

FORM 6

FULL AND PUBLIC DISCLOSURE OF

2005

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:
Sestak, William Gregory

MAILING ADDRESS:
P.O. Box 1254

CITY: Dade City ZIP: 33526 COUNTY: Pasco

NAME OF AGENCY:
Pasco County-Sixth Judicial Circuit

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

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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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 May 8, 2006 was \$ 527,000.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 60,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence	\$450,000
Fidelity Funds Investments	\$57,596
ING Investments	\$72,711
USAA Investments	\$2,500
Merrill Lynch Investments	\$5,500

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
San Antonio Citizens Federal Credit Union P.O. Box 1057 San Antonio, Florida	\$108,470
GMAC P.O. Box 9001952 Louisville, Kentucky	\$22,959
Citifinancial Retail Services P.O. Box 22066 Tempe, Arizona	\$1,500
AARP Credit Card Services P.O. Box 15298 Wilmington, Delaware	\$1,300

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Lowe's P.O. Box 530914 Atlanta, Georgia	\$1,200

PART B CONTINUED

<u>Description of Assets</u>	<u>Value</u>
NY Life Ins. Co. (Net Cash)	3,789.00
San Antonio Federal Credit Union (Savings)	760.00
San Antonio Federal Credit Union (Checking)	5,000.00

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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
SEE ATTACHED		

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 COUNTY OF PALM BEACH

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
NONE			

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
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.

[Handwritten Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF PALM BEACH

Sworn to (or affirmed) and subscribed before me this 8 day of

May, 2006 by William Sestak

[Handwritten Signature: Connie L. Ashmore]
 (Signature of Notary Public) Connie L. Ashmore
 Commission # DD260413
 Expires Nov 24, 2007
 Bonded Thru Atlantic Bonding Co., Inc.

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

Personally Known OR Produced Identification

Type of Identification Produced _____

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

Form

1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 2005

(99)

IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0074

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

Form header section containing tax year (2005), filer information (WILLIAM G SESTAK), spouse information (KAREN J SESTAK), home address (P.O. BOX 1254, DADE CITY FL 33526), and checkboxes for election campaign and filing status.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ... [] You [] Spouse

Filing Status

Filing status options: 1 Single, 2 Married filing jointly (checked), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er).

Exemptions

Exemption section with checkboxes for Yourself (checked), Spouse (checked), and Dependents. Includes a table for dependent information and a total number of exemptions claimed (2).

Income

Income section with lines 7 through 22. Includes wages (141,131), taxable interest (177), tax-exempt interest (497), ordinary dividends (394), capital gain (360), and total income (142,062).

Adjusted Gross Income

Adjusted Gross Income section with lines 23 through 37. Includes educator expenses, health savings account deduction, and final adjusted gross income of 142,062.

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Form 1040 (2005) WILLIAM G & KAREN J SESTAK

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	142,062
	39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
		if: <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind.		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <input type="checkbox"/> 39b		
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	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,890
	41	Subtract line 40 from line 38	41	130,172
	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	42	6,400
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	123,772
	44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814	44	24,311
		b <input type="checkbox"/> Form 4972		
	45	Alternative minimum tax (see page 39). Attach Form 6251	45	
	46	Add lines 44 and 45	46	24,311
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Credit for the elderly or the disabled. Attach Schedule R	49	
	50	Education credits. Attach Form 8863	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit (see page 41). Attach Form 8901 if required	52	
	53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54		
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800	55		
	b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form			
56	Add lines 47 through 55. These are your total credits	56		
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	24,311	
Other Taxes	58	Self-employment tax. Attach Schedule SE	58	
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61	Advance earned income credit payments from Form(s) W-2	61	
Payments	62	Household employment taxes. Attach Schedule H	62	
	63	Add lines 57 - 62. This is your total tax	63	24,311
	64	Federal income tax withheld from Forms W-2 and 1099	64	21,836
	65	2005 estimated tax payments and amount applied from 2004 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election <input type="checkbox"/> 66b		
	67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
	68	Additional child tax credit. Attach Form 8812	68	
	69	Amount paid with request for extension to file (see page 59)	69	
	70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
	71	Add ln. 64, 65, 66a, & 67 - 70. These are your total payments	71	21,836
Refund	72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	
Direct deposit? See page 59 and fill in 73b, 73c, and 73d.	73a	Amount of line 72 you want refunded to you	73a	
	b	Routing number <input type="text"/>		
	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
	74	Amount of line 72 you want applied to your 2006 estimated tax	74	
Amount You Owe	75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	2,475
	76	Estimated tax penalty (see page 60)	76	

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 ADMINISTRATION
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If you have a qualifying child, attach Schedule EIC.

