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8 Attorney for Designated Party Christopher Cordes

9 CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
10 CENTRAL VALLEY REGION

11 In the matter of:

12)
13) **CHRISTOPHER CORDES, EDDIE**
14) **AXNER CONSTRUCTION, INC., AND**
15) **EDDIE AXNER; ASSESSOR PARCEL**
16) **NUMBER 041-300-035, SHASTA**
17) **COUNTY**

) **ADMINISTRATIVE CIVIL LIABILITY**
) **COMPLAINT NUMBER R5-2015-0520**
) **DESIGNATED PARTY CHRISTOPHER**
) **CORDES' OPPOSITION TO**
) **COMPLAINT**

18 Designated Party Christopher Cordes submits the following in opposition to the
19 Complaint:

20 The penalty proposed in the Complaint is far in excess of Mr. Cordes' ability to pay, will
21 effectively exhaust his limited financial resources and preclude his participation in remediation
22 of the subject property.

23 Mr. Cordes submits the attached Individual Ability to Pay Claim form as evidence of his
24 inability to pay such a penalty. In summary, Mr. Cordes has an annual income approximately
25 equal to his non-discretionary annual living expenses. He holds title to real property, his home,
26 in Texas that has a fair market value of perhaps \$153,000.00, but which is encumbered by a

1 mortgage with a balance owed of \$111,200.00. His equity in his home might be as high as
2 \$41,800.00. He also holds title to the real property that is the subject of this Complaint. He
3 estimates the fair market value of the California real property at \$50,000.00, but considering the
4 cost to accomplish the remediation that is anticipated, this property presently has a negative
5 value.

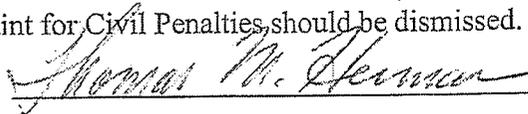
6 In his efforts to remain solvent so that he can participate in remediation, Mr. Cordes has
7 retained legal counsel which has already cost him nearly \$10,000.00, an amount that will likely
8 double within the next couple months.

9 Mr. Cordes is faced with a Clean Up and Abatement Order issued by your agency along
10 with potential enforcement actions by California Fish and Wildlife. These require the
11 engagement of qualified engineering professionals to establish a plan of remediation and long
12 term monitoring. The cost of engineering services and implementation of the work plan will
13 likely exceed the proposed penalty of \$297,400.00.

14 If this tribunal imposes the penalties recommended in the Complaint, Mr. Cordes will
15 have no resources with which to address the physical remediation of the site. Such a result will
16 not serve to protect water quality in the Central Valley Region.

17 The proposed penalty is excessive and counter-productive under these circumstances.
18 Any imposition of penalties should be stayed to allow Mr. Cordes an opportunity to participate in
19 remediation of the site. Mr. Cordes understands the potential consequences of his actions and
20 desires to do what is right to remedy any damage to the environment that has resulted. He
21 simply cannot do so if the proposed penalties are imposed. Mr. Cordes should be given the
22 opportunity to proceed in good faith to implement remediation at the site before this board
23 should consider imposition of penalties. If Mr. Cordes proceeds in good faith and completes his
24 remediation obligations, the Complaint for Civil Penalties should be dismissed.

25 Dated: May 6, 2015



26 Thomas M. Herman, Attorney for Christopher Cordes

PROOF OF SERVICE

I am, and at all times mentioned herein was, an active member of the State Bar of California and not a party to the action to which the papers referred to herein apply. My business physical address is 934 South Fortuna Blvd, Suite A, Fortuna, California 95540. My business mailing address is P.O. Box 395, Fortuna, California, 95540.

On May 6, 2015, I served the following documents:

DESIGNATED PARTY CHRISTOPHER CORDES' OPPOSITION TO COMPLAINT

on the below-named individuals by transmitting true copies thereof via electronic mail to the addresses set forth below said individual's names:

Patrick Pulupa

e-mail: Patrick.Pulupa@waterboards.ca.gov

Yvonne West

e-mail: Yvonne.West@waterboards.ca.gov

Douglas Wright

e-mail: dwright@wrightnashlaw.com

Executed on May 6, 2015, at Fortuna, California.

Thomas M. Herman

INDIVIDUAL ABILITY TO PAY CLAIM
Financial Data Request Form

This form requests information regarding your financial status. The data will be used to evaluate your ability to pay for environmental clean-up or penalties. If there is not enough space for your answers, please use additional sheets of paper. Note that we may request further documentation of any of your responses. We welcome any other information you wish to provide supporting your case, particularly, if you feel your situation is not adequately described through the information requested here. **Failure to answer all the questions clearly and completely may result in denial of your claim of inability to pay.**

Certification

Under penalties of perjury, I declare that this statement of assets, liabilities, and other information is true, correct, and complete to the best of my knowledge and belief. I further understand that I will be subject to prosecution by the United States Government to the fullest extent possible under the law should I provide any information that is not true, correct, and complete to the best of my knowledge.

Signature

Christopher Clarke

Date

5-5-2015

Name:	<u>CHRISTOPHER CLARKE</u>
Spouse's Name:	<u></u>
Address:	<u>19519 GLENWOOD CANYON LN</u> <u>CYPRESS TX 77433</u>
County of Residence:	<u>HARRIS</u>

PART I. BACKGROUND INFORMATION

1. MEMBERS OF HOUSEHOLD (List the head of the household and all persons living with you)

Name	Age	Relationship to Head of Household	Currently Employed?
1. CHRISTOPHER COEDES	33	SELF	YES
2.			
3.			
4.			
5.			
6.			
7.			

