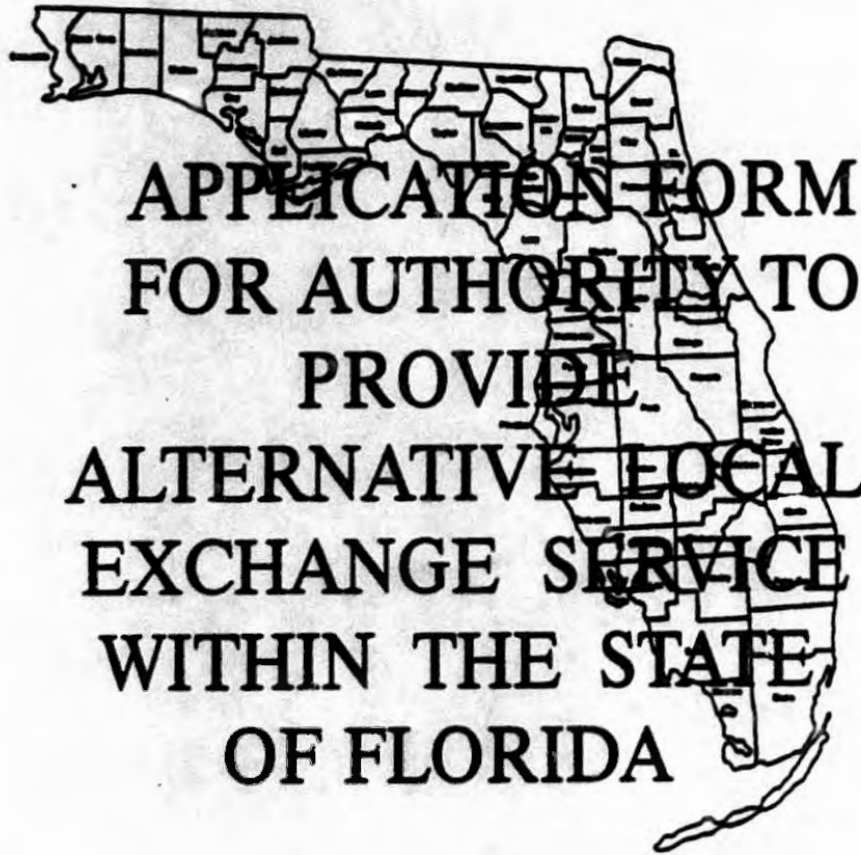


98-1024



APPLICATION FORM
FOR AUTHORITY TO
PROVIDE
ALTERNATIVE LOCAL
EXCHANGE SERVICE
WITHIN THE STATE
OF FLORIDA

98 AUG 12 AM 8 37
MAIL ROOM

DOCUMENT NUMBER-DATE
00550 AUG 12 88
FPSC-RECORDS/REPORTING

FLORIDA PUBLIC SERVICE COMMISSION
CAPITAL CIRCLE OFFICE CENTER - 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

APPLICATION FORM DEPOSIT

DATE

for **D 8 2 7**

AUG 12 1998

***AUTHORITY TO PROVIDE (ALEC)
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA***

INSTRUCTIONS

- ◆ This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing alternative local exchange certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee.
- ◆ Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Communications
Certification & Compliance Section
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0866
(850) 413-6600**

- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250 made payable to the Florida Public Service Commission at the above address.

APPLICATION FORM

5. A. National mailing address including street name, number, post office box, city, state, zip code, and phone number.

NA

- B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.

2020 S. Combee Rd. #6
Lakeland FL. 33801
P.O. Box 297 Eaton Park FL. 33840

6. Structure of organization: Check appropriate box(s)

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Foreign Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other, Please explain _____

7. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity.

Kenneth C. Roberts President
Christopher S. Roberts Vice President

APPLICATION FORM

1. This is an application for \checkmark (check one):

Original authority (new company)

Approval of transfer (to another certificated company)

Example. a certificated company purchases an existing company and desires to retain the original certificate authority.

Approval of assignment of existing certificate
(to a noncertificated company)

Example. a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

Approval for transfer of control (to another certificated company)

Example. a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant:

(AKC.) All Kinds Cashed Inc.

3. Name under which the applicant will do business (d/b/a):

All Kinds Cashed Inc.

4. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: _____

APPLICATION FORM

5. A. National mailing address including street name, number, post office box, city, state, zip code, and phone number.

N/A

- B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.

2020 S. Combee Rd. #6

Lakeland FL. 33801

P.O. Box 297 Eaton Park FL. 33840

6. Structure of organization: Check appropriate box(s)

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Foreign Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other, Please explain _____

7. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity.

Kenneth C. Roberts *President*

Christopher J. Roberts *Vice President*

APPLICATION FORM

8. State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

None

9. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: P9500024369

10. Please provide the name, title, address, telephone number, Internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

Ken Roberts 117 Quailwood Dr. Winter Haven FL 33880
(941) 967-1742

Chris Roberts 523 Lk. Marianna Rd. Auburndale FL
33823 (941) 965-7532

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

None

APPLICATION FORM

12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial.

NONE

13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty.

NONE

14. Please indicate how a customer can file a service complaint with your company.

We will post in the lobby the name and phone number of the FPSC and will handle all complaints at the office where business is taking place. If further complaints we will take written complaints in order to which they are received.

15. Please complete and file a price list in accordance with Commission Rule 25-24.825.(Rule attached)

16. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide alternative local exchange service in Florida.

A. Financial capability.

Regarding the showing of financial capability, the following applies:

The application should contain the applicant's financial statements for the most recent 3 years, including:

APPLICATION FORM

1. the balance sheet
2. income statement
3. statement of retained earnings.

Further, a written explanation, which can include supporting documentation, regarding the following should be provided to show financial capability.

1. Please provide documentation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. Please provide documentation that the applicant has sufficient financial capability to maintain the requested service.
3. Please provide documentation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should attest that the financial statements are true and correct.

- B. Managerial capability.
- C. Technical capability.

(If you will be providing local intra-exchange switched telecommunications service, then state how you will provide access to 911 emergency service. If the nature of the emergency 911 service access and funding mechanism is not equivalent to that provided by the local exchange companies in the areas to be served, described in detail the difference.)

APPLICATION FORM

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange service in the State of Florida. I have read the foregoing and declare that to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083".

Official: *Kenneth Peter* *8/6/98*
Signature Date

Title: *President* *(904) 665-3695*
Telephone Number

Address: _____

25-24.825 Price List.

(1) Prior to providing service, each company subject to these rules shall file and maintain with the Commission a current price list which clearly sets forth the following information for basic local telecommunications services, as defined in s. 364.02(2), F. S. If basic local telecommunications service is offered on a package basis, the following information must be provided for the package:

- (a) current prices,
- (b) customer connection charges,
- (c) billing and payment arrangements, and
- (d) levels of service quality which the company holds itself out to provide for each service.

(2) At the company's option, price list information in paragraph (1) above and other information concerning the terms and conditions of service may be filed for services other than basic local telecommunication services.

(3) A price list revision must be physically received by the Commission's Division of Communications at least one day prior to its effective date.

(4) Price lists must be on 8 ½ by 11 inch paper in loose-leaf form and must utilize an ongoing page identification system which will allow for the identification of inserted and removed pages. The color of paper on which price lists are filed must be amenable to being clearly photocopied on standard photocopy equipment.

(5) Complete information concerning a company's service offerings, rates and charges, conditions of service, service quality, terms and conditions, service area, and subscribership information identified by local exchange company exchange must be made available to Commission staff upon request.

Specific Authority: 350.127(2)

Law Implemented: 364.04, 364.337(5), F.S.

History: New 12/26/95.

COPY

For the year Jan. 1-Dec. 31, 1995, or other tax year beginning 1995, ending 19

Use the IRS label. Other-wise, please print or type.

KENNETH C ROBERTS
MELANIE L ROBERTS
117 QUAILWOOD DR
WINTER HAVEN FL 33810-0000

Your social security number 266-29-1768
Spouse's social security no. 267-75-8221

Note: Checking "Yes" will not change your tax or reduce your refund.
Yes No
X

Presidential Election Campaign Do you want \$3 to go to this fund?
If a joint return, does your spouse want \$3 to go to this fund?

Filing Status 1 Single For Privacy Act and Paperwork Reduction Act Notice, see page 7.
2 X Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's SSN above & full name here.
4 Head of household (with qualifying person). (See page 12.) If qualifying person is a child but not your dependent, enter child's name here.
5 Qualifying widow(er) with dependent child (yr. spouse died 19). (See page 12.)

Exemptions (See page 12.)
6a X Yourself. If your parent (or someone else) can claim you as a dependent on his/her tax return, do not check box 6a. But be sure to check box on line 33b on page 2. No. of boxes checked on 6a and 6b 2
b X Spouse

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) No. of mo. lived in your home in 1995. Includes entry for AARON ROBERTS, SON, 12 months.

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here
e Total number of exemptions claimed 3

Income section table with 22 rows. Includes wages (52,917), taxable interest (8a), dividend income (9), business income (12, 24,903), rental real estate (17, 772), and total income (22, 79,174).

Adjustments to Income section table with 7 rows (23a-29). Includes IRA deduction, moving expenses, self-employment tax, and total adjustments (30, 79,174).

