . .

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

- 13 c  Third-party sick pay
- Non-standard W-2 (handwritten, typewritten, or altered in any way)
- Corrected W-2
- Income from Paid Family Leave
- Control number (optional) . . . . .

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

Employee's SSN. . . . .

First name M.I. Last name Suff.  
 Andrew S Hague

Address City St ZIP code  
 Miami FL 33133-4213

Foreign Country

► Keep for your records

Name as shown on return Mary Jane Hague	Social Security Number
--	------------------------

Employer EIN . . . . . 65-0287210  
 Employer Name . . . . Star One Staffing, Inc.  
 Name (cont.) \_\_\_\_\_  
 Street Address or P. O. Box 2414 Coral Way  
 City . Miami State FL ZIP 33145 Foreign Addr .   
 Foreign Country . . . . . \_\_\_\_\_

Spouse's W-2  Do not transfer this W-2 to next year  
 Automatically calculate lines 3 through 6 and line 16.  
**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp . . . . . 60,000.	2 Federal tax withheld . . . . . 10,556.
3 Social security wages . . . . . 60,000.	4 Social sec tax withheld . . . . . 2,520.
5 Medicare wages and tips . . . . . 60,000.	6 Medicare tax withheld . . . . . 870.
7 Social security tips . . . . . _____	8 Allocated tips . . . . . _____

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax . . . . . _____
		M: Enter amount attributable to RRTA Tier 2 tax . . . . . _____
		P: Double click to link to Form 3903, line 4 . . . . . _____
		R: Enter MSA contribution for Taxpayer . . . . . _____
		Spouse . . . . . _____
		W: Enter HSA contribution for Taxpayer . . . . . _____
		Spouse . . . . . _____
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
FL		60,000.	

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

9 (Not Used) . . . . .	9
10 Dependent care benefits (Check if employer furnished care at work) . . . ► <input type="checkbox"/>	10 _____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11 _____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Keep for your records

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Mary Jane Hague

Page 2

Employer Name . . . . Star One Staffing, Inc.

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Part I Statutory employees

MIAMI-DADE ELECTIONS

- A  Box 13a. Statutory employee
- B  Deducting expenses in connection with this income
- C  If deducting expenses, double click to link to Schedule C . . . . .

C

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

Clergy only:

- D Designated housing or parsonage allowance . . . . .
- E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .
- F If no FICA was withheld, check the applicable box below
  - 1  Pay self-employment tax on housing or parsonage allowance only
  - 2  Pay self-employment tax on W-2 income only
  - 3  Pay self-employment tax on W-2 income and housing allowance
  - 4  Exempt from self-employment tax and has approved Form 4361

D

E

Non-Clergy only:

- G If no FICA was withheld, check the applicable box below
  - 1  Pay self-employment tax on this W-2 income
  - 2  Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

- H 1 Tips \$20 or more in a month which were not reported to employer . . . . .
- 2 Tips less than \$20 in a month which were not required to be reported . . . . .
- 3 Value of non-cash tips, such as tickets or passes, not reported . . . . .
- 4 Actual amount of allocated tips if different than the amount in box 8 . . . . .
- 5 Tips paid out through a tip-sharing arrangement . . . . .
- 6  Employer is a federal, state, or local government and tips are only subject to Medicare tax

H1

H2

H3

H4

H5

Part IV Substitute Form W-2

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

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution . . . . .

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

- 13 c  Third-party sick pay
- Non-standard W-2 (handwritten, typewritten, or altered in any way)
- Corrected W-2
- Income from Paid Family Leave
- Control number (optional) . . . . .

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

Employee's SSN. . . . .

First name M.I. Last name Suff.  
 Mary Jane Hague

Address City St ZIP code  
 Miami FL 33133-4213

Foreign Country

Keep for your records

Name as shown on return Mary Jane Hague	Social Security Number
--	------------------------

Employer EIN . . . . . 65-0339466  
Employer Name . . . . Caring Associates, Inc.  
Name (cont.) \_\_\_\_\_  
Street Address or P. O. Box 1011 NW 51st Street  
City Fort Lauderdale State FL ZIP 33309 Foreign Addr .   
Foreign Country . . . . . \_\_\_\_\_

Spouse's W-2  Do not transfer this W-2 to next year  
 Automatically calculate lines 3 through 6 and line 16.  
**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp . . . . .	26,000.	2 Federal tax withheld . . . . .	22,100.
3 Social security wages . . . . .	26,000.	4 Social sec tax withheld . . . . .	1,092.
5 Medicare wages and tips . . . . .	26,000.	6 Medicare tax withheld . . . . .	377.
7 Social security tips . . . . .		8 Allocated tips . . . . .	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
_____	_____	P: Double click to link to Form 3903, line 4 . . . . .
_____	_____	R: Enter MSA contribution for Taxpayer . . . . .
_____	_____	Spouse . . . . .
_____	_____	W: Enter HSA contribution for Taxpayer . . . . .
_____	_____	Spouse . . . . .
_____	_____	G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

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

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

9 (Not Used) . . . . . 9

10 Dependent care benefits (Check if employer furnished care at work) . . . ▶  10 \_\_\_\_\_  
Dependent care benefits - Amount forfeited from flexible spending account . . . \_\_\_\_\_

11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) 11 \_\_\_\_\_

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

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Mary Jane Hague

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Employer Name . . . . Caring Associates, Inc.

MIAMI-DADE ELECTIONS

Part I Statutory employees

- A  Box 13a. Statutory employee
- B  Deducting expenses in connection with this income
- C  If deducting expenses, double click to link to Schedule C . . . . . C

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

Clergy only:

- D  Designated housing or parsonage allowance . . . . . D
- E  Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . . E
- F  If no FICA was withheld, check the applicable box below
  - 1  Pay self-employment tax on housing or parsonage allowance only
  - 2  Pay self-employment tax on W-2 income only
  - 3  Pay self-employment tax on W-2 income and housing allowance
  - 4  Exempt from self-employment tax and has approved Form 4361

Non-Clergy only:

- G  If no FICA was withheld, check the applicable box below
  - 1  Pay self-employment tax on this W-2 income
  - 2  Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

- H 1  Tips \$20 or more in a month which were not reported to employer . . . . . H1
- 2  Tips less than \$20 in a month which were not required to be reported . . . . . H2
- 3  Value of non-cash tips, such as tickets or passes, not reported . . . . . H3
- 4  Actual amount of allocated tips if different than the amount in box 8 . . . . . H4
- 5  Tips paid out through a tip-sharing arrangement . . . . . H5
- 6  Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV Substitute Form W-2

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

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution . . . . .

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

- 13 c  Third-party sick pay
- Non-standard W-2 (handwritten, typewritten, or altered in any way)
- Corrected W-2
- Income from Paid Family Leave
- Control number (optional) . . . . .

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

Employee's SSN. . . . . 2

First name M.I. Last name Suff.  
 Mary Jane Hague

Address City St ZIP code  
 Miami FL 33133-4213

Foreign Country



► Keep for your records

Name as shown on return <u>Mary Jane Hague</u>	Social Security Number _____
---	---------------------------------

Employer EIN . . . . . 51-0458491  
 Employer Name . . . . . Caring Home Care, Inc.  
 Name (cont.) \_\_\_\_\_  
 Street Address or P. O. Box 1011 NW 51st Street  
 City Fort Lauderdale State FL ZIP 33309 Foreign Addr.   
 Foreign Country . . . . . \_\_\_\_\_

Spouse's W-2  Do not transfer this W-2 to next year  
 Automatically calculate lines 3 through 6 and line 16.  
**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp . . . . . <u>52,000.</u>	2 Federal tax withheld . . . . . <u>46,800.</u>
3 Social security wages . . . . . <u>52,000.</u>	4 Social sec tax withheld . . . . . <u>2,184.</u>
5 Medicare wages and tips . . . . . <u>52,000.</u>	6 Medicare tax withheld . . . . . <u>754.</u>
7 Social security tips . . . . . _____	8 Allocated tips . . . . . _____

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	P: Double click to link to Form 3903, line 4 . . . . . _____
_____	_____	R: Enter MSA contribution for Taxpayer . . . . . _____
_____	_____	Spouse . . . . . _____
_____	_____	W: Enter HSA contribution for Taxpayer . . . . . _____
_____	_____	Spouse . . . . . _____
_____	_____	G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

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

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

9 (Not Used) . . . . . _____	9 _____
10 Dependent care benefits (Check if employer furnished care at work) . . . ► <input type="checkbox"/>	10 _____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11 _____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Keep for your records

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Mary Jane Hague

age 2

Employer Name . . . . Caring Home Care, Inc.

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Part I Statutory employees

MIAMI-DADE ELECTIONS

- A  Box 13a. Statutory employee
- B  Deducting expenses in connection with this income
- C  If deducting expenses, double click to link to Schedule C . . . . .

C

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

Clergy only:

- D  Designated housing or parsonage allowance . . . . .
- E  Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .
- F  If no FICA was withheld, check the applicable box below
  - 1  Pay self-employment tax on housing or parsonage allowance only
  - 2  Pay self-employment tax on W-2 income only
  - 3  Pay self-employment tax on W-2 income and housing allowance
  - 4  Exempt from self-employment tax and has approved Form 4361

D

E

Non-Clergy only:

- G  If no FICA was withheld, check the applicable box below
  - 1  Pay self-employment tax on this W-2 income
  - 2  Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

- H 1  Tips \$20 or more in a month which were not reported to employer . . . . .
- 2  Tips less than \$20 in a month which were not required to be reported . . . . .
- 3  Value of non-cash tips, such as tickets or passes, not reported . . . . .
- 4  Actual amount of allocated tips if different than the amount in box 8 . . . . .
- 5  Tips paid out through a tip-sharing arrangement . . . . .
- 6  Employer is a federal, state, or local government and tips are only subject to Medicare tax

H1

H2

H3

H4

H5

Part IV Substitute Form W-2

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

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution . . . . .

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

- 13 c  Third-party sick pay
- Non-standard W-2 (handwritten, typewritten, or altered in any way)
- Corrected W-2
- Income from Paid Family Leave
- Control number (optional) . . . . .

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

Employee's SSN. . . . .

