FORM 6 FULL AND PUBLIC DISCLOSUR	<b>RE OF</b> 2011
Please print or type your name, mailing address, agency name, and position below : FINANCIAL INTERESTS	
LAST NAME — FIRST NAME — MIDDLE NAME:  STEWART THOMAS FRANKLIN  MAILING ADDRESS:  FOR OFFICE USE ONLY	
PACE, PL 32571 SANTA ROSA	ID Code
CITY: COUNTY:	ID No.
NAME OF AGENCY: SANTA ROSA COLINTY COMMISION DIST OWE NAME OF OFFICE OR POSITION HELD OR SOUGHT:	Conf. Code P. Req. Code
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 liabilities from your <i>reported</i> assets, so please see the instructions on page 3.]  My net worth as of	
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 if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; how other household items; and vehicles for personal use.	usehold equipment and furnishings; clothing;
The aggregate value of my household goods and personal effects (described above) is $\$$	<u> </u>
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
COURRINA INVESTORS RENEIGH NALLEY, PA	490,000 4
REGIONS BANK HWY 90 PACE PR 32571 CheckING	SAVINOS 45,000°
Real Estate 5626 CHAMPIONS DR. PAKE, R. 32571	270,000
SHIGHPRD GROUP, ATLANTA, GA SHIERPRISES, PACE, R	500
	9,000
PART C LIABILITIES  LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CITIMORTOAGE DES MOINES, IA SO368 PENTIAGON LEC CUI, ALEXANDRIQ, VA	67,352
PENTAGON LED CUI, ALEXGNORIA, VA	41,641
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

		PART D -	- INCOME		
			turn, including all W2's, schedules, s \$1,000, including secondary source		
			s, schedules, and attachments. need not complete the remainder of	f Part D.]	
PRIMARY SOURCES OF INCO		•	·	•	
NAME OF SOURCE OF INCO			ADDRESS OF SOURCE OF INCO	ME	AMOUNT
	-	= =			
				<u></u>	
-					
SECONDARY SOURCES OF IN	COME [Major customers, clien	nts, etc., of bus	sinesses owned by reporting persor	nsee instructio	ns on page 5]:
NAME OF	NAME OF MAJOR	SOURCES	ADDRESS		PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' I		OF SOURCE	1	ACTIVITY OF SOURCE
					<del></del> -
	PART E _ INTERESTS I	N SPECIFI	ED BUSINESSES [Instruction	ns on nage 5	
	BUSINESS ENTITY		BUSINESS ENTITY # 2		JSINESS ENTITY # 3
NAME OF BUSINESS ENTITY					
ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS					
ACTIVITY POSITION HELD					<del></del>
I OWN MORE THAN A 5%					
INTEREST IN THE BUSINESS  NATURE OF MY		_			
OWNERSHIP INTEREST				_	
IF ANY OF PARTS A	THROUGH E ARE CO	NTINUED	ON A SEPARATE SHEET, P	LEASE CHI	ECK HERE
OA	TH	STA'	re of floridanta Ro	sa	
I, the person whose name appear	s at the		rn to (or affirmed) and subscribed b		6th day of
beginning of this form, do depose			-	_	uu, u.
and say that the information disclo	osed on this form		) une, 20 <u>12</u> by	nomas	: Stewart .
and any attachments hereto is true	e, accurate,		VOOD O MILLIAM	M A	
and complete.		(Sign	nature of Notary Public-State of Flo	orida)	
		(0.9.		<b></b> )	
	(		Kelly BMIllho	<u>um</u>	
( momas V	tulari		t, Type, or Stamp Commissioned N	•	· /
SIGNATURE OF REPORTING OF	FICIAL OR CANDIDATE	Pers	onally Known OR	Produced Iden	tification
		Typo	of Identification Produced PLVI	A A Dave	ux license

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.