Adj. Gr. Income 31 Subtract line 30 from line 22. This is your adjusted gross income 31 79,174

	32 Amount from line 31 (adjusted gross income)	32	79,174
Tax Computation (See page 23.)	33a Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	33a	
	b If your parent (or someone else) can claim you as a dependent, check here.	33b	
	c If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here.	33c	
	34 Enter the larger of: [Standard deduction from Schedule A, line 28, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single -- \$3,900 • Married filing jointly or Qualifying widow(er) -- \$6,550 • Head of household -- \$5,750 • Married filing separately -- \$3,275]	34	6,550
	35 Subtract line 34 from line 32.	35	72,624
	36 If line 32 is \$86,025 or less, multiply \$2,500 by the total number of exemptions claimed on line 6e. If line 32 is over \$86,025, see the worksheet on page 23 for the amount to enter	36	7,500
If you want the IRS to figure your tax, see page 35.	37 Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	65,124
	38 Tax. Check if from <input checked="" type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedules, <input type="checkbox"/> Capital Gain Tax Worksheet, or <input type="checkbox"/> Form 9815 (see pg. 24). Amount from Form(s) 9814 ▶	38	13,165
	39 Additional taxes. Check if from <input type="checkbox"/> Form 4670 <input type="checkbox"/> Form 4672	39	
	40 Add lines 38 and 39.	40	13,165

Credits (See page 24.)	41 Credit for child & dependent care exp. Attach Form 2441	41	
	42 Credit for the elderly or the disabled. Attach Schedule R.	42	
	43 Foreign tax credit. Attach Form 1116	43	
	44 Other credits (see page 25). Check if from <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 8396 <input type="checkbox"/> Form 8801 <input type="checkbox"/> Form	44	
	45 Add lines 41 through 44.	45	
	46 Subtract line 45 from line 40. If line 45 is more than line 40, enter -0-	46	13,165

Other Taxes (See page 25.)	47 Self-employment tax. Attach Schedule SE.	47	
	48 Alternative minimum tax. Attach Form 6251	48	
	49 Recapture taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8828	49	
	50 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	50	
	51 Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	51	
	52 Advance earned income credit payments from Form W-2.	52	
	53 Household employment taxes. Attach Schedule H.	53	
	54 Add lines 46 through 53. This is your total tax.	54	13,165

Payments Attach Forms W-2, W-2G, and 1099-R on page 1.	55 Federal income tax withheld. If any is from Form(s) 1099, check ... ▶ <input type="checkbox"/>	55	6,216
	56 1995 estimated tax payments & amt. applied from 1994 return	56	
	57 Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amt. ▶ <input type="text"/>	57	
	and type ▶ <input type="text"/>		
	58 Amount paid with Form 4699 (extension request)	58	
	59 Excess social security and RRTA tax withheld (see page 32) ...	59	
	60 Other payments. Check if from <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136.	60	
	61 Add lines 55 through 60. These are your total payments	61	6,216

Refund or Amount You Owe	62 If line 61 is more than line 54, subtract line 54 from line 61. This is the amount you OVERPAID	62	
	63 Amount of line 62 you want REFUNDED TO YOU	63	
	64 Amount of line 62 you want APPLIED TO 1995 EST. TAX. ▶ <input type="text"/>	64	
	65 If line 54 is more than line 61, subtract line 61 from line 54. This is the AMOUNT YOU OWE. For details on how to pay and use Form 1040-V, Payment Voucher, see page 33	65	6,949
	66 Estimated tax penalty (see page 33). Also include on line 65. ... <input type="text"/>	66	

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.

Keep a copy of this return for your records.	Your signature	Date	Your occupation
	Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's social security no. 249-42-1719
	Firm's name (or yours if self-employed) and address	NINA WILLIS P O BOX 1323 WINTER HAVEN FL		EIN 59-0527154
				ZIP code 33880-0000

Schedule B -- Interest and Dividend Income 1995

Attachment Sequence No. **08**

OMB No. 1545-0074

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

Your social security no.

KENNETH C & MELANIE L<ROBERTS

266-29-1768

**Part I
Interest
Income**

(See pages 15 and B-1.)

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.

Note: If you had over \$400 in taxable interest income, you must also complete Part III.

	Amount
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 ▶	
CITRUS AND CHEMICAL	372
D O T CREDIT UNION	182
1ST COMM BANK	28
2 Add the amounts on line 1.	2 582
3 Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040.	3
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4 582

**Part II
Dividend
Income**

(See pages 15 and B-1.)

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 total dividends shown on that form.

Note: If you had over \$400 in gross dividends and/or other distributions on stock, you must also complete Part III.

	Amount
5 List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8 . ▶	
6 Add the amounts on line 5.	6
7 Capital gain distributions. Enter here and on Schedule D*	7
8 Nontaxable distributions. (See the inst. for Form 1040, line 9.)	8
9 Add lines 7 and 8.	9
10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10

*If you do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, line 13, on page 16.

**Part III
Foreign
Accounts
and
Trusts**

(See page B-2.)

	Yes	No
If you had over \$400 of interest or dividends or had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must complete this part.		
11a At any time during 1995, 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 ▶		
12 Were you the grantor of, or transferor to, a foreign trust that existed during 1995, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		X

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

1995

Department of Treasury
Internal Rev. Service (99)

Partnerships, joint ventures, etc., must file Form 1065.

Attach to Form 1040 or Form 1041.

See instructions for Schedule C (Form 1040).

Attachment
Sequence No. 09

Name of proprietor
KENNETH C ROBERTS

Social security number (SSN)
266-29-1768

A Principal business or profession, including product or service (see page C-1)
CHECK CASHING

B Enter principal busn. code ▶
5777

C Business name. If no separate business name, leave blank.
ALL KINDS CASHED

D Employer ID no. (EIN), if any
59-278423

E Business address, City, State, ZIP

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

G Method(s) used to value closing inventory: (1) Cost (2) Lower of cost or market (3) Other (attach explanation) (4) Does not apply (if checked, skip line H)

Yes	No

H Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation

I Did you "materially participate" in the operation of this business during 1995? If "No," see page C-2 for limit on losses

X	
---	--

J If you started or acquired this business during 1995, check here

Part I Income	
1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here	1 121,626
2 Returns and allowances	2
3 Subtract line 2 from line 1	3 121,626
4 Cost of goods sold (from line 40 on page 2)	4 6,384
5 Gross profit. Subtract line 4 from line 3	5 115,242
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)	6
7 Gross income. Add lines 5 and 6	7 115,242

Part II Expenses. Enter expenses for business use of your home only on line 30.	
8 Advertising	8
9 Bad debts from sales or services (see page C-3)	9
10 Car and truck expenses (see page C-3)	10
11 Commissions and fees	11
12 Depletion	12
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13 652
14 Employee benefit programs (other than on line 19)	14
15 Insurance (other than health)	15 4,130
16 Interest:	
a Mortgage (paid to banks, etc.)	16a
b Other	16b
17 Legal and professional services	17
18 Office expense	18
19 Pension & profit-sharing plans	19
20 Rent or lease (see page C-4):	
a Vehicles, machinery, & equip.	20a
b Other business property	20b 11,779
21 Repairs and maintenance	21 884
22 Supplies (not included in Part III)	22 1,453
23 Taxes and licenses	23 15,398
24 Travel, meals, & entertainment:	
a Travel	24a
b Meals and entertainment	
c Enter 50% of line 24b subject to limitations (see pg. C-4)	
d Subtract line 24c from line 24b	24d
25 Utilities	25 12,921
26 Wages (less employment credits)	26 43,122
27 Other expenses (from line 46 on page 2)	27
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28 90,339
29 Tentative profit (loss). Subtract line 28 from line 7	29 24,903
30 Expenses for business use of your home. Attach Form 8829	30
31 Net profit or (loss). Subtract line 30 from line 29.	31 24,903
• If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.	
• If a loss, you MUST go on to line 32.	
32 If you have a loss, check the box that describes your investment in this activity (see page C-5).	
• If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.	32a <input type="checkbox"/> All investment is at risk.
• If you checked 32b, you MUST attach Form 6198.	32b <input type="checkbox"/> Some investment is not at risk.

Part III **Cost of Goods Sold** (see page C-5)

33	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	33	
34	Purchases less cost of items withdrawn for personal use	34	
35	Cost of labor. Do not include salary paid to yourself.	35	
36	Materials and supplies	36	6,384
37	Other costs	37	
38	Add lines 33 through 37	38	6,384
39	Inventory at end of year	39	
40	Cost of goods sold. Subtract line 39 from line 38. Enter the result here and on page 1, line 4	40	6,384

Part IV **Information on Your Vehicle.** Complete this part **ONLY** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.

- 41 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
- 42 Of the total number of miles you drove your vehicle during 1995, enter the number of miles you used your vehicle for:
- a** Business _____ **b** Commuting _____ **c** Other _____
- 43 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 44 Was your vehicle available for use during off-duty hours? Yes No
- 45a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

Part V **Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

46 Total other expenses. Enter here and on page 1, line 27 **46**

SCHEDULE E

(Form 1040)

Department of Treasury
Internal Rev. Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule E (Form 1040).

OMB No. 1545-0074

1995

Attachment
Sequence No. 13

Name(s) shown on return

KENNETH C & MELANIE L<ROBERTS

Your social security number

266-29-1768

Part I **Income or Loss From Rental Real Estate and Royalties** Note: Report income and expenses from your business of renting personal property on Schedule C or C-EZ (see page E-1). Report farm rental income or loss from Form 4835 on page 2, line 39.

1	Show the kind and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value during the tax year? (See page E-1.)	
			Yes	No
A	C B DWELLING WINTER HAVEN FL		A	X
B			B	
C			C	

Income:	Properties			Totals
	A	B	C	(Add columns A, B, and C.)
3 Rents received	3 2,800			3 2,800
4 Royalties received	4			4
Expenses:				
5 Advertising	5			
6 Auto and travel (see page E-2)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9 99			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see page E-2)	12			12
13 Other interest	13			
14 Repairs	14 79			
15 Supplies	15 550			
16 Taxes	16			
17 Utilities	17			
18 Other (list) ▶	18			
19 Add lines 5 through 18	19 728			19 728
20 Depreciation expense or depletion (see page E-2)	20 1,300			20 1,300
21 Total expenses. Add lines 19 and 20	21 2,028			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-2 to find out if you must file Form 6198	22 772			
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2	23 () () ()			
24 Income. Add positive amounts shown on line 22. Do not include any losses	24			24 772
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter the total losses here	25 ()			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2	26			26 772

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

Your social security no.