First name M.I. Last name Suff.  
 Mary Jane Hague

Address City St ZIP code  
 Miami FL 33133-4213

Foreign Country

# Interest and Dividends Summary

2011

▶ Keep for your records

Name(s) Shown on Return

Social Security Number

Andrew S & Mary Jane Hague

## Interest Summary

	Total Interest	Tax-Exempt	U.S. Government	Private Activity Bond
1 Seller-financed mortgage . . . . .				
2 From Schedule B, Part I . . . . .	1,243.	1,423.	459.	
3 From Schedule B, Part II . . . . .				
4 From K-1 Worksheets . . . . .	59.			
5 Exempt-interest dividends (net of adj.) . . . . .				
6 From Forms 6252 . . . . .				
7 From Forms 8814 . . . . .				
8 <b>Subtotal</b> . . . . .	1,302.	1,423.	459.	
<b>Less Adjustments:</b>				
9 U.S. savings bond interest previously reported . . . . .				
10 Nominee distribution . . . . .				
11 OID adjustment . . . . .				
12 ABP adjustment . . . . .				
13 Accrued interest . . . . .				
14 Other adjustment . . . . .				
15 Series EE and I bond exclusion . . . . .				
16 <b>Total Adjustments</b> . . . . .				
17 Total to Schedule B, line 2 . . . . . ▶	1,302.			
18 Total to Form 1040, line 8b . . . . . ▶		1,423.		
19 Total U.S. government interest . . . . . ▶			459.	
20 Total to Form 6251, line 12 . . . . . ▶				

## Dividends Summary

	Ordinary	Qualified	Capital Gains	Nontaxable
1 From Schedule B . . . . .	3,977.	3,232.	1,168.	5.
2 From K-1 Worksheets . . . . .				
3 <b>Subtotal</b> . . . . .	3,977.	3,232.		
<b>Less Adjustments:</b>				
4 Nominee distribution . . . . .				
5 Other adjustment . . . . .				
6 <b>Total Adjustments</b> . . . . .				
7 Total to Schedule B, line 6 . . . . . ▶	3,977.			
8 Total qualified dividends . . . . . ▶		3,232.		
9 Total capital gains . . . . . ▶			1,168.	
10 Total nontaxable dividends . . . . . ▶				5.

## Capital Gains Summary

	28% rate	Section 1250	Section 1202 50%	Section 1202 60%
1 From Schedule B . . . . .				
<b>Less Adjustments:</b>				
2 Nominee distribution . . . . .				
3 Other adjustment . . . . .				
4 <b>Total Adjustments</b> . . . . .				
5 Total to Schedule D . . . . . ▶				
6 Total to Schedule D . . . . . ▶				
7 Total to Schedule D . . . . . ▶				

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Andrew S & Mary Jane Hague

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Payer . . . . Exeter Trust Company

MIAMI-DADE T  
ELECTIONS

**A Additional 1099-DIV information:**

- 1a Box 2c - Section 1202 50% gain on QSB stock . . . . .
- 1b Section 1202 60% gain (QSB Empowerment Zone stock) . . . . .
- 2 Box 2d - Collectibles (28%) gain . . . . .
- 3 Box 5 - Investment expenses . . . . .
- 4 US Govt. Interest included in total dividends . . . . .

**B Withholding information:**

- 1 Federal income tax withheld . . . . .
- 2 State income tax withheld . . . . .
- 3 State ID . . . . .

**C Exempt-interest dividends:** (included on Form 1040, line 8b)

- 1 Total exempt-interest dividends (do not include in box 1 or box 3) . . . . .
- 2 Private activity bond amount included in line C-1 above . . . . .
- OR
- 3 Percent of private activity bond amount included in line C-1 above. ( Enter 75 percent as 75.00% ) . . . . . %
- 4 State ID of exempt-interest dividends . . . . .

**D Adjustment information:**

- 1 Select type of adjustment:  
N  Nominee    H  Other    D  ESOP distribution
- 2 Amount of Adjustment . . . . .

**E Margin interest expense for Form 4952:**

- 1 Margin interest paid . . . . .

**F Foreign tax information:** All income is assumed passive. See Help.

- 1 Box 6 - Foreign tax paid in U.S. dollars . . . . . 152.  
Check this box if foreign tax is from a mutual fund or regulated investment company. See Tax Help for additional information. . . . .  RIC
- 2 Box 7 - Foreign country or U.S. possession . . . . .
- 3 Report on Schedule A . . . . .  OR
- DoubleClick to link to a copy of Form 1116 . . . . .
- 4 For Form 1116, select which column . . . . . A  B  C
- 5 Select whether taxes were paid (P) or accrued (A) . . . . .
- 6 Date paid or accrued . . . . .
- 7 Total foreign source income from Box 1a- Total Ordinary dividends . . . . .

Name(s) Shown on Return  
Andrew S & Mary Jane Hague

Social Security Number

TSJ T

Payer . . . . AXA Computershare

**A Additional 1099-DIV information:**

- 1a Box 2c - Section 1202 50% gain on QSB stock . . . . .
- 1b Section 1202 60% gain (QSB Empowerment Zone stock) . . . . .
- 2 Box 2d - Collectibles (28%) gain . . . . .
- 3 Box 5 - Investment expenses . . . . .
- 4 US Govt. Interest included in total dividends . . . . .

**B Withholding information:**

- 1 Federal income tax withheld . . . . .
- 2 State income tax withheld . . . . .
- 3 State ID . . . . .

**C Exempt-interest dividends:** (included on Form 1040, line 8b)

- 1 Total exempt-interest dividends (do not include in box 1 or box 3) . . . . .
- 2 Private activity bond amount included in line C-1 above . . . . .
- OR
- 3 Percent of private activity bond amount included in line C-1 above. ( Enter 75 percent as 75.00% ) . . . . . %
- 4 State ID of exempt-interest dividends . . . . .

**D Adjustment information:**

- 1 Select type of adjustment:  
N  Nominee    H  Other    D  ESOP distribution
- 2 Amount of Adjustment . . . . .

**E Margin interest expense for Form 4952:**

- 1 Margin interest paid . . . . .

**F Foreign tax information:** All income is assumed passive. See Help.

- 1 Box 6 - Foreign tax paid in U.S. dollars . . . . . 2.  
Check this box if foreign tax is from a mutual fund or regulated investment company. See Tax Help for additional information. . . . .
- 2 Box 7 - Foreign country or U.S. possession . . . . . RIC
- 3 Report on Schedule A . . . . .  OR
- DoubleClick to link to a copy of Form 1116 . . . . .
- 4 For Form 1116, select which column . . . . . A  B  C
- 5 Select whether taxes were paid (P) or accrued (A) . . . . .
- 6 Date paid or accrued . . . . .
- 7 Total foreign source income from Box 1a- Total Ordinary dividends . . . . .

Tax-Exempt Interest Summary

2011

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Social Security Number

Andrew S & Mary Jane Hague

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Payer

Amount

Exeter Trust Company

MIAMI-DADE  
ELECTIONS

1,423.

Total to Form 1040 line 8b, or Form 1040A line 8b, or Form 1040EZ to left of line 2, or Form 1040NR, line 9b . . . . .

1,423.

**Form 1099-MISC Summary**

**2011**

▶ Keep for your records

Name(s) Shown on Return <b>Andrew S &amp; Mary Jane Hague</b>	Social Security Number _____
--	---------------------------------

**Form 1099-MISC Summary**

<b>Box</b>	<b>Description</b>	<b>Taxpayer</b>	<b>Spouse</b>	<b>Total</b>
<b>1</b>	Total Rents . . . . .	_____	_____	_____
	▶ Schedule C . . . . .	_____	_____	_____
	▶ Schedule E . . . . .	_____	_____	_____
	▶ Form 4835 . . . . .	_____	_____	_____
<b>2</b>	Total Royalties . . . . .	_____	_____	_____
	▶ Schedule C . . . . .	_____	_____	_____
	▶ Schedule E . . . . .	_____	_____	_____
<b>3</b>	Total Other income . . . . .	_____	_____	_____
	▶ Schedule C . . . . .	_____	_____	_____
	▶ Schedule F . . . . .	_____	_____	_____
	▶ Form 4835 . . . . .	_____	_____	_____
	For Form 1040:			
	▶ Winnings (Prizes, etc.) . . . . .	_____	_____	_____
	▶ Tribal Gaming . . . . .	_____	_____	_____
	▶ Alaska Permanent Fund . . . . .	_____	_____	_____
▶ Other Income . . . . .	_____	_____	_____	
<b>4</b>	Federal tax withheld . . . . .	_____	_____	_____
<b>5</b>	Fishing boat proceeds . . . . .	_____	_____	_____
<b>6</b>	Medical and health care payments . . . . .	_____	_____	_____
<b>7</b>	Total Nonemployee compensation . . . . .	_____	1,114.	1,114.
	▶ Schedule C . . . . .	_____	1,114.	1,114.
	▶ Schedule F . . . . .	_____	_____	_____
	▶ Wages . . . . .	_____	_____	_____
	▶ Other Income . . . . .	_____	_____	_____
<b>8</b>	Substitute payments . . . . .	_____	_____	_____
<b>10</b>	Total Crop insurance proceeds . . . . .	_____	_____	_____
	▶ Schedule F . . . . .	_____	_____	_____
	▶ Form 4835 . . . . .	_____	_____	_____
<b>13</b>	Excess golden parachute payments . . . . .	_____	_____	_____
<b>14</b>	Gross proceeds paid to an attorney . . . . .	_____	_____	_____
	▶ Taxable amount . . . . .	_____	_____	_____
<b>15a</b>	Section 409A deferrals . . . . .	_____	_____	_____
<b>15b</b>	Section 409A income . . . . .	_____	_____	_____
<b>16</b>	State tax withheld - total . . . . .	_____	_____	_____

Form 1099-MISC Income Worksheet

2011

Name(s) Shown on Return  
Mary Jane Hague

RECEIVED Social Security Number

Payer's EIN . . . . . 11-3075132 or SSN . . . . .  
Payer's Name . . . . . 45 Buyers Group, Inc.  
Name (cont.) . DBA Inteletravel.com

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Spouse's 1099-MISC  Do not transfer this 1099-MISC to next year

