THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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APPEAL FROM LEXINGTON COUNTY
Court of Common Pleas

R. Knox McMahon, Circuit Court Judge

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Case Nos.: 2012-CP-32-02093 & 2012-CP-32-02111

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Ricky Kneece, Respondent,

v.

Kneece Farms and Legion in Liquidation and the South Carolina Property and Casualty Insurance Guaranty Association, Appellants.

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AMENDED
RECORD ON APPEAL
VOLUME III OF III

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Columbia, SC 29202
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MIDLANDS ORTHOPAEDICS, PA
1910 Blanding Street
Columbia, SC 29201

## FOLLOW-UP OFFICE VISIT

**NAME:** KNEECE, RICKY
**DATE:** 01/30/2004

**ACCOUNT:** 252876
**DOB:** [redacted]

**CLINICAL STATUS:** Mr. Kneece returns today about days from his knee scope. He is overall doing well and has minimal complaints.

**PHYSICAL EXAMINATION:** Exam demonstrates a full ROM. The calf compartments are soft and the knee looks good.

**DIAGNOSIS(ES):** S/P KNEE ARTHROSCOPY

**PLAN:** Mr. Kneece is overall doing well. I will have him start his physical therapy. I will see him back for a recheck.

**RETURN APPOINTMENT:** 4 weeks

James A. O'Leary, M.D.
JAO / rb
cc:
REV 0

**This document was signed electronically by:**
James A. O'Leary, M.D.
**On:** 02/05/2004 13:14:45

(803) 250-4[illegible]

## Therapy Referral Plan of Care

NAME: KNEECE RICK (last) (first) (middle)

DATE: 1-30-04 CHART# 252876

DIAGNOSIS: (L) KNEE PAIN S/P SCOPE

CONTRAINDICATIONS:

☐ Rehabilitation Potential: ☐ Poor ☐ Fair ☐ Good

☐ Weight Bearing Status: ☐ NWB ☐ PWB ☐ TDWB ☐ WBAT

## ☐ Physical Therapy ☐ Occupational Therapy

## Evaluate and Treat as Ordered

PT FOR WBAT/ROM
FOR QUAD REHAB 1-2x
QWK x 4 WKS

### Therapeutic Procedures

- ☐ Therapeutic Exercise
- ☐ Gait Training
- ☐ Isokinetic Evaluation
- ☐ Isokinetic Training
- ☐ Orthotics
- ☐ Splint
- ☐ Spine Rehab
- ☐ Hand Rehab
- ☐ Work Simulation
- ☐ BTE Evaluation
- ☐ Post Lumber Laminectomy Program
- ☐ Post Lumber Fusion Program
- ☐ Home Exercise Program
- ☐ Work Hardening

### Therapeutic Modalities

- ☐ Fluidotherapy
- ☐ Electric Stimulation
- ☐ Phonophoresis
- ☐ Cryotherapy
- ☐ Whirlpool
- ☐ Hot ☐ Cold
- ☐ Moist Heat
- ☐ Ultrasound
- ☐ Traction
- ☐ Paraffin
- ☐ Massage

### Equipment Supplies

☐ _____

Frequency: ☐ QD ☐ QW ☐ BIW ☐ TIW

Duration: ☐ ___Weeks ☐ ___Months

### Goals Detailed in Therapist Evaluation

- ☐ Independent ambulation
- ☐ Increase strength
- ☐ Decrease pain
- ☐ Promote healing
- ☐ Prevent post-op complications
- ☐ Independent exercise program
- ☐ Prevent joint contractures
- ☐ Return to full function
- ☐ Prevent infection
- ☐ Decrease edema
- ☐ Increase endurance
- ☐ Increase ROM

Therapist signature for goals: _____

Vocational rehabilitation ☐ is ☐ is not needed for this patient.

I certify the medical necessity of services rendered under this plan of care.

Physician's Signature: _____

NOTE: For maximum insurance coverage, refer to your policy regarding the Physical Therapy Practice you are required to see.

150

252876

LEXINGTON MEDICAL CENTER
2720 Sunset Boulevard
West Columbia, South Carolina 29169
803-791-2000

# OPERATIVE REPORT

| | |
|---|---|
| PATIENT: KNEECE, RICKY D | LOCATION: HIAA |
| ADM. #: H00014880066 | M.R. #: M001097345 |
| ADMITTED: January 26, 2004 | D:01/26/2004 |
| DISCHARGED: | T: 01/27/2004 8:32 AM /jls |
| PHYSICIAN: JAMES A OLEARY | SSN: [redacted] |

**DATE OF PROCEDURE:** 01/26/2004.

**PREOPERATIVE DIAGNOSIS(ES):** Recurrent left knee medial meniscus tear.

**POSTOPERATIVE DIAGNOSIS(ES):**
1. Tear of anterior horn, left knee medial meniscus.
2. Left knee medial shelf plica.
3. Grade 2 chondrosis of the extension zone, medial femoral condyle.
4. Medial meniscal cyst.

**PROCEDURE(S) PERFORMED:**
1. Examination under anesthesia of left knee.
2. Left knee arthroscopy with partial medial meniscectomy.
3. Arthroscopic drainage of meniscal cyst.
4. Arthroscopic plica excision.
5. Chondroplasty of medial femoral condyle.

REC'D IN CODING
JAN 30 2004
RL

**SURGEON:** James A. O'Leary, MD.

**ANESTHESIA:** General endotracheal.

**INDICATIONS FOR PROCEDURE:** The patient is a 43-year-old male with a Worker's Compensation related injury to his left knee. The patient has had persistent pain and has undergone arthroscopy about a year ago. The patient has had persistent anteromedial sided knee pain which has been refractory to extensive nonoperative treatment including physical therapy, Cortisone injections, anti-inflammatory medicines and activity modification. An MRI demonstrated degenerative change in the medial meniscus with a meniscal cyst. The patient also had tenderness and pain over a medial plica. The risks, benefits and techniques of a repeat arthroscopy have been discussed with him. The risks include persistent pain, bleeding, nerve damage, blood clots, stiffness, and the need for additional surgery. He understands and wishes to proceed.

**FINDINGS:** Examination under anesthesia demonstrated a full range of motion with no evidence of ligamentous instability. The arthroscopic exam demonstrated some mild Grade 2 chondrosis in the extension zone of the medial femoral condyle. The patellofemoral compartment was remarkable for a recurrent plica and scar tissue formation in the region of the medial shelf plica. The anterior cruciate ligament and posterior cruciate ligament were intact and stable. There was a tear of the anterior horn of the medial meniscus, and a

cyst was drained from behind the posterior horn of the medial meniscus. The lateral meniscus and the remainder of the knee were normal.

**DESCRIPTION OF THE PROCEDURE:** After obtaining informed consent, the patient was taken to the Operating Room, and general anesthesia was administered. The patient was placed in the supine position, and a well-padded tourniquet was placed around the left thigh. The routine portal sites were injected under sterile conditions with 1% Lidocaine with epinephrine. The left leg was then examined with the aforementioned findings. The left lower extremity was then prepped with Prevail and draped as a sterile field.

Routine inferomedial and inferolateral portals were established through which the 30 degree arthroscope was introduced. Inspection of the knee began in the suprapatellar pouch. The pouch was found to be normal and free from any pathology. The patellofemoral compartment was then inspected, and the articular surfaces looked quite good. The region of the medial shelf plica had recurrent scar tissue in this area which was excised with the orbital shaver. There was no further impinging soft tissue on the medial femoral condyle. The articular surfaces on both the patella and the trochlear side looked good. The anterior cruciate ligament and posterior cruciate ligament were intact and stable. The medial compartment was then entered, and some scar tissue and a tear of the white zone of the anterior horn of the medial meniscus was noted. An orbital shaver was used to perform a partial medial meniscectomy with smoothing and stabilization of the remaining medial meniscus. A trocar needle was then introduced arthroscopically, and the cyst behind the posterior horn of the medial meniscus was located. Multiple puncture holes were placed into the cyst with visual drainage of the fluid back into the joint. The articular surface on the tibial side was normal, and the medial femoral condyle was found to have Grade 2 changes in the extension zone. The lateral compartment was then inspected, and the lateral meniscus appeared to be normal. The articular surfaces on the lateral side looked good. A gentle chondroplastic shaving was performed of the medial femoral condyle which smoothed and stabilized the remaining articular surface.

All instruments were removed, and the knee was allowed to drain. The portal sites were closed with interrupted nylon sutures, and the knee was injected with 0.25% Marcaine.

**ESTIMATED BLOOD LOSS:** Minimal.

**COMPLICATIONS:** None.

**DRAINS:** None.

**FLUIDS:** Please refer to anesthesia record.

**DISPOSITION:** A sterile compressive dressing was applied followed by a cold pack. The patient tolerated the procedure well, and there were no complications. He was taken to the Recovery Room in stable condition.

JAMES A OLEARY

(803) 933-6680

Chart # 2528716

## DEMOGRAPHIC INFORMATION

Today's Date: 1/6/04 Date Previous Visit / / Treating Physician OLeary

Patient Name: Ricky Kneece Home Phone: 894-3280

Patient SS#: [redacted] Patient DOB: [redacted]

Employer: Deland R Kneece and Son Phone: 894-3418

## MEDICAL INFORMATION

Date of Accident/Injury for this report: _____

Diagnosis: (descriptions) _____ (codes) 719.42

(descriptions) _____ (codes) _____

## STATUS INFORMATION – *THIS MUST BE COMPLETED*

- ☐ Patient has reached MMI
- ☐ Able to work with no restrictions
- ☑ May return to Regular work on 1/6/04
- ☐ Continue Light Duty
- ☐ Begin Light Duty Work on / /
- ☐ Out of Work until / /
- ☐ Next Office Visit on / /

Other _____

## LIGHT DUTY RESTRICTIONS

- ☐ Full Time
- ☐ Part time _____ Hrs. per day
- ☐ Sedentary Work Only
- ☐ No Repetitive Movement
- ☐ Lifting no more than _____ Lbs
- ☐ No pushing, pulling or twisting
- ☐ No Bending, Stooping or Climbing

Other _____

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(C Demographic Information 2 14 01)

January 12, 2004

**RE:** RICKY KNEECE
**ACCT:** 252876

TO WHOM IT MAY CONCERN:

Mr. Kneece is a patient of mine who has had persistent problems with his left knee. His continued problems are a result of the same injury which resulted in his initial arthroscopy. He now requires a repeat arthroscopy due to persistent pain. I will be glad to answer any more specific questions should they arise.

Sincerely yours,

James A. O'Leary, M.D.

JAO/db
**This document was signed electronically by:**
James A. O'Leary, M.D.
**On:** 01/14/2004 15:02:17

154

MIDLANDS ORTHOPAEDICS, PA
1910 Blanding Street
Columbia, SC 29201

FOLLOW-UP OFFICE VISIT

**NAME:** KNEECE, RICKY
**DATE:** 01/06/2004

**ACCOUNT:** 252876
**DOB:** [redacted]

**CLINICAL STATUS:** Mr. Kneece returns today for evaluation of his left knee pain. He continues to have medial sided pain. He has pain with getting up and down. He is here for follow-up of his MRI.

**PHYSICAL EXAMINATION:** Demonstrates no evidence of effusion. He has a full range-of-motion and there is tenderness over the medial joint line.

**RADIOGRAPHS:** Review of a MRI demonstrates some signal change of the posterior horn of the medial meniscus with a small meniscal cyst just behind the posterior horn.

**IMPRESSION:** LEFT KNEE PAIN.

**PLAN:** At this point I have discussed the various treatment options with Mr. Kneece. We have tried everything and I think our only option is to perform a repeat arthroscopy with meniscal surgery and cyst drainage. I discussed the risks, benefits, and techniques of surgery with him and he will let us know how he would like to proceed.

James A. O'Leary, M.D.
JAO / kd
cc: Michael Green, M.D.
REV 0

**This document was signed electronically by:**
James A. O'Leary, M.D.
**On:** 01/15/2004 10:02:28

MIDLANDS ORTHOPAEDICS, PA
1910 Blanding Street
Columbia, SC 29201

## FOLLOW-UP OFFICE VISIT

**NAME:** KNEECE, RICKY
**DATE:** 12/04/2003

**ACCOUNT:** 252876
**DOB:** [redacted]

**CLINICAL STATUS:** Mr. Kneece returns today for evaluation of the left elbow and left knee. His elbow is doing better after the cortisone injection. His knee remains painful. Unfortunately, he has not undergone his MRI, which I ordered quite a while ago.

**PHYSICAL EXAMINATION:** Of the elbow demonstrates full range of motion. There is no swelling over the olecranon bursa and things look good.

Examination of the knee demonstrates no evidence of effusion with full range of motion. There is focal tenderness over the medial joint line.

**DIAGNOSIS:**
1. **LEFT ELBOW PAIN.**
2. **LEFT KNEE PAIN.**

**DISPOSITION AND RECOMMENDATIONS:** I'll try to reorder the MRI of the knee to rule out a medial meniscal tear. I will allow Mr. Kneece to continue to work at his regular job as he is presently doing. I'll see him back after the MRI of his knee.

James A. O'Leary, M.D.
JAO / sjb
cc:
REV 0

**This document was signed electronically by:**
James A. O'Leary, M.D.
**On:** 12/11/2003 09:53:08

MIDLANDS ORTHOPAEDICS, PA
1910 Blanding Street
Columbia, SC 29201

# NEW PATIENT ENCOUNTER

**NAME:** KNEECE, RICKY
**DATE:** 10/30/2003

**ACCOUNT #:** 252876
**DOB:** [redacted]

**CHIEF COMPLAINT:** Left elbow pain.

**HISTORY OF PRESENT ILLNESS:** The patient is a 43-year-old, right-hand-dominant male with a known history of olecranon bursitis, who I have seen in the past for his knee, and has also seen Dr. Green for shoulder and elbow problems. He returns today complaining of primarily left elbow pain. He states that he was in an accident four years ago, and since then, he has had significant swelling and pain over the posterior aspect of his left elbow. He has pain when he is pressing on his elbow and he has some swelling. He denies any history of gout or recent trauma. He has had a Cortisone injection in the past by Dr. Green which helped temporarily.

**PAST MEDICAL HISTORY:**
Allergies: None
Medications: Vioxx
Surgeries: Hernia repair x 3, APPY, left shoulder, left knee Sx
Illnesses: Bronchitis, gout

**SOCIAL HISTORY:** Two children, does not live alone, on a regular diet, no tobacco use, occasional alcohol.

**WORK HISTORY:** Self-employed.

**FAMILY HISTORY:** Cancer, HTN.

**FAMILY PHYSICIAN:** Carl White, MD

**REVIEW OF SYSTEMS:** Positive for hay fever, headaches, loss of balance.

**PHYSICAL EXAM:** Physical examination demonstrates a 5'10", 212 lb male, NAD. The cervical spine and left shoulder have a full range-of-motion. Exam of the left elbow demonstrates some mild thickening of the olecranon bursa. There is no discrete fluid collection. There is no erythema or warmth. There is full motion of the elbow and there is no lateral or medial sided tenderness. There is no instability of the elbow. The remainder of the exam is normal.

**RADIOGRAPHS:** Radiographs obtained today demonstrate no evidence of significant osteophyte formation, degenerative change, fracture, or other abnormalities.

**IMPRESSION:** LEFT ELBOW OLECRANON BURSITIS.

**PLAN:** I have injected Depo-Medrol and Lidocaine into the olecranon bursa under sterile conditions. I will place the patient on some anti-inflammatory medicines and have him avoid direct contact of this region. I will see him back in 4 to 6 weeks for a recheck.

James A. O'Leary, M.D.
JAO / hcf
Cc: Carl A. White, MD
REV 0

**This document was signed electronically by:**
James A. O'Leary, M.D.
**On:** 11/05/2003 13:48:08

MIDLANDS ORTHOPAEDICS, PA
1910 Blanding Street
Columbia, SC 29201

SECOND OPINION

NEW PATIENT ENCOUNTER

**NAME:** KNEECE, RICKY
**DATE:** 10/16/2003

**ACCOUNT #:** 252876
**DOB:** [redacted]

**CHIEF COMPLAINT:** Left knee pain

**HISTORY OF PRESENT ILLNESS:** The patient is a 43 year old male, seen at the request of Dr. Green for the evaluation of left knee pain. The patient is 10 months out from a left knee arthroscopy at which time he had a plica excision. He was overall doing well until a few months ago when he began having an increase in his pain. He continues to have pain over the medial aspect of the knee. He has pain with bending and squatting, and has occasional swelling. He has been able to work at his job. He has completed physical therapy. He has undergone at least one Cortizone injection following surgery without substantial relief.

**PAST MEDICAL HISTORY:**
Allergies: None
Current Medications: Vioxx
Surgical Procedures and Hospitalizations: Appendectomy, Left Shoulder Surgery and Left Knee Surgery
Past Medical Illnesses: Unremarkable

**WORK HISTORY:** The patient works for Delano R. Kneece and Son, Inc.

**REVIEW OF SYSTEMS:** is otherwise unremarkable.

**PHYSICAL EXAMINATION:** demonstrates a well nourished, well developed male in no distress. The alignment is neutral to 2 degrees of varus. The gait is normal. The left hip has a painless range of motion and straight leg raise is negative Examination of the left knee demonstrates no evidence of an effusion. Range of motion is from 0 to 130 degrees. The ACL, PCL, MCL and posterolateral corner are intact. The patellofemoral exam demonstrates glides to the second quadrant with a mildly tender plica noted. There is no facet tenderness or any apprehension. There is focal tenderness over the medial joint line and McMurray's test produces pain along the medial joint line. The calf compartments are soft and pulses are palpable.

**RADIOGRAPHS:** obtained today include a bilateral PA flexion view, which demonstrates a well preserved medial joint space with no significant degenerative changes, OCD lesions or other abnormality. There is no patella alta, and the Merchant view is normal.

**IMPRESSION:** LEFT KNEE PAIN

**PLAN:** Mr. Kneece is now ten months out from his knee arthroscopy. I have reviewed his pictures, which don't look particularly bad on the medial side. He may have a subtle medial meniscal tear that could have occurred over the last ten months. I have recommended an MRI to evaluate his medial meniscus. He certainly doesn't have any significant degenerative change in the medial compartment. He will likely require a repeat arthroscopy. I see no indicate for osteotomy or partial knee replacement. I will be glad to see him back after the MRI.

James A. O'Leary, M.D.
JAO / bg
Cc: Mike Green, MD
REV 0

**This document was signed electronically by:**
James A. O'Leary, M.D.
**On:** 10/22/2003 14:08:25

**MIDLANDS ORTHOPAEDICS, PA**
(Main) 1910 Blanding Street • Columbia, SC 29201 • All Offices: (803) 256-4107 • Fax: (803) 253-6676

orthopaedics, p.a.

320 Harbison Blvd.

(803) 256-4107

## Therapy Referral Plan of Care

NAME: Ricky Knepper (last) (first) (middle)

DATE: 12/21/01 CHART# 255876

DIAGNOSIS: (1) Shoulder [illegible]

CONTRA/INDICATIONS:

☐ Rehabilitation Potential: ☐ Poor ☐ Fair ☐ Good

☐ Weight Bearing Status: ☐ NWB ☐ PWB ☐ TDWB ☐ WBAT

## ☒ Physical Therapy ☒ Occupational Therapy

## Evaluate and Treat as Ordered

[illegible]

### Therapeutic Procedures

- ☐ Therapeutic Exercise
- ☐ Gait Training
- ☐ Isokinetic Evaluation
- ☐ Isokinetic Training
- ☐ Orthotics
- ☐ Splint
- ☐ Spine Rehab
- ☐ Hand Rehab
- ☐ Work Simulation
- ☐ BTE Evaluation
- ☐ Post Lumber Laminectomy Program
- ☐ Post Lumber Fusion Program
- ☐ Home Exercise Program
- ☐ Work Hardening

### Therapeutic Modalities

- ☐ Fluidotherapy
- ☐ Electric Stimulation
- ☐ Phonophoresis
- ☐ Cryotherapy
- ☐ Whirlpool
- ☐ Hot ☐ Cold
- ☐ Moist Heat
- ☐ Ultrasound
- ☐ Traction
- ☐ Paraffin
- ☐ Massage

### Equipment / Supplies

☐ _____

Frequency: ☐ QD ☐ QW ☐ BIW ☐ TIW

Duration: ☐ ___ Weeks ☐ ___ Months

### Goals Detailed in Therapist Evaluation

- ☐ Independent ambulation
- ☐ Increase strength
- ☐ Decrease pain
- ☐ Promote healing
- ☐ Prevent post-op complications
- ☐ Independent exercise program
- ☐ Prevent joint contractures
- ☐ Return to functioning
- ☐ Prevent infection
- ☐ Decrease edema
- ☐ Increase endurance
- ☐ Increase ROM

Therapist signature for [illegible]

SCANNED

Vocational rehabilitation ☐ is ☐ is not needed for this patient.

I certify the medical necessity of services furnished under this plan of care.

Physician's Signature: _____

NOTE: For maximum insurance coverage, refer to your policy regarding the Physical Therapy Practice you are required to see.

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# Internal Medicine Associates

146 North Hospital Drive, Suite 530
West Columbia, South Carolina 29169

20008

| | |
|---|---|
| PATIENT: KNEECE, RICKY D | VISIT DATE: 06/17/2009 |
| PATIENT #: 00001242130 [redacted] | D: 06/17/2009 6:19 PM |
| PHYSICIAN: CHRISTOPHER WICKER, MD | T: 06/18/2009 9:20 PM / cee |
| | DATE OF BIRTH: [redacted] |

**CHIEF COMPLAINT:** Here for establishment of office visit.

**HISTORY OF THE PRESENT ILLNESS:** Patient is a 49-year-old who presents for follow-up for 1st time visit with myself formally. We have seen each other in September 2008 for bronchitis/sinusitis episode. He does report that this is not uncommon for him to have bronchitis and sinusitis 2x a year, particularly in the spring and fall ever since his accident in 1999. He is treated chronically for hypertension with lisinopril alone and he is doing well with this. He has not had any lightheadedness or dizziness, chest pains or cough because of it. He is also maintained on Effexor and Trazodone by psychiatry due to the brain injury. His major concern is his energy levels. They continue to be very poor. He reports this has been a longstanding difficulty and was found to have central hypothyroidism in the past by Dr. White. He maintains on Synthroid replacement but continues to have difficulties with it. He also notices that he has some lower extremity edema in his ankles. By the end of the day when he gets home after working he feels like he can barely go. Previously his testosterone level has been in the low normal range.

**PAST MEDICAL HISTORY:** Traumatic brain injury with frontal lobe encephalomalacia on right hemisphere in 1999, obstructive sleep apnea maintained on CPAP, history of depression and nephrolithiasis in 2008, occasional gout particularly in the fall.

**PAST SURGICAL HISTORY:** Left shoulder surgery x2, left elbow surgery, left knee surgery x2, appendectomy, right inguinal hernia x2, left inguinal hernia repair.

**HEALTH MAINTENANCE:** Pneumovax in April 2000. Tetanus vaccine in 2004.

**FAMILY HISTORY:** Hyperlipidemia, hypertension, nephrolithiasis. Dad has history of bladder cancer.

**SOCIAL HISTORY:** Married. He has 2 children, 22 and 25 years old. Sons are over 6 feet tall. Denies any tobacco or alcohol use on a regular basis. Works in farming industry.

**DRUG ALLERGIES:** None known.

**MEDICATIONS:** Lisinopril 20 mg daily, Effexor XR 150 mg b.i.d., Trazodone 100 mg at h.s., Synthroid 50 mcg in the morning, CoQ10 daily, Mobic 15 mg daily p.r.n. for gout pain.

**REVIEW OF SYSTEMS:** As per HPI. Continues to have shoulder and ankle arthralgias. Ankle edema as noted above. Bronchitis last treated in March 2009 after going to Urgent Care. He does note that he gets clear rhinorrhea after eating or drinking anything since his accident in 1999 and has not improved any. He has noticed some increased weight gain particularly along his abdomen. Otherwise negative based upon 10-point ROS.

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**PHYSICAL EXAMINATION**

VITAL SIGNS: Blood pressure 112/80, heart rate 79, O2 SAT 98% on room air, height 5 feet 10 inches, weight 232.8 pounds, up 4 pounds since February visit.
GENERAL: Resting, no apparent distress.
HEENT: Normocephalic, atraumatic. Pupils equal. Sclerae anicteric. No obvious rhinorrhea.
NECK: Supple. Full range of motion.
CARDIOVASCULAR: S1, S2. No murmurs, rubs or gallops. Bilateral lower extremities reveal 1+ pitting edema particularly in ankle area and along shins.
LUNGS: Clear to auscultation bilaterally. No wheezes, rales or rhonchi.
NEUROLOGIC: Alert, appropriate. Pleasant.
SKIN: Tanning.

**ASSESSMENT/PLAN**

1. CENTRAL HYPOTHYROIDISM. Check free T4 levels. Adjust medications based on results. Question is if this is the cause of fatigue he has been having and edema. If this is normal next step would be to have him perform 8:00 a.m. total and free testosterone level to see if this could be it as his total testosterone has been borderline normal in the past.
2. HYPERTENSION. He has excellent control on current dosing of lisinopril. Continue this.
3. TRAUMATIC BRAIN INJURY. Overall he is relatively stable from this. Continue to follow-up with Psychiatry.
4. GOUT. Use Mobic on p.r.n. basis. If he begins having to many flares we can consider preventative maintenance with allopurinol but for now will hold off on this. Otherwise return for physical with work up laboratories in approximately 6 months to monitor his labs. No other changes to plan for today.

CHRISTOPHER WICKER, MD

cc:

**Internal Medicine Associates**
146 North Hospital Drive, Suite 530, W. Cola., SC 29169

NAME: Ricky Treece

DATE: 2/12/9

Chart Number: 206089

Weight: 228

**HISTORY**

Trouble hearing out of (L) ear ~ 6 mos - no help c "sweet oil" etc
(L) nostril c rhinorrhea - clear at times - not constant
(L) ear pop off x a day & taste
160/88 P70

**PHYSICAL** BP _____

**HEENT** RSR

**Heart**

**Lungs** clear (L) canal open
cloudy TM

**Abdomen**
nose - clear mucosa

**Extremities**

**Other**
(1) serous otitis - prior drainage

**ASSESSMENT**
(2) HBP
(3) Hx gout
(4) Hx trauma frontal lobe injury
(5) hypoalbumenemia (2ro to ~~[illegible]~~ malnutrition)

**PLAN**
(1) TCTSH
(2) claritin 1 a day
(3) nasonex daily
(4) ENT if not better - pt to call Prosser & Bennett

CBC/Diff

8343-007-1 (07/07)

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**Internal Medicine Associates**
146 North Hospital Drive, Suite 530, W. Cola., SC 29169

NAME: Ricky Kneece

DATE: 9-8-08

Chart Number: 20089

Weight: 227.8

**HISTORY**

URI Sx X 11 days discolored phlegm, cough NK fever ≈ 1st day
wheezing He has been taking Sam's Amox since the last WIC (3 500mg) bid + loratadine D gam,
⊕ sore throat cough productive (1st wed 3rd x 5 days)
Bronchitis ⊕ blood tinged sputum + mucus / rhinorrhea ⊕ dyspnea ex
⊕ HA
Started 10 days ago - improved some last week.
↑ at night + in AM Tussionex helps sleep
⊕ nasal congestion ⊕ PND unable to use CPAP
Loratadine helps
Mucinex
PMH
OSA c CPAP
Drugstore dabuff
have Abx

**PHYSICAL**

BP 118/86 T: 98.0 P: 97 O2: 95%

**HEENT** bogg, erythematous nares, MMM

**Heart** S1/S2 ⊘ m/r/g

**Lungs** CTA (B) ⊘ w/r/r

**Abdomen** BS (+), soft

**Extremities** ⊘ c/c/e

ROS
mild sinus tach
head maxillary
⊘ chest pain
⊘ Abd pain
⊘ dyspnea

**Other**
gen. nrtg no resp distress

**ASSESSMENT**

1. Sinusitis
2. Bronchitis

**PLAN**

- Cipro 500 BID x 7 days
- Nasonex sample
- call if worsening

8343-007-1 (07/07)

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# PRESCRIPTIONS

Patient: R. Kneec

Telephone No.:

| (DATE) | MEDICATION | REFILLS | PHARMACY & PHONE |
|---|---|---|---|
| 7/22/09 | MoDic 15 #30 12 PRN gout | 3 | Sop 894-5150 Rev |
| 8/20/09 | Androgel 5gm daily Apply to shoulders, upper arms, or abdomen | PRN | Big S (V/M) 894-4010 |
| 10/6/09 | Armour thyroid 60mg #30 1 daily | 6 | Big S 894-4010 W/ |
| | Singulair 10mg #30 1 daily | 6 | ↓ ↓ |

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B343-009-1 (2/99)

PRESCRIPTIONS

Patient: Rick Kneece

Telephone No.: 200089

| (DATE) | MEDICATION | REFILLS | PHARMACY & PHONE NO. |
|---|---|---|---|
| 2·18·05 | Levaquin 500 #10 1 daily | Ø | OV / WHN |
| | Mucinex 600 #40 2 bid | Ø | CW / BA |
| 10-4-06 | Z pack UAD #1 | Ø | Big S - 894-4010 |
| | Entex PSE 1 PO BID #30 | Ø | AM-CW |
| 1/5/07 | Ceclor 500 #30 1 PO TID | Ø | Big S - 894-4010 CW/ |
| 2/12/07 | Kesya DM Sample given | | CW DRS |
| | Augmentin 500mg #30 TID | | |
| | Rhinocort 32 mcg Sample given | | CW DRS |
| 2-16-07 | Lisinopril 10mg #30 1 daily for BP | 6 | Big S 894-4010 CW |
| 9-18-07 | Synthroid 0.025mg 1 po daily #30 | 6 | CW / BA 894-4010 |
| 10/11-07 | Lybase 75mg #100 1 po 2 1 q am | 6 | CW / BA |
| 10-23-07 | Levothyroxine 0.05mg #30 1 po daily | 3 | Big S 894-4010 CW/ |
| 3-7-08 | Levothyroxine 0.05mg #30 1 daily | x3 | Big S 894-4010 CW/ |
| 4-10-08 | Lisinopril 20mg #30 1 po qday | 3 | Big S |
| | Synthroid 0.05mg #30 1 po qday | 3 | 894-4010 RM/ |
| 8-11-08 | Synthroid 0.05 mg 1 PO daily #30 | 6 | Big S 894-4010 CW/ |
| 8-11-08 | Lisinopril 20mg #30 1 po qday | 6 | Big S 894-4010 CW/ |
| 9/3/08 | Tussionex 2oz 1 tsp q 12° prn Cough | Ø | Big S 894-4010 KS/m |
| 9-3-08 | Levaquin 750mg #5 1 q day | Ø | Big S 894-4010 KS/m |
| 9/8/08 | Cipro 500mg #14 1 po BID x 7 days | Ø | OV |
| | Nasonex #1 Sample given | Ø | CMW/MB |
| 2/12/9 | Nasonex #1 UAD | 1 | |
| | Mobic 7.5 1 daily #30 | 5 | CW/CW |
| 2/24/09 | Flonase 1 sprays q day (B) #1 | 6 | CMW/HR 894-4010 |
| 3/3/9 | Hycodan 200cc 5cc qi prn | Ø | |
| | Lopid 20mg #13 UAD | Ø | CW CP/CW |
| 3-18-09 | Lisinopril 20mg #30 1 po qday for BP | 6 | OV / CW / MHM |
| | Levothyroxine 0.05mg #30 1 po qday | 6 | |
| 3-24-09 | Levaquin 500mg #10 1 po daily x 10 days | Ø | CMW / HR |
| | Tussionex 60mL 5mL po q 12 prn cough | Ø | |
| 1-17-09 | Lisinopril 20mg #30 1 q day 1 yr | | CMW / HR OV 16 |

8343-009-1 (2/99)

PAGE _____

NURSE'S NOTES

ATIENT: Ricky Kneece
ELEPHONE NO:

| DATE: | |
|---|---|
| 2/21/07 ASD | BP ✓ 120/75 Lisinopril 10mg (+ daily) |
| | qid 2-27-07 |
| | Pt notified - ASD |
| | COM |

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**Internal Medicine Associates**
146 North Hospital Drive, Suite 530, W. Cola., SC 29169

NAME: Ricky Kneen

DATE: 3/24/09

Chart Number:

Weight:

**HISTORY**

Spoke c̄ wife

- Continuously has productive cough - feels poorly & tired all the time
- takes Mucinex D

Also sinusitis/bronchitis that has been eval.

**PHYSICAL** BP

**HEENT**

**Heart**

**Lungs**

**Abdomen**

**Extremities**

**Other**

Levaquin 500 1 po daily x 10 days
8 refills

Tussionex 5 mL po q 12 hr prn
# 60 mL 0 refill

needs to be seen if not better

**ASSESSMENT**

**PLAN**

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8343-007-1 (07/07)

LEXINGTON MEDICAL CENTER
Your partner for health and wellness

Department of Pathology and Laboratory Medicine
2720 Sunset Blvd
West Columbia, SC 29169
Phone (803) 791-2400 Fax (803) 791-2406

Pathologists: Ervin B. Shaw, MD John B. Carter, MD Kitt R. McMaster, MD Beverly W. Daniel, MD
E. Jayne Moffatt, MD X. Karen Xu, MD, PhD William R. Armstrong, MD

PT. NAME: KNEECE,RICKY D
PATIENT ID: M001097345
ACCT NO: H00041170184
SOCIAL SECURITY NO.: 250113236

DOB: [redacted]
AGE: 49Y SEX: M
PHYSICIAN: Wicker,Christopher M
LOC: IMA

29437

Dec 4 w/u
Dec 18 CPE

T22787 COLL: 08/18/2009 09:45 REC: 08/18/2009 13:13 PHYS: Wicker,Christopher M

PSA SCREEN 0.5 [0.0-2.5] NG/ML

TESTOSTERONE BIO/TO

TESTOSTERONE,TOTA 193 ng/dL
Reference range: 350 to 890
(NOTE)
Test Information: Testosterone, Adult Male
To convert to nmol/L, multiply ng/dL by 0.0347.

TESTOSTERONE,FREE 48 pg/mL
Reference range: 47 to 244
(NOTE)
REFERENCE INTERVAL: Testosterone, Free

Tanner Stage IV 35 - 169 pg/mL
Tanner Stage V 41 - 239 pg/mL

To convert to pmol/L, multiply pg/mL by 3.47.

The concentration of Free Testosterone is derived from a mathematical expression based on the constant for the binding of testosterone to sex hormone binding globulin.

TESTOSTERONE BIOA 119 ng/dL
Reference range: 131 to 682
(NOTE)
REFERENCE INTERVAL: Testosterone, Bioavailable
Tanner Stage IV 40 - 485 ng/dL
Tanner Stage V 124 - 596 ng/dL

The concentrations of free and bioavailable testosterone are derived from mathematical expressions based on constants for the binding of testosterone to albumin and/or sex hormone binding globulin.

TESTOSTERONE % ER 2.5 %
Reference range: 1.6 to 2.9

Testosterone deficient
Rec Androgel 5gm/day apply to shoulders, upper arms, or abdomen
F/u LFTs, Lipids, PSA in 3 month w/u 12/1/11

8/20/09 @ 5:
Pt Aware.
Rx Called
JBlex

AUG 20 2009

8/20/09
CHW 5pm

KNEECE,RICKY D KNEECE,RICKY D CONTINUED PAGE1

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LEXINGTON MEDICAL CENTER
Your partner for health and wellness

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E. Jayne Moffatt, MD X. Karen Xu, MD, PhD William R. Armstrong, MD

PT. NAME: KNEECE,RICKY D
PATIENT ID: MD01097345
ACCT NO: H00041170184
SOCIAL SECURITY NO.: 250113236

DOB: [redacted]
AGE: 49Y SEX: M
PHYSICIAN: Wicker,Christopher M
LOC: IMA

T22787 COLL: 08/18/2009 09:45 REC: 08/18/2009 13:13 PHYS: Wicker,Christopher M

TESTOSTERONE BIO/TO (CONTINUED)

| | | |
|---|---|---|
| SEX HORM BIND GLO | 18 | nmol/L |
| | Reference range: 11 to 80 | |

(AR) = Performing Lab: ARUP Laboratories, 500 Chipeta Way, SLC, UT 84108

08/20/09 CW SR

LEXINGTON MEDICAL CENTER
Your partner for health and wellness

Department of Pathology and Laboratory Medicine
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E. Jayne Moffatt, MD X. Karen Xu, MD, PhD William R. Armstrong, MD

PT. NAME: KNEECE,RICKY D
PATIENT ID: M001097345
ACCT NO: H00040223638
SOCIAL SECURITY NO.: 250113236

DOB: [redacted]
AGE: 49Y SEX: M
PHYSICIAN: Wicker,Christopher M
LOC: IMA

260089
CPE 12/18
9:00

W66688 COLL: 06/17/2009 11:10 REC: 06/17/2009 17:45 PHYS: Wicker,Christopher M

| | | | |
|---|---|---|---|
| T4, FREE | 0.95 | [0.74-1.83] | ng/dL |

Thyroid ok ✓

said he wanted testosterone checked
Ankles swell really bad
Sex life is the best in world

ok - Total Testosterone
6/22/09 Free Testosterone
CMW PSA
2pm

early A.M labs please
8-18-09 @ 9:30

pt aware
6-30-09
DL

pt ✓

DM

JUN 17 2009

6/22/09
CMW 10A

KNEECE,RICKY D KNEECE,RICKY D END OF REPORT PAGE1

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Patient Ricky Kneece Chart 29437 Doctor W

| Date | Orders | Diagnosis | Today | Schedule |
|---|---|---|---|---|
| 6-17-09 | CPE & w/u | | | 6 months |
| | Free T4 | Central Hypothyroidism | ✓ | |

Internal Medicine Associates
146 North Hospital Drive, Suite 530
West Columbia, SC. 29169

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Patient Ricky Kneece

Record 1242130

## Vitals Flowsheet

| Date | Temp | HR | BP | RR | SaO2 | Height | Weight | BMI |
|---|---|---|---|---|---|---|---|---|
| 6.17.09 | | 79 | 112/80 | | 98 | 5'10" | 232.8 | |

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INTERNAL
MEDICINE Associates

Lexington Medical Park 2 | 146 North Hospital Drive, Suite 530 | West Columbia, SC 29169
Phone (803) 796-7270 | Fax (803) 796-0106

John G. Black, M.D., FACP
Edwin R. Brown, M.D.
Richard P. Murray, M.D.
Charles H. Parker, M.D.
Brent M. Powers, M.D.
Kirk R. Steptoe, M.D.
Carl A. White, M.D.
Christopher M. Wicker, M.D.
William A. Dunovant, M.D. Emeritus
Bryan L. Walker, M.D. Emeritus

November 16, 2008

Mrs. Roxanne Kneece

RE: Ricky D. Kneece

Dear Mrs. Kneece,

This letter is in response to our meeting with you and with your husband's attorney on 11/11/2008. As you are aware I had requested an MRI of Ricky's brain because of hormonal changes with hypothyroidism which seemed to be on the basis of pituitary dysfunction. MRI of his brain showed his pituitary to be without any masses, cysts, etc. He did, however, have a 32 x 32 x 43 mm area in the right frontal lobe which was compatible with an area of encephalomalacia that certainly seems to be related to his previous trauma in which he suffered a severe head injury in 1999 with a skull fracture and bleeding into his brain as well as having a subdural hematoma. Since that time he has been able to return to work on the farm. His hypothyroidism that he developed in my opinion is related to his head trauma. Untreated hypothyroidism would result in lethargy, weight gain, change in his voice, constipation and general lack of energy and desire. He is currently being treated for his hypothyroidism. It has come to my attention more so lately that he has had more emotional changes. He does see a psychiatrist for this. It is also my understanding that he is having more problems with forgetfulness as well as trouble controlling his emotions and episodes of anger. In my opinion these emotional changes and any problems regarding forgetfulness could certainly be related to his previous head trauma and frontal lobe damage.

Sincerely,

Carl A. White MD

Carl A. White, MD

/cee

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Lexington Medical Center

INTERNAL
MEDICINE Associates

John G. Black, M.D., FACP
Edwin R. Brown, M.D.
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Brent M. Powers, M.D.
Kirk R. Steptoe, M.D.
Carl A. White, M.D.
William A. Dagoyan, M.D. Emeritus
Bryan L. Walker, M.D. Emeritus

RECEIVED OCT 1 2 2007

Lexington Medical Center
*Your partner for health and wellness®*

October 9, 2007

To Whom It May Concern

RE: RICKY D. KNEECE

Mr. Kneece is a 47-year-old Caucasian male who had a severe head injury with skull fracture in November 1999 with bleeding into his brain and a subdural hematoma. He was treated by neurosurgery at Richland Memorial Hospital. He eventually recovered, but on his recent physical examination was found to have endocrine changes that had not been present before. He now is hypothyroid with secondary hypothyroidism related to pituitary insufficiency. The etiology of this is related to his previous brain injury. MRI of his brain shows his pituitary to be without any masses or cysts, etc. He does, however, have a 32 x 32 x 43 mm area in the right frontal lobe compatible with encephalomalacia. This seems to be related to his previous trauma. No other areas in the brain that show any significant abnormalities. The patient had a severe head injury in 1999 and is now hypothyroid related to this. He also is being evaluated at this time for possible obstructive sleep apnea. Mr. Kneece has hypertension and mildly elevated blood sugars. He also has headaches, which at times are incapacitating since his head injury. Hopefully, with starting medication for his thyroid insufficiency, additional medications for headaches and with control of his blood pressure and blood sugar, he will be able to continue to function normally.

In addition to brain loss in the right frontal area, he has emotional problems since his accident and sees a psychiatrist.

Sincerely,

Carl A White, MD

/ksd

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**Internal Medicine Associates**
134 E. Medical Lane, West Columbia, SC 29169

DATE: 8-29-01

NAME: Ricky Kneece

Chart Number: 00089

Weight: 210

**HISTORY**

Saw ortho for 2nd opinion - still further out surgery not recommended unless it persists (pt hx). Last visit had sore throat + cough. Took meds & better. Head still congested - claritin & helps. Had some swelling - better - no fever or chills. Usually on sinus congestion - claritin 1x mg helps and flonase. Worked a lot of dust on farm - meds - claritin / flonase

**PHYSICAL** equal BP - head movement → Recent dizziness. Saw Dr L. Smith in past - to see 9/25

**HEENT** 130/88 P70

**Heart** RSR

ENT OK

**Lungs** clear

Canals + TM's ok
hx of drum perforation

**Abdomen** mg

**Extremities** no edema

**Other**

recent sinusitis / bronchitis - ? mild

**ASSESSMENT**

dizziness - ? inner ear

**PLAN**

- Same claritin / flonase
- Robitussin DM gm
- antivert 12.5 25 q 6 hr prn - advised w drowsiness
- Dr Smith (neurology)
- see f/u

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CWhite

007-1 (2/99)

**Internal Medicine Associates**
134 E. Medical Lane, West Columbia, SC 29169

NAME: Ricky Kreece

DATE: NOV 16 2000

Chart Number: 200089

Weight: 215 f/u

**HISTORY**

He still smokes - claritin + flonase helps some - wife is fairly certain that he does not have aquatic events. Some less pressure in chest - Emotional lability ? less. Occas paraesthesia Rt eye c.o. HA better: claritin + flonase. Some episode of dizziness since accident. sudden movement (L) knee ache since accident. Occas urinary notice BP = resistant (better: claritin) No of arrhythmia

**PHYSICAL**

EENT: 140/90 - 92 P 70

Heart: clear nasal mucosa
RSR

Lungs: clear

Abdomen:

Extremities: no edema

Other: (L) knee: good ROM (pt cannot flex as far as 30 by hx)

**ASSESSMENT**

Sinus drainage
Borderline HBP
S/p burn etc

**PLAN**

claritin
flonase
Take with me Kree if sinus (Dr Chillag)
BP at home weekly (pt wants to wait)
See Smith

CC Pat

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7-1 (2/99)

Internal Medicine Associates
134 E. Medical Lane, West Columbia, SC 29169

NAME: Ricky Kneece

DATE: AUG 31 2000

Chart Number: 20087

Weight: 214

**HISTORY**

Dam Psychology — Dr. Moore — testing done but pt did not return due to ↑ work schedule and he does not want to return — pt encouraged to return

Occas sinus problem — drainage - not using meds or presentl.

Emotional lability persists — under ↑ pressure c̄ work (Harvest time)

**PHYSICAL**

BP

HEENT: ~~Snores heavily~~ no apnea noted by wife — mouth sinus accidents

Heart: ↑ dent c̄ wear

136/86 P 70

Lungs: PSR clear lungs

Abdomen: abd nf

no edema

Extremities: throat nf — clear nasal mucosa

Other: snoring

**ASSESSMENT**

Sinusoidal conj.

S/p sinus hist surgery

**PLAN**

1) take Claritin 1 qd + flonase regularly

2) if persists c̄ snoring do overnight monitor of O2 ~~if suspicion of~~

3) if persists consider ENT ~~consult~~

4) See 2 mo

5) not taking aspirin

CWA

591

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343-007-1 (2/99)

Internal Medicine Associates
134 E. Medical Lane, West Columbia, SC 29169

NAME: Ricky Kneece

DATE: JUN 29 2000

Chart Number: 200089

Weight: 213

**HISTORY**

He Cont c.v. — Bypass made him
Allergic — Emotional lability — ?? depression
bad morning every hour ( 4-6 hr of sleep at night)

Physically ok

Breathing ok - snores - no apnea
walks by mile

**PHYSICAL** BP 140/88 P 76

**HEENT** NSR

**Heart**

**Lungs** Clear

**Abdomen**

**Extremities** no edema

**Other**

S/P severe heart injury

**ASSESSMENT**

emotional lability

**PLAN**

Pt scheduled to see Psychologist through
his insurance co.

See me 2-3 mos

180

(A-7/7/97)

Internal Medicine Associates
134 E. Medical Lane, West Columbia, SC 29169

NAME: Ricky Greece

DATE: JUN 2 [illegible]

Chart Number: 200089

Weight: 210 random

**HISTORY**

off of all meds + out of inhaler - no recent inhaler -

minimally active doing heavy work - occas. feels SOB at 1st but OK once he gets into work
only occas. HA - Less patience since accident. Discussing meds - Denies depression now -

**PHYSICAL** BP 76 had depression after accident

**HEENT** 130/90 P 70's

**Heart** RSR

**Lungs**

**Abdomen** clear lungs

**Extremities** no edema

**Other**

**ASSESSMENT**

bronchospasm - improved
emotional lability

**PLAN**

continue
Lexapro (reduce nasal cong)
Buspar 5 mg tid # 100 x/x3
See 6 wks - may need ↑ buspar - pt aware

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CWHto

IA-7(7/97)

Becky Kunu 4/13/00

BP Rt 130/90 (L) 115/90
P 70

RSR WD, WN, WM alert + oriented
HEENT neg including fundi
neck neg
lungs - clear
RSR m (M) - good pedal pulse
abd neg
Neuro - DTR's ++
normal gross sensation (scar (L) knee
skin - sun exposed cannot fully flex
hematoma Rt frontal area (L) knee

Impr:
1. S/P cerebral bleed injury
2. S/P pneumonia / atelectasis / bronchospasm
3. sinus drainage

Plan:
1. cont. albuterol + HHN
2. claritin 10 mg qd
3. ~~Atro~~ Humibid C.A. bid X 1 wk
4. try flonase 2 sprays qd
5. old records AMH + Dr Dunbar
6. see me 4-6 wk + prn
try to taper meds some time
7. pneumovax

CWHeb

182

Internal Medicine Associates
134 E. Medical Lane, West Columbia, SC 29169

NAME: Ricky Kneece

DATE: APR 82...