KELLY B. MILLHAM
MY COMMISSION # DD 895859
EXPIRES: June 3, 2013

For the year Jan 1-1	Dec 31	2011, or other tax year beginning	, 2011, ending	, 20		See se	para	ate ins	struction	5,	_
						Your s	ocia	Isecu	rity num	per	
THOMAS I	F S	TEWART			<u> </u>		<u> </u>				
	STEV	VART				Spous	e's s	social	security	numb	er
		ONS DRIVE			}			aka sw	e the SSNI	E) ah a	
		FL 32571			L		· 'V'	and on I	ine oc are o	orrect	<u> </u>
PENSACO	un,	11 323.1				Pres Check h	ider	itial E	lection C	ampai	gn una
Foreign country name	<u> </u>	<del></del>	Foreign province/count	y Foreign p	ostal code	jaintly, v	want	\$3 to go	to this fui change yo	nd Che	cking
oreign country num	·					refund	1000	7111 1101	You	7	ouse
		Circula.	4								ouse
Filing Status	1	Single		Service 2	ousehold (with q	-					
		Married filing jointly (even if only one had inco	7000000 200000 200000	3000 2000	tying person is a	child bu	it not	your d	ependent	enterth	14
Check only one box	3 _	_ Married filing separately,∉n்ter spoere கண்டி abo	20000 20000	child's nar		Ale al a a					
	0 3		5	733333	g widow(er) wi	in depe	enae	nt chii	Boxes ch	ecked	2
Exemptions	6a 🔀		p <b>endent, do not</b> chec	крожов			•	. }	on 6a and No of ch	6b _	
	b 3		(2) Dependen	Anger .	(3) Dependent		(4)	ıf quai	on Sc wh	0	
		Dependents:  1) First name Last name	social security n		relationship to		Shill of	tax cr	, ●lived w ●did not		h vou
it more than four	1	1) i i i i i i i i i i i i i i i i i i i					(see	inst/	- due to di	orce	,00
dependents.							-	-	- (see inst)	-	
see inst –				<u> </u>			ļ.,,		Depende on ôc not	nts	
and check					_				entered a	bove -	
here ▶ ! ]									_ Add num	ers	
	d	Total number of exemptions claimed			<u> </u>			<u> </u>	on lines above	<b>&gt;</b>	2
	7	Wages, salaries, tips, etc. Attach Form(s) W-2	}		·				_		
Income							7		:	3,36	62.
	8a	Taxable interest. Attach Schedule Bifrequired					88	1			80.
Attach Form(s)	b	Tax- exempt interest. Do not include on line 8a	,	84b							
W-2 here. Also	9a	Ordinary dividends. Attach Schedule B if requi	red				9 8				
attach Forms W- 2G and	b	Qualified dividends		9b				Z			
1099-R if tax	10	Taxable refunds, credits, or offsets of state and	local income taxes .				10	)			
was withheld.	11	Alimony received					11	1			
	12	Business income or (loss). Attach Schedule C				. <u></u>	12	2	1	1,99	98.
	13	Capital gain or (loss). Attach Schedule D if require	d eckinere			<b>▶</b> □	13	,			
	14	Other gains or (losses) Attach Form 4797	3333 4437	, 000000,000	100010000000000000000000000000000000000		14	L			
If you did not	15a	IRA distributions 15a	la Tavi	able amt			15			_	
get a W- 2, see instructions.		***	<del></del>	able amt	ROLLO	7 E' D	$\overline{}$		21	2 00	
oce mon denome.	17	Rentaireal estate, royalties, partnerships, S coi	***************************************	2000	SS 60000	44	16	$\rightarrow$		2,09	91.
Enclose, but do	18	Farm income of floss). Attach Schedule F.	i potations, irtigis, are:	Allacinaç	neugie C	•	17				
not attach, any		Unemployment compensation	acces, access		. 200000		18				
payment Also			20,250. b Taxa	able ameu	nt.		19			2 4 5	
piease use F <b>orm 1040- V</b> .	21	Other income. List type and amount.	20,230. Diaxa	able amou	· II.		20			3,47	<del>/ / .</del>
01111 1040- 4.	- '	other income, bist type and amount					////	7			
	22	Combine the amounts in the far right column fo	r lines 7 through 21. T	hie ie vour	total income		21			5 1 1	
	23	Educator expenses		23	.o.u.m.come		///	<del>al -</del>	4 1	5,11	<u>. 4 .</u>
Adjusted	24	Certain business expenses of reservists; performance of the servists; performance of the service of the	aning artists and	40000000							
Gross		fee- basis government officials. Attach Form 2	9000 T 30000 2000000	24							
Income	25	Health savings account deduction. Attach For	90° 0000° 0000°.								
		2000	31 OODS	26	<del></del>			<b>%</b>			
	26	Moving expenses. Attach Form 3903		26							
	27	Deductible part of self- employment tax. Attack		27		348.					
	28	Self- employed SEP, SIMPLE, and qualified pla	ans	28							
	29	Self- employed health insurance deduction		29				9			
	30	Penalty on early withdrawal of savings		30							
		Alimony paid b Recipient's SSN ▶		31a				2			
	32	IRA deduction		32				2			
	33	Student loan interest deduction		33							
	34	Tuition and fees, Attach Form 8917		34							
	35	Domestic production activities deduction. Attac		35			Y///.	//			
	36	Add lines 23 through 35					36	-			<u> 18.</u>
	<u>37</u>	Subtract line 36 from line 22. This is your adjust	ted gross income .	<u> </u>	<u> </u>	. •	37	<u>'</u>	4 5	, 26	<b>36.</b>