<b>Box 7</b>	Nonemployee compensation . . . . . 1,114. Double click to link to: Schedule C . ▶ Travel Agent Schedule F . ▶ _____ <input type="checkbox"/> Report on Form 1040, line 7 (or Form 1040NR, line 8) and Form 8919 If checked, enter Reason Code for Form 8919 (see Help) . . . . . Code on 8919 _____ If Reason Code A, B, or C, enter determination date . . . . . _____ <input type="checkbox"/> If Reason Code D, E, or F, Form SS-8 has been filed or will be filed by return due date. <input type="checkbox"/> Other Income
<b>Box 1</b>	Rents . . . . . _____
<b>Box 2</b>	Royalties . . . . . _____ Double click to link rents or royalties to: Schedule C . ▶ _____ Schedule E . ▶ _____ Form 4835 . ▶ _____
<b>Box 3</b>	Other income . . . . . _____ Double click to link to: Schedule C . ▶ _____ Schedule F . ▶ _____ Form 4835 . ▶ _____ For Form 1040, Other Income line: <input type="checkbox"/> Tribal Member Gaming Payments <input type="checkbox"/> Winnings (Prizes, etc.) <input type="checkbox"/> Alaska Permanent Fund <input type="checkbox"/> Other income
<b>Box 8</b>	Substitute payments in lieu of dividends or interest . . . . . _____
<b>Box 4</b>	Federal income tax withheld . . . . . _____
<b>Box 16</b>	<b>First state</b>
<b>Box 17</b>	State tax withheld . . . . . _____
<b>Box 18</b>	State . _____ Payer's state no. . . . . _____ State income . . . . . _____
<b>Box 16</b>	<b>Second state</b>
<b>Box 17</b>	State tax withheld . . . . . _____
<b>Box 18</b>	State . _____ Payer's state no. . . . . _____ State income . . . . . _____
<b>Box 5</b>	Fishing boat proceeds . . . . . _____ Double click to link to: Schedule C . ▶ _____
<b>Box 6</b>	Medical and health care payments . . . . . _____ Double click to link to: Schedule C . ▶ _____
<b>Box 10</b>	Crop insurance proceeds . . . . . _____ Double click to link to: Schedule F . ▶ _____ Form 4835 . ▶ _____
<b>Box 13</b>	Excess golden parachute payments . . . . . _____
<b>Box 14</b>	Gross proceeds paid to an attorney . . . . . _____ Double click to link to: Schedule C . ▶ _____ Taxable attorney fees to transfer to Schedule C . . . . . _____
<b>Box 15a</b>	Section 409A deferrals . . . . . _____
<b>Box 15b</b>	Section 409A income . . . . . _____



**Form 1040 Qualified Dividends and Capital Gain Tax Worksheet 2011**  
**Line 44** ▶ Keep for your records

Name(s) Shown on Return Andrew S & Mary Jane Hague	Social Security Number _____
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<b>1</b>	Enter the amount from Form 1040, line 43 . . . . .	<b>1</b>	147,728.
<b>2</b>	Enter the amount from Form 1040, line 9b . . . . .	<b>2</b>	3,232.
<b>3</b>	Are you filing Schedule D? <input checked="" type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . . <input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13. . . . .	<b>3</b>	0.
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	3,232.
<b>5</b>	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise enter -0- . . . . .	<b>5</b>	0.
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	3,232.
<b>7</b>	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	<b>7</b>	144,496.
<b>8</b>	Enter: \$34,500 if single or married filing separately, \$69,000 if married filing jointly or qualifying widow(er), or \$46,250 if head of household. . . . .	<b>8</b>	69,000.
<b>9</b>	Enter the smaller of line 1 or line 8 . . . . .	<b>9</b>	69,000.
<b>10</b>	Enter the smaller of line 7 or line 9 . . . . .	<b>10</b>	69,000.
<b>11</b>	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	<b>11</b>	0.
<b>12</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>12</b>	3,232.
<b>13</b>	Enter the amount from line 11 . . . . .	<b>13</b>	0.
<b>14</b>	Subtract line 13 from line 12. . . . .	<b>14</b>	3,232.
<b>15</b>	Multiply line 14 by 15% (.15) . . . . .	<b>15</b>	485.
<b>16</b>	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>16</b>	28,528.
<b>17</b>	Add lines 15 and 16 . . . . .	<b>17</b>	29,013.
<b>18</b>	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>18</b>	29,433.
<b>19</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 17 or line 18 here and on Form 1040, line 44. . . . .	<b>19</b>	29,013.

Schedule D  
Lines 6 and 14

Capital Loss Carryover Worksheet

Capital Loss Carryover from 2010 to 2011

► Keep for your records

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Name(s) Shown on Return  
Andrew S & Mary Jane Hague

2012 APR -5 AM 11:35  
Social Security Number

MIAMI-DADE  
ELECTIONS

	Regular Tax	Alternative Minimum Tax
1 Enter the amount from your 2010 Form 1040, line 41. If a loss, enter as a negative amount . . . . .	1 419,070.	419,070.
2 Enter the loss from your 2010 Schedule D, line 21, as a positive amount . . . . .	2 3,000.	3,000.
3 Combine lines 1 and 2. If zero or less, enter -0- . . . . .	3 422,070.	422,070.
4 Enter the smaller of line 2 or line 3 . . . . .	4 3,000.	3,000.
<b>If line 7 of your 2010 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.</b>		
5 Enter the loss from your 2010 Schedule D, line 7, as a positive amount. . . . .	5	
6 Enter any gain from your 2010 Schedule D, line 15. If a loss, enter -0- . . . . .	6 0.	0.
7 Add lines 4 and 6 . . . . .	7 3,000.	3,000.
8 <b>Short-term capital loss carryover for 2011.</b> Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 6, as a negative amount . . . . . ►	8 0.	0.
<b>If line 15 of your 2010 Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.</b>		
9 Enter the loss from your 2010 Schedule D, line 15, as a positive amount . . . . .	9 18,640.	18,640.
10 Enter any gain from your 2010 Schedule D, line 7. If a loss, enter -0- . . . . .	10 1,421.	1,421.
11 Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	11 3,000.	3,000.
12 Add lines 10 and 11 . . . . .	12 4,421.	4,421.
13 <b>Long-term capital loss carryover for 2011.</b> Subtract line 12 from line 9. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 14, as a negative amount . . . . . ►	13 14,219.	14,219.

# Capital Loss Carryforward Worksheet

**2012**

Capital Loss Carryforward from 2011 to 2012

▶ Keep for your records

Name(s) Shown on Return <b>Andrew S &amp; Mary Jane Hague</b>	Social Security Number _____
--	---------------------------------

		Regular Tax	Alternative Minimum Tax
<b>1</b> Enter the amount from 2011 Form 1040, line 41. If a loss, enter as a negative amount . . . . .	<b>1</b>	158,828.	158,828.
<b>2</b> Enter the loss from 2011 Schedule D, line 21, as a positive amount . . . . .	<b>2</b>	3,000.	3,000.
<b>3</b> Combine lines 1 and 2. If zero or less, enter -0- . . . . .	<b>3</b>	161,828.	161,828.
<b>4</b> Enter the <b>smaller</b> of line 2 or line 3 . . . . .	<b>4</b>	3,000.	3,000.
<b>If line 7 of 2011 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9</b>			
<b>5</b> Enter the loss from 2011 Schedule D, line 7, as a positive amount. . . . .	<b>5</b>		
<b>6</b> Enter any gain from 2011 Schedule D, line 15. If a loss, enter -0- . . . . .	<b>6</b>	0.	0.
<b>7</b> Add lines 4 and 6 . . . . .	<b>7</b>	3,000.	3,000.
<b>8 Short-term capital loss carryforward to 2012.</b> Subtract line 7 from line 5. If zero or less, enter -0- . . . . . ▶	<b>8</b>	0.	0.
<b>If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.</b>			
<b>9</b> Enter the loss from 2011 Schedule D, line 15, as a positive amount . . . . .	<b>9</b>	6,785.	6,785.
<b>10</b> Enter any gain from 2011 Schedule D, line 7. If a loss, enter -0- . . . . .	<b>10</b>	2,744.	2,744.
<b>11</b> Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>11</b>	3,000.	3,000.
<b>12</b> Add lines 10 and 11 . . . . .	<b>12</b>	5,744.	5,744.
<b>13 Long-term capital loss carryforward to 2012.</b> Subtract line 12 from line 9. If zero or less, enter -0- . . . . . ▶	<b>13</b>	1,041.	1,041.

# Tax Payments Worksheet

2011

▶ Keep for your records

Name(s) Shown on Return  
Andrew S & Mary Jane Hague

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**Estimated Tax Payments for 2011** (If more than 4 payments for any state or locality, see Tax Help)

2012 APR - 5 AMU 25

	Federal		State			Local	
	Date	Amount	Date	Amount	ID	Date	Amount
1	04/18/11		04/18/11			04/18/11	
2	06/15/11		06/15/11			06/15/11	
3	09/15/11		09/15/11			09/15/11	
4	01/17/12		01/17/12			01/17/12	
5							
<b>Tot Estimated Payments . . .</b>							

MIAMI-DADE  
ELECTIONS

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2011 . . . . .					
7	Credited by estates and trusts . . . . .					
8	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2011 extensions . . . . .					

Taxes Withheld From:		Federal	State	Local
10	Forms W-2 . . . . .	100,775.		
11	Forms W-2G . . . . .			
12	Forms 1099-R . . . . .			
13	Forms 1099-MISC and 1099-G . . . . .			
14	Schedules K-1 . . . . .			
15	Forms 1099-INT, DIV and OID . . . . .			
16	Social Security and Railroad Benefits . . . . .			
17	Form 1099-B . . . . .			
18 a	Other withholding . . . . .			
b	Other withholding . . . . .			
c	Other withholding . . . . .			
19	<b>Total Withholding</b> Lines 10 through 18c . . . . .	100,775.		
20	<b>Total Tax Payments for 2011</b> . . . . .	100,775.		

Prior Year Taxes Paid In 2011 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2010 extensions . . . . .				
22	2010 estimated tax paid after 12/31/10 . . . . .				
23	Balance due paid with 2010 return . . . . .				
24	Other (amended returns, installment payments, etc) . . . . .				

