BUSINESS PLAN



Big Time Fun CampgroundAny City, GA

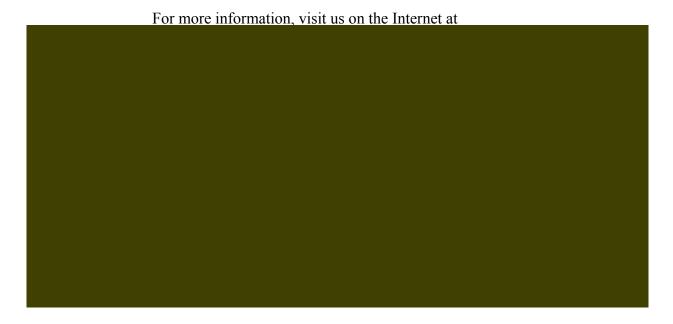
Fred & Wilma Smith Valdosta, GA 31606 (229) 555-1234

Foreword

This sample business plan has been compiled by the staff of the Small Business Development Center at Valdosta State University.

This plan is intended to guide small business owners through the process of creating a business plan, and does not provide information on everything that should be included. Each business plan is different, based upon the needs of the owners and/or the intended readers of the plan.

Further information on specific items, research, or financial processes may be obtained from the Small Business Development Center nearest you.



Big Time Fun Campground

Table of Contents

The Narrative

Introduction	1
Market	2
Competition	3
Location	4
Management	5
Personnel	6

Financial Data

Sources and Uses of Funds	7
Financial Statement Assumptions	8
Day 1 Balance Sheet	9
Year 1 Pro-forma Cash Flow	10
Year 1 Income Statement	11
End of Year 1 Balance Sheet	12
Year 2 Pro-forma Cash Flow	13
Year 2 Income Statement	14
End of Year 2 Balance Sheet	15
Break-even Analysis	16
Collateral Offering	17

Supporting Documents

Purchase Agreement	Appendix A
Personal Financial Statement	Appendix B
Resume of Fred Smith	Appendix C
Income Tax Returns (Fred & Wilma Smith)	Appendix D
Job Description	Appendix E
Income Tax Returns (Big Fun Campground)	Appendix F

INTRODUCTION

The purpose of this business plan is to provide information to prospective lenders regarding the financial and marketing feasibility and daily operations of Big Time Fun Campground.

This campground hopes to continue to provide safe family fun for many years to come, keeping in tradition what the previous owners have provided for almost 20 years. The campground is conveniently located less than an hour and a half from Tallahassee, Thomasville, Albany, Waycross and Lake City, providing a large number of families a close weekend getaway.

The property has two deep wells, five septic tanks, and a swimming pool with a new pump and a liner less than 2 years old. There are 25 campsites that have consistently been occupied for at least the last four years. There is an additional commercial lot that will be used for expansion adding 10 extra campsites. These additional sites will eventually generate more than \$1000 a month in additional revenues.

Fred Smith will manage and maintain the campground, occasionally having to hire skilled workers. Routine maintenance can be taken care of weekly in less than one day, enabling Fred to continue to care for the Smith's small children. An overseer will be hired to handle collections and lawn care.

The main office will be located at 1234 Really Muddy Road, Valdosta, GA 31606. The telephone numbers are (229) 555-1234 or (229) 555-1010.

Fred & Wilma Smith are seeking a loan in the amount of \$250,000 for a 15-year term at an interest rate equal to the prime rate +2.75 % to purchase Big Time Fun Campground. The proceeds will be used to acquire the real estate and all fixed assets of Big Time Fun, as well as helping to provide the startup and working capital needs for the transition of ownership.

MARKET

As mentioned earlier the campground is located near several larger towns and surrounding counties. Located on the fringes of the Okefenokee Swamp, campers have a waterway that can take you as far south as the Gulf, while providing numerous other recreation opportunities for fishing, hunting, wildlife-viewing, and general relaxation.

Big Time Fun Campground is a long-standing, established business. Big Time Fun Campground has been operating under the same ownership and management for almost 20 years and has kept a waiting list for the few years, indicating there is a stable market for this type of business.

The following are various ways we intend to reach our market.

- 1. Good old-fashioned word of mouth
- 2. Newspaper ads
- 3. Internet
- 4. Radio ads

The market for clean and safe family fun is in as big a demand as ever. With life's faster pace, the demand will only increase. Water is one of our most precious natural resources, with a calming effect like nothing else. As life's pace gets faster, more and more people are heading toward water to relax.

Big Time Fun has a multi-fold fee structure. Monthly campsite rental costs \$75.00, and the campground presently has 25 spots that are rented in this manner (see RV Storage on the pro-forma cash flow.) There is a \$15 fee assessed in addition to the monthly rental fee for each camper's nightly stay. On average, each tenant spends 4 nights monthly in their camper (see Nightly RV Rates on the pro-forma cash flow.) Big Time Fun Campground also has a boat ramp and 15 boat slips. Boat launch is free, while the slips rent for \$3 daily or \$20 monthly (see Boat Slip Rental on the pro-forma cash flow.) Finally, Big Time Fun Campground has 5 mobile homes that rent for an average price of \$325 monthly. (See Mobile Home Rental on the pro-forma cash flow.)

The above fee structure results in an extremely stabile cash flow of \$5,300 per month. This amount rarely varies, and will increase with the proposed expansion of the campground on the additional commercial lot included with this purchase.

COMPETITION

There are 4 other campgrounds actually located on the Okefenokee Swamp. Big Time Fun is the second largest. Big Time Fun is also the only campground with a swimming pool, which is an excellent attraction for families. Often, people say this is one of the nicest campgrounds around.

The largest campground is Billy's Big Bass Lodge. It has been through several owners recently, and lacks the stability of Big Time Fun Campground. The land is owned by the Department of Natural Resources. Additionally, the stability of the ownership and of Big Time provides for a more pleasing camping environment.

Big Walt's is a small campground that has recently opened, with only 12 or 15 sites. It provides more of a "fish camp atmosphere." The land here is also owned by the Department of Natural Resources. Big Time Fun is much more stabile and has more amenities.

Land's End Marina and Campground is another competitor. This facility is presently for sale, according to the web site, and the land is also owned by the Department of Natural Resources. Again, Big Time Fun is much more competitive due to the stability and amenities.

Finally, there is Okefenokee State Park. This facility is operated by the state, and provides the closest competition to Big Time Fun. Our stability and long-term renters provide insulation from any competitive advantage that Okefenokee State Park may have, and our private ownership makes us much more flexible with our campers.

Big Time Fun is the only campground in the area whose land is privately owned. Therefore, Big Time Fun is protected from mandatory upgrades at the request of the DNR. None of the other campgrounds enjoy this competitive advantage. Also, the DNR is unwilling to grant a long-term lease to any of the campground owners. Therefore, they are unwilling to make the substantial capital improvements that Big Time Fun has made, such as the swimming pool, paved parking areas, fencing, and landscaping. Also, Big Time Fun Campground has very competitive prices when compared to the other campgrounds.

We intend to keep business as usual with the exception of adding 10 campsites on the adjacent commercial property included in the purchase. Our market research indicates that these additional camp spaces will fill quickly. We will also complete some minimal facelift projects as capital allows.

LOCATION

Big Time Fun Campground is located on Okefenokee Way in Clinch County, Georgia. Located on the fringes of the Okefenokee Swamp, this property gives you access to 50,000 acres of prime fishing, duck hunting, pleasure boat riding, jet skiing, and family fun. There are 10,000 acres of Federal Wild Life Management Area easily accessible for hunting, hiking, or just observing wildlife in nature.

Big Time Fun is a very quiet and peaceful community that helps aid in the relaxation of all. Located less than 2 hours away from all the larger cities in the area, Big Time Fun provides a quick getaway for a relaxing weekend.

This proposal is for the purchase of Big Time Fun Campground real estate and fixed assets. This real estate includes approximately 3.5 acres of waterfront land, and five mobile homes worth approximately \$35,000 total. Additionally, there is a doublewide mobile home that used to serve as a restaurant worth approximately \$10,000. The total selling price is \$325,000, and Fred and Wilma Smith will inject \$100,000 of their personal savings into the project (please see the personal financial statement, appendix B), while borrowing \$250,000. \$25,000 of the proceeds will be earmarked for working capital, closing costs, and any other transitional expenses.

The written purchase agreement between the Rubbles and the Smiths is attached as appendix A.

MANAGEMENT

Fred Smith will manage Big Time Fun Campground. Fred has experience with repairs and light construction projects. Fred has been a stay at home dad for the last 3 years, enjoying his retirement from the military after 25 years of service (See resume in appendix C.) Fred plans to spend about 2 days per week working at the campground while continuing to care for the Smith's children. Fred will hire skilled workers only when it is more economical than driving to the campground, or when the project is more intensive than his skills allow.

Wilma Smith will continue to work in her profession as a speech-language pathologist. She has been employed by the local school system for more than ten years, and currently earns \$47,500 annually (Please see income tax returns, appendix D.)

The Smiths are interested in the purchase of Big Time Fun Campground as an additional source of retirement income. Fred and Wilma anticipate that they can pay off the debt more quickly than the 15-year term, and look forward to enjoying a leisurely retirement with Fred's military pension, Wilma's teacher's retirement, and the income from Big Time Fun Campground.

PERSONNEL

As previously mentioned, Fred Smith will manage and direct the daily operations of Big Time Fun Campground. Fred will be the only full time employee, but will occasionally contract craftsmen to perform some tasks.

Fred also intends to hire an overseer to collect the rents, nightly fees, and boat slip fees. The overseer will also maintain the lawn in the 3.5 acre facility. These duties will take no more than ten hours weekly. The overseer will be paid a weekly salary of \$150 for all of the above tasks. (Please see appendix E for the job description of the overseer.)

This proposed overseer, Barney Jones, is presently a tenant in one of the mobile homes in Big Time Fun Campground. Mr. Jones is retired and has been a year-round resident of Big Time Fun Campground since 1989.

