

Sample

BUSINESS LICENSE CERTIFICATE

The person, firm or corporation named below is granted this certificate pursuant to the provisions of the City Business Tax Ordinance to engage in, carry on or conduct the business, trade, calling, profession, exhibition or occupation described below. Issuance of certificate is not an endorsement, nor certification of compliance with other ordinances or laws, nor an assurance that the proposed use is in conformance with the city zoning regulations. This certificate is issued without verification that the taxpayer is subject to or exempt from licensing by the State of California.

CITY OF ARCADIA

Business Name: ~~Ken's Garden Service~~
Business Location: ~~1000 S. Main Street, Arcadia, CA 91709~~
Business Owner(s): Ken ~~Smith~~, Nancy ~~Smith~~

Business Type: 07
Description: GARDENING AND LANDSCAPE S



Business License Number: 041644
Account Number: 041644
License Fee: \$ 80.90
Effective Date: 03/21/2006
Expiration Date: 02/28/2007

TO BE POSTED IN A CONSPICUOUS PLACE

NOT TRANSFERABLE

Sample



QUARTERLY WAGE AND WITHHOLDING REPORT



PLEASE TYPE THIS FORM PER INSTRUCTIONS ON REVERSE. You must FILE this report even if you had no payroll. If you had no payroll, complete items C or D and P.

00060198

Page number 1 of 1

YR 07 QTR 2

QUARTER ENDED 06/30/2007

DUE 07/01/2007

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY 07/31/2007

EMPLOYER ACCOUNT NO. [REDACTED]

DO NOT ALTER THIS AREA

PI C T S W A
EFFECTIVE DATE
Mo. Day Yr. WIC

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.
6 7 6

B. Check this box if you are reporting ONLY Voluntary Plan DI wages on this page. Report PIT Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. NO PAYROLL

D. OUT OF BUSINESS/FINAL REPORT

Date _____

Term
E
Waved
E
E
E
E

E. SOCIAL SECURITY NUMBER

F. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES

H. PIT WAGES

I. PIT WITHHELD

450.85

450.85

0.00

E. SOCIAL SECURITY NUMBER

F. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES

H. PIT WAGES

I. PIT WITHHELD

9064.85

9064.85

135.71

E. SOCIAL SECURITY NUMBER

F. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES

H. PIT WAGES

I. PIT WITHHELD

8067.10

8067.10

187.40

E. SOCIAL SECURITY NUMBER

F. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES

H. PIT WAGES

I. PIT WITHHELD

8256.85

8256.85

111.77

E. SOCIAL SECURITY NUMBER

F. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES

H. PIT WAGES

I. PIT WITHHELD

7906.85

7906.85

87.40

E. SOCIAL SECURITY NUMBER

F. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES

H. PIT WAGES

I. PIT WITHHELD

8064.28

8064.28

67.61

E. SOCIAL SECURITY NUMBER

F. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES

H. PIT WAGES

I. PIT WITHHELD

9340.73

9340.73

153.83

J. TOTAL SUBJECT WAGES THIS PAGE

K. TOTAL PIT WAGES THIS PAGE

L. TOTAL PIT WITHHELD THIS PAGE

51151.51

51151.51

743.72

M. GRAND TOTAL SUBJECT WAGES

N. GRAND TOTAL PIT WAGES

O. GRAND TOTAL PIT WITHHELD

51151.51

51151.51

743.72

P. I declare that the information herein is true and correct to the best of my knowledge and belief.

Preparer's Signature _____ Title _____ Phone () _____ Date _____
(Owner, Accountant, Preparer, etc.)

SAMPLE

PUBLICATION NEEDED WITHIN 30 DAYS



Larry Walker
Auditor/Controller-Recorder
222 West Hospitality Lane
San Bernardino, CA 92415-0022
(909) 386-8970 or (909) 386-8969

Please TYPE or PRINT legibly and firmly in BLACK Ink. See reverse side for filing and publishing instructions. The determination whether or not publication is required by law is ENTIRELY THE RESPONSIBILITY OF THE REGISTRANT. Neither the County Clerk nor his deputies are permitted by law to give legal advice and/or assistance.