Form 1040 (2011)		OMAS F & MYRA N STEWART	20	45,266.
Tax and		Amount from line 37 (adjusted gross income)	38	45,200.
Credits	39a	Check You were born before January 2, 1947, Blind. Total boxes		
		if: Spouse was born before January 2, 1947, Blind. checked ▶ 39a 1		
Standard	b	If your spouse itemizes on a separate return or you were a dual- status alien, check here ▶ 39b		
Deduction				40 750
for - People who_	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,750.
check any				
box on line	41	Subtract line 40 from line 38	41	32,516.
39a or 39b or who can	42	Exemptions. Multiply \$3,700 by the number on line 6d	42	7,400.
be claimed as	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0-	43	<u> </u>
a dependent	44	Tax Check if any from a Form(s) 8814 b Form 4972 c 962 election	44	2,919.
	45	Alternative minimum tax (see instructions) Attach Form 6251	45	
• All others:		Add lines 44 and 45	46	2,919.
Single or Married filing	46	Foreign tax credit. Attach:Form 1116 if required	7///	
separately, \$5,800	47	Credit for child and dependent care expenses. Attach Form 2441		
Married filing	48			
jointly or Qualifying	49	EddCallott Cledita irotti i Otta accounte 25 (27)		
311 à00	50	Retirement savings contributions credit. Attack 1 of 11 of 12 of 1		
Head of	51	Citild tax of ear force money		
household \$8.500	52	Active that energy		
	53	from Form a 30000 b 3000 b	54	393.
	54	Add In 47 through 53. These are your total credits  Subtract line 54 from line 46. If line 54 is more than line 46, enter - 0-	55	2,526.
	55	Subtract line 34 from line 40, mile 34 is more than line 36 of the second	56	1,474.
Other	56	Self- employment tax. Attach Schedule SE	57	<u> </u>
Taxes	57			
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
		Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes Enter code(s) from instructions	60	
	61	Add lines 55 through 60. This is your total tax	61	4,000.
Payments	62	Federal income tax withheld from Forms W- 2 and 1099 62 1,813.		
	63	2011 estimated tax payments and amount applied from 2010 return 63		
If you have a gualifying	64a	Earned income credit (EIC) 64a 64a		
child, attach	b	Nontaxable combat pay election 64b		
Schedule EIC.	65	Additional child tax credit. Attach Form 8812		
	66	American opportunity credit from Form 8863, line 14		
	67	First-time homebuyer credit from Form 5405, line 10 67 67		
	68	Amount paid with request for extension to file 68		
	69	Excess social security and tier 1 RRTA (ax withheld 69		
	70	Credit for federal tax on fuels. Attach Form 4136		
	71	Credits from Form: a 2439 b 8839 c 8801 d 8885 71		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	_1_, 813.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
11014114	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	
Direct deposit?	▶ b			·
See	▶ d			
instructions.	75	Amount of line 73 you want applied to your 2012 estimated tax		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	2,188.
You Owe	77	Estimated tax penalty (see instructions) 77 1.		
Third Party	Do yo	u want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Compl	ete below	/. No
Designee	Desig	nee's name Phone no		Persona <u>l ID numb</u> er
		R_BLOCK		(PIN)▶ 09100
Sign	under benef	penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to th they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	e best of n	ny knowledge and has any knowledge
Here		ur signature Date Your occupation		ne phone number
Joint return?	F	or Info Only-Do not file RETIRED		·
See instructions		ouse's signature. If a joint return, both must sign. Date Spouse's occupation		sent you an ID Protection
Keep a copy for your records.		or Info Only-Do not file MERCHANDISER	rin, ente	r it here (see inst.)
		ype preparer's name Preparer's signature Date Check if	PTIN	
Paid		A STEWART 03/05/2012 self-employed		994673
Preparer	Firm's			1871840
Use Only		address PENSACOLA, FL 32504 Phone no.	(85	
	3			Form 1040 (2011)