KENNETH C & MELANIE L<ROBERTS

266-29-1768

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships & S Corporations Note: If you report a loss from an at-risk activity, you MUST check either col. (e) or (f) of line 27 to describe your investment in activity. See pg. E-4. If you check col. (f), you must att. Form 6198.

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corp., (c) Check if foreign partnership, (d) Employer identification number, and Investment At Risk? (e) All is at risk, (f) Some is not at risk. Rows A-E.

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss from Schedule K-1, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Includes rows for Totals and summary lines 29-31.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A-B.

Summary table for Part III with 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. Includes rows for Totals and summary lines 34-36.

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. Includes summary line 38.

Part V Summary

Summary table for Part V with rows 39-42. Row 39: Net farm rental income or (loss) from Form 4835. Row 40: TOTAL income or (loss). Row 41: Reconciliation of Farming and Fishing income. Row 42: Reconciliation for Real Estate Professionals.

FORM 1040 - Earned Income Credit Worksheet

1.	Enter the amount from Form 1040 line 7.	1.	52,917
2.	Enter taxable scholarship or fellowship grants.	2.	
3.	Subtract line 2 from line 1	3.	52,917
4.	Enter any non-taxable earned income	4.	
5.	Enter any self employment income.	5.	24,903
6.	Add lines 3 through 5	6.	00,077,820
7.	EIC Credit for line 6	7.	
8.	Enter your AGI.	8.	00,079,174
9.	EIC Credit for line 8 if applicable	9.	
10.	Earned Income Credit.	10.	

Cover Sheet and Diagnostics Report

Prepared for: 266-29-1768 KENNETH C ROBERTS
267-75-8221 MELANIE L ROBERTS
117 QUAILWOOD DR
WINTER HAVEN FL 33810

Diagnostic Information:

Return Printed on 08/06/98 at 01:07:02 PM

TAX HEADER <0001OCC1-X99> Required Field Missing
FORM 1040 <01011160-103> Incorrect withholdings (W2, W2G, 1099R):
FORM 1040 <01010375-A97> Field Override of Blank Value
FORM 1040 <01011160-A97> Field Override of Blank Value
SCHEDULE C <09010070-B53> ONE choice must be selected for this line
SCHEDULE C <09010150-D61> Must check either YES or NO box
SCHEDULE C <09010200-A97> Field Override of Blank Value
SCHEDULE C <09010307-A97> Field Override of Blank Value
SCHEDULE E <13011010-A97> Field Override of Blank Value.

Paperwork Reduction Act Notice

We ask for the information on the payment voucher to help us carry out U.S. Internal Revenue laws. If you choose to use the payment voucher, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

The time needed to complete and file this voucher will vary depending on individual circumstances. The estimated average time is 13 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this voucher simpler, we would be happy to hear from you. You can write or call the IRS. See the instructions for Form 1040.

What is a Payment Voucher and Why Should I Use It?

A payment voucher is a statement you send with your payment when you have a balance due on your tax return. It is like the part of other bills -- utilities, credit cards, etc. -- that you send back with your payment.

If you have a balance due on line 05 of your 1995 Form 1040, please send the payment voucher with your payment. By sending it, you will help save tax dollars because we will be able to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but it is not required.

How Do I Fill in the Payment Voucher?

Box 1. Enter the amount of your payment.

Box 2. Enter the first four letters of your last name. See examples below.

Name	Enter	Name	Enter
John Brown	BROW	Juan DeJesus	DEJE
Joan A. Lee	LEE	Jean McCarthy	MCCA
John O'Neill	ONEI	Pedro Torres-Lopez	TORR

Boxes 3 and 4. Enter your social security number (SSN) in box 3. If you are filing a joint return, enter in box 3 the SSN shown first on your return and the second SSN in box 4.

Box 5. Enter your name(s) and address.

How Do I Make My Payment?

- Make your check or money order payable to the "Internal Revenue Service" (not "IRS"). Don't send cash.
 - Make sure your name and address appear on your check or money order.
 - Write your SSN, daytime phone number, and "1995 Form 1040" on your check or money order.
 - Detach the payment voucher at the perforation.
 - If you prepare your own return, mail your return, payment, and payment voucher in the envelope that came with your tax booklet. If you don't have that envelope or you moved during the year, mail your return to the address on the back of your tax booklet that applies to you.
 - If you paid someone to prepare your return and you don't file electronically, mail your return, payment, and payment voucher to the address on page 2 that applies to you.
 - If you file electronically, mail your payment and payment voucher to the address on page 2 in the right column that applies to you.
- Note: DO NOT attach your payment or the payment voucher to your return or to each other.

Form 1040-V (1995)

▼ DETACH HERE AND MAIL WITH YOUR PAYMENT ▼

Form 1040-V Department of the Treasury Internal Rev. Service (99)		Payment Voucher		OMB No. 1545-0074
▶ Do not staple or attach this voucher or your payment to your return.				
1 Enter the amount of the payment you are making ▶ \$	2 Enter the first four letters of your last name ROBE	3 Enter your social security number 266-29-1768		
4 If a joint return, enter your spouse's social security number 267-75-8221	5 Enter your name(s) KENNETH C & MELANIE L<ROBERTS			
	Enter your address 117 QUAILWOOD DR			
	Enter your city, state, and ZIP code WINTER HAVEN FL 33810			

A. Control Number 138041-01/12		Payroll ORG Code 55-01-40-119		Intradep't No. 0111910100		
B. Employer's Identification Number 59-6001874			1 Wages, Tips, Other Compensation 28,648.95		2 Federal Income Tax Withheld 2,962.30	
C. Employer's Name, Address, and Zip Code State of Florida Comptroller of Florida Robert F. Milligan, Comptroller Tallahassee, Florida 32399-0350			3 Social Security Wages 29,428.95		4 Social Security Tax Withheld 1,824.59	
			5 Medicare wages and tips 29,428.95		6 Medicare tax withheld 426.72	
			7 Social Security Tips		8 Allocated Tips	
D. Employee's Social Security Number 266-29-1768			9 Advance EIC Payment		10 Dependent care benefits	
E. Employee's Name, Address, and Zip Code KENNETH C ROBERTS 117 QUAIL WOOD DRIVE WINTER HAVEN, FL 33880			11 Nonqualified plans		12 Benefits included in Box 1	
			13 G 780.00		14 Other 125 1,357.74	
			15 Deceased <input type="checkbox"/>		Pension Plan <input checked="" type="checkbox"/>	Deferred Compensation <input checked="" type="checkbox"/>
16 State Employer's state I D No.		17 State Wages, Tips, etc.	18 State Income Tax	19 Locality name	20 Local Wages, Tips, etc.	21 Local Income Tax

FORM W-2 WAGE AND TAX STATEMENT 1995

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 C For EMPLOYEE'S RECORDS (See Notice on back)

Dept of the Treasury-Internal Revenue Service

DAAD27 REV. OCT 1995

OMB No. 1545-0008

A. Control Number 137846 01/12		Payroll ORG Code 55-01-40-10-106		Intradep't No. 0110600100		
B. Employer's Identification Number 59-6001874			1 Wages, Tips, Other Compensation 24,267.93		2 Federal Income Tax Withheld 3,253.68	
C. Employer's Name, Address, and Zip Code State of Florida Comptroller of Florida Robert F. Milligan, Comptroller Tallahassee, Florida 32399-0350			3 Social Security Wages 24,777.93		4 Social Security Tax Withheld 1,536.23	
			5 Medicare wages and tips 24,777.93		6 Medicare tax withheld 359.28	
			7 Social Security Tips		8 Allocated Tips	
D. Employee's Social Security Number 267-75-8221			9 Advance EIC Payment		10 Dependent care benefits	
E. Employee's Name, Address, and Zip Code MELANIE L ROBERTS 117 QUAILWOOD DR WINTER HAVEN, FL 33880			11 Nonqualified plans		12 Benefits included in Box 1	
			13 G 510.00		14 Other 125 333.50	
			15 Deceased <input type="checkbox"/>		Pension Plan <input checked="" type="checkbox"/>	Deferred Compensation <input checked="" type="checkbox"/>
16 State Employer's state I D No.		17 State Wages, Tips, etc.	18 State Income Tax	19 Locality name	20 Local Wages, Tips, etc.	21 Local Income Tax

FORM W-2 WAGE AND TAX STATEMENT 1995

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 C For EMPLOYEE'S RECORDS (See Notice on back)

Dept of the Treasury-Internal Revenue Service

DAAD27 REV. OCT 1995

OMB No. 1545-0008

Use the IRS label. Otherwise, please print or type.

LABEL HERE Use the IRS label. Otherwise, please print or type.	KENNETH C ROBERTS MELANIE L ROBERTS 117 QUAILWOOD DR LAKELAND FL 33810	Your social security number 266-29-1768 Spouse's social security no. 267-75-8221
---	---	---

Presidential Election Campaign Do you want \$3 to go to this fund?
 If a joint return, does your spouse want \$3 to go to this fund?

Filing Status For help finding line instructions, see pages 2 and 3 in the booklet.

1	<input type="checkbox"/>	Single
2	<input checked="" type="checkbox"/>	Married filing joint return (even if only one had income)
3	<input type="checkbox"/>	Married filing separate return. Enter spouse's SSN above & full name here. ▶
4	<input type="checkbox"/>	Head of household (with qualifying person). (See instructions.) If qualifying person is a child but not your dependent, enter child's name here. ▶
5	<input type="checkbox"/>	Qualifying widow(er) with dependent child (vr. spouse died ▶ 19). (See instructions.)

