

**FORM 6 FULL AND PUBLIC DISCLOSURE OF 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**

FOR OFFICE USE ONLY:

MAILING ADDRESS:  
**5626 CHAMPIONS DRIVE**

**PACE, FL 32571 SANTA ROSA**

CITY: ZIP: COUNTY:

NAME OF AGENCY:  
**SANTA ROSA COUNTY COMMISSION DISTRICT ONE**

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

ID Code  
 ID No.  
 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 not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of 1 JUNE, 20 12 was \$ 795,000

**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 \$ 88,000<sup>00</sup>

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
GUARDIAN INVESTORS LENOIR VALLEY, PA	490,000 <sup>00</sup>
REGIONS BANK Hwy 90 PACE, FL 32571 CHECKING/SAVINGS	45,000 <sup>00</sup>
Real Estate 5626 CHAMPIONS DR. PACE, FL 32571	270,000 <sup>00</sup>
VANGUARD GROUP, ATLANTA, GA	7,100 <sup>00</sup>
STS ENTERPRISES, PACE, FL	5,000

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CITIMORTGAGE Des Moines, IA 50368	67,352
PENTAGON Fed CU, ALEXANDRIA, VA	41,641

**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**

STATE OF FLORIDA  
 COUNTY OF Santa Rosa

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.

Sworn to (or affirmed) and subscribed before me this 10th day of

June, 2012, by Thomas Stewart

Kelly B Millham  
 (Signature of Notary Public--State of Florida)

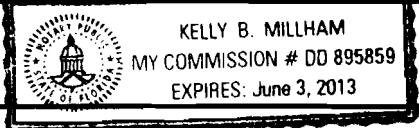
Kelly B Millham  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced Florida Drivers License

Thomas Stewart  
 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.



For the year Jan 1- Dec 31, 2011, or other tax year beginning 2011, ending 2011

THOMAS F STEWART  
 MYRA N STEWART  
 5626 CHAMPIONS DRIVE  
 PENSACOLA, FL 32571

See separate instructions.  
 Your social security number  
 Spouse's social security number  
 Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund  
 You  Spouse

Foreign country name Foreign province/county Foreign postal code

Filing Status  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above & full name here  
 4  Head of household (with qualifying person) (See instructions)  
 5  Qualifying widow(er) with dependent child

Exemptions  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
 6b  Spouse  
 c Dependents:  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qual child is 17 for child tax cr (see inst)  
 d Total number of exemptions claimed 2

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	3,362.
	8a	Taxable interest. Attach Schedule B if required	8a	180.
	8b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	
	9b	Qualified dividends	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	11,998.
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	
	15b	Taxable amt	15b	
	16a	Pensions and annuities	16a	22,651.
	16b	Taxable amt. ROLLOVER	16b	22,097.
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	20,250.
	20b	Taxable amount	20b	8,477.
	21	Other income. List type and amount	21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	46,114.

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	848.
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Tuition and fees. Attach Form 8917	34	
	35	Domestic production activities deduction. Attach Form 8903	35	
	36	Add lines 23 through 35	36	848.
	37	Subtract line 36 from line 22. This is your adjusted gross income	37	45,266.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2011)

**Tax and Credits** 38 Amount from line 37 (adjusted gross income) 38 45,266.  
 39a Check  You were born before January 2, 1947,  Blind. } Total boxes  
 if:  Spouse was born before January 2, 1947,  Blind. } checked ▶ 39a 1  
 b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b

**Standard Deduction** for -  
 • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instr.  
 • All others:  
 Single or Married filing separately, \$5,800  
 Married filing jointly or Qualifying widower, \$11,600  
 Head of household \$8,500

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 12,750.  
 41 Subtract line 40 from line 38 41 32,516.  
 42 Exemptions. Multiply \$3,700 by the number on line 6d 42 7,400.  
 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 25,116.  
 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 5251 45  
 46 Add lines 44 and 45 ▶ 46 2,919.  
 47 Foreign tax credit. Attach Form 1116 if required 47  
 48 Credit for child and dependent care expenses. Attach Form 2441 48  
 49 Education credits from Form 8863, line 23 49  
 50 Retirement savings contributions credit. Attach Form 8880 50 393.  
 51 Child tax credit (see instructions) 51  
 52 Residential energy credits. Attach Form 5695 52  
 53 Other credits from Form a  3800 b  8801 c  53  
 54 Add in 47 through 53. These are your total credits ▶ 54 393.  
 55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶ 55 2,526.

