

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2011

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME — FIRST NAME — MIDDLE NAME:

ELLIOTT CHARLES WAYNE

FOR OFFICE USE ONLY:

MAILING ADDRESS:

5426 HOLLOW OAK LANE

ID Code

PACE

FL

32571

ID No.

CITY:

ZIP:

COUNTY:

Conf. Code

NAME OF AGENCY:

SANTA ROSA COUNTY SCHOOL BOARD DIST. 4

P. Req. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of ~~46,000~~ 4-10, 2012 was \$ 46,000⁰⁰

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 30,000⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
HOUSE	140,000 ⁰⁰
CAR	10,000 ⁰⁰
TRUCK	6,000 ⁰⁰

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
GMAC	94,000 ⁰⁰
SLS (2ND MORTGAGE)	38,000 ⁰⁰
HANCOCK BANK	8,000 ⁰⁰ ?

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Santa Rosa
 Sworn to (or affirmed) and subscribed before me this 4th day of June, 2012 by Charles W. Elliott

Karen Berrian



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

Name, Address, and SSN

Form fields for Name, Address, and SSN including P, R, I, N, T, C, L, E, A, R, L, Y and Presidential Election Campaign.

OMB No. 1545-0074 and Social Security Number fields.

Filing Status

Filing status options: 1 Single, 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er).

Exemptions

Exemption options: 6a Yourself, 6b Spouse, 6c Dependents table with columns for name, SSN, and relationship.

Summary table for Exemptions showing boxes checked on 6a and 6b, number of children, and total exemptions claimed (2).

Income

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

Main income reporting section with lines 7 through 22 for various income types like wages, interest, dividends, and other income.

Summary table for Income reporting lines 7 through 22, showing total income of 65,035.

Adjusted Gross Income

Adjusted Gross Income section with lines 23 through 37 for deductions like educator expenses, health savings account, and IRA deduction.

Summary table for Adjusted Gross Income reporting lines 23 through 37, showing adjusted gross income of 64,304.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include: 38 Amount from line 37 (adjusted gross income) 64,304; 39a Check boxes for 'You were born before January 2, 1946' and 'Spouse was born before January 2, 1946'; 40 Itemized deductions 11,400; 41 Subtract line 40 from line 38 52,904; 42 Exemptions 7,300; 43 Taxable income 45,604; 44 Tax 6,006; 45 Alternative minimum tax; 46 Add lines 44 and 45 6,006; 47-53 Credits; 54 Add lines 47 through 53 6,006; 55 Subtract line 54 from line 46.

Other Taxes

Table with 2 columns: Line number and Amount. Rows include: 56 Self-employment tax 1,461; 57 Unreported social security and Medicare tax 400; 58 Additional tax on IRAs 400; 59 Form(s) W-2, box 9; 60 Add lines 55 through 59 7,867.

Payments

Table with 2 columns: Line number and Amount. Rows include: 61 Federal income tax withheld 6,141; 62 2010 estimated tax payments 800; 63 Making work pay credit; 64a Earned income credit (EIC); 65 Additional child tax credit; 66 American opportunity credit; 67 First-time homebuyer credit; 68 Amount paid with request for extension to file; 69 Excess social security and tier 1 RRTA tax withheld; 70 Credit for federal tax on fuels; 71 Credits from Form; 72 Add lines 61, 62, 63, 64a, and 65 through 71 6,941.

Refund

Table with 2 columns: Line number and Amount. Rows include: 73 If line 72 is more than line 60, subtract line 60 from line 72; 74a Amount of line 73 you want refunded to you; 75 Amount of line 73 you want applied to your 2011 estimated tax.

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include: 76 Amount you owe 926; 77 Estimated tax penalty.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No. Designee's name: Preparer. Phone no: (850) 623-0208. Personal identification number (PIN):

Sign Here

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

Table with 4 columns: Signature, Date, Occupation, Daytime phone number. Rows include: Your signature, Date, Occupation: FUNERAL STAFF; Spouse's signature, Date, Occupation: SELF EMPLOYED.

Paid Preparer Use Only

Table with 5 columns: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN. Rows include: JOHN DAVID ELLIOTT, 3/26/2011, P00731660; Firm's name: JOHN DAVID ELLIOTT, P.A.; Firm's EIN: 59-2858398; Firm's address: 5235 WILLING ST. STE. B MILTON FL 32570; Phone no: (850) 623-0208.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No 1545-0074