Exemptions

6a	<input checked="" type="checkbox"/>	Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.	No. of boxes checked on lines 6a and 6b 2
b	<input checked="" type="checkbox"/>	Spouse	

c Dependents:	Last name		(2) Dependent's social security number. If born in Dec. 1996, see inst.	(3) Dependent's relationship to you	(4) No. of mos. lived in home in 1996
	(1) First name				

If more than six dependents, see the instructions for line 6c.

d Total number of exemptions claimed **2**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **56,048**

8a	Taxable interest. Attach Schedule B if over \$400.	8a	259
b	Tax-exempt interest. DO NOT include on line 8a.	8b	
9	Dividend income. Attach Schedule B if over \$400.	9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions).	10	
11	Alimony received.	11	
12	Business income or (loss). Attach Schedule C or C-EZ.	12	
13	Capital gain or (loss). If required, attach Schedule D.	13	
14	Other gains or (losses). Attach Form 4797.	14	
15a	Total IRA distributions	15a	
		b	Taxable amount (see inst.)
15b		15b	
16a	Total pensions and annuities	16a	
		b	Taxable amount (see inst.)
16b		16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	17	26,028
18	Farm income or (loss). Attach Schedule F.	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
		b	Taxable amount (see inst.)
20b		20b	
21	Other income.	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income.	22	82,335

23a	Your IRA deduction (see instructions)	23a	
b	Spouse's IRA deduction (see instructions)	23b	
24	Moving expenses. Attach Form 3903 or 3903-F.	24	
25	One-half of self-employment tax. Attach Schedule SE.	25	
26	Self-employed health insurance deduction (see inst.)	26	
27	Keogh & self-employed SEP plans. If SEP, check <input type="checkbox"/>	27	
28	Penalty on early withdrawal of savings.	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 23a through 29.	30	
31	Subtract line 30 from line 22. This is your adjusted gross income.	31	82,335

	32	Amount from line 31 (adjusted gross income)	32	82,335
Tax Computation	33a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	33a	
	b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here	33b	
	34	Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see the instructions if you checked any box on line 33a or b or someone can claim you as a dependent. • Single -- \$4,000 • Married filing jointly or Qualifying widow(er) -- \$6,700 • Head of household -- \$5,900 • Married filing separately -- \$3,350	34	7,308
	35	Subtract line 34 from line 32	35	75,027
If you want the IRS to figure your tax, see the instructions for line 37.	36	If line 32 is \$88,475 or less, multiply \$2,550 by the total number of exemptions claimed on line 6d. If line 32 is over \$88,475, see the worksheet in the inst. for the amount to enter	36	5,100
	37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	69,927
	38	Tax. See instructions. Check if total includes any tax from a <input type="checkbox"/> Forms(s) 8814 b <input type="checkbox"/> Form 4972	38	14,366
Credits	39	Credit for child & dependent care exp. Attach Form 2441	39	
	40	Credit for the elderly or the disabled. Attach Schedule R	40	
	41	Foreign tax credit. Attach Form 1116	41	
	42	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 6396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form	42	
	43	Add lines 39 through 42	43	
	44	Subtract line 43 from line 38. If line 43 is more than line 38, enter -0-	44	14,366
Other Taxes	45	Self-employment tax. Attach Schedule SE	45	
	46	Alternative minimum tax. Attach Form 6251	46	
	47	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	47	
	48	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	48	
	49	Advance earned income credit payments from Form(s) W-2	49	
	50	Household employment taxes. Attach Schedule H	50	
	51	Add lines 44 through 50. This is your total tax	51	14,366
Payments	52	Federal income tax withheld from Form(s) W-2 and 1099	52	6,756
	53	1996 estimated tax payments & amt. applied from 1995 return	53	
	54	Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amt. <input type="text"/> and type <input type="text"/>	54	
	55	Amount paid with Form 4868 (request for extension)	55	
	56	Excess social security and RRTA tax withheld (see inst.)	56	
	57	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	57	
	58	Add lines 52 through 57. These are your total payments	58	6,756
Refund	59	If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you OVERPAID	59	
	60a	Amount of line 59 you want REFUNDED TO YOU	60a	
	b	Routing no. <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account no. <input type="text"/>		
Amount You Owe	61	Amount of line 59 you want APPLIED TO 1997 EST. TAX. ...	61	
	62	If line 61 is more than line 58, subtract line 58 from line 61. This is the AMOUNT YOU OWE. For details on how to pay and use Form 1040-V, see instructions	62	7,610
63	Estimated tax penalty. Also include on line 62	63		

Attach Forms W-2, W-2G, and 1099-R on page 1.

Have it sent directly to your bank account! See inst. and fill in 60b, c, and d.

Sign Here

Keep a copy of this return 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
Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's social security no. 249-42-1719
Firm's name (or yours if self-employed) and address	NINA WILLIS P O BOX 1323 WINTER HAVEN FL		EIN 59-0527154 ZIP code 33880

**SCHEDULE A
(Form 1040)**

Schedule A -- Itemized Deductions

OMB No. 1545-0074

1996

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040. ▶ See instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

KENNETH C ROBERTS & MELANIE L ROBERTS

Your social security no.
266-29-1768

Medical and Dental Expenses

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

1 Medical and dental expenses

1

2 Enter amount from Form 1040, line 32 .. **2**

3 Multiply line 2 above by 7.5% (.075) .. **3**

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .. **4**

Taxes You Paid

5 State and local income taxes .. **5**

6 Real estate taxes (see page A-2) .. **6** 705

7 Personal property taxes .. **7**

8 Other taxes ▶ .. **8**

9 Add lines 5 through 8 .. **9** 705

Interest You Paid

10 Home mortgage interest and points reported to you on Form 1098 .. **10** 5,483

11 Home mortgage interest not reported to you on Form 1098. If paid to seller, show that person's name, ID no., & address ▶

11

12 Points not reported to you on Form 1098. See pg. A-3 for special rules .. **12**

13 Investment interest. If required, attach Form 4952. (See page A-3.) .. **13**

14 Add lines 10 through 13 .. **14** 5,483

Gifts to Charity

15 Gifts by cash or check

15

16 Other than by cash or check. If any gift of \$250 or more, see page A-3. If over \$500, you MUST attach Form 8283. See .STM .01 .. **16** 1,120

17 Carryover from prior year .. **17**

18 Add lines 15 through 17 .. **18** 1,120

Casualty, Theft

19 Casualty or theft loss(es). Attach Form 4684. (See page A-4.) .. **19**

Job Expenses and Most Other Miscellaneous Deductions

20 Unreimbursed empl. exp. If required, you MUST attach Form 2106 or 2106-EZ ▶

20

21 Tax preparation fees .. **21**

22 Other expenses ▶ .. **22**

22

23 Add lines 20 through 22 .. **23**

24 Enter amount from Form 1040, line 32 .. **24**

25 Multiply line 24 above by 2% (.02) .. **25**

26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- .. **26**

Other Miscellaneous Deductions

27 Other -- from list on page A-4. List type and amount ▶

27

Total Itemized Deductions

28 Is Form 1040, line 32, over \$117,950 (over \$58,975 if married filing separately)?

NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of this amount or your standard deduction.

YES. Your deduction may be limited. See page A-5 for the amount to enter.

28 7,308

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

1996

Department of Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule E (Form 1040).

Attachment
Sequence No. 13

Name(s) shown on return

Your social security number

KENNETH C ROBERTS & MELANIE L ROBERTS

266-29-1768

Part I Income or Loss From Rental Real Estate and Royalties Note: Report income and expenses from your business of renting personal property on Schedule C or C-EZ (see page E-1). Report farm rental income or loss from Form 4836 on page 2, line 39.

1	Show the kind and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value during the tax year? (See page E-1.)	
			Yes	No
A	C B DWELLING WINTER HAVEN FL			X
B				
C				

Income:	Properties			Totals
	A	B	C	(Add columns A, B, and C.)
3 Rents received	3,300			3,300
4 Royalties received				
Expenses:				
5 Advertising				
6 Auto and travel (see page E-2)				
7 Cleaning and maintenance				
8 Commissions				
9 Insurance	99			99
10 Legal and other professional fees				
11 Management fees				
12 Mortgage interest paid to banks, etc. (see page E-2)				12
13 Other interest				
14 Repairs				
15 Supplies				
16 Taxes				
17 Utilities				
18 Other (list) ▶				
19 Add lines 5 through 18	99			99
20 Depreciation expense or depletion (see page E-2)	1,300			1,300
21 Total expenses. Add lines 19 and 20	1,399			1,399
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-2 to find out if you must file Form 990	1,901			1,901
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2.				
24 Income. Add positive amounts shown on line 22. Do not include any losses				1,901
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter the total losses here				
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2.				1,901

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

Your social security no.

KENNETH C ROBERTS & MELANIE L ROBERTS

266-29-1768

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships & S Corps. Note: if you report a loss from an at-risk activity, you MUST check either col. (e) or (f) of line 27 to describe your investment in activity. See page E-4. If you check col. (f), you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check if foreign partnership	(d) Employer identification number	Investment At Risk? (e) All is at risk	(f) Some is not at risk
	ALL KINDS CASHED	S		59-3351992	X	
B						
C						
D						
E						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 6582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				24,127
B				
C				
D				
E				
28a Totals				24,127
b Totals				
29 Add columns (h) and (k) of line 28a				29 24,127
30 Add columns (g), (i), and (j) of line 28b				30 ()
31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below				31 24,127

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer identification number	
A			
B			
Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 6582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	
A			
B			
33a Totals			
b Totals			
34 Add columns (d) and (f) of line 33a			34
35 Add columns (c) and (e) of line 33b			35 ()
36 Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below			36

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

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-4)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
38 Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below					38

Part V Summary

39 Net farm rental income or (loss) from Form 4835. Also, complete line 41 below					39
40 TOTAL income or (loss). Combine lines 28, 31, 36, 38, & 39. Enter the result here and on Form 1040, line 17P					40 26,028
41 Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 13 (see page E-4)	41				
42 Reconciliation for Real Estate Professionals. If you were a real estate professional (see page E-3), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	42				

Table of Additional Statements - Page 1

KENNETH C ROBERTS

266-29-1768

FORM 01 - SCHED. A LINE 16 Contributions other than Cash or Check Statement

Description	Amount
SCL	1,120

Total \$ 1,120
 =====

FORM 02 - FORM 8582 Worksheet 1

Name of Activity	Income	Loss Unallow	Loss Overall	Gain Overall	Loss
B DWELLING	1,901				1,901