FILED-
San Bernardino County Clerk

AUG 12 2002

By Marge Hunt
Deputy

COUNTY CLERK'S FILING STAMP

585 9257 FILING ABANDONMENT

FICTITIOUS BUSINESS NAME STATEMENT

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1	LIST FICTITIOUS BUSINESS NAME(S) BELOW: [REDACTED]			
2	Street Address of Principal Place of Business (P.O. Box or PMB address NOT acceptable)	City	State	Zip Code
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Mailing Address (Optional)	City	State	Zip Code
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3	(1) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration):		State of Incorporation/organization/registration <u>CALIFORNIA</u>	
	Residence Street Address (Mailing address is NOT acceptable)		City	State
	[REDACTED]		[REDACTED]	[REDACTED]
	(2) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration):		State of incorporation/organization/registration	
	Residence Street Address (Mailing address is NOT acceptable)		City	State
	[REDACTED]		[REDACTED]	[REDACTED]
	(3) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration):		State of incorporation/organization/registration	
	Residence Street Address (Mailing address is NOT acceptable)		City	State
	[REDACTED]		[REDACTED]	[REDACTED]

4 (CHECK ONE ONLY) This business is/was conducted by:

<input type="checkbox"/> A Limited Partnership	<input type="checkbox"/> A Corporation	<input checked="" type="checkbox"/> An Individual
<input type="checkbox"/> A Limited Liability Company	<input type="checkbox"/> Copartners	<input type="checkbox"/> A Business Trust
<input type="checkbox"/> An Unincorporated Association Other Than a Partnership	<input type="checkbox"/> Husband & Wife	<input type="checkbox"/> A Joint Venture
<input type="checkbox"/> Other - please specify _____		<input type="checkbox"/> A General Partnership

5 (CHECK ONE ONLY) enter date ONLY if first box is checked

The registrant commenced to transact business under the fictitious business name or names listed above on _____ date

The registrant has not yet begun to transact business under the fictitious business name or names listed herein.

BY SIGNING BELOW, I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT.
A registrant who declares as true information, which he or she knows to be false, is guilty of a crime. (B&P Code 17913)
I am also aware that all information on this statement becomes Public Record upon filing.

6a Sign below, if registrant is an individual, husband, wife, co-partner, etc. (See instructions on reverse for signature requirements):

Print Name of Registrant: [REDACTED] Signature: [REDACTED] Date: 8-3-02

6b Sign below, if registrant is registered with the State as a corporation, LLC, LLP, LP, etc. (See instructions on reverse for signature requirements):

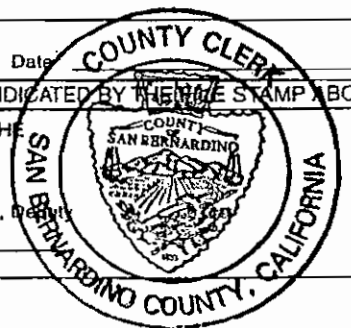
Print Name of Registrant: _____ By Signature: _____

Print Name of Person Signing: _____ Print Title of Person Signing: _____ Date: _____

THIS STATEMENT WAS FILED WITH THE COUNTY CLERK OF SAN BERNARDINO COUNTY ON THE DATE INDICATED BY THE FILING STAMP ABOVE.

NOTICE - THIS FICTITIOUS BUSINESS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THAT TIME. The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law (See Section 14411 et seq., Bus. & Prof. Code).

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.
LARRY WALKER, Auditor/Controller-Recorder
By: [Signature]
File Number: 2002 09814



AUG 12 2002

1040 U.S. Individual Income Tax Return

Label: ALBERTO [REDACTED], LAURA A [REDACTED]. OMB No. 1545-0074. Your social security number [REDACTED]. Spouse's social security number [REDACTED].

Filing Status: 1 Single, 2 Married filing jointly (checked), 3 Married filing separately, 4 Head of household (with qualifying person).

Exemptions: 6a Yourself (checked), 6b Spouse (checked). c Dependents: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) if qual child or child tax cr. DAUGHTER, SON, PARENT.

