

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2005

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
 2006 JUL 17 PM 12:35
 KURT S. ROYER
 SUPERVISOR OF ELECTIONS
 NEW PORT RICHEY, FLORIDA

LAST NAME — FIRST NAME — MIDDLE NAME:

VanDercar Candy M.

MAILING ADDRESS:

5946 Main Street

CITY:

New Port Richey

ZIP:

34652

COUNTY:

Pasco

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Court Judge - Group 7

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, 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 July 10, 2006 was \$ 366,250.00.

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 \$ 82,050.00

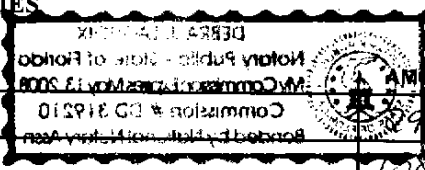
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Bank Accounts - Wachovia	9,000.00
Savings Account - Wachovia	10,000.00
Mutual Funds - TIAA	89,000.00
Home + land - Parcel # 27-25-19-0010-00000-0040, # 2725-19-0010-00000-0031, # 27-29-19-0010-00000-0050 + # 27-25-19-0010-00000-0060	412,000.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Car loan - hexus Financial	29,000.00
Mortgage - Wachovia	158,000.00
Revolving Card - Wachovia	12,000.00
Auto loan - USF Credit Union	19,000.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Business loan - Wachovia	30,000.00
School loan -	58,000.00
School loan -	68,000.00



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
Candy Van Dercar, Esq.	5946 Main Street, New Port Richey	

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
NA			

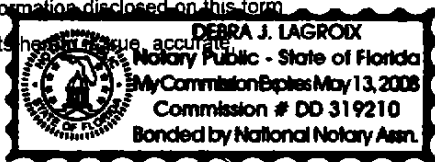
PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Tampa Pain Clinic		
ADDRESS OF BUSINESS ENTITY	3500 E. Fletcher Tampa, FL		
PRINCIPAL BUSINESS ACTIVITY	Medical Clinic		
POSITION HELD WITH ENTITY	LLC - Member		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Investment		

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 are true, accurate and complete.



[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF PASCO

Sworn to (or affirmed) and subscribed before me this 17th day of July, 2006 by CANDY VANDERCAR.

[Signature]
(Signature of Notary Public--State of Florida)

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

Personally Known X 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.

Additional Assets:

Business Equity –	Tampa Pain Clinic	\$28,000.00
	Candy VanDercar, Esquire	4,000.00

Automobiles:	BMW	18,700.00
	Lexus	29,000.00
	Double Decker Bus	10,000.00

Boat:		10,000.00
-------	--	-----------

Total Assets:

PROCESSED
2006 JUL 17 PM 12:35
KUNITZ, SCOTT
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA

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.

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

Header section containing taxpayer information: L A B E L (Last name: VANDERCAR), H E R E (Home address: 25910 QUEEN SAGO PL, WESLEY CHAPEL FL 33544), and OMB No. 1545-0074.

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

Filing Status 1 [] Single, 2 [X] Married filing jointly (even if only one had income), 3 [] Married filing separately, 4 [] Head of household, 5 [] Qualifying widow(er) with dependent child

Exemptions 6a [X] Yourself, 6b [X] Spouse, 6c Dependents table with columns for first name, last name, social security number, and relationship to you.

Income section 7-22: 7 Wages, salaries, tips, etc. Attach Form(s) W-2; 8a Taxable interest; 9a Ordinary dividends; 10 Taxable refunds, credits, or offsets of state and local income taxes; 11 Alimony received; 12 Business income or (loss); 13 Capital gain or (loss); 14 Other gains or (losses); 15a IRA distributions; 16a Pensions and annuities; 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E; 18 Farm income or (loss); 19 Unemployment compensation; 20a Social security benefits; 21 Other income; 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 110,312.