Total \$ 1,901 \$ \$
 =====

KENNETH C ROBERTS

266-29-1768

-2 - Wages, Salary & Tip Income Summary

Employer Name	Fed Wages	WH	State Wages	WH	Loc Wages	WH
	56,048	6,756	S			

For calendar year 1996, or tax year beginning 1996, and ending 19

A Date of election as an S corporation	Use IRS label. Otherwise, please print or type.	Name <i>U.S. Kinds Contract Assoc</i>	C Employer identification number <i>59 3251992</i>
		Number, street, and town or suite no. (If a P.O. box, see page 9 of the instructions.) <i>117 Quailwood Drive</i>	D Date incorporated <i>12-31-95</i>
B Business code no. (see Specific Instructions)		City or town, state, and ZIP code <i>Tril... 33450</i>	E Total assets (see Specific Instructions)

F Check applicable boxes: (1) Initial return (2) Final return (3) Change in address (4) Amended return

G Check this box if this S corporation is subject to the consolidated audit procedures of sections 6241 through 6245 (see instructions before checking this box)

H Enter number of shareholders in the corporation at end of the tax year

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales		b Less returns and allowances		c Bal	1c	<i>124629</i>
	2 Cost of goods sold (Schedule A, line 8)					2	
	3 Gross profit. Subtract line 2 from line 1c					3	<i>124629</i>
	4 Net gain (loss) from Form 4797, Part II, line 20 (attach Form 4797)					4	
	5 Other income (loss) (attach schedule)					5	
	6 Total income (loss). Combine lines 3 through 5					6	<i>124629</i>
Deductions (see page 10 of the instructions for limitations)	7 Compensation of officers					7	
	8 Salaries and wages (less employment credits)					8	<i>47037</i>
	9 Repairs and maintenance					9	<i>871</i>
	10 Bad debts					10	
	11 Rents					11	<i>11540</i>
	12 Taxes and licenses. <i>attach schedule</i>					12	<i>5716</i>
	13 Interest					13	
	14a Depreciation (if required, attach Form 4562)		14a				
	b Depreciation claimed on Schedule A and elsewhere on return		14b				
	c Subtract line 14b from line 14a					14c	
	15 Depletion (Do not deduct oil and gas depletion.)					15	
	16 Advertising					16	<i>200</i>
	17 Pension, profit-sharing, etc., plans					17	
	18 Employee benefit programs					18	
19 Other deductions (attach schedule)					19	<i>25119</i>	
20 Total deductions. Add the amounts shown in the far right column for lines 7 through 19					20	<i>100502</i>	
21 Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6					21	<i>24127</i>	
Tax and Payments	22 Tax: a Excess net passive income tax (attach schedule)	22a					
	b Tax from Schedule D (Form 1120S)	22b					
	c Add lines 22a and 22b (see page 13 of the instructions for additional taxes)					22c	
	23 Payments: a 1996 estimated tax payments and amount applied from 1995 return	23a					
	b Tax deposited with Form 7004	23b					
	c Credit for Federal tax paid on fuels (attach Form 4136)	23c					
	d Add lines 23a through 23c					23d	
	24 Estimated tax penalty. Check if Form 2220 is attached <input type="checkbox"/>					24	
25 Tax due. If the total of lines 22c and 24 is larger than line 23d, enter amount owed. See page 3 of the instructions for depository method of payment					25		
26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid					26		
27 Enter amount of line 26 you want credited to 1997 estimated tax					27		

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

Please Sign Here

Signature of officer: _____ Date: _____ Title: _____

Preparer's signature: *David H. Hill* Date: *7-13-91* Check if self-employed Preparer's social security num: _____

Firm's name (or yours if self-employed) and address: _____ EIN: _____ ZIP code: _____

A Cost of Goods Sold (see page 14 of the instructions)

Inventory at beginning of year	1	- 0 -	
Purchases	2	- 0 -	
3 Cost of labor	3	- 0 -	
4 Additional section 263A costs (attach schedule)	4	- 0 -	
5 Other costs (attach schedule)	5	- 0 -	
6 Total. Add lines 1 through 5	6	- 0 -	
7 Inventory at end of year	7	- 0 -	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	- 0 -	

9a Check all methods used for valuing closing inventory:

- (i) Cost as described in Regulations section 1.471-3
- (ii) Lower of cost or market as described in Regulations section 1.471-4
- (iii) Other (specify method used and attach explanation) ▶

b Check if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970). ▶

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO % %

e Do the rules of section 263A (for property produced or acquired for resale) apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? . . Yes No
If "Yes," attach explanation.

Schedule B Other Information

	Yes	No
1 Check method of accounting: (a) <input type="checkbox"/> Cash (b) <input type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) ▶		
2 Refer to the list on page 24 of the instructions and state the corporation's principal: (a) Business activity ▶ (b) Product or service ▶		
3 Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing: (a) name, address, and employer identification number and (b) percentage owned.		
4 Was the corporation a member of a controlled group subject to the provisions of section 1561?		
5 At any time during calendar year 1996, did the corporation 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 14 of the instructions for exceptions and filing requirements for Form TD F 90-22.1.) If "Yes," enter the name of the foreign country ▶		
6 During the tax year, did the corporation receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see page 14 of the instructions for other forms the corporation may have to file		
7 Check this box if the corporation has filed or is required to file Form 8284, Application for Registration of a Tax Shelter ▶ <input type="checkbox"/>		
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . ▶ <input type="checkbox"/> If so, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
9 If the corporation: (a) filed its election to be an S corporation after 1986, (b) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation, and (c) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see page 14 of the instructions) ▶ \$		
10 Check this box if the corporation had subchapter C earnings and profits at the close of the tax year (see page 15 of the instructions) ▶ <input type="checkbox"/>		

Designation of Tax Matters Person (see page 15 of the instructions)

Enter below the shareholder designated as the tax matters person (TMP) for the tax year of this return:

Name of designated TMP ▶ _____ Identifying number of TMP ▶ _____

Address of designated TMP ▶ _____

All. H. H. Co. hold Jan.

59-335199A

NAME(S)

I.D. NUMBER

FORM

11205

1296
DATE

LINE 19 - OTHER DEDUCTIONS

AUTO - TRUCK
 BANK CHARGE & RET'D CHECKS
 REFUNDS
 SUPPLIES
 DUES & PERMITS
 OFFICE SUPPLIES
 INSURANCE
 TELEPHONE & Utl
 ADVERTISING
 BONDS
 LEGAL & A/O

624.
6895.
508.
491.
8738.
11288.
6595.

35139.

Line 12 - *Jan* Li

SS Jw	2916.
SS M	682.
ill-norpl	1017.
Bas. Jw	153.
City & B.	446
<u>Liama</u>	<u>5714.</u>
Total	5714.

Line 12

Shareholders' Shares of Income, Credits, Deductions, etc.

(a) For cash share items

(b) Total amount

		Income (Loss)	
		3a	3b
1	Ordinary income from trade or business activities (page 1, line 21)		1
2	Net income (loss) from rental real estate activities (attach Form 9825)		2
3a	Gross income from other rental activities		
b	Expenses from other rental activities (attach schedule)		
c	Net income (loss) from other rental activities. Subtract line 3b from line 3a		3c
4	Portfolio income (loss):		
a	Interest income		4a
b	Dividend income		4b
c	Royalty income		4c
d	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))		4d
e	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))		4e
f	Other portfolio income (loss) (attach schedule)		4f
5	Net gain (loss) under section 1231 (other than due to casualty or theft) (attach Form 4797)		5
6	Other income (loss) (attach schedule)		6
7	Charitable contributions (attach schedule)		7
8	Section 179 expense deduction (attach Form 4562)		8
9	Deductions related to portfolio income (loss) (line 2e)		9
10	Other deductions (attach schedule)		10
11a	Interest expense on investment debts		11a
b (1)	Investment income included on lines 4a, 4b, 4c, and 4f above		11b(1)
(2)	Investment expenses included on line 9 above		11b(2)
12a	Credit for alcohol used as a fuel (attach Form 6478)		12a
b	Low-income housing credit:		
(1)	From partnerships to which section 42(i)(5) applies for property placed in service before 1990		12b(1)
(2)	Other than on line 12b(1) for property placed in service before 1990		12b(2)
(3)	From partnerships to which section 42(i)(5) applies for property placed in service after 1990		12b(3)
(4)	Other than on line 12b(3) for property placed in service after 1990		12b(4)
c	Qualified rehabilitation expenditures related to rental real estate activities (attach Form 3469)		12c
d	Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities		12d
e	Credits related to other rental activities		12e
13	Other credits		13
14a	Depreciation adjustment on property placed in service after 1986		14a
b	Adjusted gain or loss		14b
c	Depletion (other than oil and gas)		14c
d (1)	Gross income from oil, gas, or geothermal properties		14d(1)
(2)	Deductions allocable to oil, gas, or geothermal properties		14d(2)
e	Other adjustments and tax preference items (attach schedule)		14e
15a	Type of income		
b	Name of foreign country or U.S. possession		15b
c	Total gross income from sources outside the United States (attach schedule)		15c
d	Total applicable deductions and losses (attach schedule)		15d
e	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued		15e
f	Reduction in taxes available for credit (attach schedule)		15f
g	Other foreign tax information (attach schedule)		15g
16	Section 59(e)(2) expenditures: a Type		
b	Amount		16b
17	Tax-exempt interest income		17
18	Other tax-exempt income		18
19	Nondeductible expenses		19
20	Total property distributions (including cash) other than dividends reported on line 22 below		20
21	Other items and amounts required to be reported separately to shareholders (attach schedule)		
22	Total dividend distributions paid from accumulated earnings and profits		22
23	Income (loss). (Required only if Schedule M-1 must be completed.) Combine lines 1 through 6 in column (a). From the result, subtract the sum of lines 7 through 11a, 15a, and 16b		23

211,27

Balance Sheet per Books

Assets

- 1 Cash
- 2 Trade notes and accounts receivable
- 3 Less allowance for bad debts
- 4 Inventories
- 5 U.S. Government obligations
- 6 Tax-exempt securities
- 7 Other current assets (attach schedule)
- 8 Loans to shareholders
- 9 Mortgage and real estate loans
- 10 Other investments (attach schedule)
- 10a Buildings and other depreciable assets
- b Less accumulated depreciation
- 11a Depreciable assets
- b Less accumulated depletion
- 12 Land (net of any amortization)
- 13a Intangible assets (amortizable only)
- b Less accumulated amortization
- 14 Other assets (attach schedule)
- 15 Total assets
- Liabilities and Shareholders' Equity
- 16 Accounts payable
- 17 Mortgage, notes, bonds payable in less than 1 year
- 18 Other current liabilities (attach schedule)
- 19 Loans from shareholders
- 20 Mortgage, notes, bonds payable in 1 year or more
- 21 Other liabilities (attach schedule)
- 22 Capital stock
- 23 Paid-in or capital surplus
- 24 Retained earnings
- 25 Less cost of treasury stock
- 26 Total liabilities and shareholders' equity

Schedule M-1

Reconciliation of Income (Loss) per Books With Income (Loss) per Return (You are not required to complete this schedule if the total assets on line 15, column (d), of Schedule L are less than \$25,000.)