Chart Number:

Weight: 213

Pneumovax 1/2cc IM (R) arm RN/AY

**HISTORY**

40 y.o. WM who was involved in an accident hanging a tired tire c skull fx. above Rt eye & Rt side of skull. Was apparently some bleeding into brain & subdural area - c Dr. Pulaski @ RMA - Nov 99. He was in hosp / wk. He had pneumonia c flu Jan 26, 00 that cleared c Ab (augmentin x 10 & then cefzil x 10 days). He had acute bronchitis and saw Dr Carter in ER LMC 4-4/00. He had bronchospasm and was treated c

**PHYSICAL** BP (1) 3 pat. (2) albuterol 10 g ↓ (3) HHa c albuterol bid (4) serevent which b.i.d (5) combivent x 2 in middle of day when at work (6) Tessalon perles t.i.d

HEENT (7) prednisone 50 mg q d x 5 days (taper)

Heart (8) Hemocrit 4A 600 1 bid

Lungs He was tested by Dr Weiner for allergies 2-3 years ago - none found. (Had some drainage & cough when breathing both mainly) - clear c change in lung. (ie from inside house → outside)

Abdomen

Extremities Allergies - NKA to med. -

PMH: (1) skull fx. (2) married (3) 8th grade

Other (3) appendectomy (4) 2 Rt. inguinal hernia repair + 1 (5) (Cleveland) (Harmony)

Soc Hx - No tobacco or ETOH - (non drug)

**ASSESSMENT** married - 2 sons 15 + 12 y.o.

Working family farm

RS - some drainage mucus in / all - clear.

not much sneezing - some cough (in AM) - some throat lately - med ng

**PLAN** resp - no PI - some DOE for past 2 yrs mildly.

CV ng GI - occ mild heart burn. no regular tum known

Eyes good RW - OK GU - ng -

Ears hearing

Musculoskeletal ng - mild - some back injury now ??

183

MA-7(7/97)

134 E. Medical Lane, West Columbia, SC 29169

NAME: Kelly Kuna

DATE: 3/13/01

Chart Number:

Weight:

HISTORY

(C) ear c/o hearing, roaring and positional vertigo - mild
R/O fever Recent sinusitis otitis c̄ Zpak
Ear fullness up last wk -
Ear pain c̄ swallowing

PHYSICAL BP 160/82 P.O.

HEENT

Heart Clear lung

Lungs RSR lar bol ↓ c̄ L hearing D
throat & nose nl

Abdomen

Extremities

Other prabbe serum otitis D

ASSESSMENT

PLAN

Claritin D 12 bid
flonase qd
cell pregen 7-10 days
CMTab

184

HH (2/99)

OUTPATIENT FOLLOW-UP VISIT

PATIENT: Ricky Kneece
UNIT NO:
DATE: 12/02/02

IDENTIFICATION: Ricky Kneece is followed in my office with a history of traumatic brain injury that occurred in 1999, left medial condyle fracture, ongoing knee difficulties.

HISTORY OF PRESENT ILLNESS: Since his last visit on 10/4/02 Mr. Kneece has been doing well. He did try to wean down on the Depakote which he was taking two pills twice a day to two pills in the evening and one in morning, however, his headaches returned not to their previous level but have returned requiring him to take Extra Strength Excedrin at times. He has been using Vioxx daily and that does seem to help some with his knee pain but not completely and Zoloft 25 mgs. a day has stabilized the mood some and has not made him as sleepy as the Paxil seemed to do. He is not doing any aerobic reconditioning at this time. He is awaiting follow-up with Dr. Green for decision on arthroscopic knee repair and what sounded like patella scraping, etc. He is working on a regular basis. Overall seems to be doing better. He has completed his counselling with Rafe Ellisor. He has completed his therapy program. Does do some stretching exercises for his knee but no other specific exercise activities. He is eating well. Sleeping good at night. Bowel and bladder function is stable. Denies pain elsewhere.

EXAMINATION: Mr. Kneece looks well. He is awake, alert and oriented. Ambulated back to my office in no distress. Seemed to favor the left lower extremity a little bit more than the right. No obvious effusion, redness or warmth through the joints. Legs had no distal edema. Calf soft, non tender. Heart is a regular rate and rhythm. Lungs are clear. Functional motion and good strength through the upper extremities and lower extremities.

IMPRESSION: As above, traumatic brain injury, left medial condyle fracture.

RECOMMENDATIONS: I recommended to Mr. Kneece that he is approaching a point of maximum medical improvement, however, prior to getting there I think his knee does need to be addressed fully through Dr. Green and if he does in fact have arthroscopic repair then following this and appropriate recovery and rehabilitation he will be at a point of MMI. If in fact they decide together not to do any further surgery then he will be approaching that point a good deal sooner. I think he should continue on the Depakote two pills twice a day, continue Vioxx 25 mgs. a day and Zoloft 25 mgs. a day. I will see him back following his appointment and/or any intervention with Dr. Green. It is a pleasure seeing him back today.

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PHYSICAL MEDICINE AND REHABILITATION OUTPATIENT FOLLOW-UP...PAGE 2

PATIENT: Ricky Kneece

I would like to see him back in eight weeks. I would be happy to see him back sooner if needed.

Devin Troyer, M.D.
Physical Medicine & Rehabilitation

DT/dlh
D: 05/29/02
T: 05/29/02

192

June 14
10:30

# REHABILITATION AND GERIATRIC SPECIALISTS, LLC

DEVIN TROYER, M.D. W. DANIEL WESTERKAM, M.D.
THOMAS NORRIS, M.D. W. RANDAL WESTERKAM, M.D.
JAMIE HALL

## FACSIMILE TRANSMITTAL SHEET

TO: Workers Comp Coord.
FROM: Jamie Hall
COMPANY:
DATE: 4/17/02
FAX NUMBER: 253-6655
TOTAL NO. OF PAGES INCLUDING COVER: 5
PHONE NUMBER:
SENDER'S PHONE NUMBER: 803-401-1369
RE: Ricky Knecce
SENDER'S FAX NUMBER: 803-401-1178

☐ URGENT ☑ FOR REVIEW ☐ PLEASE COMMENT ☑ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

W/C
Stirling Cooke
P.O. Box 49228
Sarasota, FL
34230
Cl# L16755
Penny Ploss
800-533-
4448 x 2036

Spoke to Penny on 4/16. She ok'd eval by Dr. Green.

DEA # BT1948693
RGS REHABILITATIVE AND GERIATRIC SPECIALISTS
DEVIN TROYER, M.D.
2935 COLONIAL DRIVE
COLUMBIA, SC 29203
803-254-7777
SC Lic No. 15387

NAME Ricky Knecce
ADDRESS DATE 4-12-02
℞ (Please Print) Dr Green.
Eval & treat
Hx medical records for
persistent pain

The information conta
If you are not the inte
that you have received
prohibited. If you rec
documents to us via m

med above.
ereby notified
on is
the

Midlands orthopedics

☐ LABEL
REFILL ____ TIMES PRN NR
____ M.D. DISPENSE AS WRITTEN
____ M.D. SUBSTITUTION PERMITTED
02-NOV-98 01-100676411-2-6254_0003

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# PHYSICAL MEDICINE AND REHABILITATION
# OUTPATIENT FOLLOW-UP VISIT

PATIENT: Ricky Kneece
DATE OF EVALUATION: 04/12/02

IDENTIFICATION: Ricky Kneece was seen in my office last on 03/08/02 for an outpatient follow-up visit and still having deficits from traumatic brain injury, headaches, intermittent neurologic symptoms, especially when changing posture and position, as well as left knee pain.

HISTORY OF PRESENT ILLNESS: Since our last visit, Mr. Kneece continues to follow with Rafe Ellisor, LMSW, from the Neuropsychology Department regarding counseling and his traumatic brain injury. He only sees Rafe when he comes to see me on a monthly basis at this point. Although Rafe would like to see him weekly, it is too difficult for Mr. Kneece to get here with his work schedule and this time of year.

Mr. Kneece was last seen here on 03/08/02 at which point he was started on some Depakote and weaned off the Neurontin. He has done exceptionally well with the Depakote although some of the hopes were to diminish the headache frequency and severity. Most of his other bothersome symptoms have improved including some nighttime biting the inside of his cheeks and teeth-gnashing as well as confusion when awakening. It has improved what he calls staggers in that when he now changes posture and gets up, he feels steady and stable from the get-go and not having any of these symptoms as well. Overall, his mood appears somewhat better as does his affect, and this was confirmed by his wife. He denies any side effects with this medicine taking it twice a day with food.

He still has a lot of knee discomfort that is unchanged. He has good days and bad days. He will limp some days and not others. He did see Dr. Green who follows his shoulder surgery from previous injury who commented that he would have evaluated his knee with MRI to see if there is anything else to fix or repair and not just going arthroscopically as was proposed to him with a 50% chance of improvement. With this in mind, Mr. Kneece and I agreed that this seems to be an appropriate approach. I would certainly like to see if there is anything there repairable or that needs further addressed as opposed to simply having to live with the current pain that he does.

PHYSICAL EXAM: I did reexamine Mr. Kneece. He has full motion through the neck, shoulders, elbows, wrists, and digits, hips, knees, and ankles. He has no focal weakness. He has some crepitus and popping on the left knee with flexion and extension. He has no effusion noted. No redness noted. Calves are soft and nontender. Gait pattern is fairly symmetric today.

IMPRESSION: Traumatic brain injury, left medial condyle fracture with ongoing pain.

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PHYSICAL MEDICINE AND REHABILITATION OUTPATIENT FOLLOW-UP...PAGE 2

PATIENT: Ricky Kneece

RECOMMENDATIONS: I recommended to Mr. Kneece that he continue with the Depakote twice a day and continue with counseling with Rafe Ellisor, and he can be referred to Dr. Green to evaluate his knee. I discussed this with his case manager today who agreed with this proposal. I will see him back in four weeks.

Devin Troyer, M.D.
Physical Medicine & Rehabilitation

DT/dlh
D: 04/12/02
T: 04/12/02

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# PHYSICAL MEDICINE AND REHABILITATION
# OUTPATIENT FOLLOW-UP VISIT

PATIENT: Ricky Neese
DATE OF EVALUATION: 03/08/02

IDENTIFICATION: Ricky Neese was in my office about a month ago with a history of skull fracture, traumatic brain injury, contusion and laceration of left knee. He presents back today for an outpatient follow-up visit.

Since our last visit, Mr. Neese did try the Neurontin but did not like the effects of this and stopped it. He was on Paxil for a little while. It apparently gave him some priapism and not in a good way. Therefore, he stopped that as well. He did not like that it made him simply sit around although he is not feeling depressed or in any particular bad mood. He was even less motivated than he had been before and was content to just simply sit around. He does have knee pain still that come and go and are relatively unchanged over the last several months but are bothersome to him and, at times, he has to limp on his leg. He is still trying to work his farm on a regular basis. He is having some difficulty, but he is maintaining.

He did get to finally meet with Rafe Ellisor, LMSW, and had a good visit and good rapport. This may be quite helpful to him for the support and counseling that Mr. Ellisor can offer with his experience in head injury.

Mr. Neese has no new problems. Bowel and bladder function are fine. He is eating fairly well.

PHYSICAL EXAM: Heart showed a regular rate and rhythm. Lungs are clear. Extremities are without edema. Left knee is sore to touch. Extremities distally are without increased edema. The tenderness was medially along the joint space line near the patella as well. His strength remains 4+ to 5/5. He still has episodes of what he calls staggers where he first gets up and does not feel adjusted. This settles if he just stands still. He still has some headaches on a regular daily basis, usually after lunch. His gait was normal today.

IMPRESSION: Traumatic brain injury. Left knee medial condyle fracture and ongoing pain.

RECOMMENDATIONS: It is recommended that we try something different for headaches, other than Neurontin which he was not tolerating well. I gave him a prescription for Depakote 250 mg twice a day. I also gave him a little bit of a sample of ketoprofen-lidocaine cream for his knee. We talked about knee injections and/or follow-up with orthopedist who recommended the possibility of arthroscopy in the future if the symptoms did not abate. They had apparently given him about a 50/50 chance of improvement with this.

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PHYSICAL MEDICINE AND REHABILITATION OUTPATIENT FOLLOW-UP...PAGE 2

PATIENT: Ricky Neese

I will see him back in a month. I want him to continue counseling with Rafe Ellisor.

Devin Troyer, M.D.
Physical Medicine & Rehabilitation

DT/dlh
D: 03/08/02
T: 03/09/02

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NEW PATIENT EVALUATION CONTINUED. . . .PAGE 2

PATIENT: Ricky Kneece

he use to, does not enjoy his work like he use to. Is irritable at home. Does not do his hobbies like he use to and seems to have not had any fun lately.

He is a little frustrated with his ongoing knee pain, headaches and deficits from traumatic brain injury.

PAST MEDICAL HISTORY: Benign. He is not taking any medicines at this time. He has had left shoulder trouble in the past with dislocation and has recently had some shoulder surgery to help take care of this and is in therapy for this. This was not apparently related to the recent accident. Does not smoke. Drinks some occasional beer. Drinks a couple cups of coffee a day. On no special diet. Has not been sleeping well in the five to six hour night range since his injury.

PHYSICAL EXAMINATION: This is a very pleasant, cooperative, awake, alert 40 year old gentleman sitting up in a chair in no distress. His neck range of motion is within normal limits. Did not cause any particular symptoms of pain today with good slow steady movements. Upper extremities limited at the left shoulder for motion over his head because of recent surgery and ongoing therapy. He has good motion through the elbows, wrists and digits. Good fine motor coordination of the digits bilaterally. Good strength in the 4+ to 5 out of 5 range throughout although the shoulder not tested. The lower extremities also 4+ to 5 out of 5. Deep tendon reflexes symmetric and 2 out of 4. No distal edema through the extremities. Calf soft, non tender. No palpable cords. His heart was a regular rate and rhythm. His lungs were clear to auscultation. His knee did have some popping felt lateral to the patella on flexion and extension at about the same degree each time. No particular pain with that. No effusion. Mild tenderness in the medial aspect of the patella. Medial joint space line was non tender as was the lateral joint space line. Posterior to the knee was non tender as well. Negative patella apprehension. Negative increased ligament laxity medially or laterally.

IMPRESSION: Left knee pain, traumatic brain injury with skull fracture.

RECOMMENDATIONS: Recommended to Mr. Kneece that we need to address several issues. I think that one of our best bets would be starting him on a mood stabilizer or sorts that can help reduce anxiety and believe Paxil would be a good choice for him at 20 mgs. a day. In addition to help him sleep at night but also to help with his chronic headache pain Neurontin may be of benefit and will try 300 mgs. at night. Finally for an anti-inflammatory instead of him taking too much Aspirin, Bufferin, Tylenol or Aleve which he may be proned to do I would like him to start on Vioxx 25 mgs. a day so hopefully this will simplify medicines he is using for pain but help with inflammation. I also discussed with him some counselling and would like to set him up with Rafe Ellisor who deals a lot with traumatic brain injury and recovery patients for compensatory mechanisms, coping strategies for the depression and frustration involved with this and I believe this may be of benefit. I would like to see him back in three or four weeks to

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NEW PATIENT EVALUATION CONTINUED. . . .PAGE 3

PATIENT: Ricky Kneece

evaluate our interventions today.

Devin Troyer, M.D.
Physical Medicine & Rehabilitation

DT/prs
D: 02/11/02
T: 02/12/02

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PALMETTO NEUROSURGERY AND SPINE
3 Richland Medical Park Drive, Suite 320
Columbia, SC 29203
(803)434-8323
Fax (803) 434-8326

PROGRESS NOTE

PATIENT: Kneece, Ricky

CHART: 37891

Mr. Kneece is the man who was very severely injured when he had a compression-type truck wheel blow apart and strike him in the head. He had injuries to the right frontal pole, diffuse cerebral edema was seen, he had subarachnoid hemorrhage across the tentorium, and a left tentorial subdural hematoma. He had a high right posterior frontal epidural and very thin bilateral convexity subdural hematomas. He had a left posterior frontal parasagittal contusion. Despite this very forceful injury he made a very good recovery and returned to his family business, which is an independent farm. Mr. and Mrs. Kneece are here today to discuss with me their ongoing struggle with the after affects of this head injury. I will dictate my notes of our discussion.

Mrs. Kneece was the major spokesman for the interview and she is the major spokesman for their family. She began by saying that the first year after the accident Mr. Kneece worked extremely hard and was unaware of his neurological deficits because of focusing on returning back to work. This second year he has not been able to ignore the changes in his life. She poses a question "we know what has been lost; how do we get it back?"

I asked both of them what was different about Mr. Kneece. Mrs. Kneece said that Mr. Kneece's personality has changed. He used to be very patient, very easy going, and laid back. Since the accident he is easily frustrated and easily angered. He has no patience with his teenage son just when because of their age patience would be at a premium.. He has no patience with his job, he gets frustrated with things that happen at work, which are not major frustrations but just routine daily challenges.

Mr. Kneece still is bothered by headache and still requiring medicine to care for his headache. A specific complaint is that he suffers brief periods of unsteadiness with postural changes. For example when he goes from sitting to standing, or when he bends over, or even when he turns his head such as when one turns to look behind oneself before changing lanes in a car, he has a brief period of unsteadiness. This is readily treated by holding his head still and waiting just a moment but if he does not do that the unsteadiness does not dissipate on its own and progresses to nausea and almost beyond. He has taken Antivert but it is not helpful.

Mr. Kneece's memory is much worse. He writes notes to himself to cue him to remember to do chores. Sometimes when he leaves the farm he can not remember whether he performed a vital chore and has to go back and check on it. I said that all of us do this to a certain degree and they hastened to admit that

CC:Lenwood P Smith, Jr, MD

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but that Mr. Kneece is troubled by this problem well beyond a routine degree. He forgets conversations, he forgets decisions which have been made, he repeats himself in conversation.

He was given a prescription for BuSpar but he did not tolerate it.

Mr. Kneece has lost interest in fishing and hunting. He struggles to find the will to go to work. He finds that it is difficult to invest himself in his farm and his family.

Mr. and Mrs. Kneece have failed multiple attempts to get affordable health insurance. This is an extreme problem for them. Mr. Kneece is employed as an independent farmer. His life long partner in this regard is his dad. His parents are now older, and are retired, and have been ceding to Mr. Kneece the responsibility of the farm however because of the after affects of his injury his parents do not have the same full trust that Mr. Kneece can be a shrewd businessman.

They have struggled with the Workman's Compensation system. They went to Workman's Compensation without council and found that being successful without council was difficult. They have subsequently asked Scott Elliott to be their council. The Worker's Compensation claim is with Mr. Kneece's uncle for whom he was working at the time of the accident. That gives them some additional worry about the possibility of suing a close family member. They are uncomfortable with the idea of suing at all but they do not want to fail to look after themselves and they feel guilty either way they go. Mr. Kneece has seen a psychiatrist. He was not happy with his first meeting with the psychiatrist. He feels he needs further assistance however Mr. Elliott thinks that Mr. Kneece still needs to see a psychiatrist.

Then Mr. Kneece added a few of his own thoughts. He is worried about this unsteadiness when he turns his head or bends over. He is worried for example about his safety as a driver on the highway. In fact Mrs. Kneece is doing most of the nonfarm higher speed driving. Mr. Kneece is also concerned about the residual headache which he experiences. His headache occurs almost every day. It is not severe enough that he needs to take something every time. The headache is bifrontal, it lasts 2-4 hours.

My recommendations for Mr. and Mrs. Kneece include that Mr. Kneece certainly has symptoms which are characteristic for the sort of injury that he has. I have no reason to think that a repeat scan would show an active process. I believe that these complaints which he has do not sound like they are coming from an ongoing process but sound like they are the result of the head injury which he has already had. offered them a scan but I told them that I think that it would be low yield and we had decided not to scan him for the time being.

I believe that Mr. Keence's problems are severe and will be permanent. I agree that their concerns are well founded. These concerns can be summarized by saying that Mr. Kneece may no longer be able to be the same competitive businessman that he would have been in the past and our society and culture has provided for those people to be compensated. I think that Mr. Kneece does need to be assisted by a attorney and I have told them that I think that some reopening of the Worker's Compensation case or some way of quantifying Mr. Kneece's disability and awarding him disability which will then serve as



CC: Lenwood P Smith, Jr, MD

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part of the safety net for the farm and to pay their now much higher health costs is something that they are going to have endure.

I do not believe that Mr. Kneece has an ongoing neurosurgical issue and so I will not plan to see him on a regular basis but I am certainly available at any time should issues arise. Furthermore I am happy to participate within my role as it exists for a decision about the extent of his disability.

Lenwood P Smith, Jr., MD

LPS:hs
D: 09/30/2001 12:56 P T: 10/01/2001 12:07 P
Job #: 722624 T Job #: 85891 Doc #: 226927
cc: Lenwood P Smith, Jr, MD

cc: Dr. C.T. Dunbar
Dr. Carl White

KNEECE, RICKY PROGRESS REPORT

#37891

2-11-2000: Mr. Kneece is here for follow-up having had his truck wheel blow up and strike him in the head. He had a skull fracture. He had some post-concussive type symptoms. Mr. Kneece's headache is completely gone. He still gets some dizziness sometimes when he makes rapid changes from lying to standing or from sitting to standing. He has had the flu recently; other than that, his personality has nearly returned to baseline. He is eager to return to work and feels that he can be a careful user of the highway.

I have told Mr. Kneece, his wife and case manager that I believe he should go to HealthSouth for work-place testing. If after that testing he receives a satisfactory passing grade, then I think that he is cleared to return to work as far as I am concerned. I have urged him to be careful when he first goes back to work, reminding him that a bed-side evaluation in my office followed by a work-place simulation study at HealthSouth are both artificial studies and that the only real study is in the work place itself and that he should use appropriate caution and care in returning to work.

I will see Mr. Kneece on an as-needed basis.

Lenwood P. Smith, Jr., M.D.

LPSjr/jj

cc: C. P. Dunbar, M.D.

205

WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT NAME: KNEECE,RICKY
Age: 39 Sex: M DOB: [redacted]
Admitted By:
ER Dr:
Attending DR: LENWOOD P SMITH, JR, MD
Ordered By: LENWOOD P SMITH, JR, MD
Discharge Diag:

Medical Record Number: M001097345
Account Number: H00002203875
Requisition Number: 00-010303
SSN: [redacted]
Report No: 0201-0227
Patient Location: HCTS/
Date of Discharge:

DATE OF EXAM: 02/01/00
CLINICAL DATA: HEADACHES, DIZZINESS. HX OF TRAUMA WITH FRONTAL CONTUSION AND SKULL FX.

CT BRAIN:

Comparison made to 1/5/00.

FINDINGS: Contiguous axial imaging through the brain was performed without IV contrast and demonstrates an area of hypodensity involving the right frontal lobe. The hypodensity is more apparent on today's examination and is probably secondary to slice selection and slight difference in window technique. Overall the area of hypodensity is probably the same size as before. There is no mass effect. There is no hemorrhage. The ventricles and sulci are within normal limits. The overlying orbital roof fracture on the right is again noted.

IMPRESSION: Continued hypodensity in the right frontal lobe, the hypodensity is becoming more obvious on today's exam. There is no mass effect. As before, this probably relates to post traumatic encephalomalacic changes. Orbital roof skull fracture on the right.
##

LAJ

EDWIN P PIA, MD

Report Completed: 02/01/00 1234
SIGNED COPY IN RADIOLOGY DEPARTMENT

Patient Location:
KNEECE,RICKY

Ordering Physician's Copy

Page 1 of 1

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KNEECE, RICKY D. OFFICE NOTE

#37891

1-11-2000: Mr. Kneece had a repeat CT scan at my request. I have reviewed this study, and it shows a basifrontal, low density which persists on the right, but otherwise no other significant brain injury. From the lesion that is visible, there is no mass effect, no midline shift and no other lesion. In summary, this is a very good postoperative scan, considering where we started.

Lenwood P. Smith, Jr., M.D.

LPSjr/jj

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WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT NAME: KNEECE,RICKY D
Age: 39 Sex: M DOB: [redacted]
Admitted By:
ER Dr:
Attending DR: LENWOOD P SMITH, JR, MD
Ordered By: LENWOOD P SMITH, JR, MD
Discharge Diag:

Medical Record Number: M001097345
Account Number: H00002108561
Requisition Number: 00-001430
SSN: [redacted]
Report No: 0106-0496
Patient Location: HCTS/
Date of Discharge:

DATE OF EXAM: 01/05/00
CLINICAL DATA: PREVIOUS TRAUMA

CT HEAD (WITHOUT CONTRAST):

Contiguous axial images are obtained through the head. We have no prior films for comparison. These show encephalomalacic change involving the right frontal lobe from previous contusion. There is no evidence of acute intracranial hemorrhage. An overlying linear defect or skull fracture extends vertically through the right frontal bone from the supraorbital ridge for approximately 4.5 cm. No other skull fractures are evident. Minimal abnormal soft tissue in the left sphenoid region suggests concurrent sinusitis.

IMPRESSION: No evidence of acute intracranial abnormality. Right frontal lobe encephalomalacia from previous trauma with overlying linear skull fracture. Likely sphenoid sinusitis.
##

VLB

PERRY EDENFIELD, MD

Report Completed: 01/06/00 2107
SIGNED COPY IN RADIOLOGY DEPARTMENT

Patient Location:
KNEECE,RICKY D

Ordering Physician's Copy



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KNEECE, RICKY D. PROGRESS REPORT

#37891

12-29-99: Mr. Kneece is the gentleman who was attempting to repair a problem with his compression type truck wheel. Perhaps he had a flat tire. In any case, his compression type wheel exploded, and he was struck in the head and had a tremendous closed head injury. At first, I thought that he had a frontal sinus fracture, but his fracture went just lateral to the sinus; therefore, he did not require surgery, and he made a remarkable recovery and was discharged. He is here for follow-up.

Mr. Kneece continues to do remarkably well. On the negative side, he has positional dizziness and headache. This seems to give him trouble for several days at a time, and then he is symptom free for several days. Loud noises still bother him. Though his memory is fine, he is more irritable and impatient than he used to be. Given all of these complaints, it is important to add that despite the fact that he has on-going problems, he remains remarkably improved vs. his hospitalization and initially after discharge. I have given him my usual instructions about on-going headache and dizziness, meaning that he has not completely recovered and that he continues to need to restrict his activities until those symptoms are resolved. Nonetheless, I understand that Mr. Kneece has restarted many of his activities. While we were discussing this, Mr. and Mrs. Kneece expressed some frustration with some of the care and instructions that he has received, particularly instructions in terms of the activities that he should undertake.

On exam, Mr. Kneece has no papilledema. He has no pronator drift. He is awake and alert. He has normal speech.

**IMPRESSION:** My impression is that Mr. Kneece is doing well, particularly considering how severe his injuries were. I would like to see him in one month in follow-up. I would like for him to have a CT scan now and a CT scan in one month.

Lenwood P. Smith, Jr., M.D.

LPSjr/jj

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FIVE RICHLAND MEDICAL PARK
COLUMBIA, SC 29203

| | PATIENTS NAME | | | | MEDICAL REC. NO. |
|---|---|---|---|---|---|
| | KNEECE,RICKY | | | | R00862455 |
| TE-TIME TO BE DONE 12/02/99 0711 | DOB [redacted] | AGE 59Y | SEX M | RM. NO./SOURCE DIS | PATIENT TYPE O/P | BILLING NO. R99336000 |
| ECK-IN DATE TIME 12/02/99 0711 | CHECK-IN 2122053 | ADMITTING SMITH,LENWOOD P 3 RICHLAND MEDICAL PK DR COLUMBIA, SC 29203 | | | REPORT RELEASED 12/03/99 12 |
| DERING SMITH,LENWOOD P 3 RICHLAND MEDICAL PK DR SUITE 310 COLUMBIA SC 29203 | | | | | ~~SUITE 310~~ |

Chk-in # Order Exam
2122053 0001 08007 CT HEAD W/O CONTRAST
Ord Diag: 784.0-HEADACHE

KNEECE, RICKY
CT HEAD SCAN UNENHANCED 12/2/99

Unenhanced CT head scan was performed and the images photographed in brain windows.

Comparison with the most recent study of 11/24/99. Again noted is the right supraorbital fracture. The contusion in the right frontal lobe has become isodense and hypodense in general. There is evidence of the subdural hematoma over the left frontotemporoparietal area measuring only several millimeters, which is still preent. There is no significant interval change.

IMPRESSION:

NORMAL EVOLUTIONARY CHANGES IN THE RIGHT FRONTAL CONTUSION. RIGHT SUPRAORBITAL FRACTURE AGAIN NOTED. A THIN 2-3 MM SUBDURAL HEMATOMA OVER THE LEFT FRONTOTEMPOROPARIETAL AREA STILL PRESENT AND ESSENTIALLY UNCHANGED.

AS
12/03/99 1202

/READ BY/ G Eddie Richmond, M.D.
/Released By/ G Eddie Richmond, M.D.

FINAL

210

PALMETTO RICHLAND MEMORIAL HOSPITAL
5 Richland Medical Park Drive
Columbia, SC 29203
(803)434-7000

37891

CONSULTATION REPORT

PATIENT: Kneece, Ricky
MR #: 00-86-24-45-9
ADMITTED: 11/22/1999
DISCHARGED: 11/27/1999

DICT: Lisa Ann Smith, ACN

DOB: [redacted]
PT.LOC: 7E 073401

DATE OF CONSULTATION:

DATE OF CONSULTATION: 22 November 1999.

HISTORY OF PRESENT ILLNESS:
The patient is an approximately 40 year old Caucasian male, who was changing a tire on an 18 wheeler when the tire "exploded" and the rim hit him in the head. He was reported to be unresponsive initially at the scene. Upon arrival, he was reported to have a GCS of 13. CT scan of the head shows com[illegible] right frontal, zygomatic and orbital fractures to be present. Subarachnoid hemorrhage was noted within the basal cisterns. There is a right frontal lobe contusion present. A thin 2-3 mm right frontal epidural hematoma, left parietal subdural hematoma. There is a small amount of falcine/tentorial hemorrhage present. We were asked to evaluate at the request of Dr. Bynoe with Trauma Surgery.

PHYSICAL EXAMINATION:
Awake, alert, confused with name, events and year. He moves all extremities on command. Pupils equal, round, reactive to light. Periorbital ecchymosis bilaterally, with edema, left greater than right. Laceration to the right frontal scalp. Speech clear.

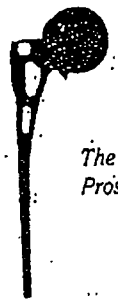
ASSESSMENT AND PLAN: Closed head injury. Close monitoring. Will see and evaluate with Dr. Lenwood Smith. need facial trauma consultation.

Lisa Ann Smith, ACN
CONSULTING PHYSICIAN

LAS:tld
D: 11/22/1999 T: 11/24/1999 3:45 P
Job #: 197684 Doc #: 37598
cc: Lenwood P Smith, Jr, MD
Lisa Ann Smith, ACN

# THE MOORE ORTHOPAEDIC CLINIC, P.A.

FOUNDED 1928 · AUSTIN T. MOORE, M.D.



*The Moore Hip Prosthesis*


James F. Bethea, M.D.
*Foot and Ankle Surgery & General Orthopaedics*

Kim J. Chillag, M.D.
*Total Hip & Total Knee Replacement*

Anthony W. Colpini, M.D.
*General Orthopaedics & Arthroscopy*

Deanna L. Constable, M.D.
*General Orthopaedics & Trauma*

Thomas W. Ewart, M.D.
*Sports Medicine & Arthroscopy*

William T. Felmly, M.D.
*Spine Surgery*

David B. Fulton, M.D.
*Hand, Upper Extremity Surgery & General Orthopaedics*

S. Wendell Holmes, Jr., M.D.
*Sports Medicine, Arthroscopy & General Orthopaedics*

William H. Kirkley, M.D.
*General Orthopaedics*

Mark D. Locke, M.D.
*Pediatric Orthopaedics*

Earl B. McFadden, Jr., M.D.
*Hand & Upper Extremity Surgery*

James W. Nichols, D.O.
*General Orthopaedics & Arthroscopy*

Ralph S. Owings, Jr., M.D.
*General Orthopaedics & Arthroscopy Total Hip and Knee Replacements*

Subhash J. Patel, M.D.
*Hand, Upper Extremity Surgery & General Orthopaedics*

Bradley P. Presnal, M.D.
*Total Joint Replacement, Arthroscopy & General Orthopaedics*




January 9, 2001

Ricky D. Kneece 625653
EMPL: Delano R. Kneece & Son, Inc.
DOI: 11-22-99

Richland Office

**CHIEF COMPLAINT:** Left knee

**HISTORY:** Mr. Kneece is a 40 year old gentleman who comes in today for evaluation of the left knee. On 11-22-99, he was working with a large tire and changing it. The tire exploded and he sustained multiple injuries including head injuries and a contusion and laceration to the left knee. He was seen at Richland Memorial Hospital and cared for there by Dr. Frank Voss for a fracture of the left medial condyle, which was treated nonoperatively. He feels like he has improved, but he is still having problems with this. His primarily complaint is with standing for a long period of time or at the end of the day he has pain in the left knee. It is an achy type pain. It seems to be somewhat related to activities. He also has it sometimes at rest. The pain is over the medial aspect of the knee. No history of swelling constantly although he has had several episodes of effusions. No giving away or instability. He has gone through physical therapy and just wants to know if there is anything else that can be done for it.

**PAST MED/SURG HISTORY:** Positive for asthma. Surgeries include multiple hernia repairs and an appendectomy. Family history is negative.

**REVIEW OF SYSTEMS:** Negative.

**ALLERGIES:** None.

**SOCIAL HISTORY:** He owns a large farm. He denies any tobacco or alcohol use.

**EXAMINATION:** Examination of the left knee reveals a medial laceration obliquely over the medial distal femur. No effusion. Mild patellofemoral crepitus. Range of motion is 0-125 degrees of flexion. Further flexion to 135 degrees is mildly painful. He has a tight feeling. He is tender along the medial joint line and the medial femoral condyle. Nontender on the lateral joint line. No opening with varus/valgus stress. Negative anterior drawer. Negative Lachman's. Some pain with varus stress flexion. No real pain with valgus stress flexion.

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14 Medical Park • Suite 200 • Columbia, South Carolina 29203 • (803) 227-8000
110 East Medical Lane • Suite 225 • West Columbia, South Carolina 29169 • (803) 227-8001
114 Gateway Corporate Blvd • Suite 120 • Columbia, South Carolina 29203 • (803) 227-8002

14 Richland Medical Park #200
Columbia, SC 29203
(803) 227-8000/Fax: (803) 227-8012



January 9, 2001 (cont'd) Ricky D. Kneece 625653 Richland Office
EMPL: Delano R. Kneece & Son, Inc.
DOI: 11-22-99

RADIOGRAPHS: Radiographs reviewed from the hospital at the time of the injury shows that he has a small fracture of the medial portion of the medial femoral condyle. Otherwise negative. AP/Lateral and sunrise view today shows this to be healed completely. There are no significant abnormalities. Patellar tracking is central with slight lateral tilt. Otherwise negative.

Bradley P. Presnal, M.D.

IMPRESSION: CONTUSION, LEFT KNEE

PLAN: At this point I have told him that I cannot find anything mechanically wrong with the knee and I cannot recommend any specific treatment other than increasing activities as tolerated. I have told him that if he continues to have problems, he may be a candidate for arthroscopy for evaluation of possible chondroplasty for a patellar hangnail lesion or to evaluate the menisci. I have not recommended an MRI because I do not think this will change the treatment at this point based on his symptoms. I recommend that he increase his activities as the knee allows and use over the counter anti-inflammatories as needed. I have also told him that I think he will improve slightly over the next 6-9 months, but I do not think he will make any dramatic improvement and the chances of complete resolution of his symptoms is probably small. I will have him follow up on a prn basis based on his symptoms.

Bradley P. Presnal, M.D.

BPP:dke
(Next appointment: prn)
cc: Stirling Cooke Insurance (claim # L16755)
cc: Concentra Managed Care/Attn: Rebecca Bruce
(D/T: 01-11-01)

December 12, 2001 Ricky D. Kneece 625653 Richland Office

CC of medical records to attorney David Keller for subpoena. Ellen B.

214

D.M.D., P.A.

Philip E. Smith

PRACTICE OF FAMILY DENTISTRY

SEP 26 2001

September 22, 2001

Elliott & Elliott, P.A.
Mr. Scott Elliott
721 Olive Street
Columbia, South Carolina 29205

re: Mr. Ricky D. Kneece
ss#[redacted]

Dear Mr. Elliott

Please find enclosed copies of the dental records requested by your firm. As you are aware, Mr. Kneece has been a patient of this office since 1983, and we are most interested in his well being and full recovery from this injury.

Mr. Kneece presented to our office on December 8, 1999. He had been injured when a tire exploded knocking him unconscious. At the time of his visit he had three teeth that had sustained fractures. These teeth were his upper left cuspid, right central incisor, and his lower left second bicuspid. He returned to restore the incisal edge of the front tooth on January 10, 2000. Mr. Kneece was advised that any tooth that sustains an injury as severe as these teeth did, might find that further treatment would be necessary. He was examined by us again on June 6th, 2001 for a routine cleaning. At that time, he complained of sensitivity for the front tooth. It is my concern that this tooth is failing and may require a root canal treatment. If this proves true, than a core and crown would be needed. Although this has not been determined yet, if done, service would cost approximately $1470.00.

If I can assist further please contact our office.

With regards,

Philip Smith

Philip E. Smith, D.M.D.

515

509 EAST MAIN STREET • LEXINGTON, SOUTH CAROLINA 29072 • 803/359-9991

Philip E. Smith

PRACTICE OF FAMILY DENTISTRY

SEP 26 2001

September 22, 2001

Elliott & Elliott, P.A.
Mr. Scott Elliott
721 Olive Street
Columbia, South Carolina 29205

re: Mr. Ricky D. Kneece
ss: [redacted]

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If I can assist further please contact our office.

With regards,

Philip Smith

Philip E. Smith, D.M.D.

216

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D.M.D., P.A.

Philip E. Smith

PRACTICE OF FAMILY DENTISTRY

SEP 26 2001

September 22, 2001

Elliott & Elliott, P.A.
Mr. Scott Elliott
721 Olive Street
Columbia, South Carolina 29205

re: Mr. Ricky D. Kneece
ss#[redacted]

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If I can assist further please contact our office.

With regards,

Philip Smith

Philip E. Smith, D.M.D.

217

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**HISTORY:** Mr. Kneece comes in today for continued follow up of his left knee injury due to a blast injury. His left knee has been doing quite well. He still gets some episodic stiffness and ache in it but he has been able to resume full activity.

**PHYSICAL EXAMINATION:** On examination, the left knee remains mildly tender over the medial femoral condyle where his fracture was. His range of motion on the right is 0 to 135 degrees, on the left 0 to 125 degrees. It is ligamentously stable. There is no ACL or PCL laxity nor do I detect significant crepitation. There is some clicking in his knee as I stress it in a valgus fashion.

**RADIOGRAPHS:** No new radiographs were obtained.

**IMPRESSION/PLAN:** I believe he has reached maximum medical improvement and can be released from my clinic. His rating although it would be none from the range of motion model is best estimated by the intercondylar fracture of the femur, page 85 in the Guides to the Evaluation of Permanent Impairment, 4th edition, suggesting that he had an undisplaced medial condyle fracture which is a 5% lower extremity, 2% whole person impairment. He mentions also he has had difficulties with his left shoulder which is not related to his Worker's Compensation claim with several episodes of dislocation. I told him should that require further attention that that could be addressed by Dr. John Walsh.

Frank R. Voss, M.D.
FRV/kat
**copy: Michael Reed, M.D., 2 RMP, Suite 203, Columbia, SC 29203**

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MARCH 8, 2000 RE: RICKY D. KNEECE #21858

**HISTORY:** Ricky Kneece comes in today for continued follow up of his left knee. He is remarkably improved. He has been doing his own physical therapy.

**PHYSICAL EXAMINATION:** He has no knee effusion. There is still some mild tenderness over the medial side of his knee. There is no ligamentous instability. I do not demonstrate medial joint line tenderness. His range of motion is improved with flexion to approximately 120 degrees but not 140 degrees.

**PLAN:** I told him I would see him again in three to four months' time for a recheck and a possible rating if that were necessary. At this point, he is released for return to work for full duty unrestricted.

Frank R. Voss, M.D.
FRV/kat
**copy: Michael Reed, M.D., 2 RMP, Suite 203, Columbia, SC 29203**

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JANUARY 19, 2000 RE: RICKY D. KNEECE #21858

**HISTORY:** Mr. Kneece comes in today for continued follow up of his left femoral condyle fracture. He had a frustrating interval where I did not get back in contact with him early enough. I apologized to him and labeled that all as my fault. His knee has continued to improve.

**PHYSICAL EXAMINATION:** His knee range of motion today is from 0 to 112 degrees. There is some tenderness over the medial femoral condyle. I do not detect clicking. There is some irregularity in the patellofemoral tracking and he has some visible left quadriceps atrophy.

**PLAN:** He has been unable to go to the physical therapist to get going on his quadriceps strengthening exercises. I have sent him for vigorous physical therapy to work on flexion and quadriceps strengthening. I will see him again in four weeks' time. He will continue with the Celebrex to minimize his effusion. We discussed whether he would be able to go back to work. He is not quite ready to go back to driving and he is unable to kneel. I am optimistic that this will improve.

Frank R. Voss, M.D.
FRV/kat
**copy: Michael Reed, M.D., 2 RMP, Suite 203, Columbia, SC 29203**

220

JANUARY 7, 2000 RE: RICKY D. KNEECE #21858

**HISTORY:** I have reviewed Mr. Kneece's films. These demonstrate no displacement of his intraarticular fracture. He persists in having large effusions and is somewhat frustrated because I have not called him back. I have apologized and his frustration is appropriate. I have offered him the ability to have a second opinion or to transfer his care. We do not think that will be necessary at present.

**PLAN:** I have recommended that he continue with his anti-inflammatory agent, that he may progress to full weightbearing, that his physical therapy exercises be limited to a straight leg raise with a weight and that he work on regaining further range of motion as his flexion seems to be limited to 90 to 100 degrees. I plan to move up his visit to see him in two weeks. If he persists in having a large effusion, I think an MRI scan would be appropriate.

Frank R. Voss, M.D.
FRV/kat
**copy: Ricky Kneece, 204 Delano Kneece Rd, Pelion, SC 29123**

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DECEMBER 27, 1999 RE: RICKY D. KNEECE #21858

**HISTORY:** Mr. Kneece comes in today for continued follow up of his left femoral condyle fracture due to a direct blow and tire explosion. He came in and was seen with a large effusion by Dr. Evan Ekman. Apparently, he had been full weightbearing without my consent. He was told to go back on crutches and placed on Celebrex and given a knee sleeve.

**PHYSICAL EXAMINATION:** He comes in today full weightbearing. His knee sleeve has diminished the effusion as has the Celebrex. He has a 1+ effusion. His knee range of motion is from 0 to 95 degrees of flexion. The knee joint is stable.

**X-RAY INTERPRETATION:** I ordered an AP and lateral radiograph of the left knee in the office today. These demonstrate no displacement of the nondisplaced fracture and early healing.

**IMPRESSION:** Left femoral condyle fracture.

**PLAN:** I think he is ready to begin some strengthening. I will give him a call once I have reviewed the radiographs.

Frank R. Voss, M.D.
FRV/kat

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DECEMBER 22, 1999 RE: RICKY D. KNEECE #21858

**HISTORY:** This is a patient of Dr. Voss' who was sent up from Dr. Reed's office. He has a history of a fracture of his medial femoral condyle and was last seen on December 1st. He comes in today because of concern regarding the swelling in his knee. He and his wife as well as Dr. Reed feel it is worsening.

**OBJECTIVE:** On physical examination, range of motion is 5 degrees short of full extension to 95 degrees in flexion. He has no joint line tenderness. His ligaments at this time appear to be stable; however, he does have a ton of guarding. He has a 1+ effusion but clearly some of the hemarthrosis has turned to frank clot.

**IMPRESSION:** Knee pain status post femoral condyle fracture.

**PLAN:** Ice, anti-inflammatory medications and a knee sleeve. I have placed him on Celebrex because of his history of ulcer disease. I have offered to them aspiration which they feel they would prefer to wait on. If his pain and symptoms persist, I would recommend an MRI.

Evan F. Ekman, M.D.
EFE/kat
**copy: Frank R. Voss, M.D.**
**Michael Reed, M.D., 2 RMP, Suite 203, Columbia, SC 29203**

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DECEMBER 1, 1999 RE: RICKY D. KNEECE #21858

**HISTORY:** Mr. Kneece comes in today for evaluation of his left knee injury. He was admitted to Palmetto Richland Memorial Hospital after an accident on 11-22-99 at 9:30 a.m. A tire exploded creating skull fractures, broken teeth and an injured knee. He was seen and evaluated in the Emergency Room where he underwent injection of dye into his knee to ensure that it did not communicate with the laceration by his knee. This was not the case. The left knee was noted to have a fracture of the medial femoral condyle which did not seem to displace into the joint.

**PHYSICAL EXAMINATION:** He comes in today and his knee immobilizer is removed. His incision is well healed. His sutures are removed. Knee range of motion is from 0 to 105 degrees. The knee is stable. There is tenderness along the medial femoral condyle. There is a 2+ effusion. The quadriceps seems to be clearly intact.

**X-RAY INTERPRETATION:** A radiograph today demonstrates more clearly the fracture that he has of the medial femoral condyle which does not seem to go into the joint.

**PLAN:** I have given him the okay to stay touchdown weightbearing and to work on maintaining his range of motion. I will see him again in four weeks' time at which point he should **undergo an AP and lateral of his left knee** to check that this is fully healed and then he can go back to full weightbearing and more aggressive activity. Overall, I do not anticipate that this injury will lead to degenerative arthritis based on the radiographs I have seen.

Frank R. Voss, M.D.
FRV/kat

224

Progress Note
Roxanne Kneece 08/21/00

Roxanne advises that she attempted to have Ricky come to the appointment today or at least to accompany her, but he was unwilling to do so. She doe acknowledge that this season is the busiest for large scale farming operations, but she continues to hope that he will later be willing to take time to talk to someone. She describes several incidents recently in which he has been hostile, critical, and inappropriately demanding of her and their sons. I suggested that she identify a brief phrase or sentence which is reasonable and continue to repeat this statement to him in response to his irrational statements. She indicated that she is uncertain she will be able to remain in her marriage if he is unable/unwilling to control his behavior more consistently. I agreed with her that having Ricky present is the most desirable situation and she assured me she would invite him.

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PSYCHOLOGICAL SERVICE ASSOCIATES
2838 DEVINE ST., SUITE 100
COLUMBIA, S.C. 29205
(803) 256-1121

DATE 7/3/00

CLIENT INFORMATION

FULL NAME: Ricky D. Kneece ADDRESS: 204 Delano Kneece Rd. Pelion, SC 29123

PHONE: (Home) (803) 894-3286 CITY Pelion STATE SC ZIP 29123

WORK: (803) 894-3418 AGE: 40 BIRTH DATE: [redacted] MARITAL STATUS M

SOCIAL SECURITY # [redacted] EDUCATION/GRADE: 12th

OCCUPATION: Farmer EMPLOYER: Delano R. Kneece + Son Inc.

