

1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 2006

(99)

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

OMB No. 1545-0074

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

L
A
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E

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending 20

Your first name and initial
SHENETTE MLast name
ALEXANDER

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

Last name

Home address (number and street). If you have a P.O. box, see page 16.

1430 EL MIRADOR AVENUE

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

LONG BEACH**CA 90815**

Your social security number

Spouse's social security number

You must enter
your SSN(s) above.Checking a box below will not
change your tax or refund.☐ You ☐ SpousePresidential
Election Campaign

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

Filing Status

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above

4 ☒ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. **KYLIE SMITH**

5 ☐ Qualifying widow(er) with dependent child (see page 17)

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) ☐ If qual. child for child tax cr. (see page 19)

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 page 20)

Dependents on
6c not en-
tered above

Add numbers
on lines
above **1**

d Total number of exemptions claimed

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 (see page 23)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)

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

16a Pensions and annuities

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

21 Other income. List type and amount (see page 29)

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

23 Archer MSA deduction. Attach Form 8853

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 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 29)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction (see page 31)

33 Student loan interest deduction (see page 33)

34 Jury duty pay you gave to your employer

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

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

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 page 23.

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

Adjusted
Gross
Income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.

Form 1040 (2006)

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	48,297
	39a	Check ☐ You were born before January 2, 1942, ☐ Blind. ☐ Spouse was born before January 2, 1942, ☐ Blind. Total boxes checked ☐ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ☐ 39b		
Standard Deduction for-	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	32,511
* People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.	41	Subtract line 40 from line 38	41	15,786
* All others:	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	3,300
Single or Married filing separately, \$5,150	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	12,486
Married filing jointly or Qualifying widow(er), \$10,300	44	Tax (see page 36). Check if any tax is from: a ☐ Form(s) 8814	44	1,334
Head of household, \$7,550	b	☐ Form 4972	45	
	45	Alternative minimum tax (see page 39). Attach Form 6251	46	1,334
	46	Add lines 44 and 45		
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Credit for the elderly or the disabled. Attach Schedule R	49	
	50	Education credits. Attach Form 8863	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Child tax credit (see page 42). Attach Form 8901 if required	53	
	54	Credits from: a ☐ Form 8396 b ☐ Form 8839 c ☐ Form 8859	54	
	55	Other credits: a ☐ Form 3800 b ☐ Form 8801 c ☐ Form	55	
	56	Add lines 47 through 55. These are your total credits	56	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	1,334
Other Taxes	58	Self-employment tax. Attach Schedule SE	58	9,443
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	
	62	Household employment taxes. Attach Schedule H	62	
	63	Add lines 57 through 62. This is your total tax	63	10,777
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	
	65	2006 estimated tax payments and amount applied from 2005 return	65	
If you have a qualifying child, attach Schedule EIC.	66a	Earned Income credit (EIC)	66a	
	b	Nontaxable combat pay election ☐ 66b		
	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
	68	Additional child tax credit. Attach Form 8812	68	
	69	Amount paid with request for extension to file (see page 60)	69	10,000
	70	Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885	70	
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	30
	72	Add ln. 64, 65, 66a, & 67 - 71. These are your total payments	72	10,030
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐ 74a		
	b	Routing number		
	c	Type: ☐ Checking ☐ Savings		
	d	Account number		
	75	Amount of line 73 you want applied to your 2007 estimated tax	75	
	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	1,257
Amount You Owe	77	Estimated tax penalty (see page 62)	77	510

Do you want to allow another person to discuss this return with the IRS (see page 63)? ☒ Yes. Complete the following. ☐ No

Third Party Designee

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

Sign Here

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

Your signature Date Your occupation **CONSULTANT** Daytime phone number

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 ☐ Preparer's SSN or PTIN **P00285785**

Firm's name (or yours if self-employed), address, and ZIP code **ALAN P. LUCKETT, P.S.C.** EIN **61-1221960**

5818 PRESTON HWY Phone no. **502-966-0571**

LOUISVILLE KY **40219-1314**

2006

Attachment
Sequence No. 07

Schedule A—Itemized Deductions

(Schedule B is on back)

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

Attach to Form 1040.

Your social security number

SCHEDULES A&B

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

As shown on Form 1040

KINETTE M ALEXANDER

Caution. Do not include expenses reimbursed or paid by others.		1	12,358	
1	Medical and dental expenses (see page A-1)	2	48,297	
2	Enter amount from Form 1040, line 38	3	3,622	
3	Multiply line 2 by 7.5% (.075)	4		8,736
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	5	5,400	
5	State and local income taxes	6	377	
6	Real estate taxes (see page A-3)	7		
7	Personal property taxes	8		
8	Other taxes. List type and amount	9		5,777
9	Add lines 5 through 8	10	2,477	
10	Home mortgage interest and points reported to you on Form 1098	11		
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	12		
12	Points not reported to you on Form 1098. See page A-4 for special rules	13		
13	Investment interest. Attach Form 4952 if required. (See page A-4.)	14		2,477
14	Add lines 10 through 13	15	15,521	
15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-5	16		
16	Other than by cash or check. If any gift of \$250 or more, see page A-5. You must attach Form 8283 if over \$500	17		
17	Carryover from prior year	18		15,521
18	Add lines 15 through 17	19		
19	Casualty or theft loss(es). Attach Form 4684. (See page A-6.)	20		
20	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.)	21		
21	Tax preparation fees	22		
22	Other expenses—investment, safe deposit box, etc. List type and amount	23		
23	Add lines 20 through 22	24		
24	Enter amount from Form 1040, line 38	25		
25	Multiply line 24 by 2% (.02)	26		
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	27		
27	Other—from list on page A-7. List type and amount	28		32,511
28	Is Form 1040, line 38, over \$150,500 (over \$75,250 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 this amount on Form 1040, line 40.				
☐ Yes. Your deduction may be limited. See page A-7 for the amount to enter.				
29 If you elect to itemize deductions even though they are less than your standard deduction, check here				

Schedule A (Form 1040) 2006

For Paperwork Reduction Act Notice, see Form 1040 instructions.

SCHEDULE C
Form 1040

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2006

Attachment
Sequence No. **09**

Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

Attach to Form 1040, 1040NR, or 1041. See instructions for Schedule C (Form 1040).

Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

Social security number (SSN)

SHENETTE M ALEXANDER

Principal business or profession, including product or service (see page C-2 of the instructions)

CONSULTING AND BUSINESS DEVELOPMENT

Business name. If no separate business name, leave blank.

B Enter code from pages C-8, 9, & 10
561110

D Employer ID number (EIN), if any

Business address (including suite or room no.) **1911 PRESTWICK DRIVE**
City, town or post office, state, and ZIP code **LOUISVILLE KY**

Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ☒ Yes ☐ No

Did you "materially participate" in the operation of this business during 2006? If "No," see page C-3 for limit on losses ☒ Yes ☐ No

If you started or acquired this business during 2006, 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-3 and check here	☐	1	165,375
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	165,375
4	Cost of goods sold (from line 42 on page 2)		4	
5	Gross profit. Subtract line 4 from line 3		5	165,375
6	Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3)		6	
7	Gross income. Add lines 5 and 6		7	165,375

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see page C-4)	9	2,331	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see page C-5):	20a	
11	Contract labor (see page C-4)	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 page C-4)	13	15,769	21	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	61
15	Insurance (other than health)	15		23	Taxes and licenses	24	
16	Interest:			24	Travel, meals, and entertainment:	24a	41,318
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24b	2,027
b	Other	16b		b	Deductible meals and entertainment (see page C-6)	25	
17	Legal and professional services	17	25,575	25	Utilities	26	
				26	Wages (less employment credits)	27	3,079
				27	Other expenses (from line 48 on page 2)		
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns			28		28	90,160
29	Tentative profit (loss). Subtract line 28 from line 7			29		29	75,215
30	Expenses for business use of your home. Attach Form 8829			30		30	8,387
31	Net profit or (loss). Subtract line 30 from line 29.			31		31	66,828

If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

If a loss, you must go to line 32.