	(a)	(b)	(c)	(d)
1 Net income (loss) per books				
2 Income included on Schedule K, lines 1 through 6, not recorded on books this year (itemize):				
a Depreciation \$				
b Travel and entertainment \$				
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 11a, 15a, and 16b (itemize):				
a Depreciation \$				
b Deductions included on Schedule K, lines 1 through 11a, 15a, and 16b, not charged against book income this year (itemize):				
a Depreciation \$				
4 Add lines 1 through 3				
5 Income recorded on books this year not included on Schedule K, lines 1 through 6 (itemize):				
a Tax-exempt interest \$				
b Deductions included on Schedule K, lines 1 through 11a, 15a, and 16b, not charged against book income this year (itemize):				
a Depreciation \$				
7 Add lines 5 and 6				
8 Income (loss) (Schedule K, line 23) Line 4 1955 line 7				

Schedule M-2

Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see page 22 of the instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year			
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21			
5 Other reductions			
6 Combine lines 1 through 5			
7 Distributions other than dividend distributions			
8 Balance at end of tax year Subtract line 7 from line 6			

COPY

For the year Jan. 1-Dec. 31, 1997, or other tax year beginning

1997, ending

.19

OMB No. 1545-0074

Use the IRS label. Otherwise, please print or type.

KENNETH C ROBERTS
MELANIE L ROBERTS

117 QUAILWOOD DR
WINTER HAVEN FL 33880

Your social security number
266-29-1768

Spouse's social security no.
267-75-8221

Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	

Presidential Election Campaign Do you want \$3 to go to this fund? **Yes** **No**
 If a joint return, does your spouse want \$3 to go to this fund? **Yes** **No**

Filing Status

1	<input type="checkbox"/>	Single	For help in finding line instructions, see pages 2 and 3 in the booklet.
2	<input checked="" type="checkbox"/>	Married filing joint return (even if only one had income)	
3	<input type="checkbox"/>	Married filing separate return. Enter spouse's SSN above & full name here. ▶	
4	<input type="checkbox"/>	Head of household (with qualifying person). (See page 10.) If qualifying person is a child but not your dependent, enter child's name here. ▶	
5	<input type="checkbox"/>	Qualifying widow(er) with dependent child (v. spouse died ▶ 19-). (See page 10.)	

Exemptions

6a	<input checked="" type="checkbox"/>	Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.	No. of boxes checked on 6a and 6b	2
b	<input checked="" type="checkbox"/>	Spouse	No. of your children on 6c who:	

C Dependents: If more than six dependents, see page 10.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) No. of mos. lived in home in 1997	No. of boxes checked on 6c who:
					<input type="checkbox"/> lived with you
					<input type="checkbox"/> did not live with you due to divorce or separation (see page 11)
					Dependents on 6c not entered above
					Add numbers entered on lines above ▶

d Total number of exemptions claimed **02**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	59,194
8a	Taxable interest. Attach Schedule B if required	8a	198
b	Tax-exempt interest. DO NOT include on line 8a	8b	
9	Dividends. Attach Schedule B if required	9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 12)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
b	Taxable amount (see pg. 13)	15b	
16a	Total pensions and annuities	16a	
b	Taxable amount (see pg. 13)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	24,539
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see pg. 14)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income. ▶	22	83,931

Adjusted Gross Income

23	IRA deduction (see page 18)	23	
24	Medical savings account deduction. Attach Form 8853	24	
25	Moving expenses. Attach Form 3903 or 3903-F	25	
26	One-half of self-employment tax. Attach Schedule SE	26	
27	Self-employed health insurance deduction (see page 17)	27	
28	Keogh and self-employed SEP and SIMPLE plans	28	
29	Penalty on early withdrawal of savings	29	
30a	Alimony paid	30a	
b	Recipient's SSN ▶	30b	
31	Add lines 23 through 30a	31	
32	Subtract line 31 from line 22. This is your adjusted gross income	32	83,931

Tax Computation	33	Amount from line 32 (adjusted gross income)	33	83,931
	34a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	34a	
	b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 18 and check here	34b	
	35	Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see page 18 if you checked any box on line 34a or 34b or someone can claim you as a dependent. • Single -- \$4,150 • Married filing jointly or Qualifying widow(er) -- \$6,900 • Head of household -- \$6,050 • Married filing separately -- \$3,450	35	13,589
	36	Subtract line 35 from line 33	36	70,342
If you want the IRS to figure your tax, see page 18.	37	If line 33 is \$90,900 or less, multiply \$2,650 by the total number of exemptions claimed on line 6d. If line 33 is over \$90,900, see the worksheet on page 19 for the amount to enter	37	5,300
	38	Taxable income. Subtract line 37 from line 36. If line 37 is more than line 36, enter -0-	38	65,042
	39	Tax. See page 19. Check if any tax from a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972	39	12,851
Credits	40	Credit for child & dependent care exp. Attach Form 2441	40	
	41	Credit for the elderly or the disabled. Attach Schedule R	41	
	42	Adoption credit. Attach Form 8839	42	
	43	Foreign tax credit. Attach Form 1116	43	
	44	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8308 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form	44	
	45	Add lines 40 through 44	45	
	46	Subtract line 45 from line 39. If line 45 is more than line 39, enter -0-	46	12,851
Other Taxes	47	Self-employment tax. Attach Schedule SE	47	
	48	Alternative minimum tax. Attach Form 6251	48	
	49	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	49	
	50	Tax on qualified retirement plans (including IRAs) and MSAs. Attach Form 5329 if required	50	
	51	Advance earned income credit payments from Form(s) W-2	51	
	52	Household employment taxes. Attach Schedule H	52	
	53	Add lines 46 through 52. This is your total tax	53	12,851
Payments	54	Federal income tax withheld from Forms W-2 and 1099	54	7,099
	55	1997 estimated tax payments & arri. applied from 1996 return	55	
	56a	Earned income credit. Attach Sch. EIC if you have a qualifying child b Nontaxable earned income: amount	56a	
	57	Amount paid with Form 4868 (request for extension)	57	
	58	Excess social security and RRTA tax withheld (see page 27)	58	
Attach Forms W-2, W-2G, and 1099-R on page 1.	59	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4138	59	
	60	Add lines 54, 55, 56a, 57, 58, and 59. These are your total payments	60	7,099
Refund	61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID	61	
	62a	Amount of line 61 you want REFUNDED TO YOU	62a	
Have it directly deposited! See page 27 and fill in 62b, 62c, and 62d.	b	Routing no. C Type: <input type="checkbox"/> Checking. <input type="checkbox"/> Savings.		
	d	Account no.		
	63	Amount of line 61 you want APPLIED TO 1996 EST. TAX	63	
Amount You Owe	64	If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE. For details on how to pay, see page 27	64	5,752
	65	Estimated tax penalty. Also include on line 64	65	

Sign Here

Keep a copy of this return 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
Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's social security no.
Firm's name (or yours if self-employed) and address	EIN		ZIP code
JAMES S BUSH	59-1155702		33801
2020 SOUTH COMBEE 6			
LAKELAND FL			

What Is Form 1040-V and Do You Need To Use It?

It is a statement you send with your payment of any balance due on line 64 of your 1997 Form 1040. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not do so.

How To Fill In Form 1040-V

Box 1. Enter the amount of your payment.
Box 2. Enter the first four letters of your last name.
See examples below.

Name	Enter	Name	Enter
John Brown	BRCW	Jean McCarthy	MCCA
Juan DeJesus	DEJE	Helen O'Neill	ONEI
Joan A. Lee	LEE	Pedro Torres-Lopez	TORR

Boxes 3 and 4. Enter your social security number (SSN) in box 3. If you are filing a joint return, enter in box 3 the SSN shown first on your return and in box 4 the SSN shown second.

Box 5. Enter your name(s) and address as shown on your return.

How To Prepare Your Payment

- Make your check or money order payable to the "Internal Revenue Service" (not "IRS"). Do not send cash.
- Make sure your name and address appear on your check or money order.
- Write "1997 Form 1040," your daytime phone number, and SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.

How To Send In Your Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- DO NOT attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- If an envelope came with your tax package, please use it to mail your 1997 tax return, payment, and Form 1040-V.
- If you do not have that envelope or you moved or used a paid preparer, mail your tax return, payment, and Form 1040-V to the Internal Revenue Service at the address shown on page 2 that applies to you.

Note: If you filed electronically, send your payment and Form 1040-V to the applicable address shown on page 2.

Paperwork Reduction Act Notice. We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and mail Form 1040-V will vary depending on individual circumstances. The estimated average time is 13 minutes. If you have comments about the accuracy of this time estimate or suggestions for making Form 1040-V simpler, we would be happy to hear from you. See the instructions for Form 1040.