Adjusted Gross Income section 23-37: 23 Educator expenses; 24 Certain business expenses of reservists, performing artists, and fee-basis government officials; 25 Health savings account deduction; 26 Moving expenses; 27 One-half of self-employment tax; 28 Self-employed SEP, SIMPLE, and qualified plans; 29 Self-employed health insurance deduction; 30 Penalty on early withdrawal of savings; 31a Alimony paid; 32 IRA deduction; 33 Student loan interest deduction; 34 Tuition and fees deduction; 35 Domestic production activities deduction; 36 Add lines 23 through 31a and 32 through 35; 37 Subtract line 36 from line 22. This is your adjusted gross income 100,687.

RECEIVED 2006 JUL 17 PM 12:35

SCHEDULES A&B (Form 1040)

Schedule A-Itemized Deductions

(Schedule B is on back)

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

DAVID H. & CANDY M. VANDERCAR

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others.

Table with 4 rows: 1 Medical and dental expenses, 2 Enter amt. from Form 1040, line 38, 3 Multiply line 2 by 7.5% (.075), 4 Subtract line 3 from line 1.

Taxes You Paid

Table with 9 rows: 5 State and local taxes, 6 Real estate taxes, 7 Personal property taxes, 8 Other taxes, 9 Add lines 5 through 8.

Interest You Paid

Table with 14 rows: 10 Home mortgage interest, 11 Home mortgage interest not reported, 12 Points not reported, 13 Investment interest, 14 Add lines 10 through 13.

Gifts to Charity

Table with 18 rows: 15a Total gifts by cash or check, 15b Gifts by cash or check after August 27, 16 Other than by cash or check, 17 Carryover from prior year, 18 Add lines 15a, 16, and 17.

Casualty and Theft Losses

Table with 19 rows: 19 Casualty or theft loss(es). Attach Form 4684.

Job Expenses and Certain Miscellaneous Deductions

Table with 26 rows: 20 Unreimbursed employee expenses, 21 Tax preparation fees, 22 Other expenses-investment, 23 Add lines 20 through 22, 24 Enter amt. from Form 1040, line 38, 25 Multiply line 24 by 2% (.02), 26 Subtract line 25 from line 23.

Other Miscellaneous Deductions

Table with 27 rows: 27 Other-from list on page A-9.

Total Itemized Deductions

Table with 28 and 29 rows: 28 Is Form 1040, line 38, over \$145,950? 29 If you elect to itemize deductions even though they are less than your standard deduction, check here.

RECEIVED 2006 JUL 17 PM 12:35 KURT S. GARDNER, JR. SUPERVISOR OF REVENUE HENRICH COUNTY, NORTH CAROLINA

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	100,687
	39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here 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	12,569
	41	Subtract line 40 from line 38	41	88,118
	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	81,718
	44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	13,761
	45	Alternative minimum tax (see page 39). Attach Form 6251	45	
	46	Add lines 44 and 45	46	13,761
	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 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55		
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	13,761	
Other Taxes	58	Self-employment tax. Attach Schedule SE	58	14,249
	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	28,010
	64	Federal income tax withheld from Forms W-2 and 1099	64	
	65	2005 estimated tax payments and amount applied from 2004 return	65	21,000
If you have a qualifying child, attach Schedule EIC.	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)	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 8865	70	
	71	Add ln. 64, 65, 66a, & 67 - 70. These are your total payments	71	21,000
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	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
	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	7,010
	76	Estimated tax penalty (see page 60)	76	

RECEIVED
 2006 JUL 17 PM 12:38
 SUPERVISOR OF REVENUE
 NEW PORT RICHEY, FL 34652-2716

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 PHYSICIAN	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation ATTORNEY	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	MATTHEW A. POTTER, CPA, PA 5940 MAIN ST NEW PORT RICHEY FL 34652-2716		EIN Phone no.