a Employee's social security num	OMB No 1545-0008	1 Wages, tips, other compet	nsation 2339.45	2 Federal income to	ax withheld <b>26.46</b>	7 Social sec	urity tips
Employer's name, address, and ZIP code		3 Social security wages	2339.45	4 Social security ta		8 Allocated	tips
H&R Block Eastern Enterprises One H&R Block Way	a	5 Medicare wages and to	ips 2 <b>339.45</b>	6 Medicare tax with		9	· · · · · · · · · · · · · · · · · · ·
Kansas City, MO 64105	$\mathcal{W}_{\mathcal{V}}$	10 Dependent care bene	efits	11 Nonqualified pla	ins	12a See in	structions for box 12
Employee's first name and initial Last no	ame ( Suff.		Thurd-party	14 Other		125	
MYRA N STEWART 5626 Champions Drive		b Employer identification nu 431862224	mber (EIN)			12c	
Pace, FL 32571		d Control number	564294			12d	
Employee's address and ZIP code  5 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Loca	wages, tips, etc.	19 Local inco	me tax	20 Locality name
		<u> </u>		······································			
orm W-2 Wage and Tax Statement opy C - For EMPLOYEE'S RECORDS (See <i>Not</i>	ce to Employee on back of C	2011	******************	This information are required to fil	is being furnished ie a tax return, a r	to the Internal negligence pena	rnal Revenue Servio Revenue Service If yo alty or other sanction and you fail to report it.
a Employee's social security num	OMB No. 1545-0008	1 Wages, tips, other comper	nsation 2339.45	2 Federal income to	ax withheld <b>26.46</b>	7 Social sec	unty tips
Employer's name, address, and ZIP code  H&R Block Eastern Enterprises		3 Social security wages	339.45	4 Social security ta	withheld 98.26	8 Allocated t	ips
One H&R Block Way		5 Medicare wages and to	ips 2339.45	6 Medicare tax with	held 33.92	9	
Kansas City, MO 64105		10 Dependent care bene	efits	11 Nonqualified pla	ins	12a See in	structions for box 1
Employee's first name and initial Last na	ame Suff.		Third party	14 Other		12b	
MYRA N STEWART 5626 Champions Drive		b Employer identification number (EIN) 431862224		1		12c	
Pace, FL 32571 Employee's address and ZIP code		d Control number	564294			12d	
5 State Employer's state (D number	16 State wages, tips, etc.	17 State income tax	18 Loca	al wages, tips, etc.	19 Local inco	me tax	20 Locality name
orm W-2 Wage and Tax Statement opy 2 - To Be Filed With Employee's State, Ci	ly, or Local Income Tax Reti	2011		Depa	rtment of the T	reasury - Inte	rnal Revenue Servi
a Employee's social security num	OMB No. 1545-0008	1 Wages, tips, other comper	nsation 2339.45	2 Federal income to	ax withheld 26.46	7 Social sec	urity tips
Employer's name, address, and ZIP code  H&R Block Eastern Enterprises		3 Social security wages	339.45	4 Social security ta	withheld 98.26	8 Allocated t	ips
One H&R Block Way		5 Medicare wages and to 2	ips 2339.45	6 Medicare tax with	held 33.92	9	
Kansas City, MO 64105		10 Dependent care ben-	efits	11 Nonqualified pla	ins	12a See in	structions for box 1
Employee's first name and initial Last no	ame Suff.		Third-party	14 Other		12b	
MYRA N STEWART 5626 Champions Drive		b Employer identification nu 431862224	mber (EIN)			12c	
Pace, FL 32571 Employee's address and ZIP code	d Control number 664294		]		c 12d		
5 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Loca	al wages, tips, etc.	19 Local inco	me tax	20 Locality name
Eorm W-2 Wage and Tax Statement Copy 2 - To be Flied With Employee's State, Ci	ly, or Local Income Tax Reti	urn. 2011		Depa	rtment of the T	reasury - Inte	rnal Revenue Servi

