

# FORM 6 FULL AND PUBLIC DISCLOSURE OF

2005

## FINANCIAL INTERESTS

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

LAST NAME — FIRST NAME — MIDDLE NAME:  
SHORTT LANCE ALEXANDER

MAILING ADDRESS:  
10909 HUDSON AVE.

CITY: HUDSON ZIP: 34669 COUNTY: PASCO

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
SCHOOL BOARD DISTRICT 5

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

KURT S. BARNWELL  
SUPERVISOR OF ELECTIONS  
NEW PORT RICHEY FLORIDA

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PDF 2005

### PART A – NET WORTH

Please enter the value of your net worth as of December 31, 2005, 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 17 July, 2006 was \$ 252,758

### 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 \$ 8000

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<del>ed</del> YUKON SLT 1999 140,000 MILES	5500
PONTIAC FIREBIRD 1999 90,000 MILES	6500
SAAB 900 SE T 1998 115,000 MILES	3800
HOME AT 10909 HUDSON AVE. HUDSON, FL 34669	223000
Savings at Wachovia	18000

### PART C – LIABILITIES

#### LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wachovia Equity Line P. O. BOX 96074 Charlotte, NC 28296	45823

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2005 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2005 federal income tax return. (If you check this box and attach a copy of your 2005 tax return, you need not complete the remainder of Part D.)

**PRIMARY SOURCES OF INCOME:**

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

**SECONDARY SOURCES OF INCOME** (Major customers, clients, etc., of businesses owned by reporting person—see instructions)

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

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 NEWPORT RICHEY, FLORIDA

**PART E -- INTERESTS IN SPECIFIED BUSINESSES**

	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.

*L A Shortt*

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
 COUNTY OF Passo

Sworn to (or affirmed) and subscribed before me this 19<sup>th</sup> day of

July, 2006 by Lance Alexander Shortt

*Josephine M Rotella*

(Signature of Notary Public—State of Florida)

*Josephine M Rotella*

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



Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FD-563052162128-0

**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.

ASSET DESCRIPTION	AMOUNT
Checking Wachovia	12000
Citibank Money Market	2745
JDS Uniphase 20	51
XM Satellite 100	1465
AIM Real Estate 388.248	12369
Golman Sachs Internet 128	1012
John Hancock Technology 266.8	886
Citigroup Global port index 900	8253
Promissory Note and Mort, William Bick	11000
TOTAL	49781

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KURT S. BROOKINGS  
SUPERVISOR OF ELECTIONS  
NEW PORT RICHEY, FLORIDA

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning 2005, ending 20

**Label** (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

**LANC E**  
 Your first name and initial: **LANC A.** Last name: **SHORTT**  
**AB E**  
 If a joint return, sp. first name & initial: **DENISE M.** Last name: **SHORTT**  
**L**  
**H** Home address (number and street). If you have a P.O. box, see page 16. Apt. no.  
**E** **10909 HUDSON AVE.**  
**R** City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.  
**E** **HUDSON FL 34669**

Your social security number \_\_\_\_\_  
 Spouse's social security number \_\_\_\_\_

▲ You must enter your SSN(s) and check a box below to change your tax or filing status.

Presidential Election Campaign:  You  Spouse

**Filing Status**

1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here.  
 4  Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.  
 5  Qualifying widow(er) with dependent child (see page 17)

**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) Ck. if qual. child for child tax cr. (see pg. 19)
ERIN	SHORTT	594-84-8396	DAUGHTER	<input checked="" type="checkbox"/>
CODY	SHORTT	590-23-7536	SON	<input checked="" type="checkbox"/>