If you have a loss, check the box that describes your investment in this activity (see page C-6).

If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

If you checked 32b, you must attach Form 6198. Your loss may be limited.

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

For Paperwork Reduction Act Notice, see page C-8 of the instructions.

Schedule C (Form 1040) 2006

Cost of Goods Sold (see page C-7)

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

Are there any change in determining quantities, costs, or valuations between opening and closing inventory?

☐ Yes ☐ No

Inventory at beginning of year. If different from last year's closing inventory, attach explanation

Purchases less cost of items withdrawn for personal use

Cost of labor. Do not include any amounts paid to yourself

Materials and supplies

Other costs

Add lines 35 through 39

Inventory at end of year

Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4

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 on page C-4 to find out if you must file Form 4562.

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

Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for:

Business b Commuting (see instructions) c Other

Do you (or your spouse) have another vehicle available for personal use?

Was your vehicle available for personal use during off-duty hours?

Do you have evidence to support your deduction?

If "Yes," is the evidence written?

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

BOOK EXPENSE

BUSINESS CHECKS

ETS

INTERNET

POSTAGE

TELEPHONE

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

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2006

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

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

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

SHENETTE M ALEXANDER

Social security number of person
with self-employment income ▶

Who Must File Schedule SE

You must file Schedule SE if:

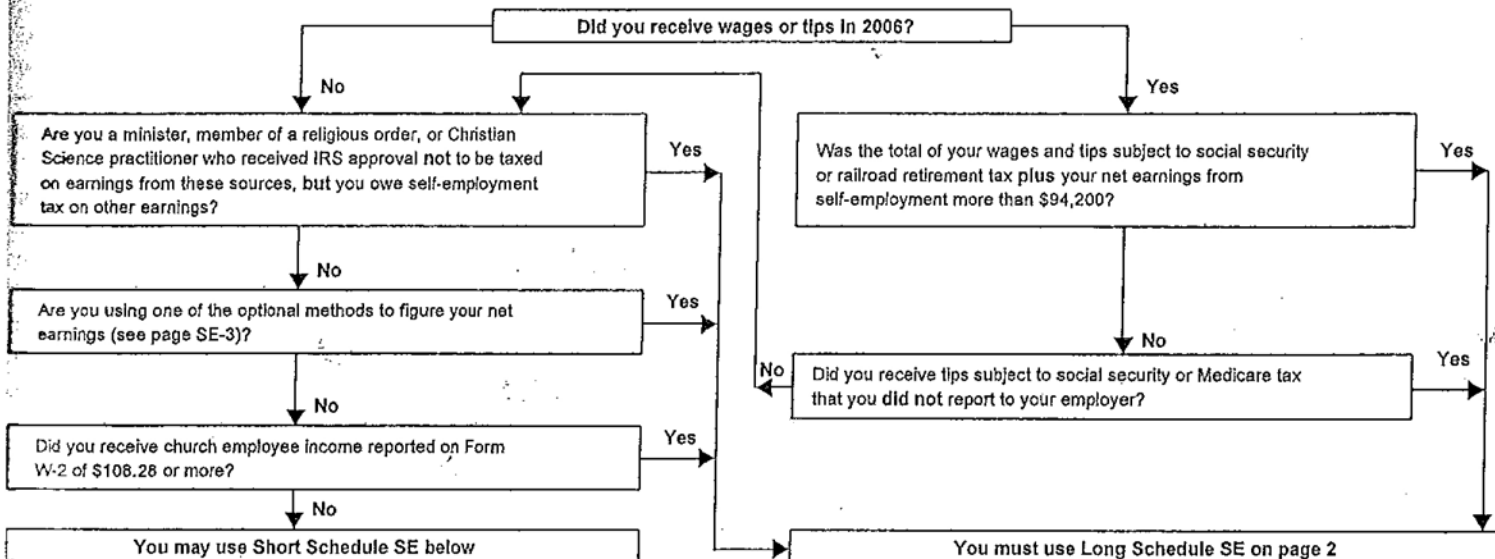
- **You** had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- **You** had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious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

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

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

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

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



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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report	2	66,828
3	Combine lines 1 and 2	3	66,828
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	61,716
5	Self-employment tax. If the amount on line 4 is: • \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. • More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on Form 1040, line 58.	5	9,443
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	4,722

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 2006

Form 8829

Expenses for Business Use of Your Home

OMB No. 1545-0074

2006

Attachment
Sequence No. 66Department of the Treasury
Internal Revenue Service (99)► File only with Schedule C (Form 1040). Use a separate Form 8829 for each
home you used for business during the year.

► See separate instructions.

Your social security number

Name(s) of proprietor(s)

SHENETTE M ALEXANDER

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples. (see instructions)	1	2000
2	Total area of home	2	3500
3	Divide line 1 by line 2. Enter the result as a percentage	3	57.14%
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days X 24 hours) (see instructions)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	57.14%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions	8	75,215
See instructions for columns (a) and (b) before completing lines 9-21.			
9	Casualty losses (see instructions)	(a) Direct expenses	(b) Indirect expenses
10	Deductible mortgage interest (see instructions)	9	
11	Real estate taxes (see instructions)	10	5,779
12	Add lines 9, 10, and 11	11	880
13	Multiply line 12, column (b) by line 7	12	6,659
14	Add line 12, column (a) and line 13	13	3,805
15	Subtract line 14 from line 8. If zero or less, enter -0-	14	3,805
16	Excess mortgage interest (see instructions)	15	71,410
17	Insurance	16	
18	Rent	17	268
19	Repairs and maintenance	18	
20	Utilities	19	2,205
21	Other expenses (see instructions)	20	1,392
22	Add lines 16 through 21	21	3,865
23	Multiply line 22, column (b) by line 7	22	2,208
24	Carryover of operating expenses from 2005 Form 8829, line 41	23	2,208
25	Add line 22 in column (a), line 23, and line 24	24	
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	25	2,208
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	26	2,208
28	Excess casualty losses (see instructions)	27	69,202
29	Depreciation of your home from Part III below	28	
30	Carryover of excess casualty losses and depreciation from 2005 Form 8829, line 42	29	2,374
31	Add lines 28 through 30	30	
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	31	2,374
33	Add lines 14, 26, and 32	32	2,374
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684, Section B	33	8,387
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	34	
		35	8,387

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	188,180
37	Value of land included on line 36	37	26,133
38	Basis of building. Subtract line 37 from line 36	38	162,047
39	Business basis of building. Multiply line 38 by line 7	39	92,594
40	Depreciation percentage (see instructions)	40	2.5640%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	2,374

Part IV Carryover of Unallowed Expenses to 2007

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0

For Paperwork Reduction Act Notice, see page 4 of separate instructions.