Income: 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 8a Taxable interest, 8b Tax-exempt interest, 9a Ordinary dividends, 9b Qualified dividends, 10 Taxable refunds, credits, or offsets of state and local income taxes, 11 Alimony received, 12 Business income or (loss), 13 Capital gain/(loss), 14 Other gains or (losses), 15a IRA distributions, 15b Taxable amt, 16a Pensions and annuities, 16b Taxable amt, 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc., 18 Farm income or (loss), 19 Unemployment compensation, 20a Social security benefits, 20b Taxable amt, 21 Other income.

Adjusted Gross Income: 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 23 Archer MSA deduction, 24 Certain business expenses of reservists, performing artists, and fee-basis government officials, 25 Health savings account deduction, 26 Moving expenses, 27 One-half of self-employment tax, 28 Self-employed SEP, SIMPLE, and qualified plans, 29 Self-employed health insurance deduction, 30 Penalty on early withdrawal of savings, 31a Alimony paid, 31b Recipient's SSN, 32 IRA deduction, 33 Student loan interest deduction, 34 Jury duty pay you gave to your employer, 35 Domestic production activities deduction, 36 Add lines 23 through 31a and 32 through 35, 37 Subtract line 36 from line 22. This is your adjusted gross income.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38

39a Check You were born before January 2, 1942, Blind. Total boxes checked 39a
 If: Spouse was born before January 2, 1942, Blind. checked 39a
 b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 & check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40

41 Subtract line 40 from line 38 41 93.

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

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0.

44 Tax. Check if any tax is from Form 9814 b Form 4972 44 0.

45 Alternative minimum tax (see page 39). Attach Form 8879 45

46 Add lines 44 and 45 46 0.

47 Foreign tax credit. Attach Form 1041 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 8820 c Form 8827 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 0.

Other Taxes

58 Self-employment tax. Attach Schedule SE 58

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 59

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60

61 Advance earned income credit payments from Form(s) W-2, box 9 61

62 Household employment taxes. Attach Schedule H 62

63 Add lines 57 through 62. This is your total tax 63

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64

65 2006 estimated tax payments and amount applied from 2005 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay (section 116b) 66b

67 Excess social security and tier 1 RRTA tax withheld (see page 60) 67

68 Additional child tax credit. Attach Form 8812 68 2,000.

69 Amount paid with request for extension to file (see page 60) 69

70 Payments from a Form 2438 b Form 4136 c Form 8885 70

71 Credit for federal telephone excise tax paid. Attach Form 8913 if required 71 60.

72 Add lines 64, 65, 66a, & 67 through 71. These are your total payments 72

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888

73 If line 72 is more than line 63, subtract line 63 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

b Routing number c Type: Checking Savings

d Account number

75 Amount of line 73 you want applied to your 2007 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 76

77 Estimated tax penalty (see page 62) 77 253.

Third Party Designee

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

Designee's name _____ Phone no. _____ Personal ID 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: _____ Date _____ Your occupation: SALES Daytime phone number _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation: SALES

Paid Preparer's Use Only

Preparer's signature: _____ Date: 4/13/2007 Check if self-employed

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

Phone no.: _____

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2006

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name of proprietor
LAURA

Social security number (SSN)
[REDACTED]

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

B Enter code from pages C-8, 9, & 10
[REDACTED]

C Business name. If no separate business name, leave blank.
[REDACTED]

D Employer ID number (EIN), if any
[REDACTED]

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code
[REDACTED]

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

G Did you "materially participate" in the operation of this business during 2006? Yes No

H 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	[REDACTED]
2	Returns and allowances	2	[REDACTED]
3	Subtract line 2 from line 1	3	[REDACTED]
4	Cost of goods sold (from line 42 on page 2)	4	[REDACTED]
5	Gross profit. Subtract line 4 from line 3	5	[REDACTED]
6	Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3)	6	[REDACTED]
7	Gross income. Add lines 5 and 6	7	[REDACTED]