2010

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

CHARLES W and CHERYL A ELLIOTT

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1	4,276			
	2 Enter amount from Form 1040, line 38 . . . 2 64,304					
	3 Multiply line 2 by 7.5% (.075)	3	4,823			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0		
Taxes You Paid	5 State and local (check only one box):					
	a <input type="checkbox"/> Income taxes, or	5	861			
	b <input checked="" type="checkbox"/> General sales taxes					
	6 Real estate taxes (see instructions)	6	783			
	7 New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7				
	8 Other taxes. List type and amount ▶	8				
	9 Add lines 5 through 8			9	1,644	
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	7,160		
11 Home mortgage interest not reported to you on Form 1098. If to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶						
Name _____						
Address _____						
12 Points not reported to you on Form 1098. See instructions for special rules		12				
13 Mortgage insurance premiums (see instructions)		13				
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14				
15 Add lines 10 through 14				15	7,160	
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	375		
		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17			
		18 Carryover from prior year	18			
		19 Add lines 16 through 18			19	375
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
		Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21		
22 Tax preparation fees	22					
23 Other expenses—investment, safe deposit box, etc. List type and amount ▶	23					
24 Add lines 21 through 23	24		0			
25 Enter amount from Form 1040, line 38 . . . 25 64,304						
26 Multiply line 25 by 2% (.02)	26		1,286			
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27	0	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ▶			28		
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40			29	9,179	
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>					

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2010
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (991)

▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
▶ Attach to Form 1040, 1040NR, or 1041. ▶ See instructions for Schedule C (Form 1040).

Name of proprietor
CHERYL A ELLIOTT

Social security number (SSN)
[REDACTED]

A Principal business or profession, including product or service (see instructions):
DAYCARE

B Enter code from pages C-9, 10, & 11
▶ **624410**

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

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶ **5426 HOLLOW-OAK LANE**
City, town or post office, state, and ZIP code **MILTON** **FL** **32571**

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

G Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2010, check here ▶

Part I Income

1 Gross receipts or sales. Caution. See instructions and check the box if: <ul style="list-style-type: none"> This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses. 	<input type="checkbox"/>	1	13,875
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	13,875
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	13,875
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	13,875

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 instructions)	9	750	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	826
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	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	1,496
28 Total expenses before expenses for business use of home. Add lines 8 through 27	28		28		3,072
29 Tentative profit or (loss). Subtract line 28 from line 7	29		29		10,803
30 Expenses for business use of your home. Attach Form 8829	30		30		1,091
31 Net profit or (loss). Subtract line 30 from line 29. <ul style="list-style-type: none"> If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 	31		31		9,712
32 If you have a loss, check the box that describes your investment in this activity (see instructions). <ul style="list-style-type: none"> If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 			32a <input type="checkbox"/> All investment is at risk		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

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

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	0
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

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

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

44 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:
 a Business b Commuting (see instructions) c Other

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

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

47 a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

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

FOOD/SNACK	1,303
SMALL TOYS	193
48 Total other expenses. Enter here and on page 1, line 27	48 1,496

**SCHEDULE C-EZ
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

CHARLES W ELLIOTT

Net Profit From Business

(Sole Proprietorship)

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

▶ Attach to Form 1040, 1040NR, or 1041. ▶ See instructions on page 2.

OMB No 1545-0074

2010

Attachment
Sequence No. **09A**

Social security number (SSN)

[REDACTED]

Part I General Information

You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.

And You:

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service

ATHLETIC REFEREE

B Enter business code (see page 2)

▶ 713900

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

D Enter your EIN (see page 2)

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

5426 HOLLOW OAK LANE

City, town or post office

PACE

State

FL

ZIP code

32570

Part II Figure Your Net Profit

1 Gross receipts. Caution. See the instructions for Schedule C, line 1, and check the box if:

- This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax

.....▶

1 1,230

2 Total expenses (see page 2). If more than \$5,000, you **must** use Schedule C

2 600

3 Net profit. Subtract line 2 from line 1. If less than zero, you **must** use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13. (If you checked the box on line 1, do not report the amount from line 3 on Schedule SE, line 2.)

Estates and trusts, enter on Form 1041, line 3

3 630

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

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

5 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:

a Business **b** Commuting (see page 2) **c** Other

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

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

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

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

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

2010

Attachment
Sequence No. **17**

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See Instructions for Schedule SE (Form 1040).**