Please describe briefly your reason for seeking our service:
evaluation for Insurance Company

Who suggested you contact us? Rebecca Bruce

Please list any major health problems you have for which you are taking medication or being treated for: None

Name and address of personal physician: Dr. Carl White (803) 796-2270
134 East Medical Lane - West Cola SC 29169

Have you ever received Psychiatric or Psychological help before? YES NO (If Yes, please describe)

Name, Address, and Telephone of person to contact in case of emergency:

Who will be responsible for payment of our services? (If other than self, please include address of responsible party: Stirling Cooke
P.O. Box 49229, Sarasota, FLA 34230 CL#116755

Do you have Insurance coverage which may apply? Yes__ No__ (If yes, please include address of responsible party):

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO THE INSURANCE COMPANY TO PROCESS THE CLAIM AND ALSO AUTHORIZE MEDICAL BENEFITS TO PSYCHOLOGICAL SERVICE ASSOCIATES FOR SERVICES RENDERED. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY OUTSTANDING BALANCE THAT IS OWED ON MY ACCOUNT 638 Ricky Kneece
(Signature)

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SPECIFIC FEES WHICH APPLY TO THE SERVICES YOU RECEIVE WILL BE DISCUSSED WITH YOU. FEES ARE PAYABLE ON DATE SERVICES ARE RENDERED. ANY ACCOUNT 90 DAYS OVERDUE WILL AUTOMATICALLY BE TURNED OVER TO A COLLECTION AGENCY. IF YOU ARE UNABLE TO KEEP AN APPOINTMENT, PLEASE NOTIFY THIS OFFICE AT LEAST 24 HOURS IN ADVANCE. OTHERWISE, WE MUST BILL YOU FOR MISSED

PSYCHOLOGICAL SERVICE ASSOCIATES
2838 DEVINE STREET SUITE 100
COLUMBIA, SOUTH CAROLINA 29205

(803) 256-1121

LINDA S. MOORE, Ph.D.
Clinical Psychologist

# PSYCHOLOGICAL EVALUATION

NAME: Ricky D. Kneece

DATE OF EVALUATION: 07/03/00

SSN: [redacted]

DOB: [redacted]

EDUCATION: Twelfth grade

REFERRAL QUESTION: This client was referred by his insurance company for evaluation of psychological factors resulting from an accident he incurred in November 1999.

EVALUATION INSTRUMENTS:
MMPI-II
WRAT-III (Reading)
Bender Gestalt
Rorschach
Interview With Spouse
Clinical Interview

BACKGROUND INFORMATION AND BEHAVIORAL OBSERVATIONS:

Ricky Kneece is a 40-year-old married father of two adolescent sons who operates a very large family farming business. In November 1999, he suffered rather massive injuries when a tire he was inflating exploded in his face. Despite the severity of his injuries, he reports having recuperated from the physical problems and has returned full-time to his farming duties. However, he acknowledges having short-term memory impairment and also recognizes that he is experiencing a marked increase in his level of irritability. His wife, likewise, reports that her husband

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was previously "laid back and easy going" and now is prone toward displaying verbal hostility toward herself and their sons when any unexpected or unpredicted inconvenience takes place. He also complains about a decrease in the patient attitude which he described as part of his natural habit previously.

Mr. Kneece denies any sleep disturbance, indicating that he sleeps "dead" for five to six hours at a time. He does perhaps acknowledge sleeping for longer intervals prior to his injury. He denies any problem with appetite disturbance. He does note that he seems to have less stamina than he did prior to the accident. While he does continue to complete all necessary duties, he indicates that he must "push" himself to do so. Mr. Kneece indicates he has no other health problems by history which have impacted his work ability. He notes that following his injury and during his recuperation he did have pneumonia and bronchitis.

Mr. Kneece indicates that following his high school graduation he assumed increasingly significant duties in the management of his family farming operation. This is the only work he has done. He indicates that he has few leisure activities except for occasional hunting and fishing. He does indicate that he attends church regularly. Mrs. Kneece relates that her husband consistently refuses to take time off to accompany her and the children on family vacations. She indicates that they were childhood friends and have known each other for many years. She notes that his work habits have not altered significantly throughout the time she has known him. She indicates that they have "swapped roles" since his accident. Prior to his accident, he was unconcerned about most minor problems and she was much more "perfectionistic." She now indicates that, compared to the alternative outcome of this accident she is simply grateful to have her family intact while her husband has become very irritable, argumentative, and demanding about even the most insignificant issues.

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TEST RESULTS AND INTERPRETATION:

Administration of the WRAT-III Reading subtest yielded a Raw Score of 36, producing a grade level equivalent of fifth grade. Mr. Kneece was provided a copy of an intellectual screening test and requested to complete this. However, at the conclusion of testing he left without having completed this test. His verbal skills and reasoning ability seemed to indicate low average intelligence, however. Reproduction of two dimensional Bender Gestalt designs was completed accurately and carefully, apparently contraindicating any perceptual motor dysfunction or underlying neurological problems.

Objective personality assessment produced an invalid profile. Mr. Kneece obviously made a conscious effort to avoid disclosure of even minor shortcomings or psychological problems on his part. The resulting profile is therefore inappropriate for interpretation. While there is some question that he was unable to comprehend test items accurately enough to participate in this testing, it should be noted that the examiner frequently checked with him to ascertain that he was in fact capable of reading to the extent necessary to participate in this phase of testing.

Projective data describe a man who is experiencing a great deal of difficulty in coping with circumstances in his life at present. His resources for dealing effectively with situations which he perceives to be enormously stressful are limited. While Mr. Kneece's capacity for maintaining external controls over his stress level has been significantly reduced by virtue of the trauma of his accident, he now displays a very limited ability to avoid displaying angry outbursts and irritability. The level of emotional stress that Mr. Kneece is feeling currently has the real potential for interfering with his ability to perceive situations accurately.

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SUMMARY AND RECOMMENDATIONS:

Evaluation and interview data describe an individual who is attempting to deny or repress negative or distressing thoughts. Objective data produced an invalid profile, due to his conscious effort to avoid disclosure. Projective data clearly define the level of stress he is experiencing and the overwhelming toll that his efforts to deny or repress are having upon him. It is strongly recommended that Mr. Kneece be provided the opportunity to participate in therapy which will allow him to learn better coping mechanisms. His wife would also benefit from strategies to assist her in supporting this effort on his behalf.

Linda S. Moore, Ph.D.
Linda S. Moore, Ph.D.
Clinical Psychologist

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Clinical Indicators | Medicolegal | [illegible]
[illegible] | Visit | [illegible] | [illegible] | [illegible]

Earlier | Next Page | Later

| | |
|---|---|
| Medical Record # | M001097345 |
| Account # | H00002203875 |
| Status | Registered Clinic |
| Service Date | 2/1/00 05:44 |
| Facility | Lexington Medical Center |
| Location | Lmc Ct Scan |
| Reason for Visit | Ha's,Dizziness/Ct1 Head/250 11 3236 |
| Attending Physician | Smith,Lenwood P Jr,MD |

24 Hour
Vital Signs
I & O
Patient Notes
Medications
Orders
Laboratory
Microbiology
Blood Bank
Pathology
Imaging
Other Reports
Care Trends
Care Activity
History
Encounters
[illegible]
Referrals
[illegible]
[illegible]
[illegible]
[illegible]

Kneece,Ricky D
H00002203875 / M001097345

41 / Male
DOE

Registered Clinic
Lmc Ct Scan

231

WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

| | | | |
|---|---|---|---|
| PATIENT NAME: KNEECE,RICKY | | Medical Record Number: | M001097345 |
| Age: 39 Sex: M DOB: [redacted] | | Account Number: | H00002203875 |
| Admitted By: | | Requisition Number: | 00-010303 |
| ER Dr: | | SSN: | [redacted] |
| Attending DR: | LENWOOD P SMITH, JR, MD | Report No: | 0201-0227 |
| Ordered By: | LENWOOD P SMITH, JR, MD | Patient Location: | HCTS/ |
| Discharge Diag: | | Date of Discharge: | |

DATE OF EXAM: 02/01/00
CLINICAL DATA: HEADACHES, DIZZINESS. HX OF TRAUMA WITH FRONTAL CONTUSION AND SKULL FX.

CT BRAIN:

Comparison made to 1/5/00.

FINDINGS: Contiguous axial imaging through the brain was performed without IV contrast and demonstrates an area of hypodensity involving the right frontal lobe. The hypodensity is more apparent on today's examination and is probably secondary to slice selection and slight difference in window technique. Overall the area of hypodensity is probably the same size as before. There is no mass effect. There is no hemorrhage. The ventricles and sulci are within normal limits. The overlying orbital roof fracture on the right is again noted.

IMPRESSION: Continued hypodensity in the right frontal lobe, the hypodensity is becoming more obvious on today's exam. There is no mass effect. As before, this probably relates to post traumatic encephalomalacic changes. Orbital roof skull fracture on the right.
##

LAJ EDWIN P PIA, MD

Report Completed: 02/01/00 1234
SIGNED COPY IN RADIOLOGY DEPARTMENT

Patient Location:
KNEECE,RICKY

Page 1 of 1

232

Consulting Dr. _____

Date 12-3-99 Chart # 27300

Name Ricky Phreece A/R/G/GM 39 WM NGD

CC: Pt was hit by a motorgrader tire 1½ wks

HPI: Cigs; pt was in the hospital from monday till Saturday (Intensive Care 3 days) ct scan done, Skull fracture temple to Brow bone, and underneath OD to cheek bone.

PAST HISTORY: pt c/o scratchy feeling + soreness in OD.

ROS:

Allergies NKDA Eye Meds: ⊖

FAMILY HISTORY:

SOCIAL HISTORY:

PC: OD _____ OS _____ ADD _____

Vs 20/20 / 20/20 Vc BVA: OD _____ OS _____ ADD _____ CR: OD _____ OS _____ ADD _____

Mental Status: alert

Js Jc

Ta: OD 17 OS 7 _____ AM PM Neo/Myd/Cyclo/Param: 9:55

LLL _____ MB/EOM EOM full Pup No marcus gunn CF Reactive ou

SLE: OD OS ⊖ Diplopia OD OS

S+C V 1-2-3 NL C/D 0.2

K Fundi

AC

(I)

L

Assessment/Plan

1) Brain Contusion & Pun SC Subd Hemat per vasal / pt + CT

2)

3)

4)

RTC: _____ COMPREHEN/ VTD / Tx / Post-Op / VF / CL _____ SIG _____

233

Clinical Indicators | Medicolegal | Demographics | Physicians
Visit Info | Contacts | Guarantors | Insurance

Earlier | Next Page | Later

| | |
|---|---|
| Medical Record # | M001097345 |
| Account # | H00002203875 |
| Status | Registered Clinic |
| Service Date | 2/1/00 05:44 |
| Facility | Lexington Medical Center |
| Location | Lmc Ct Scan |
| Reason for Visit | Ha's,Dizziness/Ct1 Head/250 11 3236 |
| Attending Physician | Smith,Lenwood P Jr,MD |

24 Hour
Vital Signs
I & O
Patient Notes
Medications
Orders
Laboratory
Microbiology
Blood Bank
Pathology
Radiology
Other Reports
Care Trends
Care Activity
History
Encounters
Procedures
Indicators
Referrals
Pharmacy
Orders
Tasks
Order Entry

Kneece,Ricky D 41 / Male Registered Clinic
H00002203875 / M001097345 DOB: [redacted] Lmc Ct Scan

234

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT NAME: KNEECE,RICKY
Age: 39 Sex: M DOB: [redacted]
Admitted By:
ER Dr:
Attending DR: LENWOOD P SMITH, JR, MD
Ordered By: LENWOOD P SMITH, JR, MD
Discharge Diag:

Medical Record Number: M001097345
Account Number: H00002203875
Requisition Number: 00-010303
SSN: [redacted]
Report No: 0201-0227
Patient Location: HCTS/
Date of Discharge:

DATE OF EXAM: 02/01/00
CLINICAL DATA: HEADACHES, DIZZINESS. HX OF TRAUMA WITH FRONTAL CONTUSION AND SKULL FX.

CT BRAIN:

Comparison made to 1/5/00.

FINDINGS: Contiguous axial imaging through the brain was performed without IV contrast and demonstrates an area of hypodensity involving the right frontal lobe. The hypodensity is more apparent on today's examination and is probably secondary to slice selection and slight difference in window technique. Overall the area of hypodensity is probably the same size as before. There is no mass effect. There is no hemorrhage. The ventricles and sulci are within normal limits. The overlying orbital roof fracture on the right is again noted.

IMPRESSION: Continued hypodensity in the right frontal lobe, the hypodensity is becoming more obvious on today's exam. There is no mass effect. As before, this probably relates to post traumatic encephalomalacic changes. Orbital roof skull fracture on the right.
##

LAJ

EDWIN P PIA, MD

Report Completed: 02/01/00 1234
SIGNED COPY IN RADIOLOGY DEPARTMENT

Patient Location:
KNEECE,RICKY

Page 1 of 1

235

Clinical Indicators | Medicolegal | Demographics | Physicians
Visit | Contacts | Guarantor | Insurance

Earlier | Next Page | Later

OCT 1 1 200

| | |
|---|---|
| Medical Record # | M001097345 |
| Account # | H00002108561 |
| Status | Registered Clinic |
| Service Date | 1/5/00 05:28 |
| Facility | Lexington Medical Center |
| Location | Lmc Ct Scan |
| Reason for Visit | Ct Head/Rt. Frontal Contusion/250-11-3236 |
| Attending Physician | Smith,Lenwood P Jr,MD |

24 Hour
Vital Signs
I & O
Patient Notes
Medications
Orders
Laboratory
Microbiology
Blood Bank
Pathology
Imaging
Other Reports
Care Trends
Care Activity
History
Encounters
Procedures
Referrals
Dx/Problem
Ct Scan
Mri
Other Rend

Kneece,Ricky D | 41 / Male | Registered Clinic
H00002108561 / M001097345 | DOB: | Lmc Ct Scan

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FURTHER RELEASE PROHIBITED.

236

# LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT NAME: KNEECE,RICKY D
Age: 39 Sex: M DOB: [redacted]
Admitted By:
ER Dr:
Attending DR: LENWOOD P SMITH, JR, MD
Ordered By: LENWOOD P SMITH, JR, MD
Discharge Diag:

Medical Record Number: M001097345
Account Number: H00002108561
Requisition Number: 00-001430
SSN: [redacted]
Report No: 0106-0496
Patient Location: HCTS/
Date of Discharge:

DATE OF EXAM: 01/05/00
CLINICAL DATA: PREVIOUS TRAUMA

CT HEAD (WITHOUT CONTRAST):

Contiguous axial images are obtained through the head. We have no prior films for comparison. These show encephalomalacic change involving the right frontal lobe from previous contusion. There is no evidence of acute intracranial hemorrhage. An overlying linear defect or skull fracture extends vertically through the right frontal bone from the supraorbital ridge for approximately 4.5 cm. No other skull fractures are evident. Minimal abnormal soft tissue in the left sphenoid region suggests concurrent sinusitis.

IMPRESSION: No evidence of acute intracranial abnormality. Right frontal lobe encephalomalacia from previous trauma with overlying linear skull fracture. Likely sphenoid sinusitis.
##

VLB PERRY EDENFIELD, MD

Report Completed: 01/06/00 2107
SIGNED COPY IN RADIOLOGY DEPARTMENT

Patient Location:
KNEECE,RICKY D



237

RECEIVED DEC 0 8 2010

LEXINGTON
MEDICAL CENTER
811 West Main
Lexington, South Carolina 29072
803-358-6100

cc:

PATIENT: KNEECE, RICKY D
VISIT DATE:
ADM. #: X00005935960
M.R. #: M001097345
PHYSICIAN: MICHAEL P TAILLON, MD
Dictated: 11/19/2010 10:28 PM
DATE OF BIRTH: [redacted]
Transcribed: 11/21/2010 9:59 AM / brb

URGENT CARE

CC: Left hand pain.

S: This is a 50-year-old white male who presents to LMC-L with the complaint of left hand pain. He states that he fell shortly before arrival and when he did he struck his hand in the webb area between his thumb and 2nd digit. He states that it immediately started to swell and give him a great deal of discomfort especially in the thenar eminence and the dorsum of the hand at the base of the 2nd metacarpal. He denies any numbness or tingling. There is no laceration. No bruising, but there is a fair bit of swelling. ROS: Otherwise unremarkable with the exception of a problem recently with his 5th digit of that same left hand. He injured it several weeks ago and since that time he cannot fully extend the distal portion of his finger. SH: Married. Farmer. Rarely uses alcohol, not a drinker. PMH: Hypertension and hyperlipidemia, also hypothyroidism and a seizure disorder. PSH: Some orthopaedic surgery on his knee.

O: VITAL SIGNS: Listed on chart and within normal limits. Slightly hypertensive, but having a fair bit of pain and his recheck BP is much better. GENERAL: Well-developed, well-nourished, moderate distress secondary to his hand pain which he rates as moderately severe and a throbbing sensation. LEFT HAND: Swelling of the palm near the thenar eminence and also the dorsal surface of the hand overlying the 1st and 2nd metacarpals. A great deal of tenderness to palpation in the webb between the 2 fingers as well as at the proximal portion of the 2nd metacarpal. Good capillary filling, good tendon function in the hand with the exception of the flexor tendon at the DIP joint of the 5th finger which appears to be disrupted. DIAGNOSTIC STUDIES: X-ray obtained of left hand which revealed a fracture at the base of the 2nd metacarpal. Velcro wrist splint was placed on the left hand.

A:
1. Flexor tendon injury to left 5th finger.
2. Fracture of proximal 2nd metacarpal of left hand.

P: Follow-up with Midlands Orthopedics as he has seen them before. Rx Vicodin p.r.n. pain in addition to the wrist splint.

DATE TIME AM PM

MICHAEL P TAILLON, MD
**Report Signed:** 11/22/10 1517
**Report Signer:** TAILLON,MICHAEL P. MD

<<Signature on File>>

# DR. MICHAEL R. UGINO

RECEIVED DEC 3 0 2010

MIDLANDS orthopaedics, p.a.

Robert M. Peele, Jr, MD* Robert M. DaSilva, MD* James A. O Leary, MD
Michael R. Ugino, MD* Michael S. Green, MD * M. Davic Redmond, MD*
William C. James, MD * Robert D. Santrock, MD* Frederick C. Piehl, MD * Thomas P. Gross, MD
Coleman D. Fowble, MD* Thomas D. Armsey, MD* I van LaMotta, MD* Bernard G. Kird, MD

1910 Blanding Street * Columbia, SC 29201* 1013 Lake Murray Boulevard * Irmo, SC 29063
2989 Sunset Boulevard, West Columbia, SC 29169
(803) 256.4107 * www.midlandsortho.com

Initial Exam

NAME: Kneece,Delano Ricky
DATE: 11/22/10
EMPLOYER: Delano R Kneece And Son Inc
REFERRING PHYSICIAN: Christopher Wicker, MD

ACCOUNT: 252876
DOB: [redacted] Age: 50 years old
OCCUPATION: No data for occupation

CC: Left hand

DATE OF INJURY/ONSET/SURGERY: DOI on 11/19/2010

HPI: The patient is a right hand dominant 50-year-old male who presents with the main complaint of an acute injury involving the left hand . The injury occurred on 11/19/2010. His family owns a cotton business and he is a farmer. Apparently he became dizzy while working on one of the machines, lost his footing and fell injuring his left hand. He was seen at Lexington Medical Center urgent care in Lexington where he was x-rayed and diagnosed as having a fracture of the base of the index metacarpal left hand. 2 weeks prior to that he injured his little finger and sustained what sounds like a mallet finger deformity. He is in my office today for both injuries. I have operated on his wife in the past for carpal tunnel syndrome.

MEDICAL ILLNESSES:

| | |
|---|---|
| Past Med Hx: | 03. Asthma<br>08. Diabetes<br>15. Gout<br>20. High Blood Pressure<br>24. Kidney Stones |
| Surgical History: | hernia 1978, 1979, 1967/ left shoulder left elbow, appendectomy , left knee |
| Family History: | 02. Asthma<br>05. Diabetes<br>07. High Blood Pressure |
| Social History: | 04. Alcohol-Ocassional<br>05. Children-Yes<br>08. Married<br>13. Special Diet-Yes<br>19. Non-Smoker<br>26. Right Hand Dominance |
| Allergies: | codeine |
| Current Meds: | No data for Medication |

REVIEW OF SYSTEMS:
General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems are normal except what is noted: 13. CPAP machine
17. Dizziness/light headedness

35

31. Frequent headaches
32. Loss of balance
43. No previous problems with anesthesia
48. Previous surgery at MOPA
50. Depression

**PHYSICAL EXAM:**

| | |
|---|---|
| **Vital Signs** | HEIGHT: 5'10"<br>WEIGHT: 225 lbs 0 oz<br>BMI: 32.3<br>PULSE: 107<br>B/P: 164/109 |
| **Appearance:** | No acute distress |
| **Psychiatric:** | Mood and affect were appropriate. |
| **Skin:** | Clean, dry, no lesions, no rashes. |
| **Neuro:** | Alert and Oriented x3. |

**FOCUSED EXAM:** Examination demonstrates moderate swelling along the index metacarpal. He is very tender at the base of the index metacarpal. No tenderness along the wrist or along the ulnar border of the hand. He does have a mallet finger deformity of the little finger.

**Radiographs:** AP, lateral and oblique x-rays brought with him from Lexington Mecical Center demonstrate nondisplaced fracture at the base of the index metacarpal. The little finger x-rays are unremarkable.

**Procedure:**

**Assessment:** -Closed, nondisplaced left index metacarpal base fracture
-Mallet finger deformity left little finger

**Plan:** Finger spica short arm cast index and long fingers along with a dorsal mallet finger splint for the little finger. Recheck in 2 weeks. He is to be in a mallet finger splint nonstop for the next 6-8 weeks.

**Prescriptions:** No data for Prescription

**Pre-Examination:** AP, lateral and oblique x-rays of the left hand index finger/metacarpal.

**WORK STATUS:**
() Full Time () Part Time () Restrictions () Out of Work ()Non-Applicable

Michael R. Ugino, M.D.

Electronically signed
November 22, 2010
4:25 PM

**Referral Rept. Letter(s) Dated 11/23/10**

Wicker, MD, Christopher - SPECIALTY: Internal Medicine



354

OFFICE NOTE

PATIENT: Ricky D. Kneece
DATE: 12/22/99
CHART #: 8600
DOB: [redacted]

This patient was seen at Richland Memorial Hospital 11/22/99 after a tire blew up in his face and he sustained a right orbital roof fracture.

The patient also lost consciousness. He also sustained a left knee injury. When seen initially, the patient had a fracture involving frontal bones and had a laceration to the interior scalp which was repaired by the Emergency Department physician or by one of the residents.

Initially, he had significant proptosis which is now resolved.

On physical examination, there is no more proptosis. There is good symmetry of bilateral orbits. There might be some residual fullness in the right upper eyelid. There is no evidence of vertical dystopia. The extraocular movements are within normal limits. The patient denies diplopia in the entire visual field.

There was one Vicryl suture coming to the surface of the scar and this was removed. There is no evidence of stitch abscess.

At this point, there is no need for surgical intervention on the orbital roof. I would like to see him only on a p.r.n. basis.

Jean-Francois Lefaivre, M.D.

12/22/99
Date

JFL/dmy

238

PALMETTO RICHLAND MEMORIAL HOSPITAL
5 Richland Medical Park Drive
Columbia, SC 29203
(803)434-7000

# CONSULTATION REPORT

| | | | |
|---|---|---|---|
| PATIENT: | Kneece, Ricky | DICT: | Jean-Francois Lefaivre, MD |
| MR #: | 00-86-24-45-9 | | |
| ADMITTED: | 11/22/1999 | DOB: | [redacted] |
| DISCHARGED: | 11/22/1999 | PT.LOC: | |

DATE OF CONSULTATION:

SERVICE: Plastic Surgery.

REASON FOR CONSULTATION: Rule out facial fracture.

HISTORY OF PRESENT ILLNESS: This is a 39-year-old male who is status post a tire explosion. The patient came in with a Glasgow Coma Score of 13 initially. We were asked by Trauma and Neurosurgery to evaluate this patient for facial fractures. Other injuries including subarachnoid hemorrhage and knee fracture.

PAST MEDICAL HISTORY: Gout.

PAST SURGICAL HISTORY: Hernia x 3 and appendectomy.

MEDICATIONS: No medications.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: He does not smoke. He does not drink. No history of intravenous drug abuse.

FAMILY HISTORY: Is negative.

PHYSICAL EXAMINATION: The patient is easily aroused, but rapidly falls asleep. He had some intravenous sedation given.. He is wearing a cervical collar. The patient over the right forehead that has been sutured. There is no evidence of subgaleal fluid collection. There is swelling on the right forehead and scalp. The patient has bilateral periorbital ecchymosis. Pupils are symmetric and reactive. The patient is able to count fingers. Extraocular movements are within normal limits except for upward gaze on the right side. No step-off was felt on the orbital ridge or zygomatic arches. No step-off was felt in the upper or lateral buckle sulcus. Midface is stable and mandible is stable as well. There was tenderness to palpation to the nose. Intranasal exam showed no evidence of septal hematoma.



CC: Jean-Francois Lefaivre, MD

239

LABORATORY DATA: Hemoglobin of 18.1, PTT 24.7, urine analysis normal, PT 12.3, electrolytes within normal limits.

CT SCAN shows a comminuted right and supraorbital fracture, no involvement of the frontal sinus, small multiple contusions, andsubarachnoid hemorrhage. There was blood in the maxillary sinus, but no coronal view was performed and we do not have a good view of the orbital floor. There was blood in the ethmoid sinuses bilaterally. There is a nondisplaced nasal fracture.

IMPRESSION: Minimally displaced facial fractures, rule out right orbital floor, a formal coronal CT is ordered.

PLAN: We will re-evaluate this patient once the ordered studies are completed.

Jean-Francois Lefaivre, MD
CONSULTING PHYSICIAN

JFL:tld
D: 11/22/1999 T: 11/24/1999 10:01 A
Job #: 197963 Doc #: 37746
cc: Jean-Francois Lefaivre, MD

Name: Ricky Kneece
Date of Birth: [redacted]

Attorney Work Product
Preliminary Disability Cost Projection

Revised September 16, 2010
Karen Shelton, RN, CNLCP

| Category | Item | Units/year | Unit Cost | Yearly | Lifetime | Resources |
|---|---|---|---|---|---|---|
| Surgery | none indicated | once/life | | $0.00 | $0.00 | SC WC Fee Schedule |
| | | | | | | |
| Diagnostics, every 5 years | Periodic Diagnostics, Allowance | 0.2 | $2,000.00 | $400.00 | $11,672.00 | SC WC Fee Schedule |
| Diagnostics, recurring | Laboratory, liver function | 2 | $100.00 | $200.00 | $5,836.00 | SC WC Fee Schedule |
| | | | | | | |
| Physician, 99215 | Neurologist, ENT | 3 | $191.00 | $573.00 | $16,720.14 | SC WC Fee Schedule, 2010 |
| Physician, 99215 | Orthopedic, neurosurgeon | 1 | $191.00 | $191.00 | $5,573.38 | SC WC Fee Schedule, 2010 |
| Physician, 99214 | Family Practice/internist | 4 | $141.00 | $564.00 | $16,457.52 | SC WC Fee Schedule, 2010 |
| Physician | Psychology, psychiatrist | 30 only | $150.00 | n/a | $4,500.00 | SC WC Fee Schedule |
| Physician | Pain Management | | | | | SC WC Fee Schedule |
| Physician | Neuropsychologist | once/life | $1,500.00 | n/a | $1,500.00 | SC WC Fee Schedule |
| | | | | | | |
| Equipment, every 5 years | CPAP | 0.2 | TBD | TBD | TBD | Medical Supply |
| Equipment, recurring | supplies | 12 | TBD | TBD | TBD | Medical Supply |
| | | | | | | |
| Medications | effexor ER, 150 mgm, 60/month | 12 | $299.98 | $3,599.76 | $105,041.00 | Drugstore.com |
| Medications | valium, 10 mgm, 12/month | 12 | $101.99 | $1,223.88 | $35,712.82 | Drugstore.com |
| Medications | trazodone, 100 mgm, 60/month | 12 | $18.98 | $227.76 | $6,646.04 | Drugstore.com |
| Medications | relafen, 750 mgm, 60/month | 12 | $137.70 | $1,652.40 | $48,217.03 | Drugstore.com |
| Medications | oxycarbazepine, 300 mgm/60/mo | 12 | $129.99 | $1,559.88 | $45,517.30 | Drugstore.com |
| Medications | armor thyroid, 60 mgm, 30/month | 12 | $14.99 | $179.88 | $5,248.90 | Drugstore.com |
| | | | | | | |
| Therapy | flare ups, sessions per year | 6 | $225.00 | $1,350.00 | $39,393.00 | SC WC Fee Schedule |
| Transportation | monthly allowance | 12 | $25.00 | $300.00 | $8,754.00 | IRS regulations |
| Counseling | Family counseling | 25/life | $150.00 | $128.51 | $3,750.00 | SC WC Fee Schedule |
| | | | | | | |
| | Life Expectancy | 29.18 | Totals | $12,150.07 | $360,539.12 | |

1090

341

RECEIVED DEC 3 6 2010

MIDLANDS
Orthopaedics P.A.

Robert M. Pezle, Jr, MD • Robert M. DaSilva, MD • James A. O Leary, MD
Michael R. Ugino, MD • Michael S. Green, MD • M. Davie Redmond, MD •
William C. James, MD • Robert D. Sanbrock, MD • Frederick C. Piehl, MD • Thomas P. Gross, MD
Coleman O. Fowble, MD • Thomas D. Armsey, MD • Ivan LaMotta, MD • Bernard G. Kird, MD

1910 Blanding Street • Columbia, SC 29201 • 1013 Lake Murray Boulevard • Irmo, SC 29063
2989 Sunset Boulevard, West Columbia, SC 29169
(803) 256.4107 • www.midlandsortho.com

**Initial Exam**

NAME: Kneece,Delano Ricky
DATE: 11/22/10
EMPLOYER: Delano R Kneece And Son Inc
REFERRING PHYSICIAN: Christopher Wicker, MD

ACCOUNT: 252876
DOB: [redacted] Age: 50 years old
OCCUPATION: No data for occupation

CC: Left hand

DATE OF INJURY/ONSET/SURGERY: DOI on 11/19/2010

HPI: The patient is a right hand dominant 50-year-old male who presents with the main complaint of an acute injury involving the left hand . The injury occurred on 11/19/2010. His family owns a cotton business and he is a farmer. Apparently he became dizzy while working on one of the machines, lost his footing and fell injuring his left hand. He was seen at Lexington Medical Center urgent care in Lexington where he was x-rayed and diagnosed as having a fracture of the base of the index metacarpal left hand. 2 weeks prior to that he injured his little finger and sustained what sounds like a mallet finger deformity. He is in my office today for both injuries. I have operated on his wife in the past for carpal tunnel syndrome.

MEDICAL ILLNESSES:

| | |
|---|---|
| Past Med Hx: | 03. Asthma<br>08. Diabetes<br>15. Gout<br>20. High Blood Pressure<br>24. Kidney Stones |
| Surgical History: | hernia 1978, 1979, 19577 left shoulder left elbow, appendectomy., left knee |
| Family History: | 02. Asthma<br>05. Diabetes<br>07. High Blood Pressure |
| Social History: | 04. Alcohol-Ocassional<br>05. Children-Yes<br>08. Married<br>13. Special Diet-Yes<br>19. Non-Smoker<br>26. Right Hand Dominance |
| Allergies: | codeine |
| Current Meds: | No data for Medication |

REVIEW OF SYSTEMS:
General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems are normal except what is noted: 13. CPAP machine
17. Dizziness/light headedness

353

31. Frequent headaches
32. Loss of balance
43. No previous problems with anesthesia
48. Previous surgery at MOPA
50. Depression

**PHYSICAL EXAM:**

| | |
|---|---|
| Vital Signs | HEIGHT: 5'10"<br>WEIGHT: 225 lbs 0 oz<br>BMI: 32.3<br>PULSE: 107<br>B/P: 164/109 |
| Appearance: | No acute distress |
| Psychiatric: | Mood and affect were appropriate. |
| Skin: | Clean, dry, no lesions, no rashes. |
| Neuro: | Alert and Oriented x3. |

**FOCUSED EXAM:** Examination demonstrates moderate swelling along the index metacarpal. He is very tender at the base of the index metacarpal. No tenderness along the wrist or along the ulnar border of the hand. He does have a mallet finger deformity of the little finger.

**Radiographs:** AP, lateral and oblique x-rays brought with him from Lexington Mecical Center demonstrate nondisplaced fracture at the base of the index metacarpal. The little finger x-rays are unremarkable.

**Procedure:**

**Assessment:** -Closed, nondisplaced left index metacarpal base fracture
-Mallet finger deformity left little finger

**Plan:** Finger spica short arm cast index and long fingers along with a dorsal mallet finger splint for the little finger. Recheck in 2 weeks. He is to be in a mallet finger splint nonstop for the next 6-8 weeks.

**Prescriptions:** No data for Prescription

**Pre-Examination:** AP, lateral and oblique x-rays of the left hand index finger/metacarpal.

**WORK STATUS:**
() Full Time () Part Time () Restrictions () Out of Work () Non-Applicable

Michael R. Ugino, M.D.

Electronically signed
November 22, 2010
4:25 PM

[redacted]

Wicker, MD, Christopher - SPECIALTY: Internal Medicine

In Re: Ricky D. Kneece
WCC File # 9920867

## Mileage

| Medical Provider | Total Trips | Total Miles | Amount of Payment |
|---|---|---|---|
| Dr. Bergmann | 51 | 2856 | $1,307.60 |
| Dr. Shissias | 1 | 290 | 145.00 |
| Dr. Adams | 2 | 92 | 40.94 |
| Dr. Green | 2 | 92 | 36.34 |
| Dr. Waid | 1 | 236 | 105.02 |
| Dr. Stewart | 2 | 92 | 38.87 |
| **TOTALS** | **59** | **3,658** | **$1,673.77** |

803-794-4840

Jan
Feb
Mar
April

KNEECE, RICKY D.
204 DELANO KNEECE RD
Pelion, SC 29123
803-413-0623
ARMOUR THYROID 60MG TABLET
NDC: 0456-0459-01

May
June
July

RX: 861141 09/11/10
QTY: 90 RFLS: 1

DR. WICKER MD, CHRISTOPHER

Aug

PAID 5
AUTH# NDC Ref: OXX7A1R

PRICE: $19.97
COPAY: $19.97

Call your doctor for medical advice about side affects. You may report side affects to the FDA at 1-800-FDA-1088

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

RECEIPT
TRIANGLE PHARMACY & HM
1239 D Avenue
W. Columbia, SC 29169
803-794-4840

KNEECE, RICKY D.
204 DELANO KNEECE RD
Pelion, SC 29123
803-413-0623
ARMOUR THYROID 60MG TABLET
NDC: 0456-0459-01

RX: 861141 09/11/10
QTY: 90 RFLS: 1

DR. WICKER MD, CHRISTOPHER
PAID 5
PRICE: $19.97
COPAY: $19.97

Call your doctor for medical advice about side affects. You may report side affects to the FDA at 1-800-FDA-1088

Rx 861141 02 PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

BIG S DISCOUNT PHARMACY | Customer Prescription History | Date- 9/09/10 Time-17:10:01 Page 0001
8073 EDMOND HWY | Print for Individual =KN0020 | Price = Cust&Total Fed Tax ID =
PELION, SC 29123 | NABP- 4215376 | Beginning Date- 11/21/99 Ending Date- 9/09/10

RICKY KNEECE DOB- [redacted] Third Party- PAID Group Number- STATESC ID Number- 12443526
136 DELANO KNEECE RD
PELION, SC 29123 Sex- M Relationship- Spouse

| Rx Number | Drug Dispensed | DAW | NDC Number | Est Days | 3rd Party Coverage Plan | Reference # | Prescrib Code | Quan Disp | Cust Price | Total Price | Fill Date | Phar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 291867 | HYDRCD/APAP7.5/500WT | 0 | 00591-0385-01 | 5 | PCS | | SMI015 | 20.0 | 6.21 | 6.31 | 12/02/99 | H |
| 291918 | ULTRAM 50 MG TABLETS | 0 | 00045-0659-60 | 6 | PCS | | HOLET | 24.0 | 18.67 | 18.67 | 12/03/99 | S |
| 292675 | ULTRAM 50 MG TABLETS | 0 | 00045-0659-60 | 6 | PCS | | SMI015 | 24.0 | 18.67 | 18.67 | 12/10/99 | S |
| 293863 | CELEBREX 200MG CAP 1 | 0 | 00025-1525-31 | 30 | PCS | | EKMAE | 30.0 | 65.66 | 65.66 | 12/24/99 | S |
| 250826 | DRINEX TABLETS ECONO | 0 | 55053-0518-01 | 30 | | | SPIRK | 24.0 | 6.87 | 6.87 | 12/31/99 | S |
| 293863 | CELEBREX 200MG CAP 1 | 0 | 00025-1525-31 | 30 | PCS | | EKMAE | 30.0 | 67.66 | 67.66 | 01/19/00 | S |
| 297000 | AUGMENTIN 875MG | 0 | 00029-6086-12 | 10 | PCS | | CRAI | 20.0 | 85.28 | 85.28 | 01/26/00 | S |
| 297001 | GUAIFENESIN ER 600 I | 0 | 00182-1188-01 | 30 | PCS | | CRAI | 60.0 | 9.96 | 9.96 | 01/26/00 | S |
| 297002 | ALBUTEROL MDI WARRIC | 0 | 59930-1560-01 | 15 | PCS | | CRAI | 17.0 | 21.13 | 21.13 | 01/26/00 | S |
| 297003 | BENZONATATE 100MG SI | 0 | 50111-0851-01 | 30 | PCS | | CRAI | 90.0 | 36.22 | 36.22 | 01/26/00 | S |
| 297004 | AMANTADINE 100 APOTH | 0 | 00781-2048-01 | 7 | PCS | | CRAI | 14.0 | 5.24 | 5.24 | 01/26/00 | S |
| 297005 | GUIATUSS DAC ALPHARM | 0 | 00472-0011-16 | 10 | PCS | | CRAI | 120.0 | 5.63 | 5.63 | 01/26/00 | S |
| 297897 | PREDNISONE 10 RX 100 | 0 | 00054-4730-25 | 7 | PCS | | CRAI | 21.0 | 3.61 | 3.61 | 02/04/00 | S |
| 299236 | AUGMENTIN 875MG | 0 | 00029-6086-12 | 10 | PCS | | CRAI | 20.0 | 89.33 | 89.33 | 02/21/00 | S |
| 299237 | COMBIVENT INHALER 15 | 0 | 00597-0013-14 | 25 | PCS | | CRAI | 15.0 | 37.27 | 37.27 | 02/21/00 | S |
| 299238 | SEREVENT INH AEROSOL | 0 | 00173-0464-00 | 25 | PCS | | CRAI | 13.0 | 60.65 | 60.65 | 02/21/00 | S |
| 299804 | CEFTIN 500MG TAB | 0 | 00173-0394-00 | 10 | PCS | | CRAI | 20.0 | 131.79 | 131.79 | 02/25/00 | S |
| 301185 | ALLOPURINOL 300 MY S | 0 | 00378-0181-05 | 30 | PCS | | CRAI | 15.0 | 4.56 | 4.56 | 03/09/00 | H |
| 301186 | COMBIVENT INHALER 15 | 0 | 00597-0013-14 | 25 | PCS | | CRAI | 15.0 | 37.27 | 37.27 | 03/09/00 | H |
| 301187 | SEREVENT INH AEROSOL | 0 | 00173-0464-00 | 30 | PCS | | CRAI | 13.0 | 60.65 | 60.65 | 03/09/00 | H |
| 303362 | CEFTIN 500MG TAB | 0 | 00173-0394-00 | 10 | PCS | | CRAI | 20.0 | 131.79 | 131.79 | 04/02/00 | S |
| 303666 | Z-PAK TAB (3X6) | 0 | 00069-3060-75 | 5 | PCS | | CARRS | 6.0 | 37.77 | 37.77 | 04/04/00 | H |
| 303667 | PREDNISONE 20MG SC 1 | 0 | 00591-5443-01 | 5 | PCS | | CARRS | 10.0 | 3.51 | 3.51 | 04/04/00 | H |
| 303668 | CLARITIN 10MG TABS 1 | 0 | 00085-0458-03 | 15 | PCS | | CARRS | 15.0 | 32.36 | 32.36 | 04/04/00 | H |
| 303669 | ALBUTEROL .083% DEY | 0 | 49502-0697-60 | 15 | PCS | | CARRS | 180.0 | 36.70 | 36.70 | 04/04/00 | H |
| 305355 | CLARITIN 10MG TABS 1 | 0 | 00085-0458-03 | 30 | PCS | | WHITC | 30.0 | 62.23 | 62.23 | 04/22/00 | S |
| 308621 | BUSPAR 5MG TAB 100 | 0 | 00087-0818-41 | 10 | | | WHITC | 30.0 | 22.87 | 22.87 | 06/01/00 | S |
| 308621 | BUSPAR 5MG TAB 100 | 0 | 00087-0818-41 | 10 | | | WHITC | 30.0 | 22.87 | 22.87 | 06/15/00 | H |
| 323351 | CLARITIN 10MG TABS 1 | 0 | 00085-0458-03 | 30 | PCS | | WHITC | 30.0 | 66.18 | 66.18 | 11/21/00 | S |
| 323352 | FLONASE NASAL SPRAY | 0 | 00173-0453-01 | 25 | PCS | | WHITC | 16.0 | 51.25 | 51.25 | 11/21/00 | S |
| 323351 | CLARITIN 10MG TABS 1 | 0 | 00085-0458-03 | 30 | PCS | | WHITC | 30.0 | 67.46 | 67.46 | 02/08/01 | H |
| 331382 | Z-PAK TAB (3X6) | 0 | 00069-3060-75 | 5 | PCS | | WHITC | 6.0 | 38.90 | 38.90 | 02/08/01 | H |
| 323352 | FLONASE NASAL SPRAY | 0 | 00173-0453-01 | 25 | PCS | | WHITC | 16.0 | 51.25 | 51.25 | 03/13/01 | S |
| 341993 | TRIAMC ACE CR 0.1 AL | 0 | 00472-0301-80 | 15 | PCS | | WHITC | 80.0 | 6.90 | 6.90 | 06/04/01 | S |
| 350434 | FLONASE NASAL SPRAY | 0 | 00173-0453-01 | 25 | PCS | | WHITC | 16.0 | 52.21 | 52.21 | 09/13/01 | S |
| 350435 | CLARITIN 10MG TABS 1 | 0 | 00085-0458-03 | 30 | PCS | | WHITC | 30.0 | 69.58 | 69.58 | 09/13/01 | S |
| 350437 | MECLIZINE HC 12.5 QS | 0 | 00781-1542-01 | 25 | | | WHITC | 100.0 | 10.00 | 10.00 | 09/13/01 | S |
| 356482 | OXYCOD/ACET5/500DMCP | 0 | 51285-0658-02 | 7 | PCS | | GREEM | 30.0 | 11.29 | 11.29 | 11/15/01 | H |
| 356483 | PHENERGAN 25MG SUP | 0 | 00008-0212-01 | 5 | PCS | | GREEM | 10.0 | 38.71 | 38.71 | 11/15/01 | H |
| 356491 | PROMETHAZIN 25MG GG | 0 | 00781-1830-01 | 3 | PCS | | GREEM | 10.0 | 3.48 | 3.48 | 11/15/01 | H |
| 356753 | AMOX 500MG TEVA*CAP | 0 | 00093-3109-05 | 10 | PCS | | WHITC | 30.0 | 5.98 | 5.98 | 11/19/01 | S |
| 357321 | CEPHALEXIN 500MG*TEV | 0 | 00093-3147-05 | 10 | PCS | | GREEM | 30.0 | 9.08 | 9.08 | 11/26/01 | S |
| 361618 | FLONASE 50MCG/INH NO | 0 | 00173-0453-01 | 30 | PCS | | WHITC | 16.0 | 55.86 | 55.86 | 01/14/02 | S |
| 361613 | TEMAZEPAM 15MG PF CA | 0 | 00228-2076-10 | 30 | PCS | | WHITC | 30.0 | 6.58 | 6.58 | 01/14/02 | S |
| 364566 | NEURONTIN CAPS 300 M | 0 | 00071-0805-24 | 30 | PCS | | TROYD | 30.0 | 35.55 | 35.55 | 02/11/02 | S |
| 364567 | PAXIL TAB 20MG 100 | 0 | 00029-3211-20 | 30 | PCS | | TROYD | 30.0 | 75.72 | 75.72 | 02/11/02 | S |
| 364568 | VIOXX 25MG TAB EA | 0 | 00005-0110-68 | 30 | PCS | | TROYD | 30.0 | 73.82 | 73.82 | 02/11/02 | S |

BIG S DISCOUNT PHARMACY — Customer Prescription History — Date- 9/09/10 Time-17:10:01 Page 0002

8073 EDMOND HWY — Print for Individual =KN0020 — Price = Cust&Total Fed Tax ID =

PELION, SC 29123 — NABP- 4215376 — Beginning Date- 11/21/99 — Ending Date- 9/09/10

RICKY KNEECE — DOB- [redacted] Third Party- RAID — Group Number- STATESC — ID Number- 12443526