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STEPH MART, No.   1   1000 maching vary control   20 / 20 / 20 / 20 / 20 / 20 / 20 / 20	b Employer identification number (EIN)	64-0466198	<del>-</del> /.	l.	estructions for box 12	1 Wages, tips, other compe	nsation 22.78	2 Federal income	tax withheld
100 RN/ERPLACE BLVD. 100 RN/ERPLACE BLVD. 101 Lot name 102 Lot name 103 Lot name 104 Lot name 105 Lot name 105 Lot name 106 Lot name 107 Lot name 107 Lot name 108 Lot name 108 Lot name 108 Lot name 108 Lot name 109 Lot name 108 Lot name 109 Lot name 10					<u></u>			4 Social security	
1000 RRPRPACE BLVD		$\mathcal{M}$	<i>]</i>  /		\$			6 Medicare tax v	
Compage	1200 RIVERPLACE BLVD.	• •	Y	<u> </u>	<u></u>	102			
MAYRA N STEWART   1				į	\$	7 Social security tips		8 Allocated tips	
South Price   PACE   FL 32571   CODE   To Be Filled With Employee's EPECHAL   To Charle   To Charles   To C	e Employee's first name and initial			12e	is	9		10 Dependent c	are benefits
Copy B To B Filed With   Table   Tab	MYRA N STEWART			This informati Internal Reve	ion is being furnished to the mue Service	11 Nonqualified plans		13 Statutory employee	Retrement Third-party plan sick pay
Employee S 1   Empl	5626 CHAMPIONS DRIVE					14 Other			
Engineering substant and 29 code   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worger, Sps. 66. 17 Sizes record by   16 Sizes worder by   16 Size	PACE, FL 32571			Emplo	yee's FEDERAL				
18 South separate to Discounts    18 South wages, See, etc.   19 South wages, See, e						1			
Page 2   Table   Tab		16 State wages, tips, etc.	17 State income !	tax 1	18 Local wages, tips, etc.	19 Local income tax	20 Locality	name	
Templayer secretication number (ETC)   Employer's secretication number (ETC)   S   S   S   S   S   S   S   S   S						<del> </del>			
STEIN MART, INC.   10   10   10   10   10   10   10   1	Form W-2 Wage and Tax Statement 2011	Department of the Treasu	ıry-Internal Reveni	ue Service	OMB # 1545-0008	3 Copy	 B To Be Filed	With Employee's	FEDERAL Tax Retur
STEIN MAPT, NO. 27 to 8 Filed With Engloyee State. CITY of Local Table State without 14 State wages. Egs. cit. 17 State recome tax 11 Local wages. Egs. cit. 17 Local wages. Egs. cit. 18 Local wages. Egs. cit. 18 Local wages. Egs. cit. 19 Local wages. E	b Employer identification number (EIN)	64 0466108		12a				2 Federal incom	e tax withheld
Second	c Employer's name, address, and ZIP code	04-0400190			\$		22.78	4 Social security	lay withhold
1	O'LIN MARKET, MO.			9	<b></b>		22.78		42.96
Section   Sect	1200 BIVERDI ACE BI VID			12c	<b> \$</b>			6 Medicare tax v	
A Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department of the Trassury-Internal Revenue Service  STEIN MART, INC.  1 State receive shellfully and the State wages, tips, etc. 17 State recome bix  1 State received shellfully and the State wages, tips, etc. 17 State recome bix  1 State State State State State State State State With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Trassury-Internal Revenue Service  Copy 2 To Be Filled With Employee's State, CITY or Local Tax Department or the Transury Internal Revenue Service  Copy 2 To B				c ·				8 Allocated tips	
SEZE CHAMPIONS DRIVE PACE, FL 32571  Engloyer's stations and ZP code  State Engloyer's station and code and cod	e Employee's first name and initial					9		10 Dependent c	are benefits
Copy 2 To 6e Filed Willn Employee's STATE, CITY or LOCAL Income tax Return  a Employee's address and 2P code  If State	MYRA N STEWART			<b>1</b>		11 Nonqualified plans		13 Statutory	Retirement Third-party
Employee's STATE, CITY or LOCAL Income tax Employee's state income tax Employee's social security number  If State (Employer's safete) D number  If Employer's safete safety D number  If Employer's safety D num	5626 CHAMPIONS DRIVE			Conv 2	To Be Filed With			employée	ptan sick pay
Employee's social accurity number    Employee's social accurity number   16 State wages, tips, etc.   17 State income tax   18 Local wages, tips, etc.   18 State				Employ	ee's STATE, CITY or	14 Other			
Employer's ablate   Dirumber   16 State wages, tips, etc.   17 State income tax   18 Local wages, tips, etc.   19 Local income tax   28 Locality name						]			
Form W.2 Videge and Tax Statement 2011  Department of the Treasury Internal Revenue Service  OMB # 15450008  Copy 2 To Be Filed With Employee's State, CITY or Local Tax Department of the Treasury Internal Revenue Service  OMB # 15450008  Copy 2 To Be Filed With Employee's State, CITY or Local Tax Department of the Treasury Internal Revenue Service  SERION MART, INC.  102 78  Social socurity wages  1022 78  Social socurity stay withheld  1022 78  Social socurity wages  1022 78  Social socurity wages  1022 78  Social socurity stay withheld  1022 78  Social socurity wages  1022 78  Social socurity stay withheld  1022 78  Social socurity stay withheld  1022 78  Social socurity stay  In Proposity Service S			14200		<u> </u>		1001 111		
Bergebyer identification number (EIN) 64-0466198    S	15 State   Employer's state ID number	16 State wages, tips, etc.	17 State income i	BAX	18 Local wages, tips, etc.	19 Local income tax	20 Locality	name	
Bergebyer identification number (EIN) 64-0466198    S						I			