2. Employment (List all jobs held by persons in the household)

Name	Employer	Length of Employment	Annual Salary
1. C. COEDES	YOWEE SECURE INC	3 YRS	39434
2.			
3.			
4.			
5.			
6.			
7.			

2a. If you have other employment, state the name and address of your employer, the position held by you, the date(s) you began this employment, period of payment and salary.

2b. Are you self-employed or do you own all or any part of a business as sole owner, partner, or stockholder?

YES

2c. If your answer to the previous question is in the affirmative, state the name and address of the business, the type of business conducted, the form of business organization, (e.g. corporation, partnership, sole proprietorship), the date you acquired your interest in the business, the nature of your ownership interest, the present value of your interest, how and when you draw from it, your office or position in the business, the name and address of each officer, director, or partner of the business, and the name and address of each location at which the business is conducted.

YOLFE SECURE INC
19519 GLENWOOD CANYON LN
CYPRESS TX 77433

CORPORATION - 100% INTEREST

SECURITY SERVICES (AT PRIVATE FUNCTIONS, ETC.)

2d. Were any articles of incorporation, partnership or certificates of doing business under a fictitious name filed with any governmental agency by the enterprises mentioned in the preceding question?

YES - ARTICLES FILED 4/8/2003

2e. If so, for each such filing, state: (i) the nature of the document filed, (ii) the location where filed; and (iii) the date of filing.

SEE ATTACHED.

3. INCOME (List all income earned by persons in the household. If members of the household other than the applicant and spouse earn income, please itemize on a separate page.)

Source	Gross (Pre-Tax)		Period of Payment (Check One)			
	Applicant	Spouse	Weekly	Monthly	Quarterly	Yearly
Wages/Salaries						39400
Sales Commissions						
Investment Income (interest, dividends, capital gains, etc.)						
Net business Income						
Rental income						
Retirement income (Pension, Social Security, etc.)						
Child Support						
Alimony						
Other income. (please itemize)						

3a. If your spouse or any dependent claimed by you is self-employed or owns all or any part of a business, state the name and address of the business, the nature of his or her ownership interest therein, and the amount of the income derived there from.

3b. Give an accurate account of the financial condition of this business for the last three years, including a statement of assets, inventories, liabilities, gross and net income, and the amount of any undistributed profits in the business.

(PLEASE ATTACH) BALANCE SHEETS 2013 + 2014 + P/L 2013, 2014

3c. State the source and amount of any income received by (1) you, (2) your spouse, and (3) your dependents, other than that stated above.

3d. What accounts receivable, notes receivable, checks for \$1000 or more, mortgages, liens, leases, royalties, or pledges of personality do (1) you, (2) your spouse, or (3) your dependents, own or hold, whether in your name or the name of another, what is their value, and where are the evidences of ownership located?

N/A

3e. When and where did you last file a Federal income tax return, and what was the amount of the gross income reported therein? Please attach **SIGNED** copies of Federal income tax returns for the last three (3) years, including all schedules and attachments.

SEE ATTACHED

Expense	Amount per week	Amount per month	Amount per quarter	Amount per year	For Agency Use ONLY
A. Living Expense					
1. Rent or Mortgage Payment		1750.00			
2. Home Maintenance					
3. Auto fuel maint. / other transp.					
4. Utilities					
a. Fuel (gas, oil, propane)					
b. Electric		300.00			
c. Water/sewer		100.00			
d. Telephone		140.00			
5. Food		800.00			
6. Clothing, personal care		100.00			
7. Medical costs					
B. Debt Payments					
1. Car payments					
2. Credit card payments		2000.00			
3. Other loan payments					
4. Other loan payments					
C. Insurance					
1. Household Insurance					
2. Life Insurance					
3. Automobile Insurance					
4. Medical Insurance					
D. Taxes					
1. Property Taxes				6400.00	
2. Federal income taxes FICA				5165.00	
3. State income taxes					
4. FICA				5665.00	
E. Other Expenses					
1. Childcare					
2. Current School tuition					
3. Legal or Prof Services				15000.00	
4. Other (itemize on separate sheet) SEE #13				500.00	
Total Current Expenses					

PART III. NET WORTH

Please provide the following information to the best of your ability. Data should be as current as possible. Estimates are acceptable; please note all estimates with an AE@.

If you are the sole proprietor of a business, please list business assets and liabilities in addition to personal assets and liabilities. Please list the business assets and liabilities on a separate form.

1. BANK ACCOUNTS (Checking, NOW, Savings, Money Market, CDs etc.)

Describe and state ownership and value of any account or shares held by (1) you, (2) your spouse, (3) your dependents, or (4) anyone on your behalf in any bank, building and loan association, saving institution, cooperative, or credit union.

Name and Address of Bank or Institution	Type of Account	Current Balance
1. CHASE	CHK.	1657.65
2. CHASE	SAV.	1172.54
3. BANK OF AMERICA	CHK.	233.77
4. ✓ ✓	SAV	34.03
5. WELLS FARGO	CHK.	525.04
6. ✓ ✓	SAV	495.00
For Agency Use only- Total Current Balance in Bank Accounts		

2. INVESTMENTS (Stock, Bonds, Mutual Funds, Options, Futures, Real Estate Investment trusts, etc.)

Investment	Number of Shares or Units	Current Market Value
1. N/A		
2.		
3.		
4.		
5.		
For Agency Use Only- Total Estimated Market Value of Investments		

3. RETIREMENT FUNDS AND ACCOUNTS (IRA, 401K, Keogh, vested interest in company retirement.)

Description of Account	Estimated Market Value
1. N/A	
2.	
3.	
4.	
For Agency Use Only- Total Estimated Value of Retirement Funds and Accounts	

4. LIFE INSURANCE POLICIES (Whole Life, Universal Life, etc.)

State the names and address of all insurers with whom you have policies of life or accident insurance; give the date, face value, and cash surrender value of each policy, and specify which policies are payable to your estate.