**Other Taxes** 56 Self-employment tax. Attach Schedule SE 56 1,474.  
 57 Unreported social security and Medicare tax from Form: a  4137 b  8919 57  
 58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58  
 59a Household employment taxes from Schedule H 59a  
 b First-time homebuyer credit repayment. Attach Form 5405 if required 59b  
 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  
 64a Earned income credit (EIC) 64a  
 b Nontaxable combat pay election 64b  
 65 Additional child tax credit. Attach Form 8812 65  
 66 American opportunity credit from Form 8863, line 14 66  
 67 First-time homebuyer credit from Form 5405, line 10 67  
 68 Amount paid with request for extension to file 68  
 69 Excess social security and tier-1 RRTA tax withheld 69  
 70 Credit for federal tax on fuels. Attach Form 4136 70  
 71 Credits from Form: a  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  
 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶  74a  
 Direct deposit? ▶ b Routing number  ▶ c Type  Checking  Savings  
 See ▶ d Account number   
 instructions. 75 Amount of line 73 you want applied to your 2012 estimated tax ▶ 75

**Amount You Owe** 76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶ 76 2,188.  
 77 Estimated tax penalty (see instructions) 77 1.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No  
 Designee's name  Phone no  Personal ID number  
 ▶ HR BLOCK ▶ (850) 475-5900 (PIN) ▶ 09100

**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  Daytime phone number   
 Joint return? See instructions. ▶ For Info Only-Do not file RETIRED  
 Spouse's signature. If a joint return, both must sign. Date  Spouse's occupation  If the IRS sent you an ID Protection PIN, enter it here (see inst.)  
 Keep a copy for your records. ▶ For Info Only-Do not file MERCHANDISER

**Paid Preparer Use Only** Print/Type preparer's name  Preparer's signature  Date  Check  if self-employed PTIN   
 MYRA STEWART 03/05/2012 P00994673  
 Firm's name ▶ HRB TAX GROUP INC Firm's EIN ▶ 43-1871840  
 Firm's address ▶ PENSACOLA, FL 32504 Phone no. (850) 479-2344

a Employee's social security number [REDACTED]		OMB No. 1545-0008		1 Wages, tips, other compensation <b>2339.45</b>	2 Federal income tax withheld <b>26.46</b>	7 Social security tips		
c Employer's name, address, and ZIP code <b>H&amp;R Block Eastern Enterprises One H&amp;R Block Way Kansas City, MO 64105</b>				3 Social security wages <b>2339.45</b>	4 Social security tax withheld <b>98.26</b>	8 Allocated tips		
e Employee's first name and initial Last name Suff. <b>MYRA N STEWART 5626 Champions Drive Pace, FL 32571</b>				5 Medicare wages and tips <b>2339.45</b>	6 Medicare tax withheld <b>33.92</b>	9		
				10 Dependent care benefits		11 Nonqualified plans		c 12a See instructions for box 12
				13 Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> Third-party <input type="checkbox"/> b Employer identification number (EIN) <b>431862224</b>		14 Other		c 12b
f Employee's address and ZIP code				d Control number <b>664294</b>		c 12c		
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		

Form **W-2 Wage and Tax Statement** 2011 Department of the Treasury - Internal Revenue Service  
 Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)  
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Employee's social security number [REDACTED]		OMB No. 1545-0008		1 Wages, tips, other compensation <b>2339.45</b>	2 Federal income tax withheld <b>26.46</b>	7 Social security tips		
c Employer's name, address, and ZIP code <b>H&amp;R Block Eastern Enterprises One H&amp;R Block Way Kansas City, MO 64105</b>				3 Social security wages <b>2339.45</b>	4 Social security tax withheld <b>98.26</b>	8 Allocated tips		
e Employee's first name and initial Last name Suff. <b>MYRA N STEWART 5626 Champions Drive Pace, FL 32571</b>				5 Medicare wages and tips <b>2339.45</b>	6 Medicare tax withheld <b>33.92</b>	9		
				10 Dependent care benefits		11 Nonqualified plans		c 12a See instructions for box 12
				13 Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> Third-party <input type="checkbox"/> b Employer identification number (EIN) <b>431862224</b>		14 Other		c 12b
f Employee's address and ZIP code				d Control number <b>664294</b>		c 12c		
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		

