

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:

PRZEPIS - BRUCE - EDWARD

FOR OFFICE USE ONLY:

MAILING ADDRESS:

6603 MAIN STREET

ID Code

ID No.

Conf. Code

P. Req. Code

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

2006 JUL 17 PM 12:49

RECEIVED

CITY:

NEW PORT RICHEY

ZIP:

34653

COUNTY:

PASCO

NAME OF AGENCY:

PASCO COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY JUDGE GROUP 6

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 17, 20 06 was \$ 220,895

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 \$ 65,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
RESIDENCE, 12918 BALSAM AVENUE, HUDSON, FLORIDA	\$ 200,000
OFFICE, 6603 MAIN STREET, NEW PORT RICHEY, FLORIDA	\$ 100,000

PART C - LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BANK OF AMERICA, P.O. BOX 30521, TAMPA, FLORIDA	\$ 43,000
WACHOVIA BANK, P.O. BOX 740502, ATLANTA, GEORGIA	\$ 64,000
EMAC, P.O. BOX 9001951, LOUISVILLE, KENTUCKY	\$ 21,000
SUNTRUST, P.O. BOX 791144, BALTIMORE, MARYLAND	\$ 6,000

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 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
<i>NONE</i>		

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
<i>N/A</i>			

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	<i>N/A</i>		
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]

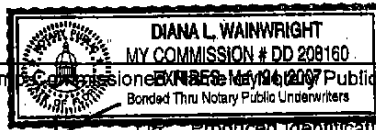
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF PASCO

Sworn to (or affirmed) and subscribed before me this 17th day of

July, 2006 by BRUCE E. PRZEPIA

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



(Print, Type, or Stamp)

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.

CLIENT COPY

Form 1040 U.S. Individual Income Tax Return 2005 (99) IRS Use Only - Do not write or staple in this space.

Label (See instructions.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign. For the year Jan 1 - Dec 31, 2005, or other tax year beginning 2005, ending 2005. Your first name BRUCE E. PRZEPIS. Spouse's social security number [redacted].

Filing Status. 1 Single, 2 Married filing jointly (checked), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child.

Exemptions. 6a Yourself (checked), 6b Spouse (checked). c Dependents: KRISTINA R. PRZEPIS, DAUGHTER. d Total number of exemptions claimed: 3.

Income. 7 Wages, salaries, tips, etc. 175,442. 8a Taxable interest. 247. 9a Ordinary dividends. 72. 13 Capital gain or (loss). 3,774. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 178,984.

Adjusted Gross Income. 23 Educator expenses. 24 Certain business expenses. 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 - 31a and 32 - 35. 37 Subtract line 36 from line 22. This is your adjusted gross income. 178,984.

RECEIVED 2006 JUL 17 PM 12:49 KURT... SUPERVISOR OF ELECTIONS SWANSON RICKEY FLORIDA

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 instructions.
 • 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)	38	178,984.
39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. 39a		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here. 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,000.
41	Subtract line 40 from line 38	41	168,984.
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d.	42	9,600.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	159,384.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	33,868.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Add lines 44 and 45	46	33,868.
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 instructions). 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	33,868.

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	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57-62. This is your total tax	63	33,868.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	32,332.
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	
	b Nontaxable combat pay election 66b		
67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see instructions)	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 lines 64, 65, 66a, and 67 through 70. These are your total payments	71	32,332.

Refund

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

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	
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 instructions	75	1,536.
76	Estimated tax penalty (see instructions)	76	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No
 Designee's name ▶ **WARREN C. DAMERON** Phone no. ▶ **727-845-1953** Personal identification number (PIN) ▶ **40465**

Sign Here

Joint return? See instructions.
 Keep a copy for your records.

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
<input type="text"/>	<input type="text"/>	ATTORNEY	727-841-9594
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<input type="text"/>	<input type="text"/>	NURSE	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
WARREN C. DAMERON, EA			P00038558
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
7311 LITTLE ROAD NEW PORT RICHEY, FL 34654	59-2023187	(727) 845-1953	

RECEIVED
 2006 JUL 17 PM 12:49
 SUPERVISOR OF REVENUE
 NEW PORT RICHEY, FL 34654
 KURT S. JAMES, JR.