Policy Holder	Issuing Company	Policy Value	Cash Value
1. N/A			
2.			
3.			
4.			
5.			
For Agency Use Only- Total Value of Life Insurance Policies			

5a. VEHICLES USED FOR COMMUTING PURPOSES ONLY

Brand and Model	Year	Estimated Market Value
1. N/A		
2.		
For Agency Use Only- Total Estimated Market Value of Vehicles		

5b. OTHER VEHICLES (Cars, Trucks, Motorcycles, Motor Homes, Travel Trailers, Boats, Airplanes, etc.)

Brand and Model	Year	Estimated Market Value
N/A		
For Agency Use Only- Total Estimated Market Value of Vehicles		

6. Personal Property (Describe the Household Goods and Furniture, Jewelry, Art, Antiques, Collections, Precious Metals, etc. valued at \$1000 or more per item or \$5000 or more in the aggregate owned by (1) you, (2) your spouse, or (3) your dependents.

Type of Property	Estimated Market Value
1. HOUSEHOLD GOODS & APPLIANCES	5,000
2.	
3.	
4.	
5.	
6.	
For Agency Use Only - Total Estimated Market Value of Personal Property	

7a. REAL ESTATE - PRIMARY RESIDENCE (Home-List only one such residence)

Location	Legal Description of Property	Estimated Market Value
CYPRESS TX	19519 GLENWOOD CANYON LN	153,000

7b. OTHER REAL ESTATE (Land, Buildings, Land with Buildings, Mineral Rights)

Location	Legal Description of Property	Estimated Market Value
1. 160, CA	BAKERS RIDGE RD. 160, CA	50,000
2.	041-300-035-000	
3.		
4.		
5.		
For Agency Use Only- Total Estimated Market Value of Real Estate		

8. OTHER ASSETS -

8a. Have you made or do you hold or own, or have a lien upon, any claim by suit or otherwise against the United States or any other party?

N/A

8b. (i) Do you have any vested or contingent future interest in any property, or to the payment of any money, for any reason whatsoever?

N/A

(ii) If so, state the nature and source of such interest, the location of the property, the identity and address of any person or institution that may be involved, the circumstances that will cause the property or money to inure to your benefit, and the probable value or amount thereof.

8c. (i) Is any money or property held in trust for (1) you, (2) your spouse, or (3) your dependents?

N/A

(ii) If so, state the name and address of the trustee or other fiduciary, identify the trust, state what monies or property are held in trust, the value thereof, and the date upon which the trust is to terminate.

8d. If any monies or property are held in trust for (1) you, (2) your spouse, or (3) your dependents, state the amount of income which is or may be received therefrom, the timing of such payments, give the value of the corpus of trust which may be distributed to (1) you, (2) your spouse, or (3) your dependents, and the expected date of distribution.

8e. What other sources of income or property, actual or potential do (1) you, (2) your spouse, or (3) your dependents have which you have not disclosed in answer to previous questions and what is the value thereof?

Type of Asset	Estimated Market Value
1. N/A	
2.	
3.	
4.	
5.	
For Agency Use Only- Total Other Assets	

9 CREDIT CARDS AND LINES OF CREDIT

Credit Card/Line of Credit (Type)	Owed To	Balance Due
1. CHASE c/c	CHASE	20779.40
2. c/c	WELLS FARGO	4019.01
3.		
4.		
5.		
6.		
For Agency Use Only - Total Balance Due on Credit cards and Lines of Credit		

10. VEHICLE LOANS (Cars, Trucks, Motorcycles, Motor Homes, Travel Trailers, Airplanes, etc)

Vehicle (Model and Year)	Owed To	Balance Due	Start Date	End Date
1.				
2.				
3.				
4.				
For Agency Use Only - Total Balance Due on Vehicle Loans				

11. FURNITURE AND HOUSEHOLD GOODS LOANS:

Type of Loan	Owed To	Balance Due	Start Date	End Date
1.				
2.				
3.				
4.				
For Agency Use Only- Total Balance Due- Furniture & HHG Loans				

12. MORTGAGES AND REAL ESTATE LOANS:

Type of Loan	Owed To	Property Secured Against	Balance Due	Start Date	End Date
1. MORT	CITI MORTGAGE	PERSONAL HOME	106,700	2008	2028
2.					
3.					
4.					
For Agency Use Only- Total Balance Due- Mortgages and Real Estate loans					

13. OTHER DEBT (Amounts due to individuals, Fixed Obligations, Taxes Owed, Overdue Alimony Child Support, etc.)

13a. Are any suits or judgments pending against you?

NO

13b If so, state the full details, including the dates and amounts of recent payments thereon made for you and whether your salary has been garnished and by whom.

Type of Debt	Owed To	Balance Due	Start Date	End Date
1. FIRST TIME HOME BUYER CREDIT	I. R. S.	4,500.00	2009	2021
2.				
3.				
4.				
5.				
For Agency use only- Total Balance Due on Other Debt				

PART IV. ADDITIONAL INFORMATION

Please respond to the following questions. For any question that you answer "Yes" please provide additional information on separate pages or at the bottom of this page.