# Charitable Contributions Summary

▶ Keep for your records

2011

Name(s) Shown on Return Andrew S & Mary Jane Hague	Social Security Number
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## Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Church & Miscellaeous	3,324.	3,324.		
Totals:	3,324.	3,324.		

## Part II Non-Cash Contributions Summary

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

## Part III Contribution Carryovers to 2012

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2011 contributions . .	3,324.		3,324.			
2 2011 contributions allowed	3,324.		3,324.	0.	0.	0.
3 Carryovers from:						
a 2010 tax year . . . . .						
b 2009 tax year . . . . .						
c 2008 tax year . . . . .						
d 2007 tax year . . . . .						
e 2006 tax year . . . . .						
4 Carryovers allowed in 2011	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2011	0.		0.	0.	0.	0.
6 Carryovers to 2012:						
a From 2011 . . . . .	0.		0.	0.	0.	0.
b From 2010 . . . . .						
c From 2009 . . . . .						
d From 2008 . . . . .						
e From 2007 . . . . .						
f From 2006 (expired)						

**Earned Income Worksheet**  
 ▶ Keep for your records

**2011**

**RECEIVED**

Name(s) Shown on Return Andrew S & Mary Jane Hague	2012 APR -5 AM 11:35	Social Security Number
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<b>Part I – Earned Income Credit Wks Computation</b>	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .		995.	995.
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .		995.	995.
<b>d</b> One-half of self-employment tax . . . . .		14.	14.
<b>e</b> Subtract line 1d from line 1c . . . . .		981.	981.
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>			
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>		981.	981.

**Part II – Form 2441 and Standard Deduction Worksheet Computations**

5 Net self-employment earnings (line 4 above) . . . . .		981.	981.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	124,175.	138,000.	262,175.
7 Taxable employer-provided adoption benefits . . . . .			
8 Add lines 5 through 7. To Form 2441, lines 19 and 20 . . . . .	124,175.	138,981.	263,156.
9 <b>a</b> Taxable dependent care benefits . . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
10 Add lines 8, 9a and 9b . To Form 2441, lines 4 and 5 . . . . .	124,175.	138,981.	263,156.
11 Scholarship or fellowship income not on W-2 . . . . .			
12 SE exempt earnings less nontaxable income . . . . .			
13 Distributions from nonqualified/Sec. 457 plans . . . . .			
14 Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	124,175.	138,981.	263,156.

**Part III – IRA Deduction Worksheet Computation**

15 Net self-employment income or (loss) . . . . .		981.	981.
16 Wages, salaries, tips, etc . . . . .	124,175.	138,000.	262,175.
17 Net self-employment loss . . . . .			
18 Alimony received . . . . .			
19 Nontaxable combat pay . . . . .			
20 Foreign earned income exclusion . . . . .			
21 Keogh, SEP or SIMPLE deduction . . . . .			
22 Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	124,175.	138,981.	263,156.

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

23 Self-employed, church and statutory employees . . . . .		981.	981.
24 Wages, salaries, tips, etc . . . . .	124,175.	138,000.	262,175.
25 Nontaxable combat pay . . . . .			
26 Foreign earned income exclusion . . . . .			
27 Combine lines 23 through 26. To Form 8812, line 4a & Line 11 Wks, line 2. . . . .	124,175.	138,981.	263,156.

▶ Keep for your records

Partner's Name Mary Jane Hague	Social Security Number
-----------------------------------	------------------------

**Part I** Information About the Partnership

**A** Partnership's Employer Identification Number . . . . . 27-2817235

**B** Partnership's Name . . . . . Caring Properties, LLC

**D**  Check if this is a publicly traded partnership (PTP)  
 Check if foreign partnership

**Part II** Information About the Partner

Partner is Taxpayer . . .  Spouse . . .  Joint . . .

**G**  General Partner or LLC manager  Limited Partner or other LLC member

All investment in partnership is at-risk . . . . .

Some investment in partnership is **not** at-risk . . . . .

**Margin** Final K-1, Amended K-1

Final K-1

Check applicable box(es):

Partnership was discontinued during 2011

Partner sold or otherwise disposed of entire interest in the partnership in 2011

Partner sold a portion of interest in interest in partnership in 2011

Amended K-1

**Part III** Partner's Share of Current Year Income, Deductions, Credits, Other Items

<b>1</b> Ordinary business income (loss) . . . . .		
Check if "materially" participated in the business activities . . . . .	<input type="checkbox"/>	
Check if "working interest" in oil or gas well . . . . .	<input type="checkbox"/>	
<b>2</b> Net rental real estate income (loss) . . . . .		-12,436.
Check if "materially" participated in rental real estate activities . . . . .	<input type="checkbox"/>	
Check if "actively" participated in rental real estate activities . . . . .	<input checked="" type="checkbox"/>	
Check if rental of property to a nonpassive activity . . . . .	<input type="checkbox"/>	
<b>3</b> Other net rental income (loss) . . . . .		
Check if rental of property to a nonpassive activity . . . . .	<input type="checkbox"/>	
<b>4</b> Guaranteed payments . . . . .		
<b>5</b> Interest income . . . . .		
Interest income from U.S. obligations included in box 5 . . . . .		
<b>6 a</b> Ordinary dividends . . . . .		
<b>6 b</b> Qualified dividends . . . . .		
Interest income from U.S. obligations included in box 6 . . . . .		
<b>7</b> Royalties . . . . .		
Double-click to link royalties to Schedule E Worksheet . . . . .	▶	

Partnership Name Caring Properties, LLC

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**Section A Passive Activity Adjustment to Income or Loss – For Regular Tax Purposes**

Activity net income (loss) . . . . . -31,198. Classification: . . . . . **2017 APR - 5 AM 11:35**

Passive Activity Income (Loss) Description	(a) Gain (Loss) Limited by Form 6198 if Applicable	(b) Suspended Loss Carryover From Prior Year <i>Enter as Negative</i>	MIAMI-DADE Net Income (Loss) Allowed	(d) Loss Suspended for Current Year
<b>1 Ordinary income (loss) for Schedule E:</b>				
a Ordinary income (loss) pass through . . . . .	-12,436.	-18,762.	0.	-31,198.
b Section 179 expense . . . . .				
c Section 59(e)(2) expense . . . . .				
d Unreimbursed expenses . . . . .				
e Depletion expense . . . . .				
f Interest expense . . . . .				
g Total . . . . .	-12,436.	-18,762.	0.	-31,198.
<b>2 Ordinary income (loss) for Form 1040:</b>				
a Ordinary income from recoveries . . . . .				
b Cancellation of debt income . . . . .				
c Total . . . . .				
<b>3 Total ordinary income (loss) Add 1g, 2c.</b>	-12,436.	-18,762.	0.	-31,198.
<b>4 Commercial revitalization deduction:</b>				
a Commercial revitalization deduction . . . . .				
b Memo: Net to Sch E. Line 1g less 4a. . . . .	-12,436.	-18,762.	0.	-31,198.
<b>5 Short-term capital gain (loss) for Sch D:</b>				
a Non-portfolio capital gain (loss). . . . .				
b Installment sales . . . . .				
c Sale of assets . . . . .				
d Sale of partnership interest . . . . .				
e Total . . . . .				
<b>6 Long-term capital gain (loss) for Sch D:</b>				
a Non-portfolio capital gain (loss). . . . .				
b Installment sales . . . . .				
c Sale of assets . . . . .				
d Sale of partnership interest . . . . .				
e Total . . . . .				
<b>7 Section 1231 gain (loss) for Form 4797:</b>				
a Section 1231 gain (loss) pass through . . . . .				
b Installment sales . . . . .				
c Sale of assets . . . . .				
d Total . . . . .				
<b>8 Ordinary gain (loss) for Form 4797:</b>				
a Ordinary gain (loss) pass through . . . . .				
b Installment sales . . . . .				
c Sale of assets . . . . .				
d Sale of partnership interest . . . . .				
e Total . . . . .				
<b>9 Total Combine lines 3,4a,5e,6e,7d,8e. . . . .</b>	-12,436.	-18,762.	0.	-31,198.



**Section B** Passive Activity Adjustment to Income or Loss – Alternative Minimum Tax Purposes

Passive Activity Income (Loss) Description	(a) Gain (Loss) Limited by Form 6198 if Applicable	(b) Suspended Loss Carryover From Prior Year <i>Enter as Negative</i>	(c) Net Income (Loss) Allowed	(d) Loss Suspended for Current Year
<b>1 Ordinary income (loss) for Schedule E:</b>				
a Ordinary income (loss) pass through . . . . .	-12,436.	-18,762.	0.	-31,198.
b Section 179 expense . . . . .				
c Section 59(e)(2) expense . . . . .				
d Unreimbursed expenses . . . . .				
e Depletion expense . . . . .				
f Interest expense . . . . .				
g Total . . . . .	-12,436.	-18,762.	0.	-31,198.
<b>2 Ordinary income (loss) for Form 1040:</b>				
a Ordinary income from recoveries . . . . .				
b Cancellation of debt income . . . . .				
c Total . . . . .				
<b>3 Total ordinary income (loss) Add 1g, 2c.</b>	-12,436.	-18,762.	0.	-31,198.
<b>4 Commercial revitalization deduction:</b>				
a Commercial revitalization deduction . . . . .				
b Memo: Net to Sch E. Line 1g less 4a. . . . .	-12,436.	-18,762.	0.	-31,198.
<b>5 Short-term capital gain (loss) for Sch D:</b>				
a Non-portfolio capital gain (loss) . . . . .				
b Installment sales . . . . .				
c Sale of assets . . . . .				
d Sale of partnership interest . . . . .				
e Total . . . . .				
<b>6 Long-term capital gain (loss) for Sch D:</b>				
a Non-portfolio capital gain (loss) . . . . .				
b Installment sales . . . . .				
c Sale of assets . . . . .				
d Sale of partnership interest . . . . .				
e Total . . . . .				
<b>7 Section 1231 gain (loss) for Form 4797:</b>				
a Section 1231 gain (loss) pass through . . . . .				
b Installment sales . . . . .				
c Sale of assets . . . . .				
d Total . . . . .				
<b>8 Ordinary gain (loss) for Form 4797:</b>				
a Ordinary gain (loss) pass through . . . . .				
b Installment sales . . . . .				
c Sale of assets . . . . .				
d Sale of partnership interest . . . . .				
e Total . . . . .				
<b>9 Total Combine lines 3,4a,5e,6e,7d,8e. . . . .</b>	-12,436.	-18,762.	0.	-31,198.