Form 8829 (2006)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2006

Attachment
Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Identifying number

Name(s) shown on return

SHENETTE M ALEXANDER

Business or activity to which this form relates

CONSULTING AND BUSINESS DEVELOPMENT

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	11,069
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	108,000
6	(a) Description of property SEE STATEMENT 2	(b) Cost (business use only) 11,069	(c) Elected cost 11,069
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	11,069
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	11,069
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	77,897
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	11,069
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		17	0
17	MACRS deductions for assets placed in service in tax years beginning before 2006		
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
19b 5-year property						
19c 7-year property						
19d 10-year property						
19e 15-year property						
19f 20-year property			25 yrs.		S/L	
19g 25-year property			27.5 yrs.	MM	S/L	
19h Residential rental property			27.5 yrs.	MM	S/L	
19i Nonresidential real property			39 yrs.	MM	S/L	

Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
20b 12-year			12 yrs.		S/L	
20c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	4,700
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	15,769
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

rm 4562 (2006)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No 24b If "Yes," is the evidence written? ☒ Yes ☐ No

(a) Type of property (first vehicle listed)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
---	-------------------------------	---	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

Property used more than 50% in a qualified business use:

05 HONDA ODESSY	4/22/05	100.00%	56,727	56,727	5.0	200DBHY	4,700	
		%						

Property used 50% or less in a qualified business use:

		%				S/L-		
		%				S/L-		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
0 Total business/investment miles driven during the year (do not include commuting miles)	20,000					
1 Total commuting miles driven during the year						
2 Total other personal (noncommuting) miles driven						
3 Total miles driven during the year. Add lines 30 through 32	20,000					
4 Was the vehicle available for personal use during off-duty hours?	X					
5 Was the vehicle used primarily by a more than 5% owner or related person?	X					
6 Is another vehicle available for personal use?	X					

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
9 See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
10 Do you treat all use of vehicles by employees as personal use?		
11 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
12 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2006 tax year (see instructions):

--	--	--	--	--	--

43 Amortization of costs that began before your 2006 tax year

--	--	--	--	--	--

44 Total. Add amounts in column (f). See the instructions for where to report

Federal Statements

CONSULTING AND BUSINESS DEVELOPMENT

Statement 1 - Business Use of Home - Depreciation

Description	Date	Bus %	Cost	Dep Basis	Per	Cn	Meth	Deduct
HOME OFFICE BUILDING	1/01/05	57.14	\$ 162,047	\$ 92,594	39.0	MM	S/L	\$ 2,374
HOME OFFICE LAND	1/01/05		26,133					
TOTAL			<u>\$ 188,180</u>	<u>\$ 92,594</u>				<u>\$ 2,374</u>

Federal Statements

CONSULTING AND BUSINESS DEVELOPMENT

Statement 2 - Form 4562, Line 6 - Section 179 Expense

Description of Property	Cost	Expense
OFFICE FURNITURE	\$ 7,000	\$ 7,000
OFFICE FURNITURE	230	230
OFFICE FURNITURE	430	430
OFFICE FURNITURE	248	248
OFFICE FURNITURE	1,007	1,007
OFFICE FURNITURE	1,077	1,077
OFFICE FURNITURE	1,077	1,077
TOTAL	\$ 11,069	\$ 11,069

Name

SHENETTE M ALEXANDER

CONSULTING AND BUSINESS DEVELOPMENT

Description

Form/Schedule

C

Unit number

1

Vehicle 1 - Date

4/22/05

Description

05 HONDA ODESSY

Vehicle 2 - Date

Description

Vehicle 3 - Date

Description

General Information

Vehicle 1

Vehicle 2

Vehicle 3

- | | | | |
|---|----------|---|---|
| 1. Total mileage | 20,000 | | |
| 2. Business miles (44.5 cents per mile) | 20,000 | | |
| 3. Commuting mileage | | | |
| 4. Other mileage | 100.00 % | % | % |
| 5. Business use percentage | | | |

Actual Expenses

- | | | | |
|--|----------|---|---|
| 6. Parking fees and tolls | 138 | | |
| 7 a. Gasoline, oil, repairs, insurance, etc. | 2,193 | | |
| b. Interest, registration & taxes | | | |
| c. Vehicle rentals (net of inclusion amount) | 2,193 | | |
| 8. Total expenses. Add lines 7a - 7c | 100.00 % | % | % |
| 9. Business use percentage from line 5 | 2,193 | | |
| 10. Business use portion of actual expenses | 4,700 | | |
| 11. Depreciation | 7,031 | | |
| 12. Total actual expense allowable. Add lines 6, 10 and 11 | | | |

Standard Mileage Rate Method

- | | | | |
|---|-------|--|--|
| 13. Business mileage (line 2) multiplied by applicable rate | 8,900 | | |
| 14. Parking fees and tolls from line 6 | 138 | | |
| 15. Line 7b (Int & taxes only) multiplied by bus pct (line 5) | 9,038 | | |
| 16. Standard mileage rate | | | |

Vehicle 4 - Date

Description

Vehicle 5 - Date

Description

Vehicle 6 - Date

Description

General Information

Vehicle 4

Vehicle 5

Vehicle 6

- | | | | |
|---|---|---|---|
| 1. Total mileage | | | |
| 2. Business miles (44.5 cents per mile) | | | |
| 3. Commuting mileage | | | |
| 4. Other mileage | % | % | % |
| 5. Business use percentage | | | |

Actual Expenses

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

Standard Mileage Rate Method

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

Vehicle expense

Vehicle rentals

Vehicle depreciation

Total allowable deduction

Allowable Deduction

2,331

4,700

7,031

Taxpayer Identification Number

Name as shown on return

SHENETTE M ALEXANDER

Locality of

State of

KENTUCKY

General Sales Tax from IRS Tables

1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 37 1. 48,297
2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges) 2. _____
3. Add the nontaxable amounts from combat pay, public assistance, veteran's benefits, unemployment compensation 3. _____
4. Add lines 1 through 3, this is income for general sales tax table purposes 4. 48,297
5. Enter the amount from the sales tax table in IRS Publication 600. 5. 501
 Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8
 and enter the amount from line 5 on line 9
6. Enter the number of days of residence in state 6. _____
7. Total days in year 7. 365
8. Divide line 6 by line 7 (rounded to at least 3 decimal places) 8. _____
9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table from IRS Publication 600. 9. 501

Local Sales Tax Using IRS Tables

10. Enter the amount from the sales tax table in the Schedule A instructions. 10. _____
11. If you are a resident of Alaska, Arizona, Arkansas (Texarkana only), California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, New York, or North Carolina, enter the amount from the applicable Optional Local Sales Tax Table in IRS Publication 600. 11. _____
12. Enter the local general sales tax rate (exclude statewide local sales tax rate) 12. _____
13. Enter the state general sales tax rate (include statewide local sales tax rate) 13. _____
14. Divide line 12 by line 13 (rounded to at least 3 decimal places) 14. _____
15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables. 15. _____
 Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18.
 and enter the amount from line 15 on line 19
 If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables.
 Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18
 and enter the amount from line 15 on line 19
16. Enter the number of days of residence in locality 16. _____
17. Total days in year 17. 365
18. Divide line 16 by line 17 (rounded to at least 3 decimal places) 18. _____
19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. 19. _____

General Sales Tax Summary

20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets 20. 501
21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets 21. _____
22. Add lines 20 and 21, this is the total General Sales taxes using the tables 22. 501
23. Enter the actual state and local general sales taxes paid 23. _____
24. Enter the greater of line 22 or line 23 24. 501
25. Enter the state and local taxes paid on specified items (Major purchases) 25. _____
26. Add lines 24 and 25, this is the deductible General Sales tax 26. 501
27. Enter total state and local income taxes paid 27. 5,400

Enter the greater of line 26 or 27 on Schedule A line 5. If line 26 is greater, enter "ST" next to Schedule A, line 5.