QUESTION	YES	NO
1. Do you have any reason to believe that your financial situation will change during the next year?		✓
2. Are you currently selling or purchasing any real estate?		✓
3. Is anyone (or any entity) holding any real or personal property on your behalf, (trust)?		✓
4. Are you the party in any pending lawsuit?		✓
5. Have any of your belongings been repossessed in the last three years?		✓
6. Are you a Trustee, Executor, or Administrator?		✓
7. Are you a participant or beneficiary of an estate or profit sharing plan?		✓
8. Have you declared bankruptcy in the last seven years?		✓
9. Do you receive any type of federal aid or public assistance?		✓

11:46 PM
05/04/15
Accrual Basis

YOU'RE SECURE
Balance Sheet
As of December 31, 2013

	<u>Dec 31. 13</u>
ASSETS	
Current Assets	
Checking/Savings	
10300 · Wells Fargo	4,428.12
10400 · Wells Fargo Savings	2,448.11
10500 · Wells Fargo 2775	7,319.22
Total Checking/Savings	<u>14,195.45</u>
Total Current Assets	<u>14,195.45</u>
TOTAL ASSETS	<u><u>14,195.45</u></u>
LIABILITIES & EQUITY	
Equity	
30000 · Opening Balance Equity	12,500.00
32000 · Owners Equity	-2,899.00
Net Income	4,594.45
Total Equity	<u>14,195.45</u>
TOTAL LIABILITIES & EQUITY	<u><u>14,195.45</u></u>

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05/04/15
Accrual Basis

YOU'RE SECURE
Balance Sheet
As of December 31, 2014

	<u>Dec 31, 14</u>
ASSETS	
Current Assets	
Checking/Savings	
10300 · Wells Fargo	1,028.11
10400 · Wells Fargo Savings	46.55
10500 · Wells Fargo 2775	<u>27,185.37</u>
Total Checking/Savings	<u>28,260.03</u>
Total Current Assets	<u>28,260.03</u>
TOTAL ASSETS	<u><u>28,260.03</u></u>
LIABILITIES & EQUITY	
Equity	
30000 · Opening Balance Equity	12,500.00
32000 · Owners Equity	1,695.45
Net Income	<u>14,064.58</u>
Total Equity	<u>28,260.03</u>
TOTAL LIABILITIES & EQUITY	<u><u>28,260.03</u></u>

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05/04/15

Accrual Basis

YOU'RE SECURE
Profit & Loss
January through December 2013

	<u>Jan - Dec 13</u>
Income	
42700 · Consulting Income	109,232.79
42800 · Service Income	112,959.25
42900 · Other Income	0.39
Total Income	<u>222,192.43</u>
Expense	
60100 · Accounting	8,250.00
60200 · Automobile Expense	597.76
60400 · Bank Service Charges	247.50
62000 · Contract Labor	37,000.00
64300 · Meals and Entertainment	831.38
64900 · Office Supplies	462.18
67000 · Entertainment	2,066.94
67500 · Salary	156,303.34
68100 · Telephone Expense	1,534.64
68400 · Travel Expense	10,304.24
Total Expense	<u>217,597.98</u>
Net Income	<u><u>4,594.45</u></u>

11:18 PM
05/04/15
Accrual Basis

YOU'RE SECURE
Profit & Loss
January through December 2014

	<u>Jan - Dec 14</u>
Income	
42700 · Consulting Income	138,513.62
42900 · Other Income	0.30
Total Income	<u>138,513.92</u>
Expense	
60100 · Accounting	11,750.00
60400 · Bank Service Charges	204.10
62000 · Contract Labor	66,250.00
63400 · Interest Expense	41.86
64300 · Meals and Entertainment	799.98
64900 · Office Supplies	64.57
66600 · Postage	11.31
67200 · Repairs and Maintenance	266.74
67500 · Salary	39,434.27
68000 · Supplies	578.52
68100 · Telephone Expense	1,120.56
68400 · Travel Expense	3,638.00
68600 · Utilities	289.43
Total Expense	<u>124,449.34</u>
Net Income	<u>14,064.58</u>

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning

, 2012, ending

, 20

See separate instructions.

Your first name and initial
CHRISTOPHER S

Last name
CORDES

Your social security number

■■■■■

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

101 SOUTH F STREET

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

PENSACOLA FL 32502

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

1

1

d Total number of exemptions claimed

Income

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

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount

16a Pensions and annuities

16a

b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

7		
8a		
8b		
9a		
9b		
10		
11		
12	65,713.	
13		
14		
15b		
16b		
17		
18		
19		
20b		
21		
22	65,713.	
23		
24		
25		
26		
27	4,642.	
28		
29		
30		
31a		
32		
33		
34		
35		
36	4,642.	
37	61,071.	

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	61,071.
	39a	Check <input type="checkbox"/> You were born before January 2, 1948. <input type="checkbox"/> Blind. Total boxes		
		if: <input type="checkbox"/> Spouse was born before January 2, 1948. <input type="checkbox"/> Blind. checked ▶ 39a		
		b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,397.
	41	Subtract line 40 from line 38	41	49,674.
	42	Exemptions. Multiply \$3,800 by the number on line 6d	42	3,800.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	45,874.
	44	Tax (see instructions): Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	7,499.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	7,499.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	

Other Taxes	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required.	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	7,499.
	56	Self-employment tax. Attach Schedule SE	56	8,071.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57		
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58		
59a	Household employment taxes from Schedule H	59a		
59b	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	500.	
60	Other taxes. Enter code(s) from instructions	60		
61	Add lines 55 through 60. This is your total tax	61	16,070.	

Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	
	63	2012 estimated tax payments and amount applied from 2011 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election <input type="checkbox"/> 64b	64b	
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	

Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	
	b	Routing number <input type="checkbox"/> X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/> X			
75	Amount of line 73 you want applied to your 2013 estimated tax ▶ <input type="checkbox"/> 75	75		

Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	16,070.
	77	Estimated tax penalty (see instructions)	77	

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

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

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

Your signature: Christopher Dean Carter Date: 3/8/13 Your occupation: MANAGER Daytime phone number: (832) 274-3248

Spouse's signature: _____ Date: _____ Spouse's occupation: _____ If the IRS sent you an Identity Protection PIN, enter it here (see inst.): _____

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: SELF PREPARED Firm's EIN: _____

Firm's address: _____ Phone no.: _____

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
► Attach to Form 1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

CHRISTOPHER S CORDES

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040, line 38 2		
	3	Multiply line 2 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 (check only one box):		5	
	a	<input type="checkbox"/> Income taxes, or		1,020.
	b	<input checked="" type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	6	4,324.
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ►	8	
	9	Add lines 5 through 8	9	5,344.
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
12		Points not reported to you on Form 1098. See instructions for special rules	12	
13		Mortgage insurance premiums (see instructions)	13	
14		Investment interest. Attach Form 4952 if required. (See instructions.)	14	
15		Add lines 10 through 14	15	6,053.
Gifts to Charity		16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	
	22	Tax preparation fees	22	
	23	Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
	24	Add lines 21 through 23	24	
	25	Enter amount from Form 1040, line 38 25		
	26	Multiply line 25 by 2% (.02)	26	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	11,397.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2012

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor CHRISTOPHER S CORDES		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) SECURITY CONSULTANT	B Enter code from instructions ▶ 9 9 9 9 9 9	
C Business name. If no separate business name, leave blank. YOU'RE SECURE	D Employer ID number (EIN), (see instr.) 	
E Business address (including suite or room no.) ▶ 101 SOUTH F STREET City, town or post office, state, and ZIP code PENSACOLA, FL 32502		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H If you started or acquired this business during 2012, check here	<input type="checkbox"/>	
I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	108,845.
2 Returns and allowances (see instructions)	2	
3 Subtract line 2 from line 1	3	108,845.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	108,845.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	108,845.

Part II Expenses

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):	20a	
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20b	
12 Depletion	12		b Other business property	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	2,237.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:	24a	26,292.
a Mortgage (paid to banks, etc.)	16a		a Travel	24b	7,003.
b Other	16b		b Deductible meals and entertainment (see instructions)	25	2,800.
17 Legal and professional services	17	4,800.	25 Utilities	26	
			26 Wages (less employment credits)	27a	
			27a Other expenses (from line 48)	27b	
			b Reserved for future use	28	43,132.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		29 Tentative profit or (loss). Subtract line 28 from line 7	29	65,713.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30	
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30		31 Net profit or (loss). Subtract line 30 from line 29.	31	65,713.
31 Net profit or (loss). Subtract line 30 from line 29.	31		• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.		
32 If you have a loss, check the box that describes your investment in this activity (see instructions).			• If a loss, you must go to line 32.		
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.			• If you checked 32b, you must attach Form 6198. Your loss may be limited.		
• If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2012

Attachment
Sequence No. 17

Department of the Treasury
Internal Revenue Service (99)

► Information about Schedule SE and its separate instructions is at www.irs.gov/form1040.

► Attach to Form 1040 or Form 1040NR.

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

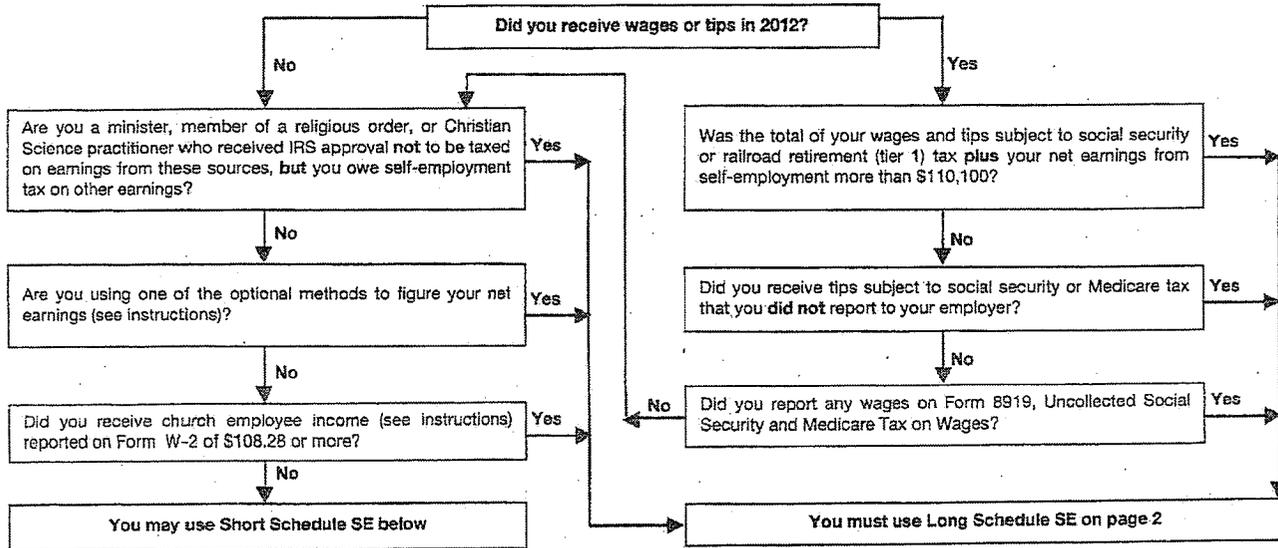
Social security number of person
with self-employment income ►

CHRISTOPHER S CORDES

Before you begin: To determine if you must file Schedule SE, see the instructions.