Shareholder's Share of Income, Credits,  
Deductions, etc.

2011

► Keep for your records

Shareholder's Name Mary Jane Hague	Social Security Number
---------------------------------------	------------------------

**Part I** Information About the Corporation

**A** Corporation's Employer Identification Number . . . . . 65-0339466

**B** Corporation's Name . . . . . Caring Associates, Inc.

**Part II** Information About the Shareholder

Shareholder is Taxpayer . . .  Spouse . . .  Joint . . .

At-Risk Status (check one):  
 All investment in corporation is at-risk . . . . .   
 Some investment in corporation **not** at-risk . . . . .

Final K-1                       Amended K-1

**Part III** Shareholder's Share of Current Year Income, Deductions, Credits, Other Items

<b>1</b>	Ordinary business income (loss) . . . . .	63,746.
	Check if "materially" participated in the business activities . . . . .	<input checked="" type="checkbox"/>
<b>2</b>	Net rental real estate income (loss) . . . . .	
	Check if "materially" participated in rental real estate activities . . . . .	<input type="checkbox"/>
	Check if "actively" participated in rental real estate activities . . . . .	<input type="checkbox"/>
	Check if rental of property to a nonpassive activity . . . . .	<input type="checkbox"/>
<b>3</b>	Other net rental income (loss) . . . . .	
	Check if rental of property to a nonpassive activity . . . . .	<input type="checkbox"/>
<b>4</b>	Interest income . . . . .	
	Interest income from U.S. obligations included in box 4. . . . .	
<b>5 a</b>	Ordinary dividends . . . . .	
<b>5 b</b>	Qualified dividends . . . . .	
	Interest income from U.S. obligations included in box 5. . . . .	
<b>6</b>	Royalties . . . . .	
	<b>Double-click</b> to link royalties to Schedule E Worksheet . . . . .	

Corporation Name: Caring Associates, Inc.

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**Part III** Shareholder's Share of Current Year Income, Deductions, Other Items (continued)

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- 7 Net short-term capital gain (loss) . . . . .
- 8 a Net long-term capital gain (loss) . . . . .
- 8 b Collectibles (28%) gain (loss) . . . . .
- 8 c Unrecaptured section 1250 gain . . . . .
- 9 Net section 1231 gain (loss) . . . . .

MIAMI-DADE  
ELECTIONS

10 Other income (loss)

Code	Description	Amount

11 Section 179 deduction . . . . .

12 Other deductions

Code	Description	Amount

13 Credits & credit recapture

Code	Description	Amount

14 Foreign transactions

A	Name of country or U.S. possession . . . . ▶	Amount
Code	Description	Amount

15 Alternative minimum tax (AMT) items

Code	Description	Amount

16 Items affecting shareholder basis

Code	Description	Amount
D	Distributions	43,000.

17 Other information

Code	Description	Amount

Shareholder's Share of Income, Credits,  
Deductions, etc.

2011

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Shareholder's Name Mary Jane Hague	Social Security Number
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**Part I** Information About the Corporation

A Corporation's Employer Identification Number . . . . . 65-0178159

B Corporation's Name . . . . . Job Power, Inc.

**Part II** Information About the Shareholder

Shareholder is Taxpayer . . .  Spouse. . . .  Joint . . .

At-Risk Status (check one):

All investment in corporation is at-risk . . . . .

Some investment in corporation **not** at-risk . . . . .

Final K-1                       Amended K-1

**Part III** Shareholder's Share of Current Year Income, Deductions, Credits, Other Items

<b>1</b>	Ordinary business income (loss) . . . . .	-183.
	Check if "materially" participated in the business activities . . . . . <input checked="" type="checkbox"/>	
<b>2</b>	Net rental real estate income (loss) . . . . .	
	Check if "materially" participated in rental real estate activities . . . . . <input type="checkbox"/>	
	Check if "actively" participated in rental real estate activities . . . . . <input type="checkbox"/>	
	Check if rental of property to a nonpassive activity . . . . . <input type="checkbox"/>	
<b>3</b>	Other net rental income (loss) . . . . .	
	Check if rental of property to a nonpassive activity . . . . . <input type="checkbox"/>	
<b>4</b>	Interest income . . . . .	
	Interest income from U.S. obligations included in box 4. . . . .	
<b>5 a</b>	Ordinary dividends . . . . .	
<b>5 b</b>	Qualified dividends . . . . .	
	Interest income from U.S. obligations included in box 5. . . . .	
<b>6</b>	Royalties . . . . .	
	<b>Double-click</b> to link royalties to Schedule E Worksheet . . . . . <input type="checkbox"/>	

Shareholder's Share of Income, Credits,  
Deductions, etc.

2011

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2012 APR -5 AM 11:35  
Social Security Number

Shareholder's Name  
Mary Jane Hague

MIAMI-DADE  
ELECTIONS

Part I Information About the Corporation

A Corporation's Employer Identification Number . . . . . 51-0458491  
B Corporation's Name . . . . . Caring Home Care, Inc.

Part II Information About the Shareholder

Shareholder is Taxpayer . . .  Spouse . . .  Joint . . .   
At-Risk Status (check one):  
All investment in corporation is at-risk . . . . .   
Some investment in corporation not at-risk . . . . .

Final K-1  Amended K-1

Part III Shareholder's Share of Current Year Income, Deductions, Credits, Other Items

1	Ordinary business income (loss) . . . . .	155,555.
	Check if "materially" participated in the business activities . . . . . <input checked="" type="checkbox"/>	
2	Net rental real estate income (loss) . . . . .	
	Check if "materially" participated in rental real estate activities . . . . . <input type="checkbox"/>	
	Check if "actively" participated in rental real estate activities . . . . . <input type="checkbox"/>	
	Check if rental of property to a nonpassive activity . . . . . <input type="checkbox"/>	
3	Other net rental income (loss) . . . . .	
	Check if rental of property to a nonpassive activity . . . . . <input type="checkbox"/>	
4	Interest income . . . . .	59.
	Interest income from U.S. obligations included in box 4. . . . .	
5 a	Ordinary dividends . . . . .	
5 b	Qualified dividends . . . . .	
	Interest income from U.S. obligations included in box 5. . . . .	
6	Royalties . . . . .	
	Double-click to link royalties to Schedule E Worksheet . . . . . <input type="checkbox"/>	

Corporation Name: Caring Home Care, Inc.

**Part III** Shareholder's Share of Current Year Income, Deductions, Other Items (continued)

<b>7</b>	Net short-term capital gain (loss) . . . . .	_____
<b>8 a</b>	Net long-term capital gain (loss) . . . . .	_____
<b>8 b</b>	Collectibles (28%) gain (loss) . . . . .	_____
<b>8 c</b>	Unrecaptured section 1250 gain . . . . .	_____
<b>9</b>	Net section 1231 gain (loss) . . . . .	_____
<b>10</b>	Other income (loss)	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
<b>11</b>	Section 179 deduction . . . . .	_____
<b>12</b>	Other deductions	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
<b>13</b>	Credits & credit recapture	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
<b>14</b>	Foreign transactions	
	<b>A</b> Name of country or U.S. possession . . . . ▶ _____	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
<b>15</b>	Alternative minimum tax (AMT) items	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
<b>16</b>	Items affecting shareholder basis	
	Code Description	Amount
	D Distributions	97,000.
	_____	_____
	_____	_____
	_____	_____
<b>17</b>	Other information	
	Code Description	Amount
	A Investment income	59.
	_____	_____
	_____	_____
	_____	_____

Shareholder's Share of Income, Credits  
Deductions, etc.

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Shareholder's Name  
Mary Jane Hague

2012 APR - 5 AM 11: 35  
Social Security Number

MIAMI-DADE  
ELECTIONS

Part I Information About the Corporation

A Corporation's Employer Identification Number . . . . . 65-0287210  
B Corporation's  
Name . . . . . Star One Staffing

Part II Information About the Shareholder

Shareholder is Taxpayer . . .  Spouse . . .  Joint . . .   
At-Risk Status (check one):  
All investment in corporation is at-risk . . . . .   
Some investment in corporation not at-risk . . . . .

Final K-1  Amended K-1

Part III Shareholder's Share of Current Year Income, Deductions, Credits, Other Items

1 Ordinary business income (loss) . . . . . -75,637.  
Check if "materially" participated in the business activities . . . . .   
2 Net rental real estate income (loss) . . . . .  
Check if "materially" participated in rental real estate activities . . . . .   
Check if "actively" participated in rental real estate activities . . . . .   
Check if rental of property to a nonpassive activity . . . . .   
3 Other net rental income (loss) . . . . .  
Check if rental of property to a nonpassive activity . . . . .   
4 Interest income . . . . .  
Interest income from U.S. obligations included in box 4 . . . . .  
5 a Ordinary dividends . . . . .  
5 b Qualified dividends . . . . .  
Interest income from U.S. obligations included in box 5 . . . . .  
6 Royalties . . . . .  
Double-click to link royalties to Schedule E Worksheet . . . . .



Shareholder's Share of Income, Credits,  
Deductions, etc.

2011

▶ Keep for your records

Shareholder's Name Mary Jane Hague	Social Security Number
---------------------------------------	------------------------

**Part I** Information About the Corporation

**A** Corporation's Employer Identification Number . . . . . 20-8737709  
**B** Corporation's Name . . . . . Star One Staffing International, Inc.

**Part II** Information About the Shareholder

Shareholder is Taxpayer  Spouse  Joint   
At-Risk Status (check one):  
All investment in corporation is at-risk   
Some investment in corporation **not** at-risk

Final K-1  Amended K-1

**Part III** Shareholder's Share of Current Year Income, Deductions, Credits, Other Items

<b>1</b> Ordinary business income (loss) . . . . .		-231,794.
Check if "materially" participated in the business activities . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Net rental real estate income (loss) . . . . .		
Check if "materially" participated in rental real estate activities . . . . .	<input type="checkbox"/>	
Check if "actively" participated in rental real estate activities . . . . .	<input type="checkbox"/>	
Check if rental of property to a nonpassive activity . . . . .	<input type="checkbox"/>	
<b>3</b> Other net rental income (loss) . . . . .		
Check if rental of property to a nonpassive activity . . . . .	<input type="checkbox"/>	
<b>4</b> Interest income . . . . .		
Interest income from U.S. obligations included in box 4. . . . .		
<b>5 a</b> Ordinary dividends . . . . .		
<b>5 b</b> Qualified dividends . . . . .		
Interest income from U.S. obligations included in box 5. . . . .		
<b>6</b> Royalties . . . . .		
Double-click to link royalties to Schedule E Worksheet . . . . .		