136 DELANO KNEECE RD

PELION, SC 29123 — Sex- M — Relationship- Spouse

| Rx Number | Drug Dispensed | DAW | NDC Number | Est Days | 3rd Party Coverage Plan | Reference # | Prescrib Code | Quan Disp | Cust Price | Total Price | Fill Date | Phar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 368016 | DEPAKOTE 250MG TAB | 0 | 00074-6214-13 | 30 | PCS | | TROYD | 60.0 | 53.40 | 53.40 | 03/14/02 | H |
| 368799 | AMOX 500MG TEVA*CAP | 0 | 00093-3109-05 | 10 | PCS | | WHITC | 30.0 | 5.42 | 5.42 | 03/22/02 | S |
| 368800 | NASONEX NAS SPRAY 17 | 0 | 00085-1197-01 | 30 | PCS | | WHITC | 17.0 | 57.85 | 57.85 | 03/22/02 | S |
| 369415 | LEVAQUIN 500MG TAB | 0 | 00045-1525-50 | 10 | PCS | | WHITC | 10.0 | 85.57 | 85.57 | 03/28/02 | S |
| 369416 | BENZONATATE 100MG SI | 0 | 50111-0851-01 | 10 | PCS | | WHITC | 40.0 | 15.38 | 15.38 | 03/28/02 | S |
| 361618 | FLONASE 50MCG/INH NO | 0 | 00173-0453-01 | 30 | PCS | | WHITC | 16.0 | 55.86 | 55.86 | 04/22/02 | S |
| 375225 | DEPAKOTE 250MG TAB | 0 | 00074-6214-13 | 30 | PCS | | TROYD | 60.0 | 54.37 | 54.37 | 06/01/02 | S |
| 364568 | VIOXX 25MG TAB EA | 0 | 00006-0110-68 | 30 | PCS | | TROYD | 30.0 | 73.82 | 73.82 | 08/14/02 | S |
| 375229 | DEPAKOTE 250MG TAB | 0 | 00074-6214-13 | 30 | PCS | | TROYD | 60.0 | 54.37 | 54.37 | 08/14/02 | S |
| 375229 | DEPAKOTE 250MG TAB | 0 | 00074-6214-13 | 30 | PCS | | TROYD | 60.0 | 52.77 | 52.77 | 09/18/02 | S |
| 386505 | CLARITIN-D 24 HR 10- | 0 | 00085-1233-01 | 30 | PCS | 592412 | WHITC | 30.0 | 25.00 | 94.87 | 10/04/02 | S |
| 364568 | VIOXX 25MG TAB EA | 0 | 00006-0110-68 | 30 | PRES1 | U02277P52A0000 | TROYD | 30.0 | .00 | 75.15 | 10/04/02 | S |
| 386509 | ZOLOFT 25MG TAB EA | 0 | 00049-4960-50 | 30 | PRES1 | U02277P56A0000 | TROYD | 30.0 | .00 | 69.05 | 10/04/02 | S |
| 375229 | DEPAKOTE 250MG TAB | 0 | 00074-6214-13 | 30 | | | TROYD | 60.0 | 65.20 | 65.20 | 10/04/02 | S |
| 361618 | FLONASE 50MCG/INH NO | 0 | 00173-0453-01 | 30 | PCS | 457321 | WHITC | 16.0 | 25.00 | 56.91 | 10/18/02 | S |
| 387942 | DEPAKOTE 250MG TAB | 0 | 00074-6214-13 | 30 | PRES1 | U02291Q4920000 | TROYD | 120.0 | .00 | 108.46 | 10/18/02 | S |
| 390524 | VIOXX 25MG TAB EA | 0 | 00006-0110-68 | 30 | PRES1 | U02317JB570000 | TROYD | 30.0 | .00 | 78.42 | 11/13/02 | S |
| 386509 | ZOLOFT 25MG TAB EA | 0 | 00049-4960-50 | 30 | PRES1 | U02346JAD90000 | TROYD | 30.0 | .00 | 69.05 | 12/12/02 | DBH |
| 387942 | DEPAKOTE 250MG TAB | 0 | 00074-6214-13 | 30 | PRES1 | U02346JAD90001 | TROYD | 120.0 | .00 | 108.46 | 12/12/02 | DBH |
| 394414 | ZITHROMAX Z-PAK 250M | 0 | 00069-3060-75 | 6 | PCS | 603699 | WHITC | 6.0 | 38.80 | 38.80 | 12/20/02 | S |
| 386505 | CLARITIN-D 24 HR 10- | 0 | 00085-1233-01 | 30 | PCS | 895160 | WHITC | 30.0 | 94.87 | 94.87 | 12/23/02 | S |
| 394896 | LEVAQUIN 500MG TAB | 0 | 00045-1525-50 | 10 | PCS | 287147 | WHITC | 10.0 | 87.65 | 87.65 | 12/26/02 | S |
| 394897 | Q-BID LA 600MG TER | 0 | 00603-5543-21 | 20 | PCS | 287148 | WHITC | 40.0 | 4.79 | 4.79 | 12/26/02 | S |
| 396374 | OXYCODONE/ACETAMINOP | 0 | 00603-4997-21 | 10 | PCS | 394838 | | | | | | |
| | | | Secondary | | PRES1 | U03013J2A60000 | GREEM | 30.0 | 7.92 | 7.92 | 01/09/03 | DBH |
| 396777 | INDOMETHACIN 50MG CA | 0 | 00378-0147-01 | 5 | PCS | 466561 | BROWE | 15.0 | 2.68 | 2.68 | 01/13/03 | S |
| 396911 | COLCHICINE 0.6MG TAB | 0 | 00603-3052-32 | 10 | PCS | 517815 | WHI001 | 20.0 | 4.01 | 4.01 | 01/14/03 | S |
| 402722 | AMOX 875 POT 125 TEV | 0 | 00093-2275-34 | 7 | PCS | 958315 | STE004 | 14.0 | 15.00 | 50.70 | 03/03/03 | S |
| 403989 | APAP/BUTALBITAL/CAFF | 0 | 00904-3280-60 | 7 | PCS | 966838 | BLA001 | 30.0 | 6.49 | 6.49 | 03/05/03 | S |
| 402991 | FLONASE 50MCG/INH NO | 0 | 00173-0453-01 | 30 | PCS | 004885 | WHITC | 16.0 | 56.91 | 56.91 | 03/05/03 | S |
| 387942 | DEPAKOTE 250MG TAB | 0 | 00074-6214-13 | 30 | PRES1 | U03086Q0A20000 | TROYD | 120.0 | .00 | 112.60 | 03/27/03 | DBH |
| 405582 | LEVAQUIN 500MG TAB | 0 | 00045-1525-50 | 10 | PCS | 088532 | BLA001 | 10.0 | 87.65 | 87.65 | 03/31/03 | S |
| 409949 | RESPA-1ST 600-58MG T | 0 | 60575-0087-19 | 30 | PCS | 900070 | WHITC | 60.0 | 21.96 | 21.96 | 05/08/03 | DBH |
| 416644 | BEXTRA 20MG TAB EA | 0 | 00025-1980-31 | 30 | PCS | 036149 | | | | | | |
| | | | Secondary | | PAI | 03105080926995 | GREEM | 30.0 | .00 | 82.03 | 07/18/03 | S |
| 422263 | CEPHALEXIN 500MG CAP | 0 | 00093-3147-05 | 7 | PCS | 059933 | ROGEG | 21.0 | 15.00 | 15.00 | 09/15/03 | S |
| 416644 | BEXTRA 20MG TAB EA | 0 | 00025-1980-31 | 30 | PCS | 426261 | GREEM | 30.0 | 41.52 | 82.03 | 10/17/03 | S |
| 396777 | INDOMETHACIN 50MG CA | 0 | 00378-0147-01 | 5 | PCS | 688633 | BROWE | 15.0 | 14.89 | 14.89 | 12/31/03 | S |
| 437396 | COLCHICINE 0.6MG TAB | 0 | 00603-3052-32 | 10 | PCS | 076060 | WHI001 | 20.0 | 8.47 | 8.47 | 01/27/04 | S |
| 437397 | OXYCODONE/ACETAMINOP | 0 | 00406-0532-01 | 6 | PCS | 395324 | O'LEJ | 30.0 | 15.00 | 15.00 | 01/27/04 | S |
| 453113 | COLCHICINE 0.6MG TAB | 0 | 00603-3052-32 | 7 | PCS | 577022 | WHI001 | 14.0 | 7.43 | 7.43 | 06/16/04 | S |
| 453114 | INDOMETHACIN 25MG CA | 0 | 00378-0143-01 | 7 | PCS | 577173 | WHITC | 21.0 | 13.19 | 13.19 | 06/16/04 | S |
| 459159 | VIOXX 25MG TAB EA | 0 | 00006-0110-68 | 30 | ADVRX | 04230370844901 | O'LEJ | 30.0 | 30.00 | 82.04 | 08/17/04 | S |
| 464090 | HYDROCO/APAP 5-500MG | 0 | 00591-0349-05 | 6 | ADVRX | 04275493226601 | O'LEJ | 30.0 | 6.04 | 6.04 | 10/01/04 | S |
| 476780 | INDOMETHACIN 25MG CA | 0 | 00378-0143-01 | 10 | ADVRX | 05024599823408 | WHITC | 30.0 | 4.70 | 4.70 | 01/24/05 | S |
| 478933 | INDOMETHACIN 25MG CA | 0 | 00378-0143-01 | 10 | ADVRX | 05041319745803 | WHITC | 60.0 | 7.90 | 7.90 | 02/10/05 | DBH |
| 478934 | COLCHICINE 0.6MG TAB | 0 | 00603-3052-32 | 20 | ADVRX | 05041319747803 | WHITC | 40.0 | 7.45 | 7.45 | 02/10/05 | DBH |

BIG S DISCOUNT PHARMACY
8073 EDMOND HWY
PELION, SC 29123

Customer Prescription History
Print for Individual =KN0020
NABP- 4215376

Date- 9/09/10 Time-17:10:01 Page 0003
Price = Cust&Total Fed Tax ID =
Beginning Date- 11/21/99 Ending Date- 9/09/10

RICKY KNEECE DOB- [redacted] Third Party- PAID Group Number- STATESC ID Number- 12443526
136 DELANO KNEECE RD
PELION, SC 29123 Sex- M Relationship- Spouse

| RX Number | Drug Dispensed | DAW | NDC Number | Est Days | 3rd Party Coverage Plan | Reference # | Prescrib Code | Quan Disp | Cust Price | Total Price | Fill Date | Phar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 480092 | LEVAQUIN 500MG TAB | 0 | 00045-1525-50 | 10 | ADVRX | 05049489977310 | WHITC | 10.0 | 20.00 | 101.03 | 02/18/05 | S |
| 480093 | MUCINEX 600MG TER | 0 | 63824-0008-20 | 20 | | | WHITC | 40.0 | 16.87 | 16.87 | 02/18/05 | S |
| 480397 | ALLOPURINOL 100MG TA | 0 | 00378-0137-01 | 30 | ADVRX | 05053446280607 | WHITC | 100.0 | 10.00 | 11.78 | 02/22/05 | S |
| 516741 | TRAZODONE HCL 50MG T | 0 | 50111-0433-01 | 30 | ADVRX | 060175873760059999 | DEALR | 45.0 | 3.35 | 3.35 | 01/17/06 | S |
| 519969 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | ADVRX | 060413554047055999 | DEALR | 75.0 | 6.49 | 6.59 | 02/10/06 | S |
| 521283 | CYCLOBENZAPRINE HCL | 0 | 00378-0751-10 | 7 | ADVRX | 060524132792052999 | HAYES | 20.0 | 4.50 | 4.50 | 02/21/06 | S |
| 521284 | OXYCODONE/ACETAMINOP | 0 | 00406-0532-01 | 6 | ADVRX | 060524132813052999 | HAYES | 20.0 | 6.33 | 6.33 | 02/21/06 | S |
| 519969 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | ADVRX | 060834699295020999 | DEALR | 75.0 | 6.49 | 6.59 | 03/24/06 | S |
| 529739 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | ADVRX | 061213762044074999 | DEALR | 90.0 | 7.49 | 7.66 | 05/01/06 | S |
| 534564 | EFFEXOR-XR 75MG CAP | 0 | 00008-0833-01 | 25 | ADVRX | 061605924859006998 | DEALR | 30.0 | 20.00 | 91.78 | 06/09/06 | S |
| 537014 | EFFEXOR-XR 150MG CAP | 0 | 00008-0836-01 | 30 | ADVRX | 061844906846046999 | DEALR | 30.0 | 20.00 | 99.84 | 07/03/06 | S |
| 529739 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | ADVRX | 062083316791064999 | DEALR | 90.0 | 7.49 | 7.66 | 07/27/06 | S |
| 537014 | EFFEXOR-XR 150MG CAP | 0 | 00008-0836-01 | 25 | ADVRX | 062092844934079998 | DEALR | 30.0 | 20.00 | 99.84 | 07/28/06 | S |
| 537014 | EFFEXOR-XR 150MG CAP | 0 | 00008-0836-01 | 25 | ADVRX | 062404906703021999 | DEALR | 30.0 | 20.00 | 99.84 | 08/28/06 | S |
| 537014 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 062704136431040999 | DEALR | 30.0 | 20.00 | 103.19 | 09/27/06 | PNB |
| 548262 | AZITHROMYCIN Z-PAK | 0 | 59762-3060-01 | 5 | ADVRX | 062775823888003999 | MURRR | 6.0 | 10.00 | 29.56 | 10/04/06 | S |
| 548263 | PSEUDOVENT 400 400-1 | 0 | 58177-0096-04 | 15 | ADVRX | 062775823905003999 | MURRR | 30.0 | 10.00 | 26.34 | 10/04/06 | S |
| 537014 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 062983474566074999 | DEALR | 30.0 | 30.00 | 107.67 | 10/25/06 | S |
| 529739 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | ADVRX | 062983474594074999 | DEALR | 90.0 | 7.49 | 7.66 | 10/25/06 | S |
| 537014 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 063313207473085999 | DEALR | 30.0 | 20.00 | 107.67 | 11/27/06 | PNB |
| 558441 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 063614833609005999 | DEALR | 30.0 | 20.00 | 98.96 | 12/27/06 | PNB |
| 559504 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 070053640187057999 | DEALR | 30.0 | 30.00 | 107.67 | 01/05/07 | PNB |
| 559554 | CEFACLOR 500MG CAP | 0 | 63304-0659-01 | 10 | ADVRX | 070054469921054999 | WHITC | 30.0 | 10.00 | 26.86 | 01/05/07 | S |
| 559505 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 070343257796062999 | DEALR | 30.0 | 30.00 | 98.96 | 02/03/07 | PNB |
| 559504 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 070343257826062999 | DEALR | 30.0 | .00 | 107.67 | 02/03/07 | PNB |
| 564420 | AMOXICILLIN/CLAVULAN | 0 | 63304-0713-20 | 10 | ADVRX | 070444304221069999 | WHITC | 30.0 | 10.00 | 48.12 | 02/13/07 | PNB |
| 564868 | LISINOPRIL 10MG TAB | 0 | 00378-2074-01 | 30 | ADVRX | 070474741179076999 | WHITC | 30.0 | 9.44 | 9.44 | 02/16/07 | S |
| 564868 | LISINOPRIL 10MG TAB | 0 | 00378-2074-01 | 30 | ADVRX | 070745666251048999 | WHITC | 30.0 | 9.44 | 9.44 | 03/15/07 | DBH |
| 559504 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 070745666574054999 | DEALR | 30.0 | 30.00 | 107.67 | 03/15/07 | DBH |
| 559505 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 070745667205001999 | DEALR | 30.0 | .00 | 98.96 | 03/15/07 | DBH |
| 559505 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 071033568495085999 | DEALR | 30.0 | 30.00 | 105.21 | 04/13/07 | PNB |
| 559504 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 071033568532085999 | DEALR | 30.0 | .00 | 114.48 | 04/13/07 | PNB |
| 564868 | LISINOPRIL 10MG TAB | 0 | 00378-2074-01 | 30 | ADVRX | 071085725931074999 | WHITC | 30.0 | 9.44 | 9.44 | 04/18/07 | PNB |
| 559505 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 071364381505067999 | DEALR | 30.0 | 30.00 | 105.21 | 05/16/07 | PNB |
| 559504 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 071364381549067999 | DEALR | 30.0 | .00 | 114.48 | 05/16/07 | PNB |
| 564868 | LISINOPRIL 10MG TAB | 0 | 00378-2074-01 | 30 | ADVRX | 071364381555067999 | WHITC | 30.0 | 9.44 | 9.44 | 05/16/07 | PNB |
| 576163 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | ADVRX | 071364383187047999 | DEALR | 90.0 | 7.49 | 8.16 | 05/16/07 | PNB |
| 564868 | LISINOPRIL 10MG TAB | 0 | 00378-2074-01 | 30 | ADVRX | 071645900215036999 | WHITC | 30.0 | 9.44 | 9.44 | 06/13/07 | PNB |
| 559505 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 071645900236036999 | DEALR | 30.0 | 30.00 | 105.21 | 06/13/07 | PNB |
| 559504 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 071645900252036999 | DEALR | 30.0 | .00 | 114.48 | 06/13/07 | PNB |
| 559505 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 071944163528039999 | DEALR | 30.0 | 30.00 | 105.21 | 07/13/07 | S |
| 564868 | LISINOPRIL 10MG TAB | 0 | 00378-2074-01 | 30 | ADVRX | 071944173191045999 | WHITC | 30.0 | 9.44 | 9.44 | 07/13/07 | S |
| 585145 | CICLOPIROX CREAM 0.7 | 0 | 00168-0313-30 | 7 | ADVRX | 072213420400072999 | CHAUJ | 30.0 | 10.00 | 27.75 | 08/09/07 | S |
| 564868 | LISINOPRIL 10MG TAB | 0 | 00378-2074-01 | 30 | ADVRX | 072265481166082999 | WHITC | 30.0 | 9.44 | 9.44 | 08/14/07 | S |
| 559505 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 072265481202082999 | DEALR | 30.0 | 30.00 | 105.21 | 08/14/07 | S |
| 559504 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 072265481221082999 | DEALR | 30.0 | .00 | 114.48 | 08/14/07 | S |
| 559504 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 072564712892082999 | DEALR | 30.0 | 30.00 | 114.48 | 09/13/07 | S |

BIG 5 DISCOUNT PHARMACY — Customer Prescription History — Date- 9/09/10 Time-17:10:01 Page 0004

8073 EDMOND HWY — Print for Individual =KN0020 — Price = Cust&Total Fed Tax ID =

PELION, SC 29123 — NABP- 4215376 — Beginning Date- 11/21/99 — Ending Date- 9/09/10

RICKY KNEECE — DOB- [redacted] — Third Party- PAID — Group Number- STATESC — ID Number- 12443526

136 DELANO KNEECE RD

PELION, SC 29123 — Sex- M — Relationship- Spouse

| Rx Number | Drug Dispensed | DAW | NDC Number | Est Days | 3rd Party Coverage Plan | Reference # | Prescrib Code | Quan Disp | Cust Price | Total Price | Fill Date | Phar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 559505 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 072564712938082999 | DEALR | 30.0 | .00 | 105.21 | 09/13/07 | S |
| 589421 | INDOMETHACIN 25MG CA | 0 | 00378-0143-10 | 10 | ADVRX | 072606079836018999 | WHITC | 30.0 | 7.51 | 7.76 | 09/17/07 | PNB |
| 589422 | COLCHICINE 0.6MG TAB | 0 | 00603-3052-21 | 10 | ADVRX | 072606079852018999 | WHITC | 20.0 | 5.87 | 5.87 | 09/17/07 | PNB |
| 589423 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | ADVRX | 072606079858018999 | WHITC | 30.0 | 10.00 | 10.00 | 09/17/07 | PNB |
| 589456 | LEVOTHYROXINE SODIUM | 0 | 00378-1800-01 | 30 | ADVRX | 072613648822010999 | WHITC | 30.0 | 6.83 | 6.83 | 09/18/07 | PNB |
| 590590 | CIPROFLOXACIN 500MG | 0 | 55111-0127-01 | 3 | ADVRX | 072704205086004999 | WHITC | 6.0 | 3.31 | 3.31 | 09/27/07 | S |
| 590592 | LYRICA 75MG CAPS | 0 | 00071-1014-68 | 30 | ADVRX | 072704205109004999 | WHITC | 60.0 | 40.00 | 112.74 | 09/27/07 | S |
| 559504 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 072855328826010999 | DEALR | 30.0 | 30.00 | 113.40 | 10/12/07 | PNB |
| 559505 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 072855328847010999 | DEALR | 30.0 | .00 | 104.24 | 10/12/07 | PNB |
| 589423 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | | | WHITC | 30.0 | 10.00 | 10.00 | 10/12/07 | PNB |
| 589456 | LEVOTHYROXINE SODIUM | 0 | 00378-1800-01 | 30 | ADVRX | 072965450263008999 | WHITC | 30.0 | 6.83 | 6.83 | 10/23/07 | PNB |
| 559505 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 073134440195014999 | DEALR | 30.0 | 30.00 | 108.77 | 11/09/07 | PNB |
| 559504 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 073134440225014999 | DEALR | 30.0 | .00 | 118.33 | 11/09/07 | PNB |
| 589423 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | ADVRX | 073134440260014999 | WHITC | 30.0 | 10.00 | 10.00 | 11/09/07 | PNB |
| 593817 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | ADVRX | 073134443016052999 | WHITC | 30.0 | 7.56 | 7.56 | 11/09/07 | PNB |
| 593817 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | ADVRX | 073423625105032999 | WHITC | 30.0 | 7.56 | 7.56 | 12/08/07 | PNB |
| 589423 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | ADVRX | 073483733504029999 | WHITC | 30.0 | 10.00 | 10.00 | 12/14/07 | S |
| 559505 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 073483733538029999 | DEALR | 30.0 | 30.00 | 108.77 | 12/14/07 | S |
| 559504 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 25 | ADVRX | 073483733571029999 | DEALR | 30.0 | .00 | 118.33 | 12/14/07 | S |
| 601582 | PROAIR HFA 90MCG/INH | 0 | 59310-0579-20 | 15 | ADVRX | 080025971535049999 | WINGT | 8.5 | 30.00 | 32.34 | 01/02/08 | S |
| 593817 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | ADVRX | 080084357432025999 | WHITC | 30.0 | 7.56 | 7.56 | 01/08/08 | PNB |
| 589423 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | ADVRX | 080092703890061999 | WHITC | 30.0 | 10.00 | 10.00 | 01/09/08 | PNB |
| 589422 | COLCHICINE 0.6MG TAB | 0 | 00603-3052-21 | 10 | ADVRX | 080115148857065999 | WHITC | 20.0 | 5.14 | 5.14 | 01/11/08 | S |
| 602880 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 080115347809039999 | DEALR | 30.0 | 30.00 | 108.77 | 01/11/08 | PNB |
| 602881 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 30 | ADVRX | 080115350173002999 | DEALR | 30.0 | .00 | 118.33 | 01/11/08 | PNB |
| 604676 | LYRICA 75MG CAPS | 0 | 00071-1014-68 | 25 | ADVRX | 080294199264054998 | WHITC | 90.0 | 40.00 | 178.35 | 01/29/08 | PNB |
| 593817 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | ADVRX | 080393326171042999 | WHITC | 30.0 | 7.56 | 7.56 | 02/08/08 | PNB |
| 589423 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | ADVRX | 080443410496082999 | WHITC | 30.0 | 10.00 | 10.00 | 02/13/08 | PNB |
| 602881 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 30 | ADVRX | 080443410531082999 | DEALR | 30.0 | 30.00 | 122.88 | 02/13/08 | PNB |
| 602880 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 080443410557082999 | DEALR | 30.0 | .00 | 112.95 | 02/13/08 | PNB |
| 602880 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 080704013524056999 | DEALR | 30.0 | 30.00 | 112.95 | 03/10/08 | S |
| 602881 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 30 | ADVRX | 080704013604058999 | DEALR | 30.0 | .00 | 122.88 | 03/10/08 | S |
| 593817 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | ADVRX | 080704051594055999 | WHITC | 30.0 | 7.56 | 7.56 | 03/10/08 | S |
| 589423 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | ADVRX | 080745817177065999 | WHITC | 30.0 | 10.00 | 10.00 | 03/14/08 | S |
| 604676 | LYRICA 75MG CAPS | 0 | 00071-1014-68 | 25 | ADVRX | 080753466784013999 | WHITC | 90.0 | 40.00 | 178.35 | 03/15/08 | PNB |
| 613493 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | ADVRX | 080985587886008999 | WHITC | 30.0 | 7.56 | 7.56 | 04/07/08 | S |
| 602881 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 30 | ADVRX | 080995723946073999 | DEALR | 30.0 | 30.00 | 122.88 | 04/08/08 | PNB |
| 602880 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 080995724044073999 | DEALR | 30.0 | .00 | 112.95 | 04/08/08 | PNB |
| 614376 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | ADVRX | 081065699141069999 | WHITC | 30.0 | 10.00 | 10.00 | 04/15/08 | PNB |
| 614383 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | ADVRX | 081065730291035999 | DEALR | 45.0 | 4.49 | 4.49 | 04/15/08 | PNB |
| 613493 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | ADVRX | 081304110989073999 | WHITC | 30.0 | 7.56 | 7.56 | 05/09/08 | S |
| 604676 | LYRICA 75MG CAPS | 0 | 00071-1014-68 | 25 | ADVRX | 081304111020073999 | WHITC | 90.0 | 40.00 | 187.19 | 05/09/08 | S |
| 602881 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 30 | ADVRX | 081304111027073999 | DEALR | 30.0 | 30.00 | 122.88 | 05/09/08 | S |
| 602880 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | ADVRX | 081304111057073999 | DEALR | 30.0 | .00 | 112.95 | 05/09/08 | S |
| 614376 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | ADVRX | 081376035426038999 | WHITC | 30.0 | 10.00 | 10.00 | 05/16/08 | PNB |
| 614383 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | ADVRX | 081376035467038999 | DEALR | 45.0 | 4.49 | 4.49 | 05/16/08 | PNB |
| 618053 | ATENOLOL 100MG TAB | 0 | 00378-0757-01 | 15 | ADVRX | 081413073987013999 | ADAMJ | 15.0 | 3.30 | 3.30 | 05/20/08 | PNB |

BIG S DISCOUNT PHARMACY | Customer Prescription History | Date- 9/09/10 Time-17:10:01 Page 0005
8073 EDMOND HWY | Print for Individual -KN0020 | Price = Cust&Total Fed Tax ID =
PELION, SC 29123 | NABP- 4215376 | Beginning Date- 11/21/99 Ending Date- 9/09/10

RICKY KNEECE DOB- [redacted] Third Party- PAID Group Number- STATESC ID Number- 12443526
136 DELANO KNEECE RD
PELION, SC 29123 Sex- M Relationship- Spouse

| Rx Number | Drug Dispensed | DAW | NDC Number | Est Days | 3rd Party Coverage Plan | Reference # | Prescrib Code | Quan Disp | Cust Price | Total Price | Fill Date | Phar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 613493 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | ADVRX | 081593019364021999 | WHITC | 30.0 | 7.56 | 7.56 | 06/07/08 | PNB |
| 602881 | EFFEXOR XR 150MG CA | 0 | 00008-0836-22 | 30 | ADVRX | 081593019405021999 | DEALR | 30.0 | 30.00 | 122.88 | 06/07/08 | PNB |
| 614376 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | ADVRX | 081683264465050999 | WHITC | 30.0 | 10.00 | 10.00 | 06/16/08 | PNB |
| 602880 | EFFEXOR XR 75MG CAP | 0 | 00008-0833-21 | 30 | | | DEALR | 30.0 | 102.87 | 102.87 | 06/23/08 | S |
| 614376 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | | | WHITC | 30.0 | 10.00 | 10.00 | 07/09/08 | PNB |
| 613493 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | | | WHITC | 30.0 | 14.87 | 14.87 | 07/09/08 | PNB |
| 623361 | EFFEXOR XR 150MG CER | 0 | 00008-0836-22 | 30 | | | DEALR | 30.0 | 122.87 | 122.87 | 07/10/08 | S |
| 623366 | EFFEXOR XR 75MG CER | 0 | 00008-0833-21 | 30 | | | DEALR | 30.0 | 113.87 | 113.87 | 07/31/08 | S |
| 623361 | EFFEXOR XR 150MG CER | 0 | 00008-0836-22 | 30 | | | DEALR | 30.0 | 122.87 | 122.87 | 08/11/08 | S |
| 626389 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | | | WHITC | 30.0 | 14.87 | 14.87 | 08/11/08 | S |
| 626423 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | | | WHITC | 30.0 | 10.00 | 10.00 | 08/11/08 | S |
| 589422 | COLCHICINE 0.6MG TAB | 0 | 00603-3052-21 | 10 | | | WHITC | 20.0 | 5.87 | 5.87 | 08/22/08 | PNB |
| 628509 | AMOXICILLIN/CLAVULAN | 0 | 63304-0509-20 | 10 | PAID | EFRWNQP | SOT\ | 20.0 | 10.00 | 37.51 | 09/02/08 | S |
| 628744 | TUSSIONEXPENNKINETIC | 0 | 53014-0548-67 | 6 | PAID | EFTQFP1 | STE004 | 60.0 | 25.00 | 32.34 | 09/04/08 | S |
| 629050 | LODRANE 24 D 12-90MG | 0 | 00095-1290-06 | 30 | PAID | EF31XQ1 | PRIDK | 60.0 | 40.00 | 60.75 | 09/06/08 | S |
| 626423 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | EF9KN1W | WHITC | 30.0 | 10.00 | 10.00 | 09/08/08 | S |
| 626389 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | EF9KN1X | WHITC | 30.0 | 10.00 | 10.00 | 09/08/08 | S |
| 629244 | CIPROFLOXACIN 500MG | 0 | 55111-0127-01 | 7 | PAID | EF9KN7M | WHITC | 14.0 | 10.00 | 10.00 | 09/08/08 | S |
| 623361 | EFFEXOR XR 150MG CER | 0 | 00008-0836-22 | 30 | | | DEALR | 30.0 | 123.87 | 123.87 | 10/01/08 | S |
| 623366 | EFFEXOR XR 75MG CER | 0 | 00008-0833-21 | 30 | | | DEALR | 30.0 | 114.87 | 114.87 | 10/01/08 | S |
| 626389 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | EH111D9 | WHITC | 30.0 | 10.00 | 10.00 | 10/11/08 | PNB |
| 626423 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | EH111EA | WHITC | 30.0 | 10.00 | 10.00 | 10/11/08 | PNB |
| 623366 | EFFEXOR XR 75MG CER | 0 | 00008-0833-21 | 30 | | | DEALR | 30.0 | 117.87 | 117.87 | 10/22/08 | PNB |
| 623361 | EFFEXOR XR 150MG CER | 0 | 00008-0836-22 | 30 | | | DEALR | 30.0 | 128.87 | 128.87 | 10/22/08 | PNB |
| 614383 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | | | DEALR | 45.0 | 14.87 | 14.87 | 10/27/08 | PNB |
| 626423 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | EK1LMKX | WHITC | 30.0 | 10.00 | 10.00 | 11/13/08 | S |
| 626389 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | EK1LMK1 | WHITC | 30.0 | 10.00 | 10.00 | 11/13/08 | S |
| 626389 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | ELW9HEM | WHITC | 30.0 | 10.00 | 10.00 | 12/16/08 | PNB |
| 639570 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | ELW9H71 | WHITC | 30.0 | 10.00 | 10.00 | 12/16/08 | PNB |
| 614383 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | PAID | EL9QEX3 | DEALR | 45.0 | 10.00 | 10.00 | 12/23/08 | S |
| 623366 | VENLAFAXINE HCL ER 7 | 0 | 65580-0302-03 | 30 | PAID | EL9QFF1 | DEALR | 30.0 | 40.00 | 94.44 | 12/23/08 | S |
| 623361 | VENLAFAXINE HCL ER 1 | 0 | 65580-0303-03 | 30 | PAID | EMFAPHF | DEALR | 30.0 | 40.00 | 102.73 | 12/31/08 | S |
| 639570 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | EM7P1EL | WHITC | 30.0 | 10.00 | 10.00 | 01/16/09 | S |
| 626389 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | EM7P1EM | WHITC | 30.0 | 10.00 | 10.00 | 01/16/09 | S |
| 639570 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | EPL1E11 | WHITC | 30.0 | 10.00 | 10.00 | 02/11/09 | PNB |
| 626389 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | EPL1E17 | WHITC | 30.0 | 10.00 | 10.00 | 02/11/09 | PNB |
| 645297 | VENLAFAXINE HCL ER 1 | 0 | 65580-0303-03 | 30 | PAID | EPL1FPP | DEALR | 60.0 | 40.00 | 203.45 | 02/11/09 | PNB |
| 645299 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | PAID | EPL1HHK | DEALR | 60.0 | 10.00 | 10.00 | 02/11/09 | PNB |
| 645300 | DIAZEPAM 10MG TAB E | 0 | 00555-0164-05 | 30 | PAID | EPL1HHN | DEALR | 30.0 | 10.00 | 10.00 | 02/11/09 | PNB |
| 645425 | MELOXICAM 7.5MG TAB | 0 | 68180-0501-01 | 15 | PAID | EPM3H3W | WHITC | 30.0 | 10.00 | 10.00 | 02/12/09 | DBH |
| 645424 | FLUTICASONE PROPIONA | 0 | 50383-0700-16 | 28 | PAID | EPNDLTN | WHITC | 16.0 | 10.00 | 19.50 | 02/12/09 | DBH |
| 647588 | HYDROMET 1.5-5MG/5 M | 0 | 00472-1030-16 | 10 | PAID | EQKFRQ1 | PARKC | 200.0 | 10.00 | 30.50 | 03/03/09 | PNB |
| 647590 | PREDNISONE 20MG TAB | 0 | 00054-0018-29 | 8 | PAID | EQKFRQ3 | PARKC | 13.0 | 6.50 | 6.50 | 03/03/09 | PNB |
| 645297 | VENLAFAXINE HCL ER 1 | 0 | 65580-0303-03 | 30 | PAID | ERAKPAQ | DEALR | 60.0 | 40.00 | 203.45 | 03/18/09 | PNB |
| 645299 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | PAID | ERAKPDF | DEALR | 60.0 | 10.00 | 10.00 | 03/18/09 | PNB |
| 649231 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | ERAN1PP | WHITC | 30.0 | 10.00 | 10.00 | 03/18/09 | PNB |
| 649232 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | ERAN1QW | WHITC | 30.0 | 10.00 | 10.00 | 03/18/09 | PNB |

BIG S DISCOUNT PHARMACY
8073 EDMOND HWY
PELION, SC 29123

Customer Prescription History
Print for Individual =KN0020
NABP- 4215376

Date- 9/09/10 Time-17:10:01 Page 0006
Price = Cust&Total Fed Tax ID =
Beginning Date- 11/21/99 Ending Date- 9/09/10

RICKY KNEECE
136 DELANO KNEECE RD
PELION, SC 29123

DOB- [redacted] Third Party- PAID
Sex- M

Group Number- STATESC ID Number- 12443526
Relationship- Spouse

| Rx Number | Drug Dispensed | DAW | NDC Number | Est Days | 3rd Party Coverage Plan | Reference # | Prescrib Code | Quan Disp | Cust Price | Total Price | Fill Date | Phar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 649795 | TUSSIONEXPENNKINETIC | 0 | 53014-0548-67 | 6 | PAID | ERH7T1H | WICKER | 60.0 | 25.00 | 35.23 | 03/24/09 | PNB |
| 649796 | LEVAQUIN 500MG TAB | 0 | 00045-1525-50 | 10 | PAID | ERH7T1K | WICKER | 10.0 | 25.00 | 132.08 | 03/24/09 | PNB |
| 645425 | MELOXICAM 7.5MG TAB | 0 | 68180-0501-01 | 15 | PAID | ETA9717 | WHITC | 30.0 | 10.00 | 10.00 | 04/03/09 | PNB |
| 645424 | FLUTICASONE PROPIONA | 0 | 50383-0700-16 | 28 | PAID | ETA9719 | WICKER | 16.0 | 10.00 | 19.50 | 04/03/09 | PNB |
| 645300 | DIAZEPAM 10MG TAB E | 0 | 00555-0164-05 | 30 | PAID | ETA9739 | DEALR | 30.0 | 10.00 | 10.00 | 04/03/09 | PNB |
| 649232 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | ET1NDAN | WHITC | 30.0 | 10.00 | 10.00 | 04/18/09 | PNB |
| 649231 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | ET1NDAR | WHITC | 30.0 | 10.00 | 10.00 | 04/18/09 | PNB |
| 645299 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | PAID | ET1NDAW | DEALR | 60.0 | 10.00 | 10.00 | 04/18/09 | PNB |
| 645297 | VENLAFAXINE HCL ER 1 | 0 | 65580-0303-03 | 30 | PAID | ET1NDA1 | DEALR | 60.0 | 40.00 | 203.45 | 04/18/09 | PNB |
| 649232 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | EXM1DMN | WHITC | 30.0 | 10.00 | 10.00 | 05/22/09 | S |
| 649231 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | EXM1DNR | WHITC | 30.0 | 10.00 | 10.00 | 05/22/09 | S |
| 645297 | VENLAFAXINE HCL ER 1 | 0 | 65580-0303-03 | 30 | PAID | EXM1DMT | DEALR | 60.0 | 40.00 | 203.45 | 05/22/09 | S |
| 645425 | MELOXICAM 7.5MG TAB | 0 | 57664-0512-88 | 15 | PAID | EXM1DMX | WHITC | 30.0 | 10.00 | 10.00 | 05/22/09 | S |
| 645297 | VENLAFAXINE HCL ER 1 | 0 | 65580-0303-03 | 30 | PAID | E3FXW7L | DEALR | 60.0 | 40.00 | 203.45 | 06/20/09 | PNB |
| 649232 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | E3FXW7N | WHITC | 30.0 | 10.00 | 10.00 | 06/20/09 | PNB |
| 649231 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | E3FXW7P | WHITC | 30.0 | 10.00 | 10.00 | 06/20/09 | PNB |
| 645425 | MELOXICAM 7.5MG TAB | 0 | 57664-0512-88 | 15 | PAID | E3R9W1K | WHITC | 30.0 | 10.00 | 10.00 | 06/29/09 | PNB |
| 645300 | DIAZEPAM 10MG TAB E | 0 | 00555-0164-05 | 30 | PAID | E3R9W1Q | DEALR | 30.0 | 10.00 | 10.00 | 06/29/09 | PNB |
| 649232 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | E7TPKDQ | WHITC | 30.0 | 10.00 | 10.00 | 07/22/09 | S |
| 649231 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | E7TPKDX | WHITC | 30.0 | 10.00 | 10.00 | 07/22/09 | S |
| 645297 | VENLAFAXINE HCL ER 1 | 0 | 65580-0303-03 | 30 | PAID | E7TRXM3 | DEALR | 60.0 | 40.00 | 203.45 | 07/22/09 | S |
| 660926 | MELOXICAM 7.5MG TAB | 0 | 57664-0512-88 | 15 | PAID | E7TRMMN | WHITC | 30.0 | 10.00 | 10.00 | 07/22/09 | S |
| 660934 | DIAZEPAM 10MG TAB E | 0 | 00555-0164-05 | 30 | PAID | E7TXF7R | DEALR | 60.0 | 10.00 | 10.00 | 07/22/09 | PNB |
| 660935 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | PAID | E7TXHPN | DEALR | 60.0 | 10.00 | 10.00 | 07/22/09 | PNB |
| 649232 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | DALMCEP | WHITC | 30.0 | 10.00 | 10.00 | 08/19/09 | S |
| 649231 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | DALMCEX | WHITC | 30.0 | 10.00 | 10.00 | 08/19/09 | S |
| 663704 | ANDROGEL 1% TOPICAL | 0 | 00051-8450-30 | 30 | PAID | DANAN9A | WICKER | 150.0 | 25.00 | 247.06 | 08/21/09 | PNB |
| 660935 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | PAID | DA9FF1H | DEALR | 60.0 | 10.00 | 10.00 | 09/01/09 | S |
| 660934 | DIAZEPAM 10MG TAB E | 0 | 00555-0164-05 | 30 | PAID | DA9FF1L | DEALR | 60.0 | 10.00 | 10.00 | 09/01/09 | S |
| 660926 | MELOXICAM 7.5MG TAB | 0 | 57664-0512-88 | 15 | PAID | DA9FF1P | WHITC | 30.0 | 10.00 | 10.00 | 09/01/09 | S |
| 660936 | VENLAFAXINE HCL ER 1 | 0 | 65580-0303-03 | 30 | PAID | DA9FR1X | DEALR | 60.0 | 40.00 | 203.45 | 09/01/09 | S |
| 663704 | ANDROGEL 1% TOPICAL | 0 | 00051-8450-30 | 30 | PAID | DDEP79L | WICKER | 150.0 | 25.00 | 247.06 | 09/19/09 | S |
| 649232 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | DDEP79M | WHITC | 30.0 | 10.00 | 10.00 | 09/19/09 | S |
| 649231 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | DDEP79P | WHITC | 30.0 | 10.00 | 10.00 | 09/19/09 | S |
| 660926 | VENLAFAXINE HCL ER 1 | 0 | 65580-0303-03 | 30 | PAID | DDTLPDL | DEALR | 60.0 | 40.00 | 227.33 | 09/30/09 | PNB |
| 660935 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | PAID | DDTLPDM | DEALR | 60.0 | 10.00 | 10.00 | 09/30/09 | PNB |
| 660934 | DIAZEPAM 10MG TAB E | 0 | 00555-0164-05 | 30 | PAID | DDTLPDN | DEALR | 60.0 | 10.00 | 10.00 | 09/30/09 | PNB |
| 660926 | MELOXICAM 7.5MG TAB | 0 | 57664-0512-88 | 15 | PAID | DDTLPDP | WHITC | 30.0 | 10.00 | 10.00 | 09/30/09 | PNB |
| 668533 | SINGULAIR 10MG TAB | 0 | 00006-0117-31 | 30 | PAID | WWCAM1Q | WICKER | 30.0 | 25.00 | 118.04 | 10/06/09 | S |
| 668534 | ARMOUR THYROID 60MG | 0 | 00456-0459-01 | 30 | PAID | WWCAM1R | WICKER | 30.0 | 9.82 | 9.82 | 10/06/09 | S |
| 649231 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | DELANFQ | WHITC | 30.0 | 10.00 | 10.00 | 10/21/09 | S |
| 660935 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | PAID | 3FR9XKW | DEALR | 60.0 | 10.00 | 10.00 | 11/03/09 | PNB |
| 660934 | DIAZEPAM 10MG TAB E | 0 | 00555-0164-05 | 30 | PAID | 3FR9XK1 | DEALR | 60.0 | 10.00 | 10.00 | 11/03/09 | PNB |
| 660926 | MELOXICAM 7.5MG TAB | 0 | 57664-0512-88 | 15 | PAID | 3FR9XK3 | WHITC | 30.0 | 10.00 | 10.00 | 11/03/09 | PNB |
| 660936 | VENLAFAXINE HCL ER 1 | 0 | 65580-0303-03 | 30 | PAID | 3FR9LN9 | DEALR | 60.0 | 40.00 | 227.33 | 11/03/09 | PNB |
| 668534 | ARMOUR THYROID 60MG | 0 | 00456-0459-01 | 30 | PAID | WW9HXD1 | WICKER | 30.0 | 9.82 | 9.82 | 11/05/09 | S |
| 668533 | SINGULAIR 10MG TAB | 0 | 00006-0117-31 | 30 | PAID | 3F31KXR | WICKER | 30.0 | 25.00 | 118.04 | 11/10/09 | S |

BIG S DISCOUNT PHARMACY | Customer Prescription History | Date- 9/09/10 | Time-17:10:01 | Page 0007
8073 EDMOND HWY | Print for Individual =KN0020 | Price = Cust&Total | Fed Tax ID =
PELION, SC 29123 | NABP- 4215376 | Beginning Date- 11/21/99 | Ending Date- 9/09/10

RICKY KNEECE | DOB- [redacted] | Third Party- PAID | Group Number- STATESC | ID Number- 12443526
136 DELANO KNEECE RD
PELION, SC 29123 | Sex- M | Relationship- Spouse

| Rx Number | Drug Dispensed | DAW | NDC Number | Est Days | 3rd Party Coverage Plan | Reference # | Prescrib Code | Quan Disp | Cust Price | Total Price | Fill Date | Phar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 673041 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | WXNNWQL | WHITC | 30.0 | 10.00 | 10.00 | 11/20/09 | S |
| 668534 | ARMOUR THYROID 60MG | 0 | 00456-0459-01 | 30 | PAID | W1CAEEC | WICKER | 30.0 | 9.82 | 9.82 | 12/09/09 | S |
| 668533 | SINGULAIR 10MG TAB | 0 | 00006-0117-31 | 30 | PAID | W1FLR13 | WICKER | 30.0 | 25.00 | 118.04 | 12/11/09 | PNB |
| 660936 | VENLAFAXINE HCL ER 1 | 0 | 65580-0303-03 | 30 | PAID | 3H11M1L | DEALR | 60.0 | 40.00 | 227.33 | 12/11/09 | PNB |
| 675387 | MELOXICAM 7.5MG TAB | 0 | 68180-0501-01 | 15 | PAID | 3H7CFHL | WHITC | 30.0 | 10.00 | 10.00 | 12/14/09 | S |
| 675388 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | DF9K9CX | WICKER | 30.0 | 10.00 | 10.00 | 12/14/09 | S |
| 676003 | METFORMIN HCL ER 500 | 0 | 00093-7267-10 | 28 | PAID | W1PHMXT | WICKER | 70.0 | 10.00 | 12.15 | 12/18/09 | PNB |
| 668534 | ARMOUR THYROID 60MG | 0 | 00456-0459-01 | 30 | | | WICKER | 30.0 | 9.82 | 9.82 | 01/09/10 | S |
| 668533 | SINGULAIR 10MG TAB | 0 | 00006-0117-31 | 30 | | | WICKER | 30.0 | 119.87 | 119.87 | 01/09/10 | S |
| 678091 | VENLAFAXINE ER 150MG | 0 | 65580-0303-03 | 30 | PAID | DKW1CTR | WICKER | 60.0 | 50.00 | 224.18 | 01/11/10 | S |
| 675388 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | 3LTDHCQ | WICKER | 30.0 | 9.00 | 9.00 | 01/11/10 | S |
| 676004 | METFORMIN HCL ER 500 | 0 | 00093-7267-10 | 30 | PAID | DKW1E7D | WICKER | 60.0 | 9.00 | 9.77 | 01/18/10 | PNB |
| 678909 | LEVOTHYROXINE SODIUM | 0 | 00378-1803-01 | 30 | PAID | DKW1FAH | WICKER | 30.0 | 9.00 | 9.00 | 01/18/10 | S |
| 668533 | SINGULAIR 10MG TAB | 0 | 00006-0117-31 | 30 | PAID | UCKWREP | WICKER | 30.0 | 30.00 | 124.09 | 02/06/10 | S |
| 676004 | METFORMIN HCL ER 500 | 0 | 00093-7267-10 | 30 | PAID | UCL97D3 | WICKER | 60.0 | 9.00 | 9.77 | 02/08/10 | PNB |
| 675388 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | 3LR3X7X | WICKER | 30.0 | 9.00 | 9.00 | 02/08/10 | PNB |
| 678091 | VENLAFAXINE ER 150MG | 0 | 65580-0303-03 | 30 | PAID | UCL97HW | WICKER | 60.0 | 50.00 | 244.21 | 02/08/10 | PNB |
| 676004 | METFORMIN HCL ER 500 | 0 | 00093-7267-10 | 30 | PAID | 3MFR1AX | WICKER | 60.0 | 9.00 | 9.77 | 02/26/10 | S |
| 668533 | SINGULAIR 10MG TAB | 0 | 00006-0117-31 | 30 | PAID | DLXTAAH | WICKER | 30.0 | 30.00 | 124.09 | 03/12/10 | S |
| 675388 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | DLXTAAK | WICKER | 30.0 | 9.00 | 9.00 | 03/12/10 | S |
| 678091 | VENLAFAXINE ER 150MG | 0 | 65580-0303-03 | 30 | PAID | UDNDRLA | WICKER | 60.0 | 50.00 | 244.21 | 03/12/10 | S |
| 686180 | DIAZEPAM 10MG TAB E | 0 | 00555-0164-05 | 30 | PAID | DMKWQR1 | DEALR | 60.0 | 9.00 | 9.00 | 03/26/10 | PNB |
| 686181 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | PAID | 3NH9R1E | DEALR | 60.0 | 9.00 | 9.00 | 03/26/10 | PNB |
| 686183 | CLONIDINE HCL 0.1MG | 0 | 00378-0152-10 | 10 | PAID | DMKWTFR | SHISC | 10.0 | 7.08 | 7.08 | 03/26/10 | PNB |
| 686184 | SEROQUEL 100MG TAB | 0 | 00310-0271-10 | 30 | PAID | UECE9T9 | SHISC | 30.0 | 30.00 | 149.19 | 03/26/10 | PNB |
| 675388 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | 3N3MEND | WICKER | 30.0 | 9.00 | 9.00 | 04/06/10 | S |
| 668533 | SINGULAIR 10MG TAB | 0 | 00006-0117-31 | 30 | PAID | 3N3MXNE | WICKER | 30.0 | 30.00 | 124.09 | 04/06/10 | S |
| 678091 | VENLAFAXINE ER 150MG | 0 | 65580-0303-03 | 30 | PAID | UEQWWWP | WICKER | 60.0 | 50.00 | 244.21 | 04/06/10 | S |
| 687345 | NABUMETONE 750MG TAB | 0 | 00185-0146-01 | 30 | PAID | UM377HK | SHISC | 60.0 | 9.00 | 45.35 | 04/08/10 | DBH |
| 687940 | METFORMIN HCL ER 500 | 0 | 00093-7267-10 | 30 | PAID | 3PLRKM9 | WICKER | 120.0 | 9.00 | 18.04 | 04/20/10 | PNB |
| 688764 | OXCARBAZEPINE 300MG | 0 | 62756-0184-88 | 30 | PAID | UFNXTTX | SHISC | 60.0 | 9.00 | 124.92 | 04/23/10 | PNB |
| 675388 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | DQHPL7A | WICKER | 30.0 | 9.00 | 9.00 | 05/15/10 | S |
| 687940 | METFORMIN HCL ER 500 | 0 | 00093-7267-10 | 30 | PAID | DQHPL7D | WICKER | 120.0 | 9.00 | 18.04 | 05/15/10 | S |
| 678091 | VENLAFAXINE ER 150MG | 0 | 65580-0303-03 | 30 | PAID | DQHPMEN | WICKER | 60.0 | 9.00 | 213.74 | 05/15/10 | S |
| 690999 | SINGULAIR 10MG TAB | 0 | 00006-0117-31 | 30 | PAID | DQKEPEX | WICKER | 30.0 | 30.00 | 124.09 | 05/17/10 | S |
| 688764 | OXCARBAZEPINE 300MG | 0 | 62756-0184-88 | 30 | PAID | 3TLKFLL | SHISC | 60.0 | 9.00 | 124.92 | 05/28/10 | PNB |
| 686181 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | PAID | DRWAW3X | DEALR | 60.0 | 9.00 | 9.00 | 06/04/10 | S |
| 687940 | METFORMIN HCL ER 500 | 0 | 00093-7267-10 | 30 | PAID | 3XD19KF | WICKER | 120.0 | 9.00 | 18.04 | 06/12/10 | S |
| 675388 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | 3XD19KK | WICKER | 30.0 | 9.00 | 9.00 | 06/12/10 | S |
| 678091 | VENLAFAXINE ER 150MG | 0 | 65580-0303-03 | 30 | PAID | DTKWK9M | WICKER | 60.0 | 9.00 | 213.74 | 06/12/10 | S |
| 690999 | SINGULAIR 10MG TAB | 0 | 00006-0117-31 | 30 | PAID | 31H1AEN | WICKER | 30.0 | 30.00 | 124.09 | 07/07/10 | PNB |
| 688764 | OXCARBAZEPINE 300MG | 0 | 62756-0184-88 | 30 | PAID | 31H1AEP | SHISC | 60.0 | 9.00 | 124.92 | 07/07/10 | PNB |
| 686181 | TRAZODONE HCL 100MG | 0 | 50111-0434-01 | 30 | PAID | 31H1AER | DEALR | 60.0 | 9.00 | 9.00 | 07/07/10 | PNB |
| 687940 | METFORMIN HCL ER 500 | 0 | 00093-7267-10 | 30 | PAID | 31H1AET | WICKER | 120.0 | 9.00 | 18.04 | 07/07/10 | PNB |
| 675388 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | 31H1AFC | WICKER | 30.0 | 9.00 | 9.00 | 07/07/10 | PNB |
| 678091 | VENLAFAXINE ER 150MG | 0 | 65580-0303-03 | 30 | PAID | 5A11AWH | WICKER | 60.0 | 9.00 | 213.74 | 07/07/10 | PNB |
| 687345 | NABUMETONE 750MG TAB | 0 | 00185-0146-01 | 30 | PAID | D1HMECX | SHISC | 60.0 | 9.00 | 45.35 | 07/27/10 | PNB |