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## RECORDS. (See Notice to Employee on back.)  a Employee's address and ZIP code  15 State Employer's state ID number   16 State wages, tips, etc.   17 State income tax   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   20	b Employer identification number (EIN) c Employer's name, address, and ZIP code STEIN MART, INC.  1200 RIVERPLACE BLVD. JACKSONVILLE, FL 32207-9046 e Employee's first name and initial MYRA N STEWART  5626 CHAMPIONS DRIVE PACE, FL 32571  f Employee's address and ZIP code 15 State Employee's state ID number  Form W-2 Wage and Tax Statement 2011 b Employer identification number (EIN) c Employer's name, address, and ZIP code STEIN MART, INC.  1200 RIVERPLACE BLVD. JACKSONVILLE, FL 32207-9046 e Employee's first name and initial MYRA N STEWART	Last name 1 of 1 ID:119150000000000000000000000000000000000	Suff.  Suff.  Suff.	12a 12b 12c	\$  \$  \$  \$  \$  \$  \$  To Be Filed With ree's STATE, CITY or Income Tax Return record as social security number 18 Local wages, tips, etc.  CMB # 1545-0008 Instructions for box 12  \$  \$  \$	1 Wages, tips, other competed to the security wages and tips 102 5 Medicare wages and tips 102 7 Social security tips  11 Nonqualified plans 14 Other  19 Local income tax  Copy 2 To Be Filed W.  1 Wages, tips, other competed to the security wages 102 5 Medicare wages and tips 102 7 Social security tips	22.78 22.78 22.78 20 Locality th Employee ssation 2.78 2.78	2 Federal incom 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c 13 Statutory employee  2 Federal incom 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c	e tax withheld 42.96 withheld 14.83 are benefits Referent Third-party ski pay and the ski pay
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15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name	b Employer identification number (EIN) c Employer's name, address, and ZIP code STEIN MART, INC.  1200 RIVERPLACE BLVD. JACKSONVILLE, FL 32207-9046 e Employee's first name and initial MYRA N STEWART  5626 CHAMPIONS DRIVE PACE, FL 32571  f Employee's address and ZIP code 15 State Employer's state ID number  Form W-2 Wage and Tax Statement 2011 b Employer identification number (EIN) c Employer's name, address, and ZIP code STEIN MART, INC.  1200 RIVERPLACE BLVD. JACKSONVILLE, FL 32207-9046 e Employee's first name and initial MYRA N STEWART  5626 CHAMPIONS DRIVE	Last name 1 of 1 ID:119150000000000000000000000000000000000	Suff.  Suff.  Suff.	12a 12b 12c	\$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	1 Wages, tips, other comperations of the competence of the compet	22.78 22.78 22.78 20 Locality th Employee ssation 2.78 2.78	2 Federal incom 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c 13 Statutory employee  2 Federal incom 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c	e tax withheld 42.96 withheld 14.83 are benefits Referent Third-party ski pay and the ski pay
Form W.9 Wass and Tay Statement 2011	b Employer identification number (EIN) c Employer's name, address, and ZIP code STEIN MART, INC.  1200 RIVERPLACE BLVD. JACKSONVILLE, FL 32207-9046 e Employee's first name and initial MYRA N STEWART  5626 CHAMPIONS DRIVE PACE, FL 32571  f Employee's address and ZIP code 15 State Employer's state ID number  Form W-2 Wage and Tax Statement 2011 b Employer identification number (EIN) c Employer's name, address, and ZIP code STEIN MART, INC.  1200 RIVERPLACE BLVD. JACKSONVILLE, FL 32207-9046 e Employee's first name and initial MYRA N STEWART  5626 CHAMPIONS DRIVE PACE, FL 32571	Last name 1 of 1 ID:119150000000000000000000000000000000000	Suff.  Suff.  Suff.	12a 12b 12c	\$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	1 Wages, tips, other comperations of the competence of the compet	22.78 22.78 22.78 20 Locality th Employee ssation 2.78 2.78	2 Federal incom 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c 13 Statutory employee  2 Federal incom 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c	e tax withheld 42.96 withheld 14.83 are benefits Referent Third-party ski pay and the ski pay
Form W-2 Wage and Tax Statement 2011 Department of the Treasury-Internal Revenue Service OMR # 1545-0008	b Employer identification number (EIN) c Employer's name, address, and ZIP code STEIN MART, INC.  1200 RIVERPLACE BLVD. JACKSONVILLE, FL 32207-9046 e Employee's first name and initial MYRA N STEWART  5626 CHAMPIONS DRIVE PACE, FL 32571  f Employee's address and ZIP code 15 State Employer's state ID number  Form W-2 Wage and Tax Statement 2011 b Employer identification number (EIN) c Employer's name, address, and ZIP code STEIN MART, INC.  1200 RIVERPLACE BLVD. JACKSONVILLE, FL 32207-9046 e Employee's first name and initial MYRA N STEWART  5626 CHAMPIONS DRIVE PACE, FL 32571  f Employee's address and ZIP code	16 State wages, tips, etc.  Department of the Treasury 64-0466198  Last name 1 of 1 ID:119150000000000000000000000000000000000	Suff. 00137666730  17 State income to the suff. 0137666730	12a 12b 12c	\$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	1 Wages, tips, other competed to 10/2 3 Social security wages 10/2 5 Medicare wages and tips 10/7 7 Social security tips  11 Nonqualified plans 14 Other  19 Local income tax  Copy 2 To Be Filed W.  1 Wages, tips, other competed to 10/2 3 Social security wages 10/2 5 Medicare wages and tips 10/2 7 Social security tips  9  11 Nonqualified plans 14 Other	22.78 22.78 22.78 20 Locality th Employeensation 2.78 2.78	2 Federal incom 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c 13 Statutory employee  2 Federal income 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c 13 Statutory employee	e tax withheld 42.96 withheld 14.83 are benefits Referent Third-party ski pay and the ski pay