Form **W-2 Wage and Tax Statement** 2011 Department of the Treasury - Internal Revenue Service  
 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's social security number [REDACTED]		OMB No. 1545-0008		1 Wages, tips, other compensation <b>2339.45</b>	2 Federal income tax withheld <b>26.46</b>	7 Social security tips		
c Employer's name, address, and ZIP code <b>H&amp;R Block Eastern Enterprises One H&amp;R Block Way Kansas City, MO 64105</b>				3 Social security wages <b>2339.45</b>	4 Social security tax withheld <b>98.26</b>	8 Allocated tips		
e Employee's first name and initial Last name Suff. <b>MYRA N STEWART 5626 Champions Drive Pace, FL 32571</b>				5 Medicare wages and tips <b>2339.45</b>	6 Medicare tax withheld <b>33.92</b>	9		
				10 Dependent care benefits		11 Nonqualified plans		c 12a See instructions for box 12
				13 Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> Third-party <input type="checkbox"/> b Employer identification number (EIN) <b>431862224</b>		14 Other		c 12b
f Employee's address and ZIP code				d Control number <b>664294</b>		c 12c		
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		

Form **W-2 Wage and Tax Statement** 2011 Department of the Treasury - Internal Revenue Service  
 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) 64-0466198		12a See instructions for box 12		1 Wages, tips, other compensation 1022.78		2 Federal income tax withheld	
c Employer's name, address, and ZIP code STEIN MART, INC.  1200 RIVERPLACE BLVD. JACKSONVILLE, FL 32207-9046		12b \$		3 Social security wages 1022.78		4 Social security tax withheld 42.96	
e Employee's first name and initial MYRA N STEWART		12c \$		5 Medicare wages and tips 1022.78		6 Medicare tax withheld 14.83	
Last name 1 of 1 ID: 1191500000000000137666730		12d \$		7 Social security tips		8 Allocated tips	
f Employee's address and ZIP code 5626 CHAMPIONS DRIVE PACE, FL 32571		12e \$		9		10 Dependent care benefits	
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		11 Nonqualified plans			
						13 Statutory employee Retirement plan Third-party sick pay	
						14 Other	
Form W-2 Wage and Tax Statement 2011 Department of the Treasury-Internal Revenue Service OMB # 1545-0008				Copy B To Be Filed With Employee's FEDERAL Tax Return			

b Employer identification number (EIN) 64-0466198		12a See instructions for box 12		1 Wages, tips, other compensation 1022.78		2 Federal income tax withheld	
c Employer's name, address, and ZIP code STEIN MART, INC.  1200 RIVERPLACE BLVD. JACKSONVILLE, FL 32207-9046		12b \$		3 Social security wages 1022.78		4 Social security tax withheld 42.96	
e Employee's first name and initial MYRA N STEWART		12c \$		5 Medicare wages and tips 1022.78		6 Medicare tax withheld 14.83	
Last name 1 of 1 ID: 1191500000000000137666730		12d \$		7 Social security tips		8 Allocated tips	
f Employee's address and ZIP code 5626 CHAMPIONS DRIVE PACE, FL 32571		12e \$		9		10 Dependent care benefits	
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		11 Nonqualified plans			
						13 Statutory employee Retirement plan Third-party sick pay	
						14 Other	
Form W-2 Wage and Tax Statement 2011 Department of the Treasury-Internal Revenue Service OMB # 1545-0008				Copy 2 To Be Filed With Employee's STATE, CITY or LOCAL Income Tax Return			

b Employer identification number (EIN) 64-0466198		12a See instructions for box 12		1 Wages, tips, other compensation 1022.78		2 Federal income tax withheld	
c Employer's name, address, and ZIP code STEIN MART, INC.  1200 RIVERPLACE BLVD. JACKSONVILLE, FL 32207-9046		12b \$		3 Social security wages 1022.78		4 Social security tax withheld 42.96	
e Employee's first name and initial MYRA N STEWART		12c \$		5 Medicare wages and tips 1022.78		6 Medicare tax withheld 14.83	
Last name 1 of 1 ID: 1191500000000000137666730		12d \$		7 Social security tips		8 Allocated tips	
f Employee's address and ZIP code 5626 CHAMPIONS DRIVE PACE, FL 32571		12e \$		9		10 Dependent care benefits	
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		11 Nonqualified plans			
						13 Statutory employee Retirement plan Third-party sick pay	
						14 Other	
Form W-2 Wage and Tax Statement 2011 Department of the Treasury-Internal Revenue Service OMB # 1545-0008				Copy 2 To Be Filed With Employee's STATE, CITY or Local Tax Departments			