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

8	Advertising	8		48	Office expense	18	[REDACTED]
9	Car and truck expenses (see page C-4)	9	14,686.	49	Pension and profit-sharing plans	19	[REDACTED]
10	Commissions and fees	10		20	Rent or lease (see page C-5)	20a	[REDACTED]
11	Contract labor (see page C-4)	11		a	Vehicles, machinery, and equipment	20b	[REDACTED]
12	Depletion	12		b	Other business property	21	[REDACTED]
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		21	Repairs and maintenance	22	[REDACTED]
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	[REDACTED]
15	Insurance (other than health)	15	5,400.	23	Taxes and licenses	24	[REDACTED]
16	Interest:			24	Travel, meals, and entertainment:	24a	[REDACTED]
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24b	[REDACTED]
b	Other	16b		b	Deductible meals and entertainment (see page C-5)	25	[REDACTED]
17	Legal and professional services	17		25	Utilities	26	[REDACTED]
26	Wages (less employment credits)	26		26	Other expenses (from line 48 on page 2)	27	[REDACTED]
27	Other expenses (from line 48 on page 2)	27		27		28	[REDACTED]
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		28		29	[REDACTED]
29	Tentative profit (loss). Subtract line 28 from line 7.	29		29		30	[REDACTED]
30	Expenses for business use of your home. Attach Form 8829.	30		30		31	[REDACTED]
31	Net profit or (loss). Subtract line 30 from line 29.	31		31			

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 12 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32.

32a All investment is at risk

32b Some investment is not at risk.

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

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

Schedule C (Form 1040) 2006

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2006

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name of proprietor ALBERTO		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see page C-2 of the instructions) STRESSING		B Enter code from pages C-8, 9, & 10 [REDACTED]
C Business name. If no separate business name, leave blank. [REDACTED]		D Employer ID number (EIN), if any [REDACTED]
E Business address (including suite or room no.) City, town or post office, state, and ZIP code [REDACTED]		
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 2006? If "No," see page C-3 for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H 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	[REDACTED]
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	[REDACTED]
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	[REDACTED]
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	[REDACTED]

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

8 Advertising	8	18 Office expenses	18
9 Car and truck expenses (see page C-4)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see page C-5):	20
11 Contract labor (see page C-4)	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 page C-4)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest:		24 Travel, meals, and entertainment:	24
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals and entertainment (see page C-6)	24b
17 Legal and professional services	17	25 Utilities	25
		26 Wages (less employment credits)	26
		27 Other expenses (from line 48 on page 2)	27

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	0.
29 Tentative profit (loss). Subtract line 28 from line 7	29	[REDACTED]
30 Expenses for business use of your home. Attach Form 8829	30	
31 Net profit or (loss). Subtract line 30 from line 29.	31	[REDACTED]
<p>* If a profit, enter on Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 12 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</p> <p>* If a loss, you must go to line 32.</p>		
<p>32 If you have a loss, check the box that describes your investment in this activity (see page C-6).</p> <p>* 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.</p> <p>* If you checked 32b, you must attach Form 8198. Your loss may be limited.</p>		
	32a	<input type="checkbox"/> All investment is at risk
	32b	<input type="checkbox"/> Some investment is not at risk

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

Schedule C (Form 1040) 2006

Part III Cost of Goods Sold (see page C-7)

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? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0.
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 page 1, line 4	42	0.

COPY

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.

43 When did you place your vehicle in service for business purposes? (Month, day, year) SEE STATEMENT

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

a Business _____ b Commuting (see inst) _____ c Other _____

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

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

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

DO NOT

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

UNIFORM	
ORANGE COUNTRY PULLI	
CELL	
48 Total other expenses. Enter here and on page 1, line 27.	48

FILE

Sample

OMB No. 1545-0045

2006

Form 1120S

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed Form 2553 to elect to be an S corporation.

Department of the Treasury Internal Revenue Service (77)

For calendar year 2006, or tax year beginning and ending

Form header section containing: A Effective date of S election (01/01/2002), B Business activity code number, C Employer identification number, D Date incorporated (12/10/1992), E Total assets, and F Check if: (1) Initial return, (2) Final return, (3) Name change, (4) Address change, (5) Amended return.

Form header section containing: G Enter the number of shareholders in the corporation at end of the tax year (3), H Check if Schedule M-3 is required (attach Schedule M-3).