Taxpayer Identification Number

Name

SHENETTE M ALEXANDER

State Qualified Tuition Program Beneficiary Summary

[illegible]

Private Qualified Tuition Program Beneficiary Summary

[illegible]

Form 1040

Keogh/SEP/SIMPLE Worksheet

2006

Taxpayer Identification Number

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

SHENETTE M ALEXANDER

Description CONSULTING AND BUSINESS DEVELOPMENT

Form/Schedule

C

Unit number

1

Plan Type SEP

Keogh, 401(K) and SEP Plan Contribution Worksheet
Self-Employed Person's Rate Worksheet

- | | | | |
|----|--|----|----------|
| 1. | Plan contribution rate as a decimal (for example, 15% would be 0.15) | 1. | 0.2500 |
| 2. | Rate in line 1 plus 1 (for example, 0.15 plus 1 would be 1.15) | 2. | 1.2500 |
| 3. | Self-employed rate as a decimal (divide line 1 by line 2) | 3. | 0.200000 |

Self-Employed Person's Deduction Worksheet

- | | | | |
|---------|---|-----|----------|
| Step 1 | Enter your net earnings from line 31, Sch C; line 3, Sch C-EZ; line 36, Sch F; or box 14, Code A*, Sch K-1
* Less amount of expenses subtracted from box 14, Code A to determine the amount on line 1 or line 2 of Schedule SE | 1. | 66,828 |
| Step 2 | Enter your deduction for self-employment tax from line 27, Form 1040 | 2. | 4,722 |
| Step 3 | Net earning from self-employment. Subtract step 2 from step 1 | 3. | 62,106 |
| Step 4 | Enter the self-employed rate shown on line 3 above | 4. | 0.200000 |
| Step 5 | Multiply Step 3 by Step 4 | 5. | 12,421 |
| Step 6 | Multiply \$220,000 by your plan contribution rate from line 1 above | 6. | 55,000 |
| Step 7 | Enter the amount contributed to the retirement plan | 7. | 55,000 |
| Step 8 | Enter the smaller of step 5, step 6, or step 7 | 8. | 12,421 |
| Step 9 | Contribution dollar limit
• If you made elective deferrals, go to step 10.
• Otherwise, skip steps 10 through 19 and enter the smaller of step 8 or step 9 on step 20 | 9. | 44,000 |
| Step 10 | Enter your allowable elective deferrals (including designated Roth contributions) made during 2006.
Do not enter more than \$15,000 | 10. | |
| Step 11 | Subtract step 10 from step 9 | 11. | |
| Step 12 | Subtract step 10 from step 3 | 12. | |
| Step 13 | Enter one-half of step 12 | 13. | |
| Step 14 | Enter the smallest of steps 8, 11, or 13 | 14. | |
| Step 15 | Subtract step 14 from step 3 | 15. | |
| Step 16 | Enter the smaller of step 10 or step 15
• If you made catch-up contributions, go to step 17.
• Otherwise, skip steps 17 through 19 and go to step 20. | 16. | |
| Step 17 | Subtract step 16 from step 15 | 17. | |
| Step 18 | Enter your catch-up contributions (including designated Roth contributions), if any. Do not enter more than \$5,000 | 18. | |
| Step 19 | Enter the smaller of step 17 or step 18 | 19. | |
| Step 20 | Add steps 14, 16, and 19. | 20. | 12,421 |
| Step 21 | Enter the amount of designated Roth contributions included on lines 10 and 18 | 21. | |
| Step 22 | Subtract step 21 from step 20. This is your contribution deduction
Enter this amount on line 28, Form 1040. | 22. | 12,421 |

SIMPLE Plan Contribution Worksheet

- | | | | |
|----|--|----|--|
| 1. | Enter your net earnings from self-employment | 1. | |
| 2. | Enter the SIMPLE plan contribution amount. Do not enter more than \$10,000 | 2. | |
| 3. | Enter the smaller of line 1 or line 2 | 3. | |
| 4. | Enter the SIMPLE employer matching contributions | 4. | |
| 5. | Enter the smaller of line 3 or line 4 | 5. | |
| 6. | Enter your catch-up contributions (if any). Do not enter more than \$2,500 | 6. | |
| 7. | Enter your employer matching catch-up contributions. | 7. | |
| 8. | Add lines 3, 5, 6 and 7. This is your SIMPLE plan contribution deduction
Enter your deduction on line 28, Form 1040 | 8. | |

Taxpayer Identification Number

Name

SHENETTE M ALEXANDER

Taxpayer

Spouse

Farm profit or (loss)

Schedule F
 Farm Partnerships - Schedule K-1, box 14, code A
 Auto expense from farm partnerships
 Amortization from farm partnerships
 Depreciation & Section 179 from farm partnerships
 Depletion from farm partnerships
 Other expenses from farm partnerships
 Home office expenses from farm partnerships
 Unreimbursed partnership expenses from farm partnerships
 Farm adjustment to SE income
Net farm profit or (loss) - Schedule SE line 1

0	0

Nonfarm profit or (loss)

Schedule C
 Nonfarm partnerships - Schedule K-1, box 14, code A
 Auto expense from nonfarm partnerships
 Amortization from nonfarm partnerships
 Depreciation & section 179 from nonfarm partnerships
 Depletion from nonfarm partnerships
 Other expenses from nonfarm partnerships
 Home office expenses from nonfarm partnerships
 Unreimbursed partnership expenses from nonfarm partnerships
 Employee business expenses from Form 2106
 Nonfarm adjustment to SE income
 Self-employment income reported as other income
 Self-employment income from contracts and straddles
 Minister wages
 Minister household allowance
Net nonfarm profit or (loss) - Schedule SE line 2

66,828	
66,828	0
66,828	0

Net profit (loss) from self-employment activities - Schedule SE line 3

Church employee income - Schedule SE line 5a

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

SHENETTE M ALEXANDER

Taxpayer Identification Number

Description CONSULTING AND BUSINESS DEVELOPMENT

Form/Schedule

C

Unit number

1

1. Enter total payments made during the tax year for health insurance for you, your spouse and dependents. Do not include amounts for any month you were eligible to participate in an employer-sponsored health plan by your or your spouse's employer, or:

- Any amounts you included on Form 8885
- Any qualified health insurance premiums you paid to "U.S. Treasury-HCTC", or
- Any health coverage tax credit advance payments shown in box 1 of Form 1099-H

Also, do not include payments for qualified long-term care insurance

- | | | |
|--|-----|--------|
| 2. For long-term care insurance, enter the lesser of total payments made, or limited amount based on age | 1. | 1,388 |
| 3. Add the total of lines 1 and 2 | 2. | 1,388 |
| 4. Enter your net profit and any other earned income from the trade or business under which the insurance plan is established. (If the business is an S corporation, skip to line 11.) | 3. | |
| 5. Enter the total of all net profits from: line 31, Sch C; line 3, Sch C-EZ; line 36, Sch F; or box 14, Code A, Sch K-1 (Form 1065); plus any other income allocable to the profitable businesses. DO NOT include any net losses shown on these schedules | 4. | 66,828 |
| 6. Divide line 4 by line 5 | 5. | 66,828 |
| 7. Multiply Form 1040, line 27, by the percentage on line 6 | 6. | 1.0000 |
| 8. Subtract line 7 from line 4 | 7. | 4,722 |
| 9. Enter the amount, if any, from Form 1040, line 28 attributable to the same trade or business in which the health insurance plan is established | 8. | 62,106 |
| 10. Subtract line 9 from line 8 | 9. | 12,421 |
| 11. Enter your wages from an S corporation in which you are a more-than-2% shareholder and in which the health insurance plan is established | 10. | 49,685 |
| 12. Enter the amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above, or the amount from Form 2555-EZ, line 18, attributable to the amount entered on line 11 above | 11. | |
| 13. Subtract line 12 from line 10 or 11, whichever applies | 12. | |
| 14. Self-employed health insurance deduction. Enter the smaller of line 3 or line 13 here and on Form 1040, line 29. DO NOT include this amount in figuring any medical expense deduction on Schedule A | 13. | 49,685 |
| | 14. | 1,388 |