b Employer identification number (EIN) 64-0466198		12a See instructions for box 12		1 Wages, tips, other compensation 1022.78		2 Federal income tax withheld	
c Employer's name, address, and ZIP code STEIN MART, INC.  1200 RIVERPLACE BLVD. JACKSONVILLE, FL 32207-9046		12b \$		3 Social security wages 1022.78		4 Social security tax withheld 42.96	
e Employee's first name and initial MYRA N STEWART		12c \$		5 Medicare wages and tips 1022.78		6 Medicare tax withheld 14.83	
Last name 1 of 1 ID: 1191500000000000137666730		12d \$		7 Social security tips		8 Allocated tips	
f Employee's address and ZIP code 5626 CHAMPIONS DRIVE PACE, FL 32571		12e \$		9		10 Dependent care benefits	
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		11 Nonqualified plans			
						13 Statutory employee Retirement plan Third-party sick pay	
						14 Other	
Form W-2 Wage and Tax Statement 2011 Department of the Treasury-Internal Revenue Service OMB # 1545-0008				Copy C for Employee's Records			

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

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

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **09**

Name of proprietor <b>MYRA N STEWART</b>		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) <b>BUSINESS CONSULTANT : CONSULTING</b>		B Enter code from instructions ▶ <b>541600</b>
C Business name. If no separate business name, leave blank. <b>S S ENTERPRISES</b>		D Employer ID number (EIN), (see instr.) <b>65-1283824</b>
E Business address (including suite or room no.) ▶ <b>5626 CHAMPIONS DRIVE</b> City, town or post office, state, and ZIP code <b>PENSACOLA, FL 32571</b>		
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 2011? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2011, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income			
1a	Merchant card and third party payments. For 2011, enter - 0-	1a	
b	Gross receipts or sales not entered on line 1a (see instructions)	1b	21,857.
c	Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line.	1c	
d	<b>Total gross receipts.</b> Add lines 1a through 1c	1d	21,857.
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	<b>Gross profit.</b> 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	<b>Gross income.</b> Add lines 5 and 6	7	21,857.

Part II Expenses		Enter expenses for business use of your home only on line 30.	
8	Advertising	8	135.
9	Car and truck expenses (see instructions)	9	2,617.
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	5,594.
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instr.)	13	
14	Employee benefit programs (other than on line 19)	14	
15	Insurance (other than health)	15	
16	Interest:		
a	Mortgage (paid to banks, etc.)	16a	
b	Other	16b	
17	Legal and professional services	17	175.
18	Office expense (see instructions)	18	72.
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions):		
a	Vehicles, machinery, and equipment	20a	
b	Other business property	20b	
21	Repairs and maintenance	21	72.
22	Supplies (not included in Part III)	22	56.
23	Taxes and licenses ATTACHMENT	23	14.
24	Travel, meals, and entertainment:		
a	Travel	24a	728.
b	Deductible meals and entertainment (see instructions)	24b	309.
25	Utilities	25	
26	Wages (less employment credits)	26	
27a	Other expenses (from line 48)	27a	87.
b	Reserved for future use	27b	
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	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	30	
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	11,998.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. 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.

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Schedule C (Form 1040) 2011

**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	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 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?  Yes  No

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

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

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

VIRUS SOFTWARE	48	48	48.
CHG FOR BANK CHECKS	39		39.
48 Total other expenses. Enter here and on line 27a.		48	87.



**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2011**  
Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.** ▶ See separate instructions.