Big Time Fun Campground Sources and Uses of Funds

Sources of Funds	
Equity Injection (Savings)	100,000
Bank Loan	250,000
Total Sources of Funds	350,000
Uses of Funds	
Land Acquisition	200,000
Capital Asset Acquisition	45,000
Closing Costs	10,000
Non-compete/Goodwill/Trade Name	80,000
Working Capital	15,000
Total Uses of Funds	350,000

Big Time Fun Campground Assumptions

- 1. Cash flow from operations is calculated as follows
 - A. Mobile homes are rented monthly for an aggregate sum of \$1,625
 - C. Nightly RV Rates assume each owners spends four nights monthly at \$15/night
 - D. Boat Slip Rentals are for 15 boat slips rented by campers at \$20 monthly
- 2. Debt services assumes the following
 - A. \$250,000 note
 - B. 15-year term
 - C. 6.75% interest rate
- 3. Depreciation and Amortization assume the following
 - A. Depreciation of \$45,000 in fixed assets over 27.5 years (straight-line)
 - B. Amortization of \$10,000 in closing costs over 15 years (straight-line)
 - C. Amortization of non-disclosure over 10 years (straight-line)
 - D. The trade name "Big Time Fun Campground" will be treated as "goodwill" and as such, will be amortized over 10 years.
- 4. Year 2 revenues will increase as follows
 - A. One RV storage space will be added monthly throughout 2005
 - B. Each additional RV Storage will result in 4 nights additional stays monthly

Big Time Fun Campground Balance Sheet As of Day 1

Assets

ASSCIS	
Current Assets	
Cash	15,000
Total Current Assets	15,000
Fixed Assets	
Land	200,000
Mobile Homes	45,000
Non Compete & Goodwill	80,000
Less: Accumulated Depreciation	0
Total Fixed Assets	325,000
Other Assets	
Closing Costs	10,000
Less: Accumulated Amortization	10,000
Total Other Assets	10,000
Total Other Assets	10,000
Total Assets	350,000
Liabilities & Equity Accounts	S
Current Liabilities	
Notes Payable, Net Current Portion	9,977
Total Current Liabilities	9,977 9,977
Long-term Liabilities	240.022
Notes Payable	240,023
Total Long-term Liabilities	240,023
Total Liabilities	250,000
	,
Equity Accounts	
Paid In Capital	100,000
Total Equity Accounts	100,000
Total Liabilities & Equity Accounts	350,000
Total Liabilities & Equity Accounts	330,000

Big Time Fun Campground Pro-forma Statement of Cash Flows For the first twelve months of operation

Beginning Cash	January 0	February 13,619	March 14,987	April 16,356	May 17,665	June 18,974	July 20,282	August 21,591	September 22,900	October 24,209	November 25,577	December 26,946	Total 0
Cash Inflows													
Equity Injection	100,000	0	0	0	0	0	0	0	0	0	0	0	100,000
Loan Proceeds	250,000	0	0	0	0	0	0	0	0	0	0	0	250,000
Mobile Home Rentals	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	19,500
RV Storage	1,875	1,875	1,875	1,875	1,875	1,875	1,875	1,875	1,875	1,875	1,875	1,875	22,500
Nightly RV Rates	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	18,000
Boat Slip Rental	300	300	300	300	300	300	300	300	300	300	300	300	3,600
Total Cash Inflows	355,300	5,300	5,300	5,300	5,300	5,300	5,300	5,300	5,300	5,300	5,300	5,300	413,600
Cash Outflows													
Interest Expense	1,406	1,402	1,397	1,393	1,388	1,383	1,379	1,374	1,369	1,365	1,360	1,355	16,570
Principle payments	908	811	815	820	824	829	834	838	843	848	853	857	6,977
Closing Costs	10,000	0	0	0	0	0	0	0	0	0	0	0	10,000
Land Acquisition	200,000	0	0	0	0	0	0	0	0	0	0	0	200,000
Capital Asset Acquisition	45,000	0	0	0	0	0	0	0	0	0	0	0	45,000
Non-compete & Goodwill	80,000	0	0	0	0	0	0	0	0	0	0	0	80,000
Advertising	200	20	20	20	50	50	20	20	20	20	20	20	1,050
Maintenance (Mobile Homes)	100	100	100	100	100	100	100	100	100	100	100	100	1,200
Pool Chemicals/Supplies	0	0	0	09	09	09	09	09	09	0	0	0	360
Septic Tank Maintenance	920	0	0	0	0	0	0	0	0	0	0	0	059
Insurance	1,000	0	0	0	0	0	0	0	0	0	0	0	1,000
Electricity	006	006	006	006	006	006	006	006	006	006	006	006	10,800
Legal and Professional Fees	200	0	0	0	0	0	0	0	0	0	0	0	200
Wages & Salaries	009	009	009	009	009	009	009	009	009	009	009	009	7,200
Payroll Taxes	69	69	69	69	69	69	69	69	69	69	69	69	828
Taxes and Licenses	150	0	0	0	0	0	0	0	0	0	0	1,200	1,350
Total Cash Outflows	341,681	3,931	3,931	3,991	3,991	3,991	3,991	3,991	3,991	3,931	3,931	5,131	386,485
Ending Cash	13,619	14,987	16,356	17,665	18,974	20,282	21,591	22,900	24,209	25,577	26,946	27,115	27,115

Big Time Fun Campground Pro-forma Income Statement For the first twelve months of operation

Mobile Home Rentals	19,500
RV Storage	22,500
Nightly RV Rates	18,000
Boat Slip Rental	3,600
Total Revenues	63,600
Expenses	16.580
Interest Expense	16,570
Depreciation	1,636
Amortization	6,000
Advertising	1,050
Maintenance (Mobile Homes)	1,200
Pool Chemicals/Supplies	360
Septic Tank Maintenance	650
Insurance	1,000
Electricity	10,800
Legal and Professional Fees	500
Wages & Salaries	7,200
Payroll Taxes	828
Taxes and Licenses	1,350
Total Expenses	49,144
Net Income	14,456

Big Time Fun Campground Balance Sheet As of Year 1's End

Assets

110000	
Current Assets	
Cash	27,115
Total Current Assets	27,115
Fixed Assets	
Land	200,000
Mobile Homes	45,000
Less: Accumulated Depreciation	-1,636
Total Fixed Assets	243,364
Other Assets	
Non Compete & Goodwill	80,000
-	10,000
Closing Costs Less: Accumulated Amortization	*
Total Other Assets	<u>-6,000</u>
Total Other Assets	84,000
Total Assets	354,478
	,
Liabilities & Equity Accounts	
Current Liabilities	
Notes Payable, Net Current Portion	10,672
Total Current Liabilities	10,672
Long-term Liabilities	
Notes Payable	229,351
Total Long-term Liabilities	229,351
Total Liabilities	240,023
Total Elabilities	240,023
Equity Accounts	
Paid In Capital	100,000
Current Period Earnings	14,456
Retained Earnings	0
Total Equity Accounts	114,456
Total Liabilities & Equity Accounts	354,478

Big Time Fun Campgroud Pro-forma Statement of Cash Flows For the second twelve months of operation

Beginning Cash	January February 27,115 26,683	February 26,683	March 28,187	April 29,326	May 31,040	June 32,888	July 34,872	August september 36,991 39,245	pptember 39,245	October N 41,633	October November December 41,633 44,217 46,936	ecember 46,936	Total 27,115
Cash Inflows Loan Proceeds	C	C	C	C	C	C	C	C	C	C	C	C	C
Mohile Home Rentals	1 625	1 625	1 625	1 625	1 625	1 625	1 625	1 625	1 625	1 625	1 625	1 625	19 500
RV Storage	1,875	1.950	2,025	2,100	2,175	2,250	2,325	2,400	2,475	2.550	2,625	2,625	27,375
Nightly RV Rates	1,500	1,560	1,620	1,680	1,740	1,800	1,860	1,920	1,980	2,040	2,100	2,100	21,900
Boat Slip Rental	300	300	300	300	300	300	300	300	300	300	300	300	3,600
Total Cash Inflows	5,300	5,435	5,570	5,705	5,840	5,975	6,110	6,245	6,380	6,515	6,650	6,650	72,375
Cash Outflows													
Interest Expense	1,350	1,345	1,340	1,336	1,331	1,326	1,321	1,316	1,311	1,305	1,300	1,295	15,875
Principle payments	862	867	872	877	882	887	892	268	905	200	912	917	10,672
Closing Costs	0	0	0	0	0	0	0	0	0	0	0	0	0
Land Acquisition	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital Asset Acquisition	0	0	0	0	0	0	0	0	0	0	0	0	0
Advertising	50	50	50	50	50	50	50	50	50	50	50	50	009
Maintenance (Mobile Homes)	100	100	100	100	100	100	100	100	100	100	100	100	1,200
Pool Chemicals/Supplies	0	0	0	09	09	09	09	09	09	0	0	0	360
Septic Tank Maintenance	650	0	0	0	0	0	0	0	0	0	0	0	920
Insurance	1,000	0	0	0	0	0	0	0	0	0	0	0	1,000
Electricity	006	006	006	006	006	006	006	006	006	006	006	006	10,800
Legal and Professional Fees	0	0	200	0	0	0	0	0	0	0	0	0	500
Wages & Salaries	009	009	009	009	009	009	009	009	009	009	009	009	7,200
Payroll Taxes	69	69	69	69	69	69	69	69	69	69	69	69	828
Taxes and Licenses	150	0	0	0	0	0	0	0	0	0	0	1,200	1,350
Total Cash Outflows	5,731	3,931	4,431	3,991	3,991	3,991	3,991	3,991	3,991	3,931	3,931	5,131	51,035
Ending Cash	26,683	28,187	29,326	31,040	32,888	34,872	36,991	39,245	41,633	44,217	46,936	48,455	48,455