### SCHEDULE C (Form 1040)

## **Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

Attachment

Department of the Treasury internal Revenue Service (99) ► For information on Schedule C and its instructions, go to www.irs.gov/schedulec

Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Sequence No. 09

	ne of proprietor	cial secu	rity num	ber (SSN)
MY	RA N STEWART	Enterne	do from	instructions
Α	Principal business of profession, including productor service (see mendator)		34160	1
	BUSINESS CONSULTANT : CONSULTING			
С	Business name. If no separate business name, leave sharm.			nber (EIN), (see instr.)
	S S ENTERPRISES		<u> 175</u>	33824
Е	Business address (including suite or room no.) ► 5626 CHAMPIONS DRIVE			
	City, town or post office, state, and ZIP code PENSACOLA, FI 323/1			
F	Accounting method (1) X Cash (2) Accrual (3) Other (specify) ▶			X Yes No
G	Did you "materially participate" in the operation of this business during 20112 # No, "see instructions for limit o	n iosses		► NO
Н	If you started or acquired this business during 2011, check here	*		Yes X No
Į.	Did you make any payments in 2011 that would require you to file Form(s) 1899? (see instructions)	,	•	
J	If "Yes," did you or will you file all required Forms 1099?	<u> </u>		Yes No
P	an Income		777777	
1a	Merchant card and third party payments. For 2011, enter - 0-		-////	
b	Gross receipts or sales not entered on line 1a (see instructions)	1,857	·////	ATTACHMENT
c	Income reported to you on Form W- 2 if the "Statutory Employee" box on			
Ĭ	that form was checked. Caution. See instr. before completing this line			
d	Total gross receipts. Add lines 1a through 1c		1d	<u>21,857.</u>
2	Returns and allowances plus any other adjustments (see instructions)		2	
3	Subtract line 2 from line 1d		3	21,857.
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	21,857.
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	<u> </u>	7	21,857.
P	Enter expenses for business use of your home	only on	line 3	0
8	Advertising	6)	18	72.
9	Car and truck expenses (see 19 Pension and profit- sharing plan	•	19	
3	instructions) 2,617. 20 Rent or lease (see instructions)		11111	<del></del>
40	Commissions and fees 10 a Vehicles, machinery, and equip	*****	20a	
10	Contract labor (see instructions). 11 5,594. b Other business property	inen .	20b	
<b>11</b> 12	Depletion 12 21 Repairs and maintenance	* * *	21	72.
13	Depreciation and section 179 22 Supplies (not included in Part III	1	22	56.
	expense deduction (not 23 Taxes and licenses ATTAC	,	23	14.
	included in Part III) (see inst) 13 24 Travel, meals, and entertainmen			
14	Employee benefit programs a Travel		24a	728.
	(other than on line 19)			
15	Insurance (other than health) 15 entertainment (see instructions)		24b	309.
16	Interest: 25 Utilities		25	
			26	
a		s)		
b			27a	87.
17		<del></del>	27b	
28	· · · · · · · · · · · · · · · · · · ·	, •	28	9,859.
29	Tentative profit or (loss). Subtract line 28 from line 7		29	11,998.
30	Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere  Net profit or (loss). Subtract line 30 from line 29.		30	
31	• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.	٦		
	If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3.	ļ	31	11,998.
	• If a loss, you must go to line 32.	ſ	31	<u> </u>
22	If you have a loss, check the box that describes your investment in this activity (see instructions).			
JZ	·	٦	32a	All invoctment is staint
	• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on	L		All investment is at risk.
	Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates	ſ	32b	Some investment is not at risk.
	and trusts, enter on Form 1041, line 3.	J		a. Hon.
	If you checked 32b, you must attach Form 6198. Your loss may be limited.			

Sche	dule C (Form 1040) 2011 MYRA N STEWART			Page 2
20	Cost of Goods Sold (see instructions)			
33	value closing inventory	Other	(attach explana	tion)
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		
41	Inventory at end of year	. 41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	. 42		
	Information on Your Vehicle. Complete this part only if you are claiming car or line 9 and are not required to file Form 4562 for this business. See the instruct to find out if you must file Form 4562.	truck e tions fo	expenses o or line 13	n 
43	When did you place your vehicle in service for business purposes? (month: day, year) ▶ 2/1/2006			
44	Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:			
a	Business 5102 b Commuting (see instructions) 0 c Other		5530	
45	Was your vehicle available for personal use during off- duty hours?		X Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		X Yes	No
47a	Do you have evidence to support your deduction?		X Yes	No
b	If "Yes," is the evidence written?		X Yes	No
Pa	Other Expenses. List below business expenses not included on lines 8-26 or l	ine 30.		
VI	RUS SOFTWARE			48.
СН	G FOR BANK CHECKS			39.
9			_	<u> </u>
		· <u>-</u>		
48	Total other expenses. Enter here and on line 27a	48		87.

#### SCHEDULE SE (Form 1040)

## Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR.

► See separate instructions.