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

Designee's name Personal identification number (PIN) Phone no.

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<i>[Signature]</i>		COUNTY JUDGE	
Spouse's signature <input type="checkbox"/> Joint return, both must sign.	Date	Spouse's occupation	
<i>[Signature]</i>		SECRETARY	

Paid Preparer's Use Only

Preparer's signature Date 3/05/06 Check if self-employed Preparer's SSN or PTIN P00244522

Firm's name (or yours if self-employed), address, and ZIP code HAMIC JONES HAMIC & STURWOLD, P.A. EIN 59-1949238
 1905 S. FLORIDA AVE. Phone no. 863-682-5151
 LAKELAND FL 33803

**SCHEDULES A&B
(Form 1040)**

Schedule A-Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

2005

Attachment Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A & B (Form 1040).

Name(s) shown on Form 1040

Your social security number

WILLIAM G & KAREN J SESTAK

Caution. Do not include expenses reimbursed or paid by others.				
Medical and Dental Expenses	1 Medical and dental expenses (see page A-2)	1	6,502	
	2 Enter amt. from Form 1040, line 38 2 142,062	2		
	3 Multiply line 2 by 7.5% (.075)	3	10,655	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0
Taxes You Paid <small>(See page A-2.)</small>	5 State and local (check only one box):	5	1,155	
	a <input type="checkbox"/> Income taxes, or			
	b <input checked="" type="checkbox"/> General sales taxes (see page A-3)			
	6 Real estate taxes (see page A-5)	6	3,699	
	7 Personal property taxes	7		
8 Other taxes. List type and amount ▶	8			
9 Add lines 5 through 8	9		4,854	
Interest You Paid <small>(See page A-5.)</small>	10 Home mortgage interest and points reported to you on Form 1098	10	6,094	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶	11		
	12 Points not reported to you on Form 1098. See page A-6 for special rules	12		
	13 Investment interest. Attach Form 4952 if required. (See page A-6.)	13		
14 Add lines 10 through 13	14		6,094	
Gifts to Charity <small>If you made a gift and got a benefit for it, see page A-7.</small>	15a Total gifts by cash or check. If you made any gift of \$250 or more, see page A-7	15a	792	
	15b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see page A-7)	15b		
	16 Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500	16	150	
	17 Carryover from prior year	17		
18 Add lines 15a, 16, and 17	18		942	
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)	19		
Job Expenses and Certain Miscellaneous Deductions <small>(See page A-8.)</small>	20 Unreimbursed employee expenses-job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.) ▶ LICENSE FEES	20	265	
	21 Tax preparation fees	21	314	
	22 Other expenses-investment, safe deposit box, etc. List type and amount ▶	22		
	23 Add lines 20 through 22	23	579	
	24 Enter amt. from Form 1040, line 38 24 142,062	24		
25 Multiply line 24 by 2% (.02)	25	2,841		
26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26		0	
Other Miscellaneous Deductions	27 Other-from list on page A-9. List type and amount ▶	27		
Total Itemized Deductions	28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-9 for the amount to enter.	28		11,890
	29 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>	29		

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Schedules A&B (Form 1040) 2005

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

Your social security number

WILLIAM G & KAREN J SESTAK

Schedule B-Interest and Ordinary Dividends

Attachment Sequence No. 08

		Amount
Part I Interest (See page B-1 and the instructions for 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.	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶	
	NEW YORK LIFE INS CO	52
	SAN ANTONIO CITIZRNS FCU	19
	SUNCOAST SCHOOLS FEDERAL C.U.	106
	2 Add the amounts on line 1	177
	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	177
Note. If line 4 is over \$1,500, you must complete Part III.		
Part II Ordinary Dividends (See page B-1 and the instructions for 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.	5 List name of payer ▶	
	FIDELITY DIV GROWTH	155
	Taxable Dividend Income	497
	Tax-Exempt Dividend	55
	FIDELITY BALANCED	170
	FIDELITY PURITAN	14
	FIDELITY MUNICIPAL INCOME	891
** Subtotal **	-497	
	6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶	394

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		Yes	No
Part III Foreign Accounts and Trusts (See page B-2.)	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		
	7a	At any time during 2005, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1	X
	b	If "Yes," enter the name of the foreign country ▶	
8	During 2005, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		X