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2005

Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service (99)

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

Name of proprietor: DAVID H. VANDERCAR. Social security number (SSN). A Principal business or profession, including product or service (see page C-2 of the instructions) MEDICAL. B Enter code from pages C-8, 9, & 10 621111. C Business name. If no separate business name, leave blank. TAMPA PAIN CLINIC, LLC. D Employer ID number (EIN), if any. E Business address (including suite or room no.) City, town or post office, state, and ZIP code FL. F Accounting method: (1) Cash (2) Accrual (3) Other (specify). G Did you "materially participate" in the operation of this business during 2005? If "No," see page C-3 for limit on losses. X Yes. H If you started or acquired this business during 2005, check here.

Part I Income

Table with 7 rows for income calculation. Line 1: Gross receipts or sales. Line 2: Returns and allowances. Line 3: Subtract line 2 from line 1. Line 4: Cost of goods sold (from line 42 on page 2). Line 5: Gross profit. Subtract line 4 from line 3. Line 6: Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3). Line 7: Gross income. Add lines 5 and 6. Values: 13,985; 13,985; 13,985; 0; 0.

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

Table with 27 rows for expense categories. Columns 8-17 and 18-27. Categories include Advertising, Car and truck expenses, Commissions and fees, Contract labor, Depletion, Depreciation and section 179 expense deduction, Employee benefit programs, Insurance, Interest, Legal and professional services, Office expense, Pension and profit-sharing plans, Rent or lease, Vehicles, machinery, and equipment, Other business property, Repairs and maintenance, Supplies, Taxes and licenses, Travel, meals, and entertainment, Utilities, Wages, and Other expenses.

Table with 4 rows for profit/loss calculation. Line 28: Total expenses before expenses for business use of home. Add lines 8 through 27 in columns. Line 29: Tentative profit (loss). Subtract line 28 from line 7. Line 30: Expenses for business use of your home. Attach Form 8829. Line 31: Net profit or (loss). Subtract line 30 from line 29. Line 32: If you have a loss, check the box that describes your investment in this activity (see page C-6). 32a All investment is at risk. 32b Some investment is not at risk.

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2005

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 09

Name of proprietor

Social security number (SSN)

CANDY M. VANDERCAR

Form sections A through H: Principal business (ATTORNEY), Business name, Business address (5946 MAIN STREET, NEW PORT RICHEY, FL 34652), Accounting method (Cash), Material participation (Yes), and Start date (2005).

Part I Income

Table for Part I Income with 7 rows. Line 1: 175,657; Line 2: 228; Line 3: 175,429; Line 5: 175,429; Line 7: 175,429.

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

Table for Part II Expenses with 27 columns. Total expenses (line 28) = 60,091. Net profit (line 31) = 115,338.

Form sections 28 through 32: Total expenses before expenses for business use of home (60,091), Tentative profit (115,338), Expenses for business use of your home, and Net profit or loss (115,338).

For Paperwork Reduction Act Notice, see page C-7 of the instructions.

Schedule C (Form 1040) 2005

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

Your social security number

DAVID H. & CANDY M. VANDERCAR

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

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... [] Yes [X] No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corp., (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows include TAMPA PAIN CLINIC LLC.

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. Totals: 5,126.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. 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. Totals: 5,126.

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.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40-43. Total Income or (loss) on line 41: -5,126.

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

2005

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **17**

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

Social security number of person
with self-employment income ▶

CANDY M.