**FULL AND PUBLIC DISCLOSURE OF
FINANCIAL INTERESTS**

RECEIVED

2006 JUL 17 PM 12:49

**KURT S. CROWNING
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA**

BRUCE EDWARD PRZEPIS

PART C- LIABILITIES (CONTINUED)

SALLIE MAE, P.O. BOX 9532, WILKES-BARRE, PENNSYLVANIA \$3,300

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

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.**

CMB No. 1545-0074

2005

Attachment
Sequence No. **12**

Name(s) shown on Form 1040

BRUCE E. AND PAULINE K. PRZEPIS

Your social security number

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

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2...			2		
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d).....			3		
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 Capital Loss Carryover Worksheet in the instructions.....					6
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f).....					7

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

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
8					
GAIN ON EXCESS DISTRIBUTION	SCH K-1		3,774.	0.	3,774.
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	3,774.	
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
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in 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 page 2.					15
					3,774.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

2006 JUL 17 PM 12:47

Schedule D (Form 1040) 2005

RECEIVED

Part III Summary

<p>16 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.</p>	16	3,774.
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions.</p>	18	0.
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions.</p>	19	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040. Do not complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, line 9b?</p> <p><input type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040.</p>		

RECEIVED
 2006 JUL 17 PM 12:49
 KURT S. ...
 SUPERVISOR OF ELECTIONS
 NEW PORT RICHA, FLORIDA

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

Your social security number

BRUCE E. AND PAULINE K. PRZEPIS

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

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. Row 28: BRUCE E. PRZEPIS, P.A., S, 59-3102166.

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: 551.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no.

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: 551.

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

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. Line 39: 551.

Part V Summary

Table with 2 columns: Description, Amount. Line 40: Net farm rental income or (loss) from Form 4835. Line 41: Total income or (loss). Line 42: Reconciliation of farming and fishing income. Line 43: Reconciliation for real estate professionals.

Final K-1 Amended K-1

Schedule K-1
(Form 1120S)

2005

Department of the Treasury
Internal Revenue Service

For calendar year 2005, or tax
year beginning _____
ending _____

Shareholder's Share of Income, Deductions,
Credits, etc. ▶ See back of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
59-3102166

B Corporation's name, address, city, state, and ZIP code
BRUCE E. PRZEPIS, PA
6603 MAIN STREET
NEW PORT RICHEY FL 34653

C IRS Center where corporation filed return
OGDEN, UT 84201

D Tax shelter registration number, if any _____

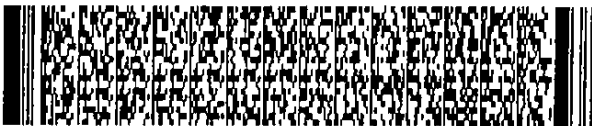
E Check if Form 8271 is attached

Part II Information About the Shareholder

F Shareholder's identifying number
[REDACTED]

G Shareholder's name, address, city, state and ZIP code
BRUCE E. PRZEPIS
12918 BALSAM AVENUE
HUDSON FL 34669

H Shareholder's percentage of stock
ownership for tax year **100.000000%**



For IRS Use Only

RECEIVED
2006 JUL 17 PM 12:49
KURT S. BROWNIE
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	13	Credits & credit recapture
	-3,663		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	445
11	Section 179 deduction	18	Items affecting shareholder basis
		C	99
12	Other deductions		
G	376	D	7,525
		17	Other information
		N*	STMI

* See attached statement for additional information.

WDBRU66 BRUCE E. PRZEPIS, PA

59-3102166

FYE: 12/31/2005

Federal Statements

BRUCE E. PRZEPIS

SSN: [REDACTED]

Schedule K-1, Box 17, Code N - Other Information

Description	Shareholder Amount
GAIN ON EXCESS DISTRIBUTION LOSSES EXCEED BASIS: SEE ATTACHED LIMITATIONS	3,774

RECEIVED
2006 JUL 17 PM 12:49
KURT S. BRUWINKER
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA

Shareholder's Basis Worksheet Page 1

Form 1120S	For calendar year 2005 or tax year beginning _____, ending _____		2005
Name BRUCE E. PRZEPIS, PA BRUCE E. PRZEPIS		Taxpayer Identification Number	59-3102166

Stock Basis

1.	Beginning of year stock basis		3,751
2.	Capital contributions		
Additions:			
3.	Ordinary business income		
4.	Net rental real estate income		
5.	Other net rental income		
6.	Interest, dividends and royalties		
7.	Net capital gains		
8.	Net section 1231 gain		
9.	Tax-exempt interest and other income		
10.	Other income		
11.	Other increases		
12.	Subtotal (Add line 1 through line 11)		3,751
Subtractions:			
13.	Total losses and deductions applied against stock basis		
14.	Distributions	TOTAL DISTRIBUTIONS	3,751
15.	Other decreases	7,525	
16.	Amount used to restore loan basis		
17.	End of year stock basis (Subtract the sum of lines 13 through 16 from line 12)		0