Big Time Fun Campground Pro-forma Income Statement For the second twelve months of operation

Mobile Home Rentals	19,500
RV Storage	27,375
Nightly RV Rates	21,900
Boat Slip Rental	3,600
Total Revenues	72,375
Total Revenues	12,313
Expenses	
Interest Expense	15,875
Depreciation	1,636
Amortization	6,000
Advertising	600
Maintenance (Mobile Homes)	1,200
Pool Chemicals/Supplies	360
Septic Tank Maintenance	650
Insurance	1,000
Electricity	10,800
Legal and Professional Fees	500
Wages & Salaries	7,200
Payroll Taxes	828
Taxes and Licenses	1,350
Total Expenses	48,000
Net Income	24,375

Big Time Fun Campground Balance Sheet As of Year 2's End

Assets

Assets	
Current Assets	
Cash	48,455
Total Current Assets	48,455
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Fixed Assets	
Land	200,000
Mobile Homes	45,000
Less: Accumulated Depreciation	-3,273
Total Fixed Assets	241,727
Total Fixed Fissets	211,727
Other Assets	
Non Compete & Goodwill	80,000
Closing Costs	10,000
Less: Accumulated Amortization	-12,000
Total Other Assets	78,000
Total Other Assets	76,000
Total Assets	368,182
Total Assets	300,102
Liabilities & Equity Accounts	
Liabilities & Equity Accounts	
Current Liabilities	11 115
Current Liabilities Notes Payable, Net Current Portion	11,415
Current Liabilities	11,415 11,415
Current Liabilities Notes Payable, Net Current Portion Total Current Liabilities	
Current Liabilities Notes Payable, Net Current Portion Total Current Liabilities Long-term Liabilities	11,415
Current Liabilities Notes Payable, Net Current Portion Total Current Liabilities Long-term Liabilities Notes Payable	11,415 217,936
Current Liabilities Notes Payable, Net Current Portion Total Current Liabilities Long-term Liabilities	11,415
Current Liabilities Notes Payable, Net Current Portion Total Current Liabilities Long-term Liabilities Notes Payable Total Long-term Liabilities	11,415 217,936 217,936
Current Liabilities Notes Payable, Net Current Portion Total Current Liabilities Long-term Liabilities Notes Payable	11,415 217,936
Current Liabilities Notes Payable, Net Current Portion Total Current Liabilities Long-term Liabilities Notes Payable Total Long-term Liabilities Total Liabilities	11,415 217,936 217,936
Current Liabilities Notes Payable, Net Current Portion Total Current Liabilities Long-term Liabilities Notes Payable Total Long-term Liabilities Total Liabilities Equity Accounts	217,936 217,936 217,936 229,351
Current Liabilities Notes Payable, Net Current Portion Total Current Liabilities Long-term Liabilities Notes Payable Total Long-term Liabilities Total Liabilities Equity Accounts Paid In Capital	11,415 217,936 217,936 229,351 100,000
Current Liabilities Notes Payable, Net Current Portion Total Current Liabilities Long-term Liabilities Notes Payable Total Long-term Liabilities Total Liabilities Equity Accounts Paid In Capital Current Period Earnings	11,415 217,936 217,936 229,351 100,000 24,375
Current Liabilities Notes Payable, Net Current Portion Total Current Liabilities Long-term Liabilities Notes Payable Total Long-term Liabilities Total Liabilities Equity Accounts Paid In Capital Current Period Earnings Retained Earnings	11,415 217,936 217,936 229,351 100,000 24,375 14,456
Current Liabilities Notes Payable, Net Current Portion Total Current Liabilities Long-term Liabilities Notes Payable Total Long-term Liabilities Total Liabilities Equity Accounts Paid In Capital Current Period Earnings	11,415 217,936 217,936 229,351 100,000 24,375
Current Liabilities Notes Payable, Net Current Portion Total Current Liabilities Long-term Liabilities Notes Payable Total Long-term Liabilities Total Liabilities Equity Accounts Paid In Capital Current Period Earnings Retained Earnings	11,415 217,936 217,936 229,351 100,000 24,375 14,456

Big Time Fun Campground Breakeven Analysis (Based on Year 1 Projections)

Gross Sales		63,600
Fixed Costs		
Interest Expense	16,570	
Insurance	1,000	
Electricity	10,800	
Taxes & Licenses	1,350	
Depreciation & Amortization	7,636	
Total Fixed Costs	37,356	
Variable Costs		
Advertising	1,050	
Maintenance (Mobile Homes)	1,200	
Pool Chemicals & Supplies	360	
Septic Tank Maintenance	650	
Legal & Professional Fees	500	
Wages & Salaries	7,200	
Payroll Taxes	828	
Total Variable Costs	11,788	

Formula Used:

(Sales-Variable Costs)/Sales=Contribution Margin (63,600-11,788)/63,600=.815

Breakeven=Fixed Costs/Contribution Margin 45,835=37,356/.815

Based on this analysis, the breakeven point is \$45, 835 annually. Our sales forecast exceeds the breakeven point by \$17,765.

Big Time Fun Campground Collateral Offering

<u>Description</u>	<u>Value</u>	Discount	Collateral Value
Real Estate	200,000	80%	160,000
5897 Okefenokee Way			
Mobile Homes	45,000	50%	22,500
Real Estate	37,000	85%	31,450
2nd Mortgage on Equity in Personal Resid	lence		
Personal Property	56,500	25%	14,125
Saving Account	25,000	100%	25,000
CD# 58921489-A (Gold Bullion Bank)			
IRA	27,333	75%	20,500
Total Collateral Offering	390,833		273,575

Purchase Agreement

This agreement,	dated J	anuary	31,	2004,	is fo	or the	purcha	ase (of the	below	desc	ribed
assets:												

The 3.5 acre tract of land presently known as "Big Time Fun Campground" located in Clinch County Georgia. (Presently valued at \$200,000.)

Five single wide mobile homes. (Presently valued at \$35,000)

One doublewide mobile home. (Presently valued at \$10,000)

All attached improvements to above properties. (Included above.)

The trade name "Big Time Fun Campground" (Presently valued at \$30,000)

A signed legal document stating that John and Joan Rubble will not enter the campground business in Clinch County, Georgia nor any contiguous county for the period of 10 years following the successful execution of the terms and conditions of this contract. (Presently valued at \$50,000.)

The total purchase price for this asset sale is \$325,000. Purchasers, Fred and Wilma Smith, shall have 90 days from the date of this contract to secure funding. In the event they are unable to secure funding, all earnest money shall be refunded from the sellers to the purchasers.

Signed tills 31 Day of January, 2004.	
Sellers:	Purchasers
John Rubble	Fred Smith
Joan Rubble	Wilma Smith
Sworn to and subscribed before me th	is 31st day of January, 2004.
Notary Public	

Signed this 21st Day of January 2004



Appendix B EXPIRATION DATE:11/30/2004

PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

January 31	2004
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	rson or entity p	oviding a gadrar	nty on the	tioan.					
Name Fred & Wilma Smith	Busines	s Phone							
Residence Address 1234 Really Muc	ddy Road				Residen	ce Phone	229-555-1234		
City, State, & Zip Code Valdosta, GA	A 31606								
Business Name of Applicant/Borrower	Big Time Fu	n Campground	d						
ASSET		(Omit Cent	ts)		LIA	BILITIES	(Omit Cents)		
Cash on hand & in Banks	\$ <u>2</u> ,	300	Ac	ccounts Payable			\$ <u>11,000</u>		
Savings Accounts		25,000			anks and Others _				
IRA or Other Retirement Account	\$ <u>2</u>	7,333		(Describe in Section 2)					
Accounts & Notes Receivable		In:	stallment Accoun	t (Auto)		<u>\$12,000</u>			
Life Insurance-Cash Surrender Value Onl (Complete Section 8)	y \$ <u>_3</u> ,	800		Mo. Payments					
Stocks and Bonds	\$		In:	\$					
(Describe in Section 3)				Mo. Payments	\$ ince		\$		
Real Estate	\$ <u></u> 85	5,000	I		Estate		40.000		
(Describe in Section 4)		7,000		(Describe in So					
Automobile-Present Value	. 500	Ur				\$			
Other Personal Property (Describe in Section 5)	5,500	—	(Describe in So	ection 6)		\$			
Other Assets	\$			(Describe in Se					
(Describe in Section 5)			To	`			71,000 \$		
	6 033					\$_245,933			
Tota	al \$	6,933			Te	otal	\$ <u>316,933</u>		
Section 1. Source of Income			C	ontingent Liabil	ties				
Salary	\$_4 ⁻	7,500 annually	/ As	s Endorser or Co-	Maker		<u> \$ </u>		
Net Investment Income			Le	Legal Claims & Judgments \$					
Real Estate Income	\$						\$		
Other Income (Describe below)*		233 monthly		Other Special Debt \$					
Description of Other Income in Section 1									
Description of Other Income in Section 1. LIS Air Force Retirement									
US Air Force Retirement									
	e disclosed in "C	ther Income" unle	ess it is de	esired to have such	payments counted to	ward total inc	come.		
US Air Force Retirement	// / /						come. this statement and signed.)		
US Air Force Retirement *Alimony or child support payments need not b	Others. (Use a			Each attachment		as a part of			
*Alimony or child support payments need not b	Others. (Use a	ttachments if ne	cessary.	Each attachment	must be identified	as a part of	this statement and signed.)		
*Alimony or child support payments need not b	Others. (Use a	ttachments if ne	cessary.	Each attachment	must be identified	as a part of	this statement and signed.)		
*Alimony or child support payments need not b	Others. (Use a	ttachments if ne	cessary.	Each attachment	must be identified	as a part of	this statement and signed.)		
*Alimony or child support payments need not b	Others. (Use a	ttachments if ne	cessary.	Each attachment	must be identified	as a part of	this statement and signed.)		
*Alimony or child support payments need not b	Others. (Use a	ttachments if ne	cessary.	Each attachment	must be identified	as a part of	this statement and signed.)		
*Alimony or child support payments need not b	Others. (Use a	ttachments if ne	cessary.	Each attachment	must be identified	as a part of	this statement and signed.)		