Federal Statements

Schedule A, Line 1 - Medical and Dental Expenses

Description	Amount
DOCTORS/HOSPITALS	\$ 12,287
PRESCRIPTION DRUGS	71
TOTAL	\$ 12,358

Schedule A, Line 5 - State and Local Taxes

Description	Amount
2005 KENTUCKY	\$ 4,400
STATE TAX PAYMENTS	1,000
TOTAL INCOME TAXES*	5,400
GENERAL SALES TAX	501
TOTAL SALES TAXES	501

*INCOME TAXES ARE BEING DEDUCTED

Schedule A, Line 6 - Real Estate Taxes

Description	Amount
PERSONAL RE TAX - FORM 8829	\$ 377
TOTAL	\$ 377

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

Description	Amount
MORT INT FROM 8829 FORM/WRKST	\$ 2,477
TOTAL	\$ 2,477

Schedule A, Line 15 - Charitable Contributions by Cash or Check

Description	Amount
MURRAY STATE UNIVERSITY	\$ 200
MARCH OF DIMES	12
FRATERNAL ORDER OF POLICE	35
UNIVERSITY OF ILLINOIS	24
PATHWAY TO INDEPENDENCE	250
CSULB FOUNDATION	15,000
TOTAL	\$ 15,521

Federal Statements

CONSULTING AND BUSINESS DEVELOPMENT Schedule C, Line 23 - Taxes and Licenses

Description	Amount
LICENSES	\$ 61
TOTAL	\$ 61

Federal Statements

CONSULTING AND BUSINESS DEVELOPMENT Form 4562, Line 11 Business Income

Description	Amount
BUSINESS INCOME	\$ 77,897
TOTAL	\$ 77,897

Federal Asset Report

CONSULTING AND BUSINESS DEVELOPMENT

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Section 179 Expense:										
1	OFFICE FURNITURE	1/06/06	7,000		X		N/A	7 HY 200DB	0	7,000
2	OFFICE FURNITURE	9/19/06	230		X		N/A	7 HY 200DB	0	230
3	OFFICE FURNITURE	9/26/06	430		X		N/A	7 HY 200DB	0	430
4	OFFICE FURNITURE	10/11/06	248		X		N/A	7 HY 200DB	0	248
5	OFFICE FURNITURE	11/16/06	1,007		X		N/A	7 HY 200DB	0	1,007
6	OFFICE FURNITURE	12/06/06	1,077		X		N/A	7 HY 200DB	0	1,077
7	OFFICE FURNITURE	12/13/06	1,077		X		N/A	7 HY 200DB	0	1,077
			<u>11,069</u>				<u>N/A</u>		<u>0</u>	<u>11,069</u>
7-year GDS Property:										
1	OFFICE FURNITURE	1/06/06	N/A*		X		0	7 HY 200DB	0	0
2	OFFICE FURNITURE	9/19/06	N/A*		X		0	7 HY 200DB	0	1
3	OFFICE FURNITURE	9/26/06	N/A*		X		0	7 HY 200DB	0	0
4	OFFICE FURNITURE	10/11/06	N/A*		X		0	7 HY 200DB	0	0
5	OFFICE FURNITURE	11/16/06	N/A*		X		0	7 HY 200DB	0	0
6	OFFICE FURNITURE	12/06/06	N/A*		X		0	7 HY 200DB	0	0
7	OFFICE FURNITURE	12/13/06	N/A*		X		0	7 HY 200DB	0	0
			<u>0</u>				<u>0</u>		<u>0</u>	<u>1</u>
Prior MACRS:										
8	LUGGAGE	1/01/05	1,490		X		0	7 HY 200DB	1,490	0
9	OFFICE FURNITURE	1/01/05	1,689		X		0	7 HY 200DB	1,689	0
11	HOME OFFICE BUILDING	1/01/05	162,047	57.14			92,594	39 MMS/L	2,018	2,374
			<u>165,226</u>				<u>92,594</u>		<u>5,197</u>	<u>2,374</u>
Other Depreciation:										
12	HOME OFFICE LAND	1/01/05	26,133				0	0 -- Land	0	0
			<u>26,133</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Total Other Depreciation									
							<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation						<u>0</u>		<u>0</u>	<u>0</u>
Listed Property:										
10	05 HONDA ODESSY	4/22/05	56,727				56,727	5 HY 200DB	2,960	4,700
			<u>56,727</u>				<u>56,727</u>		<u>2,960</u>	<u>4,700</u>
	Grand Totals		259,155				149,321		8,157	18,144
	Less: Dispositions		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>259,155</u>				<u>149,321</u>		<u>8,157</u>	<u>18,144</u>

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

AMT Asset Report

CONSULTING AND BUSINESS DEVELOPMENT

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Section 179 Expense:												
1	OFFICE FURNITURE	1/06/06	7,000		X		N/A	7	HY	150DB	0	7,000
2	OFFICE FURNITURE	9/19/06	230		X		N/A	7	HY	150DB	0	230
3	OFFICE FURNITURE	9/26/06	430		X		N/A	7	HY	150DB	0	430
4	OFFICE FURNITURE	10/11/06	248		X		N/A	7	HY	150DB	0	248
5	OFFICE FURNITURE	11/16/06	1,007		X		N/A	7	HY	150DB	0	1,007
6	OFFICE FURNITURE	12/06/06	1,077		X		N/A	7	HY	150DB	0	1,077
7	OFFICE FURNITURE	12/13/06	1,077		X		N/A	7	HY	150DB	0	1,077
			<u>11,069</u>				<u>N/A</u>				<u>0</u>	<u>11,069</u>
7-year GDS Property:												
1	OFFICE FURNITURE	1/06/06	N/A*		X			0	7	HY 150DB	0	0
2	OFFICE FURNITURE	9/19/06	N/A*		X			0	7	HY 150DB	0	1
3	OFFICE FURNITURE	9/26/06	N/A*		X			0	7	HY 150DB	0	0
4	OFFICE FURNITURE	10/11/06	N/A*		X			0	7	HY 150DB	0	0
5	OFFICE FURNITURE	11/16/06	N/A*		X			0	7	HY 150DB	0	0
6	OFFICE FURNITURE	12/06/06	N/A*		X			0	7	HY 150DB	0	0
7	OFFICE FURNITURE	12/13/06	N/A*		X			0	7	HY 150DB	0	0
			<u>0</u>					<u>0</u>			<u>0</u>	<u>1</u>
Prior MACRS:												
8	LUGGAGE	1/01/05	1,490		X			0	7	HY 150DB	1,490	0
9	OFFICE FURNITURE	1/01/05	1,689		X			0	7	HY 150DB	1,689	0
11	HOME OFFICE BUILDING	1/01/05	162,047	57.14				92,594	39	MM S/L	2,018	2,374
			<u>165,226</u>					<u>92,594</u>			<u>5,197</u>	<u>2,374</u>
Other Depreciation:												
12	HOME OFFICE LAND	1/01/05	0					0	0	HY	0	0
			<u>0</u>					<u>0</u>			<u>0</u>	<u>0</u>
	Total Other Depreciation											
			<u>0</u>					<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>					<u>0</u>			<u>0</u>	<u>0</u>
Listed Property:												
10	05 HONDA ODESSY	4/22/05	56,727					56,727	5	HY 150DB	2,960	4,700
			<u>56,727</u>					<u>56,727</u>			<u>2,960</u>	<u>4,700</u>
	Grand Totals		233,022					149,321			8,157	18,144
	Less: Dispositions		<u>0</u>					<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>233,022</u>					<u>149,321</u>			<u>8,157</u>	<u>18,144</u>