Corporation Name: Star One Staffing International, Inc.

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**Part III** Shareholder's Share of Current Year Income, Deductions, Other Items (continued)

2012 APR -5 AM 11:35

- 7 Net short-term capital gain (loss) . . . . .
- 8 a Net long-term capital gain (loss) . . . . .
- 8 b Collectibles (28%) gain (loss) . . . . .
- 8 c Unrecaptured section 1250 gain . . . . .
- 9 Net section 1231 gain (loss) . . . . .

MIAMI-DADE ELECTIONS

10 Other income (loss)

Code	Description	Amount

11 Section 179 deduction . . . . .

12 Other deductions

Code	Description	Amount

13 Credits & credit recapture

Code	Description	Amount

14 Foreign transactions

A Name of country or U.S. possession . . . . .

Code	Description	Amount

15 Alternative minimum tax (AMT) items

Code	Description	Amount
A	Post-1986 depreciation adjustment	-143.

16 Items affecting shareholder basis

Code	Description	Amount

17 Other information

Code	Description	Amount

For Boxes 8c and 10 through 17

► Keep for your records

Name(s) Shown on Return  
Mary Jane Hague

Social Security Number

S Corporation Name Star One Staffing International, Inc.

**Box 8c : Unrecaptured section 1250 gain**

- 1 Included in net section 1231 gain . . . . .
- 2 Included in long-term gain — passed through from estate, trust, REIT or mutual fund
- 3 Included in long-term gain — from disposition of interest in a partnership

**Box 10 : Other income (loss)**

**Code A : Other portfolio income (loss)**

- 1 Income or loss from REMIC — residual holder . . . . .
- 2 Excess inclusion from REMIC . . . . .
- 3 Section 212 expense from REMIC . . . . .
- 4 Other \* (enter description):  
\_\_\_\_\_  
\_\_\_\_\_
- 5 Total box 10, code A . . . . .

**Code B : Involuntary conversions**

- 1 Loss from casualty or theft of trade, business, rental, or royalty property . . . . .
- 2 Loss from casualty or theft of income-producing and employee property . . . . .
- 3 Gain from casualty or theft . . . . .
- 4 Total box 11, code B . . . . .

**Code E : Other income**

- 1 Recoveries (bad debt, prior tax, etc. reported on Form 1040, line 21) . . . . .
- 2 Ordinary gain (loss) (reported on Form 4797, Part II) . . . . .
- 3 Net short-term capital gain (loss) **not** portfolio income . . . . .
- 4 Net long-term capital gain (loss) **not** portfolio income . . . . .
- 5 Other nonpassive income (loss) to be reported on Schedule E, page 2 (enter description):  
\_\_\_\_\_  
\_\_\_\_\_
- 6 Other \* (enter description):  
\_\_\_\_\_  
\_\_\_\_\_
- 7 Total box 10, code E . . . . .

**Box 11: Section 179 deduction**

- 1 Section 179 carryover from prior year Form 4562 . . . . .
- 2 Section 179 deduction allowed per current year Form 4562 (see Help) . . . . .
- 3 Cost of eligible Qualified Disaster Area (QDA) Section 179 property placed in service . . . . .
- 4 Section 179 deduction for Qualified Real Property (QRP) . . . . .
- 5 State section 179 expense information:  

State . . .	►	State 179 deduction	►	QDA prop . .	►
State . . .	►	State 179 deduction	►	QDA prop . .	►
State . . .	►	State 179 deduction	►	QDA prop . .	►
State . . .	►	State 179 deduction	►	QDA prop . .	►

# Schedule SE Adjustments Worksheet

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Social Security Number

	(a) Taxpayer	(b) Spouse
ELECTIONS		
QuickZoom to the <b>Short Schedule SE</b> (Schedule SE, page 1) . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the <b>Long Schedule SE</b> (Schedule SE, page 2) . . . . . ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>A</b> Use Long Schedule SE, even if qualified to use Short Schedule SE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . . . .		
<b>D</b> QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .		
<b>Part I Farm Profit or (Loss) Schedule SE, line 1</b>		
<b>1</b> Total Schedules F . . . . .		
<b>2</b> Farm partnerships, Schedules K-1 . . . . .		
<b>3</b> Other SE farm profit or (loss) (See Help) . . . . .		
<b>4</b> Less SE exempt farm profit or (loss) (See Help) . . . . .		
<b>5</b> Total for Schedule SE, line 1 . . . . .		
<b>6</b> Conservation Reserve Program payments not subject to self-employment tax reported on:		
<b>a</b> Schedule F, line 4b . . . . .		
<b>b</b> Schedule K-1 (Form 1065), box 20, code Y . . . . .		
<b>c</b> Total CRP payments not subject to SE tax . . . . .		
<b>Part II Nonfarm Profit or (Loss) Schedule SE, line 2</b>		
<b>1 a</b> Total Schedules C . . . . .		995.
<b>b</b> Less SE exempt Schedules C (approved Form 4361) . . . . .		
<b>2</b> Nonfarm partnerships, Schedules K-1 . . . . .		
<b>3</b> Forms 6781 . . . . .		
<b>4</b> Other SE income reported as income on Form 1040, line 7 . . . . .		
<b>5 a</b> Clergy Form W-2 wages . . . . .		
<b>b</b> Clergy housing allowance . . . . .		
<b>c</b> Less clergy business deductions . . . . .		
<b>d</b> QuickZoom to the Explanation statement for entry on line 5c . . . . .		
<b>6</b> Other SE nonfarm profit or (loss) (See Help) . . . . .		
<b>7</b> Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .		
<b>8</b> Total for Schedule SE, line 2 . . . . .		995.
<b>9</b> Exempt Notary Public income for Schedule SE, line 3 (See Help) . . . . .		
<b>Part III Farm Optional Method Schedule SE, page 2, Part II</b>		
<b>1</b> Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Gross farm income from Schedules F . . . . .		
<b>3</b> Gross farming or fishing income from partnership Schedules K-1 . . . . .		
<b>4</b> Other gross farming or fishing self-employment income . . . . .		
<b>5</b> Total gross income for Farm Optional Method . . . . .		
<b>Part IV Nonfarm Optional Method Schedule SE, page 2, Part II</b>		
<b>1</b> Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Gross nonfarm income from Schedules C . . . . .		
<b>3</b> Gross nonfarm income from partnership Schedules K-1 . . . . .		
<b>4</b> Other gross nonfarm self-employment income . . . . .		
<b>5</b> Total gross income for Nonfarm Optional Method . . . . .		



**Federal Carryover Worksheet**

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

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

<b>Other Tax and Income Information</b>			<b>2010</b>	<b>2011</b>
<b>1</b>	Filing status . . . . .	<b>1</b>	<u>2 MFJ</u>	<u>2 MFJ</u>
<b>2</b>	Number of exemptions for blind or over 65 (0 - 4) . . . . .	<b>2</b>		
<b>3</b>	Itemized deductions . . . . .	<b>3</b>	<u>33,592.</u>	<u>18,294.</u>
<b>4</b>	Check box if required to itemize deductions . . . . .	<b>4</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Adjusted gross income . . . . .	<b>5</b>	<u>452,652.</u>	<u>177,122.</u>
<b>6</b>	Tax liability for Form 2210 or Form 2210-F . . . . .	<b>6</b>	<u>117,330.</u>	<u>29,040.</u>
<b>7</b>	Alternative minimum tax . . . . .	<b>7</b>	<u>6,171.</u>	<u>0.</u>
<b>8</b>	Federal overpayment applied to next year estimated tax . . . . .	<b>8</b>		

**QuickZoom to the IRA Information Worksheet for IRA information** . . . . . ▶

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

<b>Loss and Expense Carryovers</b>		<b>2010</b>	<b>2011</b>
Note: Enter all entries as a positive amount			
<b>12 a</b>	Short-term capital loss . . . . .	<b>12 a</b>	
<b>b</b>	AMT Short-term capital loss . . . . .	<b>b</b>	
<b>13 a</b>	Long-term capital loss . . . . .	<b>13 a</b>	<u>14,219.</u>
<b>b</b>	AMT Long-term capital loss . . . . .	<b>b</b>	<u>14,219.</u>
<b>14 a</b>	Net operating loss available to carry forward . . . . .	<b>14 a</b>	
<b>b</b>	AMT Net operating loss available to carry forward . . . . .	<b>b</b>	
<b>15 a</b>	Investment interest expense disallowed . . . . .	<b>15 a</b>	
<b>b</b>	AMT Investment interest expense disallowed . . . . .	<b>b</b>	
<b>16</b>	Nonrecaptured net Section 1231 losses from:	<b>16 a</b>	
	<b>a</b> 2011 . . . . .	<b>b</b>	
	<b>b</b> 2010 . . . . .	<b>c</b>	
	<b>c</b> 2009 . . . . .	<b>d</b>	
	<b>d</b> 2008 . . . . .	<b>e</b>	
	<b>e</b> 2007 . . . . .	<b>f</b>	
	<b>f</b> 2006 . . . . .		

Your Name Andrew S Hague	Social Security Number _____
-----------------------------	---------------------------------

Occupation in Which You Incurred Expenses  
County Court Judge

**Line 4 – Other Business Expenses**

1	Business gifts . . . . .	1	
2	Education . . . . .	2	
3	Home office ( <b>QuickZoom</b> to Employee Home Office Wks) . . . . . ►	3	
4	Trade publications . . . . .	4	
5	Depreciation and amortization (for vehicles, use the Vehicle Expenses Worksheet) . . . . .	5	
6	Other:		
	Conferences/lic/assoc . . . . .	6	1,742.
	Telephone & DSL . . . . .		1,896.
	_____ . . . . .		
	_____ . . . . .		
7	<b>Total other business expenses.</b> Add lines 1 through 6. Carries to Form 2106, line 4 . . . . .	7	3,638.