RECEIVED
 2006 JUL 17 PM 12:49
 COURT & CLERK'S
 SUPERVISOR OF ELECTIONS
 NEW PORT RICHEY, FLORIDA

Loan Basis

18.	Beginning of year loan basis		0
19.	Loans to corporation		608
20.	Loan basis restored - amount used in prior years to offset losses		
21.	Other increases		
22.	Loan repayments		
23.	Total losses and deductions applied against loan basis		608
24.	Other decreases		
25.	End of year loan basis (Subtract the sum of lines 22 through 24 from the sum of lines 18 through 21)		0
26.	End of year stock and loan basis (Add line 17 and line 25)		0

Gain Recognized on Excess Distributions

27.	Distributions		7,525
28.	Stock basis before distributions and loss items		3,751
29.	Gain recognized on excess distributions (Subtract line 28 from line 27)		3,774

Gain Recognized on Repayment of Shareholder Loan

30.	Loan basis at beginning of tax year		
31.	Basis restored - amount used in prior years to offset losses		
32.	Loan basis before loan repayment (Add line 30 and line 31)		
33.	Face amount of shareholder loan at beginning of tax year		
34.	Loan repayments to shareholder during tax year		
35.	Nontaxable return of loan basis ((Line 32 divided by line 33) multiplied by line 34)		
36.	Gain recognized on repayment of shareholder loan (Subtract line 35 from line 34)		

BRUCE E. AND PAULINE K. PRZEPIS

STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
BRUCE E PRZEPIS PA	110,770.	21,834.	5,580.	1,606.		
TOTAL	110,770.	21,834.	5,580.	1,606.	0.	0.
SPOUSE - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
CHC PAYROLL AGENT	10,532.	1,928.	670.	157.		
GENTIVA HEALTH SERVICES	54,140.	8,570.	3,357.	785.		
TOTAL	64,672.	10,498.	4,027.	942.		0.
GRAND TOTAL	175,442.	32,332.	9,607.	2,548.	0.	0.

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

2006 JUL 17 PM 12:49

RECEIVED

BRUCE E. AND PAULINE K. PRZEPIS

BASIS LIMITATION

ACTIVITY NAME: BRUCE E. PRZEPIS, P.A.

STOCK BASIS AT BEGINNING OF YEAR	3,751.
ADDITIONAL AMOUNTS INVESTED IN CURRENT YEAR	
CURRENT YEAR DISTRIBUTION OF PROPERTY	-7,525.
EXCESS DISDRIBUTION	3,774.
CURRENT YEAR INCOME FROM S CORPORATION	0.
LESS INCOME USED TO RESTORE DEBT BASIS	
STOCK BASIS USED FOR BASIS LIMITATION	0.
LOSS ALLOWED BY BASIS LIMITATION	0.
STOCK BASIS AT END OF YEAR	0.
PRINCIPAL AMOUNT OF DEBT S CORP OWES TO SHAREHOLDER AT BEGINNING OF YEAR	
PRINCIPAL AMOUNT OF DEBT S CORP OWES TO SHAREHOLDER AT END OF YEAR	608.
DEBT BASIS	0.
INCOME USED TO RESTORE DEBT BASIS	
LOANS MADE TO S CORP DURING THE YEAR	608.
LOAN REPAYMENTS	
DEBT BASIS USED FOR BASIS LIMITATION	608.
LOSS ALLOWED BY BASIS LIMITATION	608.
DEBT BASIS AT END OF YEAR	0.

	(A) CURRENT YEAR LOSS OR DEDUCTION	(B) PRIOR YEAR BASIS C/O	(C) LOSS ALLOWABLE BY BASIS LIMITATION	(D) BASIS CARRYOVER
INCOME OR LOSS				
ORDINARY INCOME (LOSS)	3,663.		551.	3,112.
REGULAR TAX	3,663.	0.	551.	3,112.
DEDUCTIONS				
CHARITABLE CONTRIBUTIONS	376.		57.	319.
NONDEDUCTIBLE EXPENSES	99.			99.
REGULAR TAX	475.	0.	57.	418.

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

2006 JUL 17 PM 12:50

RECEIVED

BRUCE E. AND PAULINE K. PRZEPIS

BASIS LIMITATION (CONTINUED)
ACTIVITY NAME: BRUCE E. PRZEPIS, P.A.

ALTERNATIVE MINIMUM TAX

ALT MIN TAX BEGINNING BASIS	2,445.	
ALT MIN TAX INCOME	445.	
CURRENT YEAR ADJUSTMENTS TO BASIS	-3,143.	
ALT MIN TAX BASIS USED FOR LIMITATION	-253.	
LOSS ALLOWED BY ALT MIN TAX BASIS		
ALT MIN TAX FINAL BASIS	0.	
ALT MIN TAX ADJUSTMENT (FORM 6251)	1,053.	

	ALT MIN TAX LOSS ALLOWED	ALT MIN TAX BASIS CARRYOVER
ALT MIN TAX ORDINARY INCOME (LOSS)		3,211.