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

Income section (lines 1-6): 1a Gross receipts or sales, 1b Loss returns and allowances, 1c Balance, 2 Cost of goods sold, 3 Gross profit, 4 Net gain (loss) from Form 4797, 5 Other income (loss) (attach statement) STATEMENT 1, 6 Total income (loss). Add lines 3 through 5.

Deductions section (lines 7-21): 7 Compensation of officers STATEMENT 2, 8 Salaries and wages, 9 Repairs and maintenance, 10 Bad debts, 11 Rents, 12 Taxes and licenses STATEMENT 3, 13 Interest, 14 Depreciation not claimed on Schedule A, 15 Depletion, 16 Advertising, 17 Pension, profit-sharing, etc., plans, 18 Employee benefit programs, 19 Other deductions (attach statement) STATEMENT 4, 20 Total deductions. Add lines 7 through 19, 21 Ordinary business income (loss). Subtract line 20 from line 6.

Tax and Payments section (lines 22-27): 22a Excess net passive income or LIFO recapture tax, 22b Tax from Schedule D, 22c Add lines 22a and 22b, 23a 2006 estimated tax payments and 2005 overpayment credited to 2006, 23b Tax deposited with Form 7004, 23c Credit for federal tax paid on fuels, 23d Credit for federal telephone excise tax paid (166), 23e Add lines 23a through 23d, 24 Estimated tax penalty, 25 Amount owed, 26 Overpayment, 27 Enter amount from line 26 Credited to 2007 estimated tax.

Signature section: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature], Date: 3-15-07, Title: Treas.

Paid Preparer's Use Only section: Preparer's signature: [Signature], Date: MAR 14 2007, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.

JWA 811701 12-28-06 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 1120S (2006)

Sample

FORM 1120S OTHER INCOME STATEMENT 1

DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	[REDACTED]
CALIFORNIA TAX REFUND - BASED ON INCOME	[REDACTED]
TOTAL TO FORM 1120S, PAGE 1, LINE 5	[REDACTED]

FORM 1120S COMPENSATION OF OFFICERS STATEMENT 2

NAME OF OFFICER	SOCIAL SECURITY NUMBER	TIME DEVOTED TO BUSINESS	PCT OF STOCK	AMOUNT OF COMPENSATION
[REDACTED]	[REDACTED]	PART	33.34%	0.
[REDACTED]	[REDACTED]	PART	33.33%	0.
[REDACTED]	[REDACTED]	PART	33.33%	0.
TOTAL COMPENSATION OF OFFICERS				0.
LESS: COMPENSATION CLAIMED ELSEWHERE EMPLOYMENT CREDIT REDUCTION				
TOTAL TO FORM 1120S, PAGE 1, LINE 7				

FORM 1120S TAXES AND LICENSES STATEMENT 3

DESCRIPTION	AMOUNT
PAYROLL TAXES	[REDACTED]
PROPERTY TAX	[REDACTED]
CALIFORNIA TAXES - BASED ON INCOME	[REDACTED]
TOTAL TO FORM 1120S, PAGE 1, LINE 12	[REDACTED]

FORM 1120S OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	AMOUNT
ANSWERING SERVICE	[REDACTED]
BANK CHARGES	[REDACTED]
COMPUTER LEASE	[REDACTED]
CONSULTING	[REDACTED]
CONTRACT LABOR	[REDACTED]

Sample



DISCLAIMER: The information displayed here is current as of JUN 01, 2007 and is updated weekly. It is not a complete or certified record of the Corporation.

Corporation		
[REDACTED]		
Number: [REDACTED]	Date Filed: [REDACTED]	Status: active
Jurisdiction: California		
Address		
[REDACTED]		
[REDACTED]		
Agent for Service of Process		
[REDACTED]		
[REDACTED]		
[REDACTED]		

Blank fields indicate the information is not contained in the computer file.

If the status of the corporation is "Surrender", the agent for service of process is automatically revoked. Please refer to California Corporations Code Section 2114 for information relating to service upon corporations that have surrendered.

Sample

State of California
Secretary of State



I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

FEB 25 2006

Handwritten signature of Bruce McPherson.