Federal Statements

STATE OF FLORIDA

Form W-2, Box 12

Description	Amount
Cost of group term life insurance coverage over 50,000	\$ 553
Section 457(b) contributions	4,225
Total	\$ 4,778

STATE OF FLORIDA

Form W-2, Box 14 - Other

Description	Amount
IRC Section 125 flexible benefits prog.	\$ 2,102
Total	\$ 2,102

Form 1040, Line 8b - Tax-exempt Interest

Payer	Reported on Schedule B	Not Reported on Schedule B
FIDELITY DIV GROWTH	\$ 497	\$
	\$ 497	\$
Total		\$ 497

Form 1040, Dividend Income

Payer	Ordinary Dividends	Qualified Dividends
FIDELITY DIV GROWTH	\$ 155	\$ 132
FIDELITY BALANCED	55	22
FIDELITY PURITAN	170	74
FIDELITY MUNICIPAL INCOME	14	
Total	\$ 394	\$ 228

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Federal Statements

Capital Gain Distributions

<u>Payer</u>	<u>Capital Gain Distribution</u>
FIDELITY DIV GROWTH	\$ 88
FIDELITY BALANCED	76
FIDELITY PURITAN	157
ML MUNI BOND INSURED	39
Total	<u>\$ 360</u>

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Federal Statements**Schedule A, Line 1 - Medical and Dental Expenses**

<u>Description</u>	<u>Amount</u>
Doctors	\$ 4,400
Insurance Premiums	2,102
Total	<u>\$ 6,502</u>

Schedule A, Line 5b - State and local general sales taxes

<u>Description</u>	<u>Amount</u>
General Sales Tax	\$ 1,155
Total	<u>\$ 1,155</u>

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

<u>Description</u>	<u>Amount</u>
SAN ANTONIO CITIZENS FCU	\$ 6,094
Total	<u>\$ 6,094</u>

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Form 1040	Pension/Annuity Report	2005
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Name **WILLIAM G & KAREN J SESTAK** Taxpayer Identification Number XXXXXXXXXX

	T/S	Payer	Gross Distribution	Rollover	Taxable Amount
A	T	PRINCIPAL LIFE INSURANCE CO	12,627	X	
B	-				
C	-				
D	-				
E	-				
F	-				
G	-				
H	-				
I	-				
J	-				
K	-				
L	-				
M	-				
N	-				
O	-				
		Taxpayer	12,627		
		Spouse			
		Total	12,627		

	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					

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Form **1040** | **Salaries & Wages Report** | **2005**

Name **WILLIAM G & KAREN J SESTAK** | Taxpayer Identification Number [REDACTED]

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T STATE OF FLORIDA	119,455	21,210	90,000
B	S BAHR'S PROPANE & GAS	12,370	457	12,370
C	S EVANS PROPERTIES INC	9,306	169	9,306
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		119,455	21,210	90,000
Spouse		21,676	626	21,676
Totals		141,131	21,836	111,676

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Allocated Tips	Advanced EIC	Dep Care Ben	Other, Box 14
A	5,580	123,680	1,793				2,102
B	767	12,370	179				
C	577	9,306	135				
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	5,580	123,680	1,793				2,102
Spouse	1,344	21,676	314				
Totals	6,924	145,356	2,107				2,102

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A		119,455				
B		12,370				
C		9,306				
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		119,455				
Spouse		21,676				
Totals		141,131				

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Form **1040** **Two Year Comparison Report - Page 1** **2004 & 2005**

Name **WILLIAM G & KAREN J SESTAK** Taxpayer Identification Number [REDACTED]

	2004	2005	Difference
Income			
1. Salaries and wages	129,761	141,131	11,370
2. Interest income	127	177	50
3. Tax exempt interest income	490	497	7
4. Dividend income	274	394	120
5. Qualified dividend income	201	228	27
6. Taxable state/local refunds			
7. Alimony received			
8. Business income/loss			
9. Capital gain/loss	3,295	360	-2,935
10. Other gains/losses			
11. Taxable IRA distributions			
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	133,457	142,062	8,605
Adjustments			
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	133,457	142,062	8,605
Deductions			
33. Medical			
34. Taxes	6,265	4,854	-1,411
35. Interest	6,529	6,094	-435
36. Contributions	514	942	428
37. Casualty losses			
38. Miscellaneous expenses			
39. Allowable itemized deductions	13,308	11,890	-1,418
40. Standard deduction			
41. Exemptions	6,200	6,400	200
42. Taxable income	113,949	123,772	9,823

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Form **1040** **Two Year Comparison Report - Page 2** **2004 & 2005**

Name **WILLIAM G & KAREN J SESTAK** Taxpayer Identification Number **[REDACTED]**

		2004	2005	Differences
	43. Tax on taxable income	21,612	24,311	2,699
	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	21,612	24,311	2,699
u	53. Self-employment taxes			
t	54. Other taxes			
a	55. Total tax	21,612	24,311	2,699
t	56. Income tax withheld	20,316	21,836	1,520
i	57. Estimated tax payments			
o	58. Earned income credit			
n	59. Additional Child tax credit			
	60. Other payments			
	61. Total payments	20,316	21,836	1,520
	62. Tax due/refund	1,296	2,475	1,179
	63. Penalties and interest			
	64. Net tax due/refund	1,296	2,475	1,179
	65. Tax Bracket	25.0%	28.0%	
	66. Total Tax as percentage of Taxable Income	19%	20%	

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 SUPERVISOR OF ELECTIONS
 DADE CITY, FLORIDA

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SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

A. Control number 17981		Payroll organization code 01/12 22-25-06-51-110		Intradepartment number 0000000052	
B. Employer's identification number 59-6001874		C. Employer's name, address, and zip code State of Florida Tom Gallagher, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399 - 0356		1 Wages, tips, other compensation 119,454.95	
		3 Social security wages 90,000.00		2 Federal income tax withheld 21,209.69	
		5 Medicare wages and tips 123,679.95		4 Social security tax withheld 5,580.00	
		7 Social security tips		6 Medicare tax withheld 1,793.36	
D. Employee's social security number [REDACTED]		9 Advance EIC payment		8 Allocated tips	
E. Employee's first name, mI, and last name WILLIAM G SESTAK P O BOX 1254 DADE CITY, FL 33526-1254		11 Nonqualified plans		10 Dependent care benefits	
		13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd-Party sick pay		12A See instruction for box 12 C 553.34	
		14 Other 125 2,101.68		12B 4,225.00	
		18 Local wages, tips, etc.		12C	
F. Employee's address and zip code		16 State wages, tips, etc.		19 Local income tax	
15 State Employer's state ID number		17 State income tax		20 Locally name	

W-2 WAGE AND TAX STATEMENT 2005

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)
Dept. of the Treasury - Internal Revenue Service

AA527 Rev. 09/21/2005

OMB NO. 1545-0008

The information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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KURT S. BROWN
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DADE CITY, FLORIDA

Copy C--For EMPLOYEE'S RECORDS. (See Notice to Employee.)
OMB No. 1545-0008

a Control number 141		b Employer identification number (EIN) 59-2883706		1 Wages, tips, other comp. 12370.04		2 Federal income tax withheld 457.00			
c Employer's name, address, and ZIP code BAHR'S PROPANE GAS & A/C, INC. 4441 ALLEN RD ZEPHYRHILLS, FL 33541		3 Social security wages 12370.04		4 Social security tax withheld 766.94		5 Medicare wages and tips 12370.04		6 Medicare tax withheld 179.37	
d Employee's social security number [REDACTED]		7 Social security tips		8 Allocated tips		9 Advance EIC payment		10 Dependent care benefits	
e Employee's name, address, and ZIP code KAREN J. SESTAK [REDACTED] DADE CITY, FL 33525		11 Nonqualified plans		12a See instructions for box 12		12b		12c	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
13 Statutory Retirement Plan <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Third-party		14 Other		12d		20 Locality name			

Form W-2 Statement Wage and Tax

2005

39-1908647 Department of the Treasury -- Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.		2005	OMB No. 1545-0008
a Control number 0000048	1 Wages, tips, other comp. 9306.31	2 Federal income tax withheld 169.43	
b Employer ID number 59-0663049	3 Social security wages 9306.31	4 Social security tax withheld 576.98	
	5 Medicare wages and tips 9306.31	6 Medicare tax withheld 134.92	
c Employer's name, address, and ZIP code EVANS PROPERTIES, INC. 660 BEACHLAND BLVD. SUITE 301 VERO BEACH, FL 32963			
d Employer's social security number [REDACTED]			
e Employee's name, address, and ZIP code KAREN SESTAK P.O. BOX 1254 DADE CITY, FL 33526			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
FL	9306.31		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 State wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS 39-1908647

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