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

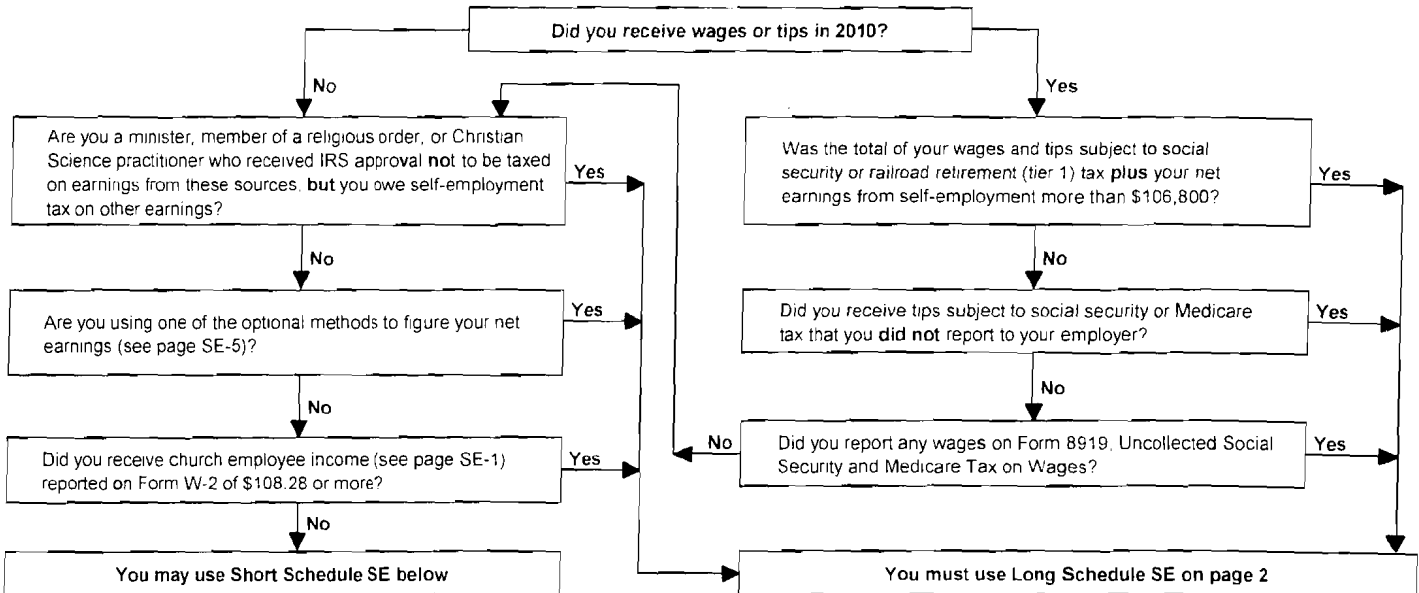
CHARLES W ELLIOTT

Social security number of person
with self-employment income ▶

Before you begin: To determine if you must file Schedule SE, see the instructions on page SE-1.

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* on page SE-1.



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

1 a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report	2	630
3 Combine lines 1a, 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and enter the result (see page SE-3)	3	630
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ▶ Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see page SE-3.	4	582
5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	89
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	45

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

Schedule SE (Form 1040) 2010

(HTA)

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

2010

Attachment
Sequence No. **17**

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule SE (Form 1040).

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

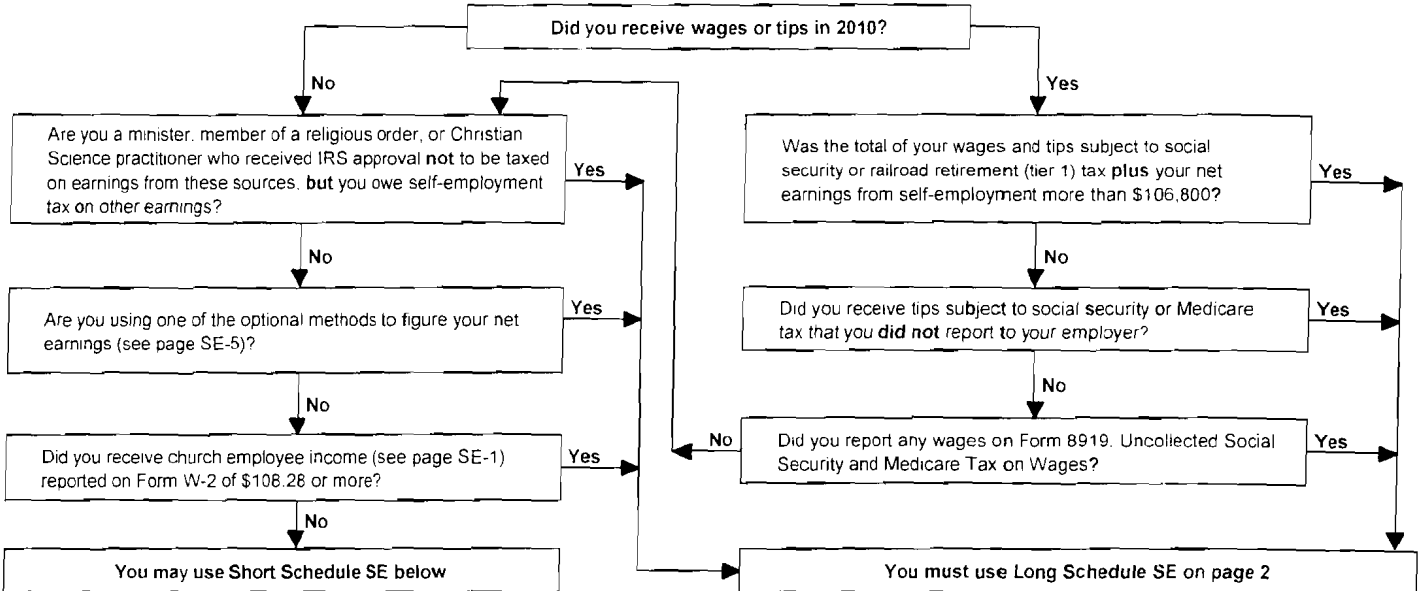
Social security number of person
with self-employment income ▶