EIG S DISCOUNT PHARMACY — Customer Prescription History — Date- 9/09/10 Time-17:10:01 Page 0008

8073 EDMOND HWY — Print for Individual =KN0020 — Price = Cust&Total Fed Tax ID =

PELION, SC 29123 — NABP- 4215376 — Beginning Date- 11/21/99 — Ending Date- 9/09/10

RICKY KNEECE — DOB- [redacted] — Third Party- PAID — Group Number- STATESC — ID Number- 12443526

136 DELANO KNEECE RD

PELION, SC 29123 — Sex- M — Relationship- Spouse

| Rx Number | Drug Dispensed | DAW | NDC Number | Est Days | 3rd Party Coverage Plan | Reference # | Prescrib Code | Quan Disp | Cust Price | Total Price | Fill Date | Phar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 688764 | OXCARBAZEPINE 300MG | 0 | 62756-0184-88 | 30 | PAID | URXM3DH | SHISC | 60.0 | 9.00 | 124.92 | 07/29/10 | S |
| 690999 | SINGULAIR 10MG TAB | 0 | 00006-0117-31 | 30 | PAID | D7NAMEX | WICKER | 30.0 | 30.00 | 129.01 | 08/14/10 | PNB |
| 687940 | METFORMIN HCL ER 500 | 0 | 00093-7267-10 | 30 | PAID | D7NAME3 | WICKER | 120.0 | 9.00 | 18.04 | 08/14/10 | PNB |
| 675388 | LISINOPRIL 20MG TAB | 0 | 00378-2075-01 | 30 | PAID | 5H9FKTR | WICKER | 30.0 | 9.00 | 9.00 | 08/14/10 | PNB |
| 678091 | VENLAFAXINE ER 150MG | 0 | 65580-0303-03 | 30 | PAID | UW1PH31 | WICKER | 60.0 | 9.00 | 213.74 | 08/14/10 | PNB |
| 698904 | TRAZODONE HCL 50MG T | 0 | 50111-0433-01 | 30 | PAID | 3AT7K9K | DEALR | 120.0 | 9.00 | 14.83 | 08/14/10 | PNB |
| 699408 | AMPHETAMINE SALT ER | 0 | 00115-1330-01 | 30 | PAID | 3A3LEEQ | SHISC | 30.0 | 5.00 | 156.01 | 08/20/10 | PNB |
| 688764 | OXCARBAZEPINE 300MG | 0 | 62756-0184-88 | 30 | PAID | UXKCDKM | SHISC | 60.0 | 9.00 | 124.92 | 08/27/10 | PNB |
| 686184 | SEROQUEL 100MG TAB | 0 | 00310-0271-10 | 30 | PAID | UXKCDKN | SHISC | 30.0 | 30.00 | 149.19 | 08/27/10 | PNB |
| 687345 | NABUMETONE 750MG TAB | 0 | 00185-0146-01 | 30 | PAID | U1ENR9N | SHISC | 60.0 | 9.00 | 45.35 | 09/03/10 | PNB |
| 700827 | HYDROCODONE/APAP 5-3 | 0 | 00591-3202-01 | 4 | PAID | D9XFXDX | WINGT | 30.0 | 9.00 | 11.27 | 09/03/10 | PNB |
| | | | | | | | | | 7670.15 | 19119.95 | | |

Signed [illegible] #4801 Date 9/9/10

ELLIOTT & ELLIOTT, P.A.
ATTORNEYS AT LAW
721 OLIVE STREET
COLUMBIA, SOUTH CAROLINA 29205
selliott@elliottlaw.us

SCOTT ELLIOTT

TELEPHONE (803) 771-0555
FACSIMILE (803) 771-8010

FILE COPY

September 24, 2008

Mark D. Cauthen, Esquire
McKay, Cauthen, Settana
& Studley, P.A.
P. O. Box 7217
Columbia, SC 29202-7217

RE: Ricky Kneece vs. Kneece Farms
WCC File No.: 9920867

Dear Mark:

Enclosed please find copies of prescriptions ordered by Dr. Roger W. Deal as a part of his treatment of Ricky Kneece. I am advised by the Kneeces that Dr. Deal has prescribed this medication over some period of time and that they have been paying for it themselves. Dr. Deal practices with Dr. Larry Bergmann whose treatment has been approved by your client, Legion Insurance Company/SCPCIGA. Accordingly, I would appreciate your client taking steps necessary to accept and pay for these prescriptions going forward.

In addition, you and I spoke recently concerning a resolution of this file. I would appreciate your advising me of your client's counter-offer to settle this file.

I look forward to hearing from you.

Sincerely,

Elliott & Elliott, P.A.

Scott Elliott

SE/mlw

Enclosures

ROGER W. DEAL, M.D.
125 ALPINE CIRCLE
COLUMBIA, SC 29223
(803) 779-3548
DEA # AD 8750817
LIC # 17718 (SC)

NAME Ricky Kneece
ADDRESS
AGE
DATE 7/2/08
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

℞ Effexor XR 75 mg
Sig: 1 daily
# 30
Refill 5 times
Label
DISPENSE AS WRITTEN
SUBSTITUTION PERMITTED
6LPS0119938

ROGER W. DEAL, M.D.
125 ALPINE CIRCLE
COLUMBIA, SC 29223
(803) 779-3548
DEA # AD 8750817
LIC # 17718 (SC)

NAME Ricky Kneece
ADDRESS
AGE
DATE 7/2/08
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

℞ Effexor XR 150 mg
Sig: 1 q HS
# 30
Refill 5 times
Label
DISPENSE AS WRITTEN
SUBSTITUTION PERMITTED
6LPS0119938

ROGER W. DEAL, M.D.
125 ALPINE CIRCLE
COLUMBIA, SC 29223
(803) 779-3548
DEA # AD 8750817
LIC # 17718 (SC)

NAME Ricky Kneece
ADDRESS
DATE
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

℞ Trazadone 100 mg
Sig: 1/2 q HS
# 45
Refill
Label
DISPENSE AS WRITTEN
SUBSTITUTION
6L

1104

ROGER W. DEAL, M.D.
125 ALPINE CIRCLE
COLUMBIA, SC 29223
(803) 776-5538
DEA # AD 8750017
LIC. # 11718 (SC)

NAME Vicky Kmecc AGE
ADDRESS DATE 1/30/08

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

℞

Effexor 37.5 mg
1 1/2 daily
#45

Refill Prn times

☐ Label

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED
TIPS0119938

ELLIOTT & ELLIOTT, P.A.
ATTORNEYS AT LAW
721 OLIVE STREET
COLUMBIA, SOUTH CAROLINA 29205
selliott@elliottlaw.us

SCOTT ELLIOTT

TELEPHONE (803) 771-0555
FACSIMILE (803) 771-8010

FILE COP

June 15, 2006

Mark Cauthen
Crawford
P. O. Box 21096
Columbia, SC 29221

RE: D. Ricky Kneece
WCC File No: 5920867
Claim No.: L16755

Dear Mark:

Enclosed please find the Form 17 corrected as you and I have agreed upon, executed by my client D. Ricky Kneece.

If you have questions, please do not hesitate to contact me.

Sincerely,

ELLIOTT & ELLIOTT, P.A.

Scott Elliott

SE/jcl

Enclosure

*South Carolina Workers' Compensation Commission*
*P.O. Box 1715 • 1612 Marion Street*
*Columbia, South Carolina 29202-1715*
*(803) 737-5700*

WCC File # 9920867
Carrier File # 2569-1638
Carrier Code # 00148
Employer FEIN 57-0934134

D. Ricky Kneece — [redacted] SSN
Claimant's Name

204 Delano Kneece Road Pelion SC
Address City State Zip

( ) ( )
Home Phone Work Phone

Kneece Farms
Employer's Name

1752 Juniper Springs Raod Gilbert SC 29054
Address City State Zip

SCPCIGA - Legion in Liquidation
Insurance Carrier

Melody Harris (803)772-9192
Preparer's Name Phone #

Date of injury: 11/22/99
month day year

1. Temporary Compensation Paid:

| Number of Weeks | From | To | Amount |
|---|---|---|---|
| 157 1/7 | 01/09/03 - 10/04/05<br>12/01/99 - 03/14/00 | | $ $65,476.69 |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |

2. The claimant returned to work on ~~01/09/03~~
month day year

☐ With restrictions but at a salary not less than before the injury.
☒ Without restrictions.

3. The claimant agrees he or she was able to return to work on ~~01/09/03~~ 10/04/05
month day year 10/04/05

I agree that I was disabled for the period(s) indicated and I was paid compensation as shown above. I **UNDERSTAND THAT MY WEEKLY TEMPORARY COMPENSATION CHECKS WILL STOP; HOWEVER, I GIVE UP NO RIGHTS TO COMPENSATION FOR FUTURE DISABILITY, FOR PERMANENT DISABILITY, DISFIGUREMENT, OR MEDICAL CARE.** The effect of this form has been fully explained to me, and I have received a copy of it. I understand that I should not sign this form until 15 days after I have returned to work or agree I was able to return to work.

D. Ricky Kneece
Claimant's Signature

Employer's Representative Signature

(Check one) ☐ Witness ☐ Claimant's Attorney

Date Agreement Signed

File this form with the Claims Department no later than 31 days from the date the claimant returned to work to terminate temporary compensation after the first 150 days after employer's notice of the injury according to R.67-505. Within the 150 day period, obtain a Form 17 to document that claimant agrees he or she is able to return to work.

WCC FORM # 17 REV. DATE 3/97 **17** **RECEIPT OF COMPENSATION**

ELLIOTT & ELLIOTT, P.A.
ATTORNEYS AT LAW
721 OLIVE STREET
COLUMBIA, SOUTH CAROLINA 29205
selliott@elliottlaw.us

FILE

SCOTT ELLIOTT

TELEPHONE (803) 771-0555
FACSIMILE (803) 771-8010

December 22, 2005

M. Stephen Stubley, Esquire
McKay, Cauthen, Settana, Martin & Addison, P.A.
1330 Laurel Street
P.O. Box 7217
Columbia, SC 29202-7217

RE: Ricky Kneece vs. Kneece Farms
WCC No.: 9920867

Dear Stephen:

I appreciate the efforts of your client and you to agree to treatment of Mr. Kneece by Dr. Larry Bergmann, and this will serve to confirm that you have set an appointment for Mr. Kneece for January 2, 2006, at 3:30 p.m. I will keep you posted as to his treatment with Dr. Bergmann.

I am in receipt of a copy of a Form 17 provided me by the carrier which provides that Mr. Kneece was able to return to work on January 9, 2003. I am confused by the Form 17 inasmuch as we agreed that our settlement agreement provides that temporary total payments will be stopped effective July 18, 2005, the date that Mr. Kneece reached maximum medical improvement as a result of his shoulder surgery. We would be perfectly happy to execute a Form 17 that reflects the date that we agreed upon for cessation of temporary total.

Please let me know how you would care to proceed with respect to the Form 17.

I hope you and your family have a Merry Christmas and Happy New Year.

Sincerely,

ELLIOTT & ELLIOTT, P.A.

Scott Elliott

SE/mlw

ELLIOTT & ELLIOTT, P.A.
ATTORNEYS AT LAW
721 OLIVE STREET
COLUMBIA, SOUTH CAROLINA 29205
selliott@elliottlaw.us

FILE

SCOTT ELLIOTT

TELEPHONE (803) 771-0555
FACSIMILE (803) 771-8010

September 27, 2005

**VIA FAX AND U. S. MAIL**
M. Stephen Stubley, Esquire
McKay, Cauthen, Settana, Martin & Addison, P.A.
1330 Laurel Street
P.O. Box 7217
Columbia, SC 29202-7217

RE: Ricky Kneece vs. Kneece Farms
WCC No.: 9920867

Dear Stephen:

This will confirm that the parties have agreed to settle the issues raised by the Defendants' appeal. The parties have agreed as hereafter set out.

The Defendants have agreed, as ordered by the Commission, to be responsible for the Claimant's causally-related medical treatment for his compensable injuries as set out in the Commission's Order dated April 18, 2005, including, but not limited to treatment and surgery for the injuries to Claimant's left knee, left shoulder and left elbow by Drs. James O'Leary and Michael Green as the authorized treating physicians.

Further, as ordered by the Commission, the Defendants have agreed to be responsible for treatment for the Claimant's closed head injury and depression including all treatment by Dr. Randolph Waid and all future treatment including that from Dr. Waid and his referral to Dr. Larry Bergman, both of whom are Claimant's treating psychologists.

The Claimant has agreed to a stop payment of temporary total disability payments made after the Claimant was released by Dr. Green July 18, 2005, after his shoulder surgery (see Dr. Green's note of 07/18/2005). The Defendants will be entitled to a credit of all payments made after July 18, 2005. The balance of the terms of the Commission's Order of April 18, 2005, will remain in effect.

However, as I mentioned, Dr. Green has now raised a question as to whether the Claimant suffered a neck injury as a result of the accident. Dr. Green has referred the Claimant to Dr. P. Douglas deHoll to investigate the possibility of a neck injury caused by Claimant's accident. The parties have agreed that all issues regarding the Defendants' liability for treatment by Drs. Green and deHoll for injuries to his neck, including treatment, and/or surgery, as well as any future temporary total disability payments and permanent disability shall be held in abeyance. It would be our hope that the parties could amicably resolve any future issues between them as we have done today.

I am enclosing Claimant's medical records from Midlands Orthopaedics since December 6, 2004, for your review. As I bring you up to date with Dr. Green's treatment of the Claimant, I will provide you with any additional medical records or opinions concerning the neck injury at that time.

In the meanwhile if you have questions, please feel free to call me.

Sincerely,

ELLIOTT & ELLIOTT, P.A.

Scott Elliott

SE/mlw

Enclosures

MIDLANDS ORTHOPAEDICS, PA
1910 Blanding Street
Columbia, SC 29201

# NEW PATIENT ENCOUNTER

**NAME:** KNEECE, DELANO R
**DATE:** 09/13/2005

**ACCOUNT #:** 252876
**DOB:** [redacted]

**CHIEF COMPLAINT (S):** LEFT SHOULDER PAIN.

**HISTORY OF PRESENT ILLNESS:** Mr. Kneece is a 45-year-old male who has had two previous shoulder operations on the left. He also complains of pain in the neck and the left trapezius. He has no pain radiating down below the elbow but some pain in the region of the deltoid. He has a grabbing pain in the left shoulder with external rotation.

**PHYSICAL EXAMINATION:**

**MOTOR:** Motor exam in bilateral deltoid, biceps, triceps, wrist extensor, wrist flexor and intrinsic musculature is 5/5.

**SHOULDER:** Full range of motion of bilateral shoulders without pain. Rotator cuff is 5/5. No signs of impingement.

**REFLEXES:** Deep tendon reflexes at the biceps, triceps, and brachial radialis is 2+ and symmetrical.

No clonus.

Toes are downgoing.

Negative Hoffmann. Negative Spurling. Negative Lhermitte.

**SENSATION:** Light touch is subjectively within normal limits in bilateral upper extremities. All dermatomes are well represented.

**PALPATION:** Nontender to palpation in the cervical spine and mild tenderness to palpation in the trapezius on the left.

**RANGE OF MOTION:** Normal of range of motion of the cervical spine regarding flexion, extension, lateral bending and lateral rotation.

**VASCULATURE:** Palpable radial pulse bilaterally.

**SKIN:** No obvious skin lesions or cutaneous stigmata.

**RADIOGRAPHS:** AP and lateral of the cervical spine are normal.

**ASSESSMENT:** LEFT SHOULDER PAIN STATUS POST TWO PREVIOUS SURGERIES, POSSIBILITY OF A C5 RADICULOPATHY.

**PLAN:** MRI of the cervical spine. Follow-up after MRI.

P. Douglas deHoll M.D.
PDD / ssj
Cc:
REV 0

**This document was signed electronically by:**
P. Douglas deHoll M.D.
**On:** 09/15/2005 08:53:59

MIDLANDS ORTHOPAEDICS, PA
1910 Blanding Street
Columbia, SC 29201

# FOLLOW-UP OFFICE VISIT

**NAME:** KNEECE, RICKY
**DATE:** 07/18/2005

**ACCOUNT:** 252876
**DOB:** [redacted]

**CLINICAL STATUS:** I am seeing Ricky in follow-up. He has problems with adduction and external rotation especially with loaded position or sustaining position. This correlates well with his large Hill-Sachs lesion. He is probably rotating his defect up against his articular surface of the glenoid, but otherwise he seems stable. External rotation with the elbow at the sides is a little bit less than the other side which is what we wanted. He is working on some strengthening. He tries not to use it, especially in above chest level activities. His elbow is doing great. He has found something called Gout Cure that seems to be helping him out with his gout. He could not tolerate the Allopurinol. It started making him lose hair, etc. Hopefully that will work.

**DIAGNOSIS:** STATUS POST ARTHROSCOPIC REDO CAPSULAR SHIFT PROCEDURE.
STATUS POST GOUTY TOPHUS EXCISION, LEFT ELBOW.

**PLAN:** We will go ahead and release him at this time.

**RETURN APPOINTMENT:** As needed.

Michael S. Green, M.D.
MSG / kd
cc:
REV 0

**This document was signed electronically by:**
Michael S. Green, M.D.
**On:** 07/22/2005 10:41:25

MIDLANDS ORTHOPAEDICS, PA
1910 Blanding Street
Columbia, SC 29201

# FOLLOW-UP OFFICE VISIT

NAME: KNEECE, RICKY
DATE: 04/18/2005

ACCOUNT: 252876
DOB: [redacted]

**CLINICAL STATUS:** I am seeing Ricky in followup. His motion is coming but a little bit tight in abduction and external rotation. However, his strength is returning. He is looking much better. He is starting to use it more.

**DIAGNOSIS:**
1. THREE MONTHS STATUS POST ARTHROSCOPIC CAPSULAR SHIFT PROCEDURE, LEFT SHOULDER.
2. GOUTY TOPHUS EXCISION, LEFT ELBOW.

**PLAN:** At this point, will rehab him. See him in 3 months to see how he is doing.

**RETURN APPOINTMENT:** 3 months.

goutcare.com

Michael S. Green, M.D.
MSG / sjb
cc:
REV 0

**This document was signed electronically by:**
Michael S. Green, M.D.
On: 04/19/2005 12:41:18

Voice Job ID# 208102
Page 1 of 1

MIDLANDS ORTHOPAEDICS, PA
1910 Blanding Street
Columbia, SC 29201

## FOLLOW-UP OFFICE VISIT

**NAME:** KNEECE, RICKY
**DATE:** 03/09/2005

**ACCOUNT:** 252876
**DOB:** [redacted]

**CLINICAL STATUS:** I am seeing Ricky in followup. His shoulder motion is tight but exactly about where it should be at this time. Elbow looks great. He has good motion. Little extraneous soft tissue but certainly no pocket of fluid evident that I can tell.

**IMPRESSION:**
1. **STATUS POST GOUTY TOPHUS AND OLECRANON BURSA EXCISION, LEFT ELBOW.**
2. **STATUS POST RE-DO CAPSULAR SHIFT PROCEDURE, LEFT SHOULDER.**

**PLAN:** At this point, motion is about where it should be. Will have him start working on active range of motion, gentle rotator cuff strengthening. Will see him in 6 weeks for reevaluation.

Michael S. Green, M.D.
MSG / sjb
cc:
REV 0

**This document was signed electronically by:**
Michael S. Green, M.D.
**On:** 03/16/2005 08:17:00

MIDLANDS ORTHOPAEDICS, PA
1910 Blanding Street
Columbia, SC 29201

# FOLLOW-UP OFFICE VISIT

**NAME:** KNEECE, RICKY
**DATE:** 02/02/2005

**ACCOUNT:** 252876
**DOB:** [redacted]

**CLINICAL STATUS:** I am seeing Ricky in followup. His wounds look great. Will put him in a posterior splint over his elbow to keep it sterile for the next week, and then work on motion. He can go forward elevation, 90 degrees, abduction 90 degrees.

**RETURN APPOINTMENT:** 1 month.

Michael S. Green, M.D.
MSG / sjb
cc:
REV 0

**This document was signed electronically by:**
Michael S. Green, M.D.
On: 02/07/2005 10:08:44

MIDLANDS ORTHOPAEDICS, PA
1910 Blanding Street
Columbia, SC 29201

## FOLLOW-UP OFFICE VISIT

**NAME:** KNEECE, RICKY
**DATE:** 12/06/2004

**ACCOUNT:** 252876
**DOB:** [redacted]

**CLINICAL STATUS:** I am seeing Ricky in followup.

His MRI confirmed evidence of biceps pathology. He has a split biceps tendon with a rupture between the anchor point and the bicipital groove. It has still been causing him quite a bit of pain and problem. His olecranon bursitis is still present as well.

**DIAGNOSIS:**
1. CHRONIC OLECRANON BURSITIS, LEFT ELBOW.
2. INTRAARTICULAR LEFT BICEPS TENDON RUPTURE.

**PLAN:** At this point he is symptomatic enough I think he would probably be a good candidate for an arthroscopic assisted biceps tenolysis with a mini open tenodesis. Proximal biceps screw from Arthrex would be the anchor choice. At the same time, I will go ahead and excise his left chronic olecranon bursitis. This can be done on an outpatient basis under regional/general anesthetic.

**RETURN APPOINTMENT:** Will see him 11-13 days postop if he wishes to proceed in this fashion.

Michael S. Green, M.D.
MSG / sjb
cc:
REV 0

**This document was signed electronically by:**
Michael S. Green, M.D.
**On:** 12/08/2004 11:28:51

Voice Job ID# 178474
Page 1 of 1

# All Transactions for Ashley Cooper

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Check | 2/6/2010 | Delano R. Kneece ... | 440.00 |
| Check | 1/29/2010 | Delano R. Kneece ... | 260.00 |
| Check | 1/23/2010 | Delano R. Kneece ... | 340.00 |
| Check | 1/9/2010 | Delano R. Kneece ... | 200.00 |
| Check | 1/6/2010 | Delano R. Kneece ... | 110.00 |
| Check | 1/2/2010 | Delano R. Kneece ... | 80.00 |
| Check | 12/31/2009 | Delano R. Kneece ... | 310.00 |
| Check | 12/26/2009 | Delano R. Kneece ... | 220.00 |
| Check | 12/19/2009 | Delano R. Kneece ... | 310.00 |
| Check | 12/4/2009 | Delano R. Kneece ... | 300.00 |
| Check | 11/28/2009 | Delano R. Kneece ... | 90.00 |
| Check | 11/14/2009 | Delano R. Kneece ... | 80.00 |
| Check | 10/31/2009 | Delano R. Kneece ... | 200.00 |
| Total | | | 2,940.00 |

Delano R. Kneece & Son, Inc.

# Checks for Tyler Gault

## All Transactions

| Num | Date | Account | Amount |
|---|---|---|---|
| 9191 | 4/9/2010 | Delano R. Kneece ... | 210.00 |
| 9099 | 2/20/2010 | Delano R. Kneece ... | 48.75 |
| Total | | | 258.75 |

# Checks for Mitch Shealy

## All Transactions

| Num | Date | Account | Amount |
|---|---|---|---|
| 6120 | 3/31/2006 | Delano R. Kneece ... | 657.40 |
| 5984 | 1/18/2006 | Delano R. Kneece ... | 604.00 |
| Total | | | 1,261.40 |

9:43 PM
09/08/10

# Delano R. Kneece & Son, Inc.
## Checks for Abel Valdivia
### All Transactions

| Num | Date | Account | Amount |
|---|---|---|---|
| 9451 | 8/2/2010 | Delano R. Kneece ... | 371.25 |
| **Total** | | | **371.25** |

# Checks for Delane Light

## All Transactions

| Num | Date | Account | Amount |
|---|---|---|---|
| 5163 | 11/12/2004 | Delano R. Kneece ... | 1,250.00 |
| 4939 | 6/30/2004 | Delano R. Kneece ... | 715.00 |
| Total | | | 1,965.00 |

9:41 PM

09/08/10

# Delano R. Kneece & Son, Inc.

## Checks for Enrique Balcazar

### All Transactions

| Num | Date | Account | Amount |
|---|---|---|---|
| 5003 | 8/4/2004 | Delano R. Kneece ... | 92.00 |
| 4519 | 11/7/2003 | Delano R. Kneece ... | 54.00 |
| **Total** | | | **146.00** |

Delano R. Kneece & Son, Inc.

# Checks for Gaspar Trudillo

## All Transactions

| Num | Date | Account | Amount |
|---|---|---|---|
| 9450 | 7/30/2010 | Delano R. Kneece ... | 2,070.00 |
| Total | | | 2,070.00 |

Delano R. Kneece & Son, Inc.

# Checks for J. M. Boone

## All Transactions

| Num | Date | Account | Amount |
|---|---|---|---|
| 6471 | 9/8/2006 | Delano R. Kneece ... | 410.00 |
| 5993 | 1/25/2006 | Delano R. Kneece ... | 106.21 |
| 5650 | 8/5/2005 | Delano R. Kneece ... | 88.65 |
| 5535 | 6/7/2005 | Delano R. Kneece ... | 600.00 |
| 5154 | 11/8/2004 | Delano R. Kneece ... | 125.00 |
| Total | | | 1,329.86 |

Delano R. Kneece & Son, Inc.

# Checks for Justin Gault

## All Transactions

| Num | Date | Account | Amount |
|---|---|---|---|
| 9324 | 6/4/2010 | Delano R. Kneece ... | 250.00 |
| 9293 | 5/20/2010 | Delano R. Kneece ... | 130.00 |
| 9233 | 4/23/2010 | Delano R. Kneece ... | 350.00 |
| 9226 | 4/16/2010 | Delano R. Kneece ... | 280.00 |
| 9190 | 4/9/2010 | Delano R. Kneece ... | 420.00 |
| 9182 | 4/2/2010 | Delano R. Kneece ... | 450.00 |
| 9174 | 3/26/2010 | Delano R. Kneece ... | 310.00 |
| 9144 | 3/19/2010 | Delano R. Kneece ... | 260.00 |
| 9136 | 3/13/2010 | Delano R. Kneece ... | 380.00 |
| 9098 | 2/20/2010 | Delano R. Kneece ... | 65.00 |
| 8971 | 1/15/2010 | Delano R. Kneece ... | 220.00 |
| 8937 | 1/9/2010 | Delano R. Kneece ... | 500.00 |
| 8922 | 12/31/2009 | Delano R. Kneece ... | 200.00 |
| 8883 | 12/18/2009 | Delano R. Kneece ... | 240.00 |
| 8866 | 11/30/2009 | Delano R. Kneece ... | 80.00 |
| **Total** | | | **4,135.00** |

9:38 PM

09/08/10

# Delano R. Kneece & Son, Inc.

## Checks for Ronnie Hoffman

### All Transactions

| Num | Date | Account | Amount |
|---|---|---|---|
| 9469 | 8/13/2010 | Delano R. Kneece ... | 1,070.00 |
| 9430 | 7/20/2010 | Delano R. Kneece ... | 550.00 |
| 9387 | 7/6/2010 | Delano R. Kneece ... | 100.00 |
| 9314 | 5/28/2010 | Delano R. Kneece ... | 360.00 |
| 9283 | 5/13/2010 | Delano R. Kneece ... | 750.00 |
| 9197 | 4/9/2010 | Delano R. Kneece ... | 1,670.00 |
| 9167 | 3/26/2010 | Delano R. Kneece ... | 175.00 |
| 8880 | 12/18/2009 | Delano R. Kneece ... | 210.00 |
| 8814 | 11/28/2009 | Delano R. Kneece ... | 180.00 |
| 8778 | 11/13/2009 | Delano R. Kneece ... | 410.00 |
| 8750 | 10/30/2009 | Delano R. Kneece ... | 630.00 |
| 8686 | 10/9/2009 | Delano R. Kneece ... | 860.00 |
| 8658 | 9/25/2009 | Delano R. Kneece ... | 1,420.00 |
| 8606 | 9/9/2009 | Delano R. Kneece ... | 105.76 |
| 8595 | 9/4/2009 | Delano R. Kneece ... | 1,220.00 |
| 8447 | 6/19/2009 | Delano R. Kneece ... | 2,030.00 |
| 8352 | 4/30/2009 | Delano R. Kneece ... | 81.96 |
| 8271 | 4/3/2009 | Delano R. Kneece ... | 420.00 |
| 7974 | 11/4/2008 | Delano R. Kneece ... | 0.00 |
| 7976 | 11/4/2008 | Delano R. Kneece ... | 470.00 |
| 7548 | 3/25/2008 | Delano R. Kneece ... | 460.00 |
| 7477 | 2/23/2008 | Delano R. Kneece ... | 800.00 |
| Total | | | 13,972.72 |

Delano R. Kneece & Son, Inc.

# Checks for Donnie Hoffman

## All Transactions

| Num | Date | Account | Amount |
|---|---|---|---|
| 9470 | 8/13/2010 | Delano R. Kneece ... | 1,010.00 |
| 9431 | 7/20/2010 | Delano R. Kneece ... | 510.00 |
| 9386 | 7/6/2010 | Delano R. Kneece ... | 100.00 |
| 9388 | 7/6/2010 | Delano R. Kneece ... | 100.00 |
| 9313 | 5/28/2010 | Delano R. Kneece ... | 360.00 |
| 9315 | 5/28/2010 | Delano R. Kneece ... | 50.00 |
| 9282 | 5/13/2010 | Delano R. Kneece ... | 750.00 |
| 9196 | 4/9/2010 | Delano R. Kneece ... | 1,470.00 |
| 9198 | 4/9/2010 | Delano R. Kneece ... | 31.03 |
| 9166 | 3/26/2010 | Delano R. Kneece ... | 175.00 |
| 9092 | 2/17/2010 | Delano R. Kneece ... | 220.00 |
| 8881 | 12/18/2009 | Delano R. Kneece ... | 210.00 |
| 8812 | 11/28/2009 | Delano R. Kneece ... | 80.44 |
| 8813 | 11/28/2009 | Delano R. Kneece ... | 180.00 |
| 8777 | 11/13/2009 | Delano R. Kneece ... | 510.00 |
| 8751 | 10/30/2009 | Delano R. Kneece ... | 630.00 |
| 8687 | 10/9/2009 | Delano R. Kneece ... | 840.00 |
| 8659 | 9/25/2009 | Delano R. Kneece ... | 790.00 |
| 8596 | 9/4/2009 | Delano R. Kneece ... | 1,170.00 |
| 8448 | 6/19/2009 | Delano R. Kneece ... | 910.00 |
| 3270 | 4/3/2009 | Delano R. Kneece ... | 290.00 |
| 7973 | 11/4/2008 | Delano R. Kneece ... | 0.00 |
| 7975 | 11/4/2008 | Delano R. Kneece ... | 470.00 |
| 7549 | 3/25/2008 | Delano R. Kneece ... | 360.00 |
| 7476 | 2/23/2008 | Delano R. Kneece ... | 800.00 |
| 7408 | 1/31/2008 | Delano R. Kneece ... | 1,200.00 |
| 7359 | 12/12/2007 | Delano R. Kneece ... | 919.08 |
| 7206 | 9/18/2007 | Delano R. Kneece ... | 82.00 |
| 7205 | 9/15/2007 | Delano R. Kneece ... | 600.00 |
| **Total** | | | **14,817.55** |

Delano R. Kneece & Son, Inc.

# All Transactions for Jerry C. Williamson

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Check | 3/19/2010 | Delano R. Kneece ... | 600.00 |
| Check | 1/13/2010 | Delano R. Kneece ... | 630.00 |
| Check | 12/24/2009 | Delano R. Kneece ... | 480.00 |
| Check | 11/30/2009 | Delano R. Kneece ... | 420.00 |
| Paycheck | 10/20/2006 | Delano R. Kneece ... | 124.60 |
| Paycheck | 1/27/2006 | Delano R. Kneece ... | 220.86 |
| Paycheck | 2/25/2005 | Delano R. Kneece ... | 187.98 |
| Paycheck | 6/7/2002 | Delano R. Kneece ... | 287.55 |
| Paycheck | 11/16/2001 | Delano R. Kneece ... | 214.88 |
| Paycheck | 10/4/2001 | Delano R. Kneece ... | 251.71 |
| Paycheck | 9/21/2001 | Delano R. Kneece ... | 211.89 |
| Paycheck | 9/7/2001 | Delano R. Kneece ... | 293.49 |
| Total | | | 3,922.96 |

Delano R. Kneece & Son, Inc.

# All Transactions for Cyril K Kneece

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 9/3/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 8/27/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 8/20/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 8/13/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 8/6/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 7/30/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 7/23/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 7/16/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 7/9/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 7/2/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 6/25/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 6/18/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 6/11/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 6/4/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 5/28/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 5/20/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 5/13/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 5/7/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 4/30/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 4/23/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 4/16/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 4/9/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 4/2/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 3/26/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 3/19/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 3/12/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 3/5/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 2/26/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 2/19/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 2/12/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 2/5/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 1/29/2010 | Delano R. Kneece ... | 523.55 |
| Paycheck | 1/22/2010 | Delano R. Kneece ... | 523.54 |
| Paycheck | 1/15/2010 | Delano R. Kneece ... | 488.87 |
| Paycheck | 1/8/2010 | Delano R. Kneece ... | 488.87 |
| Paycheck | 12/31/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 12/24/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 12/18/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 12/11/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 12/4/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 11/30/2009 | Delano R. Kneece ... | 4,007.52 |
| Paycheck | 11/27/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 11/20/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 11/13/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 11/6/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 10/30/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 10/22/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 10/16/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 10/9/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 10/2/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 9/25/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 9/18/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 9/11/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 9/4/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 8/28/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 8/21/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 8/14/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 8/7/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 7/30/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 7/23/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 7/17/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 7/10/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 7/2/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 6/26/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 6/19/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 6/12/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 6/5/2009 | Delano R. Kneece ... | 451.87 |

# Delano R. Kneece & Son, Inc.
## All Transactions for Cyril K Kneece
### All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 5/28/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 5/21/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 5/14/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 5/8/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 4/30/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 4/24/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 4/17/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 4/10/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 4/3/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 3/26/2009 | Delano R. Kneece ... | 451.87 |
| Paycheck | 3/20/2009 | Delano R. Kneece ... | 442.87 |
| Paycheck | 3/12/2009 | Delano R. Kneece ... | 442.87 |
| Paycheck | 3/5/2009 | Delano R. Kneece ... | 442.87 |
| Paycheck | 2/26/2009 | Delano R. Kneece ... | 442.87 |
| Paycheck | 2/19/2009 | Delano R. Kneece ... | 442.87 |
| Paycheck | 2/13/2009 | Delano R. Kneece ... | 442.87 |
| Paycheck | 2/6/2009 | Delano R. Kneece ... | 442.87 |
| Paycheck | 1/30/2009 | Delano R. Kneece ... | 442.87 |
| Paycheck | 1/23/2009 | Delano R. Kneece ... | 442.87 |
| Paycheck | 12/12/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 12/3/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 12/1/2008 | Delano R. Kneece ... | 3,303.27 |
| Paycheck | 11/26/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 11/20/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 11/14/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 11/7/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 10/27/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 10/24/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 10/17/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 10/10/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 10/2/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 9/26/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 9/18/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 9/11/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 9/4/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 8/28/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 8/21/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 8/14/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 8/8/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 7/31/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 7/25/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 7/18/2008 | Delano R. Kneece ... | 443.10 |
| Paycheck | 7/11/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 7/3/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 6/26/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 6/20/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 6/13/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 6/6/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 5/30/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 5/22/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 5/15/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 5/8/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 5/1/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 4/22/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 4/18/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 4/11/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 4/4/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 3/28/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 3/21/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 3/14/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 3/7/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 2/29/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 2/22/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 2/14/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 2/8/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 2/1/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 1/25/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 1/18/2008 | Delano R. Kneece ... | 442.87 |

Delano R. Kneece & Son, Inc.

# All Transactions for Cyril K Kneece

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 1/11/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 1/4/2008 | Delano R. Kneece ... | 442.87 |
| Paycheck | 12/28/2007 | Delano R. Kneece ... | 442.87 |
| Paycheck | 12/21/2007 | Delano R. Kneece ... | 442.87 |
| Paycheck | 12/14/2007 | Delano R. Kneece ... | 442.87 |
| Paycheck | 12/7/2007 | Delano R. Kneece ... | 442.87 |
| Paycheck | 12/3/2007 | Delano R. Kneece ... | 3,303.27 |
| Paycheck | 11/29/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 11/22/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 11/16/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 11/8/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 11/2/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 10/26/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 10/19/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 10/12/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 10/1/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 9/28/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 9/20/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 9/14/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 9/7/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 8/31/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 8/23/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 8/16/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 8/10/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 8/3/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 7/27/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 7/20/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 7/13/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 7/6/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 6/29/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 6/15/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 6/15/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 6/7/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 6/1/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 5/24/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 5/18/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 5/11/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 5/4/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 4/27/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 4/19/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 4/13/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 4/6/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 3/30/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 3/23/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 3/16/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 3/9/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 3/1/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 2/21/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 2/16/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 2/9/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 2/2/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 1/25/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 1/19/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 1/11/2007 | Delano R. Kneece ... | 407.20 |
| Paycheck | 1/5/2007 | Delano R. Kneece ... | 407.19 |
| Paycheck | 12/29/2006 | Delano R. Kneece ... | 407.20 |
| Paycheck | 12/22/2006 | Delano R. Kneece ... | 407.19 |
| Paycheck | 12/15/2006 | Delano R. Kneece ... | 407.20 |
| Paycheck | 12/8/2006 | Delano R. Kneece ... | 451.11 |
| Paycheck | 11/30/2006 | Delano R. Kneece ... | 451.12 |
| Paycheck | 11/29/2006 | Delano R. Kneece ... | 2,108.02 |
| Paycheck | 11/23/2006 | Delano R. Kneece ... | 336.84 |
| Paycheck | 11/17/2006 | Delano R. Kneece ... | 465.31 |
| Paycheck | 11/10/2006 | Delano R. Kneece ... | 459.63 |
| Paycheck | 11/3/2006 | Delano R. Kneece ... | 549.38 |
| Paycheck | 10/27/2006 | Delano R. Kneece ... | 0.00 |
| Paycheck | 10/27/2006 | Delano R. Kneece ... | 481.35 |
| Paycheck | 10/20/2006 | Delano R. Kneece ... | 438.76 |

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# All Transactions for Cyril K Kneece

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 10/12/2006 | Delano R. Kneece ... | 432.06 |
| Paycheck | 10/5/2006 | Delano R. Kneece ... | 530.49 |
| Paycheck | 9/29/2006 | Delano R. Kneece ... | 473.84 |
| Paycheck | 9/22/2006 | Delano R. Kneece ... | 505.92 |
| Paycheck | 9/13/2006 | Delano R. Kneece ... | 374.93 |
| Paycheck | 9/8/2006 | Delano R. Kneece ... | 393.98 |
| Paycheck | 9/1/2006 | Delano R. Kneece ... | 438.75 |
| Paycheck | 8/25/2006 | Delano R. Kneece ... | 489.88 |
| Paycheck | 8/17/2006 | Delano R. Kneece ... | 459.63 |
| Paycheck | 8/11/2006 | Delano R. Kneece ... | 387.31 |
| Paycheck | 8/4/2006 | Delano R. Kneece ... | 362.57 |
| Paycheck | 7/28/2006 | Delano R. Kneece ... | 350.20 |
| Paycheck | 7/21/2006 | Delano R. Kneece ... | 432.07 |
| Paycheck | 7/13/2006 | Delano R. Kneece ... | 393.98 |
| Paycheck | 7/7/2006 | Delano R. Kneece ... | 419.70 |
| Paycheck | 6/30/2006 | Delano R. Kneece ... | 387.30 |
| Paycheck | 6/20/2006 | Delano R. Kneece ... | 336.85 |
| Paycheck | 6/16/2006 | Delano R. Kneece ... | 274.03 |
| Paycheck | 6/9/2006 | Delano R. Kneece ... | 381.61 |
| Paycheck | 6/2/2006 | Delano R. Kneece ... | 355.89 |
| Paycheck | 5/26/2006 | Delano R. Kneece ... | 381.61 |
| Paycheck | 5/19/2006 | Delano R. Kneece ... | 0.00 |
| Paycheck | 5/19/2006 | Delano R. Kneece ... | 393.98 |
| Paycheck | 5/12/2006 | Delano R. Kneece ... | 381.62 |
| Paycheck | 5/5/2006 | Delano R. Kneece ... | 362.57 |
| Paycheck | 4/28/2006 | Delano R. Kneece ... | 355.89 |
| Paycheck | 4/21/2006 | Delano R. Kneece ... | 350.20 |
| Paycheck | 4/14/2006 | Delano R. Kneece ... | 368.26 |
| Paycheck | 4/7/2006 | Delano R. Kneece ... | 350.21 |
| Paycheck | 3/31/2006 | Delano R. Kneece ... | 355.88 |
| Paycheck | 3/24/2006 | Delano R. Kneece ... | 289.24 |
| Paycheck | 3/17/2006 | Delano R. Kneece ... | 289.22 |
| Paycheck | 3/10/2006 | Delano R. Kneece ... | 336.85 |
| Paycheck | 3/3/2006 | Delano R. Kneece ... | 336.84 |
| Paycheck | 2/22/2006 | Delano R. Kneece ... | 274.03 |
| Paycheck | 2/17/2006 | Delano R. Kneece ... | 327.32 |
| Paycheck | 2/9/2006 | Delano R. Kneece ... | 305.44 |
| Paycheck | 2/3/2006 | Delano R. Kneece ... | 320.64 |
| Paycheck | 1/27/2006 | Delano R. Kneece ... | 311.12 |
| Paycheck | 1/19/2006 | Delano R. Kneece ... | 262.37 |
| Paycheck | 1/13/2006 | Delano R. Kneece ... | 274.03 |
| Check | 1/13/2006 | Delano R. Kneece ... | 165.30 |
| Paycheck | 1/6/2006 | Delano R. Kneece ... | 274.03 |
| Paycheck | 12/30/2005 | Delano R. Kneece ... | 302.17 |
| Paycheck | 12/23/2005 | Delano R. Kneece ... | 318.65 |
| Paycheck | 12/16/2005 | Delano R. Kneece ... | 296.35 |
| Paycheck | 12/9/2005 | Delano R. Kneece ... | 318.65 |
| Paycheck | 12/2/2005 | Delano R. Kneece ... | 222.59 |
| Paycheck | 11/30/2005 | Delano R. Kneece ... | 1,267.77 |
| Paycheck | 11/24/2005 | Delano R. Kneece ... | 163.88 |
| Paycheck | 11/18/2005 | Delano R. Kneece ... | 302.17 |
| Paycheck | 11/11/2005 | Delano R. Kneece ... | 340.97 |
| Paycheck | 11/4/2005 | Delano R. Kneece ... | 318.65 |
| Paycheck | 10/26/2005 | Delano R. Kneece ... | 290.51 |
| Paycheck | 10/21/2005 | Delano R. Kneece ... | 452.53 |
| Paycheck | 10/14/2005 | Delano R. Kneece ... | 330.31 |
| Paycheck | 10/7/2005 | Delano R. Kneece ... | 439.46 |
| Paycheck | 9/30/2005 | Delano R. Kneece ... | 495.97 |
| Paycheck | 9/23/2005 | Delano R. Kneece ... | 360.86 |
| Paycheck | 9/16/2005 | Delano R. Kneece ... | 335.15 |
| Paycheck | 9/9/2005 | Delano R. Kneece ... | 397.23 |
| Paycheck | 9/2/2005 | Delano R. Kneece ... | 431.23 |
| Paycheck | 8/25/2005 | Delano R. Kneece ... | 366.68 |
| Paycheck | 8/19/2005 | Delano R. Kneece ... | 358.45 |
| Paycheck | 8/12/2005 | Delano R. Kneece ... | 340.97 |
| Paycheck | 8/5/2005 | Delano R. Kneece ... | 358.45 |
| Paycheck | 7/29/2005 | Delano R. Kneece ... | 254.14 |
| Paycheck | 7/22/2005 | Delano R. Kneece ... | 296.33 |

# All Transactions for Cyril K Kneece

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 7/15/2005 | Delano R. Kneece ... | 312.83 |
| Paycheck | 7/8/2005 | Delano R. Kneece ... | 324.49 |
| Paycheck | 7/1/2005 | Delano R. Kneece ... | 330.31 |
| Paycheck | 6/24/2005 | Delano R. Kneece ... | 358.45 |
| Paycheck | 6/17/2005 | Delano R. Kneece ... | 386.59 |
| Paycheck | 6/10/2005 | Delano R. Kneece ... | 168.00 |
| Paycheck | 5/31/2005 | Delano R. Kneece ... | 257.82 |
| Paycheck | 5/27/2005 | Delano R. Kneece ... | 331.44 |
| Paycheck | 5/20/2005 | Delano R. Kneece ... | 151.75 |
| Paycheck | 5/13/2005 | Delano R. Kneece ... | 204.82 |
| Paycheck | 4/29/2005 | Delano R. Kneece ... | 123.33 |
| Paycheck | 4/22/2005 | Delano R. Kneece ... | 140.80 |
| Paycheck | 4/8/2005 | Delano R. Kneece ... | 151.76 |
| Paycheck | 4/1/2005 | Delano R. Kneece ... | 316.24 |
| Paycheck | 3/25/2005 | Delano R. Kneece ... | 128.85 |
| Paycheck | 3/18/2005 | Delano R. Kneece ... | 128.85 |
| Paycheck | 2/25/2005 | Delano R. Kneece ... | 226.41 |
| Paycheck | 2/10/2005 | Delano R. Kneece ... | 135.33 |
| Paycheck | 1/6/2005 | Delano R. Kneece ... | 146.28 |
| Paycheck | 12/23/2004 | Delano R. Kneece ... | 82.29 |
| Paycheck | 12/17/2004 | Delano R. Kneece ... | 157.20 |
| Paycheck | 12/10/2004 | Delano R. Kneece ... | 157.20 |
| Paycheck | 11/19/2004 | Delano R. Kneece ... | 151.76 |
| Paycheck | 11/5/2004 | Delano R. Kneece ... | 247.02 |
| Paycheck | 10/22/2004 | Delano R. Kneece ... | 320.64 |
| Paycheck | 10/1/2004 | Delano R. Kneece ... | 320.63 |
| Paycheck | 9/10/2004 | Delano R. Kneece ... | 123.34 |
| Paycheck | 8/27/2004 | Delano R. Kneece ... | 257.82 |
| Paycheck | 8/20/2004 | Delano R. Kneece ... | 310.83 |
| Paycheck | 8/5/2004 | Delano R. Kneece ... | 197.86 |
| Paycheck | 7/28/2004 | Delano R. Kneece ... | 197.84 |
| Paycheck | 7/16/2004 | Delano R. Kneece ... | 221.73 |
| Paycheck | 6/4/2004 | Delano R. Kneece ... | 104.37 |
| Paycheck | 5/28/2004 | Delano R. Kneece ... | 107.87 |
| Paycheck | 5/21/2004 | Delano R. Kneece ... | 164.52 |
| Paycheck | 5/17/2004 | Delano R. Kneece ... | 169.07 |
| Paycheck | 5/4/2004 | Delano R. Kneece ... | 148.01 |
| Paycheck | 4/21/2004 | Delano R. Kneece ... | 127.56 |
| Paycheck | 4/9/2004 | Delano R. Kneece ... | 118.21 |
| Paycheck | 3/25/2004 | Delano R. Kneece ... | 184.49 |
| Paycheck | 3/5/2004 | Delano R. Kneece ... | 88.04 |
| Paycheck | 1/9/2004 | Delano R. Kneece ... | 67.06 |
| Paycheck | 11/14/2003 | Delano R. Kneece ... | 128.86 |
| Paycheck | 10/31/2003 | Delano R. Kneece ... | 112.23 |
| Paycheck | 10/24/2003 | Delano R. Kneece ... | 191.88 |
| Paycheck | 10/10/2003 | Delano R. Kneece ... | 141.96 |
| Paycheck | 10/3/2003 | Delano R. Kneece ... | 120.71 |
| Paycheck | 9/26/2003 | Delano R. Kneece ... | 60.92 |
| Paycheck | 9/12/2003 | Delano R. Kneece ... | 118.23 |
| Paycheck | 9/5/2003 | Delano R. Kneece ... | 118.21 |
| Paycheck | 8/29/2003 | Delano R. Kneece ... | 167.01 |
| Paycheck | 6/27/2003 | Delano R. Kneece ... | 188.03 |
| Paycheck | 6/20/2003 | Delano R. Kneece ... | 107.87 |
| Paycheck | 6/13/2003 | Delano R. Kneece ... | 107.86 |
| Paycheck | 6/3/2003 | Delano R. Kneece ... | 107.87 |
| Paycheck | 5/29/2003 | Delano R. Kneece ... | 133.17 |
| Paycheck | 5/21/2003 | Delano R. Kneece ... | 95.87 |
| Paycheck | 4/30/2003 | Delano R. Kneece ... | 76.66 |
| Paycheck | 4/4/2003 | Delano R. Kneece ... | 123.34 |
| Paycheck | 3/28/2003 | Delano R. Kneece ... | 167.00 |
| Paycheck | 3/12/2003 | Delano R. Kneece ... | 109.61 |
| Paycheck | 2/20/2003 | Delano R. Kneece ... | 86.27 |
| Paycheck | 2/11/2003 | Delano R. Kneece ... | 52.99 |
| Paycheck | 1/29/2003 | Delano R. Kneece ... | 100.13 |
| Paycheck | 11/18/2002 | Delano R. Kneece ... | 162.88 |
| Paycheck | 10/22/2002 | Delano R. Kneece ... | 209.22 |
| Paycheck | 9/26/2002 | Delano R. Kneece ... | 209.21 |
| Paycheck | 8/29/2002 | Delano R. Kneece ... | 187.61 |

# All Transactions for Cyril K Kneece

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 6/20/2002 | Delano R. Kneece ... | 187.61 |
| Paycheck | 5/10/2002 | Delano R. Kneece ... | 167.01 |
| Paycheck | 4/5/2002 | Delano R. Kneece ... | 119.09 |
| Paycheck | 10/31/2001 | Delano R. Kneece ... | 203.21 |
| Paycheck | 10/4/2001 | Delano R. Kneece ... | 126.73 |
| Paycheck | 9/21/2001 | Delano R. Kneece ... | 186.74 |
| Paycheck | 8/31/2001 | Delano R. Kneece ... | 161.00 |
| Paycheck | 7/3/2001 | Delano R. Kneece ... | 217.29 |
| Paycheck | 6/22/2001 | Delano R. Kneece ... | 135.96 |
| Total | | | 139,657.27 |

Delano R. Kneece & Son, Inc.