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

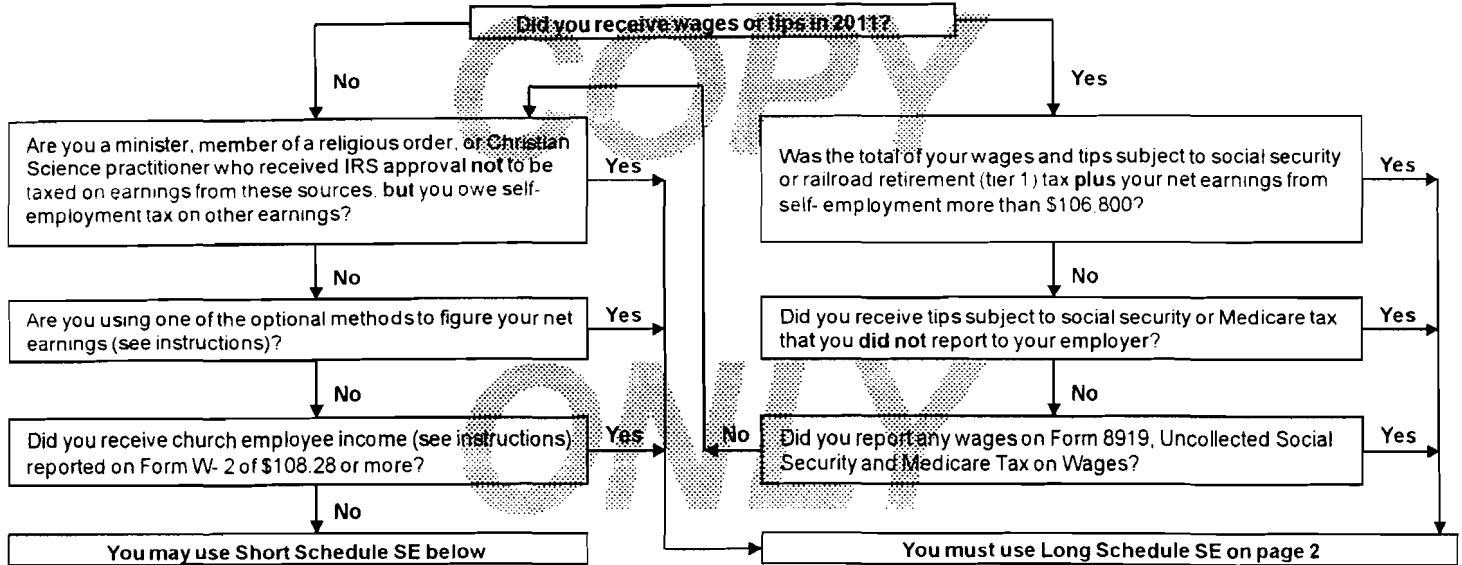
Social security number of person  
with self-employment income ▶

**MYRA N STEWART**

**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.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	<b>1a</b>	0.
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	<b>1b</b> (	)
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	<b>2</b>	11,998.
<b>3</b> Combine lines 1a, 1b, and 2	<b>3</b>	11,998.
<b>4</b> 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	<b>4</b>	11,080.
<b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions		
<b>5 Self-employment tax.</b> If the amount on line 4 is: • \$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 • 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, or Form 1040NR, line 54	<b>5</b>	1,474.
<b>6 Deduction for employer-equivalent portion of self-employment tax.</b> If the amount on line 5 is: • \$14,204.40 or less, multiply line 5 by 57.51% (.5751) • More than \$14,204.40, multiply line 5 by 50% (.50) and add 1,067 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	<b>6</b>	848.

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Schedule SE (Form 1040) 2011

# Credit for Qualified Retirement Savings Contributions

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

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

Your social security number

**THOMAS F & MYRA N STEWART**



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).

	(a) You	(b) Your spouse
1 Traditional and Roth IRA contributions for 2011. Do not include rollover contributions	2,000	2,000
2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2011 (see instructions)		
3 Add lines 1 and 2	2,000	2,000
4 Certain distributions received after 2008 and before the due date (including extensions) of your 2011 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception	33	33
5 Subtract line 4 from line 3. If zero or less, enter -0-	1,967	1,967
6 In each column, enter the smaller of line 5 or \$2,000	1,967	1,967
7 Add the amounts on line 6. If zero, stop; you cannot take this credit		3,934
8 Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37	45,266	
9 Enter the applicable decimal amount shown below		

If line 8 is -		And your filing status is -		
Over -	But not over-	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9 -				
---	\$17,000	.5	.5	.5
\$17,000	\$18,250	.5	.5	.2
\$18,250	\$25,500	.5	.5	.1
\$25,500	\$27,375	.5	.2	.1
\$27,375	\$28,250	.5	.1	.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, stop; you cannot take this credit.

10 Multiply line 7 by line 9		393
11 Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 44	2,919	
12 <b>1040 filers:</b> Enter the total of your credits from lines 47 through 49 and Schedule R, line 22. <b>1040A filers:</b> Enter the total of your credits from lines 29 through 31. <b>1040NR filers:</b> Enter the total of your credits from lines 45 and 46	0	
13 Subtract line 12 from line 11. If zero, stop; you cannot take this credit		2,919
14 <b>Credit for qualified retirement savings contributions.</b> Enter the smaller of line 10 or line 13 here and on Form 1040, line 50; Form 1040A, line 32; or Form 1040NR, line 47		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.

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Form **8880** (2011)