CHERYL A ELLIOTT

Before you begin: To determine if you must file Schedule SE, see the instructions on page SE-1.

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* on page SE-1.



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

- 1 a** Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A
- b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y
- 2** Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report
- 3** Combine lines 1a, 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and enter the result (see page SE-3)
- 4** Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ▶
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see page SE-3.
- 5 Self-employment tax.** If the amount on line 4 is:
 - \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 56, or Form 1040NR, line 54**
 - More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on **Form 1040, line 56, or Form 1040NR, line 54**
- 6 Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.50). Enter the result here and on **Form 1040, line 27, or Form 1040NR, line 27**

1a		
1b	()
2		9,712
3		9,712
4		8,969
5		1,372
6	686	

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

Schedule SE (Form 1040) 2010

(HTA)

SCHEDULE M
(Form 1040A or 1040)

Making Work Pay Credit

OMB No 1545-0074

2010

Attachment
Sequence No. **166**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.**

▶ **See separate instructions.**

Name(s) shown on return
CHARLES W and CHERYL A ELLIOTT

Your social security number
[REDACTED]



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Important: Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business.
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2.
- (c) Your wages include pay for work performed while an inmate in a penal institution.
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1a Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- No.** Enter your earned income (see instructions) **1a**

b Nontaxable combat pay included on line 1a (see instructions) **1b**

2 Multiply line 1a by 6.2% (.062) **2**

3 Enter \$400 (\$800 if married filing jointly) **3**

4 Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) **4**

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22 **5**

6 Enter \$75,000 (\$150,000 if married filing jointly) **6**

7 Is the amount on line 5 more than the amount on line 6?

- No.** Skip line 8. Enter the amount from line 4 on line 9 below.
- Yes.** Subtract line 6 from line 5 **7**

8 Multiply line 7 by 2% (.02) **8**

9 Subtract line 8 from line 4. If zero or less, enter -0- **9**

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- No.** Enter -0- on line 10 and go to line 11.
- Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly) **10**

11 **Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 **11**

	1a				
	2		0		
	3				
	4			800	
	5		64,304		
	6		150,000		
	7			0	
	8				0
	9				800
	10				0
	11				800

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

Expenses for Business Use of Your Home

▶ File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

2010

Attachment Sequence No. **176**

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

Name(s) of proprietor(s)

Your social security number

CHERYL A ELLIOTT

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	600
2	Total area of home	2	2,100
3	Divide line 1 by line 2. Enter the result as a percentage	3	28.57%
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	2,002 hr.
5	Total hours available for use during the year (365 days × 24 hours) (see instructions)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	0.2285
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	6.53%

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	10,803
See instructions for columns (a) and (b) before completing lines 9-21.			
	(a) Direct expenses	(b) Indirect expenses	
9	Casualty losses (see instructions)		
10	Deductible mortgage interest (see instructions)	7,660	
11	Real estate taxes (see instructions)	838	
12	Add lines 9, 10, and 11	8,498	
13	Multiply line 12, column (b) by line 7	555	
14	Add line 12, column (a) and line 13		555
15	Subtract line 14 from line 8. If zero or less, enter -0-		10,248
16	Excess mortgage interest (see instructions)		
17	Insurance	1,364	
18	Rent		
19	Repairs and maintenance	3,700	
20	Utilities	3,144	
21	Other expenses (see instructions)		
22	Add lines 16 through 21	8,208	
23	Multiply line 22, column (b) by line 7	536	
24	Carryover of operating expenses from 2009 Form 8829, line 42		
25	Add line 22 column (a), line 23, and line 24		536
26	Allowable operating expenses. Enter the smaller of line 15 or line 25		536
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15		9,712
28	Excess casualty losses (see instructions)		
29	Depreciation of your home from line 41 below		
30	Carryover of excess casualty losses and depreciation from 2009 Form 8829, line 43		
31	Add lines 28 through 30		0
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31		0
33	Add lines 14, 26, and 32		1,091
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)		
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		1,091

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	0
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	0
39	Business basis of building. Multiply line 38 by line 7	39	0
40	Depreciation percentage (see instructions)	40	2.564%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	0

Part IV Carryover of Unallowed Expenses to 2011

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