Section 3. Stocks	and Bonds. (Use a	ttachments if necessary.	Each attachment m	ust be identified as a	part of this statement	and signed).		
Number of Shares	Name	of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value		
Section 4. Real Est	tate Owned.	(List each parcel separate of this statement and sign		necessary. Each attac	hment must be identified	as a part		
		Property A		Property B	F	Property C		
Type of Property		Residential						
Address		1234 Really Muddy R Valdosta, GA 31606	oad□					
Date Purchased		1999						
Original Cost		75,000						
Present Market Valu	ie	85,000						
Name & Address of Mortgage	e Holder	Gold Bullion National New York, NY	Bank□					
Mortgage Account N	lumber	568971115008-X						
Mortgage Balance		48,000						
Amount of Payment	per Month/Year	\$523						
Status of Mortgage		Current						
Section 5. Other Pe	ersonal Property a	nd Other Assets. (Desc	cribe, and if any is pledgyment and if delinquent,	•	and address of lien holder	, amount of lien, terms		
		iicle, boat, all-terrain ve						
Section 6. Unp	paid Taxes. (D	escribe in detail, as to type,	to whom payable, wh	en due, amount, and to	what property, if any, a t	ax lien attaches.)		
Section 7. Oth	er Liabilities. (D	escribe in detail.)						
Section 8. Life	Insurance Held.	(Give face amount and	cash surrender value	of policies - name of ins	urance company and be	neficiaries)		
Farm Bureau Whole Life, \$50,000 on Fred and \$50,000 on Wilma, with each other as beneficiaries, Cash Value estimated at \$3,800 total.								
I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).								
Signature:			Date:	1/31/04 Social	Security Number: 999-	99-9999		
Signature:			Date:	1/31/04 Social	Security Number: 888-	88-8888		
PLEASE NOTE:	concerning this estimated Administration, Wash	age burden hours for the cor mate or any other aspect of ington, D.C. 20416, and Clea 503. PLEASE DO NOT SEND	this information, please rance Officer, Paper Re	e contact Chief, Administ	rative Branch, U.S. Smal	l Business		

Fred Smith 1234 Really Muddy Road Valdosta, GA 31606 (229) 555-1234

EDUCATION

Valdosta State University Valdosta, GA 31698 Master of Public Administration, June 2003

Park College Various Locations Bachelor of Arts, Sociology, 1992

Valdosta High School Valdosta, GA 31601 High School diploma - June 4, 1974

WORK EXPERIENCE

Unemployed October 1999-Present

I have enjoyed my retirement while staying at home, by choice, to take care of our two small children. I have also furthered my education, completing my Master of Public Administration Degree.

United States Air Force Valdosta GA. 31601 July 1974 to September 1999

Job responsibilities varied during my tenure in the Air Force. Most recently, I supervised more than 100 airmen and was responsible for maintaining a budget of \$17 million annually. My rank at retirement was E-6.

1040		artment of the Treasury—Internal Revenu 5. Individual Income Tax F	u)	2003	(99)	Append	ix D Iı	icome T	Tax Retu	rns
	_	the year Jan. 1–Dec. 31, 2003, or other tax year b		, 200	3, ending	, 20	<u>,</u>	OMB No. 1		1110
Label	Yo	ur first name and initial	Last name				You		urity numbe	r
(See									!	
on page 19.)	If a	a joint return, spouse's first name and initial	Last name				Spo	use's social	l security nun	nber
Use the IRS label. Otherwise,	Но	me address (number and street). If you have	ve a P.O. box, se	ee page 19).	Apt. no.		Impo	rtant!	\overline{lack}
please print or type.	Cit	y, town or post office, state, and ZIP code.	. If you have a fo	oreign add	ress, see pag	e 19.	亅	You mus t your SSN	t enter I(s) above.	
Presidential	_	Note Chapling "Vee" will not show	20 1/01/2 10/2 04	raduas u	our refund		ノ ¬、	ou/	Spouse	
Election Campaigr (See page 19.)	1	Note. Checking "Yes" will not chang Do you, or your spouse if filing a join				d?	► □Y	′es 🗌 No	Yes	□No
	1	Single			4 Head	of household (with qualify	ing person).	. (See page 2	20.) If
Filing Status	2	Married filing jointly (even if only o	ne had incom	e)		ualifying persor		out not your	dependent,	enter
Check only	3	Married filing separately. Enter spo	ouse's SSN ab			hild's name hei				- 00
one box.	6a	and full name here. ► Yourself. If your parent (or some	nana alaa) aan			fying widow(ei	<u> </u>	No. of I	` ') 20.
Exemptions	oa	return, do not check l	,	•	u as a depe 	ndent on his	or ner tax	checke 6a and	ed on	
-	b	Spouse	<u></u>		<u></u>	<u> </u>	<i>,</i>	No. of	children	
	С	Dependents:		ependent's	rolatio		I for child tax	on 6c v ● lived v	vho: with you	
		(1) First name Last name	social sei	curity numb	ei i		(see page 21)	. • did no	ot live with	
If more than five			:	<u>;</u>				you due or separ	to divorce ration	
dependents,			:	<u> </u>				. (see pag	je 21) ents on 6c	
see page 21.									red above	
								Add nun on lines		
	d	Total number of exemptions claimed						above ▶		
Incomo	7	Wages, salaries, tips, etc. Attach Fo	. ,				. 7			
Income	8a	Taxable interest. Attach Schedule B	•				. 8a			
Attach Forms W-2 and	b 9a	Tax-exempt interest. Do not include Ordinary dividends. Attach Schedule			8b		///// 9a			
W-2G here.		Qualified dividends (see page 23)	, D ii required		9b					
Also attach Form(s) 1099-R	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)						<u> </u>		
if tax was	11	Alimony received								
withheld.	12	` ,	Business income or (loss). Attach Schedule C or C-EZ							
	13a					eck here -	13			
If you did not	b	If box on 13a is checked, enter post-May 5	capital gain distr	ributions	ISD		14	1		
get a W-2,	14 15a	Other gains or (losses). Attach Form IRA distributions	4/9/	 . .		ount (see page				
see page 22.	16a	Pensions and annuities 16a				ount (see page	20)			
Enclose, but do	17	Rental real estate, royalties, partners	hips, S corpor							
not attach, any payment. Also,	18	Farm income or (loss). Attach Sched	lule F				. 18			
please use	19	Unemployment compensation .	;				. 19			
Form 1040-V.	20a	Social security benefits . 20a				ount (see page	· ·			
	21 22	Other income. List type and amount Add the amounts in the far right colun								
	23	Educator expenses (see page 29)			23					
Adjusted	24	IRA deduction (see page 29)			24					
Gross	25	Student loan interest deduction (see	page 31).		25					
Income	26	Tuition and fees deduction (see pag			26					
	27	Moving expenses. Attach Form 3903			27					
	28	One-half of self-employment tax. Att			28					
	29 30	Self-employed health insurance ded Self-employed SEP, SIMPLE, and qu		ige 33)	30					
	31	Penalty on early withdrawal of saving			31					
	32a	Alimony paid b Recipient's SSN ►	and the second second		32a					
	33	Add lines 23 through 32a					. 33			
	34	Subtract line 33 from line 22. This is	your adjuste	d gross i	ncome .	<u> </u>	▶ 34	.		

Form 1040 (2003)	١		Page 2
Tay and	35	Amount from line 34 (adjusted gross income)	35
Tax and	36a	Check [You were born before January 2, 1939, Blind.] Total boxes	
Credits	١	if: Spouse was born before January 2, 1939, ☐ Blind. checked ▶ 36a ☐	
Standard Deduction	b	If you are married filing separately and your spouse itemizes deductions, or	
for—		you were a dual-status alien, see page 34 and check here ▶ 36b □	
People who	37	Itemized deductions (from Schedule A) or your standard deduction (see left margin).	37
checked any box on line	38	Subtract line 37 from line 35	38
36a or 36b or	39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on	
who can be claimed as a		line 6d. If line 35 is over \$104,625, see the worksheet on page 35	39
dependent, see page 34.	40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40
All others:	41	Tax (see page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972	41
	42	Alternative minimum tax (see page 38). Attach Form 6251	42
Single or Married filing	43	Add lines 41 and 42	43
separately, \$4,750	44	Foreign tax credit. Attach Form 1116 if required	
Married filing	45	Credit for child and dependent care expenses. Attach Form 2441	
jointly or	46	Credit for the elderly or the disabled. Attach Schedule R 46	
Qualifying widow(er),	47	Education credits. Attach Form 8863	
\$9,500	48	Retirement savings contributions credit. Attach Form 8880 . 48	
Head of	49	Child tax credit (see page 40)	
household, \$7,000	50	Adoption credit. Attach Form 8839	
41,000	51	Credits from: a \square Form 8396 b \square Form 8859 Other credits. Check applicable box(es): a \square Form 3800	
	52		
	53	b Form 8801 c Specify	53
	53 54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0	54
	55	Self-employment tax. Attach Schedule SE	55
Other	56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56
Taxes	57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required .	57
	58	Advance earned income credit payments from Form(s) W-2	58
	59	Household employment taxes. Attach Schedule H	59
	60	Add lines 54 through 59. This is your total tax	60
Payments	61	Federal income tax withheld from Forms W-2 and 1099 61	
<i>,</i>	62	2003 estimated tax payments and amount applied from 2002 return . 62	
If you have a	ຼີ 63	Earned income credit (EIC)	
qualifying child, attach	64	Excess social security and tier 1 RRTA tax withheld (see page 56)	
Schedule EIC.	65	Additional child tax credit. Attach Form 8812	
	66	Amount paid with request for extension to file (see page 56) 66	
	67	Other payments from: a Form 2439 b Form 4136 c Form 8885 . 67	
	68	Add lines 61 through 67. These are your total payments	68
Refund	69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69
Direct deposit?	70a	Amount of line 69 you want refunded to you	70a
and fill in 70h	► b	Routing number	
70c, and 70d.	► d	Account number	
Amount	71	Amount of line 69 you want applied to your 2004 estimated tax 71 Amount your Subtract line 69 from line 60. For details on how to pay see page 57	72
You Owe	72 73	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57 ► Estimated tax penalty (see page 58)	
Third Party	Do	you want to allow another person to discuss this return with the IRS (see page 58)? Yes.	Complete the following. No
Designee		signee's Phone Personal identif	ication
	nar	ne ▶ no. ▶ () number (PIN)	<u>▶ </u>
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of v	
Here		ur signature Date Your occupation	Daytime phone number
Joint return?	10	in signature Date Tour occupation	Daytime phone number
See page 20. Keep a copy	_		<u> </u>
for your	Sp	puse's signature. If a joint return, both must sign. Date Spouse's occupation	
records.		Date	Preparer's SSN or PTIN
Paid	Pre sia	parer's Check if	Treparer 3 John OF Film
Preparer's		n's name (or EIN	<u> </u>
Use Only	you	It's if self-employed),	<u>;</u> ()