Form 1040-V (1997)

▼ DETACH HERE AND MAIL WITH YOUR PAYMENT ▼

Form 1040-V

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

▶ Do not staple or attach this voucher to your payment.

OMB No. 1545-0074

1997

<p>1 Enter the amount of the payment you are making</p> <p>▶ \$</p>	<p>2 Enter the first four letters of your last name</p> <p>ROBE</p>	<p>3 Enter your social security number</p> <p>266-29-1768</p>
<p>4 If a joint return, enter the SSN shown second on that return</p> <p>267-75-8221</p>	<p>5 Enter your name(s)</p> <p>KENNETH C ROBERTS & MELANIE L ROBERTS</p> <p>Enter your address</p> <p>117 QUAILWOOD DR</p> <p>Enter your city, state, and ZIP code</p> <p>WINTER HAVEN FL 33880</p>	

**SCHEDULE A
(Form 1040)**

Schedule A -- Itemized Deductions

OMB No. 1545-0074

1997

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

KENNETH C ROBERTS & MELANIE L ROBERTS

Your social security no.
266-29-1768

Caution: Do not include expenses reimbursed or paid by others.				
Medical and Dental Expenses	1 Medical and dental expenses _____	1		
	2 Enter amount from Form 1040, line 33 .. 2 _____	2		
	3 Multiply line 2 above by 7.5% (.075)	3		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid (See page A-2.)	5 State and local income taxes	5		
	6 Real estate taxes (see page A-2)	6	7,578	
	7 Personal property taxes	7		
	8 Other taxes ▶	8		
	9 Add lines 5 through 8	9		7,578
Interest You Paid (See page A-2.) Note: Personal interest is not deductible.	10 Home mortgage interest and points reported to you on Form 1098 ..	10	4,911	
	11 Home mortgage interest not reported to you on Form 1098. If paid to seller, show that person's name, ID no., & address ▶	11		
	12 Points not reported to you on Form 1098. See pg. A-3 for special rules	12		
	13 Investment interest. Attach Form 4952 if required. (See page A-3.) ..	13		
	14 Add lines 10 through 13	14		4,911
Gifts to Charity If you made a gift and got a benefit for it, see page A-3.	15 Gifts by cash or check	15		
	MISCL		1,100	
	16 Other than by cash or check. If any gift of \$250 or more, see page A-3. You MUST attach Form 8283 if over \$500	16		
	17 Carryover from prior year	17		
	18 Add lines 15 through 17	18		1,100
19 Casualty or theft loss(es). Attach Form 4684. (See page A-4.)	19			
Job Expenses and Most Other Miscellaneous Deductions (See page A-5 for expenses to deduct here.)	20 Unreimbursed empl. exp. You MUST attach Form 2106 or 2106-EZ if required. ▶	20		
	21 Tax preparation fees	21		
	22 Other expenses ▶	22		
	23 Add lines 20 through 22	23		
	24 Enter amount from Form 1040, line 33 .. 24 _____	24		
	25 Multiply line 24 above by 2% (.02)	25		
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26		
Other Miscellaneous Deductions	27 Other -- from list on page A-5. List type and amount ▶	27		
Total Itemized Deductions	28 Is Form 1040, line 33, over \$121,200 (over \$60,600 if married filing separately)? NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 35, the larger of this amount or your standard deduction. ▶	28		13,589
	YES. Your deduction may be limited. See page A-5 for the amount to enter.			

Schedule B — Interest and Dividend Income 1997

Attachment Sequence No. **08** OMB No. 1545-0074

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

Your social security no.

KENNETH C ROBERTS & MELANIE L ROBERTS

266-29-1768

**Part I
Interest
Income**

(See pages 12
and B-1.)

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.

Note: If you had over \$400 in taxable interest income, you must also complete Part III.

	Amount
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 ▶	
CREDIT UNION	55
CREDIT U7NION	113
PEOPLES BANK	24
CITRUS AND CHEMICAL	6
2 Add the amounts on line 1.....	2 198
3 Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040.....	3
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 6a..... ▶	4 198

**Part II
Dividend
Income**

(See pages 12
and B-1.)

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 total dividends shown on that form.

Note: If you had over \$400 in gross dividends and/or other distributions on stock, you must also complete Part III.

	Amount
5 List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8. ▶	
6 Add the amounts on line 5.....	6
7 Capital gain distributions. Enter here and on Schedule D ...	7
8 Nontaxable distributions. (See the inst. for Form 1040, line 9.)	8
9 Add lines 7 and 8.....	9
10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9..... ▶	10

**Part III
Foreign
Accounts
and
Trusts**

(See
page B-2.)

	Yes	No
You must complete this part if you (a) had over \$400 of interest or dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		
11a At any time during 1997, 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 ▶		
12 During 1997, 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 or 828. See page B-2.....		X

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

1997

Department of the Treasury
Internal Revenue Service (28)

▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule E (Form 1040).

Attachment
Sequence No. 13

Name(s) shown on return

KENNETH C ROBERTS & MELANIE L ROBERTS

Your social security no.

266-29-1768

Part I **Income or Loss From Rental Real Estate and Royalties** Note: Report income and expenses from your business of renting personal property on Schedule C or C-EZ (see page E-1). Report farm rental income or loss from Form 4835 on page 2, line 39.

1 Show the kind and location of each rental real estate property:	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes more than the greater of:	
	Yes	No
A C B DWELLING WINTER HAVEN FL	A	
B	B	
C	C	

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3,300			3,300
4 Royalties received				
Expenses:				
5 Advertising				
6 Auto and travel (see page E-2)				
7 Cleaning and maintenance				
8 Commissions				
9 Insurance	99			
10 Legal and other professional fees				
11 Management fees				
12 Mortgage interest paid to banks, etc. (see page E-2)				12
13 Other interest				
14 Repairs				
15 Supplies				
16 Taxes	796			
17 Utilities				
18 Other (list) ▶				
19 Add lines 5 through 18	895			895
20 Depreciation expense or depletion (see page E-2)	1,300			1,300
21 Total expenses. Add lines 19 and 20	2,195			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-3 to find out if you must file Form 6198	1,105			
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2.				
24 Income. Add positive amounts shown on line 22. Do not include any losses				1,105
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here				
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2.				1,105

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

Your social security no.

KENNETH C ROBERTS & MELANIE L ROBERTS

266-29-1768

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corps. Note: If you report a loss from an at-risk activity, you MUST check either col. (e) or (f) on line 27 to describe your investment in activity. See page E-4. If you check col. (f), you must attach Form 6198.

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corp., (c) Check if foreign partnership, (d) Employer identification number, and Investment At Risk (e) All is at risk, (f) Some is not at risk. Row 27: ACHECK CASHING, 59-3351992, X.

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss from Schedule K-1, (j) Section 179 expense deduction from Form 4682, (k) Nonpassive income from Schedule K-1. Totals: 23,434.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B are blank.

Summary table for Part III with 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: 34, 35, 36.

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 37 is blank. Row 38: 38.

Part V Summary

Summary table for Part V with 3 columns: Description, Line number, Amount. Row 39: Net farm rental income or (loss) from Form 4835. Row 40: TOTAL income or (loss). Row 41: Reconciliation of Farming and Fishing Income. Row 42: Reconciliation for Real Estate Professionals.

A. Control Number 140637 01/14		Payroll ORG Code 55-01-40-10-106		Intradep't No. 0110600100			
B. Employer's Identification Number 59-6001874				1 Wages, Tips, Other Compensation 26,756.00			
C. Employer's Name, Address, and Zip Code State of Florida Comptroller of Florida Robert F. Milligan, Comptroller Tallahassee, Florida 32399-0350				2 Federal Income Tax Withheld 3,713.68			
				3 Social Security Wages 28,046.00		4 Social Security Tax Withheld 1,738.85	
				5 Medicare wages and tips 28,046.00		6 Medicare tax withheld 406.67	
D. Employee's Social Security Number 267-75-8221				7 Social Security Tips			
				8 Allocated Tips			
E. Employee's Name, Address, and Zip Code MELANIE L ROBERTS 117 QUAILWOOD DR WINTER HAVEN FL 33880				9 Advance EIC Payment			
				10 Dependent care benefits			
				11 Nonqualified plans		12 Benefits included in Box 1	
				13 G 1,290.00		14 Other 125 337.26	
				15 Deceased <input type="checkbox"/> Pension Plan <input checked="" type="checkbox"/> Deferred Compensation <input checked="" type="checkbox"/>			
16 State Employer's state I D No.		17 State Wages, Tips, etc.		18 State Income Tax			
				19 Locality name			
				20 Local Wages, Tips, etc.			
				21 Local Income Tax			

FORM **W-2** WAGE AND TAX STATEMENT **1997**

Dept. of the Treasury-Internal Revenue Service

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service

OMB No. 1545-0008

REMOVE THIS STRIP BEFORE ATTACHING W-2 FORM TO IRS TAX RETURN

A. Control Number 140637 01/14		Payroll ORG Code 55-01-40-10-106		Intradep't No. 0110600100			
B. Employer's Identification Number 59-6001874				1 Wages, Tips, Other Compensation 26,756.00			
C. Employer's Name, Address, and Zip Code State of Florida Comptroller of Florida Robert F. Milligan, Comptroller Tallahassee, Florida 32399-0350				2 Federal Income Tax Withheld 3,713.68			
				3 Social Security Wages 28,046.00		4 Social Security Tax Withheld 1,738.85	
				5 Medicare wages and tips 28,046.00		6 Medicare tax withheld 406.67	
D. Employee's Social Security Number 267-75-8221				7 Social Security Tips			
				8 Allocated Tips			
E. Employee's Name, Address, and Zip Code MELANIE L ROBERTS 117 QUAILWOOD DR WINTER HAVEN FL 33880				9 Advance EIC Payment			
				10 Dependent care benefits			
				11 Nonqualified plans		12 Benefits included in Box 1	
				13 G 1,290.00		14 Other 125 337.26	
				15 Deceased <input type="checkbox"/> Pension Plan <input checked="" type="checkbox"/> Deferred Compensation <input checked="" type="checkbox"/>			
16 State Employer's state I D No.		17 State Wages, Tips, etc.		18 State Income Tax			
				19 Locality name			
				20 Local Wages, Tips, etc.			
				21 Local Income Tax			