# All Transactions for Willie B Dobbs

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 9/3/2010 | Delano R. Kneece ... | 439.08 |
| Paycheck | 8/27/2010 | Delano R. Kneece ... | 439.09 |
| Paycheck | 8/27/2010 | Delano R. Kneece ... | 89.40 |
| Paycheck | 8/20/2010 | Delano R. Kneece ... | 439.08 |
| Paycheck | 8/13/2010 | Delano R. Kneece ... | 465.19 |
| Paycheck | 8/6/2010 | Delano R. Kneece ... | 434.62 |
| Paycheck | 7/30/2010 | Delano R. Kneece ... | 453.16 |
| Paycheck | 7/23/2010 | Delano R. Kneece ... | 453.15 |
| Paycheck | 7/16/2010 | Delano R. Kneece ... | 422.59 |
| Paycheck | 7/9/2010 | Delano R. Kneece ... | 453.15 |
| Paycheck | 7/2/2010 | Delano R. Kneece ... | 384.16 |
| Paycheck | 6/25/2010 | Delano R. Kneece ... | 453.16 |
| Paycheck | 6/18/2010 | Delano R. Kneece ... | 483.70 |
| Paycheck | 6/11/2010 | Delano R. Kneece ... | 483.72 |
| Paycheck | 6/4/2010 | Delano R. Kneece ... | 483.71 |
| Paycheck | 5/28/2010 | Delano R. Kneece ... | 582.88 |
| Paycheck | 5/20/2010 | Delano R. Kneece ... | 453.15 |
| Paycheck | 5/13/2010 | Delano R. Kneece ... | 453.16 |
| Paycheck | 5/7/2010 | Delano R. Kneece ... | 446.64 |
| Paycheck | 4/30/2010 | Delano R. Kneece ... | 502.24 |
| Paycheck | 4/23/2010 | Delano R. Kneece ... | 483.71 |
| Paycheck | 4/16/2010 | Delano R. Kneece ... | 471.69 |
| Paycheck | 4/9/2010 | Delano R. Kneece ... | 453.16 |
| Paycheck | 4/2/2010 | Delano R. Kneece ... | 453.15 |
| Paycheck | 3/26/2010 | Delano R. Kneece ... | 428.12 |
| Paycheck | 3/19/2010 | Delano R. Kneece ... | 422.57 |
| Paycheck | 3/12/2010 | Delano R. Kneece ... | 413.22 |
| Paycheck | 3/5/2010 | Delano R. Kneece ... | 481.50 |
| Paycheck | 2/26/2010 | Delano R. Kneece ... | 453.16 |
| Paycheck | 2/19/2010 | Delano R. Kneece ... | 0.00 |
| Paycheck | 2/19/2010 | Delano R. Kneece ... | 181.20 |
| Paycheck | 2/12/2010 | Delano R. Kneece ... | 453.15 |
| Paycheck | 2/5/2010 | Delano R. Kneece ... | 453.17 |
| Paycheck | 1/29/2010 | Delano R. Kneece ... | 453.15 |
| Paycheck | 1/22/2010 | Delano R. Kneece ... | 453.16 |
| Paycheck | 1/15/2010 | Delano R. Kneece ... | 449.89 |
| Paycheck | 1/8/2010 | Delano R. Kneece ... | 422.58 |
| Paycheck | 12/31/2009 | Delano R. Kneece ... | 424.59 |
| Paycheck | 12/24/2009 | Delano R. Kneece ... | 384.54 |
| Paycheck | 12/18/2009 | Delano R. Kneece ... | 504.84 |
| Paycheck | 12/11/2009 | Delano R. Kneece ... | 467.18 |
| Paycheck | 12/4/2009 | Delano R. Kneece ... | 467.18 |
| Paycheck | 11/30/2009 | Delano R. Kneece ... | 406.51 |
| Paycheck | 11/27/2009 | Delano R. Kneece ... | 467.17 |
| Paycheck | 11/20/2009 | Delano R. Kneece ... | 505.24 |
| Paycheck | 11/13/2009 | Delano R. Kneece ... | 424.59 |
| Paycheck | 11/6/2009 | Delano R. Kneece ... | 510.74 |
| Paycheck | 10/30/2009 | Delano R. Kneece ... | 526.41 |
| Paycheck | 10/22/2009 | Delano R. Kneece ... | 492.82 |
| Paycheck | 10/16/2009 | Delano R. Kneece ... | 480.19 |
| Paycheck | 10/9/2009 | Delano R. Kneece ... | 409.69 |
| Paycheck | 10/2/2009 | Delano R. Kneece ... | 492.21 |
| Paycheck | 9/25/2009 | Delano R. Kneece ... | 473.69 |
| Paycheck | 9/21/2009 | Delano R. Kneece ... | 0.00 |
| Paycheck | 9/18/2009 | Delano R. Kneece ... | 473.69 |
| Paycheck | 9/11/2009 | Delano R. Kneece ... | 480.19 |
| Paycheck | 9/4/2009 | Delano R. Kneece ... | 542.31 |
| Paycheck | 8/28/2009 | Delano R. Kneece ... | 542.30 |
| Paycheck | 8/21/2009 | Delano R. Kneece ... | 485.71 |
| Paycheck | 8/14/2009 | Delano R. Kneece ... | 436.63 |
| Paycheck | 8/7/2009 | Delano R. Kneece ... | 436.62 |
| Paycheck | 7/30/2009 | Delano R. Kneece ... | 455.16 |
| Paycheck | 7/23/2009 | Delano R. Kneece ... | 455.15 |
| Paycheck | 7/17/2009 | Delano R. Kneece ... | 418.02 |
| Paycheck | 7/10/2009 | Delano R. Kneece ... | 455.16 |
| Paycheck | 7/2/2009 | Delano R. Kneece ... | 455.16 |
| Paycheck | 6/26/2009 | Delano R. Kneece ... | 418.02 |

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Delano R. Kneece & Son, Inc.

# All Transactions for Willie B Dobbs

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 6/19/2009 | Delano R. Kneece ... | 448.64 |
| Paycheck | 6/12/2009 | Delano R. Kneece ... | 455.15 |
| Paycheck | 6/5/2009 | Delano R. Kneece ... | 480.20 |
| Paycheck | 5/28/2009 | Delano R. Kneece ... | 455.15 |
| Paycheck | 5/21/2009 | Delano R. Kneece ... | 455.16 |
| Paycheck | 5/14/2009 | Delano R. Kneece ... | 436.62 |
| Paycheck | 5/8/2009 | Delano R. Kneece ... | 523.78 |
| Paycheck | 4/30/2009 | Delano R. Kneece ... | 480.19 |
| Paycheck | 4/24/2009 | Delano R. Kneece ... | 473.69 |
| Paycheck | 4/17/2009 | Delano R. Kneece ... | 424.58 |
| Paycheck | 4/10/2009 | Delano R. Kneece ... | 436.63 |
| Paycheck | 4/3/2009 | Delano R. Kneece ... | 448.64 |
| Paycheck | 3/26/2009 | Delano R. Kneece ... | 405.87 |
| Paycheck | 3/20/2009 | Delano R. Kneece ... | 371.58 |
| Check | 3/17/2009 | Delano R. Kneece ... | 185.30 |
| Paycheck | 3/12/2009 | Delano R. Kneece ... | 384.72 |
| Paycheck | 3/5/2009 | Delano R. Kneece ... | 366.01 |
| Paycheck | 2/26/2009 | Delano R. Kneece ... | 363.40 |
| Paycheck | 2/19/2009 | Delano R. Kneece ... | 394.18 |
| Paycheck | 2/13/2009 | Delano R. Kneece ... | 400.69 |
| Paycheck | 2/6/2009 | Delano R. Kneece ... | 375.54 |
| Paycheck | 1/30/2009 | Delano R. Kneece ... | 349.73 |
| Paycheck | 1/23/2009 | Delano R. Kneece ... | 354.59 |
| Paycheck | 12/12/2008 | Delano R. Kneece ... | 333.01 |
| Paycheck | 12/3/2008 | Delano R. Kneece ... | 433.09 |
| Paycheck | 12/1/2008 | Delano R. Kneece ... | 350.00 |
| Paycheck | 11/26/2008 | Delano R. Kneece ... | 433.09 |
| Paycheck | 11/20/2008 | Delano R. Kneece ... | 433.09 |
| Paycheck | 11/14/2008 | Delano R. Kneece ... | 433.09 |
| Paycheck | 11/7/2008 | Delano R. Kneece ... | 433.09 |
| Paycheck | 10/27/2008 | Delano R. Kneece ... | 433.09 |
| Paycheck | 10/24/2008 | Delano R. Kneece ... | 418.49 |
| Paycheck | 10/17/2008 | Delano R. Kneece ... | 418.49 |
| Paycheck | 10/10/2008 | Delano R. Kneece ... | 418.49 |
| Paycheck | 10/2/2008 | Delano R. Kneece ... | 484.43 |
| Paycheck | 9/26/2008 | Delano R. Kneece ... | 462.86 |
| Paycheck | 9/18/2008 | Delano R. Kneece ... | 440.68 |
| Paycheck | 9/11/2008 | Delano R. Kneece ... | 432.18 |
| Paycheck | 9/8/2008 | Delano R. Kneece ... | 136.00 |
| Paycheck | 9/4/2008 | Delano R. Kneece ... | 432.18 |
| Paycheck | 8/28/2008 | Delano R. Kneece ... | 224.50 |
| Paycheck | 8/21/2008 | Delano R. Kneece ... | 372.82 |
| Paycheck | 8/14/2008 | Delano R. Kneece ... | 441.18 |
| Paycheck | 8/8/2008 | Delano R. Kneece ... | 433.49 |
| Paycheck | 7/31/2008 | Delano R. Kneece ... | 447.18 |
| Paycheck | 7/25/2008 | Delano R. Kneece ... | 440.61 |
| Paycheck | 7/18/2008 | Delano R. Kneece ... | 437.98 |
| Paycheck | 7/11/2008 | Delano R. Kneece ... | 430.96 |
| Paycheck | 7/3/2008 | Delano R. Kneece ... | 454.27 |
| Paycheck | 6/26/2008 | Delano R. Kneece ... | 456.23 |
| Paycheck | 6/20/2008 | Delano R. Kneece ... | 459.66 |
| Paycheck | 6/13/2008 | Delano R. Kneece ... | 454.07 |
| Paycheck | 6/6/2008 | Delano R. Kneece ... | 493.55 |
| Paycheck | 5/30/2008 | Delano R. Kneece ... | 495.38 |
| Paycheck | 5/22/2008 | Delano R. Kneece ... | 493.55 |
| Paycheck | 5/15/2008 | Delano R. Kneece ... | 481.32 |
| Paycheck | 5/8/2008 | Delano R. Kneece ... | 454.27 |
| Paycheck | 5/1/2008 | Delano R. Kneece ... | 454.27 |
| Paycheck | 4/22/2008 | Delano R. Kneece ... | 476.28 |
| Paycheck | 4/18/2008 | Delano R. Kneece ... | 454.62 |
| Paycheck | 4/11/2008 | Delano R. Kneece ... | 477.86 |
| Paycheck | 4/4/2008 | Delano R. Kneece ... | 476.28 |
| Paycheck | 3/28/2008 | Delano R. Kneece ... | 388.96 |
| Paycheck | 3/21/2008 | Delano R. Kneece ... | 366.91 |
| Paycheck | 3/14/2008 | Delano R. Kneece ... | 366.91 |
| Paycheck | 3/7/2008 | Delano R. Kneece ... | 366.91 |
| Paycheck | 2/29/2008 | Delano R. Kneece ... | 274.16 |
| Paycheck | 2/22/2008 | Delano R. Kneece ... | 350.77 |

# All Transactions for Willie B Dobbs

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 2/14/2008 | Delano R. Kneece ... | 345.77 |
| Paycheck | 2/8/2008 | Delano R. Kneece ... | 334.14 |
| Paycheck | 2/1/2008 | Delano R. Kneece ... | 345.77 |
| Paycheck | 1/25/2008 | Delano R. Kneece ... | 345.77 |
| Paycheck | 1/18/2008 | Delano R. Kneece ... | 394.28 |
| Paycheck | 1/11/2008 | Delano R. Kneece ... | 328.26 |
| Paycheck | 1/4/2008 | Delano R. Kneece ... | 322.51 |
| Paycheck | 12/28/2007 | Delano R. Kneece ... | 315.21 |
| Paycheck | 12/21/2007 | Delano R. Kneece ... | 345.77 |
| Paycheck | 12/14/2007 | Delano R. Kneece ... | 388.96 |
| Paycheck | 12/7/2007 | Delano R. Kneece ... | 358.40 |
| Paycheck | 12/3/2007 | Delano R. Kneece ... | 306.14 |
| Paycheck | 11/29/2007 | Delano R. Kneece ... | 400.57 |
| Paycheck | 11/22/2007 | Delano R. Kneece ... | 382.66 |
| Paycheck | 11/16/2007 | Delano R. Kneece ... | 412.09 |
| Paycheck | 11/8/2007 | Delano R. Kneece ... | 358.41 |
| Paycheck | 11/2/2007 | Delano R. Kneece ... | 388.96 |
| Paycheck | 10/26/2007 | Delano R. Kneece ... | 345.77 |
| Paycheck | 10/19/2007 | Delano R. Kneece ... | 376.35 |
| Paycheck | 10/12/2007 | Delano R. Kneece ... | 509.94 |
| Paycheck | 10/1/2007 | Delano R. Kneece ... | 437.91 |
| Paycheck | 9/28/2007 | Delano R. Kneece ... | 406.84 |
| Paycheck | 9/20/2007 | Delano R. Kneece ... | 418.35 |
| Paycheck | 9/14/2007 | Delano R. Kneece ... | 394.29 |
| Paycheck | 9/7/2007 | Delano R. Kneece ... | 501.93 |
| Paycheck | 8/31/2007 | Delano R. Kneece ... | 477.89 |
| Paycheck | 8/23/2007 | Delano R. Kneece ... | 490.41 |
| Paycheck | 8/16/2007 | Delano R. Kneece ... | 382.66 |
| Paycheck | 8/10/2007 | Delano R. Kneece ... | 388.96 |
| Paycheck | 8/3/2007 | Delano R. Kneece ... | 394.30 |
| Paycheck | 7/27/2007 | Delano R. Kneece ... | 334.13 |
| Paycheck | 7/20/2007 | Delano R. Kneece ... | 430.86 |
| Paycheck | 7/13/2007 | Delano R. Kneece ... | 394.29 |
| Paycheck | 7/6/2007 | Delano R. Kneece ... | 382.65 |
| Paycheck | 6/29/2007 | Delano R. Kneece ... | 484.15 |
| Paycheck | 6/15/2007 | Delano R. Kneece ... | 406.85 |
| Paycheck | 6/15/2007 | Delano R. Kneece ... | 345.77 |
| Paycheck | 6/7/2007 | Delano R. Kneece ... | 424.60 |
| Paycheck | 6/1/2007 | Delano R. Kneece ... | 406.85 |
| Paycheck | 5/24/2007 | Delano R. Kneece ... | 460.13 |
| Paycheck | 5/18/2007 | Delano R. Kneece ... | 454.88 |
| Paycheck | 5/11/2007 | Delano R. Kneece ... | 460.14 |
| Paycheck | 5/4/2007 | Delano R. Kneece ... | 394.28 |
| Paycheck | 4/27/2007 | Delano R. Kneece ... | 400.59 |
| Paycheck | 4/19/2007 | Delano R. Kneece ... | 436.12 |
| Paycheck | 4/13/2007 | Delano R. Kneece ... | 436.10 |
| Paycheck | 4/6/2007 | Delano R. Kneece ... | 490.41 |
| Paycheck | 3/30/2007 | Delano R. Kneece ... | 334.15 |
| Paycheck | 3/23/2007 | Delano R. Kneece ... | 409.46 |
| Paycheck | 3/16/2007 | Delano R. Kneece ... | 382.66 |
| Paycheck | 3/9/2007 | Delano R. Kneece ... | 382.66 |
| Paycheck | 3/1/2007 | Delano R. Kneece ... | 382.66 |
| Paycheck | 2/21/2007 | Delano R. Kneece ... | 327.82 |
| Paycheck | 2/16/2007 | Delano R. Kneece ... | 370.03 |
| Paycheck | 2/9/2007 | Delano R. Kneece ... | 358.40 |
| Paycheck | 2/2/2007 | Delano R. Kneece ... | 308.89 |
| Paycheck | 1/25/2007 | Delano R. Kneece ... | 370.02 |
| Paycheck | 1/19/2007 | Delano R. Kneece ... | 308.89 |
| Paycheck | 1/11/2007 | Delano R. Kneece ... | 340.76 |
| Paycheck | 1/5/2007 | Delano R. Kneece ... | 322.99 |
| Paycheck | 12/29/2006 | Delano R. Kneece ... | 315.85 |
| Paycheck | 12/22/2006 | Delano R. Kneece ... | 333.62 |
| Paycheck | 12/15/2006 | Delano R. Kneece ... | 412.87 |
| Paycheck | 12/8/2006 | Delano R. Kneece ... | 395.64 |
| Paycheck | 11/30/2006 | Delano R. Kneece ... | 332.97 |
| Check | 11/29/2006 | Delano R. Kneece ... | 350.00 |
| Paycheck | 11/23/2006 | Delano R. Kneece ... | 271.46 |
| Paycheck | 11/17/2006 | Delano R. Kneece ... | 395.63 |

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# All Transactions for Willie B Dobbs

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 11/10/2006 | Delano R. Kneece ... | 358.95 |
| Paycheck | 11/3/2006 | Delano R. Kneece ... | 389.81 |
| Paycheck | 10/27/2006 | Delano R. Kneece ... | 429.61 |
| Paycheck | 10/20/2006 | Delano R. Kneece ... | 398.04 |
| Paycheck | 10/12/2006 | Delano R. Kneece ... | 403.88 |
| Paycheck | 10/5/2006 | Delano R. Kneece ... | 407.30 |
| Check | 10/5/2006 | Delano R. Kneece ... | 250.00 |
| Paycheck | 9/29/2006 | Delano R. Kneece ... | 347.18 |
| Paycheck | 9/22/2006 | Delano R. Kneece ... | 412.12 |
| Paycheck | 9/13/2006 | Delano R. Kneece ... | 322.20 |
| Paycheck | 9/8/2006 | Delano R. Kneece ... | 394.26 |
| Paycheck | 9/1/2006 | Delano R. Kneece ... | 367.26 |
| Paycheck | 8/25/2006 | Delano R. Kneece ... | 426.20 |
| Paycheck | 8/17/2006 | Delano R. Kneece ... | 367.26 |
| Paycheck | 8/11/2006 | Delano R. Kneece ... | 375.60 |
| Paycheck | 8/4/2006 | Delano R. Kneece ... | 364.84 |
| Paycheck | 7/28/2006 | Delano R. Kneece ... | 338.85 |
| Paycheck | 7/21/2006 | Delano R. Kneece ... | 423.77 |
| Paycheck | 7/13/2006 | Delano R. Kneece ... | 347.18 |
| Paycheck | 7/7/2006 | Delano R. Kneece ... | 332.97 |
| Paycheck | 6/30/2006 | Delano R. Kneece ... | 463.58 |
| Paycheck | 6/20/2006 | Delano R. Kneece ... | 359.48 |
| Paycheck | 6/16/2006 | Delano R. Kneece ... | 307.99 |
| Paycheck | 6/9/2006 | Delano R. Kneece ... | 373.16 |
| Paycheck | 6/2/2006 | Delano R. Kneece ... | 395.64 |
| Paycheck | 5/26/2006 | Delano R. Kneece ... | 381.48 |
| Paycheck | 5/19/2006 | Delano R. Kneece ... | 0.00 |
| Paycheck | 5/19/2006 | Delano R. Kneece ... | 381.47 |
| Paycheck | 5/12/2006 | Delano R. Kneece ... | 301.91 |
| Paycheck | 5/5/2006 | Delano R. Kneece ... | 322.20 |
| Paycheck | 4/28/2006 | Delano R. Kneece ... | 358.95 |
| Paycheck | 4/21/2006 | Delano R. Kneece ... | 361.39 |
| Paycheck | 4/14/2006 | Delano R. Kneece ... | 364.83 |
| Paycheck | 4/7/2006 | Delano R. Kneece ... | 415.54 |
| Paycheck | 3/31/2006 | Delano R. Kneece ... | 364.83 |
| Paycheck | 3/24/2006 | Delano R. Kneece ... | 324.65 |
| Paycheck | 3/17/2006 | Delano R. Kneece ... | 332.97 |
| Paycheck | 3/10/2006 | Delano R. Kneece ... | 262.02 |
| Paycheck | 3/3/2006 | Delano R. Kneece ... | 330.53 |
| Paycheck | 2/22/2006 | Delano R. Kneece ... | 258.55 |
| Paycheck | 2/17/2006 | Delano R. Kneece ... | 327.07 |
| Paycheck | 2/9/2006 | Delano R. Kneece ... | 264.52 |
| Paycheck | 2/3/2006 | Delano R. Kneece ... | 301.10 |
| Paycheck | 1/27/2006 | Delano R. Kneece ... | 324.17 |
| Paycheck | 1/19/2006 | Delano R. Kneece ... | 303.55 |
| Paycheck | 1/13/2006 | Delano R. Kneece ... | 289.33 |
| Paycheck | 1/6/2006 | Delano R. Kneece ... | 270.46 |
| Paycheck | 12/30/2005 | Delano R. Kneece ... | 261.02 |
| Paycheck | 12/23/2005 | Delano R. Kneece ... | 282.38 |
| Paycheck | 12/16/2005 | Delano R. Kneece ... | 289.33 |
| Paycheck | 12/9/2005 | Delano R. Kneece ... | 291.78 |
| Paycheck | 12/2/2005 | Delano R. Kneece ... | 264.51 |
| Check | 11/30/2005 | Delano R. Kneece ... | 320.00 |
| Paycheck | 11/24/2005 | Delano R. Kneece ... | 127.66 |
| Paycheck | 11/18/2005 | Delano R. Kneece ... | 289.33 |
| Paycheck | 11/11/2005 | Delano R. Kneece ... | 335.41 |
| Paycheck | 11/4/2005 | Delano R. Kneece ... | 425.19 |
| Paycheck | 10/26/2005 | Delano R. Kneece ... | 374.60 |
| Paycheck | 10/21/2005 | Delano R. Kneece ... | 459.16 |
| Paycheck | 10/14/2005 | Delano R. Kneece ... | 329.52 |
| Paycheck | 10/7/2005 | Delano R. Kneece ... | 400.47 |
| Paycheck | 9/30/2005 | Delano R. Kneece ... | 504.54 |
| Paycheck | 9/23/2005 | Delano R. Kneece ... | 368.71 |
| Paycheck | 9/16/2005 | Delano R. Kneece ... | 428.61 |
| Paycheck | 9/9/2005 | Delano R. Kneece ... | 476.64 |
| Paycheck | 9/2/2005 | Delano R. Kneece ... | 479.06 |
| Paycheck | 8/25/2005 | Delano R. Kneece ... | 357.94 |
| Paycheck | 8/19/2005 | Delano R. Kneece ... | 397.06 |

# All Transactions for Willie B Dobbs

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 8/12/2005 | Delano R. Kneece ... | 317.76 |
| Paycheck | 8/5/2005 | Delano R. Kneece ... | 346.18 |
| Paycheck | 7/29/2005 | Delano R. Kneece ... | 374.60 |
| Paycheck | 7/22/2005 | Delano R. Kneece ... | 349.62 |
| Paycheck | 7/15/2005 | Delano R. Kneece ... | 343.74 |
| Paycheck | 7/8/2005 | Delano R. Kneece ... | 331.97 |
| Paycheck | 7/1/2005 | Delano R. Kneece ... | 337.84 |
| Paycheck | 6/24/2005 | Delano R. Kneece ... | 374.60 |
| Paycheck | 6/17/2005 | Delano R. Kneece ... | 352.07 |
| Paycheck | 6/10/2005 | Delano R. Kneece ... | 258.55 |
| Paycheck | 5/31/2005 | Delano R. Kneece ... | 258.55 |
| Paycheck | 5/27/2005 | Delano R. Kneece ... | 442.67 |
| Paycheck | 5/20/2005 | Delano R. Kneece ... | 382.92 |
| Paycheck | 5/13/2005 | Delano R. Kneece ... | 380.48 |
| Paycheck | 5/6/2005 | Delano R. Kneece ... | 382.92 |
| Paycheck | 4/29/2005 | Delano R. Kneece ... | 354.51 |
| Paycheck | 4/22/2005 | Delano R. Kneece ... | 411.11 |
| Paycheck | 4/15/2005 | Delano R. Kneece ... | 352.07 |
| Paycheck | 4/8/2005 | Delano R. Kneece ... | 386.36 |
| Paycheck | 4/1/2005 | Delano R. Kneece ... | 374.60 |
| Paycheck | 3/25/2005 | Delano R. Kneece ... | 329.52 |
| Paycheck | 3/18/2005 | Delano R. Kneece ... | 331.27 |
| Paycheck | 3/11/2005 | Delano R. Kneece ... | 371.44 |
| Paycheck | 3/4/2005 | Delano R. Kneece ... | 313.60 |
| Paycheck | 2/25/2005 | Delano R. Kneece ... | 289.78 |
| Paycheck | 2/18/2005 | Delano R. Kneece ... | 311.13 |
| Paycheck | 2/10/2005 | Delano R. Kneece ... | 304.17 |
| Paycheck | 2/4/2005 | Delano R. Kneece ... | 269.80 |
| Paycheck | 1/27/2005 | Delano R. Kneece ... | 316.06 |
| Paycheck | 1/21/2005 | Delano R. Kneece ... | 0.00 |
| Paycheck | 1/21/2005 | Delano R. Kneece ... | 285.30 |
| Paycheck | 1/14/2005 | Delano R. Kneece ... | 316.05 |
| Paycheck | 1/6/2005 | Delano R. Kneece ... | 294.74 |
| Paycheck | 12/31/2004 | Delano R. Kneece ... | 257.75 |
| Paycheck | 12/23/2004 | Delano R. Kneece ... | 288.78 |
| Paycheck | 12/17/2004 | Delano R. Kneece ... | 325.37 |
| Paycheck | 12/10/2004 | Delano R. Kneece ... | 358.68 |
| Check | 12/10/2004 | Delano R. Kneece ... | 500.00 |
| Paycheck | 12/2/2004 | Delano R. Kneece ... | 325.37 |
| Check | 11/24/2004 | Delano R. Kneece ... | 320.00 |
| Paycheck | 11/24/2004 | Delano R. Kneece ... | 300.70 |
| Paycheck | 11/19/2004 | Delano R. Kneece ... | 298.22 |
| Paycheck | 11/12/2004 | Delano R. Kneece ... | 364.55 |
| Paycheck | 11/5/2004 | Delano R. Kneece ... | 378.77 |
| Paycheck | 10/27/2004 | Delano R. Kneece ... | 358.67 |
| Paycheck | 10/22/2004 | Delano R. Kneece ... | 410.63 |
| Paycheck | 10/15/2004 | Delano R. Kneece ... | 475.17 |
| Paycheck | 10/8/2004 | Delano R. Kneece ... | 447.02 |
| Paycheck | 10/1/2004 | Delano R. Kneece ... | 432.94 |
| Paycheck | 9/24/2004 | Delano R. Kneece ... | 429.55 |
| Paycheck | 9/17/2004 | Delano R. Kneece ... | 342.02 |
| Paycheck | 9/10/2004 | Delano R. Kneece ... | 304.17 |
| Paycheck | 9/3/2004 | Delano R. Kneece ... | 413.05 |
| Paycheck | 8/27/2004 | Delano R. Kneece ... | 461.10 |
| Paycheck | 8/20/2004 | Delano R. Kneece ... | 491.64 |
| Paycheck | 8/13/2004 | Delano R. Kneece ... | 382.21 |
| Paycheck | 8/5/2004 | Delano R. Kneece ... | 362.10 |
| Paycheck | 7/28/2004 | Delano R. Kneece ... | 333.70 |
| Paycheck | 7/23/2004 | Delano R. Kneece ... | 336.13 |
| Paycheck | 7/16/2004 | Delano R. Kneece ... | 362.12 |
| Paycheck | 7/9/2004 | Delano R. Kneece ... | 282.83 |
| Paycheck | 7/2/2004 | Delano R. Kneece ... | 336.14 |
| Paycheck | 6/25/2004 | Delano R. Kneece ... | 333.69 |
| Paycheck | 6/17/2004 | Delano R. Kneece ... | 330.25 |
| Paycheck | 6/11/2004 | Delano R. Kneece ... | 370.44 |
| Paycheck | 6/4/2004 | Delano R. Kneece ... | 316.05 |
| Paycheck | 5/28/2004 | Delano R. Kneece ... | 415.47 |
| Paycheck | 5/21/2004 | Delano R. Kneece ... | 447.02 |

# All Transactions for Willie B Dobbs

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 5/14/2004 | Delano R. Kneece ... | 447.03 |
| Paycheck | 5/7/2004 | Delano R. Kneece ... | 350.34 |
| Paycheck | 4/30/2004 | Delano R. Kneece ... | 401.30 |
| Paycheck | 4/23/2004 | Delano R. Kneece ... | 390.54 |
| Paycheck | 4/16/2004 | Delano R. Kneece ... | 387.09 |
| Paycheck | 4/9/2004 | Delano R. Kneece ... | 429.54 |
| Paycheck | 4/2/2004 | Delano R. Kneece ... | 365.41 |
| Paycheck | 3/26/2004 | Delano R. Kneece ... | 397.14 |
| Paycheck | 3/19/2004 | Delano R. Kneece ... | 389.47 |
| Paycheck | 3/12/2004 | Delano R. Kneece ... | 354.50 |
| Paycheck | 3/5/2004 | Delano R. Kneece ... | 294.30 |
| Paycheck | 3/2/2004 | Delano R. Kneece ... | 69.26 |
| Paycheck | 2/20/2004 | Delano R. Kneece ... | 280.01 |
| Paycheck | 2/13/2004 | Delano R. Kneece ... | 317.33 |
| Paycheck | 2/6/2004 | Delano R. Kneece ... | 268.84 |
| Paycheck | 1/30/2004 | Delano R. Kneece ... | 110.86 |
| Paycheck | 1/23/2004 | Delano R. Kneece ... | 288.78 |
| Paycheck | 1/16/2004 | Delano R. Kneece ... | 253.36 |
| Paycheck | 1/9/2004 | Delano R. Kneece ... | 288.77 |
| Paycheck | 1/3/2004 | Delano R. Kneece ... | 218.51 |
| Paycheck | 12/30/2003 | Delano R. Kneece ... | 172.50 |
| Paycheck | 12/19/2003 | Delano R. Kneece ... | 285.52 |
| Paycheck | 12/10/2003 | Delano R. Kneece ... | 285.53 |
| Paycheck | 12/5/2003 | Delano R. Kneece ... | 227.49 |
| Paycheck | 11/30/2003 | Delano R. Kneece ... | 265.49 |
| Paycheck | 11/26/2003 | Delano R. Kneece ... | 286.34 |
| Paycheck | 11/21/2003 | Delano R. Kneece ... | 252.27 |
| Paycheck | 11/14/2003 | Delano R. Kneece ... | 272.10 |
| Paycheck | 11/7/2003 | Delano R. Kneece ... | 355.23 |
| Paycheck | 10/31/2003 | Delano R. Kneece ... | 272.11 |
| Paycheck | 10/24/2003 | Delano R. Kneece ... | 405.29 |
| Paycheck | 10/17/2003 | Delano R. Kneece ... | 331.21 |
| Paycheck | 10/10/2003 | Delano R. Kneece ... | 318.06 |
| Paycheck | 10/3/2003 | Delano R. Kneece ... | 447.50 |
| Paycheck | 9/26/2003 | Delano R. Kneece ... | 328.98 |
| Paycheck | 9/19/2003 | Delano R. Kneece ... | 405.30 |
| Paycheck | 9/12/2003 | Delano R. Kneece ... | 373.82 |
| Paycheck | 9/5/2003 | Delano R. Kneece ... | 395.51 |
| Paycheck | 8/29/2003 | Delano R. Kneece ... | 429.10 |
| Paycheck | 8/22/2003 | Delano R. Kneece ... | 421.50 |
| Paycheck | 8/15/2003 | Delano R. Kneece ... | 323.52 |
| Paycheck | 8/7/2003 | Delano R. Kneece ... | 355.24 |
| Paycheck | 7/25/2003 | Delano R. Kneece ... | 336.66 |
| Paycheck | 7/25/2003 | Delano R. Kneece ... | 290.79 |
| Paycheck | 7/18/2003 | Delano R. Kneece ... | 333.42 |
| Paycheck | 7/11/2003 | Delano R. Kneece ... | 333.42 |
| Paycheck | 7/3/2003 | Delano R. Kneece ... | 331.15 |
| Paycheck | 6/27/2003 | Delano R. Kneece ... | 360.70 |
| Paycheck | 6/20/2003 | Delano R. Kneece ... | 310.38 |
| Paycheck | 6/13/2003 | Delano R. Kneece ... | 320.28 |
| Paycheck | 6/5/2003 | Delano R. Kneece ... | 347.57 |
| Paycheck | 5/29/2003 | Delano R. Kneece ... | 384.68 |
| Paycheck | 5/23/2003 | Delano R. Kneece ... | 434.52 |
| Paycheck | 5/16/2003 | Delano R. Kneece ... | 0.00 |
| Paycheck | 5/16/2003 | Delano R. Kneece ... | 405.29 |
| Paycheck | 5/9/2003 | Delano R. Kneece ... | 338.88 |
| Paycheck | 5/2/2003 | Delano R. Kneece ... | 357.46 |
| Paycheck | 4/25/2003 | Delano R. Kneece ... | 355.24 |
| Paycheck | 4/18/2003 | Delano R. Kneece ... | 331.21 |
| Paycheck | 4/11/2003 | Delano R. Kneece ... | 261.00 |
| Paycheck | 4/4/2003 | Delano R. Kneece ... | 413.90 |
| Paycheck | 3/28/2003 | Delano R. Kneece ... | 349.97 |
| Paycheck | 3/21/2003 | Delano R. Kneece ... | 331.39 |
| Paycheck | 3/14/2003 | Delano R. Kneece ... | 312.80 |
| Paycheck | 3/6/2003 | Delano R. Kneece ... | 280.86 |
| Paycheck | 2/28/2003 | Delano R. Kneece ... | 266.56 |
| Paycheck | 2/20/2003 | Delano R. Kneece ... | 345.53 |
| Paycheck | 2/14/2003 | Delano R. Kneece ... | 299.67 |

# All Transactions for Willie B Dobbs

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 2/7/2003 | Delano R. Kneece ... | 329.16 |
| Paycheck | 1/31/2003 | Delano R. Kneece ... | 291.90 |
| Paycheck | 1/24/2003 | Delano R. Kneece ... | 305.11 |
| Paycheck | 1/17/2003 | Delano R. Kneece ... | 333.61 |
| Paycheck | 1/10/2003 | Delano R. Kneece ... | 357.66 |
| Paycheck | 12/27/2002 | Delano R. Kneece ... | 305.12 |
| Paycheck | 12/20/2002 | Delano R. Kneece ... | 357.66 |
| Paycheck | 12/6/2002 | Delano R. Kneece ... | 251.09 |
| Check | 11/27/2002 | Delano R. Kneece ... | 300.00 |
| Paycheck | 11/27/2002 | Delano R. Kneece ... | 251.09 |
| Paycheck | 11/22/2002 | Delano R. Kneece ... | 355.42 |
| Paycheck | 11/15/2002 | Delano R. Kneece ... | 387.16 |
| Paycheck | 11/8/2002 | Delano R. Kneece ... | 371.79 |
| Paycheck | 10/31/2002 | Delano R. Kneece ... | 333.61 |
| Paycheck | 10/24/2002 | Delano R. Kneece ... | 381.70 |
| Paycheck | 10/18/2002 | Delano R. Kneece ... | 312.80 |
| Paycheck | 10/11/2002 | Delano R. Kneece ... | 360.89 |
| Paycheck | 10/3/2002 | Delano R. Kneece ... | 434.85 |
| Paycheck | 9/26/2002 | Delano R. Kneece ... | 312.80 |
| Paycheck | 9/19/2002 | Delano R. Kneece ... | 347.74 |
| Paycheck | 9/12/2002 | Delano R. Kneece ... | 434.85 |
| Paycheck | 9/5/2002 | Delano R. Kneece ... | 405.66 |
| Paycheck | 8/29/2002 | Delano R. Kneece ... | 424.05 |
| Paycheck | 8/23/2002 | Delano R. Kneece ... | 424.05 |
| Paycheck | 8/15/2002 | Delano R. Kneece ... | 421.84 |
| Paycheck | 8/9/2002 | Delano R. Kneece ... | 400.25 |
| Paycheck | 7/31/2002 | Delano R. Kneece ... | 266.56 |
| Check | 7/31/2002 | Delano R. Kneece ... | 200.00 |
| Paycheck | 7/26/2002 | Delano R. Kneece ... | 371.78 |
| Paycheck | 7/19/2002 | Delano R. Kneece ... | 400.25 |
| Paycheck | 7/12/2002 | Delano R. Kneece ... | 360.89 |
| Paycheck | 7/5/2002 | Delano R. Kneece ... | 379.46 |
| Paycheck | 6/26/2002 | Delano R. Kneece ... | 352.21 |
| Paycheck | 6/21/2002 | Delano R. Kneece ... | 301.89 |
| Paycheck | 6/14/2002 | Delano R. Kneece ... | 331.40 |
| Paycheck | 6/7/2002 | Delano R. Kneece ... | 339.07 |
| Paycheck | 5/31/2002 | Delano R. Kneece ... | 0.00 |
| Paycheck | 5/31/2002 | Delano R. Kneece ... | 344.52 |
| Paycheck | 5/24/2002 | Delano R. Kneece ... | 329.15 |
| Paycheck | 5/17/2002 | Delano R. Kneece ... | 411.06 |
| Paycheck | 5/10/2002 | Delano R. Kneece ... | 398.03 |
| Paycheck | 5/3/2002 | Delano R. Kneece ... | 346.85 |
| Paycheck | 4/26/2002 | Delano R. Kneece ... | 384.02 |
| Paycheck | 4/19/2002 | Delano R. Kneece ... | 360.89 |
| Paycheck | 4/12/2002 | Delano R. Kneece ... | 379.46 |
| Paycheck | 4/5/2002 | Delano R. Kneece ... | 397.65 |
| Paycheck | 3/29/2002 | Delano R. Kneece ... | 314.13 |
| Paycheck | 3/22/2002 | Delano R. Kneece ... | 333.61 |
| Paycheck | 3/15/2002 | Delano R. Kneece ... | 286.39 |
| Paycheck | 3/8/2002 | Delano R. Kneece ... | 282.15 |
| Paycheck | 2/28/2002 | Delano R. Kneece ... | 253.82 |
| Paycheck | 2/22/2002 | Delano R. Kneece ... | 235.45 |
| Liability Adjust | 2/22/2002 | | |
| Paycheck | 2/15/2002 | Delano R. Kneece ... | 283.43 |
| Paycheck | 2/8/2002 | Delano R. Kneece ... | 285.84 |
| Paycheck | 2/1/2002 | Delano R. Kneece ... | 253.43 |
| Check | 2/1/2002 | Delano R. Kneece ... | 300.00 |
| Paycheck | 1/25/2002 | Delano R. Kneece ... | 237.43 |
| Paycheck | 1/18/2002 | Delano R. Kneece ... | 250.83 |
| Paycheck | 1/11/2002 | Delano R. Kneece ... | 219.82 |
| Paycheck | 1/4/2002 | Delano R. Kneece ... | 119.56 |
| Paycheck | 12/28/2001 | Delano R. Kneece ... | 200.61 |
| Paycheck | 12/21/2001 | Delano R. Kneece ... | 248.43 |
| Paycheck | 12/14/2001 | Delano R. Kneece ... | 210.74 |
| Check | 12/7/2001 | Delano R. Kneece ... | 350.00 |
| Paycheck | 12/6/2001 | Delano R. Kneece ... | 219.82 |
| Paycheck | 11/30/2001 | Delano R. Kneece ... | 217.83 |
| Paycheck | 11/22/2001 | Delano R. Kneece ... | 211.81 |

# All Transactions for Willie B Dobbs

## All Transactions

| Transaction Type | Date | Account | Amount |
|---|---|---|---|
| Paycheck | 11/16/2001 | Delano R. Kneece ... | 219.43 |
| Paycheck | 11/9/2001 | Delano R. Kneece ... | 216.22 |
| Paycheck | 11/1/2001 | Delano R. Kneece ... | 256.22 |
| Paycheck | 10/26/2001 | Delano R. Kneece ... | 377.52 |
| Paycheck | 10/19/2001 | Delano R. Kneece ... | 377.86 |
| Paycheck | 10/12/2001 | Delano R. Kneece ... | 229.56 |
| Paycheck | 9/28/2001 | Delano R. Kneece ... | 309.24 |
| Paycheck | 9/21/2001 | Delano R. Kneece ... | 245.82 |
| Paycheck | 9/14/2001 | Delano R. Kneece ... | 333.05 |
| Check | 9/14/2001 | Delano R. Kneece ... | 350.00 |
| Paycheck | 9/7/2001 | Delano R. Kneece ... | 282.24 |
| Paycheck | 8/31/2001 | Delano R. Kneece ... | 369.86 |
| Paycheck | 8/23/2001 | Delano R. Kneece ... | 377.46 |
| Paycheck | 8/17/2001 | Delano R. Kneece ... | 287.74 |
| Paycheck | 8/10/2001 | Delano R. Kneece ... | 322.24 |
| Paycheck | 8/3/2001 | Delano R. Kneece ... | 303.85 |
| Paycheck | 7/27/2001 | Delano R. Kneece ... | 248.73 |
| Paycheck | 7/19/2001 | Delano R. Kneece ... | 287.64 |
| Paycheck | 7/13/2001 | Delano R. Kneece ... | 258.43 |
| Paycheck | 7/13/2001 | Delano R. Kneece ... | 320.04 |
| Paycheck | 7/6/2001 | Delano R. Kneece ... | 258.43 |
| Paycheck | 6/29/2001 | Delano R. Kneece ... | 261.64 |
| Paycheck | 6/22/2001 | Delano R. Kneece ... | 267.03 |
| **Total** | | | **180,970.71** |

Dr. Lawrence H. Bergmann

# Post Trauma Resources

Lawrence H. Bergmann, Ph.D., LPC, LPC/S, CTS
President
Roger W. Deal, M.D.
Medical Director

January 11, 2007

Claims Adjuster
St. Paul Travelers
Post Office Box 473502
Charlotte, NC 28247

Mr. M. Stephen Stubley, Attorney at Law
McKay, Cauthen, Settana & Stubbley, P.A.
Post Office Box 7217
Columbia, SC 29202-7217

To Whom It May Concern:

Thanks very much for asking Post Trauma Resources to treat Mr. Ricky Kneece after he was injured at work.