d Total number of exemptions claimed: **4**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2: **21,060**  
 8a Taxable interest. Attach Schedule B if required: **1,206**  
 b Tax-exempt interest. Do not include on line 8a: \_\_\_\_\_  
 9a Ordinary dividends. Attach Schedule B if required: **285**  
 b Qualified dividends (see page 23): \_\_\_\_\_  
 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23): \_\_\_\_\_  
 11 Alimony received: \_\_\_\_\_  
 12 Business income or (loss). Attach Schedule C or C-EZ: \_\_\_\_\_  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here : **-1,540**  
 14 Other gains or (losses). Attach Form 4797: \_\_\_\_\_  
 15a IRA distributions: \_\_\_\_\_ b Taxable amount (see page 25): \_\_\_\_\_  
 16a Pensions and annuities: \_\_\_\_\_ b Taxable amount (see page 25): **331**  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: \_\_\_\_\_  
 18 Farm income or (loss). Attach Schedule F: \_\_\_\_\_  
 19 Unemployment compensation: \_\_\_\_\_  
 20a Social security benefits: \_\_\_\_\_ b Taxable amount (see page 27): \_\_\_\_\_  
 21 Other income. List type and amt. (see page 29): \_\_\_\_\_  
 22 Add the amounts in the far right column for lines 7 through 21. This is your **total income**: **21,342**

**Adjusted Gross Income**

23 Educator expenses (see page 29): \_\_\_\_\_  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ: \_\_\_\_\_  
 25 Health savings account deduction. Attach Form 8889: \_\_\_\_\_  
 26 Moving expenses. Attach Form 3903: \_\_\_\_\_  
 27 One-half of self-employment tax. Attach Schedule SE: \_\_\_\_\_  
 28 Self-employed SEP, SIMPLE, and qualified plans: \_\_\_\_\_  
 29 Self-employed health insurance deduction (see page 30): \_\_\_\_\_  
 30 Penalty on early withdrawal of savings: \_\_\_\_\_  
 31a Alimony paid b Recipient's SSN: \_\_\_\_\_  
 32 IRA deduction (see page 31): \_\_\_\_\_  
 33 Student loan interest deduction (see page 33): \_\_\_\_\_  
 34 Tuition and fees deduction (see page 34): \_\_\_\_\_  
 35 Domestic production activities deduction. Attach Form 8903: \_\_\_\_\_  
 36 Add lines 23 through 31a and 32 through 35: **21,342**  
 37 Subtract line 36 from line 22. This is your **adjusted gross income**: **21,342**

**Tax and Credits**

**Standard Deduction for-**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.  
• All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38 Amount from line 37 (adjusted gross income) **21,342**

39a Check  You were born before January 2, 1941,  Blind.  Total boxes checked **39a**  
if:  Spouse was born before January 2, 1941,  Blind.  **39b**

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

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **10,000**

41 Subtract line 40 from line 38 **11,342**

42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d **12,800**

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

44 Tax (see page 37). Check if any tax is from: a  Form(s) 8814 **0**  
b  Form 4972

45 Alternative minimum tax (see page 39). Attach Form 6251 **0**

46 Add lines 44 and 45

47 Foreign tax credit. Attach Form 1116 if required

48 Credit for child and dependent care expenses. Attach Form 2441

49 Credit for the elderly or the disabled. Attach Schedule R

50 Education credits. Attach Form 8863

51 Retirement savings contributions credit. Attach Form 8880

52 Child tax credit (see page 41). Attach Form 8901 if required

53 Adoption credit. Attach Form 8839

54 Credits from: a  Form 8396 b  Form 8859

55 Other credits. Check applicable box(es): a  Form 3800  
b  Form 8801 c  Form

56 Add lines 47 through 55. These are your total credits **0**

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-

**Other Taxes**

**Payments**

58 Self-employment tax. Attach Schedule SE

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137

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

61 Advance earned income credit payments from Form(s) W-2

62 Household employment taxes. Attach Schedule H **0**

63 Add lines 57 - 62. This is your total tax **46**

64 Federal income tax withheld from Forms W-2 and 1099

65 2005 estimated tax payments and amount applied from 2004 return **3,356**

66a Earned income credit (EIC) **66a**

b Nontaxable combat pay election **66b**

67 Excess social security and tier 1 RRTA tax withheld (see page 59) **1,509**

68 Additional child tax credit. Attach Form 8812

69 Amount paid with request for extension to file (see page 59)

70 Payments from: a  Form 2439 b  Form 4136 c  Form 8885

71 Add in 64, 65, 66a, & 67 - 70. These are your total payments **4,911**

72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid **4,911**

73a Amount of line 72 you want refunded to you **4,911**

**Refund**

Direct deposit? See page 59 and fill in 73b, 73c, and 73d.