1040		rtment of the Treasury—Internal Revenue S	,	M 02							
<u> 1070</u>	_	the year land 1 Dec 21 2000 or other tay year heria		300 L	(99)				staple in this	•	
Label	-	the year Jan. 1-Dec. 31, 2002, or other tax year begin ur first name and initial	-	, 2002,	enaing	:	20		MB No. 154		
	1 10	ir first name and initial	Last name					Your S	ocial secur	ity num	iber
instructions A	lf o	a joint vature anguas's first name and initial. Lost name							e's social se	ourity.	numbo
on page 21.)	Па	joint return, spouse's first name and initial	Last name					Spouse	s Social Se	curity	numbei
Use the IRS Label.	Но	me address (number and street). If you have a	P.O. box, s	ee page 21.		Apt. n	0.	A	Import	antl	
Otherwise, E									-		_
please print or type.	Cit	v, town or post office, state, and ZIP code. If you	ou have a fo	oreign addres	s, see pag	e 21.			ou must e our SSN(s)) .
Presidential											
Election Campaign	ı 👠 🗆	Note. Checking "Yes" will not change y	our tax or	reduce you	r refund.			You		Spou	_
(See page 21.)		Do you, or your spouse if filing a joint re	eturn, wan	t \$3 to go to	o this fun	d? .	<u> ► </u>	Yes	s ∐ No ↓	Yes	∟ No
F::: 0: .	1	Single		4	Head	of housel	nold (with d	ualifying	person). (S	See pag	e 21.) l
Filing Status	2	Married filing jointly (even if only one h	had incom	e)				child but	not your de	epende	nt, ente
Check only	3	Married filing separately. Enter spouse			this c	hild's nam	ie here. ►				
one box.		and full name here. ►		5		, ,	` '		ndent chil	d (yea	r
						se died			page 21.)		
Exemptions	6a	Yourself. If your parent (or someone return, do not check box	_	-	-		his or he	r tax	No. of bo checked		
Exemplions	L							[6a and 6b		
	b c	Spouse	1	· · · ·	(3) De	pendent's	(4) if qua	ifvina	No. of ch		
	C	•		ependent's curity number	relatio	nship to	child for chi	ld tax	lived wit	h you	
		(1) First name Last name	:	1		/ou	credit (see pa	ge 22)	 did not I you due to 		
If more than five			:	:			\vdash		or separati	on	
dependents,			:	<u>;</u>			\vdash		(see page 2		
see page 22.				<u> </u>			\vdash		Dependent not entered		
									Add numbe	ers	
	d	Total number of exemptions claimed			<u> </u>				on lines above ►		
	7	Wages, salaries, tips, etc. Attach Form(s						7			
Income	8a	Taxable interest. Attach Schedule B if r	•					8a			
Attach	b	Tax-exempt interest. Do not include on	•	1	8b		· ' '				
Forms W-2 and	9	Ordinary dividends. Attach Schedule B i					•	9			
W-2G here.	10	Taxable refunds, credits, or offsets of st	-				4)	10			
Also attach Form(s) 1099-R	11	Alimony received						11			
if tax was	12	Business income or (loss). Attach Schedule C or C-EZ									
withheld.	13	Capital gain or (loss). Attach Schedule I					▶ □	13			
	14	Other gains or (losses). Attach Form 479	-		·			14			
If you did not	15a	IRA distributions . 15a		 b Ta	axable amo	unt (see	page 25)	15b			
get a W-2,	16a	Pensions and annuities 16a		b Ta	axable amo	ount (see	page 25)	16b			
see page 23.	17	Rental real estate, royalties, partnerships	s, S corpor	ations, trust	ts, etc. At	tach Sch	edule E	17			
Enclose, but do	18	Farm income or (loss). Attach Schedule	F					18			
not attach, any payment. Also,	19	Unemployment compensation						19			
please use	20a	Social security benefits . 20a		b Ta	axable amo	ount (see	page 27)	20b			
Form 1040-V.	21	Other income. List type and amount (se						21			-
	22	Add the amounts in the far right column for				r total in	come >	22			+
Adjusted	23	Educator expenses (see page 29) .			23						
Gross	24	IRA deduction (see page 29)			24			*/////			
Income	25	Student loan interest deduction (see page 7.1)	-		25 26			\			
HICOHIC	26	Tuition and fees deduction (see page 32		⊢	27						
	27	Archer MSA deduction. Attach Form 88		⊢	28						
	28		 Sebedule		29						
	29 30	One-half of self-employment tax. Attach Self-employed health insurance deduction		· o_ ·	30						
	30 31	Self-employed SEP, SIMPLE, and qualif		(gc 00)	31			*/////			
	31 32	Penalty on early withdrawal of savings	-	–	32			1/////			
	32 33a	Alimony paid b Recipient's SSN ▶			33a						
	34	Add lines 23 through 33a						34			
	35	Subtract line 34 from line 22. This is you						25			