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

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



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

- 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A
- 1b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y
- 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report
- 3 Combine lines 1a, 1b, and 2
- 4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.
- 5 **Self-employment tax.** If the amount on line 4 is:
 - \$110,100 or less, multiply line 4 by 13.3% (.133). Enter the result here and on **Form 1040, line 56, or Form 1040NR, line 54**
 - More than \$110,100, multiply line 4 by 2.9% (.029). Then, add \$11,450.40 to the result. Enter the total here and on **Form 1040, line 56, or Form 1040NR, line 54**
- 6 **Deduction for employer-equivalent portion of self-employment tax.**
If the amount on line 5 is:
 - \$14,643.30 or less, multiply line 5 by 57.51% (.5751)
 - More than \$14,643.30, multiply line 5 by 50% (.50) and add \$1,100 to the result. Enter the result here and on **Form 1040, line 27, or Form 1040NR, line 27**

1a	
1b	()
2	65,713.
3	65,713.
4	60,686.
5	8,071.
6	4,642.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning _____, 2013, ending _____, 20 _____ See separate instructions.

Your first name and initial: **CHRISTOPHER S** Last name: **CORDES** Your social security number: **[REDACTED]**

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street), if you have a P.O. box, see instructions: **101 SOUTH F STREET** Apt. no.: _____ **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions): **PENSACOLA FL 32502**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____ **Presidential Election Campaign**
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

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

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **1**

Boxes checked on 6a and 6b: **1**
 No. of children on 6c who:
 • lived with you: _____
 • did not live with you due to divorce or separation (see instructions): _____
 Dependents on 6c not entered above: _____
 Add numbers on lines above: **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not report on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	85,277.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	85,277.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	6,025.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN ▶		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	6,025.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	79,252.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	79,252.
	39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
Standard Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13,500.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41	Subtract line 40 from line 38	41	65,752.
• All others:	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	3,900.
Single or Married filing separately, \$6,100	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	61,852.
Married filing jointly or Qualifying widow(er), \$12,200	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	11,398.
Head of household, \$8,950	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	11,398.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	11,398.
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	12,049.
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	500.
	60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
	61	Add lines 55 through 60. This is your total tax	61	23,947.
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	
	63	2013 estimated tax payments and amount applied from 2012 return	63	18,000.
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election 64b		
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	18,000.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶	74a	
Direct deposit? See instructions.	b	Routing number <u>X X X X X X X X X X</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <u>X X X X X X X X X X X X X X X X X X X X</u>		
	75	Amount of line 73 you want applied to your 2014 estimated tax ▶	75	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	5,983.
	77	Estimated tax penalty (see instructions)	77	36.

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

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

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

Your signature <i>Christopher D Cordier</i>	Date 3/10/14	Your occupation BUSINESS OWNER	Daytime phone number (832) 274-3248
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Self-Prepared		Firm's EIN ▶	
Firm's address ▶		Phone no.		

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2013

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

CHRISTOPHER S CORDES

[REDACTED]

Caution. Do not include expenses reimbursed or paid by others.			
Medical and Dental Expenses	1 Medical and dental expenses (see instructions)	1	
	2 Enter amount from Form 1040, line 38 2		
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	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 (check only one box):	5	1,051.
	a <input type="checkbox"/> Income taxes, or		
	b <input checked="" type="checkbox"/> General sales taxes		
	6 Real estate taxes (see instructions)	6	6,459.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8	9	7,510.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	5,990.
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15 Add lines 10 through 14	15	5,990.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	
	22 Tax preparation fees	22	
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38 25	25	
	26 Multiply line 25 by 2% (.02)	26	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$150,000?	29	13,500.
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

**Profit or Loss From Business
(Sole Proprietorship)**

► For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2013
Attachment
Sequence No. **09**

Name of proprietor CHRISTOPHER S CORDES		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) SECURITY SERVICES	B Enter code from instructions ► 8 1 2 9 9 0	
C Business name, if no separate business name, leave blank.	D Employer ID number (EIN), (see instr.) [REDACTED]	
E Business address (including suite or room no.) ► 101 SOUTH F STREET City, town or post office, state, and ZIP code PENSACOLA, FL 32502		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H If you started or acquired this business during 2013, check here	<input checked="" type="checkbox"/>	
I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	156,303.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	156,303.
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	156,303.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	156,303.

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

8 Advertising	8	18 Office expense (see instructions)	18	1,805.
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depreciation	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22	4,699.
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest:		24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	49,170.
b Other	16b	b Deductible meals and entertainment (see instructions)	24b	8,702.
17 Legal and professional services	17	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7		27a Other expenses (from line 48)	27a	6,650.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: 1750 and (b) the part of your home used for business: 110 . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.		28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	71,026.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.		29 Tentative profit or (loss). Subtract line 28 from line 7	29	85,277.
		30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: 1750 and (b) the part of your home used for business: 110 . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0.
		31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	85,277.