FORM **W-2** WAGE AND TAX STATEMENT **1997**

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 C For EMPLOYEE'S RECORDS (See Notice on back of Copy B)

Dept. of the Treasury-Internal Revenue Service

1997 W-2 and Earnings Summary

1 Social security wages 771.04		4 Social security tax withheld 47.80	
3 Medicare wages and tips 771.04		6 Medicare tax withheld 11.18	
Control Number 017 DDA	Dept. 678051	Corp. A	Employer use only EIC 1007
Employer's name, address, and ZIP code RIDA CYPRESS GARDENS SUMMIT DRIVE RESS GARDENS FL 33884			
Batch #00247			
Employer's FED ID number 59-2515569		d Employee's SSA number 267-75-8221	
Social security tips		8 Allocated tips	
Advance EIC payment		10 Dependent care benefits	
Nonqualified plans		12 Benefits included in box 1	
e Instrs. for box 13		14 Other	
Temp.	Decreasd	Pension plan	Legal rep.
Hold. emp.	Deferral comp.	Employee's name, address and ZIP code ANIE L. ROBERTS QUAILWOOD DRIVE WINTER HAVEN, FL 33880	
17 State wages, tips, etc.		19 Locality name	
21 Local income tax		22 Local income tax	

Employee Reference Copy
1-2 Wage and Tax Statement 1997
OMB No. 1545-0048

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 1997 paystub plus any adjustments submitted by your employer.

Gross Pay	771.04	Social Security Tax Withheld Box 4 of W-2	47.80	FL State Income Tax Box 18 of W-2 SUA/SDI Box 14 of W-2
Fed. Income Tax Withheld Box 2 of W-2		Medicare Tax Withheld Box 6 of W-2	11.18	

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

Gross Pay	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL State Wages, Tips, Etc. Box 17 of W-2
771.04	771.04	771.04	771.04	771.04
Reported W-2 Wages	771.04	771.04	771.04	771.04

3. Employee W-4 Profile To change your Employee W-4 Profile information, file a new W-4 with your payroll.

**MELANIE L. ROBERTS
117 QUAILWOOD DRIVE
WINTER HAVEN, FL 33880**

Social Security Number: 267-75-8221
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 1
STATE: No State Income Tax

© 1997 AUTOMATIC DATA PROCESSING INC

1 Wages, tips, other comp. 771.04		2 Federal income tax withheld	
3 Social security wages 771.04		4 Social security tax withheld 47.80	
5 Medicare wages and tips 771.04		6 Medicare tax withheld 11.18	
Control Number 017 DDA	Dept. 678051	Corp. A	Employer use only EIC 1007
Employer's name, address, and ZIP code RIDA CYPRESS GARDENS SUMMIT DRIVE RESS GARDENS FL 33884			
Employer's FED ID number 59-2515569		d Employee's SSA number 267-75-8221	
Social security tips		8 Allocated tips	
Advance EIC payment		10 Dependent care benefits	
Nonqualified plans		12 Benefits included in box 1	
e Instrs. for box 13		14 Other	
Temp.	Decreasd	Pension plan	Legal rep.
Hold. emp.	Deferral comp.	Employee's name, address and ZIP code ANIE L. ROBERTS QUAILWOOD DRIVE WINTER HAVEN, FL 33880	
17 State wages, tips, etc.		19 Locality name	
21 Local income tax		22 Local income tax	

Federal Filing Copy
1-2 Wage and Tax Statement 1997
OMB No. 1545-0048

1 Wages, tips, other comp. 771.04		2 Federal income tax withheld	
3 Social security wages 771.04		4 Social security tax withheld 47.80	
5 Medicare wages and tips 771.04		6 Medicare tax withheld 11.18	
Control Number 043017 DDA	Dept. 678051	Corp. A	Employer use only EIC 1007
Employer's name, address, and ZIP code FLORIDA CYPRESS GARDENS INC 2841 SUMMIT DRIVE CYPRESS GARDENS FL 33884			
Employer's FED ID number 59-2515569		d Employee's SSA number 267-75-8221	
Social security tips		8 Allocated tips	
Advance EIC payment		10 Dependent care benefits	
Nonqualified plans		12 Benefits included in box 1	
e Instrs. for box 13		14 Other	
Temp.	Decreasd	Pension plan	Legal rep.
Hold. emp.	Deferral comp.	Employee's name, address and ZIP code MELANIE L. ROBERTS 117 QUAILWOOD DRIVE WINTER HAVEN, FL 33880	
17 State wages, tips, etc. FL		19 Locality name	
21 Local income tax		22 Local income tax	

FL State Reference Copy
W-2 Wage and Tax Statement 1997
OMB No. 1545-0048

1 Wages, tips, other comp. 771.04		2 Federal income tax withheld	
3 Social security wages 771.04		4 Social security tax withheld 47.80	
5 Medicare wages and tips 771.04		6 Medicare tax withheld 11.18	
Control Number 043017 DDA	Dept. 678051	Corp. A	Employer use only EIC 1007
Employer's name, address, and ZIP code FLORIDA CYPRESS GARDENS INC 2841 SUMMIT DRIVE CYPRESS GARDENS FL 33884			
Employer's FED ID number 59-2515569		d Employee's SSA number 267-75-8221	
Social security tips		8 Allocated tips	
Advance EIC payment		10 Dependent care benefits	
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Hold. emp.	Deferral comp.	Employee's name, address and ZIP code MELANIE L. ROBERTS 117 QUAILWOOD DRIVE WINTER HAVEN, FL 33880	
17 State wages, tips, etc. FL		19 Locality name	
21 Local income tax		22 Local income tax	

FL State Filing Copy
W-2 Wage and Tax Statement 1997
OMB No. 1545-0048

A. Control Number 140832 01/14		Payroll ORG Code 55-01-40-30-119		Intradept No. 0111910100	
B. Employer's Identification Number 59-6001874			1 Wages, Tips, Other Compensation 31,666.56		2 Federal Income Tax Withheld 3,384.99
C. Employer's Name, Address, and Zip Code State of Florida Comptroller of Florida Robert F. Milligan, Comptroller Tallahassee, Florida 32399-0350			3 Social Security Wages 32,956.56		4 Social Security Tax Withheld 2,043.31
			5 Medicare wages and tips 32,956.56		6 Medicare tax withheld 477.87
			7 Social Security Tips		8 Allocated Tips
D. Employee's Social Security Number 266-29-1768			9 Advance EIC Payment		10 Dependent care benefits
E. Employee's Name, Address, and Zip Code KENNETH C ROBERTS 117 QUAIL WOOD DRIVE WINTER HAVEN FL 33880			11 Nonqualified plans		12 Benefits included in Box 1
			13 G 1,290.00		14 Other 125 1,284.25
			15 Deceased <input type="checkbox"/>		Pension Plan <input checked="" type="checkbox"/>
16 State	Employer's state I D No.		17 State Wages, Tips, etc.	18 State Income Tax	19 Locality name

OMB No. 1545-0008

FORM W-2 WAGE AND TAX STATEMENT 1997 Dept of the Treasury-Internal Revenue Service
Copy B To Be Filed With Employee's FEDERAL Tax Return
 This information is being furnished to the Internal Revenue Service

A. Control Number 140832 01/14		Payroll ORG Code 55-01-40-30-119		Intradept No. 0111910100	
B. Employer's Identification Number 59-6001874			1 Wages, Tips, Other Compensation 31,666.56		2 Federal Income Tax Withheld 3,384.99
C. Employer's Name, Address, and Zip Code State of Florida Comptroller of Florida Robert F. Milligan, Comptroller Tallahassee, Florida 32399-0350			3 Social Security Wages 32,956.56		4 Social Security Tax Withheld 2,043.31
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E. Employee's Name, Address, and Zip Code KENNETH C ROBERTS 117 QUAIL WOOD DRIVE WINTER HAVEN FL 33880			11 Nonqualified plans		12 Benefits included in Box 1
			13 G 1,290.00		14 Other 125 1,284.25
			15 Deceased <input type="checkbox"/>		Pension Plan <input checked="" type="checkbox"/>
16 State	Employer's state I D No.		17 State Wages, Tips, etc.	18 State Income Tax	19 Locality name

FORM W-2 WAGE AND TAX STATEMENT 1997 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 C For EMPLOYEE'S RECORDS (See Notice on back of Copy B)
 DAA727 REV. DEC. 1987 OMB No. 1545-0008 Dept. of the Treasury-Internal Revenue Service

FLORIDA PUBLIC SERVICE COMMISSION
CAPITAL CIRCLE OFFICE CENTER - 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

APPLICATION FORM DEPOSIT

DATE

for **D 827** # AUG 12 1998

**AUTHORITY TO PROVIDE (ALEC)
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA**

INSTRUCTIONS

- ◆ This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing alternative local exchange certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee.
- ◆ Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Communications
Certification & Compliance Section
2540 Shumard Oak Boulevard

DOCUMENT NUMBER DATE

08550 AUG 12 98

FPSC-RECORDS/REPORTING

ALL KINDS CASHED, INC.
PAGERS AND CELLULAR
941-695-3695
2020 S. COMBEE ROAD NO. 6
LAKELAND, FL 33801

1157

08-10-1998

PAY TO THE ORDER OF

Florida Public Service Commission

\$ 250.00

Two hundred fifty and 00/100

DOLLARS

Barnett

620-663
2530 East U.S. Highway 90
Lakeland, Florida 33801

FOR Alec phone service Application fee

Bridge S. [Signature]