Tax and Credits 37a Anount from lime 35 (adjusted gross income) 37a Anount from lime 35 (adjusted gross income) 37a 37b	Form 1040 (2002)				Page 2
Credits 37a Chock Votu wore 60 or older. Dillind. Spouse was 50 or older. Dillind. Spouse was 50 or older. Dillind. Add the number of boxes checked above and metr the total here. A 77a Add the number of boxes checked above and metr the total here. A 77a Add the number of boxes checked above and metr the total here. A 77a Add the number of boxes checked above and metr the total here. A 77a Add the number of boxes checked above and metr the total here. A 77a Add the seep seep seep seep seep seep seep se	Toy and	36	Amount from line 35 (adjusted gross income)		36
Add the number of boxes checked above and enter the total hare. \$75		37a			
Deduction Compared to the property of the			Add the number of boxes checked above and enter the total here \blacktriangleright 37a		
Septiment Sept		b		_	
chocked any solution in micro direction and services of the control of the contro		_			
Size of 70 or who can be seemed and the worksheet on page 55.	checked any				
Common as a comm					
dopondont, see page 34. All others: Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter - 0-41 Tax like page 39; Check if any tax is from: a Form(s) 8814 b Form 4972 42 Tax like page 39; Check if any tax is from: a Form(s) 8814 b Form 4972 42 Add lines 42 and 43 Add lines 45 and 45 Credit for child and dependent care expenses. Attach Form 8441 Beducation credits. Attach Form 8863 Add lines 45 through 83 and 83 System Credit for child and dependent care expenses. Attach Form 8880 49 Retirement savings contributions credit. Attach Form 8880 49 Retirement savings contributions credit. Attach Form 8880 49 Retirement savings contributions credit. Attach Form 8880 59 Add lines 45 through 83 hese are your total credits System Subtract line 54 from line 44. If line 54 is more than line 44, enter -0 55 Sold-employment tax. Attach Schedule St. Sold security and Medicare tax on tip income not reported to employer. Attach Form 4137 57 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 57 Tax on qualified plans, including life, ax and their fax-and eacounts. Attach Form 4137 57 Add lines 55 through 60. This is your total tax Payments Federal income credit (EIC) Add lines 55 through 60. This is your total tax Federal income tax withheld from Forms 8W-2 and 1099 62 Add lines 55 through 60. This is your total tax Federal income tax withheld from 7 form 1812 66 Add lines 55 through 60. This is your total tax Federal income tax withheld from 7 form 1816 66 Add lines 55 through 60. This is your total tax Federal income tax withheld from 7 form 1816 66 Add lines 55 through 60. This is your total tax Federal income tax withheld from 7 form 1816 66 Add lines 55 through 60. This is your total tax Federal		40			
Tax (see page 36), Check if any tax is from: a	dependent,	41			
Single, 43 Alternative minimum tax (see page 97). Attach Form 6251. 44 44 44 44 44 44 44			<u> </u>	-	
SA-700					43
South Sou		-	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	44	
Married filing jointly or Oualilying without provided the provided provided the provided pro		45	1 1		
pointly or or class pointly or pointly or or class pointly or pointly oreportly or pointly or pointly or pointly or pointly or pointly or		46	Credit for child and dependent care expenses. Attach Form 2441		
Married S7,850 AB Retirement savings contributions credit. Attach Form 889 49		47	Credit for the elderly or the disabled. Attach Schedule R 47		
So designated to the control of the		48	Eddealon credits. Attach Form 6000		
stilling separately, \$3,925 53		49	Tietherical Savings Contributions Great. Attach Form Cook		
Signature Sign		50	orma tax credit (see page 33)		
Solution			Adoption ordati. Attaon Form cood		
Add lines 45 through 53. Those are your total credits S4	\$3,925	-	Greate from: 2 Tom cooc	+	
Add lines 45 through 53. These are your total credits 55 Subtract line 54 from line 44. Iline 54 is more than line 44, enter -0 .		53			
Other Taxes Self-employment tax. Attach Schedule SE Self-employment tax. Attach Schedule SE Self-employment tax. Attach Schedule SE Solar ax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 4137 Advance earned income credit payments from Form(s) W-2 Household employment taxes. Attach Schedule H Advance earned income credit payments from Form(s) W-2 Household employment taxes. Attach Schedule H Advance earned income credit payments from Form(s) W-2 Household employment taxes. Attach Schedule H Bedrain and taxes attached taxes attached taxe part and taxes attached taxe		54	b in term deet big epeciny in the contract of		54
Taxes 56 Self-employment tax. Attach Schedule SE					
Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 57 58 58 59 40 40 40 40 40 40 40 4	011	56			
58 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required 58 59 Advance earned income credit payments from Form(s) W-2			···		57
Payments Federal income tax withheld from Forms W-2 and 1099 62 63 64 64 65 65 65 65 65 65	iaxes	58			58
Payments 62 Federal income tax withheld from Forms W-2 and 1099 . 62		59	Advance earned income credit payments from Form(s) W-2		59
Payments 62 Federal income tax withheld from Forms W-2 and 1099					
Source S		61		. ▶	61
If you have a qualifying child, attach Schedule EIC. 65 65 65 66 66 66 66 6	Payments	62	redefal modificitat withheld from 1 offine W 2 and 1000	+	
qualifying child, attach Schedule ElC. 66		_	2002 estimated tax payments and amount applied from 2007 fetam.		
Child, attach Schedule EIC. Additional child tax credit. Attach Form 8812	*	-	Zuried modific credit (Lie)		
67 Amount paid with request for extension to file (see page 56) 68 Other payments from: a	child, attach		Execus social security and tier i furth tax withheld (see page 56)		
Other payments from: a ☐ Form 2439 b ☐ Form 8885 . 68 ☐	Scriedule ElC.		0=		
Refund Direct deposit? See page 56 Add lines 62 through 68. These are your total payments To lif line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid Amount of line 70 you want refunded to you Routing number Sound fill in 71b, 71c, and 71d. Amount of line 70 you want applied to your 2003 estimated tax Amount of line 70 you want applied to your 2003 estimated tax Amount of line 70 you want applied to your 2003 estimated tax To line 69 is more than line 61, subtract line 69. This is the amount you overpaid To lif line 69 is more than line 61, subtract line 69. This is the amount you overpaid To lif line 69 is more than line 61, subtract line 69. This is the amount you overpaid To lif line 69 is more than line 61, subtract line 69. This is the amount you overpaid To lif line 69 is more than line 61, subtract line 69. This is the amount you overpaid To lif line 69 is more than line 61, subtract line 69. This is the amount you overpaid To lif line 69 is more than line 61, subtract line 69. This is the amount you overpaid To lif line 69 is more than line 61, subtract line 69. This is the amount you overpaid To lif line 69 is more than line 61, subtract line 69. This is the amount you overpaid To lif line 69 is more than line 61, subtract line 69. This is the amount you overpaid To lif line 69 is more than line 61, subtract line 69. This is the amount you overpaid To lif line 69 is more than line 61, subtract line 69. This is the amount you overpaid To line To you want to line 70 you want applied to your 2003 estimated tax To Tyou over locking Savings Amount out of line 70 you want applied to your 2003 estimated tax To Tyou over locking Savings No you want to allow another person to discuss this return with the IRS (see page 57) To detain on how to pay, see page 57 To detain on how to pay, see page 57 To detain on how to pay, see page 57 To detain on how to pay, see page 57 To detain on how to pay, see page 57 To detain on how to pay, see page 57 To			7 miledit paid with reducer for extension to me (eee page co)		
Designee Sign Here Here Joint return? See page 21. Keep a copy for your records. Paid Preparer's Signature		69	1 7	. ▶	69
Direct deposit? See page 56	Refund	70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you over	rpaid	70
and fill in 71b, 71c, and 71d. d Account number 72		71a	Amount of line 70 you want refunded to you	•	71a
Amount 72 Amount of line 70 you want applied to your 2003 estimated tax	See page 56	▶ b	Routing number	vings	
Amount You Owe 73	71c, and 71d.	► d	Account number		
Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 58)? Designee's Phone Personal identification number (PIN) Dunder 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 (PIN) Spouse's signature. If a joint return, both must sign. Date Preparer's signature Firm's name (or yours if self-employed). EIN Designee's Complete the following. No To your signation person to discuss this return with the IRS (see page 58)? Yes. Complete the following. No Personal identification number (PIN) Date Vour occupation Daytime phone number Check if self-employed Preparer's SSN or PTIN Firm's name (or yours if self-employed).					
Third Party Designee Designee Designee's name ▶ Phone number (PIN) Designee's name ▶ () 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. Paid Preparer's Signature Date Preparer's SSN or PTIN Preparer's signature Preparer's signature Do your want to allow another person to discuss this return with the IRS (see page 58)? Personal identification number (PIN) Positive personal identification number (PIN) Date vour occupation Daytime phone number Check if self-employed Firm's name (or your if self-employed). Preparer's SSN or PTIN Firm's name (or your if self-employed).		-		57 ▶	<i>1</i> 3
Designee Designee's name	•			Vec	Complete the following \(\square\) No.
Sign Here Joint return? See page 21. Keep a copy for your records. Paid Preparer's 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 occupation Date Your occupation Daytime phone number () Spouse's signature. If a joint return, both must sign. Date Preparer's signature Preparer's Signature Firm's name (or yours if self-employed). Firm's name (or yours if self-employed). Paid Preparer's signature	•				
Here Joint return? See page 21. Keep a copy for your records. Paid Preparer's Use Only 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 occupation Date Your occupation Daytime phone number () Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Preparer's signature Preparer's SSN or PTIN Firm's name (or yours if self-employed). Firm's name (or yours if self-employed).	Designee				► L
Here Joint return? See page 21. Keep a copy for your records. Paid Preparer's Use Only Proparer's	Sign				
Joint return? See page 21. Keep a copy for your records. Paid Preparer's Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Preparer's signature Firm's name (or yours if self-employed). Firm's name (or yours if self-employed).				ation of w	
Keep a copy for your records. Paid Preparer's Use Only Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Date Check if self-employed Firm's name (or yours if self-employed), EIN		YOU	ir signature Date Four occupation		Daytime priorie number
for your records. Paid Preparer's Use Only Preparer's syntactic: If a joint retain, but made sign. Paid Preparer's SSN or PTIN Date Check if self-employed Firm's name (or yours if self-employed). EIN		<u></u>	Consider the Constant of the C		() ////////////////////////////////////
Paid Preparer's signature Preparer's SSN or PTIN Preparer's Firm's name (or yours if self-employed). EIN Preparer's SSN or PTIN	for your	Spo	puse's signature. If a joint return, both must sign. Date Spouse's occupation		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
Preparer's Check if self-employed Signature Firm's name (or yours if self-employed).	i		. Nate		Preparer's SSN or PTIN
Preparer's Firm's name (or yours if self-employed), EIN			Check if	ed \square	. Toparor o core or Fills
Use Only yours if self-employed).		Firr	n's name (or EIN	<u>~~ Ц</u>	<u> </u>
address, and ZIP code Phone no. ()	Use Only	you	ars if self-employed),	ne no.	()

1040		artment of the Treasury—Internal Revenue 5. Individual Income Tax Re	- 1111 \\ -	(99)	IDC Lloc	Only Do n	at write or	staple in this sp		
	_	the year Jan. 1–Dec. 31, 2001, or other tax year be		, ending	1113 036	``,		MB No. 1545		
Label	-	ur first name and initial	Last name	, 3	· · · · · ·	-		ocial security		er .
(See L			:							
instructions on page 21.)	lf a	a joint return, spouse's first name and initial	Last name				Spouse's social security numbe			mber
Use the IRS label. Otherwise,	Но	me address (number and street). If you have	a P.O. box, see page 21	1.	Apt. n	0.		Importa	nt!	
please print or type. Presidential	Cit	y, town or post office, state, and ZIP code. I	f you have a foreign add	ress, see pag	e 21.		-	ou must en our SSN(s) a		
Election Campaigr (See page 21.)	1	Note. Checking "Yes" will not change Do you, or your spouse if filing a joint			d? .	•	You Yes		Spouse Yes	∐No
(eve page _ · ·)	1	Single		$\overline{}$		oold (with		person). (Se	e nage (21) II
Filing Status	2	Married filing jointly (even if only on		not your dep						
•	3	Married filing separately. Enter spot		,	,					
Check only one box.	•	and full name here. ►		5 Ouali	fvina wic	łow(er) w	ith dene	ndent child	(vear	
0110 00%.					se died			page 21.)	you	
Evamptions	6a	Yourself. If your parent (or some			ndent or	his or he	er tax	No. of boxe checked or	-	
Exemptions		return, do not check be					}	6a and 6b	_	
	b	Spouse		(3) De	pendent's	(4) if qua	J	No. of child on 6c who:		
	С	Dependents:	(2) Dependent's social security numb	rolotio	nship to	child for ch	ild tax	• lived with		
		(1) First name Last name	: :)	/ou	credit (see p	age 22)_	• did not live		
If more than five								you due to do or separation		
dependents,								(see page 22		
see page 22.								Dependents not entered a		
								Add numbers		=
						Ш		on lines		
	d	Total number of exemptions claimed	<u> </u>			<u> </u>	· ·	above ►	_ <u>_</u> _	
Income	7	Wages, salaries, tips, etc. Attach Forr					7		-	
moonic	8a	Taxable interest. Attach Schedule B i	•				8a		-+	
Attach	b	Tax-exempt interest. Do not include		8b			-//////			
Forms W-2 and W-2G here.	9	Ordinary dividends. Attach Schedule	9		-					
Also attach	10	Taxable refunds, credits, or offsets of	10							
Form(s) 1099-R	11	Alimony received	11		\rightarrow					
if tax was withheld.	12	Business income or (loss). Attach Sch	12		-					
withinera.	13	Capital gain or (loss). Attach Schedule	13							
	14	Other gains or (losses). Attach Form 4	1 1				14			
If you did not get a W-2,	15a	IRA distributions 15a		Taxable amo	` '	,	15b		\rightarrow	
see page 23.	16a	Pensions and annuities 16a		Taxable amo			16b		-	
	17	Rental real estate, royalties, partnershi					17		-	
Enclose, but do not attach, any	18	Farm income or (loss). Attach Schedu	le F				18		-	
payment. Also,	19	Unemployment compensation					19		-+	
please use	20a	Social security benefits . 20a		Taxable amo			20b		-+	
Form 1040-V.	21 22	Other income. List type and amount (Add the amounts in the far right column					21		-	
				23	totaiiii	Come P	//////			
Adjusted	23	Educator expenses (see page 29) .		24						
Gross	24	IRA deduction (see page 29)		25						
Income	25	Student loan interest deduction (see p								
HICOHIC	26	Tuition and fees deduction (see page		26 27			-/////			
	27	Archer MSA deduction. Attach Form		28			- <i>\\\\\\\</i>			
	28	Moving expenses. Attach Form 3903		28			- <i>\\\\\\</i>			
	29	One-half of self-employment tax. Atta					- <i>\\\\\\</i>			
	30	Self-employed health insurance deduc		30			- <i>\\\\\\</i>			
	31	Self-employed SEP, SIMPLE, and qua	•	31			- <i>\\\\\\\</i>			
	32	Penalty on early withdrawal of savings	1 1	32 33a			- <i>\\\\\\</i>			
	33a	Alimony paid b Recipient's SSN ►					2/////			
	34 35	Add lines 23 through 33a Subtract line 34 from line 22. This is y	/ουr adjusted gross i				34		+	
	55		, car aajactou groce i				1 33		1	