BRUCE McPHERSON
Secretary of State

10/25/2006 15:20 8188792385

MYCORPORATION

PAGE 02/02

ATTN: MARA

10 PGS

Sample



State of California Secretary of State

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION

File # 200630010025

ENDORSED - FILED In the office of the Secretary of State of the State of California

OCT 9 6 2006

A \$70.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name with the words "Limited Liability Company," "Ltd. Liability Co.," or the abbreviations "LLC" or "L.L.C.")

1. NAME OF LIMITED LIABILITY COMPANY

PURPOSE (The following statement is required by statute and may not be altered.)

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

INITIAL AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and item 3 must be completed (leave item 4 blank).)

3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE

CA

MANAGEMENT (Check only one)

5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

- ONE MANAGER
MORE THAN ONE MANAGER
ALL LIMITED LIABILITY COMPANY MEMBER(S)

ADDITIONAL INFORMATION

6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

EXECUTION

7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF ORGANIZER

DATE

Meghan Record

TYPE OR PRINT NAME OF ORGANIZER

RETURN TO (Enter the name and the address of the person or firm to whom a copy of the filed document should be returned.)

6. NAME
FIRM
ADDRESS
CITY/STATE/ZIP





State of California Secretary of State

STATEMENT OF INFORMATION (Domestic Stock Corporation)

sample

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. **CORPORATE NAME** (Please do not alter if name is preprinted.)

C2264455

This Space For Filing Use Only

DUE DATE:

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI-PT) annually, within 150 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND STATE	ZIP CODE
16225 SALLY LANE	RIVERSIDE, CA	92504

3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
16225 SALLY LANE	RIVERSIDE	CA	92504

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

4. CHIEF EXECUTIVE OFFICER/ WILLIAM L. BONNETT	ADDRESS 16225 SALLY LANE	CITY AND STATE RIVERSIDE, CA	ZIP CODE 92504
5. SECRETARY/ WILLIAM L. BONNETT	ADDRESS 16225 SALLY LANE	CITY AND STATE RIVERSIDE, CA	ZIP CODE 92504
6. CHIEF FINANCIAL OFFICER/ WILLIAM L. BONNETT	ADDRESS 16225 SALLY LANE	CITY AND STATE RIVERSIDE, CA	ZIP CODE 92504

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

7. NAME WILLIAM L. BONNETT	ADDRESS 16225 SALLY LANE	CITY AND STATE RIVERSIDE, CA	ZIP CODE 92504
8. NAME	ADDRESS	CITY AND STATE	ZIP CODE
9. NAME	ADDRESS	CITY AND STATE	ZIP CODE

10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 12 must be completed with a California address. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 12 must be left blank.)

11. NAME OF AGENT FOR SERVICE OF PROCESS WILLIAM L. BONNETT	CITY	STATE	ZIP CODE
12. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL 16225 SALLY LANE	RIVERSIDE	CA	92504

TYPE OF BUSINESS

13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
GENERAL ENGINEERING CONTRACTOR

14. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

WILLIAM L. BONNETT	WILLIAM L. BONNETT PRESIDENT	1-23-06
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	SIGNATURE TITLE	DATE

sample



State of California Secretary of State

S

E-383239

FILED

In the office of the Secretary of State of the State of California

Mar - 19 2007

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter if name is preprinted.)

C2820656

This Space For Filing Use Only

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form BI-PT) annually, within 180 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE

400 CANYON CREST DR SIMI VALLEY CA 91085

3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE

400 CANYON CREST DR SIMI VALLEY CA 91085

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

4. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY AND STATE ZIP CODE

DUDLEY CALLAHAN 400 CANYON CREST DR SIMI VALLEY CA 91085

5. SECRETARY/ ADDRESS CITY AND STATE ZIP CODE

DUDLEY CALLAHAN 400 CANYON CREST DR SIMI VALLEY CA 91085

6. CHIEF FINANCIAL OFFICER/ ADDRESS CITY AND STATE ZIP CODE

DUDLEY CALLAHAN 400 CANYON CREST DR SIMI VALLEY CA 91085

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

7. NAME ADDRESS CITY AND STATE ZIP CODE

DUDLEY CALLAHAN 400 CANYON CREST DR SIMI VALLEY CA 91085

8. NAME ADDRESS CITY AND STATE ZIP CODE

JERREDD G... 400 CANYON CREST DR SIMI VALLEY CA 91085

9. NAME ADDRESS CITY AND STATE ZIP CODE

10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTIONS, IF ANY:

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 12 must be completed with a California address. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 12 must be left blank.)