73a Amount of line 72 you want refunded to you **4,911**  
b Routing number **063107513** c Type:  Checking  Savings  
d Account number **1010082867687**

74 Amount of line 72 you want applied to your 2006 estimated tax **74**

75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60 **75**

76 Estimated tax penalty (see page 60)

**Amount You Owe**

Do you want to allow another person to discuss this return with the IRS (see page 61)?  Yes. Complete the following.  No

Personal identification number (PIN) **[ ]**

Phone no. **[ ]**

**Third Party Designee**

Designee's name **PREPARER**

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.

**Sign Here**

Joint return? See page 17.

Keep a copy for your records.

Your signature **[ ]** Date **[ ]** Your occupation **UNEMPLOYED** Daytime phone number **[ ]**

Spouse's signature. If a joint return, both must sign. **[ ]** Date **[ ]** Spouse's occupation **HAIR DRESSER** Preparer's SSN or PTIN **[ ]**

**Paid Preparer's Use Only**

Preparer's signature **[ ]** Date **[ ]** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP code **MATTHEW A. POTTER, CPA, PA**  
**5940 MAIN ST**  
**NEW PORT RICHEY**

EIN **[ ]** Phone no. **727-841-6500**

FL 34652-2716

**Capital Gains and Losses**  
▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).  
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

**2005**  
Attachment  
Sequence No. **12**

Your social security number

Name(s) shown on Form 1040  
**LANCE A. & DENISE M. SHORTT**

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-6 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
AIM PREMIER EQUITY FUND VARIOUS		1/19/05	2,243	3,082	-839
Enter your short-term totals, if any, from Schedule D-1, line 2			2		
Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3	2,243	
Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet on page D-6 of the instructions				6	
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				7	-839

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-6 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 AIM CONSTELLATION FUND VARIOUS		1/18/05	7,018	8,391	-1,373
AIM PREMIER EQUITY VARIOUS		1/18/05	9,000	8,689	311
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9		
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)			10	16,018	
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 page D-1 of the instructions				13	361
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet on page D-6 of the instructions				14	
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back				15	-701

Part III Summary

Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below

16

-1,540

Are lines 15 and 16 both gains?

- Yes. Go to line 18.
- No. Skip lines 18 through 21, and go to line 22.

Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the instructions

18

Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-8 of the instructions

19

Are lines 18 and 19 both zero or blank?

- Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040. Do not complete lines 21 and 22 below.
- No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet on page D-9 of the instructions. Do not complete lines 21 and 22 below.

If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of:

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500)

21

1,540

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

Do you have qualified dividends on Form 1040, line 9b?

- Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040.
- No. Complete the rest of Form 1040.

Citigroup

Department of the Treasury  
Internal Revenue Service (99)

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Your social security number

Name(s) shown on return  
**LANCE A.**  
**DENISE M.**

**SHORTT**  
**SHORTT**

**Before you begin:** See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

**Qualifying Child Information**

**Child 1**

**Child 2**

	First name	Last name	First name	Last name
<b>Child's name</b> If you have more than two qualifying children, you only have to list two to get the maximum credit.	<b>ERIN</b>	<b>SHORTT</b>	<b>CODY</b>	<b>SHORTT</b>
<b>Child's SSN</b> The child must have an SSN as defined on page 44 of the Form 1040A instructions or page 48 of the Form 1040 instructions unless the child was born and died in 2005. If your child was born and died in 2005 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.				
<b>Child's year of birth</b>	Year <u>1989</u> If born after 1986, skip lines 4a and 4b; go to line 5.		Year <u>1992</u> If born after 1986, skip lines 4a and 4b; go to line 5.	
<b>a</b> Was the child under age 24 at the end of 2005 and a student?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue
<b>b</b> Was the child permanently and totally disabled during any part of 2005?	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.
<b>i</b> <b>Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	<b>DAUGHTER</b>		<b>SON</b>	
<b>3</b> <b>Number of months child lived with you in the U.S. during 2005</b> • If the child lived with you for more than half of 2005 but less than 7 months, enter "7." • If the child was born or died in 2005 and your home was the child's home for the entire time he or she was alive during 2005, enter "12."	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.	