Form 1040 (2001)				Page 2
Toy and	36	Amount from line 35 (adjusted gross income)		36
Tax and Credits	37a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind.	.	
	١	Add the number of boxes checked above and enter the total here > 37a		
Standard Deduction	b	If you are married filing separately and your spouse itemizes deductions, or		
for—		you were a dual-status alien, see page 34 and check here \blacktriangleright 37b		
 People who checked any 	38	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		38
box on line 37a or 37b or	39	Subtract line 38 from line 36		39
who can be	40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed		
claimed as a dependent,		line 6d. If line 36 is over \$103,000, see the worksheet on page 35		40
see page 34.	41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-		41
 All others: Single, 	42	Tax (see page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 .		42 43
\$4,700	43	Alternative minimum tax (see page 37). Attach Form 6251	44	
Head of	44	Add lines 42 and 43	. 🏲	
household, \$6,900	45	Totali tax ordan. Attach Form FFF in required	+	
Married filing	46	orealt for ering and dependent care expenses. Attach I erin 2441		
jointly or Qualifying	47 48	Credit for the elderly or the disabled. Attach Schedule R	1	
widow(er),	49	Retirement savings contributions credit. Attach Form 8880 . 49		
\$7,850 Married	50	Child tax credit (see page 39)		
filing	51	Adoption credit. Attach Form 8839		
separately, \$3,925	52	Credits from: a Form 8396 b Form 8859 52		
Ψ0,020	53	Other credits. Check applicable box(es): a Form 3800		
		b Form 8801 c Specify 53		
	54	Add lines 45 through 53. These are your total credits		54
	55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0	. ▶	55
Other	56	Self-employment tax. Attach Schedule SE		56
Taxes	57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		57
iaxes	58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if require	ed .	58
	59	Advance earned income credit payments from Form(s) W-2		59
	60	Household employment taxes. Attach Schedule H		60
	61	Add lines 55 through 60. This is your total tax	. ▶	61
Payments	62	Federal income tax withheld from Forms W-2 and 1099 62		
	63	2002 estimated tax payments and amount applied from 2001 return . 63		
If you have a qualifying	64	Earned income credit (EIC)	-	
child, attach	65	Excess social security and tier 1 RRTA tax withheld (see page 56) Additional child tax credit. Attach Form 8812	+	
Schedule EIC.	66	Additional child tax credit. Attach Form 6612	+	
	67 68	Amount paid with request for extension to file (see page 56) Other payments from: a Form 2439 b Form 4136 c Form 8885	+	
	69	Add lines 62 through 68. These are your total payments	. ▶	69
Defund	70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you over	naid	70
Refund Direct deposit?	71a	Amount of line 70 you want refunded to you	Jaiu ▶	71a
See page 56	▶ b	Routing number	inas	
and fill in 71b, 71c, and 71d.	▶ d	Account number	3-	
7 TO, and 7 To.	72	Amount of line 70 you want applied to your 2003 estimated tax 72		
Amount	73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 5	7 🕨	73
You Owe	74	Estimated tax penalty (see page 57)		<u> </u>
Third Party	Do	you want to allow another person to discuss this return with the IRS (see page 58)?	Yes.	Complete the following. No
Designee	De: nar	signee's Phone Personal number () number (eation •
Sign	Und	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statem ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informat	ents, and	d to the best of my knowledge and
Here			.1011 OI WI	
Joint return?	You	ur signature Date Your occupation		Daytime phone number
See page 21.	_			()
Keep a copy for your	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		X/////////////////////////////////////
records.				X/////////////////////////////////////
Paid		parer's Date Check if self-employee	. —	Preparer's SSN or PTIN
Preparer's		, sei employe	;a 🗀	;
Use Only	you	urs if self-employed),		<u>;</u>
	ado	dress, and ZIP code Phone	e no.	ι ,

Job Description

The overseer shall be responsible for the following actions:

Collection of monthly and nightly rentals, as well as boat slip rentals, and their timely deposit into the operating account as set forth by the ownership and management of Big Time Fun Campground.

Weekly mowing, trimming, hedge clipping, blowing, weed-eating, and other lawn-care duties.

Any other duties as directed by the ownership and management of Big Time Fun Campground.

The rate of pay for the overseer shall be \$150 weekly. No benefits shall be provided other than social security and unemployment insurance.

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship)

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

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

Appendix F, Tax Returns Attachment Sequence No. **09**

Name	lame of proprietor			Sc	cial s	ecurit	y nun	ıber	(SSN)			
A	Principal business or profession	ı, including product or ser	vice (see p	age C-2 of the instructions)	В	Ente	r code	from	; page	s C-7	, 8, &	9
С	Business name. If no separate	business name, leave blan	ık.		D	Empl	oyer I	D nun	nber	(EIN),	if an	ıy
E	Business address (including sui City, town or post office, state,											
F		Cash (2) Accru	ual (3) ☐ Other (specify) ►								
G	Did you "materially participate"	in the operation of this bu	siness dur	ing 2003? If "No," see page C-3 fo	r lim	it on	losse	s .	. 🗆	Yes		No
<u>H</u>		ousiness during 2003, chec	ck here .	<u> </u>					<u></u>	<u>.</u> ▶	٠ 🗌	
Pa	rt I Income											
1	Gross receipts or sales. Cautior employee" box on that form wa			n Form W-2 and the "Statutory here]	1					\perp	
2						3					+	_
3						4					-	
4	Cost of goods sold (from line 4)	2 on page 2)			-	4					+	_
_	Owen mustin Culture tiles 4 for	li 0				5						
5 6	•			or refund (see page C-3)		6						
O	Other income, including redera	i and state gasonne or the	i lax ciedil	or return (see page 0-3)	F						+	_
7	Gross income. Add lines 5 and	16				7						
Pai				ur home only on line 30.								
8	Advertising	8		19 Pension and profit-sharing plans		19						
9	Car and truck expenses			20 Rent or lease (see page C-5):								
·	(see page C-3)	9		a Vehicles, machinery, and equipment.		20a						
10	Commissions and fees	10		b Other business property		20b						
11	Contract labor			21 Repairs and maintenance		21					\perp	
	(see page C-4)	11	:	22 Supplies (not included in Part III) .		22						
12	Depletion	12	:	23 Taxes and licenses		23					_	
13	Depreciation and section 179		2	24 Travel, meals, and entertainmen								
	expense deduction (not included			a Travel	-	24a					+	
	in Part III) (see page C-4)	13		b Meals and								
14	Employee benefit programs			entertainment								
	(other than on line 19)	14		c Enter nondeduct- ible amount in-								
15	Insurance (other than health).			cluded on line 24b								
16 a	Interest: Mortgage (paid to banks, etc.).	16a		(see page C-5) . L		24d						
a b	Other	16b		25 Utilities		25					\top	
17	Legal and professional			26 Wages (less employment credits) .		26						
	services	17	:	27 Other expenses (from line 48 on								
18	Office expense	18		page 2)		27						
28	Total expenses before expense	es for business use of hon	ne. Add lin	es 8 through 27 in columns . ►		28					_	_
29	Tentative profit (loss). Subtract				-	29					+	
30	Expenses for business use of y		829		-	30					+	
31	Net profit or (loss). Subtract lin			- that 0 (state)								
	• If a profit, enter on Form 104			=, line 2 (statutory employees,		31						
	see page C-6). Estates and trus		⊓e J.		L	JI						
20	If a loss, you must go to line If you have a loss, shock the be		octment in	this activity (see page C. 6)								
32	If you have a loss, check the boIf you checked 32a, enter th					322	☐ AI	Linvo	etm,	ant ic	at ri	ck
	(statutory employees, see page											
	 If you checked 32b, you must 			, J		J_D		risk.			. 13 1	ıσι