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
C	1	1	OFFICE FURNITURE	7,000	7,000	0
C	1	2	OFFICE FURNITURE	230	230	0
C	1	3	OFFICE FURNITURE	430	430	0
C	1	4	OFFICE FURNITURE	248	248	0
C	1	5	OFFICE FURNITURE	1,007	1,007	0
C	1	6	OFFICE FURNITURE	1,077	1,077	0
C	1	7	OFFICE FURNITURE	1,077	1,077	0
C	1	8	LUGGAGE	0	0	0
C	1	9	OFFICE FURNITURE	0	0	0
C	1	10	05 HONDA ODESSY	4,700	4,700	0
C	1	11	HOME OFFICE BUILDING	2,374	2,374	0
				<u>18,143</u>	<u>18,143</u>	<u>0</u>

Future Depreciation Report FYE: 12/31/07

CONSULTING AND BUSINESS DEVELOPMENT

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	OFFICE FURNITURE	1/06/06	7,000	0	0
2	OFFICE FURNITURE	9/19/06	230	0	0
3	OFFICE FURNITURE	9/26/06	430	0	0
4	OFFICE FURNITURE	10/11/06	248	0	0
5	OFFICE FURNITURE	11/16/06	1,007	0	0
6	OFFICE FURNITURE	12/06/06	1,077	0	0
7	OFFICE FURNITURE	12/13/06	1,077	0	0
8	LUGGAGE	1/01/05	1,490	0	0
9	OFFICE FURNITURE	1/01/05	1,689	0	0
11	HOME OFFICE BUILDING	1/01/05	162,047	2,374	2,374
			<u>176,295</u>	<u>2,374</u>	<u>2,374</u>
Other Depreciation:					
12	HOME OFFICE LAND	1/01/05	26,133	0	0
	Total Other Depreciation		<u>26,133</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>26,133</u>	<u>0</u>	<u>0</u>
Listed Property:					
10	05 HONDA ODESSY	4/22/05	56,727	2,850	2,850
			<u>56,727</u>	<u>2,850</u>	<u>2,850</u>
	Grand Totals		<u>259,155</u>	<u>5,224</u>	<u>5,224</u>

Filing Instructions

Form 740 - Kentucky Individual Income Tax Return

Taxable Year Ended December 31, 2006

Name: SHENETTE M ALEXANDER

Date Due: October 15, 2007

Remittance: None is required. There is a total overpayment of \$4,977, which is to be refunded in its entirety.

Signature: You elected to use the Personal Identification Number as a substitute for your signature with the return.

Other: Your return has been filed electronically. Do not mail Form 740. Initial and date the copy of the return and retain it for your records.

740

42A740

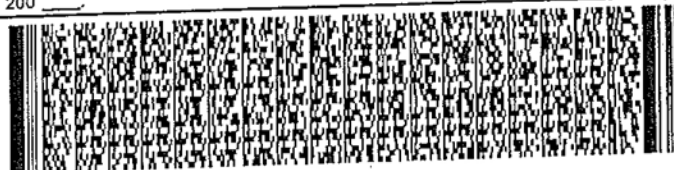
Department of Revenue

KENTUCKY
INDIVIDUAL INCOME TAX RETURN
Full-Year Residents Only

Kentucky

2006

For calendar year or other taxable year beginning _____, 2006, and ending _____, 2006



ALEXANDER

SHENETTE

M

1430 EL MIRADOR AVENUE

LONG BEACH

CA 90815

FILING STATUS (see instructions)

- 1 ☒ Single
- 2 Married, filing separately on this combined return. (If both had income.)
- 3 Married, filing joint return.
- 4 Married, filing separate returns. Enter spouse's Social Security number above and full name here.

POLITICAL PARTY FUND

Designating \$2 will not change your refund or tax due.

- A. Spouse B. Yourself
- Democratic (1) (4)
- Republican (2) (5)
- No Designation (3) (6) ☒

INCOME/TAX

5 Enter amount from federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4.
(If total of Columns A and B is \$26,600 or less, you may qualify for the Family
Size Tax Credit. See instructions.)

6 Additions from Schedule M, line 6

7 Add lines 5 and 6

8 Subtractions from Schedule M, line 16

9 Subtract line 8 from line 7. This is your Kentucky Adjusted Gross Income

10 Itemizers: Enter itemized deductions from Kentucky Schedule A.

Nonitemizers: Enter \$1,970 in Columns A and/or B

11 Subtract line 10 from line 9. This is your Taxable Income

12 Enter tax from Tax Table, Computation or Schedule J.

Check if from Schedule J

13 Enter tax from Form 4972-K; Schedule RCR

14 Add lines 12 and 13 and enter total here

15 Enter amounts from page 2, Section A, lines 15A and 15B

16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero

17 Enter amounts from page 2, Section B, lines 4A and 4B

18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero

19 Add tax amount(s) in Columns A and B, line 18 and enter here

20 Check the box that represents your total family size (see instructions before completing lines 20 and 21)

21 Multiply line 19 by the Family Size Tax Credit decimal amount (____%) and enter here

22 Subtract line 21 from line 19

23 Enter the Education Tuition Tax Credit from Form 8863-K

24 Subtract line 23 from line 22

25 Enter Child and Dependent Care Credit

from federal Form 2441, line 9 x 20% (.20)

26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero

27 Enter KENTUCKY USE TAX from worksheet in the instructions

28 Add lines 26 and 27. Enter here and on page 2, line 29

A. Spouse (Use if
Filing Status 2 is checked.)

B. Yourself
(or Joint)

5	00	48,297	00
6	00	19,531	00
7	00	67,828	00
8	00	19,531	00
9	00	48,297	00
10	00	27,111	00
11	00	21,186	00
12	00	1,043	00
13	00	1,043	00
14	00	00	00
15	00	1,043	00
16	00	20	00
17	00	1,023	00
18	00	1,023	00
19	1	X	2 3 4
20	00	00	00
21	1,023	00	00
22	00	00	00
23	1,023	00	00
24	00	00	00
25	00	00	00
26	1,023	00	00
27	00	00	00
28	1,023	00	00

Attach a complete copy of federal Form 1040 if you received
farm, business, or rental income or loss. If not required, check here.

Do you wish to receive
a packet next year? (check one) 1 Yes 2 ☒ No

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my
knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR
17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Your Signature (If joint or combined return, both must sign.)

Spouse's Signature

Date Signed

Telephone Number (daytime)

ALAN P. LUCKETT, P.S.C.

61-1221960

Date

Typed or Printed Name of Preparer Other than Taxpayer

I.D. Number of Preparer

1022

LOUISVILLE, KY 40219-1314

Attach Form W-2(s), Other Supporting Statement(s) and Payment Here - Staple to Top Page Only

FORM 740 (2006)



Page 2

REFUND/TAX PAYMENT SUMMARY

29	Enter amount from page 1, line 28. This is your Total Tax Liability	29	1,023	00
30	(a) Enter Kentucky income tax withheld as shown on attached 2006 Form W-2(s) and other supporting statements	30(a)	00	
	(b) Enter 2006 Kentucky estimated tax payments PREPD W/EX	30(b)	6,000	00
	(c) Enter refundable Kentucky corporation tax credit (KRS 141.420(3)(c)) as shown on attached Kentucky Schedule(s) K-1 or Form(s) 725	30(c)	00	
31	Add lines 30(a) through 30(c)	31	6,000	00
32	If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)	32	4,977	00
See instructions for a detailed description of funds.				
33	Nature and Wildlife Fund Contribution \$2 \$5 \$10 Other	33	00	
34	Child Victims' Trust Fund Contribution \$2 \$4 Other	34	00	
35	Veterans' Program Trust Fund Contribution	35	00	
36	Breast Cancer Research and Education Trust Fund Contribution	36	00	
37	Add lines 33 through 36	37		00
38	Amount of line 32 to be CREDITED TO YOUR 2007 ESTIMATED TAX	38		00
39	Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU	39	4,977	00
40	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE	40		00
41	(a) Estimated tax penalty (c) Late payment penalty	41(e)		00
	Check if Form 2210-K attached (d) Late filing penalty	42		00
	(b) Interest (e) Add lines 41(a) through 41(d). Enter here			
42	Add lines 40 and 41(e) and enter here. This is the AMOUNT YOU OWE			
Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax-2006" on the check.				