11. NAME OF AGENT FOR SERVICE OF PROCESS

DUDLEY CALLAHAN

12. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

TYPE OF BUSINESS

13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION MORTGAGE BROKER

14. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THAT THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

Signature: [Redacted] Title: CEO Date: 03/19/2007



2005

Shareholder's Share of Income, Deductions, Credits, etc.

Sample

K-1 (100S)

For use by an S corporation and its shareholders only.

For calendar year 2005 or fiscal year beginning month day year 2005, and ending month day year

Shareholder's identifying number

California corporation number

Shareholder's name, address, and ZIP Code

Corporation's name, address, and ZIP Code

A Shareholder's percentage of stock ownership at year end 50%

B Tax shelter registration number Type:

C Check here if this is: (1) A final Schedule K-1 (2) An amended Schedule K-1

D What type of entity is this shareholder? (1) Individual (2) Estate/Trust (3) Qualified Exempt Organization

E Is this shareholder a nonresident of California? Yes No

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

Table with 5 columns: (a) Pro-rata share items, (b) Amount from federal Schedule K-1 (1120S), (c) California adjustment, (d) Total amounts using California law, (e) California source amounts and credits. Rows include Income (1-6), Deductions (7-10), Investment (11a, 11b), and Credits (12a, 12b, 12c, 13).

Shareholder 1

CASA0712L 12/14/05

	(a) Pro-rata share items	(b) Amount from federal Schedule K-1 (1120S)	(c) California adjustment	(d) Total amounts using California law. Combine (b) and (c) where applicable	(e) California source amounts and credits
P R E F E R E N C E & T A X E S	14a Depreciation adjustment on property placed in service after 12/31/86				
	b Adjusted gain or loss				
	c Depletion (other than oil and gas)				
	d (1) Gross income from oil, gas, and geothermal properties				
	(2) Deductions allocable to oil, gas, and geothermal properties				
	e Other adjustments and tax preference items. Attach schedule				
O T H E R S T A T E T A X E S	15a Type of income				
	b Name of state				
	c Total gross income from sources outside California. Attach schedule				
	d Total applicable deductions and losses. Attach sch				
	e Total other state taxes. Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Accrued				
O T H E R	16a Total expenditures to which an IRC Section 59(e) election may apply				
	b Type of expenditures				
	17 Tax-exempt interest income				
	18 Other tax-exempt income				
	19 Nondeductible expenses			89	
	20 Total taxable dividend distribution paid from accumulated earnings and profits				
	21 Property distributions (including cash) other than dividend distributions reported to you on federal Form 1099-DIV				
22 Amount of loan repayments for 'Loans from Shareholders'					

23 Supplemental information that is required to be reported separately to each shareholder. See instructions. Attach additional sheet(s) if necessary.

S Corporation's Aggregate Gross Receipts

899,824

Table 1 - Each shareholder's share of nonbusiness income from intangibles. See instructions.

Interest..... \$	Royalties..... \$	Dividends. \$
1231 Gains/Losses... \$	Capital Gains/Losses... \$	Other..... \$

FOR USE BY APPORTIONING UNITARY SHAREHOLDERS ONLY

Table 2 - Unitary shareholder's pro-rata share of business income and factors - See instructions.

- A Shareholder's share of the S corporation's business income..... \$
- B Shareholder's share of the nonbusiness income from real and tangible property sourced or allocable to California:
 - Capital Gains/Losses..... \$
 - 1231 Gains/Losses..... \$
 - Rents/Royalties.... \$
 - Other..... \$
- C Shareholder's share of the S corporation's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning.....	\$	\$
Ending.....	\$	\$
Annual Rent Expense.....	\$	\$
Payroll.....	\$	\$
Sales.....	\$	\$

Shareholder

Line 7, column (d)
Charitable Contributions

Cash Contributions - 50% limitation..... \$ [REDACTED]
Total \$ [REDACTED]

Shareholder 1 : [REDACTED]