Schedule C (Form 1040) 2003

Pal	Cost of Goods Sold (see page C-b)					
33	Method(s) used to value closing inventory: a \square Cost b \square Lower of cost or market c	□ o	ther (attac	ch explan	ation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing in "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 page 1, line 4	42				
Pa	Information on Your Vehicle. Complete this part only if you are claiming line 9 and are not required to file Form 4562 for this business. See the instance C-4 to find out if you must file Form 4562.	struct	ions for			
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 2003, enter the number of miles you used you	our vel	nicle for:			
а	Business b Commuting c Other					
45	Do you (or your spouse) have another vehicle available for personal use?		🗆	Yes		No
46	Was your vehicle available for personal use during off-duty hours?		🗆	Yes		No
47a	Do you have evidence to support your deduction?		🗆	Yes		No
b	If "Yes," is the evidence written?		\square	Yes		No
Pa		or lin	e 30.			
	-					
	Total other expenses. Enter here and on page 1, line 27	48				
. •		1 70	İ		1	

SCHEDULE C (Form 1040)

Name of proprietor

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship)

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

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

OMB No. 1545-0074 Attachment Sequence No. **09**

Social security number (SSN)

Α	Principal business or profession	, including product or service	e (see page C-1 of the instructions)	В	Ente	r cod	le fro	m pa	iges C-	7, 8, 	& 9
С	Business name. If no separate to	ousiness name, leave blank.		D	Emp	loyer	ID n	umb	er (EIN), if	any
E	Business address (including sui City, town or post office, state,	,									
F G H Pa	Did you "materially participate" If you started or acquired this b		(3) ☐ Other (specify) ►	lim	it or	loss	ses	. [Yes		□ No
1	Gross receipts or sales. Caution employee" box on that form wa		to you on Form W-2 and the "Statutory d check here		1						
2	Returns and allowances				2						
3					3						
4					4						
-	cook or goods cold (i.e.ii iiiie i.	- o pago _,									
5	Gross profit. Subtract line 4 fro	m line 3			5						
6			ax credit or refund (see page C-3)		6						
		· ·	, . · · · ,								
7	Gross income. Add lines 5 and	6			7						
Pai	rt II Expenses. Enter ex	penses for business use	of your home only on line 30.								
8	Advertising	8	19 Pension and profit-sharing plans		19						
9	Bad debts from sales or		20 Rent or lease (see page C-5):								
	services (see page C-3)	9	a Vehicles, machinery, and equipment	L	20a						
10	Car and truck expenses		b Other business property		20b						
	(see page C-3)	10	21 Repairs and maintenance		21						
11	Commissions and fees	11	22 Supplies (not included in Part III) .		22						
12	Depletion	12	23 Taxes and licenses	,	23						
13	Depreciation and section 179		24 Travel, meals, and entertainmen	t: 🛭		1					
	expense deduction (not included		a Travel	L	24a						
	in Part III) (see page C-4)	13	b Meals and								
14	Employee benefit programs		entertainment			1					
	(other than on line 19)	14	c Enter nondeduct-								
15	Insurance (other than health) .	15	ible amount in- cluded on line 24b								
16	Interest:		(see page C-5) .	_		-					
а	Mortgage (paid to banks, etc.) .	16a	d Subtract line 24c from line 24b .	-	24d						
b	Other	16b	25 Utilities	-	25					\dashv	
17	Legal and professional		26 Wages (less employment credits) .27 Other expenses (from line 48 on	-	26	_				\dashv	
10	Services	17	- '		07						
18	Office expense	18		+	27						
28	Total expenses before expense	es for business use of home.	Add lines 8 through 27 in columns . ►	H	28					-	
	T				29						
29	Tentative profit (loss). Subtract I			-	30					1	
30	Expenses for business use of you		•		50					\dashv	
31	Net profit or (loss). Subtract lin		adula SE lina 2 (statutary amplayasa								
	see page C-6). Estates and trus		edule SE, line 2 (statutory employees,		31						
	 If a loss, you must go to line 		J.	_	<u> </u>						
32	· · · · · · · · · · · · · · · · · · ·		ment in this activity (see page C-6).								
J2		· ·	12, and also on Schedule SE, line 2		322		All in	vect	ment is	s at	riek
	(statutory employees, see page				32b				estme		
	If you checked 32b, you must		, J		J_1		ot riel		551116		, 1101

Schedule C (Form 1040) 2002

Part III Cost of Goods Sold (see page C-6)

_	(cooperation)	
33	Method(s) used to value closing inventory: a \square Cost b \square Lower of cost or market c	Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing in "Yes," attach explanation	
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 page 1, line 4	42
Pa	Information on Your Vehicle. Complete this part only if you are claiming line 10 and are not required to file Form 4562 for this business. See the in C-4 to find out if you must file.	ng car or truck expenses or
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶/	<u>/</u>
44	Of the total number of miles you drove your vehicle during 2002, enter the number of miles you used y	our vehicle for:
а	Business b Commuting c Othe	r
45	Do you (or your spouse) have another vehicle available for personal use?	🗌 Yes 🔲 No
46	Was your vehicle available for personal use during off-duty hours?	🗌 Yes 🔲 No
47a	Do you have evidence to support your deduction?	🗌 Yes 🗌 No
b	If "Yes," is the evidence written?	Yes
Pa	rt V Other Expenses. List below business expenses not included on lines 8–26	or line 30.
48	Total other expenses. Enter here and on page 1, line 27	48

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship)

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

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

OMB No. 1545-0074 Attachment Sequence No. **09**

Name	Name of proprietor			Social security number (SSN)								
A	Principal business or profession	ı, including product or	service (see	page C-1 of the instructions)	В	Ente	r code	e fron	n pag	ges C-7	', 8, & 	9
С	Business name. If no separate I	business name, leave	blank.		D	Emp	loyer	ID nu	ımbe	r (EIN)	, if an	у
E	Business address (including sui City, town or post office, state,											
F		Cash (2)	Accrual	(3) ☐ Other (specify) ►								
G				uring 2002? If "No," see page C-3 for								No
<u>H</u>		usiness during 2002,	check here				<u></u>			<u></u>	· 🗌	
Pa	rt I Income											
1				on Form W-2 and the "Statutory ck here ▶]	1						
2	Returns and allowances					2	<u> </u>					
3	Subtract line 2 from line 1 .					3	₩					
4	Cost of goods sold (from line 42	2 on page 2)			_	4	<u> </u>					
						_						
5	•				-	5 6	\vdash					
6	Other income, including Federa	l and state gasoline of	r fuel tax cred	dit or refund (see page C-3)	-	0	 					
7	Gross income. Add lines 5 and	16				7						
				our home only on line 30.		•						_
8	Advertising	8		19 Pension and profit-sharing plans		19						
9	Bad debts from sales or			20 Rent or lease (see page C-5):								
J	services (see page C-3)	9		a Vehicles, machinery, and equipment.	- 1	20a						
10	Car and truck expenses			b Other business property		20b						
	(see page C-3)	10		21 Repairs and maintenance		21	<u> </u>					
11	Commissions and fees	11		22 Supplies (not included in Part III) .		22	<u> </u>					
12	Depletion	12		23 Taxes and licenses		23	 					
13	Depreciation and section 179			24 Travel, meals, and entertainment	nt: 🛭		1					
	expense deduction (not included	10		a Travel	-	24a						
	in Part III) (see page C-4)	13		b Meals and								
14	Employee benefit programs	14		entertainment c Enter nondeduct-			1					
15	(other than on line 19) Insurance (other than health) .	15		ible amount in-								
16	Interest:			cluded on line 24b (see page C-5)								
а	Mortgage (paid to banks, etc.) .	16a		d Subtract line 24c from line 24b		24d	1					
b	Other	16b		25 Utilities		25						
17	Legal and professional			26 Wages (less employment credits) .		26	<u> </u>					
	services	17		27 Other expenses (from line 48 on								
18	Office expense	18		page 2)		27	₩					
28	Total expenses before expense	es for business use of	home. Add I	ines 8 through 27 in columns . •	-	28	├					
						20						
29	Tentative profit (loss). Subtract				-	29 30						
30 31	Expenses for business use of your profit or (loss). Subtract lin		III 8829		H	55						_
31	Net profit or (loss). Subtract lirIf a profit, enter on Form 104		n Schedule	SE. line 2 (statutory employees								
	see page C-6). Estates and trus			22, IIIO 2 (Statutory Striployees,		31						
	 If a loss, you must go to line 		, 	J	_							_
32	If you have a loss, check the bo		investment i	n this activity (see page C-6).								
	 If you checked 32a, enter th 	·				32a	□ A	JI inv	estm	nent is	at ris	šk.
	(statutory employees, see page	C-6). Estates and trus				32b				estmer		
	 If you checked 32b, you mus 	t attach Form 6198.		J			a	t risk				

Page 2 Schedule C (Form 1040) 2001 Part III Cost of Goods Sold (see page C-6)

Гel	Cost of Goods Sold (see page C-6)					
33	Method(s) used to value closing inventory: a \square Cost b \square Lower of cost or market c	□ o	ther (a	ttach expla	nation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing in					
	"Yes," attach explanation	 I		⊔ 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				
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Pa	Information on Your Vehicle. Complete this part only if you are claiming line 10 and are not required to file Form 4562 for this business. See the in C-4 to find out if you must file.	ng ca struc	ar or tions	truck ex for line 1	penses 3 on p	s on page
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 2002, enter the number of miles you used you	our ve	hicle fo	r:		
а	Business b Commuting c Other					
45	Do you (or your spouse) have another vehicle available for personal use?			☐ Yes		No
46	Was your vehicle available for personal use during off-duty hours?			☐ Yes		No
47a	Do you have evidence to support your deduction?			☐ Yes		No
b	If "Yes," is the evidence written?			☐ Yes		No
Pa	rt V Other Expenses. List below business expenses not included on lines 8–26	or lir	ne 30.			
48	Total other expenses. Enter here and on page 1, line 27	48				
			1			