**TIP**

You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2005, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 68 of Form 1040.

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2005



Your social security number

Name(s) shown on return

**LANCE A. & DENISE M. SHORTT**

**Part I All Filers**

1	Enter the amount from line 1 of your Child Tax Credit Worksheet on page 42 of the Form 1040 instructions or page 39 of the Form 1040A instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication	1	2,000
2	Enter the amount from Form 1040, line 52, or Form 1040A, line 33	2	
3	Subtract line 2 from line 1. If zero, stop; you cannot take this credit	3	2,000
4a	Earned income (see instructions on back). If your main home was in the Hurricane Katrina disaster area on August 25, 2005, and you are electing to use your 2004 earned income, check here <input type="checkbox"/>	4a	21,060
4b	Nontaxable combat pay (see instructions on back)	4b	
5	Is the amount on line 4a more than \$11,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$11,000 from the amount on line 4a. Enter the result	5	10,060
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next, do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6	1,509

**Part II Certain Filers Who Have Three or More Qualifying Children**

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions on back	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 59, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 63. 1040A filers: Enter -0-.	8	
9	Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 67. 1040A filers: Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see instructions on back).	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.	12	

**Part III Additional Child Tax Credit**

13	This is your additional child tax credit	13	1,509
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1040  
1040A

Enter this amount on  
Form 1040, line 68, or  
Form 1040A, line 42.

Name

Taxpayer Identification Number

LANCE A. & DENISE M. SHORTT

Worksheet 1. Investment Income

Interest and Dividends

- 1. Enter any amount from Form 1040, line 8a. 1. 1,206
- 2. Enter any amount from Form 1040, line 8b plus any amount on Form 8814, line 1b. 2. \_\_\_\_\_
- 3. Enter any amount from Form 1040, line 9a. 3. 285
- 4. Enter the amount from Form 1040, line 21, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. 4. \_\_\_\_\_

Capital Gain Net Income

- 5. Enter the amount from Form 1040, line 13. If the amount on that line is a loss, enter zero. 5. \_\_\_\_\_
- 6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter zero. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. \_\_\_\_\_
- 7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter zero.) 7. \_\_\_\_\_

Royalties and Rental Income from Personal Property

- 8. Enter any royalty income from Schedule E, line 4, plus any income from the rental of personal property shown on Form 1040, line 21. 8. \_\_\_\_\_
- 9. Enter any expenses from Schedule E, line 21, related to royalty income, plus any expenses from the rental of personal property deducted on Form 1040, line 36. 9. \_\_\_\_\_
- 10. Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter zero.) 10. \_\_\_\_\_

Passive Activities

- 11. Enter the total net income from passive activities. 11. \_\_\_\_\_
- 12. Add the amounts on lines 1, 2, 3, 4, 7, 10 and 11. Enter the total. This is your investment income. 12. 1,491

Worksheet 2. Earned Income

- 1. Enter the amount from line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ). 1. 21,060
- 2. If you received a taxable scholarship or fellowship grant that was not reported to you on a form W-2 but was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. 2. \_\_\_\_\_
- 3. Clergy. If you are a member of the clergy who files Schedule SE and the amount on line 2 of that schedule includes an amount that was also reported on line 7 (Form 1040), enter that amount. 3. \_\_\_\_\_
- 4. Church employees. If you received wages as a church employee (as defined on page 20), enter any amount you included on both line 5a of Schedule SE and line 7 (Form 1040). 4. \_\_\_\_\_
- 5. If you received a pension or annuity from a nonqualified deferred compensation plan or a section 457 plan and it was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. (This amount may be reported in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount of the pension or annuity.) 5. \_\_\_\_\_
- 6. Add the amounts on lines 2, 3, 4 and 5 of this worksheet. 6. \_\_\_\_\_
- 7. If you received nontaxable combat pay that you elect to include in earned income, enter the amount. 7. \_\_\_\_\_
- 8. Subtract line 6 of this worksheet from line 1. Add to this amount any nontaxable combat pay from line 7. This is your earned income. 8. 21,060