VANDERCAR

Who Must File Schedule SE

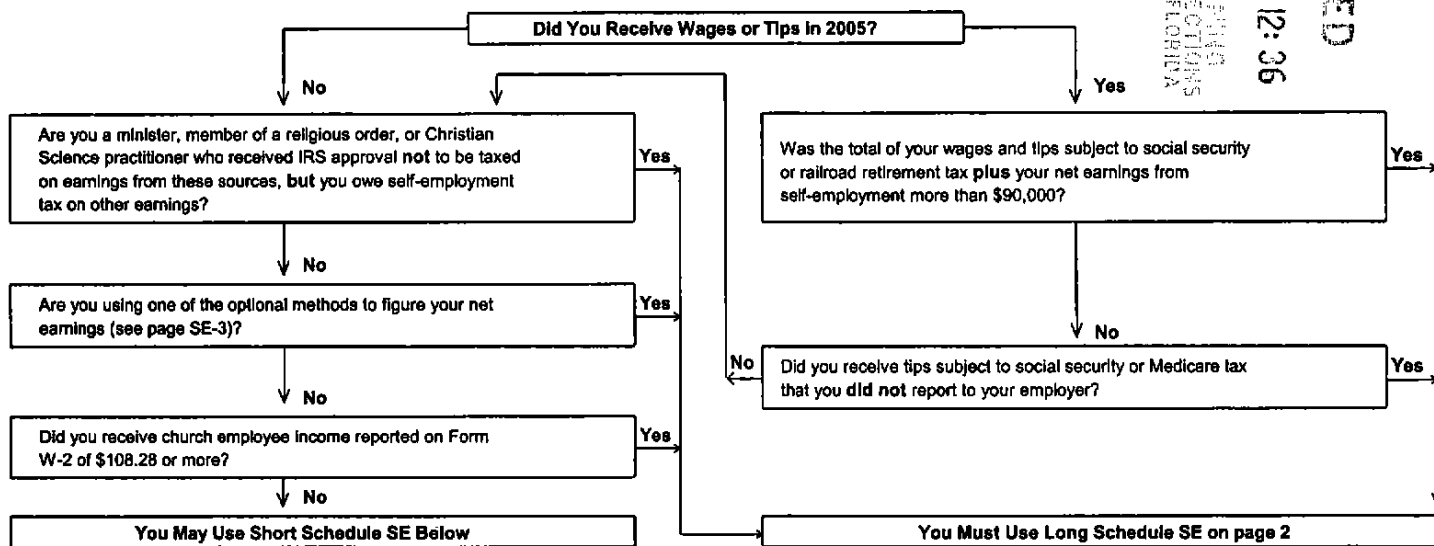
You must file Schedule SE if:

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

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 58.

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



RECEIVED
 2006 JUL 17 PM 12:36
 KURT S. ROBERTSON
 SUPERVISOR OF ELECTIONS
 NEW PORT RICHEY, FLORIDA

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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report	2	115,338
3	Combine lines 1 and 2	3	115,338
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	106,515
5	Self-employment tax. If the amount on line 4 is: • \$90,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. • More than \$90,000, multiply line 4 by 2.9% (.029). Then, add \$11,160.00 to the result. Enter the total here and on Form 1040, line 58.	5	14,249
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	7,125

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2005

Name **DAVID H. & CANDY M. VANDERCAR** Taxpayer Identification Number

Description **ATTORNEY**
 Form/Schedule **C** Unit number **1**
 Vehicle 1 - Date **1/01/06** Description **CAR**
 Vehicle 2 - Date _____ Description _____
 Vehicle 3 - Date _____ Description _____

General Information

	Vehicle 1	Vehicle 2	Vehicle 3
1. Total mileage	23,000		
2 a. Business miles (40.5 cents per mile)	13,000		
b. Business miles (48.5 cents per mile)	6,500		
3. Commuting mileage			
4. Other mileage	3,500		
5. Business use percentage	84.78 %		

Actual Expenses

6. Parking fees and tolls			
7 a. Gasoline, oil, repairs, insurance, etc.			
b. Interest, registration & taxes			
c. Vehicle rentals (net of inclusion amount)			
8. Total expenses. Add lines 7a - 7c			
9. Business use percentage from line 5	84.78 %		
10. Business use portion of actual expenses			
11. Depreciation			
12. Total actual expense allowable. Add lines 6, 10 and 11			