**Line 7 – Allocation of Employer Reimbursements**

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

**Line 10 – Allocation of Business Expenses**  
(Qualified Performing Artists, Armed Forces Reservists, and Disabled Individuals)

20	Total employee expenses from Form 2106, line 10. . . . .	20	3,955.
21	Qualified performing artist expenses. Carries to Form 1040, line 24 (or to Form 1040NR, line 35) . . . . .	21	
22	Armed Forces Reservists related travel more than 100 miles from home (up to the federal per diem rate). Carries to Form 1040, line 24 (not applicable to Form 1040NR) . . . . .	22	
23	Impairment-related work expenses. Carries to Schedule A (Form 1040), line 28 (or to Schedule A (Form 1040NR), line 14) . . . . .	23	
24	<b>Net employee expenses.</b> Subtract lines 21, 22, and 23 from line 20. Carries to Schedule A (Form 1040), line 21 (or to Schedule A (Form 1040NR), line 7) . . . . .	24	3,955.

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Name(s) Shown on Return  
Andrew S & Mary Jane Hague

Social Security Number  
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Description	Amount
<b>Income</b>	
Wages . . . . .	262,175.
Interest income before Series EE bond exclusion . . . . .	1,302.
Dividend income . . . . .	3,977.
Tax refund . . . . .	
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	995.
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss . . . . .	
Nonpassive S corporation income or loss . . . . .	-88,313.
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	
Capital gains and losses . . . . .	-3,000.
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
<b>Total income . . . . .</b>	<b>177,136.</b>
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
<b>Total adjustments . . . . .</b>	
<b>Modified adjusted gross income . . . . .</b>	<b>177,136.</b>







## Two-Year Comparison

2011

Name(s) Shown on Return	Social Security Number			
Andrew S & Mary Jane Hague				
Income	2010	2011	Difference	%
Wages, salaries, tips, etc . . . . .	261,624.	262,175.	551.	0.21
Interest and dividend income . . . . .	5,718.	5,279.	-439.	-7.68
State tax refund . . . . .				
Business income (loss) . . . . .	1,075.	995.	-80.	-7.44
Capital and other gains (losses) . . . . .	-3,000.	-3,000.	0.	0.00
IRA distributions . . . . .				
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .	187,260.	-88,313.	-275,573.	-147.16
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .	452,677.	177,136.	-275,541.	-60.87
<b>Adjustments to Income</b> . . . . .	15.	14.	-1.	-6.67
<b>Adjusted Gross Income</b> . . . . .	452,662.	177,122.	-275,540.	-60.87
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .	2,364.	1,573.	-791.	-33.46
Real estate taxes . . . . .	13,182.	11,990.	-1,192.	-9.04
Personal property and other taxes . . . . .	61.	154.	93.	152.46
Interest paid . . . . .	8,105.		-8,105.	-100.00
Gifts to charity . . . . .	9,880.	3,324.	-6,556.	-66.36
Casualty and theft losses . . . . .				
Miscellaneous . . . . .	0.	1,253.	1,253.	
<b>Total Itemized Deductions</b> . . . . .	33,592.	18,294.	-15,298.	-45.54
<b>Standard or Itemized Deduction</b> . . . . .	33,592.	18,294.	-15,298.	-45.54
<b>Exemption Amount</b> . . . . .	14,600.	11,100.	-3,500.	-23.97
<b>Taxable Income</b> . . . . .	404,470.	147,728.	-256,742.	-63.48
Income tax . . . . .	111,180.	29,013.	-82,167.	-73.90
Additional income taxes . . . . .				
Alternative minimum tax . . . . .	6,171.	0.	-6,171.	-100.00
<b>Total Income Taxes</b> . . . . .	117,351.	29,013.	-88,338.	-75.28
Nonbusiness credits . . . . .				
Business credits . . . . .				
<b>Total Credits</b> . . . . .				
Self-employment tax . . . . .	29.	27.	-2.	-6.90
Other taxes . . . . .				
<b>Total Tax After Credits</b> . . . . .	117,380.	29,040.	-88,340.	-75.26
Withholding . . . . .	95,056.	100,775.	5,719.	6.02
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .	1,703.	1,310.	-393.	-23.08
<b>Total Payments</b> . . . . .	96,759.	102,085.	5,326.	5.50
Form 2210 penalty . . . . .	212.		-212.	-100.00
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .		73,045.	73,045.	
<b>Balance Due</b> . . . . .	20,833.		-20,833.	-100.00

Current year effective tax rate . . . . . 16.38 %

**Schedule C Two-Year Comparison**

**2011**

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Proprietor name: Mary Jane Hague

Business or profession: Travel Agent

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Note: Transferred data will not be displayed in the prior year column unless you have entered current year data on the Schedule C.

MIAMI-DADE  
ELECTIONS

	2010	2010 Percent of Net Sales*	2011	2011 Percent of Net Sales*	2010 to 2011 Comparison
					<input checked="" type="checkbox"/> as amount <input type="checkbox"/> as percent
<b>Income:</b>					
1 Gross receipts or sales . . .	1,894.	100.00	1,114.	100.00	-780.00
2 Returns,allowances,adjs					
3 Net receipts or sales. . .	1,894.	100.00	1,114.	100.00	-780.00
<b>Cost of goods sold:</b>					
4 a Beginning inventory . . . .					
b Purchases . . . . .					
c Cost of labor . . . . .					
d Materials & supplies . . . .					
e Other costs . . . . .					
f Ending inventory . . . . .					
5 Cost of goods sold . . . . .					
6 Gross profit . . . . .	1,894.	100.00	1,114.	100.00	-780.00
7 Other income . . . . .					
8 Gross income . . . . .	1,894.	100.00	1,114.	100.00	-780.00
<b>Expenses:</b>					
9 Advertising . . . . .					
10 Car & truck expenses . . . . .					
11 Commissions and fees . . . . .					
12 Contract labor . . . . .					
13 Depletion . . . . .					
14 Depreciation & Sec 179 . . . . .					
15 Employee benefits . . . . .					
16 Insurance . . . . .					
17 a Mortgage interest . . . . .					
b Other interest . . . . .					
18 Legal and professional . . . . .					
19 Office expense . . . . .	819.	43.24			-819.00
20 Pension & profit-sharing . . . . .					
21 Rent or lease:					
a Vehicle/machinery/equip					
b Other business property . . . . .					
22 Repairs & maintenance . . . . .					
23 Supplies . . . . .					
24 Taxes and licenses . . . . .					
25 a Travel . . . . .					
b Meals & entertainment . . . . .					
26 Utilities . . . . .					
27 Wages (less job credit) . . . . .					
28 Other expenses . . . . .			119.	10.68	119.00
29 Total expenses . . . . .	819.	43.24	119.	10.68	-700.00
30 Tentative profit (loss) . . . . .	1,075.	56.76	995.	89.32	-80.00
31 Office in home . . . . .					
32 <b>Net profit (loss)</b> . . . . .	1,075.	56.76	995.	89.32	-80.00
<b>Passive suspended losses:</b>					
Schedule C . . . . .					
Form 4797 . . . . .					
Schedule D . . . . .					

\*Lines 1 through 32 as a percentage of net sales revenue.

# Tax History Report

**2011**

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Name(s) Shown on Return

**Andrew S & Mary Jane Hague**

**Five Year Tax History:**

	2007	2008	2009	2010	2011
Filing status . . . . .	MFJ	MFJ	MFJ	MFJ	MFJ
Total income . . . . .	1,090,582.	716,305.	599,693.	452,677.	177,136.
Adjustments to income . . . . .	8,461.	960.	701.	15.	14.
Adjusted gross income . . . . .	1,082,121.	715,345.	598,992.	452,662.	177,122.
Tax expense . . . . .	14,337.	14,105.	14,193.	15,607.	13,717.
Interest expense . . . . .	17,700.	16,471.	15,180.	8,105.	
Contributions . . . . .	9,796.	5,911.	10,156.	9,880.	3,324.
Miscellaneous deductions . . . . .					1,253.
Other itemized deductions . . . . .					
Total itemized/standard deduction . . . . .	23,318.	30,933.	35,207.	33,592.	18,294.
Exemption amount . . . . .	4,532.	9,332.	9,732.	14,600.	11,100.
Taxable income . . . . .	1,054,271.	675,080.	554,053.	404,470.	147,728.
Tax . . . . .	335,120.	206,978.	163,693.	111,180.	29,013.
Alternative minimum tax . . . . .				6,171.	
Total credits . . . . .		107.			
Other taxes . . . . .	16,922.	1,919.	1,402.	29.	27.
Payments . . . . .	354,711.	237,003.	232,082.	96,759.	102,085.
Form 2210 penalty . . . . .	2,545.			212.	
Amount owed . . . . .				20,833.	
Applied to next year's estimated tax . . . . .					
Refund . . . . .	124.	28,213.	66,987.		73,045.
Effective tax rate % . . . . .	30.97	28.92	27.33	24.56	16.38
**Tax bracket % . . . . .	35	35	35	35	28

\*\*Tax bracket % is based on Taxable income.

**Tax Summary Report**

**2011**

Name(s) Shown on Return  
Andrew S & Mary Jane Hague

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Filing status . . . . . Married Filing Jointly      Number of exemptions . . . . . 3

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**Gross Income**

Wages and salaries . . . . .	262,175.
Interest and dividend income . . . . .	5,279.
Business income (loss) . . . . .	995.
Capital gains (losses) . . . . .	-3,000.
Pensions and annuities . . . . .	
Rents, royalties, partnerships, etc . . . . .	-88,313.
Farm income (loss) . . . . .	
Social security benefits . . . . .	
Other income . . . . .	
<b>Total Gross Income</b> . . . . .	<b>177,136.</b>

MIAMI-DADE  
ELECTIONS

**Adjustments to Income** . . . . . 14.

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 452,662.      177,122.