Name

Taxpayer Identification Number

LANCE A. & DENISE M. SHORTT

If you are married filing separately and you lived apart from your spouse for all of 2005:

- Form 1040: Enter "D" to the right of the word "benefits" on line 20a.
- Form 1040A: Enter "D" to the right of the word "benefits" on line 14a.

1.	Enter the total amount from box 5 of all your Forms SSA-1099 and Forms RRB-1099 (if applicable) .....	1.	<u>10,466</u>
	Note: If line 1 is zero or less, stop here; none of your benefits are taxable. Otherwise, go to line 2.		
2.	Enter one-half of line 1. ....	2.	<u>5,233</u>
3.	Add the amounts on Form 1040, lines 7, 8a, 8b, 9a, 10 through 12, 13, 14, 15b, 16b, 17 through 19, and line 21. Also, enter the total of any exclusion/adjustments for Qualified U.S. savings bond interest (Form 8815, line 14), adoption benefits (Form 8839, line 30), foreign earned income or housing (Form 2555, lines 43 and 48), certain income of bona fide residents of American Samoa or Puerto Rico .....	3.	<u>21,342</u>
4.	Add lines 2 and 3 .....	4.	<u>26,575</u>
5.	Enter the total adjustments from Form 1040, line 36, minus any amounts on Form 1040, lines 33, 34, and 35 .....	5.	
6.	Subtract line 5 from line 4 .....	6.	<u>26,575</u>
7.	Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time during 2005) .....	7.	<u>32,000</u>
8.	Subtract line 7 from line 6. If zero or less, enter -0- .....	8.	<u>0</u>
	• If line 8 is zero, stop here. None of your benefits are taxable. (Do not enter any amounts on Form 1040, line 20a or 20b, or on Form 1040A, line 14a or line 14b. But if you are married filing separately and you lived apart from your spouse for all of 2005, enter -0- on Form 1040, line 20b, or on Form 1040A, line 14b)		
	• If line 8 is more than zero, go to line 9.		
9.	Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time during 2005) .....	9.	
10.	Subtract line 9 from line 8. If zero or less, enter -0- .....	10.	<u>0</u>
11.	Enter the smaller of line 8 or line 9 .....	11.	
12.	Enter one half of line 11 .....	12.	
13.	Enter the smaller of line 2 or line 12 .....	13.	
14.	Multiply line 10 by 85% (.85). If line 10 is zero, enter -0- .....	14.	
15.	Add lines 13 and 14 .....	15.	
16.	Multiply line 1 by 85% (.85) .....	16.	
17.	Taxable benefits. Enter the smaller of line 15 or line 16 .....	17.	<u>0</u>
	• Enter on Form 1040, line 20a, or on Form 1040A, line 14a, the amount from line 1.		
	• Enter on Form 1040, line 20b, or on Form 1040A, line 14b, the amount from line 17.		

Note: If part of your benefits are taxable for 2005 and they include benefits paid in 2005 that were for an earlier year, you may be able to reduce the taxable amount shown on the worksheet. See Pub. 915 for details.

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FORM 1040-SS (2005) (Married Filing Separately)

J C PENNEY CORPORATION, INC.

Form W-2, Box 12

Description	Amount
SECTION 401(K) CONTRIBUTIONS	\$ 1,526
TOTAL	\$ 1,526

Form 1040, Dividend Income

Payer	Ordinary Dividends	Qualified Dividends
SMITH BARNEY	\$ 285	\$ 0
TOTAL	\$ 285	\$ 0

Capital Gain Distributions

Payer	Capital Gain Distribution
SMITH BARNEY	\$ 361
TOTAL	\$ 361

Name

LANCE A. & DENISE M. SHORTT

T/S	Payer	Gross Distribution	Rollover	Taxable Amount
T	PRUDENTIAL INSURANCE CO OF AME	331		331
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
	Taxpayer	331		331
	Spouse			
	Total	331		331

	Capital Gain Distribution	Death Benefit Exclusion	Federal Withholding	State Withholding	Local Withholding
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
Taxpayer					
Spouse					
Total					

Name **LANCE A. & DENISE M. SHORTT** Taxpayer Identification Number

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	<b>S J C PENNEY CORPORATION, INC.</b>	<b>21,060</b>	<b>46</b>	<b>20,646</b>
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
	Taxpayer	<u>21,060</u>	<u>46</u>	<u>20,646</u>
	Spouse	<u>21,060</u>	<u>46</u>	<u>20,646</u>
	Totals	<u>21,060</u>	<u>46</u>	<u>20,646</u>

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Allocated Tips	Advanced EIC	Dep Care Ben	Other, Box 14
A	<u>1,280</u>	<u>20,646</u>	<u>299</u>				
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	<u>1,280</u>	<u>20,646</u>	<u>299</u>				
Spouse	<u>1,280</u>	<u>20,646</u>	<u>299</u>				
Totals	<u>1,280</u>	<u>20,646</u>	<u>299</u>				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A		<u>21,060</u>				
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		<u>21,060</u>				
Spouse		<u>21,060</u>				
Totals		<u>21,060</u>				

Name  
**LANCE A. & DENISE M. SHORTT**

Taxpayer Identification

	2004	2005	Differences
1. Salaries and wages	17,374	21,060	3,686
2. Interest income	267	1,206	939
3. Tax exempt interest income			
4. Dividend income	40	285	245
5. Qualified dividend income	40		-40
6. Taxable state/local refunds			
7. Alimony received			
8. Business income/loss		-1,540	-1,540
9. Capital gain/loss			
10. Other gains/losses			
11. Taxable IRA distributions	356	331	-25
12. Taxable pensions			
13. Rent and royalty income including farm rental			
14. Partnership/S corp income			
15. Estate or trust income			
16. Farm income/loss			
17. Unemployment compensation			
18. Taxable social security			
19. Other income			
20. Total income	18,037	21,342	3,305
21. Educator expenses			
22. Moving expenses			
23. SE tax adjustment			
24. SEP/SIMPLE/Qualified plans deductions			
25. SE health insurance			
26. Forfeited interest			
27. Alimony paid			
28. IRA deductions			
29. Student loan interest			
30. Tuition and fees deduction			
31. Other adjustments			
32. Adjusted gross income	18,037	21,342	3,305
33. Medical			
34. Taxes	6	1,863	1,857
35. Interest			
36. Contributions			
37. Casualty losses			
38. Miscellaneous expenses	6		-6
39. Allowable itemized deductions	9,700	10,000	300
40. Standard deduction	12,400	12,800	400
41. Exemptions	0	0	
42. Taxable income			

Name

FRANCE A. & DENISE M. SHORTT

		2004	2005	Differences
	43. Tax on taxable income	0	0	
	44. Alternative minimum tax			
T	45. Child care credit			
a	46. Education credits			
x	47. Retirement savings credit			
	48. Child tax credit			
C	49. General business credit			
o	50. Other credits			
m	51. Total credits			
p	52. Net tax liability			
u	53. Self-employment taxes			
t	54. Other taxes			
a	55. Total tax	9	46	37
t	56. Income tax withheld			
l	57. Estimated tax payments			
o	58. Earned income credit	3,671	3,356	-315
n	59. Additional Child tax credit	994	1,509	515
	60. Other payments			
	61. Total payments	4,674	4,911	237
	62. Tax due/refund	-4,674	-4,911	-237
	63. Penalties and interest			
	64. Net tax due/-refund	-4,674	-4,911	-237
	65. Tax Bracket	10.0%	10.0%	
	66. Total Tax as percentage of Taxable Income	%	%	

PRUDENTIAL FINANCIAL

171

1 of 8