32a All investment is at risk.
32b Some investment is not at risk.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2013
Attachment
Sequence No. **17**

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

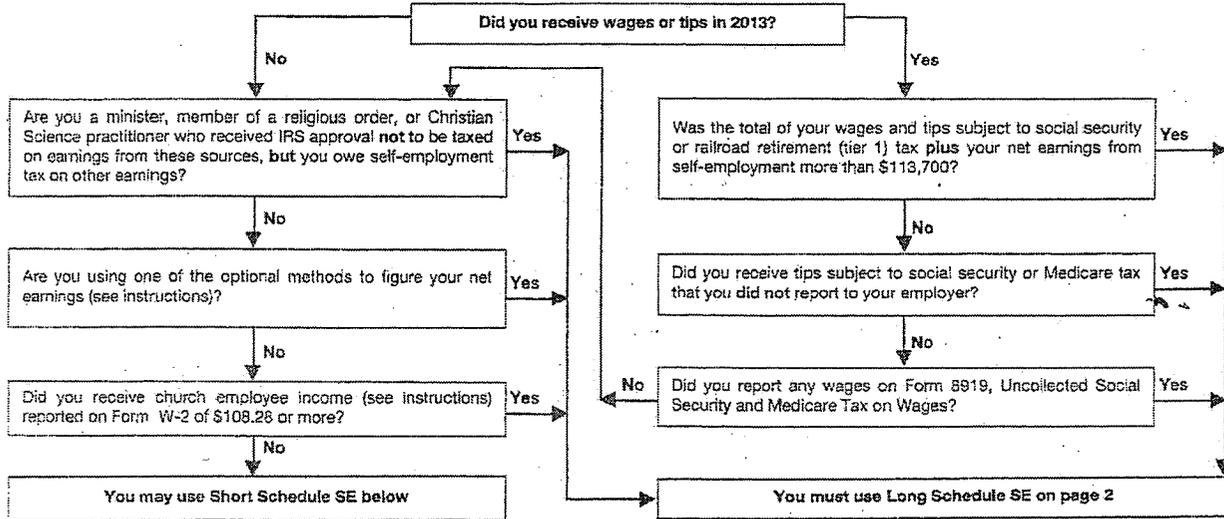
CHRISTOPHER S CORDES

Social security number of person
with self-employment income ►

Before you begin: To determine if you must file Schedule SE, see the instructions.

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

Note. Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report	2	85,277.
3 Combine lines 1a, 1b, and 2	3	85,277.
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	78,753.
5 Self-employment tax. If the amount on line 4 is: • \$113,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$113,700, multiply line 4 by 2.9% (.029). Then, add \$14,098.80 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54.	5	12,049.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	6,025.

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2014

OMB No. 1545-0074 IRS Use Only—Do not write or stamp in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning 2014, ending 2014, See separate instructions.

Your first name and initial: **CHRISTOPHER S** Last name: **CORDES** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: [REDACTED] Last name: [REDACTED] Spouse's social security number: [REDACTED]

Home address (number and street), if you have a P.O. box, see instructions. **101 SOUTH F STREET** Apt. no. [REDACTED] **Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code, if you have a foreign address, also complete spaces below (see instructions).

PENSACOLA FL 32502 Foreign country name: [REDACTED] Foreign province/state/county: [REDACTED] Foreign postal code: [REDACTED]

Foreign country name: [REDACTED] Foreign province/state/county: [REDACTED] Foreign postal code: [REDACTED] **Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.** You Spouse

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

Exemptions 6a. Yourself. If someone can claim you as a dependent, do not check box 6a. 6b. Spouse. **Boxes checked on 6a and 6b: 1**
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions)
 No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)
 Dependents on 6c not entered above
 Add numbers on lines above: **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	26,760.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	26,760.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	1,891.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN	31b	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	1,891.
37	Subtract line 36 from line 22. This is your adjusted gross income	37	24,869.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA REV 03/01/15 TTW Form **1040** (2014)

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2014

Department of the Treasury
Internal Revenue Service (98)

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

Attach to Form 1040.

Attachment
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

CHRISTOPHER S CORDES

[REDACTED]

		1	2	3	4	5	6	7	8	9	
Caution. Do not include expenses reimbursed or paid by others.											
Medical and Dental Expenses	1	Medical and dental expenses (see instructions)									
	2	Enter amount from Form 1040, line 38	2								
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead									
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-									
Taxes You Paid	5 State and local (check only one box):		5								
	a	<input type="checkbox"/> Income taxes, or				553.					
	b	<input checked="" type="checkbox"/> General sales taxes									
	6	Real estate taxes (see instructions)				6,426.					
	7	Personal property taxes									
	8	Other taxes. List type and amount									
	9	Add lines 5 through 8								6,979.	
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10			3,334.					
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	11								
	Note. Your mortgage interest deduction may be limited (see instructions).										
	12	Points not reported to you on Form 1098. See instructions for special rules	12								
	13	Mortgage insurance premiums (see instructions)	13								
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14								
	15	Add lines 10 through 14								3,334.	
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16								
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17								
	18	Carryover from prior year	18								
	18	Add lines 16 through 18									
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)								20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21								
	22	Tax preparation fees	22								
	23	Other expenses—investment, safe deposit box, etc. List type and amount	23								
	24	Add lines 21 through 23	24								
	25	Enter amount from Form 1040, line 38	25								
	26	Multiply line 25 by 2% (.02)	26								
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-								27	
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount								28	
Total Itemized Deductions	29	Is Form 1040, line 38, over \$152,525?									
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.								10,313.	
		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.									
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here									

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2014

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor
CHRISTOPHER S CORDES

Social security number (SSN)
[REDACTED]

A Principal business or profession, including product or service (see instructions)
SECURITY SERVICES

B Enter code from instructions
9 9 9 9 9 9

C Business name, if no separate business name, leave blank.