SECTION A-BUSINESS INCENTIVE AND OTHER CREDITS

	A. Spouse	B. Yourself
1 Enter nonrefundable Kentucky corporation tax credit (KRS 141.420(3)) (attach Kentucky Schedule(s) K-1 or Form(s) 725)	00	00
2 Enter skills training investment credit (attach copy(ies) of certification)	00	00
3 Enter historic preservation restoration credit	00	00
4 Enter credit for tax paid to another state (attach copy of other state's return(s))	00	00
5 Enter unemployment credit (attach Schedule UTC)	00	00
6 Enter recycling and/or composting equipment credit (attach Schedule RC)	00	00
7 Enter Kentucky Investment Fund credit (attach copy(ies) of certification)	00	00
8 Enter credit for purchases of Kentucky coal used for generating electricity	00	00
9 Enter qualified research facility credit (attach Schedule QR)	00	00
10 Enter GED incentive credit (attach Form DAEL-31)	00	00
11 Enter voluntary environmental remediation credit (Brownfield)	00	00
12 Enter biodiesel credit	00	00
13 Enter environmental stewardship credit	00	00
14 Enter clean coal incentive credit	00	00
15 Add lines 1 through 14, Columns A and B. Enter here and on page 1, line 15	00	00

SECTION B-PERSONAL TAX CREDITS

Check Regular

Check both if 65 or over

Check both if blind

1 (a) Credits for yourself:

(b) Credits for spouse:

2 Dependents:

First name	Last name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit

3 Add total number of credits claimed on lines 1 and 2. If married filing separately on a combined return (Filing Status 2), each taxpayer must claim his or her own credits from line 1, divide the credits on line 2, and enter the totals in Boxes 3A and 3B. All other filers enter the amount from line 3 in Box 3B

4 Multiply credits on line 3A by \$20 and enter on line 4A. Multiply credits on line 3B by \$20 and enter on line 4B. Enter here and on page 1, line 17, Columns A and B

1 Enter number of boxes checked on line 1	1
2 Enter number of dependents who:	
• lived with you	
• did not live with you (see instructions)	
• other dependents	
3 Enter total credits	1
3A	3B
x \$20	x \$20
4A	4B
20	20

SECTION C-FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security number	First name	Last name	Social Security number

REFUNDS Mail to: Kentucky Department of Revenue, Frankfort, KY 40618-0006.
 PAYMENTS Mail to: Kentucky Department of Revenue, Frankfort, KY 40619-0008.

1022

OFFICIAL USE ONLY							
EST	CF	NT	P	B	F	R	12

SCHEDULE A
Form 740 (1-07)
Department of Revenue



KENTUCKY ITEMIZED DEDUCTIONS

- ▶ See Instructions.
- ▶ Attach to Form 740.

2006

Your Social Security Number

Enter name(s) as shown on Form 740, page 1.

ALEXANDER SHENETTE M

Do not include expenses reimbursed or paid by others.	
Medical and Dental Expenses	1. Medical and dental expenses 1 12,358
	2. Enter 7.5% (.075) of the amount from Form 740, line 9 2 3,622
	3. Total medical and dental. Subtract line 2 from line 1. If zero or less, enter -0- ▶ 3
Taxes Note: Sales and use taxes are not deductible.	4. Local income taxes (do not include state income tax) 4
	5. Real estate taxes 5 377
	6. Personal property taxes 6
	7. Other taxes (list) 7
	8. Total taxes. Add lines 4 through 7. Enter here ▶ 8
	9. Home mortgage interest and points reported to you on federal Form 1098 9 2,477
	10. Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, show that person's name, identifying number and address) 10
Interest Expense Note: Personal interest is not deductible.	11. Points not reported to you on federal Form 1098 (see instructions for special rules) 11
	12. Investment interest (attach federal Form 4952 if required) 12
	13. Total interest. Add lines 9 through 12. Enter here ▶ 13
Contributions Note: For any contribution of \$250 or more, see instructions.	14. Contributions by cash or check 14 15,521
	15. Other than cash or check (attach federal Form 8283 if over \$500) 15
	16. Artistic charitable contributions deduction (attach copy of appraisal) 16
	17. Carryover from prior year 17
	18. Total contributions. Add lines 14 through 17. Enter here ▶ 18
	19. Enter amount from attached federal Form 4684, Section A, line 16 19
	20. Enter 10% (.10) of the amount from Form 740, line 9 20
21. Total casualty or theft loss(es). Subtract line 20 from line 19. If zero or less, enter -0- ▶ 21	
Job Expenses and Most Other Miscellaneous Deductions	22. Unreimbursed employee expenses-job travel, union dues, job education, etc. (attach Form 2106 or 2106-EZ if applicable) list 22
	23. Tax preparation fees 23
	24. Other (investment, safe deposit box, etc.) list 24
	25. Add the amounts on lines 22, 23 and 24. Enter here 25
	26. Enter 2% (.02) of the amount from Form 740, line 9 26
	27. Total. Subtract line 26 from line 25. If zero or less, enter -0- ▶ 27
	28. Other (see instructions) list ▶ 28
Total Itemized Deductions	29. Add lines 3, 8, 13, 18, 21, 27 and 28. Enter here ▶ 29

8,736.00

377.00

2,477.00

15,521.00

0.00

0.00

.00

27,111.00

* If single or married filing jointly and your income for Form 740, Column B does not exceed \$150,500, enter total itemized deductions on Form 740, line 10, Column B.

* All others go to page 2.

SCHEDULE M

2006

Form 740
42A740-MKENTUCKY
FEDERAL ADJUSTED GROSS INCOME
MODIFICATIONS

Department of Revenue

▶ Attach to Form 740.

Enter name(s) as shown on tax return.

SHENETTE M ALEXANDER

Your Social Security Number

PART I

ADDITIONS TO FEDERAL
ADJUSTED GROSS INCOME

A.

B.

1 Enter interest income from bonds issued by other states and their political subdivisions	1	.00	.00
2 Enter self-employed health insurance deduction from federal Form 1040, line 29	2	.00	1,388.00
3 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1	3	.00	.00
4 Enter federal depreciation from Form 4562	4	.00	18,143.00
5 Other additions (list and enter total): (a) _____ (b) _____ (c) _____	5	.00	.00
6 Total Additions. Enter here and on Form 740, page 1, line 6	6	.00	19,531.00

PART II

SUBTRACTIONS FROM FEDERAL
ADJUSTED GROSS INCOME

7 Enter state income tax refund or credit reported as income on federal Form 1040	7	.00	.00
8 Enter interest income from U.S. government bonds and securities	8	.00	.00
9 Enter excludable amount of retirement income (attach Schedule P if more than \$41,110)	9	.00	.00
10 Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 20(b) (1040A, line 14(b))	10	.00	.00
11 Enter long-term care insurance premiums	11	.00	.00
12 Enter health insurance premiums not previously deducted from income. Do not include premiums paid with pretax dollars (cafeteria plan)	12	.00	1,388.00
13 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1	13	.00	.00
14 Enter Kentucky depreciation from revised Form 4562	14	.00	18,143.00
15 Other subtractions (list and enter total): (a) _____ (b) _____ (c) _____	15	.00	.00
16 Total Subtractions. Enter here and on Form 740, page 1, line 8	16	.00	19,531.00

RECOMPUTED FOR KENTUCKY
Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2006

Attachment
Sequence No. 67

Form 4562

Department of the Treasury
Internal Revenue Service

See separate instructions. Attach to your tax return.