**Itemized/Standard Deductions**

Medical and dental . . . . .	
Taxes . . . . .	13,717.
Interest . . . . .	
Contributions . . . . .	3,324.
Casualty or theft loss(es) . . . . .	
Miscellaneous . . . . .	1,253.
<b>Total Itemized Deductions</b> . . . . .	<b>18,294.</b>
Standard deduction . . . . .	
Exemption amount . . . . .	11,100.

**Taxable Income** . . . . . 147,728.

Income tax . . . . .	29,013.
Alternative minimum tax . . . . .	0.
<b>Total Taxes before Credits</b> . . . . .	<b>29,013.</b>
Nonbusiness credits . . . . .	
Business credits . . . . .	
<b>Total Credits</b> . . . . .	
Self-employment tax . . . . .	27.
Other taxes . . . . .	

**Total Tax** . . . . . 29,040.

Withholding . . . . .	100,775.
Estimated tax payments . . . . .	
Other payments . . . . .	1,310.
<b>Total Payments</b> . . . . .	<b>102,085.</b>
Estimated tax penalty . . . . .	
Refund applied to next year's estimated tax . . . . .	

**Amount Overpaid** . . . . . 73,045.

**Refund** . . . . . 73,045.

**Amount Applied to Estimate** . . . . . \_\_\_\_\_

**Amount Due** . . . . . 0.

Tax bracket . . . . .	28 %
Effective tax rate . . . . .	16.38 %

Schedule A

**Line 21 statement - Unreimbursed employee expenses**

Deductible expenses from Form 2106	3,955.
Union and professional dues	520.
<b>Total</b>	<b>4,475.</b>

Schedule E, page 2

**Line 28 Information**

28	(a) Name	(b) P/S	(c) Foreign Partnership	(d) EIN	(e) Any amount is not at risk
D	Caring Home Care, Inc.	S	<input type="checkbox"/>	51-0458491	<input type="checkbox"/>
E	Star One Staffing	S	<input type="checkbox"/>	65-0287210	<input type="checkbox"/>
F	Star One Staffing International, Inc.	S	<input type="checkbox"/>	20-8737709	<input type="checkbox"/>

Schedule E, page 2

**Line 28 Income or Loss**

Name	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Loss Allowed K-1	(g) Income K-1	(h) Loss K-1	(i) Section 179	(j) Income K-1
D Caring Home					155,555.
E Star One St			75,637.		
F Star One St			231,794.		
<b>Total</b>			<b>307,431.</b>		<b>155,555.</b>

Supporting Statement of:

Schedule A/Ln 6c, Other RE taxes

Description	Amount
Exuma	0.00
Newport	989.00
Total	<u>989.00</u>

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SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . <u>29,013.</u>
Check if from:	
1	Tax table . . . . . <input type="checkbox"/>
2	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
3	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input checked="" type="checkbox"/>
5	Schedule J . . . . . <input type="checkbox"/>
6	Form 8615 . . . . . <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Tax. Add lines A through F. Enter the result here and on line <b>44</b> . . . . . <u>29,013.</u>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

State and Local Taxes Smart Worksheet									
Enter sales tax information below. The greater of sales taxes from line I plus line J, or income taxes on line K, will flow to line 5. See Help.									
<b>A</b>	Income from Form 1040, line 38 . . . . .							<u>177,122.</u>	
<b>B</b>	Nontaxable income entered elsewhere on return . . . . .							<u>1,423.</u>	
<b>C</b>	Available income: 2010 refundable credits in excess of tax . . . . .							<u>0.</u>	
<b>D</b>	Enter any additional nontaxable income . . . . .							_____	
<b>E</b>	Total available income for sales taxes . . . . .							<u>178,545.</u>	
<b>F</b>	Sales tax table information:								
Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a). If AZ, CA, CO, LA, NJ, NY, or SC in column (a):									
<input type="checkbox"/> <b>QuickZoom</b> to Misc Global Options to enter default locality . . . . . <input type="checkbox"/> _____ <input type="checkbox"/> or Double-click in column (d) to select your locality for each state entered.									
(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount	
FL	01/01/11	12/31/11	7.0000	6.0000	1.0000	1,348.	225.	1,573.	
Total general sales taxes from table . . . . .							<u>1,573.</u>		
<b>H</b>	Enter additions to table amount (motor vehicle, boat) . . . . .							_____	
<b>I</b>	Total sales taxes from table plus additions to table amount . . . . .							<u>1,573.</u>	
<b>J</b>	Enter actual sales taxes paid (in lieu of table amount) . . . . .							_____	
<b>K</b>	Total income taxes paid . . . . .							_____	

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SMART WORKSHEET FOR: Schedule A: Itemized Deductions

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Cash Contributions Smart Worksheet 2012 APR -5 AM 11:36

A Miles driven for charitable purposes:

1 All miles for:

- a To perform charitable service . . . . . MIAMI-DADE
- b To deliver noncash contributions . . . . . ELECTIONS
- c Total. Add lines a and b . . . . .

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

Name of charity	Type	Amount
Church & Miscellaeous		3,324.

C Print cash contribution detail with filing copy? . . . . .  Yes

SMART WORKSHEET FOR: Schedule B: Interest & Dividend Income

Interest Income Smart Worksheet

Payer's Name Double-Click on payer to enter additional info	Box 1		Box 2	Box 3	Box 8		Box 9
	Interest Inc. OID Int*	Typ Int*	Early Withdraw Penalty	US Savings Bond/Treas. Obligations	Tax-exempt Interest	ST ID	Private Actvty Bond
Exeter Trust Company	217.			459.	1,423.	FL	
First Florida CU	15.						
Coconut Grove Bank	176.						
Chase	376.						

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SMART WORKSHEET FOR: Schedule B: Interest & Dividend Income

<b>Dividend Income Smart Worksheet</b>					
Payer's Name <b>Double-Click</b> on payer to enter <b>additional</b> info	Box 1a Tot Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Cap. Gain Distrib.	Box 2b Unrecap. Sec 1250	Box 3 Nondividend Distributions
Exeter Trust Company					
	3,274.	2,529.	1,168.		5.
AXA Computershare					
	11.	11.			
Morgan Stanley Smith Barney					
	692.	692.			

SMART WORKSHEET FOR: Schedule C (Travel Agent): Profit or Loss from Business

<b>Business Address Information Smart Worksheet</b>	
Business street address . <u>1635 S. Bayshore Drive</u>	
City, State and Zip Code (do not enter State and Zip Code if foreign address)	
<u>Miami</u> <u>FL</u> <u>33133-4213</u>	
Or, foreign country information:	
_____	

SMART WORKSHEET FOR: Schedule C (Travel Agent): Profit or Loss from Business

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**MIAMI-DADE ELECTIONS**

**Domestic Production Activities Smart Worksheet**

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column and the Oil-Related Production column (if applicable). For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

	Total	Domestic Production	Oil-Related Production
<b>A</b> Gross receipts . . . . .	1,114.		
<b>B</b> Cost of goods sold . . . . .			
<b>C</b> Directly allocable deductions, expenses, or losses . . . . .			
<b>D</b> Indirectly allocable deductions, expenses, or losses . . . . .	119.		
<b>E</b> W-2 wages (adjust for wages from COGS, if necessary) . . . . .			

**QuickZoom** to Form 8903, Domestic Production Activities Deduction . . . ▶

SMART WORKSHEET FOR: Schedule C (Travel Agent): Profit or Loss from Business

**Activity Summary Smart Worksheet**

**Supporting information provided by program. NO ENTRIES ARE NEEDED.**

	Regular Tax	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Spouse	
<b>B</b> At risk status . . . . .	All	
<b>C</b> Passive status . . . . .	Nonpassive	
<b>Schedule C</b>		
<b>D</b> Tentative profit (loss) . . . . .	995.	995.
<b>E</b> Other preferences and adjustments . . . . .		
<b>F</b> At risk disallowed loss . . . . .		
<b>G</b> Passive carryover loss . . . . .		
<b>H</b> Passive disallowed loss . . . . .		
<b>I</b> Net profit (loss) allowed . . . . .	995.	995.
<b>Related Dispositions</b>		
<b>J</b> Tentative profit (loss) . . . . .		
<b>K</b> At risk disallowed loss . . . . .		
<b>L</b> Passive carryover loss . . . . .		
<b>M</b> Passive disallowed loss . . . . .		
<b>N</b> Net profit (loss) allowed . . . . .		

SMART WORKSHEET FOR: Schedule D: Capital Gains & Losses

**Capital Gains and Losses Smart Worksheet**

Enter sales of capital assets in the expanding table below.  
 For special situations such as **Multiple Purchase Lots, Sales of Employer Stock,**  
 and **Inherited Property**, use the **Capital Gain Transaction Worksheet** . . . . . ▶

**Type Column:** Use 'Type' for special types of sales. May be left blank for sales of stocks and bonds.  
**S/L Column:** If date acquired or sold is **not** entered, enter 'S' (short-term) or 'L' (long-term).

* Type	No. of Shares If Stock	Description (Company Name, If Stock)			Reported on Form 1099-B?	T/S/J	*
		Brokerage House (Optional)		Date Sold	Date Acquired		
	Sales Price	Cost/Othr Basis	Fed Withheld	Wash Sale Ls Dslwd	Adjstd Gn (Ls)	S/L	
	Sales Expense (if applicable)	Corrected Basis (if applicable)			Noncovered Security?	Crctd S/L	
* *		Exeter Trust Covered Short Term (Attached)			A (Yes)		*
	17,075.	18,754.			-1,679.	S	
* *		Exeter Trust Non Covered Short Term (Attached)			B (Yes)		*
	53,096.	48,673.			4,423.	S	
* *		Exeter Trust Non Covered Long Term (Attached)			B (Yes)		*
	78,177.	71,911.			6,266.	L	
* *							*

**Form 1099-B Reconciliation**

Brokerage House	Account	Box 2 Gross Proceeds	Box 4 Federal Tax Withheld
All		148,348.	
Total . . . . .		148,348.	
		<b>Sales Price</b>	<b>Cost or Other Basis</b>
Short-Term . . . . .		70,171.	67,427.
Long-Term . . . . .		78,177.	71,911.
Total . . . . .		148,348.	139,338.

**Misc Options**

A Is a statement with stock sale detail being attached  
 KEEP FOR YOUR RECORDS. . . . . ▶  Yes  No  
 If yes, Form 8453 is required to be mailed to IRS when electronically filing.