Attachment Sequence No. 17

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

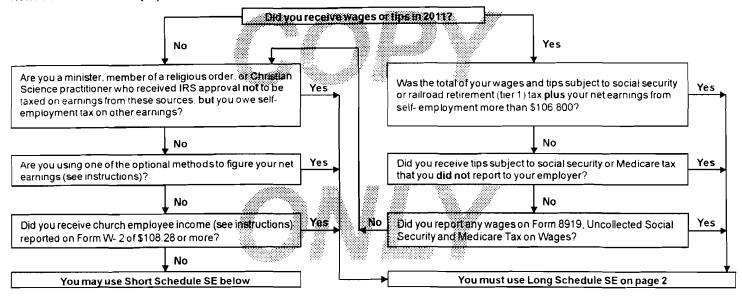
MYRA N STEWART

Social security number of person with self-employment income

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

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

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



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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K- 1 (Form		
	1065), box 14, code A	1a	<u> </u>
b	If you received social security retirement or assability benefits, enter the amount of Conservation Reserve		
	Program payments included on Schedule F. line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	_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	Ì	
	instructions for types of income to report on this line. See instructions for other income to report	2	11,998.
3	Combine lines 1a, 1b, and 2	3	11,998.
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	4	11,080.
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions		<u> </u>
5	Self- employment tax. If the amount on line 4 is:		
	<ul> <li>\$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54</li> </ul>		
	● More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result.		
	Enter the total here and on Form 1040, line 56, of Form 1040NR, line 54	5	1,474.
6	Deduction for employer- equivalent portion of self- employment tax.		
	If the amount on line 5 is.		
	• \$14,204.40 or less, multiply line 5 by 57.51% (.5751)		
	<ul> <li>More than \$14,204.40, multiply line 5 by 50% (.50) and add 1,067 to the result.</li> </ul>		
	Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27		
KBA		V////	

Schedule SE (Form 1040) 2011

## Form **8880**

# Credit for Qualified Retirement Savings Contributions

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, Form 1040A, or Form 1040NR.

Attachment Sequence No. 54

Name(s) shown on return

See instructions on page 2.

THOMAS F & MYRA N STEWART

Your social security number



You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$28,250 (\$42,375 if head of household; \$56,500 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1994. (b) is claimed as a dependent on someone else's 2011 tax return, or (c) was a student (see instructions).

	u _ u _ u					(a) You		(b) Your spouse
1	Traditional and R	oth IRA contributions	s for 2011. Do not include	e rollo <b>ve</b> r		<i>"</i>		
•					1	2,00	0////	2,000
2		s to a 401(k) or other o	jualified employer plan, i	/olun <del>tary</del>				
			8)(D) plan contributions		99-37 J			
	(see instructions)				2			
3	Add lines 1 and 2				3	2,00	0///	2,000
4			08 and before the due d	ate				
•			x return (see instructions					
			uses' amounts in <b>both</b> co					
		for an exception			4	-	3////	33
5	Subtract line 4 fro	om line 3. If zero or les	ss, enter - 0+	Mar. 1. 100 1.000	. 5	1,96		1,967
6	•	enter the <b>smaller</b> of li			6.1	1,96	7////	1,967
7			p; you cannot take this c				7	3,934
8			e 38" ; <b>F</b> ørm 104 <b>9A</b> , lin <b>e 2</b>	2; OF	- I	45.06	6///	
		ne 37		20000 000000000	. 8	45,26	00///	
9		ble decimal amount						
	l If lin	ne 8 is -		And your filing sta				
		But not	Married	Head of	_	arried filing		
	Over -	over-	filing jointly	household	•	ately, or		
			Enter on			widow(er)		
		\$17,000	.5	.5		5		
	\$17,000	\$18,250	5 #	.5		2		
	\$18,250 \$25,500	\$25,500 \$27,375	5	, <b>0</b>		<b>1</b>	/////	X0.1
	\$27,375	\$28,250	5			1	11/1/	7.0.1
	\$ 28 250	\$34 000	5	1		0		
	\$34,000	\$36,500	.2	.1		0		
	\$36,500	\$42,375	1	.1		0		
	\$42,375	\$56,500	.1	.0		0		
	\$56,500		.0	.0		0		
		Note: If	line 9 is zero, <b>stop;</b> you o	annot take this cred	lit.			
10	Multiply line 7 by						. 10	393
11	Enter the amount	t from Form 1040, line	46; Form 1040A; line 28	; or				
	Form 1040NR, lin		200000000000000000000000000000000000000		11	2,91	9////	
12	1040 filers:	Enter the total of yo	ur credits from lines 47 ti	nrough 49,				
		and Schedule R, lir	1,447.					
	1040A filers:	•	ur credits from lines 29 th	- 1				
42	1040NR filers:		ur credits from lines 45 a		12		0////	
13 14			op; you cannot take this		10 orlina 42		13	2,919
14	•		i <b>gs contributions.</b> Enter 1040A, line 32; or Form 1		iooriine 13			202
	nere and on FUII	ii io-o, iiie oo, Foilii	TOTOM, IIITE 32, UI FOIIII	1040NT, III184/ .			. 14	393

\*See Pub. 590 for the amount to enter if you are filing Form 2555, 2555- EZ, or 4563 or you are excluding income from Puerto Rico.

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

Form 8880 (2011)