Name(s) shown on return

SHENETTE M ALEXANDER

Identifying number

Business or activity to which this form relates

CONSULTING AND BUSINESS DE

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	25,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	11,069
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	4,700
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	15,769
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2006)

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				☒ Yes ☐ No		24b If "Yes," is the evidence written?				☒ Yes ☐ No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)									25		
26 Property used more than 50% in a qualified business use:											
05 HONDA ODESSY	4/22/05	100.00%	56,727	56,727	5.0	200DBHY	4,700				
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	4,700		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1		Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)	20,000											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32	20,000											
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?	X											

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions):					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

RECOMPUTED FOR KENTUCKY
Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2006

Attachment
Sequence No. 67

4562

Department of the Treasury
Internal Revenue Service

See separate instructions. Attach to your tax return.

Identifying number

Name(s) shown on return

SHENETTE M ALEXANDER

Business or activity to which this form relates

FORM 8829 - CONSULTING AND

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Maximum amount. See the instructions for a higher limit for certain businesses	1	25,000
Total cost of section 179 property placed in service (see instructions)	2	
Threshold cost of section 179 property before reduction in limitation	3	200,000
Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
Listed property. Enter the amount from line 29	7	
Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
Tentative deduction. Enter the smaller of line 5 or line 8	9	
Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
Property subject to section 168(f)(1) election	15	
Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		17	2,374
MACRS deductions for assets placed in service in tax years beginning before 2006			
If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here			

Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System					
a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

Part IV Summary (see instructions)

Listed property. Enter amount from line 28	21	
Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.	22	2,374
Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.		
For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2006)

THERE ARE NO AMOUNTS FOR PAGE 2

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2006Attachment
Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

SHENETTE M ALEXANDER

Identifying number

Business or activity to which this form relates

SUMMARY SHEET**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1.	25,000
2	Total cost of section 179 property placed in service (see instructions)	2	11,069
3	Threshold cost of section 179 property before reduction in limitation	3	200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	25,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6 SEE STATEMENT 1	11,069	11,069

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	11,069
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	11,069
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	25,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	11,069
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2006)**THERE ARE NO AMOUNTS FOR PAGE 2**

Kentucky Statements

Summary Sheet

Statement 1 - KY Section 179 Information

Description of Property	Cost	Expense
OFFICE FURNITURE	\$ 7,000	\$ 7,000
OFFICE FURNITURE	230	230
OFFICE FURNITURE	430	430
OFFICE FURNITURE	248	248
OFFICE FURNITURE	1,007	1,007
OFFICE FURNITURE	1,077	1,077
OFFICE FURNITURE	1,077	1,077
OFFICE FURNITURE		
TOTAL	\$ 11,069	\$ 11,069

Kentucky Statements

Form 740, Schedule A - Contributions by Cash or Check

Description	Amount
MURRAY STATE UNIVERSITY	\$ 200
MARCH OF DIMES	12
FRATERNAL ORDER OF POLICE	35
UNIVERSITY OF ILLINOIS	24
PATHWAY TO INDEPENDENCE	250
CSULB FOUNDATION	15,000
TOTAL	\$ 15,521

KY Asset Report

CONSULTING AND BUSINESS DEVELOPMENT

Asset	Description	Date In Service	Cost	Basis for Depr	KY Prior	KY Current	Federal Current	Difference Fed - KY
Section 179 Expense:								
1	OFFICE FURNITURE	1/06/06	7,000	N/A	0	7,000	7,000	0
2	OFFICE FURNITURE	9/19/06	230	N/A	0	230	230	0
3	OFFICE FURNITURE	9/26/06	430	N/A	0	430	430	0
4	OFFICE FURNITURE	10/11/06	248	N/A	0	248	248	0
5	OFFICE FURNITURE	11/16/06	1,007	N/A	0	1,007	1,007	0
6	OFFICE FURNITURE	12/06/06	1,077	N/A	0	1,077	1,077	0
7	OFFICE FURNITURE	12/13/06	1,077	N/A	0	1,077	1,077	0
			<u>11,069</u>	<u>N/A</u>	<u>0</u>	<u>11,069</u>	<u>11,069</u>	<u>0</u>
7-year GDS Property:								
1	OFFICE FURNITURE	1/06/06	N/A*	0	0	0	0	0
2	OFFICE FURNITURE	9/19/06	N/A*	0	0	1	1	0
3	OFFICE FURNITURE	9/26/06	N/A*	0	0	0	0	0
4	OFFICE FURNITURE	10/11/06	N/A*	0	0	0	0	0
5	OFFICE FURNITURE	11/16/06	N/A*	0	0	0	0	0
6	OFFICE FURNITURE	12/06/06	N/A*	0	0	0	0	0
7	OFFICE FURNITURE	12/13/06	N/A*	0	0	0	0	0
			<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>0</u>
Prior MACRS:								
8	LUGGAGE	1/01/05	1,490	0	1,490	0	0	0
9	OFFICE FURNITURE	1/01/05	1,689	0	1,689	0	0	0
11	HOME OFFICE BUILDING	1/01/05	162,047	92,594	2,018	2,374	2,374	0
			<u>165,226</u>	<u>92,594</u>	<u>5,197</u>	<u>2,374</u>	<u>2,374</u>	<u>0</u>
Other Depreciation:								
12	HOME OFFICE LAND	1/01/05	26,133	0	0	0	0	0
	Total Other Depreciation		<u>26,133</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>26,133</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Listed Property:								
10	05 HONDA ODESSY	4/22/05	56,727	56,727	2,960	4,700	4,700	0
			<u>56,727</u>	<u>56,727</u>	<u>2,960</u>	<u>4,700</u>	<u>4,700</u>	<u>0</u>
	Grand Totals		259,155	149,321	8,157	18,144	18,144	0
	Less: Dispositions		0	0	0	0	0	0
	Net Grand Totals		<u>259,155</u>	<u>149,321</u>	<u>8,157</u>	<u>18,144</u>	<u>18,144</u>	<u>0</u>

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

KY Future Depreciation Report FYE: 12/31/07

CONSULTING AND BUSINESS DEVELOPMENT

Asset	Description	Date In Service	Cost	KY
Prior MACRS:				
1	OFFICE FURNITURE	1/06/06	7,000	0
2	OFFICE FURNITURE	9/19/06	230	0
3	OFFICE FURNITURE	9/26/06	430	0
4	OFFICE FURNITURE	10/11/06	248	0
5	OFFICE FURNITURE	11/16/06	1,007	0
6	OFFICE FURNITURE	12/06/06	1,077	0
7	OFFICE FURNITURE	12/13/06	1,077	0
8	LUGGAGE	1/01/05	1,490	0
9	OFFICE FURNITURE	1/01/05	1,689	0
11	HOME OFFICE BUILDING	1/01/05	162,047	2,374
			<u>176,295</u>	<u>2,374</u>
Other Depreciation:				
12	HOME OFFICE LAND	1/01/05	26,133	0
	Total Other Depreciation		<u>26,133</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>26,133</u>	<u>0</u>
Listed Property:				
10	05 HONDA ODESSY	4/22/05	56,727	2,850
			<u>56,727</u>	<u>2,850</u>
	Grand Totals		<u>259,155</u>	<u>5,224</u>