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

2006 JUL 17 PM 12:50

RECEIVED

2005

GENERAL ELECTIONS

PAGE 1

BRUCE E. AND PAULINE K. PRZEPIS

**ELECTION TO REDUCE BASIS BY ITEMS OF LOSS OR DEDUCTION BEFORE
NONDEDUCTIBLE EXPENSES AND OIL AND GAS DEPLETION**

PURSUANT TO IRC REGULATION 1.1367-1(G) , THE TAXPAYER HEREBY ELECTS TO REDUCE BASIS BY LOSSES AND DEDUCTIONS BEFORE NONDEDUCTIBLE EXPENSES AND OIL AND GAS DEPLETION. THE TAXPAYER AGREES TO CARRY OVER TO THE SUCCEEDING YEAR THE NONDEDUCTIBLE, NONCAPITAL EXPENSES AND OIL AND GAS DEPLETION DEDUCTIONS THAT EXCEED STOCK AND DEBT BASIS.

S-CORPORATION NAME: BRUCE E. PRZEPIS, P.A.
S-CORPORATION EIN: 59-3102166

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

2006 JUL 17 PM 12:50

RECEIVED

RECEIVED

2006 JUL 17 PM 12:50

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

1 Wages, tips, other comp. 10,532.41		2 Federal income tax withheld 1,928.48	
3 Social security wages 10,805.87		4 Social security tax withheld 669.96	
5 Medicare wages and tips 10,805.87		6 Medicare tax withheld 156.69	
a Control number	Dept.	Corp.	Employer use only
		62-1113740	
c Employer's name, address, and ZIP code			
CHC PAYROLL AGENT, INC HCA HEALTH SVC OF FLINC REG MED CTR OF BAYONET P 31975 US HWY 19 NORTH PALM HARBOR FL 34684			652
b Employer's FED ID number 61-1273583		d Employee's SSA number [REDACTED]	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 175.35 C	
Statutory emp.	Retirement plan	Third Party sick pay	12b
	X		273.46 D
14 Other			
e/f Employee's name, address, and ZIP code			
Pauline K. Kidd-Przepis 12918 Balsam Avenue Hudson FL 34669			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

1 Wages, tips, other comp. 54140.11		2 Federal income tax withheld 8570.13	
3 Social security wages 54140.11		4 Social security tax withheld 3356.69	
5 Medicare wages and tips 54140.11		6 Medicare tax withheld 785.03	
a Control Number	Dept.	Corp.	Employer use only
		62-1113740	
c Employer's name, address, and ZIP code			
GENTIVA HEALTH SERVICES CERTIF 12900 FOSTER OVERLAND PARK KS 66213			
b Employer's FED ID number 11-3454105		d Employee's SSA number [REDACTED]	
7 Social Security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See Instrs. for box 12 19.20 C	
13 Statutory employee	Retirement plan	Third-party sick pay	12b
14 Other ADM 3135.00		12c	
		12d	
e/f Employee's name, address, and ZIP code			
PAULINE KIDD-PRZEPIS 12918 BALSAM AVE HUDSON FL 34669			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

W-2 State Filing Copy Wage and Tax Statement 2005
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2005**

a Control number	1 Wages, tips, other comp. 110770.00	2 Federal income tax withheld 21834.10
b Employer ID number (EIN) 59-3102166	3 Social security wages 90000.00	4 Social security tax withheld 5579.93
	5 Medicare wages and tips 110770.00	6 Medicare tax withheld 1605.97
c Employer's name, address, and ZIP code		
BRUCE E PRZEPIS, P.A. 6603 Main Street New Port Richey FL 34653		
d Employee's social security number [REDACTED]		
e Employee's name, address, and ZIP code		
BRUCE E. PRZEPIS 12918 Blasam Avenue Hudson FL 34669		
7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. THOMAS J. ZANDECKI, P.A. 6917 STATE ROAD 5A NEW PORT RICHEY, FL 34653-5023 727-845-0253		1 Rents \$	2 Royalties \$	3 Other income \$	OMB No. 1545-0115 2005 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal identification number 59-8056181	RECIPIENT'S identification number 59-2102166	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy B For Recipient	
RECIPIENT'S name BRUCE PRZERIS, P.L.A. Street address (including apt. no.) 6603 MAIN STREET City, state, and ZIP code NEW PORT RICHEY, FL 34653		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$
Account number (see instructions) \$	11	12	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$ 6,120.00	15a Section 409A deferrals \$	
15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$			

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

KURT C. HARRIS
 SUPERVISOR OF ELECTIONS
 NEW PORT RICHEY, FLORIDA

2006 JUL 17 PM 12:50

RECEIVED