Standard Mileage Rate Method

13. Business mileage (line 2) multiplied by applicable rate	8,418		
14. Parking fees and tolls from line 6			
15. Line 7b (Int & taxes only) multiplied by bus pct (line 5)			
16. Standard mileage rate	8,418		

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

General Information

	Vehicle 4	Vehicle 5	Vehicle 6
1. Total mileage			
2 a. Business miles (40.5 cents per mile)			
b. Business miles (48.5 cents per mile)			
3. Commuting mileage			
4. Other mileage			
5. Business use percentage			

Actual Expenses

6. Parking fees and tolls			
7 a. Gasoline, oil, repairs, insurance, etc.			
b. Interest, registration & taxes			
c. Vehicle rentals (net of inclusion amount)			
8. Total expenses. Add lines 7a - 7c			
9. Business use percentage from line 5			
10. Business use portion of actual expenses			
11. Depreciation			
12. Total actual expense allowable. Add lines 6, 10 and 11			

Standard Mileage Rate Method

13. Business mileage (line 2) multiplied by applicable rate			
14. Parking fees and tolls from line 6			
15. Line 7b (Int & taxes only) multiplied by bus pct (line 5)			
16. Standard mileage rate			

RECEIVED
 2006 JUL 17 PM 12:36
 KURT S. SPENCER
 SUPERVISOR OF REVENUE
 NEW YORK OFFICE, NEW YORK

Allowable Deduction Vehicle expense **8,418** Vehicle rentals Vehicle depreciation Total allowable deduction **8,418**

Form 1040	Student Loan Interest Deduction Worksheet	2005
------------------	--	-------------

Name(s) as shown on return DAVID H. & CANDY M. VANDERCAR	Taxpayer Identification Number
--	--------------------------------

1. Enter the total interest you paid in 2005 on qualified students. Do not enter more than \$2,500	1.	<u>2,500</u>
2. Enter the amount from Form 1040, line 22 or 1040A, line 15	2.	<u>110,312</u>
Do not include any amounts from foreign earned income exclusion, foreign housing exclusion, exclusion of income from U.S. possessions, exclusion of income from Puerto Rico by bona fide residents of Puerto Rico		
3. Enter the total of the amounts from Form 1040, lines 23 through 32, plus any amount you entered on the dotted line next to line 36, or 1040A, lines 16 and 17	3.	<u>7,125</u>
4. Modified AGI. Subtract line 3 from line 2	4.	<u>103,187</u>
Note: If line 4 is \$65,000 or more if single, head of household, or qualifying widow(er) or \$135,000 or more if married filing jointly, stop here . You cannot take the deduction		
5. Enter: \$50,000 if single, head of household, or qualifying widow(er); \$105,000 if married filing jointly	5.	<u>105,000</u>
6. Subtract line 5 from line 4. If zero or less, enter -0- here and on line 8, skip line 7, and go to line 9	6.	<u>0</u>
7. Divide line 6 by \$15,000 if single, head of household, or qualifying widow(er); \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three decimal places)	7.	<u> </u>
8. Multiply line 1 by line 7	8.	<u>0</u>
9. Student loan interest deduction. Subtract line 8 from line 1. Enter the result here and on Form 1040, line 33, or 1040A, line 18. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	9.	<u>2,500</u>

RECEIVED
 2006 JUL 17 PM 12:36
 KURT S. GILBERT
 SUPERVISOR OF ELECTIONS
 NEW PORT RICHTON, FLORIDA

Federal Statements

MEDICAL

Schedule C, Line 37 - Cost of Labor

<u>Description</u>	<u>Amount</u>
RCVD 1099-MISC SHOULD HAVE BEEN ISSUED TO AN LLN TAMPA PAIN CLINIC LLC FEIN #26-0108331	\$ 13,985
TOTAL	<u>\$ 13,985</u>

RECEIVED
2006 JUL 17 PM 12:36
KURT S. LEFDORF
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA