

ADAM -

THIS IS MY ONLY COPY, I WILL MAKE ONE
FOR YOU.

THANKS,

MARC

818 568-4698

MARC.ATKINSON1961@GMAIL.COM

VITALS:

①

- MARC ATKINSON - RESPONDENT
- SUNNY LYNN KELOGG ATKINSON - PETITIONER
- MARRIED 18+ YEARS
- 1 DAUGHTER 18
- 1 SON 17
- SUNNY FILED 3/13
- RETAINED ROBERT SUPANCU,
SEPT/OCT 2013
- FIRST STATUS CONFERENCE
4/7/14
- SUNNY HAS PAID \$0 - TOWARD
CHILD SUPPORT OF OUR MINOR SON,
- SUNNY IS STILL ON MORTGAGE -
HAS PAID \$0 SINCE 5/15/13 ON
MORTGAGE, TAXES, OR OTHER.
- OUT OF GOODWILL, I SIGNED A
QUIT-CLAIM DEED, ALLOWING HER TO
BUY A HOUSE IN HER NAME, USING
HER MOTHER'S ASSETS
- I USED \$325,000 OF INHERITANCE
MONEY TO PURCHASE OUR HOUSE ON
54 VERA CRUZ.

(2)

— SUNNY HAS TAKEN MONEY FROM
OUR JOINT ACCOUNTS FOR:

- TRIP TO ITALY 2011 \$12,000
- BOOB JOB 2012 \$10,000
- FACIAL COSMETIC SURGERY 2012 \$7,000
- SCHOOLING AT MCCLIPARK
COLLEGE & CAL STATE
CHANNEL ISLANDS 2009-2012 \$17,000
- RECEIVED \$40,000 AWARD IN AN
INJURY CASE (ATKINSON V. MIAMI SEAQUARIUM)
- RECEIVED \$3,500 P.I. CASE
(ATKINSON V. ARMSTRONG GARDEN)
- SUNNY DID NOT WORK BETWEEN
2000 - 2009 (?) APPROX.
- SUNNY HAS PURCHASED A NEW CAR
JUNE 2013, USING "HER MOTHER'S MONEY —
REGISTERED IN HER MOTHER'S NAME
(HER MOTHER IS AN INVALID)
- SUNNY ENTERED THE HOUSE ON AT LEAST
TWO OCCASIONS IN 2013, TAKING FINANCIAL
DOCUMENTS AND REMOVING MY PERSONAL PROPERTY.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ronald M. Supancic, CFLS (SBN:046027) The Law Collaborative, APC 21051 Warner Center Lane, Suite 100 Woodland Hills, CA 91367		
TELEPHONE NO.: (818) 348-6700 FAX NO.: (818) 348-0961 E-MAIL ADDRESS: Ron@TheLawCollaborative.com ATTORNEY FOR (Name): Sunny Atkinson		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Ventura STREET ADDRESS: 800 S. Victoria Avenue MAILING ADDRESS: 800 S. Victoria Avenue CITY AND ZIP CODE: Ventura, CA 93009 BRANCH NAME: Main Courthouse - Hall of Justice		
PETITIONER: Sunny Lynne Atkinson RESPONDENT: Marc Anthony Atkinson OTHER PARENT/PARTY:		
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input checked="" type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final		CASE NUMBER: D355828

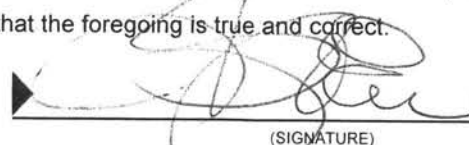
1. I am the ☒ attorney for ☒ petitioner ☐ respondent in this matter.
2. ☒ Petitioner's ☐ Respondent's Preliminary Declaration of Disclosure (form FL-140), current* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community and Separate Property Declarations (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
- ☒ the other party ☐ the other party's attorney by ☐ personal service ☒ mail
☐ Other (specify):
- on (date): January 10, 2014
3. ☐ Petitioner's ☐ Respondent's Final Declaration of Disclosure (form FL-140), current* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community or Separate Property Declarations (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:
- ☐ the other party ☐ other party's attorney by ☐ personal service ☐ mail
☐ Other (specify):
- on (date):
4. ☐ Service of ☐ Petitioner's ☐ Respondent's ☐ preliminary ☐ final declaration of disclosure
☐ current income and expense declaration has been waived as follows:
- a. ☐ The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d.) (Form FL-144 may be used for this purpose.) The waiver ☐ was filed on (date):
☐ is being filed at the same time as this form.
- b. ☐ The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
- c. ☐ This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

*Current is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: January 10, 2014

Ronald M. Supancic, CFLS
 (TYPE OR PRINT NAME)


 (SIGNATURE)

NOTE: File this document with the court.
 Do not file a copy of the Preliminary or Final Declaration of Disclosure or any attachments to either declaration of disclosure with this document.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ronald M. Supancic, CFLS (SBN:046027) The Law Collaborative, APC 21051 Warner Center Lane, Suite 100 Woodland Hills, CA 91367 TELEPHONE NO.: (818) 348-6700 FAX NO.: (818) 348-0961 E-MAIL ADDRESS: Ron@TheLawCollaborative.com ATTORNEY FOR (Name): Sunny Atkinson		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Ventura STREET ADDRESS: 800 S. Victoria Avenue MAILING ADDRESS: 800 S. Victoria Avenue CITY AND ZIP CODE: Ventura, CA 93009 BRANCH NAME: Main Courthouse - Hall of Justice		
PETITIONER: Sunny Lynne Atkinson RESPONDENT: Marc Anthony Atkinson OTHER PARENT/PARTY:		
DECLARATION OF DISCLOSURE <input checked="" type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final		CASE NUMBER D355828

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).
- In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).
- Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.
- Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

- ☒ A completed *Schedule of Assets and Debts* (form FL-142) or ☐ A *Property Declaration* (form FL-160) for (specify):
☐ Community and Quasi-Community Property ☐ Separate Property.
 - ☒ A completed *Income and Expense Declaration* (form FL-150).
 - ☒ All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
 - ☒ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
- All values set forth in the attached *Schedule of Assets & Debts*, (FL-142) are approximations based on my information and belief at this time.
- ☒ A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
 The only obligations I am aware of are listed on the attached *Schedule of Assets & Debts*, (FL-142).
 - ☒ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).
 I am not aware of any investment, business or other income-producing opportunities which the Parties may or could have had an interest in since the date of separation.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: December 26, 2013

Sunny Atkinson

(TYPE OR PRINT NAME)


 SIGNATURE

Page 1 of 1

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ronald M. Supancic, CFLS (SBN:046027) The Law Collaborative, APC 21051 Warner Center Lane, Suite 100 Woodland Hills, CA 91367 TELEPHONE NO.: (818) 348-670 FAX NO. (Optional): (818) 348-0961 E-MAIL ADDRESS (Optional): Ron@TheLawCollaborative.com ATTORNEY FOR (Name): Sunny Atkinson		FOR COURT USE ONLY CASE NUMBER: D355828 (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Ventura STREET ADDRESS: 800 S. Victoria Avenue MAILING ADDRESS: 800 S. Victoria Avenue CITY AND ZIP CODE: Ventura, CA 93009 BRANCH NAME: Main Courthouse - Hall of Justice		
PETITIONER/PLAINTIFF: Sunny Lynne Atkinson RESPONDENT/DEFENDANT: Marc Anthony Atkinson OTHER PARENT/PARTY:		
PROOF OF SERVICE BY MAIL		


NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

- I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
- My residence or business address is: 21051 Warner Center Lane, Suite 100
Woodland Hills, CA 91367
- I served a copy of the following documents (specify): **Petitioner's Preliminary Declaration of Disclosure, including: 1. Fl-141 Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration; 2. FL-140 Declaration of Disclosure; 3. Fl-142 Schedule of Assets and Debts; and 4. FL-150 Income and Expense Declaration**
by enclosing them in an envelope AND
 - ☐ depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - ☒ placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
- The envelope was addressed and mailed as follows:
 - Name of person served: Marc Anthony Atkinson
 - Address: 54 Vera Cruz Court
Simi Valley, CA 93065
 - Date mailed: January 10, 2014
 - Place of mailing (city and state): Woodland Hills, CA
- ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: January 10, 2013

Karla D. Winters

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON COMPLETING THIS FORM)

RONALD M. SUPANCIC, SBN: 46027
TY SUPANCIC, SBN: 272085
The Law Collaborative, APC
21051 Warner Center Lane, Suite 100
Woodland Hills, California 91367
Telephone: (818) 348-6700
Facsimile: (818) 348-0961

Attorney for Petitioner,
SUNNY LYNNE ATKINSON

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF VENTURA

In re Matter of

SUNNY LYNNE ATKINSON,

Petitioner,

-and-

MARC ANTHONY ATKINSON,

Respondent.

CASE NO. D355828

**DEMAND FOR PRODUCTION OF
RESPONDENT'S PRELIMINARY
DECLARATION OF DISCLOSURE**

Date Due: February 10, 2014

Time: 10:00 a.m.

Location: The Law Collaborative, APC
21051 Warner Center Lane
Suite 100
Woodland Hills, CA 91367

PROPOUNDING PARTY: Petitioner, SUNNY LYNNE ATKINSON

RESPONDING PARTY: Respondent, MARC ANTHONY ATKINSON

TO: RESPONDENT, MARC ANTHONY ATKINSON, AND HIS ATTORNEY OF
RECORD:

Pursuant to the provisions of Family Code Section 2104 and 2107, Petitioner, SUNNY LYNNE ATKINSON, demands that Respondent, MARC ANTHONY ATKINSON produce his Preliminary Declaration of Disclosure including and a current and valid Income and Expense Declaration and Schedule of Assets and Debts (blank copies of which are attached) with all required attachments and disclosures within 30 days of the date of execution of this Demand.

1 Respondent is admonished Petitioner may file a Motion to Compel responses and/or file a
2 motion preventing Respondent from presenting evidence on issues that should have been covered
3 in Respondent's Declaration of Disclosure.

4 Respondent is further admonished that if Respondent fails to comply with any provision of
5 Chapter 9 of the Family Code relating to disclosure of assets and liabilities, the Court shall, in
6 addition to any other remedy provided by law, order Respondent to pay to Petitioner any
7 reasonable attorney's fees, costs incurred or both, unless the court finds that Respondent acted with
8 substantial justification or that other circumstances make the imposition of sanctions unjust.

9
10 Dated: January 10, 2014

The Law Collaborative, APC

By: 

Ronald M. Supancic, CFLS
Attorneys for Petitioner,
Sunny Lynne Atkinson

PROOF OF SERVICE

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action. My business address is: 21051 Warner Center Lane, Suite 100, Woodland Hills, California 91367.

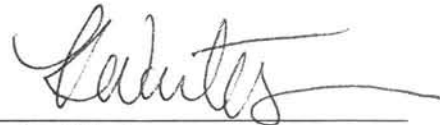
On January 10, 2014, I served a true and correct copy of the within document(s) described as **DEMAND FOR PRODUCTION OF RESPONDENT'S PRELIMINARY DECLARATION OF DISCLOSURE**, on

Marc Anthony Atkinson
54 Vera Cruz Court
Simi Valley, CA 93065

BY MAIL, as follows: I am "readily familiar" with the office's practice of collection and processing correspondence for mailing. On said date, I placed the above describe documents in a sealed envelope for collection and mailing following said ordinary business practice. Under that practice it would be deposited with the U.S. Postal Service on that same day with ☒ first-class ☐ certified-mail postage thereon fully prepaid at Woodland Hills, California, in the ordinary course of business. I am aware that on motion of the party served service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit.

Executed on January 10, 2014 at Woodland Hills, CA.

I declare, under penalty of perjury under the laws of the State of California, that the above is true and correct.



Karla D. Winters

SCHEDULE OF ASSETS AND DEBTS

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):

TELEPHONE NO.: (818) 348-6700

Ronald M. Supancic, CFLS (SBN:046027)

(818) 348-0961

The Law Collaborative, APC

21051 Warner Center Lane, Suite 100

Woodland Hills, CA 91367

ATTORNEY FOR (Name): Sunny Atkinson

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Ventura

PETITIONER: Sunny Lynne Atkinson

RESPONDENT: Marc Anthony Atkinson

SCHEDULE OF ASSETS AND DEBTS☒ Petitioner's ☐ Respondent's

CASE NUMBER:

D355828

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

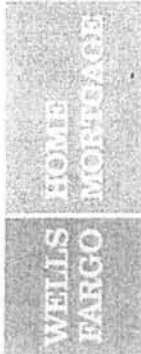
ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.) 54 Vera Cruz Court, Simi Valley, CA 93065		July 2004	\$ 530,000.00	\$ 253,232.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify.) tiger wood dining table, china cabinet, 4 chairs, 2 stools, microwave, flatware, daily dishes, blue willow, earthen ware, pt set, henkles, coffee make, home office, pc, printer, TV, entertainment center, entertainment syster, three pc leather seating, coffee table, globe, semi lunar table, two vanderbilt chairs, piano, curtains, master set, curtains, bedding, garage tools, yard tools, two sets kids furniture		2004	20,000.00 (replacement)	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify.) Robert Griffing American Revolutionary Indian artwork, three framed maps, framed art		2004	4,000.00	0.00
				0.00	0.00

Page 1 of 4

[illegible]

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Give certificate number and attach copy of the certificate or copy of latest statement.) Vanguard Entergy Fund Investor account Vanguard Prime Money Mkt Fund	P	2005	\$ 1,682.34 913.51 0.00 0.00 0.00 0.00	\$ as of 9/30/13 as of 9/30/13 0.00 0.00 0.00 0.00
12.	RETIREMENT AND PENSIONS (Attach copy of latest summary plan documents and latest benefit statement.) Vanguard Traditional IRA account (Sunny)		1995	37,033.01 0.00 0.00 0.00 0.00	as of 9/30/13 0.00 0.00 0.00 0.00
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.) None			0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each.) None			0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS (Attach copy of most current K-1 form and Schedule C.) None			0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00
16.	OTHER ASSETS Collectibles: Brown Bess; hand guns; WW 2 guns and WW2 military collectibles, revolutionary war uniforms and accoutrements; swords, powder horns, indian beads, boots, posters, books, earthen ware, tent, rungs, camping equipment; Guns, handguns, rifles, amo; gun accoutrements; Roman helmet, swords scabbards 2 Grieves motorcycles			30,000.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 4,000.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
17.	TOTAL ASSETS FROM CONTINUATION SHEET			0.00	0.00
18.	TOTAL ASSETS			\$ 694,365.02	\$ 253,232.00

**ATTACHMENT 1: REAL ESTATE
TO SCHEDULE OF ASSETS AND DEBTS**



Return Mail Operations
PO Box 14411
Des Moines, IA 50306-3411

Statement date 02/14/13
Loan number 0217074889
Property address
54 VERA CRUZ ST
SIMI VALLEY CA 93065

Customer Service Online
wellsfargo.com

Fax 1-866-278-1179
 Telephone 1-866-234-8271

Correspondence
PO Box 10335
Des Moines, IA 50306
Hours of operation
Mon - Fri 6 a.m. - 10 p.m.
Sat 8 a.m. - 2 p.m. CT

Payments
PO Box 30427
Los Angeles CA 90030
Purchase or refinance
1-800 443-3429

We accept telecommunications relay service calls.



1AT 03752/043752/003752 0136 1 AGPYRI 708

MARC ANTHONY ATKINSON
SUNNY ATKINSON
54 VERA CRUZ ST
SIMI VALLEY, CA 93065-4059

Summary

Payment (principal and/or interest)	\$1,428.86	Unpaid principal balance	\$255,600.30
Total payment due 03/01/13	\$1,428.86	(Contact Customer Service for your payoff balance)	
		Interest rate	4.875%
		Interest paid year-to-date	\$2,081.49

Important messages

Ready to buy your next home?

We're here to help you understand your options, so you can make informed home buying decisions. Learn about our low down payment programs, flexible financing options, and how we can help make buying your next home a rewarding experience. Call 1-866-418-3476, stop by your local branch, or visit wellsfargo.com/newhome. Mention Code DMR/ABL.

Need access to funds? Learn about options now!

Consolidate debt or make home improvements with *Wells Fargo Home Equity Financing*. You may be eligible for an interest rate discount up to 0.375%! Call 1-866-872-2589 today!

Energize with home improvements

Before making any major home improvement purchases, be sure to educate yourself on state, local, utility and federal incentives for renewable energy efficiency by visiting <http://energy.gov/savings>.

Activity since your last statement

Date	Description	Total	Principal	Interest	Escrow	Other
02/14	Payment	\$1,428.86	\$388.90	\$1,039.96		
01/30	Payment reversal		\$71.44-			
01/30	Payment					Late fee \$71.44
01/30	Unapplied					\$71.44-

**ATTACHMENT 4: VEHICLES, BOATS,
TRAILERS
TO SCHEDULE OF ASSETS AND DEBTS**

STATE OF CALIFORNIA

CERTIFICATE OF TITLE

VEHICLE HISTORY

68013100312

DUPLICATE

AUTOMOBILE

VEHICLE ID NUMBER

5FNRL180138019297

YR
MODEL

2003 HOND

MAKE

PLATE NUMBER

BAATLAX

BODY TYPE MODEL

SV

UNLADEN
AX WEIGHT

6

FUEL

TRANSFER DATE

FEES PAID

\$163

REGISTRATION
EXPIRATION DATE

10/20/2014

YR 1ST
SOLD

2002 EA

CLASS

*YR

2005

MO

UX

EQUIPMT/TRUST NUMBER

ISSUE DATE

10/13/13

MOTORCYCLE ENGINE NUMBER

ODOMETER DATE

02/09/2005

ODOMETER READING

16500 MI

ACTUAL MILEAGE

REGISTERED OWNER(S)

ATKINSON SUNNY

690 DEVORE AVE

PO BOX 941312

SIMI VALLEY CA 93094

I certify (or declare) under penalty of perjury under the laws of the State of California that THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.

1a

DATE

X

SIGNATURE OF REGISTERED OWNER

1b

DATE

X

SIGNATURE OF REGISTERED OWNER

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

The odometer now reads [] [] [] [] [] [] (no tenths), miles and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked.

WARNING ☐ Odometer reading is not the actual mileage. ☐ Mileage exceeds the odometer mechanical limits.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE

TRANSFEROR/SELLER SIGNATURE(S)

X

DATE

TRANSFEREE/BUYER SIGNATURE(S)

X

PRINTED NAME OF SELLER OR AGENT SIGNED FOR A COMPANY

PRINTED NAME OF BUYER OR AGENT SIGNED FOR A COMPANY

IMPORTANT READ CAREFULLY

Any change of Lienholder (holder of security interest) must be reported to the Department of Motor Vehicles within 10 days.

LIENHOLDER(S)

2. X

Signature releases interest in vehicle. (Company names must be countersigned)

Release Date

CA 147145326

009201

REG. 17.30RS (REV. 6/10)

KEEP IN A SAFE PLACE - VOID IF ALTERED

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW.

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW.

STATE OF CALIFORNIA

CERTIFICATE OF TITLE

VEHICLE HISTORY

68012070616

MOTORCYCLE

VEHICLE ID NUMBER

VBKLD5401AM732637

YR

MODEL

MAKE

2010 KTM

PLATE NUMBER

20V7555

BODY TYPE MODEL

MC

AX

UNLADEN
WEIGHT

FUEL

TRANSFER DATE

FEES PAID

6 06/26/12

0153

REGISTRATION

EXPIRATION DATE

08/14/2013

YR 1ST
SOLD

CLASS

YR

MO

EQUIPMT/TRUST NUMBER

AM 2012 TU

ISSUE DATE

07/18/12

MOTORCYCLE ENGINE NUMBER

0075646561

ODOMETER DATE

06/26/2012

ODOMETER READING

2516 MI

REGISTERED OWNER(S)

ATKINSON SUNNY

54 VERA CRUZ CT

SIMI VALLEY CA 93065

ACTUAL MILEAGE

I certify (or declare) under penalty of perjury under the laws of the State of California that THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.

1a.

DATE

X

SIGNATURE OF REGISTERED OWNER

1b.

DATE

X

SIGNATURE OF REGISTERED OWNER

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

The odometer now reads (no tenths), miles and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked.

WARNING ☐ Odometer reading is not the actual mileage. ☐ Mileage exceeds the odometer mechanical limits.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	TRANSFEROR/SELLER SIGNATURE(S)	DATE	TRANSFeree/BUYER SIGNATURE(S)
	X		X
PRINTED NAME OF SELLER OR AGENT SIGNING FOR A COMPANY		PRINTED NAME OF BUYER OR AGENT SIGNING FOR A COMPANY	

IMPORTANT READ CAREFULLY

Any change of Lienholder (holder of security interest) must be reported to the Department of Motor Vehicles within 10 days.

LIENHOLDER(S)

2. X

Signature releases interest in vehicle. (Company names must be countersigned)

Release Date

CA138672730

011557

REG. 17.30RS (REV. 6/10)

KEEP IN A SAFE PLACE - VOID IF ALTERED

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW.

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW.

STATE OF CALIFORNIA

CERTIFICATE OF TITLE

VEHICLE HISTORY

68012112812

MOTORCYCLE

SALVAGED

VEHICLE ID NUMBER

JSLVP53AX42101327

YR
MODEL

2004 SUZI

MAKE

PLATE NUMBER

CNYRIDR

BODY TYPE MODEL

RS

AX UNLADEN
WEIGHT

FUEL

11/28/12

TRANSFER DATE

FEES PAID

\$206

REGISTRATION
EXPIRATION DATE

12/08/2013

YR 1ST
SOLD

CLASS

YR

MO

EQUIPMT/TRUST NUMBER

2004 AJ 2012 TZ

ISSUE DATE

12/08/12

MOTORCYCLE ENGINE NUMBER

P507127466

ODOMETER DATE

11/28/2012

ODOMETER READING

6341 MI

REGISTERED OWNER(S)

ATKINSON SUNNY L

54 VERA CRUZ CT

SIMI VALLEY CA 93065

ACTUAL MILEAGE

I certify (or declare) under penalty of perjury under the laws of the State of California that THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.

1a

DATE

X

SIGNATURE OF REGISTERED OWNER

1b

DATE

X

SIGNATURE OF REGISTERED OWNER

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

The odometer now reads [] [] [] [] (no tenths), miles and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked.

WARNING ☐ Odometer reading is not the actual mileage. ☐ Mileage exceeds the odometer mechanical limits.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE

TRANSFEROR/SELLER SIGNATURE(S)

DATE

TRANSFEREE/BUYER SIGNATURE(S)

X

X

PRINTED NAME OF SELLER OR AGENT SIGNING FOR A COMPANY

PRINTED NAME OF BUYER OR AGENT SIGNING FOR A COMPANY

IMPORTANT READ CAREFULLY

Any change of Lienholder (holder of security interest) must be reported to the Department of Motor Vehicles within 10 days.

LIENHOLDER(S)

2. X

Signature releases interest in vehicle. (Company names must be countersigned)

Release Date

009947

CA141303416

REG. 17.30RS (REV 6/10)

KEEP IN A SAFE PLACE - VOID IF ALTERED

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW.

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW.

STATE OF CALIFORNIA

CERTIFICATE OF TITLE

VEHICLE HISTORY

L8013080704

MOTORCYCLE

SALVAGED

VEHICLE ID NUMBER

YR
MODEL

MAKE

PLATE NUMBER

JH2PC1616KK000403

1989 HOND

L7WAN2B

BODY TYPE MODEL

AX UNLADEN
WEIGHT

FUEL

TRANSFER DATE

FEES PAID

REGISTRATION
EXPIRATION DATE

RS

YR 1ST
SOLD

G

04/18/13

\$210

06/20/2014

STATE OF CALIFORNIA

CERTIFICATE OF TITLE

VEHICLE HISTORY

L8012041115

OFF HIGHWAY

VEHICLE ID NUMBER

YR
MODEL

MAKE

PLATE NUMBER

JH2ME0106CM302026

1982 HOND

57T93X

BODY TYPE MODEL

AX UNLADEN
WEIGHT

FUEL

TRANSFER DATE

FEES PAID

REGISTRATION
EXPIRATION DATE

TR

YR 1ST
SOLD

CLASS

YR

MO

EQUIPMT/TRUST NUMBER

ISSUE DATE

2012 AC

\$77

06/30/2014

04/21/12

ODOMETER DATE

ODOMETER READING

MOTORCYCLE ENGINE NUMBER
ME01E5301954REGISTERED OWNER(S)
ATKINSON SUNNY L
54 VERA CRUZ
SIMI VALLEY CA 93065I certify (or declare) under penalty of perjury under the laws of the State of California that THE SIGNATURE(S) BELOW RELEASES
INTEREST IN THE VEHICLE.

1a.

DATE

X

SIGNATURE OF REGISTERED OWNER

1b.

DATE

X

SIGNATURE OF REGISTERED OWNER

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a
false statement may result in fines and/or imprisonment.The odometer now reads (no tenths), miles and to the best of my knowledge reflects the actual
mileage unless one of the following statements is checked.WARNING ☐ Odometer reading is not the actual mileage. ☐ Mileage exceeds the odometer mechanical limits.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	TRANSFEROR/SELLER SIGNATURE(S)	DATE	TRANSFeree/BUYER SIGNATURE(S)
	X		X
PRINTED NAME OF SELLER OR AGENT SELLING FOR A COMPANY		PRINTED NAME OF BUYER OR AGENT BUYING FOR A COMPANY	

IMPORTANT READ CAREFULLY

Any change of Lienholder (holder of security interest) must be reported to the Department of Motor Vehicles within
10 days.

LIENHOLDER(S)

2. X

Signature releases interest in vehicle. (Company
names must be countersigned)

Release Date

CA137054665
010726

REG. 17.30RS (REV. 6/10)

KEEP IN A SAFE PLACE - VOID IF ALTERED

**ATTACHMENTS 5 & 6: SAVINGS and
CHECKING ACCOUNTS
TO SCHEDULE OF ASSETS AND DEBTS**



JPMorgan Chase Bank, N.A.
P O Box 659754
San Antonio, TX 78265 - 9754

August 31, 2013 through September 30, 2013

Account Number: **000003126831888**

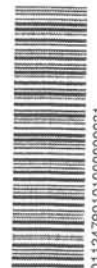


00112479 DRE 703 210 27413 NNNNNNNNNN 1 000000000 60 0000

SUNNY L ATKINSON
PO BOX 941312
SIMI VALLEY CA 93094-1312

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
Service Center: **1-800-935-9935**
Deaf and Hard of Hearing: **1-800-242-7383**
Para Espanol: **1-877-312-4273**
International Calls: **1-713-262-1679**



01124790101000000021

SAVINGS SUMMARY

Chase Savings

	AMOUNT
Beginning Balance	\$2,137.34
Deposits and Additions	0.01
Electronic Withdrawals	- 887.00
Ending Balance	\$1,250.35
Annual Percentage Yield Earned This Period	0.01%
Interest Earned This Period	\$0.01
Interest Paid Year-to-Date	\$1.20

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$2,137.34
09/17	09/17 Online Transfer To Chk ...6279 Transaction#: 3485960573	- 350.00	1,787.34
09/18	09/18 Online Transfer To Chk ...6279 Transaction#: 3487734668	- 537.00	1,250.34
09/30	Interest Payment	0.01	1,250.35
	Ending Balance		\$1,250.35

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more.
(Your minimum daily balance was \$1,250)



August 31, 2013 through September 30, 2013

Account Number: 000003126831888

BALANCING YOUR CHECKBOOK

Note: Ensure your checkbook register is up to date with all transactions to date whether they are included on your statement or not.

1. Write in the Ending Balance shown on this statement:

Step 1 Balance: \$ _____

2. List and total all deposits & additions not shown on this statement:

Date	Amount	Date	Amount	Date	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Step 2 Total: \$ _____

3. Add Step 2 Total to Step 1 Balance.

Step 3 Total: \$ _____

4. List and total all checks, ATM withdrawals, debit card purchases and other withdrawals not shown on this statement.

Check Number or Date	Amount	Check Number or Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Step 4 Total: -\$ _____

5. Subtract Step 4 Total from Step 3 Total. This should match your Checkbook Balance: \$ _____

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error

- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
P O Box 659754
San Antonio, TX 78265 - 9754

August 31, 2013 through September 30, 2013

Account Number: **000003206215580**



00121706 DRE 703 210 27413 NNNNNNNNNN 1 000000000 60 0000

SUNNY L ATKINSON CUSTODIAN FOR
TRENTON LEWIS ATKINSON
PO BOX 941312
SIMI VALLEY CA 93094-1312

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
Service Center: **1-800-935-9935**
Deaf and Hard of Hearing: **1-800-242-7383**
Para Espanol: **1-877-312-4273**
International Calls: **1-713-262-1679**



01217060101000000021

SAVINGS SUMMARY

Chase Savings

	AMOUNT
Beginning Balance	\$1,054.98
Deposits and Additions	0.01
Fees and Other Withdrawals	- 624.12
Ending Balance	\$430.87
Annual Percentage Yield Earned This Period	0.02%
Interest Earned This Period	\$0.01
Interest Paid Year-to-Date	\$0.10

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$1,054.98
09/17	09/17 Withdrawal	- 624.12	430.86
09/30	Interest Payment	0.01	430.87
	Ending Balance		\$430.87



August 31, 2013 through September 30, 2013

Account Number: 000003206215580

BALANCING YOUR CHECKBOOK

Note: Ensure your checkbook register is up to date with all transactions to date whether they are included on your statement or not.

1. Write in the Ending Balance shown on this statement:

Step 1 Balance: \$ _____

2. List and total all deposits & additions not shown on this statement:

Date	Amount	Date	Amount	Date	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Step 2 Total: \$ _____

3. Add Step 2 Total to Step 1 Balance.

Step 3 Total: \$ _____

4. List and total all checks, ATM withdrawals, debit card purchases and other withdrawals not shown on this statement.

Check Number or Date	Amount	Check Number or Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Step 4 Total: -\$ _____

5. Subtract Step 4 Total from Step 3 Total. This should match your Checkbook Balance: \$ _____

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error

- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
P O Box 659754
San Antonio, TX 78265 - 9754

August 31, 2013 through September 30, 2013

Account Number: **000003206215598**

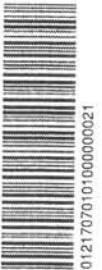


00121707 DRE 703 210 27413 NNNNNNNNNN 1 000000000 60 0000

SUNNY L ATKINSON CUSTODIAN FOR
DEVIN MACKENZIE ATKINSON
PO BOX 941312
SIMI VALLEY CA 93094-1312

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
Service Center: **1-800-935-9935**
Deaf and Hard of Hearing: **1-800-242-7383**
Para Espanol: **1-877-312-4273**
International Calls: **1-713-262-1679**



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SAVINGS SUMMARY

Chase Savings

	AMOUNT
Beginning Balance	\$990.96
Deposits and Additions	425.01
Fees and Other Withdrawals	- 624.12
Ending Balance	\$791.85
Annual Percentage Yield Earned This Period	0.01%
Interest Earned This Period	\$0.01
Interest Paid Year-to-Date	\$0.10

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$990.96
09/16	Online Transfer From Chk ...6279 Transaction#: 3483762944	425.00	1,415.96
09/17	09/17 Withdrawal	- 624.12	791.84
09/30	Interest Payment	0.01	791.85
	Ending Balance		\$791.85

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more.
(Your minimum daily balance was \$791)



August 31, 2013 through September 30, 2013

Account Number: 000003206215598

BALANCING YOUR CHECKBOOK

Note: Ensure your checkbook register is up to date with all transactions to date whether they are included on your statement or not.

1. Write in the Ending Balance shown on this statement:

Step 1 Balance: \$ _____

2. List and total all deposits & additions not shown on this statement:

Date	Amount	Date	Amount	Date	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Step 2 Total: \$ _____

3. Add Step 2 Total to Step 1 Balance.

Step 3 Total: \$ _____

4. List and total all checks, ATM withdrawals, debit card purchases and other withdrawals not shown on this statement.

Check Number or Date	Amount	Check Number or Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Step 4 Total: -\$ _____

5. Subtract Step 4 Total from Step 3 Total. This should match your Checkbook Balance: \$ _____

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
P O Box 659754
San Antonio, TX 78265 - 9754

September 11, 2013 through October 08, 2013

Account Number: **000001921576279**



00008140 DRE 703 210 28213 NNNNNNNNNN 1 000000000 26 0000

SUNNY L ATKINSON
PO BOX 941312
SIMI VALLEY CA 93094-1312

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
Service Center: **1-800-935-9935**
Deaf and Hard of Hearing: **1-800-242-7383**
Para Espanol: **1-877-312-4273**
International Calls: **1-713-262-1679**



CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	\$2,338.80
Deposits and Additions	5,571.45
Checks Paid	- 1,721.00
ATM & Debit Card Withdrawals	- 3,005.10
Electronic Withdrawals	- 2,326.02
Ending Balance	\$858.13

This message confirms that you have overdraft protection on your checking account.

CHECKS PAID

CHECK NUMBER	DATE PAID	AMOUNT
219 ^	10/07	\$695.00
222 * ^	10/04	351.00
224 * ^	10/07	675.00
Total Checks Paid		\$1,721.00

If you see a check description in the Transaction Detail section, it means your check has already been converted for electronic payment. Because of this, we're not able to return the check to you or show you an image on Chase.com.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.



September 11, 2013 through October 08, 2013

Account Number: 000001921576279

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$2,338.80
09/11	Card Purchase W/Cash 09/11 Vons Store 2163 Simi Valley CA Card 4469 Purchase \$24.36 Cash Back \$20.00	- 44.36	2,294.44
09/11	Card Purchase With Pin 09/11 Vons Store 2163 Simi Valley CA Card 4469	- 22.43	2,272.01
09/11	Card Purchase With Pin 09/11 Costco Gas #0128 Simi Valley CA Card 4469	- 50.67	2,221.34
09/11	Card Purchase With Pin 09/11 Costco Gas #0128 Simi Valley CA Card 4469	- 55.70	2,165.64
09/13	ATM Withdrawal 09/13 1014 S Westlake Blvd Westlake Vill CA Card 4469	- 500.00	1,665.64
09/13	Card Purchase With Pin 09/13 Chevron/Farhad Monad Westlake Vill CA Card 4469	- 30.00	1,635.64
09/16	Card Purchase 09/13 Papa John's #2481 Simi Valley CA Card 4469	- 46.45	1,589.19
09/16	Card Purchase 09/13 Pf Changs #9964 Thousand Oaks CA Card 4469	- 59.07	1,530.12
09/16	Card Purchase 09/14 Westlake Inn-Bogies Westlake Vill CA Card 4469	- 11.00	1,519.12
09/16	Card Purchase 09/14 Stonehaus Westlake Vill CA Card 4469	- 45.00	1,474.12
09/16	Card Purchase With Pin 09/14 Exxonmobil POS Westlake CA Card 4469	- 5.79	1,468.33
09/16	Card Purchase 09/14 Stonehaus Westlake Vill CA Card 4469	- 13.00	1,455.33
09/16	Card Purchase 09/15 Wmv*Match.Com 800-326-5161 TX Card 4469	- 101.94	1,353.39
09/16	Card Purchase With Pin 09/15 Shell Service Statio Thousand Oaks CA Card 4469	- 5.08	1,348.31
09/16	Card Purchase With Pin 09/15 Shell Service Station Malibu CA Card 4469	- 5.00	1,343.31
09/16	Card Purchase 09/15 Stonehaus Westlake Vill CA Card 4469	- 14.00	1,329.31
09/16	Card Purchase 09/15 Stonehaus Westlake Vill CA Card 4469	- 23.00	1,306.31
09/16	09/16 Online Transfer To Sav ...5598 Transaction#: 3483762944	- 425.00	881.31
09/16	09/16 Online Payment 3483765236 To American Express	- 500.00	381.31
09/16	09/16 Online Payment 3483765237 To AT&T	- 70.00	311.31
09/16	09/16 Online Payment 3483765230 To African Renewal Ministries	- 35.00	276.31
09/16	09/16 Online Payment 3483765242 To Macy's Retail	- 35.00	241.31
09/17	Online Transfer From Sav ...1888 Transaction#: 3485960573	350.00	591.31
09/17	Card Purchase W/Cash 09/17 Trader Joe's # 030 Simi Valley CA Card 4469 Purchase \$44.46 Cash Back \$20.00	- 64.46	526.85
09/17	Reassure America Pol Prem PPD ID: 5160839702	- 13.86	512.99
09/18	Online Transfer From Sav ...1888 Transaction#: 3487734668	537.00	1,049.99
09/18	Card Purchase 09/15 The Rock Store Agoura Hills CA Card 4469	- 5.50	1,044.49
09/18	Card Purchase With Pin 09/18 Costco Gas #0128 Simi Valley CA Card 4469	- 46.73	997.76
09/19	Card Purchase Return 09/19 Ventura CO CCD -Online Ventura CA Card 5766	138.00	1,135.76
09/19	Community Memori Community PPD ID: 951683892	2,568.08	3,703.84
09/19	Card Purchase 09/17 Sally Beauty #0731 Simi Valley CA Card 4469	- 64.40	3,639.44
09/19	Card Purchase 09/18 21St Century Insuranc 800-241-1188 DE Card 4469	- 523.67	3,115.77
09/19	09/19 Online Payment 3489422550 To American Express	- 1,000.00	2,115.77
09/19	09/19 Online Payment 3489422559 To AT&T	- 70.00	2,045.77



September 11, 2013 through October 08, 2013

Account Number: 000001921576279

TRANSACTION DETAIL (continued)

DATE	DESCRIPTION	AMOUNT	BALANCE
09/19	09/19 Online Payment 3489422562 To Macy's Retail	- 50.00	1,995.77
09/20	Credit Return: Online Payment 3461558169 To AT&T	70.00	2,065.77
09/23	Card Purchase 09/21 Simi Auto Spa And Spee Simi Valley CA Card 4469	- 16.95	2,048.82
09/23	Card Purchase With Pin 09/21 Exxonmobil POS Westlake Vill CA Card 4469	- 5.91	2,042.91
09/23	Card Purchase 09/21 Coffee Bean Store Malibu CA Card 4469	- 2.73	2,040.18
09/23	Card Purchase 09/21 Stonehaus Westlake Vill CA Card 4469	- 15.00	2,025.18
09/23	Card Purchase 09/21 Stonehaus Westlake Vill CA Card 4469	- 22.00	2,003.18
09/23	Card Purchase With Pin 09/21 Vons Store 2163 Simi Valley CA Card 4469	- 10.74	1,992.44
09/23	Card Purchase With Pin 09/22 Vons Store 2163 Simi Valley CA Card 4469	- 41.09	1,951.35
09/24	Card Purchase With Pin 09/24 Costco Gas #0128 Simi Valley CA Card 4469	- 42.74	1,908.61
09/25	Card Purchase 09/24 Professionail & Spa Simi Valley CA Card 4469	- 44.00	1,864.61
09/25	Card Purchase 09/24 Stonehaus Westlake Vill CA Card 4469	- 36.00	1,828.61
09/25	Card Purchase With Pin 09/25 Wal-Mart #2621 Simi Valley CA Card 4469	- 60.46	1,768.15
09/30	Credit Return: Online Payment 3483765237 To AT&T	70.00	1,838.15
09/30	Card Purchase With Pin 09/28 Costco Gas #0128 Simi Valley CA Card 4469	- 46.57	1,791.58
09/30	Card Purchase 09/28 Mullin Automotive Museu Oxnard CA Card 4469	- 16.00	1,775.58
09/30	Card Purchase 09/28 Waypointcafe Camarillo CA Card 4469	- 58.32	1,717.26
09/30	Card Purchase 09/28 Coffee Bean Store Malibu CA Card 4469	- 6.27	1,710.99
09/30	Card Purchase With Pin 09/28 Exxonmobil POS Westlake Vill CA Card 4469	- 11.82	1,699.17
09/30	Card Purchase 09/28 Stonehaus Westlake Vill CA Card 4469	- 12.00	1,687.17
09/30	Card Purchase With Pin 09/29 Vons Store 2163 Simi Valley CA Card 4469	- 23.88	1,663.29
09/30	Card Purchase With Pin 09/29 Vons Store 2163 Simi Valley CA Card 4469	- 13.40	1,649.89
09/30	21Stcentury Pnot.Ded. PPD ID: 2510283170	- 127.16	1,522.73
09/30	Recurring Card Purchase 09/28 Sxm*Siriusxm.Com/Acct 888-635-5144 NY Card 4469	- 35.68	1,487.05
10/01	Card Purchase With Pin 10/01 Vons Store 2163 Simi Valley CA Card 4469	- 15.26	1,471.79
10/02	Card Purchase With Pin 10/02 Costco Whse #0128 Simi Valley CA Card 4469	- 55.32	1,416.47
10/03	Card Purchase Return 10/01 California Speedwash Simi Valley CA Card 4469	1.51	1,417.98
10/03	Community Memori Community PPD ID: 951683892	1,766.86	3,184.84
10/03	Credit Return: Online Payment 3489422559 To AT&T	70.00	3,254.84
10/03	Card Purchase 10/01 California Speedwash Simi Valley CA Card 4469	- 19.99	3,234.85
10/03	Card Purchase 10/02 Valley Smog Test Only Simi Valley CA Card 4469	- 55.75	3,179.10
10/03	Card Purchase With Pin 10/03 Bedbath&Beyond# Bedbat Simi Valley CA Card 4469	- 92.40	3,086.70
10/03	Card Purchase With Pin 10/03 Costco Gas #0128 Simi Valley CA Card 4469	- 58.57	3,028.13



1008140030200000063



September 11, 2013 through October 08, 2013

Account Number: 000001921576279

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION	AMOUNT	BALANCE
10/04	Card Purchase 10/02 Thousand Oaks Dermato 818-528-2500 CA Card 4469	- 350.00	2,678.13
10/04	Card Purchase 10/02 California Speedwash Simi Valley CA Card 4469	- 10.00	2,668.13
10/04	Card Purchase 10/03 Starbucks #19684 Tho Thousand Oaks CA Card 4469	- 2.50	2,665.63
10/04	Card Purchase With Pin 10/04 Vallarta Supermark Simi Valley CA Card 4469	- 7.18	2,658.45
10/04	Card Purchase With Pin 10/04 Vallarta Supermark Simi Valley CA Card 4469	- 13.08	2,645.37
10/04	Check # 222	- 351.00	2,294.37
10/07	Card Purchase With Pin 10/06 Costco Gas #0128 Simi Valley CA Card 4469	- 45.01	2,249.36
10/07	Card Purchase With Pin 10/06 Vons Store 2163 Simi Valley CA Card 4469	- 21.23	2,228.13
10/07	Check # 219	- 695.00	1,533.13
10/07	Check # 224	- 675.00	858.13
Ending Balance			\$858.13

A monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the four ways you can avoid this fee during any statement period.

- **Have direct deposits totaling \$500.00 or more.**
(Your total direct deposits this period were \$6,735.34. Note: some deposits may be listed on your previous statement)
- **OR, keep a minimum daily balance in your checking account of \$1,500.00 or more**
(Your minimum daily balance was \$241.00)
- **OR, keep an average qualifying deposit and investment balance of \$5,000.00 or more**
(Your average qualifying deposit and investment balance was \$4,695.00)
- **OR, pay at least \$25.00 in qualifying checking-related services or fees.**
(Your total qualifying checking-related services or fees paid were \$0.00)



September 11, 2013 through October 08, 2013

Account Number: 000001921576279

IMPORTANT INFORMATION FOR CONSUMERS ABOUT YOUR PERSONAL CHASE CHECKING ACCOUNT

WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings or credit card account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Recurring debit card transactions

We do not authorize and pay overdrafts for the following type of transaction unless you ask us to:

- Everyday debit card transactions

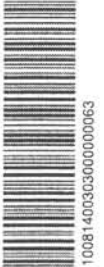
We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if Chase pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of \$34 each time we pay an overdraft.
- Also, each time your account is overdrawn for 5 consecutive business days, we will charge you an additional \$15.
- There is a 3 per day limit on the above \$34 fee we can charge you for overdrawing your account.





September 11, 2013 through October 08, 2013

Account Number: 000001921576279

BALANCING YOUR CHECKBOOK

Note: Ensure your checkbook register is up to date with all transactions to date whether they are included on your statement or not.

1. Write in the Ending Balance shown on this statement:

Step 1 Balance: \$ _____

2. List and total all deposits & additions not shown on this statement:

Date	Amount	Date	Amount	Date	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Step 2 Total: \$ _____

3. Add Step 2 Total to Step 1 Balance.

Step 3 Total: \$ _____

4. List and total all checks, ATM withdrawals, debit card purchases and other withdrawals not shown on this statement.

Check Number or Date	Amount	Check Number or Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Step 4 Total: -\$ _____

5. Subtract Step 4 Total from Step 3 Total. This should match your Checkbook Balance: \$ _____

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC

**ATTACHMENT 7: CREDIT UNION, OTHER
DEPOSIT ACCOUNTS
TO SCHEDULE OF ASSETS AND DEBTS**


SSgA Upromise 529

Beneficiary: Devin Atkinson

Account Number: 151699560-01

Account Balance

Name	Units	Price	Make a Contribution
			Current Value
SSgA College Today Portfolio	1,418.1729	\$10.11	\$14,337.73
Total Assets			\$14,337.73
Principal	\$9,838.40		
Earnings	\$4,499.33		

View your Account Balance as of  [Search results](#)Annualized Personal Rate of Return [Click here](#) to view your returns

Transaction History

[Download Transactions](#)

Process date	Trade date	Type	Units	Price	Value
11/23/2012	11/23/2012	Annual Account Fee SSgA College Today Portfolio	-1.9881	\$10.06	-\$20.00
04/14/2012	04/13/2012	Fund Closure Exchange In SSgA College Today Portfolio	1,420.1610	\$10.00	\$14,201.61
04/14/2012	04/13/2012	Fund Closure Exchange Out Vanguard Age-Based Moderate Option: Income Portfolio	-930.6430	\$15.26	-\$14,201.61
11/22/2011	11/22/2011	Annual Account Fee Vanguard Age-Based Moderate Option: Income Portfolio	-1.3280	\$15.06	-\$20.00
06/01/2011	06/01/2011	Transfer Out Vanguard Age-Based	-583.7911	\$14.56	-\$8,500.00

Moderate Option:
Income Portfolio

04/05/2011	04/05/2011	Exchange In Age-Based Vanguard Age-Based Moderate Option: Income Portfolio	1,515.7621	\$14.25	\$21,599.61
04/05/2011	04/05/2011	Exchange Out Age-Based Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1,318.6574	\$16.38	-\$21,599.61
11/22/2010	11/22/2010	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.2461	\$16.05	-\$20.00
11/23/2009	11/23/2009	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.3441	\$14.88	-\$20.00
11/24/2008	11/24/2008	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.6000	\$12.50	-\$20.00
11/23/2007	11/23/2007	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.4035	\$14.25	-\$20.00
07/11/2007 Contribution Year:	07/11/2007 2007	Contribution EBT Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	180.5054	\$13.85	\$2,500.00
06/26/2007	06/21/2007	Cancel Contribution EBT	-290.2758	\$13.78	-\$4,000.00

Contribution Year:	2007	Vanguard Age-Based Moderate Option: Conservative Growth Portfolio			
06/21/2007 Contribution Year:	06/21/2007 2007	Contribution EBT Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	290.2758	\$13.78	\$4,000.00
05/21/2007 Contribution Year:	05/21/2007 2007	Contribution EBT Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	71.8907	\$13.91	\$1,000.00
11/22/2006	11/22/2006	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.4870	\$13.45	-\$20.00
04/05/2006	04/05/2006	Exchange In Age-Based Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	1,073.3420	\$12.75	\$13,685.11
04/05/2006	04/05/2006	Exchange Out Age-Based Vanguard Age-Based Moderate Option: Moderate Growth Portfolio	-1,003.3069	\$13.64	-\$13,685.11
11/22/2005	11/22/2005	Annual Account Fee Vanguard Age-Based Moderate Option: Moderate Growth Portfolio	-1.5163	\$13.19	-\$20.00
11/15/2004 Contribution Year:	11/15/2004 2004	Contribution EBT Vanguard Age-Based Moderate Option: Moderate Growth	1,004.8232	\$12.44	\$12,500.00

Portfolio



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Join Upromise and earn college savings from everyday spending: shopping online, filling your gas tank, dining out, taking trips, and more. Best of all, when your Upromise and 529 plan accounts are linked (it's easy to do!) all or a portion of your Upromise earnings will be transferred automatically to your 529 plan account on a periodic basis. [Learn more and join today.](#)

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SSgA Upromise 529
Account Number: 151699560-01

Beneficiary: Devin Atkinson

Account Balance

			Make a Contribution
Name	Units	Price	Current Value
SSgA College Today Portfolio	1,418.1729	\$10.11	\$14,337.73
Total Assets			\$14,337.73
Principal	\$9,838.40		
Earnings	\$4,499.33		

View your Account Balance as of  [Search results](#)

Annualized Personal Rate of Return [Click here](#) to view your returns

Transaction History

[Download Transactions](#)

Process date	Trade date	Type	Units	Price	Value
11/23/2012	11/23/2012	Annual Account Fee SSgA College Today Portfolio	-1.9881	\$10.06	-\$20.00
04/14/2012	04/13/2012	Fund Closure Exchange In SSgA College Today Portfolio	1,420.1610	\$10.00	\$14,201.61
04/14/2012	04/13/2012	Fund Closure Exchange Out Vanguard Age-Based Moderate Option: Income Portfolio	-930.6430	\$15.26	-\$14,201.61
11/22/2011	11/22/2011	Annual Account Fee Vanguard Age-Based Moderate Option: Income Portfolio	-1.3280	\$15.06	-\$20.00
06/01/2011	06/01/2011	Transfer Out Vanguard Age-Based	-583.7911	\$14.56	-\$8,500.00

Moderate Option:
Income Portfolio

04/05/2011	04/05/2011	Exchange In Age-Based Vanguard Age-Based Moderate Option: Income Portfolio	1,515.7621	\$14.25	\$21,599.61
04/05/2011	04/05/2011	Exchange Out Age-Based Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1,318.6574	\$16.38	-\$21,599.61
11/22/2010	11/22/2010	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.2461	\$16.05	-\$20.00
11/23/2009	11/23/2009	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.3441	\$14.88	-\$20.00
11/24/2008	11/24/2008	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.6000	\$12.50	-\$20.00
11/23/2007	11/23/2007	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.4035	\$14.25	-\$20.00
07/11/2007 Contribution Year:	07/11/2007 2007	Contribution EBT Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	180.5054	\$13.85	\$2,500.00
06/26/2007	06/21/2007	Cancel Contribution EBT	-290.2758	\$13.78	-\$4,000.00

Contribution Year:	2007	Vanguard Age-Based Moderate Option: Conservative Growth Portfolio			
06/21/2007 Contribution Year:	06/21/2007 2007	Contribution EBT Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	290.2758	\$13.78	\$4,000.00
05/21/2007 Contribution Year:	05/21/2007 2007	Contribution EBT Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	71.8907	\$13.91	\$1,000.00
11/22/2006	11/22/2006	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.4870	\$13.45	-\$20.00
04/05/2006	04/05/2006	Exchange In Age-Based Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	1,073.3420	\$12.75	\$13,685.11
04/05/2006	04/05/2006	Exchange Out Age-Based Vanguard Age-Based Moderate Option: Moderate Growth Portfolio	-1,003.3069	\$13.64	-\$13,685.11
11/22/2005	11/22/2005	Annual Account Fee Vanguard Age-Based Moderate Option: Moderate Growth Portfolio	-1.5163	\$13.19	-\$20.00
11/15/2004 Contribution Year:	11/15/2004 2004	Contribution EBT Vanguard Age-Based Moderate Option: Moderate Growth	1,004.8232	\$12.44	\$12,500.00

Portfolio



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SSgA Upromise 529
Account Number: 151699560-01

Beneficiary: Devin Atkinson

Account Balance

			Make a Contribution
Name	Units	Price	Current Value
SSgA College Today Portfolio	1,418.1729	\$10.11	\$14,337.73
Total Assets			\$14,337.73
Principal	\$9,838.40		
Earnings	\$4,499.33		

View your Account Balance as of  [Search results](#)

Annualized Personal Rate of Return [Click here](#) to view your returns

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Process date	Trade date	Type	Units	Price	Value
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04/14/2012	04/13/2012	Fund Closure Exchange In SSgA College Today Portfolio	1,420.1610	\$10.00	\$14,201.61
04/14/2012	04/13/2012	Fund Closure Exchange Out Vanguard Age-Based Moderate Option: Income Portfolio	-930.6430	\$15.26	-\$14,201.61
11/22/2011	11/22/2011	Annual Account Fee Vanguard Age-Based Moderate Option: Income Portfolio	-1.3280	\$15.06	-\$20.00
06/01/2011	06/01/2011	Transfer Out Vanguard Age-Based	-583.7911	\$14.56	-\$8,500.00

Moderate Option:
Income Portfolio

04/05/2011	04/05/2011	Exchange In Age-Based Vanguard Age-Based Moderate Option: Income Portfolio	1,515.7621	\$14.25	\$21,599.61
04/05/2011	04/05/2011	Exchange Out Age-Based Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1,318.6574	\$16.38	-\$21,599.61
11/22/2010	11/22/2010	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.2461	\$16.05	-\$20.00
11/23/2009	11/23/2009	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.3441	\$14.88	-\$20.00
11/24/2008	11/24/2008	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.6000	\$12.50	-\$20.00
11/23/2007	11/23/2007	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.4035	\$14.25	-\$20.00
07/11/2007 Contribution Year:	07/11/2007 2007	Contribution EBT Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	180.5054	\$13.85	\$2,500.00
06/26/2007	06/21/2007	Cancel Contribution EBT	-290.2758	\$13.78	-\$4,000.00

Contribution Year:	2007	Vanguard Age-Based Moderate Option: Conservative Growth Portfolio			
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05/21/2007 Contribution Year:	05/21/2007 2007	Contribution EBT Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	71.8907	\$13.91	\$1,000.00
11/22/2006	11/22/2006	Annual Account Fee Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	-1.4870	\$13.45	-\$20.00
04/05/2006	04/05/2006	Exchange In Age-Based Vanguard Age-Based Moderate Option: Conservative Growth Portfolio	1,073.3420	\$12.75	\$13,685.11
04/05/2006	04/05/2006	Exchange Out Age-Based Vanguard Age-Based Moderate Option: Moderate Growth Portfolio	-1,003.3069	\$13.64	-\$13,685.11
11/22/2005	11/22/2005	Annual Account Fee Vanguard Age-Based Moderate Option: Moderate Growth Portfolio	-1.5163	\$13.19	-\$20.00
11/15/2004 Contribution Year:	11/15/2004 2004	Contribution EBT Vanguard Age-Based Moderate Option: Moderate Growth	1,004.8232	\$12.44	\$12,500.00

Portfolio



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**ATTACHMENT 11: STOCKS, BONDS,
SECURED NOTES, MUTUAL FUNDS
TO SCHEDULE OF ASSETS AND DEBTS**



September 30, 2013, quarter-to-date statement
View your statements online at vanguard.com.

Vanguard Voyager Services®
Voyager Services: 800-284-7245

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MARC A ATKINSON &
SUNNY L KELLOGG
JT TEN WROS
PO BOX 941312
SIMI VALLEY CA 93094-1312

Vanguard, P.O. Box 2600, Valley Forge, PA 19482-2600



Vanguard Voyager Services®
 Voyager Services: 800-284-7245

Statement overview

\$2,595.85

Total value of all accounts as of September 30, 2013

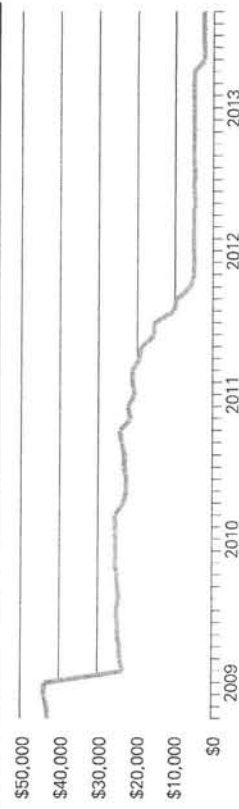
Accounts	Value on 06/30/2013	Value on 09/30/2013
Marc A Atkinson & Sunny L Kellogg		
Joint account	\$2,468.30	\$2,595.85

Asset mix



Your asset mix percentages are based on your holdings as of the prior month-end.

Balance trend



Investment return (market change, dividends, interest, capital gains)

Since September 30, 2008: **-\$2,590.30**

For more information on your account, including tools to help you set up a target asset allocation, log on to vanguard.com.



Joint account

Marc A Atkinson & Sunny L Kellogg
JT TEN WROS

Vanguard Voyager Services®

Voyager Services: 800-284-7245

Account overview

\$2,595.85

Total account value as of September 30, 2013

Year-to-date income

Taxable income	\$4.03
Nontaxable income	0.00
Total	\$4.03

Balances and holdings for Vanguard funds

Beginning on January 1, 2012, new tax rules on taxable (nonretirement) mutual fund accounts (excluding money market funds) require Vanguard to track cost basis information for shares acquired and subsequently sold, on or after that date. Unless you select another method, sales of Vanguard mutual funds, but not ETFs, will default to the average cost method. We'll begin reporting cost basis to the IRS in 2013. For more information, visit vanguard.com/costbasis.

Symbol	Name	Fund and account	Average price per share	Total cost	Balance on 06/30/2013	Balance on 09/30/2013
VGENX	Energy Fund Investor	0051-880004723570	\$64.30	\$1,638.91	\$1,554.89	\$1,682.34
VMMXX	Prime Money Mkt Fund	0030-880004723570	-	-	913.41	913.51
					\$2,468.30	\$2,595.85

Account activity for Vanguard funds

Energy Fund Investor 0051-880004723570

Purchases	Withdrawals	Dividends
\$0.00	\$0.00	\$0.00



Joint account

Marc A Atkinson & Sunny L Kellogg
JT TEN WROS

Vanguard Voyager Services®

Voyager Services: 800-284-7245

Account activity for Vanguard funds continued

Energy Fund Investor 0051-88004723570 continued

Date	Transaction	Amount	Share price	Shares transacted	Total shares owned	Value
	Beginning balance on 6/30/2013		\$61.00		25.490	\$1,554.89
	Ending balance on 9/30/2013		\$66.00		25.490	\$1,682.34

Prime Money Mkt Fund 0030-88004723570

Purchases	Withdrawals	Dividends	Short-term capital gains	Long-term capital gains
\$0.00	\$0.00	\$0.02	\$0.08	\$0.00

7-day SEC yield as of 09/30/2013*

0.01%

* Average annualized income dividend over the past 7 days. For updated information, visit vanguard.com.

Date	Transaction	Amount	Share price	Shares transacted	Total shares owned	Value
	Beginning balance on 6/30/2013		\$1.00		913.410	\$913.41
07/31	Income dividend	\$0.01	1.00	0.010	913.420	
08/30	Income dividend	0.01	1.00	0.010	913.430	
09/23	ST cap gain .00009	0.08	1.00	0.080	913.510	
	Ending balance on 9/30/2013		\$1.00		913.510	\$913.51

In September, the Vanguard Prime, Federal, and Admiral(TM) Treasury Money Market Funds made a small distribution of short-term capital gains. Although unusual for money market funds, capital gains distributions have become more common in recent years because of the unusual interest rate environment. Declining rates drive up the prices of securities, which may then generate a gain if sold. For taxable accounts, these gains are taxed as ordinary income. Your share price remains unchanged at \$1 per share.

**ATTACHMENT 12: RETIREMENT AND
PENSIONS
TO SCHEDULE OF ASSETS AND DEBTS**



September 30, 2013, quarter-to-date statement
View your statements online at vanguard.com.

Vanguard Voyager Services®
Voyager Services: 800-284-7245

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SIMI VALLEY CA 93094-1312

Vanguard, P.O. Box 2600, Valley Forge, PA 19482-2600

Page 1 of 6



Vanguard Voyager Services®
 Voyager Services: 800-284-7245

Statement overview

\$37,033.01

Total value of all accounts as of September 30, 2013

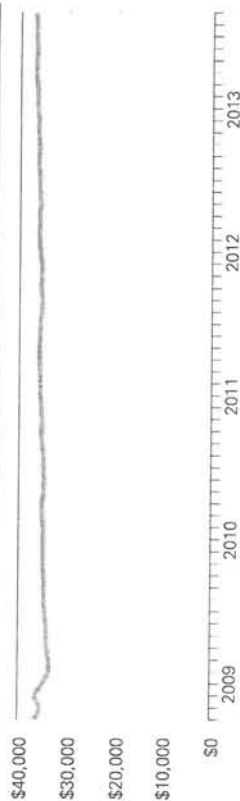
Accounts	Value on 06/30/2013	Value on 09/30/2013
Sunny L. Atkinson		
Traditional IRA account	\$36,663.39	\$37,033.01

Asset mix



Your asset mix percentages are based on your holdings as of the prior month-end.

Balance trend



Investment return (market change, dividends, interest, capital gains)

Since September 30, 2008: **-\$4,856.04**

For more information on your account, including tools to help you set up a target asset allocation, log on to vanguard.com.



Traditional IRA account

Sunny L. Atkinson

Vanguard Voyager Services®

Voyager Services: 800-284-7245

Account overview

\$37,033.01

Total account value as of September 30, 2013

Year-to-date income

Taxable income	\$0.00
Nontaxable income	49.82
Total	\$49.82

Retirement summary

2013 contributions	\$0.00
2013 distributions	0.00

Balances and holdings for Vanguard funds

Beginning on January 1, 2012, new tax rules on taxable (nonretirement) mutual fund accounts (excluding money market funds) require Vanguard to track cost basis information for shares acquired and subsequently sold, on or after that date. Unless you select another method, sales of Vanguard mutual funds, but not ETFs, will default to the average cost method. We'll begin reporting cost basis to the IRS in 2013. For more information, visit vanguard.com/costbasis.

Symbol	Name	Fund and account	Average price per share	Total cost	Balance on 06/30/2013	Balance on 09/30/2013
VMMXX	Prime Money Mkt Fund	0030-09890199876	-	-	\$30,130.76	\$30,134.29
VGSTX	STAR Fund	0056-09890199876	-	-	6,532.63	6,898.72
					\$36,663.39	\$37,033.01



Traditional IRA account

Sunny L. Atkinson

Vanguard Voyager Services®

Voyager Services: 800-284-7245

Account activity for Vanguard funds

Prime Money Mkt Fund 0030-09890199876

Contributions	Distributions	Dividends	Short-term capital gains	Long-term capital gains
\$0.00	\$0.00	\$0.94	\$2.59	\$0.00

7-day SEC yield as of 09/30/2013*

0.01%

*Average annualized income dividend over the past 7 days. For updated information, visit vanguard.com.

Date	Transaction	Amount	Share price	Shares transacted	Total shares owned	Value
	Beginning balance on 6/30/2013		\$1.00		30,130.760	\$30,130.76
07/31	Income dividend	\$0.39	1.00	0.390	30,131.150	
08/30	Income dividend	0.30	1.00	0.300	30,131.450	
09/23	ST cap gain .00009	2.59	1.00	2.590	30,134.040	
09/30	Income dividend	0.25	1.00	0.250	30,134.290	
	Ending balance on 9/30/2013		\$1.00		30,134.290	\$30,134.29

In September, the Vanguard Prime, Federal, and Admiral(TM) Treasury Money Market Funds made a small distribution of short-term capital gains. Although unusual for money market funds, capital gains distributions have become more common in recent years because of the unusual interest rate environment. Declining rates drive up the prices of securities, which may then generate a gain if sold. For taxable accounts, these gains are taxed as ordinary income. Your share price remains unchanged at \$1 per share.

STAR Fund 0056-09890199876

Contributions	Distributions	Dividends
\$0.00	\$0.00	\$0.00

September 30, 2013, quarter-to-date statement



Traditional IRA account

Sunny L. Atkinson

Vanguard Voyager Services®

Voyager Services: 800-284-7245

Account activity for Vanguard funds continued

STAR Fund 0056-09890199876 continued

Date	Transaction	Amount	Share price	Shares transacted	Total shares owned	Value
	Beginning balance on 6/30/2013		\$21.77		300.075	\$6,532.63
	Ending balance on 9/30/2013		\$22.99		300.075	\$6,898.72



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**ATTACHMENT 23: CREDIT CARDS
TO SCHEDULE OF ASSETS AND DEBTS**

**Transaction Details**

Prepared for
SUNNY L ATKINSON
 Account Number
 XXXX-XXXXXX-72008

Costco TrueEarnings Card / August 17, 2013 to September 15, 2013
--

Date	Description	Amount \$
09/15/2013 Sun	Interest Charge on Purchases	67.79
09/04/2013 Wed	ELECTRONIC PAYMENT RECEIVED-THANK	-500.00
09/03/2013 Tue	COSTCO GAS #0128 000SIMI VALLEY CA	36.68
08/31/2013 Sat	COSTCO GAS #0128 000SIMI VALLEY CA	54.32
08/31/2013 Sat	COSTCO WHSE #0128 00SIMI VALLEY CA	-45.24
08/30/2013 Fri	COSTCO WHSE #0128 00SIMI VALLEY CA	277.66
08/30/2013 Fri	US AIRWAYS PHOENIX AZ	25.00
08/30/2013 Fri	US AIRWAYS PHOENIX AZ	922.80
08/23/2013 Fri	ELECTRONIC PAYMENT RECEIVED-THANK	-350.00

SUMMARY

Previous Balance as of 08/16/13	5,543.96
Payments	-850.00
Charges	1,316.46
Fees	0.00
Interest Charged	67.79
Credits	-45.24
New Balance	6,032.97
Minimum Payment Due	127.00
Closing Date: 09/15/13	

INCOME AND EXPENSE DECLARATION

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ronald M. Supancic, CFLS (SBN:046027) The Law Collaborative, APC 21051 Warner Center Lane, Suite 100 Woodland Hills, CA 91367 TELEPHONE NO: (818) 348-6700 E-MAIL ADDRESS (Optional) Ron@TheLawCollaborative.com ATTORNEY FOR (Name): Sunny Atkinson	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Ventura STREET ADDRESS: 800 S. Victoria Avenue MAILING ADDRESS: 800 S. Victoria Avenue CITY AND ZIP CODE: Ventura, CA 93009 BRANCH NAME: Main Courthouse - Hall of Justice	
PETITIONER/PLAINTIFF: Sunny Lynne Atkinson RESPONDENT/DEFENDANT: Marc Anthony Atkinson OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	
CASE NUMBER: D355828	

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies
of your pay
stubs for last
two months
here (black
out social
security
numbers).

- a. Employer: Community Memorial Hospital (I am a Per Diem employee)
 b. Employer's address: 147 N. Brent Street, Ventura, CA 93003
 c. Employer's phone number: (805) 652-5011
 d. Occupation: RN
 e. Date job started: 12/25/12
 f. If unemployed, date job ended: N/A
 g. I work about 30-40 hours per week.
 h. I get paid \$ 4,600 -5,800 gross (before taxes) ☒ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): 54
 b. I have completed high school or the equivalent: ☒ Yes ☐ No If no, highest grade completed (specify):
 c. Number of years of college completed (specify): 10 ☒ Degree(s) obtained (specify): AA, BS and DC
 d. Number of years of graduate school completed (specify): 4 ☒ Degree(s) obtained (specify): DC
 e. I have: ☒ professional/occupational license(s) (specify): RN and a non-active chiropractic license
☐ vocational training (specify):

3. Tax information

- a. ☒ I last filed taxes for tax year (specify year): 2012
 b. My tax filing status is ☐ single ☐ head of household ☒ married, filing separately
☐ married, filing jointly with (specify name):
 c. I file state tax returns in ☒ California ☐ other (specify state):
 d. I claim the following number of exemptions (including myself) on my taxes (specify): 4

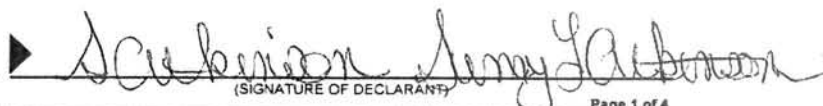
- 4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ 0 . 00
 This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: December 26, 2013

Sunny L. Atkinson
 (TYPE OR PRINT NAME)


 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: Sunny Lynne Atkinson
 RESPONDENT/DEFENDANT: Marc Anthony Atkinson
 OTHER PARENT/CLAIMANT:

CASE NUMBER:
 D355828

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ 6,060.00	5,124.00
b. Overtime (gross, before taxes)	\$ 0.00	0.00
c. Commissions or bonuses	\$ 0.00	0.00
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ 0.00	0.00
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage.	\$ 0.00	0.00
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ 0.00	0.00
g. Pension/retirement fund payments	\$ 0.00	0.00
h. Social security retirement (not SSI).	\$ 0.00	0.00
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ 0.00	0.00
j. Unemployment compensation	\$ 0.00	0.00
k. Workers' compensation	\$ 0.00	0.00
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ 0.00	0.00

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ 0.00	0.00
b. Rental property income	\$ 0.00	0.00
c. Trust income	\$ 0.00	0.00
d. Other (specify):	\$ 0.00	0.00

7. **Income from self-employment, after business expenses for all businesses.** \$ 0.00 0.00

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions**

	Last month
a. Required union dues	\$ 0.00
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ 0.00
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).	\$ 188.00
d. Child support that I pay for children from other relationships	\$ 0.00
e. Spousal support that I pay by court order from a different marriage	\$ 0.00
f. Partner support that I pay by court order from a different domestic partnership	\$ 0.00
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").	\$ 500.00

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.	\$ 3,000.00
b. Stocks, bonds, and other assets I could easily sell	\$ 2,000.00
c. All other property, <input checked="" type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).	\$ 250,000.00

PETITIONER/PLAINTIFF: Sunny Lynne Atkinson	CASE NUMBER:
RESPONDENT/DEFENDANT: Marc Anthony Atkinson	D355828
OTHER PARENT/CLAIMANT:	

12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.			0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.			0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.			0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.			0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.			0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses

☒ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home:

(1) ☒ Rent or ☐ mortgage \$ 700.00

If mortgage:

(a) average principal: \$ 0.00

(b) average interest: \$ 0.00

(2) Real property taxes \$ 0.00

(3) Homeowner's or renter's insurance
(if not included above) \$ 0.00

(4) Maintenance and repair \$ 0.00

b. Health-care costs not
paid by insurance \$ 188.00

c. Child care \$ 800.00

d. Groceries and household supplies \$ 800.00

e. Eating out \$ 200.00

f. Utilities (gas, electric, water, trash) \$ 0.00

g. Telephone, cell phone, and e-mail \$ 140.00

h. Laundry and cleaning \$ 20.00

i. Clothes \$ 200.00

j. Education \$ 140.00

k. Entertainment, gifts, and vacation \$ 200.00

l. Auto expenses and transportation
(insurance, gas, repairs, bus, etc.) \$ 600.00m. Insurance (life, accident, etc.; do not
include auto, home, or health insurance) \$ 14.00

n. Savings and investments \$ 600.00

o. Charitable contributions \$ 35.00

p. Monthly payments listed in item 14
(itemize below in 14 and insert total here) \$ 500.00

q. Other (specify): \$ 0.00

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))	\$ 5,137.00
---	-------------

s. Amount of expenses paid by others \$ 0.00

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
American Express	Credit card	\$ 500.00	\$ 4,500.00	October 2013
		\$ 0.00	\$ 0.00	
		\$ 0.00	\$ 0.00	
		\$ 0.00	\$ 0.00	
		\$ 0.00	\$ 0.00	
		\$ 0.00	\$ 0.00	

15. Attorney fees (This is required if either party is requesting attorney fees.): 0.00

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ 5,500 + filing fees

b. The source of this money was (specify): My separate savings

c. I still owe the following fees and costs to my attorney (specify total owed): \$ 0.00

d. My attorney's hourly rate is (specify): \$ 500.00

I confirm this fee arrangement.

Date: January 10, 2014

Ronald M. Supancic, CFLS (SBN:046027)

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: Sunny Lynne Atkinson	CASE NUMBER:
RESPONDENT/DEFENDANT: Marc Anthony Atkinson	D355828
OTHER PARENT/CLAIMANT:	

12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.			0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.			0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.			0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.			0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.			0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses

☒ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home:

(1) ☒ Rent or ☐ mortgage \$ 700.00

If mortgage:

(a) average principal: \$ 0.00

(b) average interest: \$ 0.00

(2) Real property taxes \$ 0.00

(3) Homeowner's or renter's insurance
(if not included above) \$ 0.00

(4) Maintenance and repair \$ 0.00

b. Health-care costs not
paid by insurance \$ 188.00

c. Child care \$ 800.00

d. Groceries and household supplies \$ 800.00

e. Eating out \$ 200.00

f. Utilities (gas, electric, water, trash) \$ 0.00

g. Telephone, cell phone, and e-mail \$ 140.00

h. Laundry and cleaning \$ 20.00

i. Clothes \$ 200.00

j. Education \$ 140.00

k. Entertainment, gifts, and vacation. \$ 200.00

l. Auto expenses and transportation
(insurance, gas, repairs, bus, etc.) \$ 600.00m. Insurance (life, accident, etc.; do not
include auto, home, or health insurance) \$ 14.00

n. Savings and investments \$ 600.00

o. Charitable contributions. \$ 35.00

p. Monthly payments listed in item 14
(itemize below in 14 and insert total here) \$ 500.00

q. Other (specify): \$ 0.00

r. TOTAL EXPENSES (a-q) (do not add in
the amounts in a(1)(a) and (b)) \$ 5,137.00

s. Amount of expenses paid by others \$ 0.00

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
American Express	Credit card	\$ 500.00	\$ 4,500.00	October 2013
		\$ 0.00	\$ 0.00	
		\$ 0.00	\$ 0.00	
		\$ 0.00	\$ 0.00	
		\$ 0.00	\$ 0.00	
		\$ 0.00	\$ 0.00	

15. Attorney fees (This is required if either party is requesting attorney fees.): 0.00

a. To date, I have paid my attorney this amount for fees and costs (specify): \$5,500 + 775 filing

b. The source of this money was (specify): My separate savings

c. I still owe the following fees and costs to my attorney (specify total owed): \$0.00

d. My attorney's hourly rate is (specify): \$ 500.00

I confirm this fee arrangement.

Date:

Ronald M. Supancic, CFLS (SBN:046027)

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: Sunny Lynne Atkinson	CASE NUMBER:
RESPONDENT/DEFENDANT: Marc Anthony Atkinson	D355828
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number): 1 children under the age of 18 with the other parent in this case.
- b. The children spend 0.00 percent of their time with me and 0.00 percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)
A schedule nor any visitation could be agreed upon

17. Children's health-care expenses

- a. ☐ I do ☒ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:

- d. The monthly cost for the children's health insurance is or would be (specify): \$0.00
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ 0.00
- b. Children's health care not covered by insurance \$ 0.00
- c. Travel expenses for visitation \$ 0.00
- d. Children's educational or other special needs (specify below): \$ 0.00

19. Special hardships. I ask the court to consider the following special financial circumstances
(attach documentation of any item listed here, including court orders):

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b \$ 0.00 _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ 0.00 _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me. \$ 0.00 _____
(2) Names and ages of those children (specify):

- (3) Child support I receive for those children \$ 0.00

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):

I am the complete and sole support of our daughter who turned 18 and is now in college.



Community Memorial Health System

147 N. Brent Street
Ventura, CA 93003

DATE
11/15/13

DEPOSIT
TO THE ACCOUNT OF

Rabobank, N.A.
Mills Road Office
300 South Mills Road
Ventura, CA 93003

90-
3321
1222

PAY STATEMENT	CHECK NO.
	395595

ONE THOUSAND TWO HUNDRED SIXTEEN 32/100

ATKINSON,SUNNY
P O BOX 941312
SIMI VALLEY, CA 93094-1312

AMOUNT
*\$1216.32

NON-NEGOTIABLE

NAME		DEPT.		EMPL NO.		CHECK DATE	CHECK NO.
ATKINSON,SUNNY		01.6172		11007		11/15/13	395595
GROSS PAY		TAXES		DEDUCTIONS		NET PAY	PAY PERIOD BEG DATE
1716.74		294.42		206.00		1216.32	10/27/13
YTD GROSS PAY		YTD TAXES		YTD DEDUCTIONS		YTD NET PAY	PAY PERIOD END DATE
59588.17		9076.79		2359.59		48151.79	11/09/13
DESCRIPTION	RATE	HOURS	EARNINGS	AVAIL. BEN. HOURS	DESCRIPTION	TAXES/DEDUCTIONS	YEAR TO DATE
REG	37.580	8.000	300.64		FICA-SS	106.44	879.99
OT ADJ SH	56.848	0.100	5.69		FICA-MED	24.89	205.81
ADJ8	32.785	24.000	786.84		SDI	17.17	141.93
ADJ4	49.177	11.900	585.21		FICA-SS		2814.48
ADJDT	76.716	0.500	38.36		FICA-MED		658.23
					SDI		453.94
					403B1	103.00	497.69
					403B1		913.35
					403B2		448.49
					FEDERAL TAX	99.66	958.46
					STATE TAX	46.26	425.38
					FEDERAL TAX		1923.78
					STATE TAX		614.79
					403 ROTH	103.00	497.69
					CAFE-OJAI		2.37
BASE RATE	33.58	44.500	1716.74		TOTALS	500.42	11436.38

STATEMENT OF EARNINGS AND DEDUCTIONS - RETAIN FOR YOUR RECORDS

COMMUNITY MEMORIAL HEALTH
SYSTEM
147 N. BRENT STREET
VENTURA, CA 93003

ACCOUNT	AMOUNT

POWERED BY:

--	--

my  STUB
ELECTRONIC PAY ADVICES



Community Memorial Health System

147 N. Brent Street
Ventura, CA 93003

Rabobank, N.A.
Mills Road Office
300 South Mills Road
Ventura, CA 93003

90-3321
1222

DATE

11/01/13

PAY STATEMENT

CHECK
NO.

393673

DEPOSIT

TO THE ACCOUNT OF

ONE THOUSAND SIX HUNDRED NINETEEN 04/100

ATKINSON,SUNNY
P O BOX 941312
SIMI VALLEY, CA 93094-1312

AMOUNT

*\$1619.04

NON-NEGOTIABLE

NAME		DEPT.		EMPL NO.		CHECK DATE	CHECK NO.
ATKINSON,SUNNY		01.6172		11007		11/01/13	393673
GROSS PAY		TAXES		DEDUCTIONS		NET PAY	PAY PERIOD BEG DATE
2440.70		528.78		292.88		1619.04	10/13/13
YTD GROSS PAY		YTD TAXES		YTD DEDUCTIONS		YTD NET PAY	PAY PERIOD END DATE
57871.43		8782.37		2153.59		46935.47	10/26/13
DESCRIPTION	RATE	HOURS	EARNINGS	AVAIL. BEN. HOURS	DESCRIPTION	TAXES/DEDUCTIONS	YEAR TO DATE
ADJ8	32.785	40.000	1311.40		FICA-SS	151.32	773.55
ADJ4	49.177	20.000	983.54		FICA-MED	35.39	180.92
ADJDT	76.716	1.900	145.76		SDI	24.41	124.76
					FICA-SS		2814.48
					FICA-MED		658.23
					SDI		453.94
					403B1	146.44	394.69
					403B1		913.35
					403B2		448.49
					FEDERAL TAX	208.27	858.80
					STATE TAX	109.39	379.12
					FEDERAL TAX		1923.78
					STATE TAX		614.79
					403 ROTH	146.44	394.69
					CAFE-OJAI		2.37
BASE RATE	33.58	61.900	2440.70		TOTALS	821.66	10935.96

STATEMENT OF EARNINGS AND DEDUCTIONS - RETAIN FOR YOUR RECORDS

COMMUNITY MEMORIAL HEALTH SYSTEM
147 N. BRENT STREET
VENTURA, CA 93003

ACCOUNT	AMOUNT

POWERED BY:





Community Memorial Health System

147 N. Brent Street
Ventura, CA 93003

Rabobank, N.A.
Mills Road Office
300 South Mills Road
Ventura, CA 93003

90-3321
1222

DATE

10/18/13

PAY STATEMENT

CHECK
NO.

391647

DEPOSIT

TO THE ACCOUNT OF

ONE THOUSAND FIFTEEN 68/100

ATKINSON,SUNNY
P O BOX 941312
SIMI VALLEY, CA 93094-1312

AMOUNT

*\$1015.68

NON-NEGOTIABLE

NAME		DEPT.		EMPL NO.		CHECK DATE	CHECK NO.
ATKINSON,SUNNY		01.6172		11007		10/18/13	391647
GROSS PAY		TAXES		DEDUCTIONS		NET PAY	PAY PERIOD BEG DATE
1376.96		196.04		165.24		1015.68	09/29/13
YTD GROSS PAY		YTD TAXES		YTD DEDUCTIONS		YTD NET PAY	PAY PERIOD END DATE
55430.73		8253.59		1860.71		45316.43	10/12/13
DESCRIPTION	RATE	HOURS	EARNINGS	AVAIL. BEN. HOURS	DESCRIPTION	TAXES/DEDUCTIONS	YEAR TO DATE
ADJ8	32.785	24.000	786.84		FICA-SS	85.37	622.23
ADJ4	49.177	12.000	590.12		FICA-MED	19.97	145.53
					SDI	13.77	100.35
					FICA-SS		2814.48
					FICA-MED		658.23
					SDI		453.94
					403B1	82.62	248.25
					403B1		913.35
					403B2		448.49
					FEDERAL TAX	51.75	650.53
					STATE TAX	25.18	269.73
					FEDERAL TAX		1923.78
					STATE TAX		614.79
					403 ROTH	82.62	248.25
					CAFE-OJAI		2.37
BASE RATE	33.58	36.000	1376.96		TOTALS	361.28	10114.30

STATEMENT OF EARNINGS AND DEDUCTIONS - RETAIN FOR YOUR RECORDS

COMMUNITY MEMORIAL HEALTH SYSTEM
147 N. BRENT STREET
VENTURA, CA 93003

ACCOUNT	AMOUNT

POWERED BY:





Community Memorial Health System

147 N. Brent Street
Ventura, CA 93003

Rabobank, N.A.
Mills Road Office
300 South Mills Road
Ventura, CA 93003

90-3321
1222

DATE

10/04/13

PAY STATEMENT

CHECK
NO.

389731

DEPOSIT

TO THE ACCOUNT OF

ONE THOUSAND SEVEN HUNDRED SIXTY-SIX 86/100

ATKINSON,SUNNY
P O BOX 941312
SIMI VALLEY, CA 93094-1312

AMOUNT

*\$1766.86

NON-NEGOTIABLE

NAME		DEPT.		EMPL NO.		CHECK DATE	CHECK NO.
ATKINSON,SUNNY		01.6172		11007		10/04/13	389731
GROSS PAY		TAXES		DEDUCTIONS		NET PAY	PAY PERIOD BEG DATE
2760.44		662.32		331.26		1766.86	09/15/13
YTD GROSS PAY		YTD TAXES		YTD DEDUCTIONS		YTD NET PAY	PAY PERIOD END DATE
54053.77		8057.55		1695.47		44300.75	09/28/13
DESCRIPTION	RATE	HOURS	EARNINGS	AVAIL. BEN. HOURS	DESCRIPTION	TAXES/DEDUCTIONS	YEAR TO DATE
REG	37.250	8.000	298.00		FICA-SS	171.15	536.86
OT ADJ SH	56.486	1.700	96.04		FICA-MED	40.03	125.56
ADJ8	32.502	40.000	1300.08		SDI	27.60	86.58
ADJ4	48.753	20.000	975.06		FICA-SS		2814.48
ADJDT	76.054	1.200	91.26		FICA-MED		658.23
					SDI		453.94
					403B1	165.63	165.63
					403B1		913.35
					403B2		448.49
					FEDERAL TAX	283.40	598.78
					STATE TAX	140.14	244.55
					FEDERAL TAX		1923.78
					STATE TAX		614.79
					403 ROTH	165.63	165.63
					CAFE-OJAI		2.37
BASE RATE	33.25	70.900	2760.44		TOTALS	993.58	9753.02

STATEMENT OF EARNINGS AND DEDUCTIONS - RETAIN FOR YOUR RECORDS

COMMUNITY MEMORIAL HEALTH SYSTEM
147 N. BRENT STREET
VENTURA, CA 93003

ACCOUNT	AMOUNT

POWERED BY:





Community Memorial Health System

147 N. Brent Street
Ventura, CA 93003

Rabobank, N.A.
Mills Road Office
300 South Mills Road
Ventura, CA 93003

90-3321
1222

DATE

09/20/13

PAY STATEMENT

CHECK
NO.

387807

DEPOSIT
TO THE ACCOUNT OF

TWO THOUSAND FIVE HUNDRED SIXTY-EIGHT 08/100

ATKINSON,SUNNY
P O BOX 941312
SIMI VALLEY, CA 93094-1312

AMOUNT

*\$2568.08

NON-NEGOTIABLE

NAME		DEPT.		EMPL NO.		CHECK DATE	CHECK NO.
ATKINSON,SUNNY		01.6172		11007		09/20/13	387807
GROSS PAY		TAXES		DEDUCTIONS		NET PAY	PAY PERIOD BEG DATE
3069.45		501.37				2568.08	09/01/13
YTD GROSS PAY		YTD TAXES		YTD DEDUCTIONS		YTD NET PAY	PAY PERIOD END DATE
51293.33		7395.23		1364.21		42533.89	09/14/13
DESCRIPTION	RATE	HOURS	EARNINGS	AVAIL. BEN. HOURS	DESCRIPTION	TAXES/DEDUCTIONS	YEAR TO DATE
ADJ8	32.502	48.000	1560.09		FICA-SS	190.31	365.71
ADJ4	48.753	24.000	1170.07		FICA-MED	44.51	85.53
ADJDT	76.054	2.600	197.74		SDI	30.69	58.98
HOL PREM	18.625	7.600	141.55		FICA-SS		2814.48
					FICA-MED		658.23
					SDI		453.94
					403B1		913.35
					403B2		448.49
					FEDERAL TAX	175.72	315.38
					STATE TAX	60.14	104.41
					FEDERAL TAX		1923.78
					STATE TAX		614.79
					CAFE-OJAI		2.37
BASE RATE	33.25	82.200	3069.45		TOTALS	501.37	8759.44

STATEMENT OF EARNINGS AND DEDUCTIONS - RETAIN FOR YOUR RECORDS

COMMUNITY MEMORIAL HEALTH SYSTEM
147 N. BRENT STREET
VENTURA, CA 93003

ACCOUNT	AMOUNT

POWERED BY:



TAX RETURNS

See separate instructions. Your social security number: 263-35-1448. Spouse's social security number: 555-53-6983. Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign: You [] Spouse []

Marital 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: MARC A ATKINSON [X] 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here: [] 5 Qualifying widow(er) with dependent child []

Exemptions: 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [] Spouse. 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] Yes [] No. Boxes checked on 6a and 6b: 1. No. of children on 6c who: [] lived with you [X] did not live with you due to divorce or separation (see instructions). Dependents on 6c not entered above. Add numbers on lines above: 2. d Total number of exemptions claimed: 2

Income: 7 Wages, salaries, tips, etc. Attach Form(s) W-2: 12,554. 8a Taxable interest. Attach Schedule B if required: 3. 8b Tax-exempt interest. Do not include on line 8a. 9a Ordinary dividends. Attach Schedule B if required. 9b Qualified dividends. 10 Taxable refunds, credits, or offsets of state and local income taxes. 11 Alimony received. 12 Business income or (loss). Attach Schedule C or C-EZ. 13 Capital gain or (loss). Attach Form 4797. 14 Other gains or (losses). Attach Form 4797. 15a IRA distributions. 15b Taxable amount. 16a Pensions and annuities. 16b Taxable amount. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 18 Farm income or (loss). Attach Schedule F. 19 Unemployment compensation. 20a Social security benefits. 20b Taxable amount. 21 Other income. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income: 12,557.

Adjusted Gross Income: 23 Educator expenses. 24 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2100 or 2106-EZ. 25 Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903. 27 Deductible part of self-employment tax. Attach Schedule SE. 28 Self-employed SEP, SIMPLE, and qualified plans. 29 Self-employed health insurance deduction. 30 Penalty on early withdrawal of savings. 31a Alimony paid. b Recipient's SSN. 32 IRA deduction. 33 Student loan interest deduction. 34 Tuition and fees. Attach Form 8917. 35 Domestic production activities deduction. Attach Form 9903. 36 Add lines 23 through 35. 37 Subtract line 36 from line 22. This is your adjusted gross income: 12,557.

38	Amount from line 37 (adjusted gross income)	38	12,597
39a	Check <input type="checkbox"/> You were born before January 2, 1948. <input type="checkbox"/> Spouse was born before January 2, 1948. <input type="checkbox"/> Blind <input type="checkbox"/> Total boxes checked <input checked="" type="checkbox"/> 39a	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,950
41	Subtract line 40 from line 38	41	6,607
42	Exemptions. Multiply \$3,800 by the number on line 6d	42	7,600
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter 0	43	0
44	Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 9314 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	0
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0
46	Add lines 44 and 45	46	0
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 8853, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Others from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8901 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0
56	Self-employment tax. Attach Schedule SE	56	
57	Unreported Social Security and Medicare tax from Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8910	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	
59b	First-time homebuyer credit repayment. Attach Form 5405, if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55-60. This is your total tax	61	0
62	Federal income tax withheld from Forms W-2 and 1099	62	36
63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	Earned income credit (EIC)	64a	
64b	Refundable earned income credit	64b	
65	Additional child tax credit. Attach Schedule 8312	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 5801 d <input type="checkbox"/> 2835	71	
72	Add lines 62, 64a, & 69-71. These are your total credits	72	36
73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	36
74a	Amount of line 73 you want refunded to you. If Form 8878 is attached, check here	74a	36
74b	Routing number 322280304	74b	
74c	Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	74c	
74d	Account number 00085369830803	74d	
75	Amount of line 73 you want applied to your 2013 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	
77	Estimated tax penalty (see instructions)	77	

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Third Party Designee: Designee's name **ROY MORALY** Phone no. **(818) 876-8383** Personal identification number (PIN) **11239**

Signature: Your signature **ROY MORALY** Date **9/16/13** Your occupation **HOMEMAKER** Daytime phone number **(805) 990-5543**

Spouse's signature (If a joint return, both must sign) **ROY MORALY** Date **9/16/13** Spouse's occupation **HOMEMAKER** Spouse's daytime phone number **(805) 990-5543**

Preparer's name **ROY MORALY** Preparer's signature **ROY MORALY** Date **9/16/13** Preparer's occupation **CPA, AN ACCOUNTANCY CORPORATION** Preparer's daytime phone number **36-3643618**

Preparer's address **23901 CALABASAS RD STE 2062 CALABASAS, CA 91302** Preparer's fax number **(818) 876-8383**

Preparer's ID number **P00235965**

8958

Allocation of Tax Amounts Between Certain Individuals in Community Property States

OMB NO. 1545-0046

Page 1034112
SOL REF ID: A72

▶ Attach to Form 1040.

1 Your last name	ATKINSON		Your social security number	263-35-1448
2 Spouse's or partner's last name	ATKINSON		Spouse's or partner's social security number	555-53-6983
3 Total income (Community/Separate)	1	2	3	
	Total income (Community/Separate)	Allocated to Spouse, RDP, or California Same-Sex Spouse	Allocated to Spouse, RDP, or California Same-Sex Spouse	
		SSN 263-35-1448	SSN 555-53-6983	
4 Wages, salaries, tips, etc.				
EMPLOYER				
SECURITY PRO SERVICES	5,778.	0.	5,778.	
COMMUNITY MEMORIAL HEALTH SYSTEM	12,554.	12,554.	0.	
SOUTHERN CALIFORNIA SOLAR INC	39,785.	0.	39,785.	
5 Dividends, interest, etc.				
6 RENTALS	3.	3.	0.	
7 Capital gains and losses				
8 Other income (See instructions)				
9 Social Security benefits				
10 Other income				
1000000	5,000.	0.	5,000.	
11 Total (Sum of lines 4-10)				
12 Total (Sum of lines 4-10)				

91	Overseer Tax. If the TB is more than line 64, subtract line 64 from line 75.	91
92	Foreign Tax Credit. If you want applied to your 2013 estimated tax.	92
93	Overseer Tax. Subtract line 92 from line 91.	93
94	Overseer Tax. If the TB is less than line 64, subtract line 75 from line 64.	94
95	Use Tax. This is not a total line (see instructions).	95

	Code	Amount
Contributions		
California Seniors Social Fund (see instructions).	400	
California Seniors Related Disorders Fund.	401	
California Seniors Senior Citizens.	402	
Wild and Endangered Species Preservation Program.	403	
State Children's Trust Fund for the Prevention of Child Abuse.	404	
California Breast Cancer Research Fund.	405	
California Endocrine Memorial Fund.	406	
California Endocrine Memorial Fund.	407	
California Endocrine Memorial Foundation Fund.	408	
California Endocrine Memorial Foundation Fund.	410	
California Endocrine Memorial Foundation Fund.	412	
California Endocrine Memorial Foundation Fund.	413	
California Endocrine Memorial Foundation Fund.	414	
California Endocrine Memorial Foundation Fund.	419	
California Endocrine Memorial Foundation Fund.	420	
California Endocrine Memorial Foundation Fund.	421	
California Endocrine Memorial Foundation Fund.	422	
California Endocrine Memorial Foundation Fund.	423	
110	Use code 400 through code 423. This is your total contribution.	110

Amount to Pay	111	AMOUNT YOU OWE. Add line 94, line 95, and line 110 (see instructions). Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009. For more information, go to ftb.ca.gov .	111
Interest and Penalties	112	Interest, late return penalties, and late payment penalties.	112
113	Use amount estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached	113	
114	Total amount due (see instructions). Enclose, but do not staple, any payment.	114	

Refund and Direct Deposit	115	REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see instructions). Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009.	115	0.
<p>Do not attach a voided check or a deposit slip (see instructions).</p> <p>Have you verified the routing and account numbers? Use whole dollars only.</p> <p>If the full refund amount of my refund (line 115) is authorized for direct deposit into the account shown below:</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>• Routing number _____ • Type _____ • Account number _____ • 116 Direct deposit amount _____</p> <p>If the refund amount of my refund (line 115) is authorized for direct deposit into the account shown below:</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>• Routing number _____ • Type _____ • Account number _____ • 117 Direct deposit amount _____</p>				

CLIENT 100-2625

SUNNY L ATKINSON

263-35-1448

1/25/13

9:47 AM

	2012	2011	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC	12,554	561	11,993
INTEREST INCOME	3	208	-205
DIVIDEND INCOME	0	174	-174
REFUNDS OF STATE AND LOCAL TAXES	0	2,176	-2,176
CAPITAL GAIN OR LOSS	0	1,083	-1,083
TAXABLE PENSIONS	0	15,000	-15,000
UNEMPLOYMENT COMPENSATION	0	21,600	-21,600
TOTAL INCOME	12,557	40,802	-28,245
ADJUSTMENTS TO INCOME			
TUITION AND FEES DEDUCTION	0	4,000	-4,000
TOTAL ADJUSTMENTS	0	4,000	-4,000
ADJUSTED GROSS INCOME	12,557	36,802	-24,245
ITEMIZED DEDUCTIONS			
TAXES	329	6,172	-5,843
INTEREST	0	12,906	-12,906
TOTAL ITEMIZED DEDUCTIONS	329	19,078	-18,749
TAX COMPUTATION			
STANDARD DEDUCTION	5,950	11,600	-5,650
LARGER OF ITEMIZED OR STANDARD DEDUCTION	5,950	19,078	-13,128
INCOME PRIOR TO EXEMPTION DEDUCTION	6,607	17,724	-11,117
EXEMPTION DEDUCTION	7,600	14,800	-7,200
TAXABLE INCOME	-993	2,924	-3,917
TAX BEFORE CREDITS	0	191	-191
CREDITS			
CHILD TAX CREDIT	0	191	-191
TOTAL CREDITS	0	191	-191
TAX AFTER CREDITS	0	0	0
OTHER TAXES			
TOTAL TAX	0	0	0
PAYMENTS			
FEDERAL INCOME TAX WITHHELD	36	595	-559
EARNED INCOME CREDIT	0	230	-230
TOTAL PAYMENTS	36	825	-789
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID	36	825	-789
AMOUNT REFUNDED TO YOU	36	825	-789
AMOUNT YOU OWE	0	0	0
TAX RATES			
MARGINAL TAX RATE	0.0%	10.0%	-10.0%

2012

CALIFORNIA INCOME TAX SUMMARY

PAGE 1

CLIENT 100-262S

SUNNY L ATKINSON

263-35-1448

3:47 AM

	2012	2011	DIFF
FEDERAL ADJUSTED GROSS INCOME			
FEDERAL ADJUSTED GROSS INCOME	12,557	36,802	-24,245
CALIFORNIA SUBTRACTIONS			
STATE TAX REFUND	0	2,176	-2,176
UNEMPLOYMENT COMPENSATION	0	21,600	-21,600
ADJUSTMENTS TO INCOME	0	-4,000	4,000
TOTAL SUBTRACTIONS FROM FEDERAL AGI	0	19,776	-19,776
ADJUSTED GROSS INCOME			
ADJUSTED GROSS INCOME	12,557	17,026	-4,469
ITEMIZED DEDUCTIONS			
FEDERAL ITEMIZED DEDUCTIONS	329	19,078	-18,749
LESS STATE, LOCAL AND FOREIGN TAXES	329	688	-359
CALIFORNIA ITEMIZED DEDUCTIONS	0	18,390	-18,390
CALIFORNIA STANDARD DEDUCTION	3,841	7,538	-3,697
TAX COMPUTATION			
TOTAL TAXABLE INCOME	8,716	0	8,716
TAX	99	0	99
EXEMPTION CREDITS	425	834	-409
NET TAX	0	0	0
PAYMENTS			
CALIFORNIA INCOME TAX WITHHELD	0	69	-69
TOTAL PAYMENTS	0	69	-69
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID	0	69	-69
AMOUNT YOU OWE	0	0	0
AMOUNT REFUNDED TO YOU	0	69	-69
TAX RATES			
MARGINAL TAX RATE	2.0%	0.0%	2.0%

Filing Status

- 1 ☐ Single
- 2 ☐ Married RDP (see instructions)
- 3 ☒ Married RDP (separately). Enter spouse's/RDP's SSN or ITIN above and full name here: **MARC A ATKINSON**
- 4 ☐ Head of household (with qualifying person) (see instructions)
- 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died: _____
- 6 ☐ If your filing status is different from your federal filing status, check the box here: _____

Exemptions

- 7 Personal. If you checked the box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box or line 6, see the instructions. **7** ☐ 1 x \$104 = \$ **104.**
- 8 Blind. If you or your spouse/RDP are visually impaired, enter 1; if both are visually impaired, enter 2. **8** ☐ x \$104 = \$ _____
- 9 Senior. If you or your spouse/RDP are 65 or older, enter 1; if both are 65 or older, enter 2. **9** ☐ x \$104 = \$ _____
- 10 Dependents. Do not include yourself or your spouse/RDP.

First name	Last name	Dependent's relationship to you
DEVON	ATKINSON	DAUGHTER

- 10 Total dependent exemptions **10** ☐ 1 x \$321 = \$ **321.**
- 11 Exemption amount. Add line 7 through line 10. Transfer this amount to line 32. **11** \$ **425.**

taxable income

- 12 Total wages from your Forms W-2, box 16 **12** **12,554.**
- 13 Enter federal adjusted gross income from Form 1041, line 32; Form 1045A, line 31; Form 1040EZ, line 4. **13** **12,557.**
- 14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B. **14** _____
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see instructions). **15** **12,557.**
- 16 California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C. **16** _____
- 17 Add line 15 and line 16. **17** **12,557.**
- 18 Enter the amount of your CA standard deduction OR your CA itemized deductions. **18** **3,841.**
- 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter 0. **19** **8,716.**
- 20 Tax. Check box 1 from: ☒ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 ☐ FTB 3803 **20** **99.**
- 21 Enter non-refundable credit. Enter the amount from line 11. If your federal AGI is more than \$163,750 (see notes). **21** **425.**
- 22 Subtract line 21 from line 20. If less than zero, enter 0. **22** **0.**
- 23 Tax (see instructions). Check box 1 from: ☐ Schedule G-1 ☒ Form FTB 587CA **23** **0.**
- 24 Add line 22 and line 23. **24** **0.**

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit (see instructions). Attach form FTB 3800. **40** _____
- 41 New jobs credit, amount generated (see instructions). **41** _____
- 42 New jobs credit, amount claimed (see instructions). **42** _____
- 43 Credit ☐ Code _____ amount _____ **43** _____
- 44 Credit ☐ Code _____ amount _____ **44** _____
- 45 To claim more than two credits (see instructions). **45** _____
- 46 Nonrefundable renter's credit (see instructions). **46** _____
- 47 Add line 40 and line 42 through line 46. These are your total credits. **47** _____
- 48 Subtract line 47 from line 24. If less than zero, enter 0. **48** **0.**

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540). **61** _____
- 62 Mental Health Services Tax (see instructions). **62** _____
- 63 Other taxes and credit recapture (see instructions). **63** _____
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax. **64** _____

Payments

- 71 California income tax withheld (see instructions). **71** _____
- 72 2012 CA estimated tax and other payments (see instructions). **72** _____
- 73 Real estate and other withholding (see instructions). **73** _____
- 74 Excess SDI (or VPD) withheld (see instructions). **74** _____
- 75 Add line 71, line 72, line 73, and line 74. These are your total payments (see instructions). **75** **0.**



Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-19-2013
Response Date: 08-19-2013
Tracking Number: 100169793415

Tax Return Transcript

SSN Provided: 555-53-6983
Tax Period Ending: Dec. 31, 2011

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

045497

NAME(S) SHOWN ON RETURN: MARC A & SUNNY L ATKINSON

SSN: 555-53-6983
SPOUSE SSN: 263-35-1448

ADDRESS: 54 VERA CRUZ ST
SIMI VALLEY, CA 93065-4059-540

FILING STATUS:	Married Filing Joint
FORM NUMBER:	1040
CYCLE POSTED:	20124305
RECEIVED DATE:	Oct. 15, 2012
REMITTANCE:	\$0.00
EXEMPTION NUMBER:	4
DEPENDENT 1 NAME CTRL:	ATKI
DEPENDENT 1 SSN:	619-86-1206
DEPENDENT 2 NAME CTRL:	ATKI
DEPENDENT 2 SSN:	618-96-6241
DEPENDENT 3 NAME CTRL:	
DEPENDENT 3 SSN:	
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	
IDENTITY THEFT PERSONAL ID NUMBER:	000000
PREPARER SSN:	P00-23-5965
PREPARER EIN:	38-3643618

Income

WAGES, SALARIES, TIPS, ETC:	\$561.00
TAXABLE INTEREST INCOME: SCH B:	\$208.00
TAX-EXEMPT INTEREST:	\$0.00
ORDINARY DIVIDEND INCOME: SCH B:	\$174.00
QUALIFIED DIVIDENDS:	\$68.00
REFUNDS OF STATE/LOCAL TAXES:	\$2,176.00
ALIMONY RECEIVED:	\$0.00
BUSINESS INCOME OR LOSS (Schedule C):	\$0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:	\$0.00
CAPITAL GAIN OR LOSS: (Schedule D):	\$1,083.00
CAPITAL GAINS OR LOSSES: SCH D PER COMPUTER:	\$1,083.00
OTHER GAINS OR LOSSES (Form 4797):	\$0.00
TOTAL IRA DISTRIBUTIONS:	\$0.00
TAXABLE IRA DISTRIBUTIONS:	\$0.00
TOTAL PENSIONS AND ANNUITIES:	\$0.00
TAXABLE PENSION/ANNUITY AMOUNT:	\$15,000.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:	\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:	\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:	\$0.00
FARM INCOME OR LOSS (Schedule F):	\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	\$0.00
UNEMPLOYMENT COMPENSATION:	\$21,600.00
TOTAL SOCIAL SECURITY BENEFITS:	\$0.00

Tracking Number: 100169793415

RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$0.00
SEC RET SAV CNTRB: F8880 LN6B:	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:	\$0.00
RESIDENTIAL ENERGY CREDIT:	\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$0.00
CHILD TAX CREDIT:	\$191.00
CHILD TAX CREDIT PER COMPUTER:	\$191.00
ADOPTION CREDIT: F8839:	\$0.00
ADOPTION CREDIT PER COMPUTER:	\$0.00
FORM 8839 REFUND ADOPTION CREDIT AMOUNT:	\$0.00
DC 1ST TIME HOMEBUYERS CREDIT:	\$0.00
DC 1ST TIME HOMEBUYERS CREDIT PER COMPUTER:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:	\$0.00
F3800, F8801 AND OTHER CREDIT AMOUNT:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	\$0.00
F8834 ELECTRIC VEHICLE CREDIT AMOUNT:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
OTHER CREDITS:	\$0.00
TOTAL CREDITS:	\$191.00
TOTAL CREDITS PER COMPUTER:	\$191.00
INCOME TAX AFTER CREDITS PER COMPUTER:	\$0.00

Other Taxes

SE TAX:	\$0.00
SE TAX PER COMPUTER:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:	\$0.00
IRAF TAX PER COMPUTER:	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:	\$0.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	\$0.00
ADVANCED EARNED INCOME CREDIT:	\$0.00
RECOVERY REBATE CREDIT AMOUNT:	\$0.00
UNPAID FICA ON REPORTED TIPS:	\$0.00
OTHER TAXES:	\$0.00
RECAPTURE TAX: F8611:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:	\$0.00
RECAPTURE TAXES:	\$0.00
TOTAL ASSESSMENT PER COMPUTER:	\$0.00
TOTAL TAX LIABILITY TP FIGURES:	\$0.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$0.00

Payments

FEDERAL INCOME TAX WITHHELD:	\$595.00
COBRA PREMIUM SUBSIDY:	\$0.00
ESTIMATED TAX PAYMENTS:	\$0.00
MAKING WORK PAY AND GOV'T RET CREDIT:	\$0.00
MAKING WORK PAY AND GOV'T RET CREDIT PER COMPUTER:	\$0.00
MAKING WORK PAY AND GOV'T RET CREDIT VERIFIED:	\$0.00
REFUNDABLE EDUCATION CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:	\$0.00
EARNED INCOME CREDIT:	\$230.00
EARNED INCOME CREDIT PER COMPUTER:	\$230.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:	\$0.00
SCHEDULE M NONTAXABLE COMBAT PAY:	\$0.00
FORM 8812 NONTAXABLE COMBAT PAY:	\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:	\$0.00
TOT SS/MEDICARE WITHHELD: F8812:	\$0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT:	\$0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	\$0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	\$0.00

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AMOUNT PAID WITH FORM 4868:	\$0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:	\$0.00
HEALTH COVERAGE TX CR: F8885:	\$0.00
FORM 8801 REFUNDABLE CREDIT FOR PRIOR YEAR MIN. TAX:	\$0.00
FIRST TIME HOME BUYER CREDIT PER COMPUTER:	\$0.00
FIRST TIME HOME BUYER CREDIT:	\$0.00
FIRST TIME HOME BUYER CREDIT VERIFIED:	\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:	\$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:	\$0.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:	\$0.00
FORM 2555 COMBINED EARNED INCOME AMOUNT PER COMPUTER:	\$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):	\$0.00
FORM 2439, 8801, and OTHER CREDIT TOTAL AMT:	\$0.00
TOTAL PAYMENTS:	\$825.00
TOTAL PAYMENTS PER COMPUTER:	\$825.00

Refund or Amount Owed

REFUND AMOUNT:	\$-825.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:	\$0.00
ESTIMATED TAX PENALTY:	\$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:	\$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:	\$-825.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:	\$-825.00
FORM 8888 TOTAL REFUND PER COMPUTER:	\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:	11239
AUTHORIZATION INDICATOR:	1
THIRD PARTY DESIGNEE NAME:	ROY MORALY

Schedule A--Itemized Deductions

MEDICAL/DENTAL

MEDICAL AND DENTAL EXPENSES:	\$0.00
AGI PERCENTAGE LIMITATION PER COMPUTER:	\$2,760.00
NET MEDICAL DEDUCTION:	\$0.00
NET MEDICAL DEDUCTION PER COMPUTER:	\$0.00

TAXES PAID

STATE AND LOCAL INCOME TAXES:	\$688.00
INCOME TAX OR GENERAL SALES TAX:	General Sales Tax
REAL ESTATE TAXES:	\$4,814.00
PERSONAL PROPERTY TAXES:	\$670.00
NEW MOTOR VEHICLE TAXES:	\$0.00
OTHER TAXES AMOUNT:	\$0.00
SCH A TAX DEDUCTIONS:	\$6,172.00
SCH A TAX PER COMPUTER:	\$6,172.00

INTEREST PAID

MORTGAGE INTEREST (FINANCIAL):	\$12,906.00
MORTGAGE INTEREST (INDIVIDUAL):	\$0.00
DEDUCTIBLE POINTS:	\$0.00
QUALIFIED MORTGAGE INSURANCE PREMIUMS:	\$0.00
DEDUCTIBLE INVESTMENT INTEREST:	\$0.00
TOTAL INTEREST DEDUCTION:	\$12,906.00
TOTAL INTEREST DEDUCTION PER COMPUTER:	\$12,906.00

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS:	\$0.00
OTHER THAN CASH: Form 8283:	\$0.00
CARRYOVER FROM PRIOR YEAR:	\$0.00

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RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$0.00
SEC RET SAV CNTRB: F8880 LN6B:	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:	\$0.00
RESIDENTIAL ENERGY CREDIT:	\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$0.00
CHILD TAX CREDIT:	\$191.00
CHILD TAX CREDIT PER COMPUTER:	\$191.00
ADOPTION CREDIT: F8839:	\$0.00
ADOPTION CREDIT PER COMPUTER:	\$0.00
FORM 8839 REFUND ADOPTION CREDIT AMOUNT:	\$0.00
DC 1ST TIME HOMEBUYERS CREDIT:	\$0.00
DC 1ST TIME HOMEBUYERS CREDIT PER COMPUTER:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:	\$0.00
F3800, F8801 AND OTHER CREDIT AMOUNT:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	\$0.00
F8834 ELECTRIC VEHICLE CREDIT AMOUNT:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
OTHER CREDITS:	\$0.00
TOTAL CREDITS:	\$191.00
TOTAL CREDITS PER COMPUTER:	\$191.00
INCOME TAX AFTER CREDITS PER COMPUTER:	\$0.00

Other Taxes

SE TAX:	\$0.00
SE TAX PER COMPUTER:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:	\$0.00
IRAF TAX PER COMPUTER:	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:	\$0.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	\$0.00
ADVANCED EARNED INCOME CREDIT:	\$0.00
RECOVERY REBATE CREDIT AMOUNT:	\$0.00
UNPAID FICA ON REPORTED TIPS:	\$0.00
OTHER TAXES:	\$0.00
RECAPTURE TAX: F8611:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:	\$0.00
RECAPTURE TAXES:	\$0.00
TOTAL ASSESSMENT PER COMPUTER:	\$0.00
TOTAL TAX LIABILITY TP FIGURES:	\$0.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$0.00

Payments

FEDERAL INCOME TAX WITHHELD:	\$595.00
COBRA PREMIUM SUBSIDY:	\$0.00
ESTIMATED TAX PAYMENTS:	\$0.00
MAKING WORK PAY AND GOV'T RET CREDIT:	\$0.00
MAKING WORK PAY AND GOV'T RET CREDIT PER COMPUTER:	\$0.00
MAKING WORK PAY AND GOV'T RET CREDIT VERIFIED:	\$0.00
REFUNDABLE EDUCATION CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:	\$0.00
EARNED INCOME CREDIT:	\$230.00
EARNED INCOME CREDIT PER COMPUTER:	\$230.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:	\$0.00
SCHEDULE M NONTAXABLE COMBAT PAY:	\$0.00
FORM 8812 NONTAXABLE COMBAT PAY:	\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:	\$0.00
TOT SS/MEDICARE WITHHELD: F8812:	\$0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT:	\$0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	\$0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	\$0.00

Tracking Number: 100169793415
SCH A TOTAL CONTRIBUTIONS:.....\$0.00
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....\$0.00

CASUALTY AND THEFT LOSS

CASUALTY OR THEFT LOSS:.....\$0.00

JOBS AND MISCELLANEOUS

UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:.....\$0.00
TOTAL LIMITED MISC EXPENSES:.....\$0.00
NET LIMITED MISC DEDUCTION:.....\$0.00
NET LIMITED MISC DEDUCTION PER COMPUTER:.....\$0.00

OTHER MISCELLANEOUS

OTHER THAN GAMBLING AMOUNT:.....\$0.00
OTHER MISC DEDUCTIONS:.....\$0.00

TOTAL ITEMIZED DEDUCTIONS

TOTAL ITEMIZED DEDUCTIONS:.....\$19,078.00
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$19,078.00
ELECT ITEMIZED DEDUCTION INDICATOR:.....\$0.00
SCH A ITEMIZED PERCENTAGE PER COMPUTER:.....\$0.00

Schedule D--Capital Gains and Losses

SHORT TERM CAPITAL GAINS AND LOSSES

SHORT TERM BASIS SALE AMOUNT:.....\$0.00
SHORT TERM NO BASIS SALE AMOUNT:.....\$7,866.00
SHORT TERM NO 1099B:.....\$0.00
SHORT TERM BASIS COST AMOUNT:.....\$0.00
NET SHORT-TERM GAIN/LOSS:.....\$132.00

LONG TERM CAPITAL GAINS AND LOSSES

LONG TERM BASIS SALE AMOUNTS:.....\$0.00
LONG TERM NO BASIS SALE AMOUNTS:.....\$14,907.00
LONG TERM BASIS COST AMOUNT:.....\$0.00
CAPITAL GAIN DISTRIBUTIONS (PR):.....\$84.00
NET LONG-TERM GAIN/LOSS:.....\$951.00

TAX COMPUTATION USING MAXIMUM CAPITAL GAINS RATES

28% RATE GAIN:.....\$0.00
UNRECAPTURED SECT: 1250 GAIN:.....\$0.00
SCH D 15% TAX CMPTR:.....\$0.00
CAP GAINS TENTATIVE AMT PER COMPUTER (1):.....\$1,019.00
CAP GAINS TAX AMT PER COMPUTER (1):.....\$191.00
CAP GAINS TENTATIVE AMT PER COMPUTER (2):.....\$1,019.00
CAP GAINS TAX AMT PER COMPUTER (5):.....\$0.00
CAP GAINS TAX AMT PER COMPUTER (6):.....\$0.00
SCHEDULE D TAX PER COMPUTER:.....\$191.00

Form 5329--Additional Taxes on Qualified Plans

TAX ON EARLY DISTRIBUTIONS:.....\$0.00
TOTAL TAX ON RETIREMENT DISTRIBUTIONS CMPTR:.....\$0.00
TAX ON DISTRIBUTIONS FROM EDUCATION ACCOUNTS:.....\$0.00
TAX ON EXCESS TRAD IRA CONTRIBUTN:.....\$0.00
TAX ON EXCESS ROTH IRA CONTRIBUTN:.....\$0.00
TAX ON EXCESS EDUC IRA CONTRIBUTN:.....\$0.00
TAX ON EXCESS MSA CONTRIBUTN AMT:.....\$0.00
TAX ON EXCESS HSA CONTRIBUTN:.....\$0.00
TAX ON EXCESS ACCUMULATION AMT:.....\$0.00
SPOUSE INDICATOR:.....1
IRA TYPE INDICATOR:.....0
IRA CONDITION CODES:.....0000000000
TAX ON RETIREMENT CONTRIB CMPTR:.....\$0.00

Tracking Number: 100169793415

Schedule EIC--Earned Income Credit

QUALIFIED EIC DEPENDENTS:.....2

CHILD 1

CHILD'S NAME CNTRL:.....ATKI
SSN:.....618-96-6241
YEAR OF BIRTH:.....1997
STUDENT/DISABLED:.....0
NUMBER OF MONTHS CHILD LIVED WITH YOU:.....12
CHILD'S RELATIONSHIP TO YOU:.....son or daughter

CHILD 2

CHILD'S NAME CNTRL:.....ATKI
SSN:.....619-86-1206
YEAR OF BIRTH:.....1995
STUDENT/DISABLED:.....0
NUMBER OF MONTHS CHILD LIVED WITH YOU:.....12
CHILD'S RELATIONSHIP TO YOU:.....son or daughter

CHILD 3

CHILD'S NAME CNTRL:.....
SSN:.....
YEAR OF BIRTH:.....0000
STUDENT/DISABLED:.....0
NUMBER OF MONTHS CHILD LIVED WITH YOU:.....
CHILD'S RELATIONSHIP TO YOU:
.....no relationship indicated or determination can be made

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

Form 8917 - Tuition and Fees Deduction

STUDENT NAME CONTROL:.....ATKI
STUDENT SSN:.....263-35-1448
STUDENT QUALIFIED EXPENSES:.....\$10,221.00

Form 8867 Paid Preparer's Earned Income Credit Checklist

TAXPAYER QUALIFYING CHILD OF ANOTHER:.....No box checked
CHILD 1 RELATIONSHIP TO TAXPAYER:.....Yes box checked
CHILD 2 RELATIONSHIP TO TAXPAYER:.....Yes box checked
CHILD 3 RELATIONSHIP TO TAXPAYER:.....Neither box checked
CHILD 1 LIVE WITH TAXPAYER:.....Yes box checked
CHILD 2 LIVE WITH TAXPAYER:.....Yes box checked
CHILD 3 LIVE WITH TAXPAYER:.....Neither box checked
CHILD 1 CLAIMED BY OTHER PERSON:.....No box checked
CHILD 2 CLAIMED BY OTHER PERSON:.....No box checked
CHILD 3 CLAIMED BY OTHER PERSON:.....Neither box checked
CHILD 1 RELATIONSHIP TO OTHERS:
.....no relationship indicated or determination can be made
CHILD 2 RELATIONSHIP TO OTHERS:
.....no relationship indicated or determination can be made
CHILD 3 RELATIONSHIP TO OTHERS:
.....no relationship indicated or determination can be made
CHILD 1 TIEBREAKER RULES:.....None of the boxes checked
CHILD 2 TIEBREAKER RULES:.....None of the boxes checked
CHILD 3 TIEBREAKER RULES:.....None of the boxes checked
FORM 8867 INFORMATION PROVIDED BY TAXPAYER:.....Yes box checked
KNOWLEDGE REQUIREMENTS COMPLIANCE:.....Yes box checked

This Product Contains Sensitive Taxpayer Data

Tracking Number: 100169793415
SCH A TOTAL CONTRIBUTIONS:.....\$0.00
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....\$0.00

CASUALTY AND THEFT LOSS

CASUALTY OR THEFT LOSS:.....\$0.00

JOBS AND MISCELLANEOUS

UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:.....\$0.00
TOTAL LIMITED MISC EXPENSES:.....\$0.00
NET LIMITED MISC DEDUCTION:.....\$0.00
NET LIMITED MISC DEDUCTION PER COMPUTER:.....\$0.00

OTHER MISCELLANEOUS

OTHER THAN GAMBLING AMOUNT:.....\$0.00
OTHER MISC DEDUCTIONS:.....\$0.00

TOTAL ITEMIZED DEDUCTIONS

TOTAL ITEMIZED DEDUCTIONS:.....\$19,078.00
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$19,078.00
ELECT ITEMIZED DEDUCTION INDICATOR:.....\$0.00
SCH A ITEMIZED PERCENTAGE PER COMPUTER:.....\$0.00

Schedule D--Capital Gains and Losses

SHORT TERM CAPITAL GAINS AND LOSSES

SHORT TERM BASIS SALE AMOUNT:.....\$0.00
SHORT TERM NO BASIS SALE AMOUNT:.....\$7,866.00
SHORT TERM NO 1099B:.....\$0.00
SHORT TERM BASIS COST AMOUNT:.....\$0.00
NET SHORT-TERM GAIN/LOSS:.....\$132.00

LONG TERM CAPITAL GAINS AND LOSSES

LONG TERM BASIS SALE AMOUNTS:.....\$0.00
LONG TERM NO BASIS SALE AMOUNTS:.....\$14,907.00
LONG TERM BASIS COST AMOUNT:.....\$0.00
CAPITAL GAIN DISTRIBUTIONS (PR):.....\$84.00
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28% RATE GAIN:.....\$0.00
UNRECAPTURED SECT: 1250 GAIN:.....\$0.00
SCH D 15% TAX CMPTR:.....\$0.00
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CAP GAINS TAX AMT PER COMPUTER (1):.....\$191.00
CAP GAINS TENTATIVE AMT PER COMPUTER (2):.....\$1,019.00
CAP GAINS TAX AMT PER COMPUTER (5):.....\$0.00
CAP GAINS TAX AMT PER COMPUTER (6):.....\$0.00
SCHEDULE D TAX PER COMPUTER:.....\$191.00

Form 5329--Additional Taxes on Qualified Plans

TAX ON EARLY DISTRIBUTIONS:.....\$0.00
TOTAL TAX ON RETIREMENT DISTRIBUTIONS CMPTR:.....\$0.00
TAX ON DISTRIBUTIONS FROM EDUCATION ACCOUNTS:.....\$0.00
TAX ON EXCESS TRAD IRA CONTRIBUTN:.....\$0.00
TAX ON EXCESS ROTH IRA CONTRIBUTN:.....\$0.00
TAX ON EXCESS EDUC IRA CONTRIBUTN:.....\$0.00
TAX ON EXCESS MSA CONTRIBUTN AMT:.....\$0.00
TAX ON EXCESS HSA CONTRIBUTN:.....\$0.00
TAX ON EXCESS ACCUMULATION AMT:.....\$0.00
SPOUSE INDICATOR:.....1
IRA TYPE INDICATOR:.....0
IRA CONDITION CODES:.....0000000000
TAX ON RETIREMENT CONTRIB CMPTR:.....\$0.00