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶ **101 SOUTH F STREET**
City, town or post office, state, and ZIP code **PENSACOLA, FL 32502**

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

G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses . . . Yes No

H If you started or acquired this business during 2014, check here . . . Yes No

I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) . . . Yes No

J If "Yes," did you or will you file required Forms 1099? . . . Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ <input type="checkbox"/>	1	39,434.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	39,434.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	39,434.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	39,434.

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

8 Advertising	8		18 Office expense (see instructions)	18	221.
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	962.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	4,370.
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	4,055.
17 Legal and professional services	17	1,400.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	1,666.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: <u>1750</u> and (b) the part of your home used for business: <u>110</u> . Use the Simplified Method Worksheet in the Instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31				
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.					
				31	26,760.
				32a	<input checked="" type="checkbox"/> All investment is at risk.
				32b	<input type="checkbox"/> Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:
a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a 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.

RENTAL FORMAL WEAR/UNIFORMS	1,666.
48 Total other expenses. Enter here and on line 27a	48 1,666.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2014
Attachment
Sequence No. **17**

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

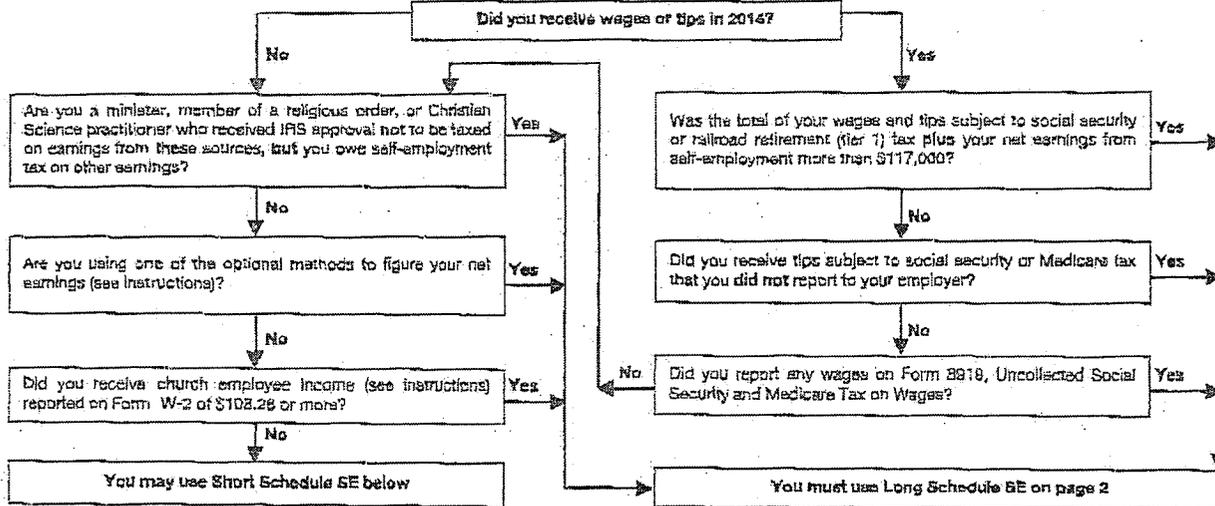
CHRISTOPHER S CORDES

Social security number of person
with self-employment income ►

Before you begin: To determine if you must file Schedule SE, see the instructions.

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

Note. Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	26,760.
3	Combine lines 1a, 1b, and 2	3	26,760.
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ► Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	24,713.
5	Self-employment tax. If the amount on line 4 is: • \$117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$117,000, multiply line 4 by 2.9% (.029). Then, add \$14,508 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55.	5	3,781.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	1,891.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

REV 10/29/14 TTW

Schedule SE (Form 1040) 2014



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0073

Date of this notice: 04-08-2013

Employer Identification Number:
46-2476057

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

YOUR SECURE INC
101 SOUTH F STREET
PENSACOLA, FL 32502

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-2476057. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2013
Form 940	01/31/2014
Form 1120	03/15/2014

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

finiti



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Model	Price	MPG	Color	Options
2007 Honda Civic	\$12,999	24/34	White	Automatic, Air
2007 Honda Civic	\$13,999	24/34	White	Automatic, Air, Sunroof
2007 Honda Civic	\$14,999	24/34	White	Automatic, Air, Sunroof, Alloy
2007 Honda Civic	\$15,999	24/34	White	Automatic, Air, Sunroof, Alloy, Navigation
2007 Honda Civic	\$16,999	24/34	White	Automatic, Air, Sunroof, Alloy, Navigation, Leather
2007 Honda Civic	\$17,999	24/34	White	Automatic, Air, Sunroof, Alloy, Navigation, Leather, Moonroof
2007 Honda Civic	\$18,999	24/34	White	Automatic, Air, Sunroof, Alloy, Navigation, Leather, Moonroof, Alloy
2007 Honda Civic	\$19,999	24/34	White	Automatic, Air, Sunroof, Alloy, Navigation, Leather, Moonroof, Alloy, Sunroof
2007 Honda Civic	\$20,999	24/34	White	Automatic, Air, Sunroof, Alloy, Navigation, Leather, Moonroof, Alloy, Sunroof, Alloy
2007 Honda Civic	\$21,999	24/34	White	Automatic, Air, Sunroof, Alloy, Navigation, Leather, Moonroof, Alloy, Sunroof, Alloy, Sunroof