It is our opinion that Mr. Kneece has reached maximum medical improvement for psychological symptoms that developed. Although he is improved, he continues to report symptoms dysphoria, difficulties adjusting to his cognitive disability, irritability and withdrawal. He also continues to report symptoms consistent with a head injury.

Based on the AMA guidelines and using the Epstein et al (1998) method for determining psychiatric impairment, Dr Roger Deal, psychiatrist, and I are of opinion that Mr. Kneece has experienced an eleven-percent whole person, permanent impairment. This is our opinion only concerning his psychological status, not his cognitive impairments. In order to maintain his current status, Mr. Kneece will require the use of psychotropic medication and medication management as long as he is experiencing chronic pain and cognitive difficulties.

Thanks again for allowing us to work with Mr. Kneece and feel free to contact us if we can be of any assistance.

Sincerely,

2/5/07

Lawrence H. Bergmann, Ph.D., LPC, LPC/S, CTS

1709 Laurel Street
Columbia SC 29201

phone 803.765.0700
toll free 800.459.6707
fax 803.765.1607

www.posttrauma.com

Mr. Scott Elliot, Attorney at Law

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(12/16)

PALMETTO RICHLAND MEMORIAL HOSPITAL
5 Richland Medical Park Drive
Columbia, SC 29203
(803)434-7000

# DISCHARGE SUMMARY

| | | | |
|---|---|---|---|
| PATIENT: | Kneece, Ricky | DICT: | Steven Page, MD |
| MR #: | 00-86-24-45-9 | ATT: | Raymond P Bynoe, MD |
| ADMITTED: | 11/22/1999 | DOB: | [redacted] |
| DISCHARGED: | 11/27/1999 | PT.LOC: | |

DISCHARGE DIAGNOSES:
1. Closed head injury.
2. Nondepressed skull fracture.
3. Nondisplaced femoral condyle fracture.
4. Scalp laceration.

PROCEDURES:
1. Primary closure of scalp laceration.
2. Primary closure of nonopen knee laceration.

HOSPITAL COURSE: This is a 40-year-old white male who was working on an 18-wheeler who had a tire explore and the rim hit him in the head. The patient had positive loss of consciousness and was unresponsive at the scene initially, but then woke up upon evaluation by EMS services. The patient was transported and on arrival had a GCS of 13 with an RTS of 12 with a blood pressure of 150/100, pulse 75, and respiratory rate of 14. The patient had 100% O2 saturations on nonbreathing mask. Evaluation revealed a 10 cm superficial scalp laceration, a closed head injury, a nondisplaced femoral condyle fracture on the left lower extremity, and a laceration over the knee that did not communicate with the joint. A CT scan of the head showed a nondepressed skull fracture, a subarachnoid hemorrhage within the basal cisterns, a right frontal lobe contusion, a thin frontal epidural hematoma, and a thin parietal subdural hematoma. The patient was admitted and evaluated by both neurosurgery, orthopedic surgery, and plastic surgery. The patient had close neurologic monitoring for his head injury. The patient's knee laceration was injected and felt to not communicate with the joint, and therefore was closed primarily. The patient's scalp laceration was also closed primarily nurse. By hospital day #2, the patient's neurologic function improved such that he had a GCS of 15 and was alert and oriented, and was responding appropriately to questions. A repeat CT scan was basically unchanged from his admission CT scan. A CT of the patient's face revealed a right orbital roof fracture and right orbital floor fracture with minimal displacement which was elected to be managed nonoperatively. The patient was placed in a knee immobilizer and was made touchdown weightbearing on his left lower extremity and was started on physical therapy which he progressed well with, and became independent with ambulation using a walker. The patient had significant swelling about his face and raccoon eyes which improved during his hospital stay. Due to the patient's lack of change on the patient's CT scan and his improved neurologic function, the neurosurgeons felt it was appropriate to continue conservative management, and felt that the patient did not need to be in the hospital from their standpoint. The plastic surgery service and the orthopedic service also felt the patient was ready to be discharged from their standpoint. The patient remained afebrile and hemodynamically stable. He



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had an improved appetite and tolerated a regular diet. When the patient improved with physical therapy enough that he was felt to be independent with mobilization using a walker he was discharged to home.

DISCHARGE INSTRUCTIONS: The patient will be discharged to home

ACTIVITY: His activity is touchdown weightbearing on his left lower extremity and ambulate with a walker.

DIET: His diet is as tolerated.

MEDICATIONS: His medications include:
1. Tylox 1 to 2 q.4 p.r.n. pain.
2. Nasal Ocean Spray every 2 hours to both nostrils while awake.

OTHER INSTRUCTIONS:
1. The patient is to have a knee immobilizer in place at all times.
2. He is to ambulate with a walker.
3. The patient may not blow his nose.
4. The patient will have home physical therapy to continue with ambulation and gait training.

FOLLOW-UP: The patient will follow up with Dr. Voss in the Orthopedic Clinic in approximately one week. The patient will follow with Dr. Lefaivre in the Plastics Clinic in approximately three weeks, and will follow up with Dr. Lenwood Smith in the Neurosurgery Clinic in approximately four weeks.

Raymond P Bynoe, MD
ATTENDING PHYSICIAN

Dictated by: Steven Page, MD

SP:tld
D: 11/27/1999 T: 11/29/1999 11:31 A
Job #: 201611 Doc #: 39564
cc: Raymond P Bynoe, MD
Steven Page, MD

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PALMETTO RICHLAND MEMORIAL HOSPITAL
5 Richland Medical Park Drive
Columbia, SC 29203
(803)434-7000

# OPERATIVE REPORT

PATIENT: Kneece, Ricky
MR #: 00-86-24-45-9
ADMITTED: 11/22/1999
DISCHARGED: 11/27/1999

DICT: Raymond P Bynoe, MD
ATT: Raymond P Bynoe, MD
DOB:
PT.LOC:

DATE OF OPERATION:

PREOPERATIVE DIAGNOSIS: Forehead laceration.

POSTOPERATIVE DIAGNOSIS: Forehead laceration.

OPERATION PERFORMED: Laceration repair.

ATTENDING SURGEON: Raymond Bynoe, M.D.

RESIDENT SURGEON: Michael Pallaci, M.D.

DETAILS OF PROCEDURE: The forehead was prepped and draped in the usual sterile fashion and local anesthesia with 1% Lidocaine with Epinephrine was administered. The wound was copiously irrigated with sterile saline and explored. The laceration penetrated the galea and the skull was palpable. At this point, the wound was irrigated further. The laceration was closed in layers. The galea was closed with 5 3-0 Vicryl sutures, 3 subcuticular sutures were placed of 4-0 Vicryl and the skin was closed with 14 interrupted 5-0 Nylon sutures.

Raymond P Bynoe, MD
ATTENDING PHYSICIAN

RPB:tld
D: 11/22/1999 T: 11/24/1999 12:34 P
Job #: 199784 Doc #: 41442
cc: Raymond P Bynoe, MD

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SCIS INC.

PALMETTO RICHLAND MEMORIAL HOSPITAL

[redacted] KREECE,RICKY
[redacted] EYNOE,RAYMOND P
993570400 07
1/P

Stamp with addressograph

| Date | Notes should be signed by Physician |
|---|---|
| 11/26/99 0615 | Trauma<br>Tolerated small amt solid food yesterday. Short walk c̄ PT.<br>Tm 101.8. VSS.<br>HRRR. Lungs c̄ LBS bases bl, (L) basilar rhonchi<br>Abd S NT ND (+)BS<br>wiggles toes<br>(A/P) Low-grade temp. Cont PM — will review CXR.<br>Will discuss c̄ PT re: progress + mobility plan upon D/C<br>D/C today vs. tomorrow.<br>AMPullerson 2598 |
| 11/26/99 1450 | Neurosurgery<br>Needs F/U appt in 4 weeks c̄ repeat CT head.<br>his exam remains stable. |
| 11/27 | Trauma<br>Pt tolerating diet. Improving c̄ mobilization c̄ walker.<br>Tmax 98.9° VSS<br>LUNGS: ↓ BS bases (B) CV RRR ABD soft NT/ND (+)BS<br>EXT: Adjusted knee immobilizer. Dressing C/D/I.<br>A/P Pt cont to do well. Cont working c̄ PT for ambulation. D/C home ~~today~~.<br>11/27 OK to D/C. No need for scheduled GS F/u unless he has problems. |

7500990 PROGRESS NOTE

PALMETTO RICHLAND MEMORIAL HOSPITAL

[redacted] KREECE, RICKY
[redacted] M BYRDE, RAYMOND P
[redacted] 07
[redacted]

Stamp with addressograph

| Date | Notes should be signed by Physician |
|---|---|
| 11/25/99 | Trauma |
| | Doing well. Small amt. of po intake yesterday, tolerates CT. Appetite ↑ this AM. |
| | Tm lucid. VSS. |
| | HNNC. CCTA (B). Abd benign. Wiggles toes. |
| | CT #3: No internal Δ. |
| | (A/D) CHI. Discussed c̄ Dr. Smith yesterday — will not need a 4th CT. Cleared for DIC from NS perspective. |
| | TDWB LLE 2° Fx - PT to teach crutch walking today. |
| | Home tomorrow if OK c̄ diet + c̄ PT. |
| | O/P Dental, Plastics F/U. |
| | 11/25 Seen c̄ trauma team. Agree c̄ above. [signature] 2598 |
| | NS Can DC when eating. [signature] |
| 11/25 | alert, oriented |
| | walking |
| | may go home from NS standpoint [signature] |
| 11/25/99 101100 | Plastics - Followup Consult |
| | Doing well |
| | P/E EOM's WNL No diplopia |
| | (R) globe slightly lower than left |
| | ↓ edema |
| | CT shows displaced Roof fracture [signature] 24c |
| | Will continue to observe PROGRESS NOTE Will probably not require surgery |

7500990

PALMETTO RICHLAND MEMORIAL HOSPITAL

[redacted] KEECE, RICKY
M BYNOE, RAYMOND P
993670240 07
I/P

Stamp with addressograph

| Date | Notes should be signed by Physician |
|---|---|
| 11/24/99 | Trauma |
| | Pt doing better. More awake. Tolerating liquids. |
| | AF. VSS. |
| | HEENT. CCTA h/l. Abl bentzon- |
| | GCS 15. MAE. |
| | 135 / 103 / 13 / 4.0 / 24 / 0.8 / 146 Pt 13.0/0.9 PTT 23.0 Hct 15.6/45.9 |
| | Repeat CT: No interval Δ. |
| | A/P CHI - NS following c̄ us. No Δ on CT. |
| | (L) Knee fx. Immobilizer. TDWB. |
| | (R) Orbit fx - conservative mgmt. per plastics. |
| | Dental fx - C/P F/U per Dental. |
| | will advance diet. D/C scan - pdss. tomorrow or Friday. |
| | Seen + examined c̄ Dr Pollack agree c̄ above findings + plan. Starting diet, ambulation. [signature] [signature] 2548 |
| 24 Nov | alert same neurologically |
| | PT. |
| | prob relocate ā D/c. |
| | when D/c'd - Appt c̄ me ā c̄ WK |
| | [signature] 241 |

7500990 PROGRESS NOTE

PALMETTO RICHLAND MEMORIAL HOSPITAL

[redacted] 9936704040 07 I/P

Stamp with addressograph

| Date | Notes should be signed by Physician |
|---|---|
| 11/24/99 | Ortho<br>5 new c/D<br>KFUSS<br>(L) knee in KG / ace<br>Toes ↑↓ Ankle ↑↓ 5/5<br>N/V/Ts 27 gauges<br>Nondisplaced medial condyle fx<br>(L) femur.<br>NWB (L). KI x 1wk<br>then begins hinged knee<br>brace for ROM<br>F/U Dr Voss 1wk<br>PT for Ambulate NWB (L)<br>walker OK per NS, TS.<br>will be available as needed |
| 11/24/99 | RLS<br>No new Sx's<br>Visual acuity grossly intact, EOMI<br>Good occlusion, ⊗ TMJ<br>CT Face → (R) orbital roof fx & (R) orbital floor<br>fx c̄ minimal displacement<br>- Conservative mgmt for facial fxs, will follow @ a<br>distance F/U Dr. LeFaivre's office 3 wks p̄ D/C<br>will be available as needed. |

7500990 PROGRESS NOTE

PALMETTO RICHLAND MEMORIAL HOSPITAL

[redacted]

Stamp with addressograph

| Date | Notes should be signed by Physician |
|---|---|
| 11/23/99 | Dental Consult: 39yo WM admitted after triage through ED for s/p fire explosion c̄ resultant periorbital ecchymosis, (R) frontal-zygoma orbital fx, (R) frontal lobe contusions being seen by Neuro, Plastics, Trauma, Ortho. Pt. awake but drowsy and oriented. Exam reveals enamel-dentin lateral fracture tooth #8 incisal. Pt. reports no pain or sensitivity to tooth - "I noticed it only when I felt it with my tongue." #8 Mob⊖, Swelling⊖ No signs of root fracture or pulpal involvement. Advise pt. to seek F/U dental care upon DC. If pt. to remain in house + 4 weeks call dental clinic (6567) for F/U. [signature] pager 654-4154 |
| 11/23/99 5:30 pm | Ortho Adt. 39yo male struck by fire explosion yesterday. Sole Ortho injury is L knee - direct blow. Also CHI + blood PMHx: Gout herniorrhaphy appendectomy. Fx All. No prior L knee injury. PE: distal NV status intact. medial knee tender. Good ROM, stability. Xray: (NED) L medial femoral condyle fx 717 Alg: No evidence of open fx. Knee immob. Thanks! [signature] F/U 1 week |

PROGRESS NOTE

00990

PALMETTO RICHLAND MEMORIAL HOSPITAL

[redacted] ALLEGE, RICKY
[redacted] M BYRDE, RAYMOND P
9935734040 07
1/P

Stamp with addressograph

| Date | Notes should be signed by Physician |
|---|---|
| 11/23/99 | Neurosurg |
| 6[54] AM | Quiet night |
| | Neuro - GCS 15. Follows commands. AAOx4. PERRLC 3mm (B). |
| | EOMI, CN II-XII intact (B) grossly. 5/5 strength UE/LE (B). |
| | DTRs 2+ UE/LE (B). Intact bilateral sensory intact. Raccoon eyes (B) |
| | Labs: 16.5/50.0 13.6/43/14/158 4.0/24/23 |
| | CT → (R) frontal thin SDH/EDH c̄ (B) frontal lobe contusion. |
| | (R) frontal + zygomatic/orbital fx → non operative skull fx |
| | A/P: 5/F "fire explosion injury" c̄ CHI |
| | Neuro improved today. GCS 15. AAOx4. Ambulating transfer to floor. |
| | Repeat CT head today. Facial trauma surgery following. |
| | [signature] 1/1 |
| 10[00] | - Follows commands. |
| | - Await CT prior to transfer |
| | Knaraya |
| | 250 |

7500990

PROGRESS NOTE

PALMETTO RICHLAND MEMORIAL HOSPITAL

[redacted] M BRADE, RAYMOND P
9935704040 07
I/P

Stamp with addressograph

| Date | Notes should be signed by Physician |
|---|---|
| 11/23/99 | Attend Note<br>Pt seen & evaluated this pm. noted impression as per Dr<br>follow note - PD seen by Neuro Dr. Seal shall stop<br>clinically (2) multiple facial injury<br>well follow daily.<br>No surgical problem noted (Abd exam)<br>monitor -<br>review CTs w/ Abd / Pelvis |
| 11/23/99<br>11 am | MLS<br>Resting comfortably<br>No changes in exam<br>Will review CTs w Dr. LeFleur |
| 11/23/99<br>11 30 AM | Neurosurg Addendum<br>Repeat CT head → (R) frontal parenchymal shallow w (R) frontal lobe contusion,<br>SAH along falcotentorium & cisterns open. Thin EDH/SDH unchanged from previous scan.<br>Scan reviewed w Dr. Narayan & Dr. Waldron. OK to transfer from NSG standpoint.<br>Agree he looks good<br>1905 |

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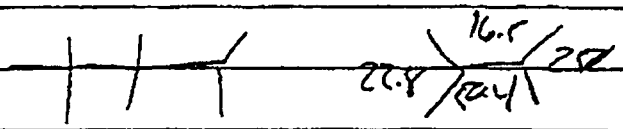
PROGRESS NOTE

7500990

PALMETTO RICHLAND MEMORIAL HOSPITAL

Stamp with addressograph

| Date | Notes should be signed by Physician |
|---|---|
| 11/23/09 | Trauma |
| 0730 | Pt awake + conversing appropriately. Feels ok. Denies neck pain (he took off his collar last night). "Not much" recollection of yesterday's event. |
| Me · Colon | 99.5 124/61 116 20 95% RA |
| Pepcid | Lid swelling dec. |
| IVF 125 | GCS 15. MAE against gravity. AAO x4. PERRL. Head mild tenderness, neg. L CTA b/l, Abd S NT ND NABS. Knee immobilizer on (L) Ambulate F2, Lipsure F9 |




(A/P) Neuro: Improved. Repeat CT this AM. NS following F/U.
MS: Knee immobilizer, NWB LLE per Ortho. Plantars following for orbital fx. Tooth fx – consult dentist
CV/Resp: nl Hemo: H/H ok. ID: ⊘
GI/FEN: Start clear this AM. F/U Amy/Lip normal. Lytes ⊘ – Cont IVF for now.
Proph: Stress Ulcer: Pepcid DVT: Foot Pumps.
Prob. to floor later today if CT ok.

DM Pullen MD
2548

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PROGRESS NOTE

PALMETTO RICHLAND MEMORIAL HOSPITAL

Tr M 99874

Stamp with addressograph

| Date | Notes should be signed by Physician |
|---|---|
| 22 Nov | attending N-surg<br>40 yo male hit in the head when compressor wheel blew apart while he was changing a flat. CT shows sdm subdural (epidural?) + small intracerebral contusion (R) frontal. An associated skull fx is lateral to frontal sinus.<br>Exam: awakened by voice. Raccoon eyes bilat good VII function perrl. He is oriented to his name "Lexington", "Oct 98". He moves all 4 ≅ lateralizing deficit. GCS = 13.<br>Imp: Non operative skull fracture, Non-operative SDH (EDH?) at this time<br><br>Plan: adm, q4hr NC's<br>Recan in AM<br><br>LP Smith<br><br>256 |

7500990

PROGRESS NOTE

1897963 DBID

TM 99874

8624459

PALMETTO RICHLAND MEMORIAL HOSPITAL

Stamp with addressograph

| Date | Notes should be signed by Physician |
|---|---|
| 11/22/99 | Plastic Consult (USC) |
| 8:00 pm | Evaluate facial fxs |
| | 39 yo wm s/p tire explosion Unresponsive |
| | initially sat GCS 13 at ER. s/p trauma evaluation & |
| | injuries include 1) SAH 2) facial fxs 3) knee fx |
| | PMH/ gout |
| | PSH/ hernia x3, appx |
| | Meds/ none |
| | All/ NKDA |
| | SH/ ~~Ø~~ tob, ~~Ø~~ ETOH, ~~Ø~~ IVDA |
| | FH/ noncontributory |
| | VS/ P100 BP 140/90 2L 97% sat on RA |
| | PE/ HEENT — facial lac → closed |
| | pupils visual acuity grossly intact, pupils |
| | 4 mm + rx (+), sluggish movmt OD to |
| | medial gaze, nares ≡ dried blood, |
| | midface stable, mandible stable & |
| | ~~Ø~~ malocclusion. |
| | LS/ 143 / 110 / 16 / 122 165 / 14.1 / 248 |
| | 4.9 / 28 / 1.2 52.6 |
| | NTT 24.7 |
| | UA (−) |
| | PT 12.3 / INR 0.9 |

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PROGRESS NOTE

7500990

PALMETTO RICHLAND
MEMORIAL HOSPITAL

Stamp with addressograph

| Date | Notes should be signed by Physician |
|---|---|
| 11/22/99 | PLS Cont. |
| 5:00 pm | AIP - Repeat axials c̄ cervical (direct) views to r/o orbital floor fx |
| | - HOB 30° |
| | - Neck pain frames |
| | Will follow c̄ gyne |

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7500990 PROGRESS NOTE

PALMETTO RICHLAND MEMORIAL HOSPITAL

FORM

FIVE RICHLAND MEDICAL PARK, COLUMBIA, SC 29203

ADMISSION NO. T/P9936704040

UNIT RECORD NO. RR 00-36-24-4E-8

ADMITTING PHYSICIAN BYNCE, RAYMOND P

REFERRING PHYSICIAN

SERVICE SUR

ACCOM. INTENSIVE

ADMIT TIME/DATE 11/22/99 16:30

ROOM/BED STU 0527-04

PATIENT

NAME ADDRESS KNEECE RICKY
204 DELANO KNEECE RD
FELTON SC 29123

MIDDLE NAME, PHONE, SOC. SEC. (803)894-3280

BIRTH DATE [redacted]

AGE 39Y

PLACE OF BIRTH

SEX M MAR. M RACE C

ADM. BY

ADM. FROM KMB EMERGENCY ROOM

PREV. ADM.

VETERAN 1

TYPE UNK

SMOKER

PRE-NO.

FIN. CLASS 07

RESIDENT ASSIGNED

COUNTY LEXINGTON

EMPLOYER, ADDRESS SELF EMPLOYED

OCCUPATION, YEARS, PHONE FARMING

GUAR.

NAME, ADDRESS KNEECE, RICKY
204 DELANO KNEECE RD
FELTON SC 29123

RELATION, PHONE, SOC. SEC. SELF (803)894-3280 250-11-3236

EMPLOYER, ADDRESS SELF EMPLOYED

OCCUPATION, YEARS, PHONE FARMING

REL

NAME, ADDRESS KNEECE, ROXANNE
204 DELANO KNEECE RD
FELTON SC 29123

RELATION, PHONE SPOUSE (803)894-3280

SPOUSE

MOTHER'S MAIDEN NAME

DISCHARGE DATE 11-27

TIME

INSURANCE

NAME PREMIER HEALTH SYSTEMS

INSURED KNEECE, ROXANNE

POLICY 250114412

GROUP NO. IA7202103

EFF. DATE

HEALTH CARE POWER OF ATTORNEY

HX OF A.R.O.

OTHER INSURANCE INFO

LIVING WILL

ORGAN DONOR

ADMITTING DIAGNOSIS TR.M 99874
TIRE BLOWN UP IN FACE

DISCHARGE DIAGNOSIS

(L) Knee Avulsion Fx, Prob. Ligamentous Injury
Scalp + (L) Knee Lacs
Comminuted Skull Fx
Orbital Fx
SAH, SDH, Cerebral Contusions
Tooth Fx

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PROCEDURES/DATE

Lac Repair

#201611

25

SIGNATURE OF ATTENDING PHYSICIAN

OTHERS SIGNATURE(S) M.D.

PATIENT'S CHART

# RMH ED TRAUMA FLOW SHEET

DATE 11/22/99 TIME 1035

TRAUMA# M 99874

NAME Ricky Kneece

ADDRESSOGRAPH

**PREHOSPITAL CARE**

Scene: Carolforce / Lexington EMS

Transfer - from _____ Hospital by _____ EMS

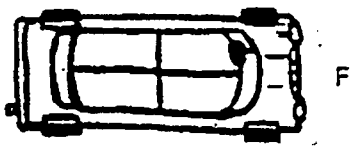
Law Enforcement involved —

**MECHANISM OF INJURY**

- ☐ MVC
  - ☐ Driver
  - ☐ Passenger
  - ☐ Restrained
  - ☐ Airbag
- ☐ MCC
  - ☐ Helmet
- ☐ Pedestrian
- ☐ Gunshot
- ☐ Stab
- ☐ Fall
- ☐ Bike
- ☐ Altercation
- ☑ fire explosion

REVISED TRAUMA SCORE: 12 BP _____

MVC ☐ NA




SEATED WHERE (O) STRUCK WHERE (X)

**VALUABLES** ☐ W/PATIENT ☐ CASHIER ☐ W/FAMILY

- ☐ WALLET
- ☐ PURSE
- ☐ KEYS
- ☐ HOME MEDS
- ☐ N/A
- ☐ CLOTHING ☐ CUT. ☐ BAGGED
- ☐ SHOES
- ☐ DENTURES
- ☐ JEWELRY
- ☐ RINGS
- ☐ WATCH
- ☐ NECKLACE
- ☐ EARRINGS
- ☐ OTHER

**RELATIVE NOTIFICATION**

NAME _____ RELATIONSHIP _____

☐ PRESENT PHONE # _____

TIME _____ ☐ CALLED & ENROUTE ☐ UNABLE TO REACH

TIME _____ ☐ STILL UNABLE TO NOTIFY FAMILY

_____ INFORMED OF INABILITY TO CONTACT FAMILY

| | | | |
|---|---|---|---|
| TRAUMA ALERT PAGED | TIME | | N/A |
| TRAUMA NOTIFICATION PAGED | TIME | | N/A |
| TRAUMA ATTENDING | PAGED | | ARRIVED |
| TRAUMA SURG | PAGED | | ARRIVED |
| TRAUMA SURG | PAGED | | ARRIVED |
| OTHER | PAGED | | ARRIVED |
| OTHER | PAGED | | ARRIVED |
| OTHER | PAGED | | ARRIVED |

PHYSICIAN: ED Watts, Shifters RESP. _____

X-RAY _____

NURSES Mcallister, Willis PHARMACIST _____

**PRIMARY SURVEY** TIME: _____

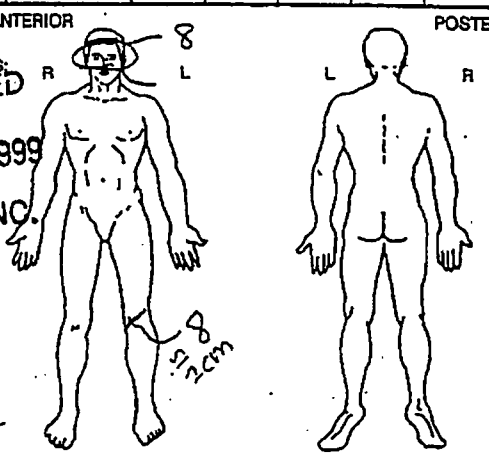
| | | | |
|---|---|---|---|
| Airway: | ☑ Clear | ☐ Obstructed | ☐ Partially Obstructed |
| Breathing: | ☑ Normal | ☐ Labored | ☐ Apneic |
| Circulation: | ☑ Pulse Present | ☐ Cardiac Rhythm SR | |
| Hemorrhage: | ☑ None | ☐ Location | |
| Neuro: | ☑ Alert | ☐ Responds to Verbal Stimuli | |
| ORIENTED PERSON | ☐ Unresponsive | ☐ Responds to Pain | |

| ARMS L | ARMS R | LEGS L | LEGS R | | ARMS L | ARMS R | LEGS L | LEGS R | |
|---|---|---|---|---|---|---|---|---|---|
| ✓ | ✓ | ✓ | ✓ | ☐ PULSE | ✓ | ✓ | ✓ | ✓ | WARM |
| | | | | ☐ PULSE | | | | | COOL |
| | | | | ↓ PULSE | | | | | COLD |
| ✓ | ✓ | ✓ | ✓ | ☐ SENS | ✓ | ✓ | ✓ | ✓ | NORM |
| | | | | ☐ SENS | | | | | PALE |
| | | | | ↓ SENS | | | | | CYNATE |
| ✓ | ✓ | ✓ | ✓ | MOVEMENT | | | | | |

ANTERIOR POSTERIOR

INJURIES:

1. ABRASION
2. AMPUTATION
3. BLEEDING
4. BURN
5. FRACTURE
6. GUNSHOT
7. INTERNAL INJURY
8. LACERATION
9. PAIN
10. PARALYSIS
11. PENETRATING WOUND
12. SPRAIN
13. bruising/edema

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| LAST TIME ORAL INTAKE | TETANUS | PAST MEDICAL HISTORY |
|---|---|---|
| | UTD _____ UNK _____ | ☐ NO CHRONIC ILLNESSES |
| ALLERGIES ☐ NKDA | CURRENT MEDICATIONS ☐ NONE | ☐ CARDIAC ☐ LUNG ☐ KIDNEY ☐ BOWEL ☐ HYPERTENSION ☐ DIABETES ☐ SEIZURES |
| | | ☐ OTHER _____ |

DOCUMENTOR SIGNATURE _____ 732

PHYSICIAN IN CHARGE SIGNATURE _____ TIME 264

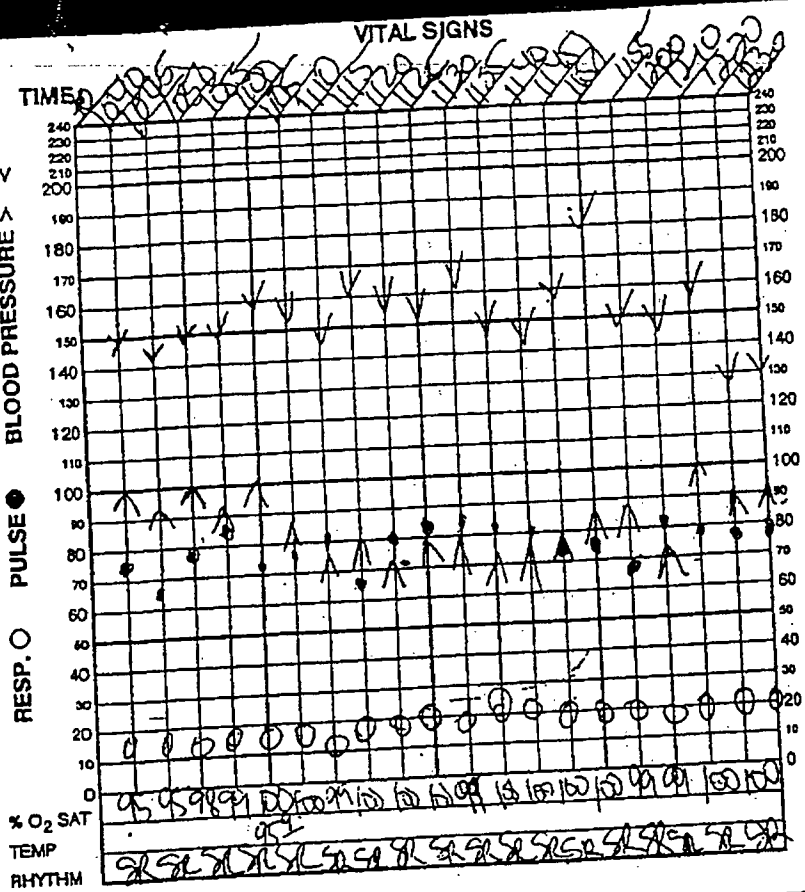
PHYSICIAN IN CHARGE SIGNATURE _____ TIME _____

76/20550

[redacted]

DHO 131/73 91

## VITAL SIGNS




| TIME | EO L/R | BMR L/R | BVR | PUPILS Size / Reac. L | R | GLASGOW COMA SCORE |
|---|---|---|---|---|---|---|
| OA | 4 / 4 | 6 / 6 | 4 | 3 R | 3 R | 14 |
| 1100 | 4 | 6 | 4 | 3 R | 3 R | 14 |
| 1115 | 4 | 6 | 4 | 4 R | 4 R | 14 |
| 1130 | 4 | 6 | 4 | 3 R | 3 R | 14 |
| 1145 | 4 | 6 | 4 | 3 R | 3 R | 14 |
| 1200 | 4 | 6 | 4 | 3 R | 3 R | 14 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

BEST MOTOR RESPONSE
6 Obeys Commands
5 Localizes Pain
4 Withdraws
3 Flexion
2 Extension
1 None

BEST VERBAL RESPONSE
5 Oriented
4 Confused
3 Inappropriate Words
2 Incomprehensible Soun
1 None / Intubated

EYE OPENING
4 Spontaneously
3 To Speech
2 To Pain
1 None

PUPIL RESPONSE
R Reactive
S Sluggish
N Non-reactive

INITIAL ED RTS ON ARRIVAL: 12

| TIME | PROCEDURE / EXAM | BY | FINDINGS / RESULTS |
|---|---|---|---|
| — | Intubated | | Size/Site ____ ETT To ____ BBS Present ____ ☐ $ETCO_2$ Monit |
| — | Cricothyrotomy | | Type Trach Tube ____ Size ____ To ____ |
| OTA | $O_2$ / Ventilation | Mollinton | ____ ☐ BVM ☐ Ventilator Settings ____ |
| OTA | C-spine Immobilization | EMS | PTA ____ Collar/Size ____ |
| | Lung Sounds | Steffens | Clear & Equal ✓ R ____ RECEIVED |
| OTA | Large bore IV | EMS | Size 18 Site (R) AC |
| OTA | Large bore IV | | Size 16 Site (L) AC DEC 17 1999 |
| 1035 | Trauma Labs | Mollinton | ☑ Drawn & to Lab Blood Bracelet ✓ SCIS, INC. |
| OA | Warming Measures | Mollinton | Warm Blankets ✓ Heat Lamp ____ Hot Line ____ Level I ____ |
| 1030 | Abd. Exam | Steffens | SNT Bowel Sounds + |
| 1145 | NGT / OGT | | Return Hilt |
| 1042 | Rectal / Urinary Meatus | Steffens | Tone ✓ Heme: Pos. ____ Neg. ____ Prostate ____ / Blood ____ Yes ____ No |
| 1045 | Foley | Mollinton | Size #16 Fr Temp. Foley X Urine Color ____ Time to Lab ____ |
| 1041 | Pelvis | Steffens | ☐ Pain ☐ No Pain on Palpation Shortened ____ Leg ☐ NA stable |
| | Chest Tube(s) | | Size(s) ____ Site(s) ____ Suction ____ |
| | | | Initial Output ____ Pleuravac ____ |
| | Midface / TMs | Steffens | ☑ Stable ☐ Unstable / (L) 0 (R) 0 |
| | DPL / FAST | | Clear ____ Pink ____ Grossly Bloody ____ / Fluid ____ Present ____ Absent |
| | | | DPL Fluid Labeled & to Lab ____ |
| | Traction / Splints | | Dr. ____ Notified of ____ 215 |
| | Panic Labs | | |

## COLLOID/CRYSTALLOID/INTAKE

| TIME BEGUN | # | SOLUTION AMOUNT | SITE | AMOUNT INFUSED | INIT |
|---|---|---|---|---|---|
| | PREHOSPITAL INTAKE | | | 100 | |
| 1035 | #1 | LR | | 1000 | |
| | | | | 1100 | |

## BLOOD COMPONENTS

| TIME | TYPE | # | AMOUNT | INITIALS |
|---|---|---|---|---|
| | PREHOSPITAL INTAKE | | | |

## HOURLY OUTPUT

| TIME | URINE | NG / EMESIS | CT | CT | OTHER |
|---|---|---|---|---|---|
| 1000 | 100 | 900 200 | | | |
| 1300 | 350 | 750 350 550 | | | |

## REVISED TRAUMA SCORE

| GLASGOW COMA SCORE | SYSTOLIC BP | RESPIRATORY RATE | CODE VALUE |
|---|---|---|---|
| 13 - 15 | > 89 | 10 - 29 | 4 |
| 9 - 12 | 76 - 89 | > 29 | 3 |
| 6 - 8 | 50 - 75 | 6 - 9 | 2 |
| 4 - 5 | 1 - 49 | 1 - 5 | 1 |
| 3 | 0 | 0 | 0 |

## TOTAL TRAUMA ROOM

| INTAKE | | OUTPUT | |
|---|---|---|---|
| CRYSTALLOID | 1100 | URINE | 750 |
| COLLOID | | NG | 550 |
| | | CHEST | Ø |
| | | EMESIS | X 1 (2x200) |
| TOTAL ► | 1100 | TOTAL ► | 1300 + 200 |

| TIME | MED / DOSE / ROUTE / SITE | BY | TIME | MED / DOSE / ROUTE / SITE | BY |
|---|---|---|---|---|---|
| 1135 | 25mg Phenergan IV | | | | |

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## X-RAYS

| TIME | | TIME | | TIME | | TIME | | TIME | |
|---|---|---|---|---|---|---|---|---|---|
| | ☐ C-SPINE | | ☐ ABDOMEN | | ☐ UPPER EXTREMITY | | ☐ SKULL | | ☐ CT SCAN |
| | ☐ LATERAL | | ☐ PELVIS | | ☐ R | | ☐ FACIAL BONES | | ☒ HEAD |
| | ☐ COMPLETION | | ☐ T-SPINE | | ☐ L | | ☐ IVP | | ☐ NECK |
| | ☐ CHEST | | ☐ L-SPINE | | ☐ LOWER EXTREMITY | | ☐ ANGIOGRAM | | ☐ CHEST |
| | ☐ SUPINE | | ☐ OTHER | | ☐ R | | ☐ CYSTOGRAM | | ☒ ABD |
| | ☐ UPRIGHT | | | | ☐ L | | | | ☒ PELVIS |
| | | | | | | | | | ☐ OTHER |

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NURSING OBSERVATIONS

| TIME | |
|---|---|
| 0A | Pt. to Trauma 1 via Cardiac. Drs. Stiffern and Moats @ bedside. Pt. oriented to person only (CL) |
| 1052 | X-rays in process, foley inserted s difficult. Pt. c 15 L pm O2 via NRB. OGT removed by Dr. Stiffern, Drs. Moats & Sut - (CL) |
| | HO/ Pt. moaning incomprehensible sounds @ times - answers appropriately @ other times - raccoon eyes bilat noted - 3 in lac(L) to forehead @ hairline noted - small amt of active bleeding - VSS as charted - temp 95.9 - Serie observe. 1130/ Family @ side. Pt. OGT placed #16 fr OGT placed p vomiting x 1 blood tinged material [illegible] - Dr Moats notified - Pt. pulled to side maintaining C-spines & Dr. holding head - VSS as charted - Sp 5 - O2 Sat 5 NRB to 90's (lower) - NRB cont @ 97% O2 Serie observe. 1200/ To CT c monitors & pump OGT intact - foley intact - C-collar & backboard remains - Dr Pallan @ HO to transfer to main C-spine. 1230/ Return from CT - family @ side VSS as charted - answers approp. @ times - mumbles inappropr @ times. Cont to observe - O2 Sat 100%. 1300/ Pt. ↑ bed c 2u2 - C-collar remains - backboard rel - CT per order Dr Pallan - Sp 5 - O2 Sat 98% - report to Nurse to assume care. |

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TRAUMA NURSES SIGNATURE / INITIALS

CL RN

☐ See continued RN notes ☐ See ED/Resuscitation Page

| DISPOSITION | ☐ DISCHARGE TIME: | ☐ DIED TIME: | CORONER CALLED TIME: | SCOPA NOTIFIED TIME: |
|---|---|---|---|---|
| | ☐ ADMISSION TIME: | REPORT: ED NURSE | RECEIVING NURSE TO | TIME: |
| | ☐ TO OR TIME: | ☐ AMA TIME: | ☐ TRANSFER TO: TIME: | |
| ADMITTING M.D. | ROOM NO. 735 | TIME LEFT ED | NURSE TRANSPORTING | |

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# C NTINUED ED RN NOTES

VITAL SIGNS

| TIME | T | BP | P | R | % $O_2$ Sat | Rhythm | EO L/R | MTR L/R | Verb | Pupils L | Pupils R | Breath Sounds L/R | Other | Time | Urine | NG | Chest L | Chest R | Other |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1240 | | 131/73 | 91 | 20 | 100 | SRS | 4 | 6 | 4 | | | | | | | | | | |
| 1255 | | 142/90 | 93 | 20 | 100 | SRS | 4 | 6 | 4 | | | | | | | | | | |
| 1305 | 35 | 8 142/90 | 74 | 20 | 102 | SRS | 4 | 6 | 4 | | | | | | | | | | |
| 1310 | | 143/100 | 81 | 20 | 99+ | SRS | 4 | 6 | 4 | | | | | | | | | | |
| 1320 | | 137/87 | 87 | 20 | 99+ | SRS | 4 | 6 | 4 | | | | | | | | | | |
| 1414 | | 148/90 | 100 | 20 | 97% | SR | | | | | | | | | | | | | |
| 1515 | | 138/86 | 105 | 20 | | | | | | | | | | | | | | | |
| 1615 | | 136/86 | 98 | 20 | | | | | | | | | | | 1000 | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Total | | | | | |

MEDICATIONS

| TIME | DRUG / DOSE / ROUTE / SITE | GIVEN BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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| EYE OPENING | BEST MOTOR RESPONSE | BREATH SOUNDS |
|---|---|---|
| 4 - spontaneously | 6 - obeys commands | Cl - clear |
| 3 - to speech | 5 - localizes pain | D - diminished |
| 2 - to pain | 4 - withdraws in pain | Ab - absent |
| 1 - None | 3 - abnormal flexion pain | R - rales |
| | 2 - abnormal extension (pain) | Rh - rhonchi |
| | 1 - None | W - wheezing |

NEURO KEY PUPIL SCALE

R - reactive (Brisk)
S - reactive (Sluggish)
N - non-reactive

9 8 7 6 5 4 3 2 mm

BEST VERBAL RESPONSE

5 - oriented
4 - confused
3 - inappropriate
2 - incomprehensible sounds
1 - none/intubated

PARENTAL INTAKE

| TIME | BAG # | TYPE & AMOUNT | SITE | AMT. INFUSED |
|---|---|---|---|---|
| 1700 | #2 | D5 1/2 NS @ 125 w/ 20 KCL | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

268

VALUABLES ☐ w/patient ☐ cashier ☐ w/family

☐ wallet ☐ clothing ☐ jewelry ☐ N/A
☐ purse ☐ cut ☐ rings
☐ keys ☐ bagged ☐ watch
☐ home meds ☐ shoes ☐ necklace
☐ dentures ☐ earrings
☐ glasses ☐ other

760207762

CITY, STATE, ZIP:

TELEPHONE:

INSURANCE:

Age: ____ DOB: ______________ DATE: 11/20/99

Weight: 200lb Acct. # ______

PALMETTO HEALTH ALLIANCE

Type: ☐ Med ☑ Trauma / Vehicle: ☑ HC ☐ FW ☐ GR Flight # 851 Tail # [illegible] Altitude 200

| Response Information | Time | | Time | Transport Personnel | |
|---|---|---|---|---|---|
| Transport Call Received | 1004 | Arrive: | 1016 | Nurse: | [illegible] |
| Team Notified: | 1004 | Depart: | 1022 | Medic: | [illegible] |
| Pilot Notified: | 1004 | Arrive: | 1032 | Other: | |
| Pilot Accepts: | 1004 | Depart: | | Pilot: | T. Bolly |
| Depart PRMH: | 1007 | Arrive: | 1032 | MD Directing: | [illegible] |
| Team Airlift: | 1007 | Arrive PRMH: | 1032 | | |

| | |
|---|---|
| Referral Facility | [illegible] |
| Referral Ph. No. | 803-359-2521 |
| Referral M.D. | scene |
| Referral R.N. | scene |
| Receiving Facility | [illegible] |
| Receiving M.D. | [illegible] |

| ASSESSMENT/TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Pupils: Size/Rxn L | 3/10 | | | | | | | |
| Pupils: Size/Rxn R | 4/lk | | | | | | | |
| RESP ✓ If assisted | 18 | 22 | | | | | | |
| Breath Sounds | cl | cl | | | | | | |
| Airway/O2 | 52 | 52 | | | | | | |
| SAO2 / ETCO2 | 100 | 100 | | | | | | |
| Pulse | 81 | 73 | | | | | | |
| Cardiac Rhythm | SR | SR | | | | | | |
| BP | 146/82 | 142/91 | | | | | | |
| Skin | [illegible] | [illegible] | | | | | | |
| Ventilator: T.V. / Rate | | | | | | | | |
| Temperature | | | | | | | | |

ADULT TRAUMA SCORE

| | | |
|---|---|---|
| GCS POINTS | 13-15 | 4 (circled) |
| | 9-12 | 3 |
| | 6-8 | 2 |
| | 4-5 | 1 |
| | 0-3 | 0 |
| SYSTOLIC B/P | > 89 mmHg | 4 (circled) |
| | 76-89 mmHg | 3 |
| | 50-75 mmHg | 2 |
| | 1-49 mmHg | 1 |
| | NONE | 0 |
| RESPIRATORY RATE | 10-29/min | 4 (circled) |
| | > 29/min | 3 |
| | 6-9/min | 2 |
| | 1-5/min | 1 |
| | NONE | 0 |
| TOTAL ADULT SCORE | | |

| R | T | S |
|---|---|---|
| | 12 | |

PEDIATRIC TRAUMA SCORE

| | | |
|---|---|---|
| SIZE | > 20 kg | +2 |
| | 10-20 kg | +1 |
| | < 10 kg | -1 |
| AIRWAY | Normal | +2 |
| | Maintainable | +1 |
| | Unmaintainable | -1 |
| CNS | Awake | +2 |
| | Slow Response | +1 |
| | Unconscious | -1 |
| SYSTOLIC B/P | > 90 mmHg | +2 |
| | 50-88 mmHg | +1 |
| | < 50 mmHg | -1 |
| OPEN WOUND | None | +2 |
| | Minor | +1 |
| | Major | -1 |
| SKELETAL INJURY | None | +2 |
| | Closed Fx | +1 |
| | Open/many Fx | -1 |
| TOTAL PEDIATRIC SCORE | | N/A |

Glasgow Coma Score

| | | |
|---|---|---|
| Eyes Open | 1 | None |
| | 2 | To Pain |
| | 3 | To Speech |
| | 4 (circled) | Spontaneously |
| Verbal Resp | 1 | None |
| | 2 | Incomprehensive |
| | 3 | Inappropriate |
| | 4 | Confused |
| | 5 (circled) | Oriented |
| Motor Resp | 1 | Faccid |
| | 2 | Extends to Pain |
| | 3 | Flexes to Pain |
| | 4 | Withdraws |
| | 5 | Localized Pain |
| | 6 (circled) | Obeys Command |
| Glasgow Score | | 15 |

Allergies: none

Current Meds: [illegible]

Family: en route

Belongings: [illegible]

REFERRAL INFORMATION:

[illegible] 18 wheeler tire exploded [illegible] face

IV FLUIDS / IV DRIP MEDICATIONS

| TIME | SITE | SIZE | SOLUTION (DRUG) | RATE | ACTUAL DOSE | TOTAL |
|---|---|---|---|---|---|---|
| [illegible] | LAC | 16 | NS 1000cc | [illegible] | 300cc | 200 |

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TRANSPORT NOTES:

(1016) [illegible]

MEDICATIONS IN FLIGHT

| TIME | MEDICATION | DOSE | ROUTE | SITE | EFFECT |
|---|---|---|---|---|---|
| | | | | | |

TEAM SIGNATURES: [signatures]

TEAM PROCEDURE

| TIME | PROCEDURE | INIT | TIME | PROCEDURE | INIT |
|---|---|---|---|---|---|
| | Restraints | | | Defib/Cardio | |
| 1022 | Safety straps | [illegible] | | CPR | |
| | NG Size | | | Pacemaker | |
| | Foley Size | | | IABP | |
| | ETT/NTT Size | | | MAST Pants | |
| | Chest Tube R L | [illegible] | | Spinal immdo. | [illegible] |

INTAKE / OUTPUT

| | | PREFLIGHT | INFLIGHT | TOTAL |
|---|---|---|---|---|
| INTAKE | CRYS | | | |
| | NG | | | |
| | IV | 300 | 0 | 300 |
| | BLOOD PRODUCTS: | | | |
| OUTPUT | URINE | | | |
| | NG | | | |
| | EMESIS | | | |
| | ESTIMATED BLOOD LOSS: | | | |

☑ Hearing Protection
☑ Pt. Safety Teach
☑ Equipment Secured

Pt. Disposition [illegible]

Report to: [illegible]

PALMETTO HEALTH ALLIANCE

| TIME | MEDICATION/DRIPS | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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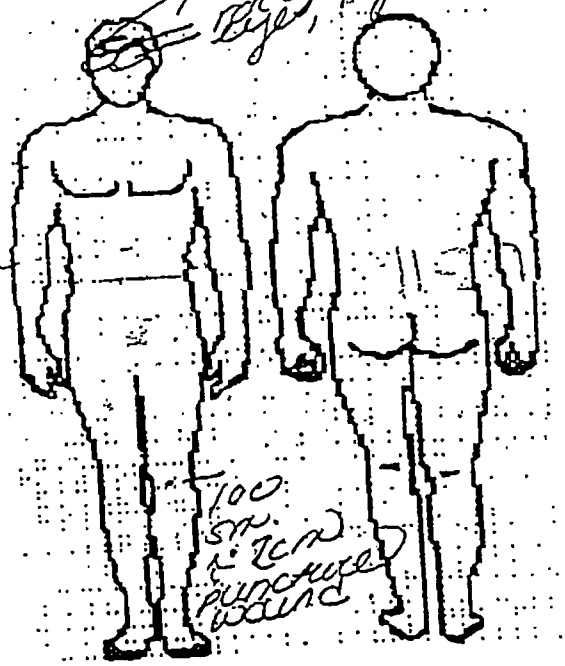
| | | |




Scn, bleeding controlled c dressing #16 left ac
EAC, intact, redness edema tenderness, nursing
. 9NS 1000cc a KVO #16 left ac EAC infiltrated 7
c l-'d pt loaded onto cf stretcher + loaded
into aircraft safety straps secured — ENRN
1025 pt remains alert MAE c good grips upper
lower extremities PR. Ucr EAC w/ redness
edema tenderness pt tol well will continue
to monitor closely — ENRN
1032 Arrived c PRMT to trauma bay, report
received — RN

## Perinatal (continued)

### Maternal: Medical

- ☐ Diabetes mellitus, poorly controlled
- ☐ Drug Overdose
- ☐ Infection that may cause premature birth:
  - ☐ Hepatitis
  - ☐ Pneumonia
  - ☐ Influenza
  - Pyelonephritis
  - ☐ Other: _____

### Maternal: Surgical

- ☐ Acute abdominal injury, gestation less than 34 weeks, fetus less than 2000 gms
- ☐ Thoracic emergency. Intensive care or surgery required.
- ☐ Trauma:
  - ☐ May cause premature onset of labor
  - ☐ Personnel/equipment not available locally

### Neonatal Clinical Criteria

- ☐ Congenital malformation(s) requiring surgery or observation
- ☐ Gestation less than 34 weeks or weight less than 2000 gms
- ☐ Hemolytic disease
- ☐ Hypoglycemia
- ☐ Mother is: ☐ Diabetic ☐ Taking dangerous drugs
- ☐ Neonatal blood loss
- ☐ Neonatal cardiac disorder with persisting cyanosis
- ☐ Progressive respiratory distress syndrome
- ☐ Respiratory distress or metabolic acidosis persisting 2 hours after birth
- ☐ Seizures
- ☐ Sepsis, infection or meningitis
- ☐ Shock or asphyxia persisting beyond 2 hours
- ☐ Ventilatory support required more than 1 hour
- ☐ Other condition requiring more than routine care: _____

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### Pediatric Clinical Criteria

- ☐ Cardiopulmonary arrest and cardiopulmonary cerebral resuscitation
- ☐ Cardiovascular System: ☐ CHF
  - ☐ Shock ☐ Other: _____
- ☐ Central Nervous System
  - ☐ Increased Intracranial Pressure
  - ☐ Meningitis ☐ Status Epilepticus
  - ☐ Reyes Syndrome ☐ Unconsciousness
- ☐ Hematologic Condition ☐ D/C
  - ☐ Other: _____
- ☐ Dehydration ☐ Diabetes Inspidus
- ☐ Glucose, Ca++, K+, Na++, Mg+++ derangement
- ☐ Multi-System Complication:
  - ☐ Acute poisoning ☐ Diabetic ketoacidosis
  - ☐ Asphyxia ☐ Near drowning
- ☐ Pediatric team and/or specialized equipment required
- ☐ Respiratory failure or other respiratory condition:
  - ☐ Alveolar/Interstitial Disease
  - ☐ Lower Airway Obstruction
  - ☐ Upper Airway Obstruction
- ☐ Trauma, less than 14 years old (see trauma checklist)
- ☐ Condition complicated by congenital anomalies and/or chronic illness
- ☐ Other: _____

### Trauma Clinical Criteria

- ☐ Age less than 14 or greater than 55 years
- ☐ Amputation or near amputation; requires rapid transport for replantation
- ☐ Blunt thoracic or abdominal injury with respiratory compromise or hemodynamic instability
- ☐ Burns:
  - ☐ More than 25% of body surface area
  - ☐ Major burns of face, hands, feet, or perineum
- ☐ Fall from height greater than 20 feet
- ☐ M.V.A.:
  - ☐ Associated fatalities
  - ☐ Patient ejected from vehicle
  - ☐ Extrication time greater than 15 minutes
  - ☐ Speed greater than 55 m.p.h.
  - ☐ Structural intrusion into victim's space
- ☐ Multiples orthopedic injuries
- ☐ Orofacial trauma requiring placement of airway
- ☐ Paralysis of extremities
- ☐ Pedestrian, struck by vehicle and thrown more than 15 feet
- ☐ Penetration injury, any part of body between mid-thigh and head
- ☐ Scalping or "degloving" injury
- ☐ Spinal immobilization and rapid, smooth transport necessary due to worsening motor sensory status
- ☐ Time by land to Trauma Center greater than 15 minutes
- ☐ Champion Trauma Score of 12 or less
- ☐ Glasgow Coma Score of 10 or less
- ☐ Other Serious Risk factor(s): _____
- ☒ Other: fire explosion to face.

Comments: _____

In my opinion, air transport is required for this patient for the reasons indicated above.

11/20/99
Date

X [signature]
Physician Signature

Pullucci
Print Full Name

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Return to: CareForce, Five Richland Medical Park Drive, Columbia, SC 29203

PALMETTO HEALTH ALLIANCE

# CAREFORCE

## Medical Necessity Form

Date: 11/20/99 Patient Name: TRM 99874 Flight # 851

From: Lexington Scene To: PCMH

Requested by (name): Lexington EMS DHEC # 4501. Initials FN/FM: FN/PS.

### Complete For All Patients

**General Criteria for Air Transport:**

- [x] Required therapeutic regimen must be initiated within limited time frame.
- [ ] Safe and legal transfer requires nurse and/or paramedic, at minimum.
- [ ] Land transport would be hazardous and delayed due to road and/or traffic conditions.
- [ ] Critical care/ALS environment required during transfer.
- [x] Time of transfer between critical care units must be minimized.
- [ ] Complicated medical history required transfer to patient's primary physician.
- [ ] Equipment and/or personnel to care for injury/illness not available.
- [ ] Patient required specialized interventions/tests not available at referring facility.
- [ ] Disaster/Triage decision.
- [ ] No other mode of transportation available.
- [ ] Other: _____

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### Adult Medical Criteria

- [ ] Acute poisoning: [ ] Carbon Monoxide [ ] Other: _____
- [ ] Cardiopulmonary arrest and cardiopulmonary cerebral resuscitation
- [ ] Cardiac Failure
  - [ ] Acute MI
  - [ ] Anticoagulation/TPA
  - [ ] Balloon pump
  - [ ] Dysrhythmias not responsive to standard therapies
  - [ ] Open heart surgery/PTCA
  - [ ] Unstable angina
- [ ] Central Nervous System illness, requires intracranial pressure monitor
- [ ] Hematologic Condition: [ ] D/C
  - [ ] Other: _____
- [ ] Infectious Disease: _____
- [ ] Metabolic or Fluid and Electrolyte Imbalance:
  - [ ] Diabetic Ketoacidosis
  - [ ] Refractory Acidosis
  - [ ] Renal failure
- [ ] Multi-System failure:
  - [ ] Near Drowning
  - [ ] Septic Shock
- [ ] Respiratory failure, Pulmonary complications:
  - [ ] ARDS [ ] Edema
  - [ ] COPD [ ] Pulmonary emboli
- [ ] Other: _____

### Adult Surgical Criteria

- [ ] Neurosurgical: space-occupying lesion
  - [ ] Diffuse cerebral edema
  - [ ] Surgery urgently required
- [ ] Replantation/Microsurgery
- [ ] Thoracic/abdominal aneurysm requiring repair
- [ ] Transplantation
- [ ] Other: _____

### Perinatal Criteria

### Maternal: Obstetrical

- [ ] Condition resulting in probable birthweight less than 2000 gm or gestation less than 34 weeks
  - [ ] Intrauterine growth retardation
  - [ ] Multiple gestation
  - [ ] Premature dilation of cervix
  - [ ] Rh iso-immunization
  - [ ] Severe pre-eclampsia
  - [ ] Other hypertensive complication
  - [ ] 3rd trimester bleeding
  - [ ] Other: _____
- [ ] Premature labor (expected birthweight less than 2000 gm or gestation less than 34 weeks)
- [ ] Premature rupture of membranes (as above)

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(next page for Maternal Medical, Surgical, Neonatal, Pediatric, Trauma and Signature)

Kneece, Ricky

PALMETTO RICHLAND MEMORIAL HOSPITAL

ADDRESSOGRAPH

Discharge Date: 11/27

Discharge Diagnosis: Skull fx Knee fx, ICH

REFERRAL/FOLLOW-UP APPOINTMENTS:

| MD | DATE/TIME | PHONE NUMBER |
|---|---|---|
| Dr Voss 12/1/99 (call to schedule time | | |
| Dr Lefaivre | | |
| Dr Lenwood Smith | | |
| CT Scan 3 WKS | | |
| HOME HEALTH OR HOSPICE | | |
| Palmetto Health Homecare | | 296-3100 |
| OTHER | | |

DISCHARGE INSTRUCTIONS:

ACTIVITY: TDWB LLE, Ambulate c walker

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RETURN TO WORK/SCHOOL:

DIET: as tolerated

MEDICATIONS: (Physician: This does not constitute a valid prescription.)

Tylox ~~Tylenol #3~~ 1-2 every 4 hours as needed for pain #40

Nasal Ocean Spray every 2 hours to both nostrils while awake

OTHER INSTRUCTIONS: (Wound/dressing care, appliances/durable medical equipment)

Knee Immobilizer in place at all times

Walker

Do not blow nose.

Home Physical Therapy

Physician's Signature: [signature]

Nurse's Signature: Geneva J Hunsomen

Patient/Care Giver:

Verbalizes Understanding ☐ Yes ☐ No

Demonstrates Understanding ☐ Yes ☐ No ☐ N/A

Patient/Care Giver Signature: Roxanne J Kiecce

Relationship to Patient:

PATIENT NAME

DISCHARGE ORDER & INSTRUCTION SHEET #0001 (76012808 R1/98)

(Serves as Discharge Note for short stay if PHYSICIAN SIGNS)

TAB # 274

742

76012808

≈ 20 kcal

D5 1/2 ≈ @ 125

↓ as PO ok

Pepcid @ 2000

A&O — thinks its Friday.

Raccoon eyes

CT head, abd & pelvis

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Lima from 12

TM 99874 | Facial Neuro Trauma

Ricky Neece

Fx Skull
Subdural
(L) knee fx
Scalp lac along hairline 4-5 in. long
Bilat orbital fx?
cl. liquid diet
Activities - per ortho
phili collar → HOB 30°
need wt.
VS q2 gl Neuro V's
pupils 4 & brisk
bad HA
60 mg Codeine 2020
2320

CT head in am & contrast
+ facial - direct orbital views
bag of ice to (L) knee
nasal ocean spray
not allowed to blow nose
CBC, BMP, PT, PTT, amylase, lipase in am

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276

KNEECE,RICKY

R008624459

R9936704040

11/22/99 1056 [redacted] 39Y M 7E-0734-01 I/P

11/26/99 0945

11/22/99 1125 2115827

BYNOE,RAYMOND P
2 MEDICAL PARK RD SUITE 402
COLUMBIA, SC 29203

MOATS,LESLIE
3 RICHLAND MEDICAL PK DR
SUITE 350
COLUMBIA SC 29203

| Chk-in # | Order | Exam | |
|---|---|---|---|
| 2115827 | 0002 | 08005 | CT HEAD W/BONE DETAIL |

Ord Diag: EXPLOSION TO FACE

Unenhanced CT head scan was performed and images photographed in bone and brain windows.On the bone windows, there is a right frontal skull fracture which is comminuted, but not depressed. There is subarachnoid blood in the basal cisterns along the faux and along the tentorium, as well as cerebral extracranial soft tissue swelling over the right frontal area and what would appear to be a small anterior frontal extracerebral collection of blood. This measures only several millimeters.Punctate contusions in the right frontal lobe and at least one posterior left frontal lobe. The ventricles are normal. There may be a very thin extracerebral collection over the left parietal lobe also, measuring only 2.0-3.0 mm in diameter. There is soft tissue swelling over the right orbit and some subcutaneous emphysema in the periorbital soft tissue.

IMPRESSION:COMMINUTED RIGHT FRONTAL FRACTURE WITH PROBABLE THIN SUBDURAL HEMATOMA BENEATH THE FRACTURE AND CONTRECOUP THIN SUBDURAL OVER THE LEFT MID AND POSTERIOR PARIETAL AREA. THERE ARE PUNCTATE CONTUSIONS IN THE RIGHT FRONTAL LOBE AND AT LEAST ONE ON THE LEFT, AS WELL AS PARAFALCINE AND TENTORIAL SUBDURAL COLLECTIONS. THERE IS SUBARACHNOID BLOOD IN THE BASAL CISTERNS AND THE CSF SPACES ARE GENERALLY SOMEWHAT SMALL.

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TM
11/26/99 0945

/READ BY/ G Eddie Richmond, M.D.
/Released By/ G Eddie Richmond, M.D.

FINAL

277

KNEECE,RICKY R008624459

11/22/99 1113 [redacted] 39Y M 7E-0734-01 I/P R9936704040

11/22/99 1123 2115854 BYNOE,RAYMOND P 11/24/99 0917
2 MEDICAL PARK RD SUITE 402
COLUMBIA, SC 29203

MOATS,LESLIE
3 RICHLAND MEDICAL PK DR
SUITE 350
COLUMBIA SC 29203

| Chk-in # | Order | Exam | | |
|---|---|---|---|---|
| 2115854 | 0003 | 08205 | CT | ABDOMEN INCLUDE PELVIS |

Ord Diag: TRAUMA

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KNEECE, RICKY (TRAUMA,M99874)
CT OF THE ABDOMEN AND PELVIS
11/22/99

CLINICAL HISTORY: Motor vehicle trauma.

Following administration of oral contrast and a total of 150 cc of IV contrast, 7 mm spiral images were obtained from just above the diaphragm to the symphysis pubis.

ABDOMEN: Images through the lower thorax reveal small bilateral lower lobe consolidations consistent with mild atelectasis. There is no evidence of pneumothorax on these images. The liver is normal in size demonstrating diffusely decreased density compared to the spleen, consistent with widespread fatty infiltration. There is no evidence of injury or focal lesion. The gallbladder is mildly distended. There is diffuse fullness throughout the pancreas which however is normal in contour and there is no evidence of reactive changes within the adjacent fat. The spleen is normal. Both kidneys demonstrate normal contours and function with the right kidney containing well circumscribed fluid density lesions, with the largest measuring approximately 2.5 cm at its greatest diameter. No evidence of intraperitoneal fluid collections is identified to suggest presence of hemoperitoneum.

PELVIS: The bladder contains a Foley catheter and is mildly distended. No evidence of dependent fluid is identified to suggest the presence of hemoperitoneum.

FINAL

(Continued

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KNEECE,RICKY

R008624459

[redacted] 39Y M 7E-0734-01 I/P

R9936704040

11/22/99 1113

11/24/99 0917

11/22/99 1123 2115854

BYNOE,RAYMOND P
2 MEDICAL PARK RD SUITE 402
COLUMBIA, SC 29203

MOATS,LESLIE
3 RICHLAND MEDICAL PK DR
SUITE 350
COLUMBIA SC 29203

Checkin-Exam Code Summary
2115854-08205

IMPRESSION:

1. MULTIPLE RIGHT RENAL CYSTS.

2. MARKED FATTY INFILTRATE OF THE LIVER.

3. NO EVIDENCE OF VISCERAL INJURY OR HEMOPERITONEUM.

4. GENERALIZED FULLNESS THROUGHOUT THE PANCREAS WHICH IS NORMAL IN CONTOUR, A NORMAL VARIANT IS SUSPECTED HOWEVER. LABORATORY CORRELATION IS RECOMMENDED AS CONTUSION IS POSSIBLE.

SDH
11/24/99 0917

/READ BY/ W John Bayard, M.D.
/Released By/ W John Bayard, M.D.

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Page 2

FINAL

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KNEECE,RICKY

R008624459

11/22/99 1611 [redacted] 39Y M 7E-0734-01 I/P R9936704040

11/22/99 1618 2116131 BYNOE,RAYMOND P 11/24/99 1320
2 MEDICAL PARK RD SUITE 402
COLUMBIA, SC 29203

BYNOE,RAYMOND P
2 MEDICAL PARK RD
SUITE 402
COLUMBIA SC 29203

| Chk-in # | Order | Exam | |
|---|---|---|---|
| 2116131 | 0007 | 06792 | XR KNEE OBLS ONLY LT |

Ord Diag: OUT OF SPLIT

CORRECTED REPORT: PLEASE SEE UNDERLINE. 11/24/99 /ph
==========

LEFT KNEE, FOUR VIEWS INCLUDING LATERAL STRESS AND OBLIQUES

HISTORY: Male estimated to be 30 - 35 with a history of tire blowing up in face and injury to knee.

A nondisplaced fracture of the lateral femoral condyle is seen, which runs parallel to the main shaft of the femur. There is slight osteophytic spurring from the medial femoral condyle (a lateral view was not done with this series.)

IMPRESSION:

NONDISPLACED FRACTURE OF THE LATERAL FEMORAL CONDYLE.

AEC
11/24/99 1320

/READ BY/ Robert L Waldron II, M.D.
/Released By/ Robert L Waldron II, M.D.

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SUPPLEMENTAL

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KNEECE,RICKY

R008624459

[redacted] 39Y M 7E-0734-01 I/P

R9936704040

11/22/99 1611

11/24/99 0942

11/22/99 1618

2116131

BYNOE,RAYMOND P
2 MEDICAL PARK RD SUITE 402
COLUMBIA, SC 29203

BYNOE,RAYMOND P
2 MEDICAL PARK RD
SUITE 402
COLUMBIA SC 29203

| Chk-in # | Order | Exam | |
|---|---|---|---|
| 2116131 | 0007 | 06792 | XR KNEE OBLS ONLY LT |

Ord Diag: OUT OF SPLIT

LEFT KNEE, FOUR VIEWS INCLUDING LATERAL STRESS AND OBLIQUES

HISTORY: Male estimated to be 30 - 35 with a history of tire blowing up in face and injury to knee.

A nondisplaced fracture of the lateral femoral condyle is seen, which runs parallel to the main shaft of the femur. There is slight osteophytic spurring from the medial femoral condyle (a lateral view was not done with this series.)

IMPRESSION:

NONDISPLACED FRACTURE OF THE MEDIAL FEMORAL CONDYLE.

AEC
11/24/99 0942

/READ BY/ Robert L Waldron II, M.D.
/Released By/ Robert L Waldron II, M.D.

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SCIS, INC.

281

FINAL

KNEECE,RICKY. R008624459

11/23/99 1826 [redacted] 39Y M 7E-0734-01 I/P R9936704040

11/23/99 1830 2117055 BYNOE,RAYMOND P 11/26/99 0900
2 MEDICAL PARK RD SUITE 402
COLUMBIA, SC 29203

BYNOE,RAYMOND P
2 MEDICAL PARK RD
SUITE 402
COLUMBIA SC 29203

| Chk-in # | Order | Exam | |
|---|---|---|---|
| 2117055 | 0036 | 00716 | XR CHEST PA LAT |

Ord Diag: TIRE BLOWN UP IN FACE

CORRECTED REPORT: PLEASE SEE ENTIRE REPORT. 11/25/99 /ph
==========

CHEST 11-23-99

COMPARISON: 11-22-99

There is some mild left mid and lower lung field basilar atelectasis demonstrated. No definite acute infiltrates are noted.

CONCLUSION:

SUBSEGMENTAL ATELECTATIC AREAS ARE NOTED.

PFM
11/26/99 0900

/READ BY/ ALAN B KANTSIPER, M.D.
/Released By/ ALAN B KANTSIPER, M.D.

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DEC 17 1999
SCIS, INC.

SUPPLEMENTAL

282

KNEECE,RICKY R008624459

11/23/99 1826 [redacted]39Y M 7E-0734-01 I/P R9936704040

11/23/99 1830 2117055 BYNOE,RAYMOND P 11/24/99 1614
2 MEDICAL PARK RD SUITE 402
COLUMBIA, SC 29203

BYNOE,RAYMOND P
2 MEDICAL PARK RD
SUITE 402
COLUMBIA SC 29203

| Chk-in # | Order | Exam |
|---|---|---|
| 2117055 | 0036 | 00716 XR CHEST PA LAT |

Ord Diag: TIRE BLOWN UP IN FACE

COMBINED REPORT, PLEASE SEE 2117054

PFM
11/24/99 1614

/READ BY/ W John Bayard, M.D.
/Released By/ W John Bayard, M.D.

FINAL

RECEIVED
DEC 17 1999
SCIS, INC. 282

KNEECE,RICKY R008624459

11/24/99 0500 [redacted] 39Y M 7E-0734-01 I/P R9936704040

11/24/99 0816 2116395 BYNOE,RAYMOND P 11/24/99 1258
2 MEDICAL PARK RD SUITE 402
COLUMBIA, SC 29203

BYNOE,RAYMOND P
2 MEDICAL PARK RD
SUITE 402
COLUMBIA SC 29203

Checkin-Exam Code Summary
2116395-08007

IMPRESSION:

NO SIGNIFICANT INTERVAL CHANGE IN THE MULTIPLE INTRACRANIAL ABNORMALITIES SINCE 11/23/99.

THIS REPORT IS BEING FAXED.

PCE
11/24/99 1258

/READ BY/ Robert L Waldron II, M.D.
/Released By/ Robert L Waldron II, M.D.

FINAL



RECEIVED
DEC 17 1999
SCIS, INC.

284

KNEECE, RICKY

R008624459

[redacted] 39Y M 7E-0734-01 I/P

R9936704040

11/24/99 0500

11/24/99 1258

11/24/99 0816

2116395

BYNOE, RAYMOND P
2 MEDICAL PARK RD SUITE 402
COLUMBIA, SC 29203

BYNOE, RAYMOND P
2 MEDICAL PARK RD
SUITE 402
COLUMBIA SC 29203

| Chk-in # | Order | Exam | |
|---|---|---|---|
| 2116395 | 0028 | 08007 | CT HEAD W/O CONTRAST |

Ord Diag: DX

CLINICAL HISTORY: 39-year-old male follow up for multiple intracranial abnormalities.

KNEECE, RICKY
CT HEAD WITHOUT CONTRAST
11/23/99

TECHNIQUE:

Serial CT scans were obtained through the head without contrast enhancement.

FINDINGS:

Expected further evolutionary changes have occurred in the right frontal pole patchy contusion/hematoma subjacent to the right frontal skull fracture. Diffuse cerebral edema is unchanged. Subarachnoid hemorrhage is redemonstrated over the tentorium and in the interhemispheric fissure. Again there is probable left tentorial subdural hematoma which is unchanged. The very high right posterior frontal-focal epidural hematoma is stable. The very thin bilateral convexity subdural hematomas are stable. The punctate left posterior frontal parasagittal contusion is no longer visible. No new areas of contusion or hematoma are seen. Multiple facial skull base and calvarial fractures and abnormalities have been detailed on the CT of the facial bones of 11/23/99.

RECEIVED
DEC 17 1999
SCIS, INC.

(Continued

FINAL

285

1655 Bernardin Avenue Suite 100 Columbia, S.C. 29204
Phone (803) 256-0641 Fax (803) 779-3649

Fred Schwarz, M.D.
Ophthalmology
Ophthalmic Plastic & Reconstructive Surgery

H.L. "Rick" Milne, M.D.
Ophthalmology
Cataract & Refractive Surgeon
(Lasik & Intacs)

Brian Huff, M.D.
Ophthalmology
Cataract & Refractive Surgeon
(Lasik & Intacs)

Peter V. Candela, O.D.
Optometric Medicine

February 29, 2j000

Stirling Cooke Insurance Services, Inc.
P.O. Box 49228
Sarasota, FL 34230-6228

RE: Ricky Kneece Claim: L16755 TM | CRA | SC

To Whom It May Concern:

Ricky Kneece is a patient who presented with a history of being hit by a motor grader tire one and one half weeks ago with severe facial injuries, skull and cheek fractures. Patient has had multiple surgeries.

On my exam, patient has 20/20 vision in both eyes. He did have full range of motion of extraocular motilities. There were no pupil abnormalities and no diplopia. Slit lamp exam showed 2-3+ papillary reaction. Cornea was clear. Anterior chamber was deep and quiet and lens was normal in good position with no dynesis. Cup/disc was .4. Macula and peripheral retina were all normal.

Patient was felt to have a viral conjunctivitis and was placed on Ocuflox. He had multiple facial contusions but ocularly was doing well.

Very truly yours,

H. L. Milne, M.D.

HLM:bg

RECEIVED
MAR 07 2000
SCIS INC.

286

# The Eye Center, P. A.

1655 Bernardin Avenue Suite 100 Columbia, S.C. 29204
Phone (803) 256-0641 Fax (803) 779-3649

Fred Schwarz, M.D.
Ophthalmology
Ophthalmic Plastic & Reconstructive Surgery

H.L. "Rick" Milne, M.D.
Ophthalmology
Cataract & Refractive Surgeon
Glaucoma & Lasers

Brian Huff, M.D.
Ophthalmology
Cataract & Refractive Surgeon


| Post-it® Fax Note 7671 | Date | # of pages ▶ 1 |
|---|---|---|
| To DAVID Kelter | From Penny Bloss | |
| Co./Dept. | Co. STIRLING COOKE | |
| Phone # | Phone # | |
| Fax # 864-240-3391 | Fax # | |

Stirling Cooke Insuranc
P.O. Box 49228
Sarasota, FL. 34230-6228

RE: Ricky Kneece
ID: Claim #L16755 Employer: Kneece Farms
DOA: 11-22-99

To Whom It May Concern:

Patient has normal ocular functions in vision at this time, and this will be permanent unless he has additional injuries occurring in the future.

Very truly yours,

H. L. Milne, M.D.

HLM:bg

Under this Claim # we have first name as Delano same DOA IT IS THE SAME

287

01/02/02 WED 17:22 [TX/RX NO 9635] 001

# THE MOORE ORTHOPAEDIC CLINIC, P.A.

FOUNDED 1928 · AUSTIN T. MOORE, M.D.

*The Moore Hip Prosthesis*


James F. Bethea, M.D.
*Foot and Ankle Surgery & General Orthopaedics*

Kim J. Chillag, M.D.
*Total Hip & Total Knee Replacement*

Anthony W. Colpini, M.D.
*General Orthopaedics & Arthroscopy*

Deanna L. Constable, M.D.
*General Orthopaedics & Trauma*

Thomas W. Ewart, M.D.
*Sports Medicine & Arthroscopy*

William T. Felmly, M.D.
*Spine Surgery*

David B. Fulton, M.D.
*Hand, Upper Extremity Surgery & General Orthopaedics*

S. Wendell Holmes, Jr., M.D.
*Sports Medicine, Arthroscopy & General Orthopaedics*

William H. Kirkley, M.D.
*General Orthopaedics*

Mark D. Locke, M.D.
*Pediatric Orthopaedics*

Earl B. McFadden, Jr., M.D.
*Hand & Upper Extremity Surgery*

James W. Nichols, D.O.
*General Orthopaedics & Arthroscopy*

Herbert B. Niestat, M.D.
*Emeritus*
*Hand, Upper Extremity Surgery & General Orthopaedics*

Ralph S. Owings, Jr., M.D.
*General Orthopaedics & Arthroscopy*
*Total Hip and Knee Replacements*

Subhash J. Patel, M.D.
*Hand, Upper Extremity Surgery & General Orthopaedics*


## REPORT OF MEDICAL EXAMINATION

Ricky Kneece
Employee's Name

[redacted]
Social Security Number

Kneece Farms
Employer/Carrier

1-9-01
Date of Office Visit

Resnal
Physician/Provider

Signature of Physician

### RETURN TO WORK STATUS:

Regular Duties ✓ — Date to Return: 1/09/01
Light Duties ____ — Date to Return: ____
Remain Out of Work ____ — Duration: ____

### PHYSICAL LIMITATIONS:

____ None
____ No walking or climbing
____ No standing
____ No prolonged standing
____ No sitting
____ No bending or stooping
____ No twisting or stretching
____ No change from previous status

____ Pushing and pulling limit ____ lbs.
____ Lifting and carrying limit ____ lbs.
____ Sedentary duties only
____ No kneeling, squatting, crawling
____ No work involving ____ arm/hand
____ No overhead work
____ No work at heights
____ Other: ____

### FOLLOW UP:

____ Days
____ Weeks
____ Months
✓ PRN
____ Discharged with permanent limitations above
____ Next Appointment: None Scheduled

Copy of office note to follow.

F:\FORMS\REPORT.ME


14 Medical Park • Suite 200 • Columbia, South Carolina 29203 • (803) 252-3301
110 East Medical Lane • Suite 225 • West Columbia, South Carolina 29169 • (803) 794-0014
114 Gateway Corporate Blvd • Suite 120 • Columbia, South Carolina 29203 • (803) 736-9756
[illegible] St. Andrews Road • Suite 4 • Columbia, South Carolina 29212 • (803) 781-9187


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# The Moore Orthopaedic Clinic, P.A.

CHIEF COMPLAINT / PROBLEM

NAME Ricky Kneece DATE 1-9-01 CHART NO. _____

What is the reason for seeing the doctor today? left Knee injury - Second opinion to determine if must live with pain.

Specific part of body causing pain / problem left Knee

When did it start? 11/22/99

If injury or accident, how did it happen? 3 part lock rim tire exploded + incurred head + Knee injury.

Where did it happen? _____

Describe pain: (circle one in each column)

a. sharp
b. dull
c. other _____

a. constant
b. intermittent
c. other _____

Rate severity: (circle one) < slight 1 2 3 4 5 6 7 8 9 10 severe>

Is there anything that causes pain or increases it? NO ____ YES ✓ If yes: explain the more standing or walking.

When does it occur? (circle one) Day Night All the time

Have you been seen or treated for this problem? NO ____ YES ✓ If yes: When only when it occured

By Whom Dr. Voss Where _____

Have you had any response to treatment? NO ✓ YES ____ If yes: explain _____

Have you ever had a similar problem in the past? NO ✓ YES ____

If yes: When did it begin? —

What part of the body —

How long did it last? —

Have you been x-rayed for this? NO ____ YES ✓ If yes: When 11/99-

Where Dr. Voss + Richland Hosp. Did you bring them? NO ____ YES ✓

NOTES:

1/9/01

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NAME Ricky Kneece DATE 1-9-01 CHART NO. 625653

FAMILY PHYSICIAN Dr. Carl White

REFERRING PHYSICIAN Dr. Carl White

ANY OTHER TREATING PHYSICIAN

## MEDICAL HISTORY

| YES | NO | |
|---|---|---|
| | | 1. DO YOU HAVE ANY OF THE FOLLOWING: |
| | ✓ | High blood pressure |
| | ✓ | Diabetes |
| | ✓ | Stroke |
| ✓ | | Asthma |
| | ✓ | Seizures |
| | ✓ | Stomach problems (ulcer, hernia, etc.) has had 3 repaired |
| | ✓ | Blood infections |
| | | 2. DO YOU HAVE ANY HISTORY OF PROBLEMS WITH: |
| | ✓ | Heart |
| | ✓ | Lungs |
| | ✓ | Circulation |
| | ✓ | Stomach or intestinal tract |
| | ✓ | Kidneys or bladder |
| | ✓ | Blood clotting |
| | ✓ | Hepatitis |
| | | 3. DOES ANYONE IN YOUR FAMILY HAVE HISTORY OF: |
| | ✓ | Heart problems |
| | ✓ | Muscle or joint problems |
| | ✓ | Neurologic problems |
| | ✓ | Cancer |
| | ✓ | Brittle bones |
| ✓ | | 4. HAVE YOU EVER HAD ANY SURGERY: IF YES: |

| WHAT | WHEN | COMPLICATIONS |
|---|---|---|
| Hernia | 1978 | None |
| Hernia | 1979 | None |
| Hernia | 1987 | None |
| ~~Hernia~~ Apendec. | ~~1997~~ | None |

| | | | |
|---|---|---|---|
| | ✓ | 5. DO YOU SMOKE? IF YES: HOW LONG | NO. PACKS PER DAY |
| | ✓ | 6. DO YOU DRINK? IF YES: AMOUNT PER WEEK | |
| ✓ | | 7. DO YOU TAKE ANY MEDICATION? IF YES, PLEASE LIST: | |
| | | Clariatin | |
| | ✓ | 8. ARE YOU ALLERGIC TO ANY MEDICATION? IF YES, PLEASE LIST: | |

9. OCCUPATION Farmer 290

HOW LONG HAVE YOU BEEN IN THIS LINE OF WORK? 30 + years

2:00

CL

Chart No. 625653
Acct. No. 153018.0
Dr. 30
(For Office use only)

# THE MOORE ORTHOPAEDIC CLINIC, P.A.

## PATIENT HISTORY (Please Print)

Date 1-9-01

Last Name Kneece First Ricky MI D

☑ MARRIED
☐ SINGLE
☐ WIDOWED
☐ DIVORCED
☐ SEPARATED

Address 204 Delano Kneece Road Apt. No. —
City Pelion State SC Zip 29123
Sex M Home Phone No. (803) 894-3280 Work No. (803) 894-3418
Social Security No. [redacted] Age 40 Date of Birth [redacted] Weight 215 Height 5'9"

(For Office use only) Date Received _____ Date to Insurance _____ Initials _____

IN THE EVENT OF SURGERY OR FRACTURE TREATMENT, THE PATIENT IS RESPONSIBLE FOR BRINGING IN COMPLETED & SIGNED INSURANCE FORM

Person responsible for paying this bill ☐ Self ☑ Other Stirling Cooke Insurance

Primary Insurance _____ ID/Policy No. _____ Group No. _____
Name of Insured _____ Insurance Address _____
Secondary Insurance _____ ID/Policy No. _____ Group No. _____
Name of Insured _____ Insurance Address _____
If Covered under Spouse's Insurance - Please give Spouse's DOB _____ SSN _____

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION BY THE MOORE ORTHOPAEDIC CLINIC, P.A., AS NECESSARY TO PROCESS ANY INSURANCE CLAIM AND REQUEST PAYMENT OF BENEFITS TO THE MOORE ORTHOPAEDIC CLINIC FOR SURGERY, FRACTURE FEE OR ANY UNPAID BILLS.

Signature Ricky Kneece Relationship to Patient Self Date 1/9/01

Patient's Occupation Farmer
Patient's Employer Delano R. Kneece + Son, Inc. Employer Phone# (803) 894-3418
Employer Address 209 Delano Kneece Rd. Pelion, SC 29123 Injured @ Work? yes
Spouse's Name Roxanne J. Kneece Employer Phone# (803) 894-3418
Spouse's Employer & Address Delano R. Kneece + Son, Inc.
Nearest Relative: Name Delano Kneece Address 213 Delano Kneece Rd
(with Telephone) (803) 894-3777 City Pelion State SC Zip 29123 Phone# (803) 894-341

Has patient ever been treated by any Moore Orthopaedic Clinic Physician before? NO If "yes" when _____
Give full name of referring physician _____ Address _____
What medications does patient take regularly none Is patient allergic to any medications that you know of NO If "yes" give name _____
Has patient been seen or treated for present problem _____ If "yes" When _____
Where (or by whom) _____
Has patient had X-Rays taken for this problem yes If "yes" When Richmond & Dr Uc
Where _____ Do you have them with you yes
* Specific part of the body that is causing problem left knee
Date of Accident or onset of problem 11/22/99 If injury, or accident how did it happen A tri lock rim tire exploded with injuries to head + left knee
Where @ Farm @ above address.

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Act: 153018

APPOINTMENT DATE 1/9 BPF

Patients Telephone No. _____

Name of injured person Ricky D. Kneece Age _____ Sex _____

Address 136 Delano Kneece Rd Pelion SC 29123

DOB [redacted] TO BE COMPLETED IF WORKMENS COMPENSATION [redacted]

Name of employer at time of injury Kneece farms

and that employer's address 1752 Juniper Springs Rd Gilbert SC

Has this injury been reported to your supervisor? _____

Your supervisor's name [illegible]

Time of accident: Date 10/22/99 Hour, approx: _____ A.M. P.M.

Date disability began _____

Please describe accident — how it occurred, where it occurred, what kind of work you were doing at the time

Tractor TIRE exploded on Him

Describe the injury — not necessarily in medical terms, but give location of injury, such as: "Back injury," "Injured left hand," "Injured right foot," etc. Be specific

(L) KNEE injury

Have you been treated by another physician for this injury? Dr. Voss @ University

If yes, please give his name Dr. Carl White Orth

Who referred you here? INSURANCE CO DOCTOR ATTY FOR INS. CO. ATTY FOR PATIENT

IF PATIENT'S ATTORNEY IS MAKING THE APPOINTMENT AND WILL BE PAYING FOR THE EVALUATION, A LETTER IS NEEDED FROM HIM STATING THIS, _____ DOES THE ATTY WANT THE BILL ON W/C FORM 14 _____ IF W/C IS TO BE PAYING, A LETTER WILL BE NEEDED FROM THE INS. CARRIER BEFORE THE PATIENT CAN BE SEEN.

W/C CARRIER Stirling Cooke

MAILING ADDRESS PO Box 49228 Sarasota FL 34230

TEL # 800-533-4448 ext 135

CLAIM # L16755

PERSON MAKING APPT. Rebecca - @ Concentra Keith Barton

EVAL ONLY ✓

TREATMENT Call for further treatment

X-RAYS AND RECORDS

DATE 10/29

INITIALS Bhc

ADDITIONAL REPORTS TO: Concentra Managed Care 220 Stoneridge Dr. #103 Cola., SC 29210 Attn: Rebecca

(Case Mgr.) 798-533[illegible]

Call Rebecca Bruce for Appt & TIME

ATTY EVAL

INDEPENDENT MEDICAL EXAM

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1910 [illegible]
COLUMBIA, SC 29201

ACCOUNT #: 252876
SSN: [redacted]

NE: RICKY KNEECE
: [redacted]

11-05-01

CHIEF COMPLAINT: Recurrent dislocations of his left shoulder

PRESENT ILLNESS: This is a very pleasant, right hand dominant 41 year old gentleman who apparently has had multiple dislocations to his left shoulder, since he injured his shoulder and back during a climbing accident approximately ten years ago. He extended his left arm to try to break is fall, and dislocated his shoulder at that time. He had three or four yearly dislocations of his shoulder up unto November of 1999, when he was involved in another accident when a lock ring blew off of a tire and he re-dislocated his shoulder again. Since that time, he has been dislocating his shoulder an average of 10-15 times a year. Most recently, this occurred four weeks ago. He was kindly sent by one of our nurses, JoAnn Adkins, to my office for treatment of the same. He is right hand dominant.

PAST HISTORY:
Allergies: None
Medications: None
Surgeries: Hernia repair x3, appendectomy
Illnesses: Asthma, chronic bronchitis, gout

SOCIAL HISTORY: He has two children, does not live alone, and is on no special diet. He does not smoke and uses alcohol socially. He is employed as a farmer.

FAMILY HISTORY: Positive for high blood pressure, cancer, arthritis
FAMILY PHYSICIAN: Dr. Carl White

REVIEW OF SYSTEMS:

Present Weight: 205 lbs. Present Height: 5'10"
Pulse: 74 bpm, regular
General Health: Good
Ears, Eyes, Nose & Throat: Non-contributory
Respiratory: Non-contributory
Cardiac: Dizziness
Skin: Non-contributory
GI: Non-contributory
Urinary: Non contributory
Neurological: Frequent headaches, loss of balance
Hematologic: Non-contributory

PHYSICAL EXAMINATION: Physical examination is limited to the patient's left upper extremity. Clinically, he is a well

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developed gentleman who has full ROM of his glenohumeral joint. He has no tenderness directly on palpation of the rotator cuff, AC joint, the tuberosities of the humerus. When he is examined supine, he has gross instability along the anterior aspect of the shoulder with a positive apprehension sign. I can actually sublux the shoulder anteriorly and feel a click or pop. He has no posterior or inferior instability.

**RADIOGRAPHS:** PA internal and external rotation views do show a mild Hill-Sachs lesion along the anterolateral aspect of the humerus. The axillary lateral view shows that the humeral head is actually subluxed anteriorly 50% off of the rim of the glenoid.

**DIAGNOSIS:** ANTERIOR INSTABILITY OF THE SHOULDER

**DISPOSITION & RECOMMENDATIONS:** This patient is going to require an arthroscopic Bankart repair. Because of this, I am going to refer him over to see Dr. O'Leary or Dr. Green. He is otherwise discharged from the office.

**MEDICATIONS PRESCRIBED:** None

**RETURN APPOINTMENT:** See Dr. Green or Dr. O'Leary in the near future.

Michael R. Ugino, M.D.

MRU/srs
c: Carl A. White, M.D. via fax

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COLUMBIA, SC 29201

ACCOUNT #: 252876
SSN: [redacted]

E: RICKY KNEECE
: [redacted]

RADIOGRAPHIC REPORT

DATE OF EXAM: 11/05/01

PA internal and external rotation views so show a mild Hill-Sachs lesion along the anterolateral aspect of the humerus. The axillary lateral view shows that the humeral head is actually subluxed anteriorly 50% off of the rim of the glenoid.

Michael R. Ugino, MD

MRU/srs

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COLUMBIA, SC 29201

ACCOUNT #: 252876
SSN: [redacted]

E: RICKY KNEECE
I: [redacted]

11-21-01

CLINICAL STATUS: I am seeing Ricky back in follow up for his arthroscopic shoulder surgery. I went ahead and took his stitches out today, although he is only six days post op. His incision site is clean and dry.

RADIOGRAPHS: None taken today

DIAGNOSIS: ARTHROSCOPIC BANKART PROCEDURE ON THE LEFT SHOULDER

DISPOSITION AND RECOMMENDATIONS: Continue with ROM of his elbow, gentle ROM of the shoulder. He will see Dr. Green back on December 6.

MEDICATIONS: None

RETURN APPOINTMENT: Approximately two weeks

Michael R. Ugino, M.D.

MRU/srs

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DATE OF EXAM: 10.4.04 HAND DOMINANCE: R X L ___

REFERRING PHYSICIAN: Oleary

CHIEF COMPLAINT: (L) elbow + shld inj.

DATE OF INJURY: 11.22.99

PULSE:

HISTORY 44 yo male c/o L. shoulder pain that was operated on in 99. He states he has had gradual pain that is getting worse, states it's sore & achey. PT is also having L elbow pain. he thinks unrelated to injury. sore, hurts to put on anything. has some swelling, he does have Full ROM

Refer to Ortho Chronic Pain

## PHYSICAL EXAMINATION: SHOULDER

**PALPATION TENDERNESS**

Joint:
1. S-C
2. A-C
3. G-H

RANGE OF MOTION (IN DEGREES): Ease of Motion

| | ACTIVE Right | ACTIVE Left | PASSIVE Right | PASSIVE Left |
|---|---|---|---|---|
| 1. ER at side | | | | |
| 2. ABD | | | | |
| 3. 90° ABD-EXT | | | | |
| 4. 90° ABD-ER | | | | |
| 5. Forward Elevation | | | | |
| 6. Extension | | | | |
| 7. Hands behind back | | | | |

**IMPINGEMENT TESTS:**

1. Yergerson's
2. Speed
3. Isolated Supraspinatus
4. ER at side with resistance
5. Impingement Arc
6. Cross-body ADD
7. 90° ABD-ER With Resistance
8. 90° ABD-IR With Resistance
9. 90° FE-IR

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IN RE: Ricky D. Kneece

I am of the opinion that to a reasonable degree of medical certainty Mr. Kneece's accident of November 22, 1999, exacerbated or aggravated an existing injury to his left shoulder, and that the left shoulder surgery scheduled for December 2004 and that of November of 2001 are treatment related to his workers compensation injury of November 22, 1999.

12/17/04
Date

Dr. Michael S. Green

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;4m03202006 DICTAPHONE Dr 8 Recorded: 03222006 by 0 DICTAPHONE 0 0m

IIDLANDS ORTHOPAEDICS, PA
.910 Blanding Street
:olumbia, SC 29201

'OLLOW-UP OFFICE VISIT

IAME: KNEBCE, DELANO R ACCOUNT: 252876
)ATE: 03/20/2006 DOB: [redacted]

:LINICAL STATUS: I am seeing Ricky in follow-up. He complains of pain when ıe just holds his arm up in an abducted position, maybe 45-60 degrees, for ımy long period of time, such as driving his tractor, because he is a farmer.

?HYSICAL EXAMINATION: He has good strength with Yergason, speed test, ısolated supraspinatus, resisted internal and external rotation and Hawkins :est are all essentially negative. There is a little bit of discomfort at :elease of each of these activities.

)IAGNOSIS: STATUS POST ARTHROSCOPIC SHOULDER STABILIZATION PROCEDURE WITH :ONTINUED PAIN, LEFT SHOULDER.

?LAN: At this point, I would recommend one more MRI to look at his rotator :uff and biceps. If there is no pathology of that region, then I would go ahead and settle his case and release him. I do not have any further surgical procedures that would be of benefit to him.

RETURN APPOINTMENT: After MRI.

WORK STATUS: He can work full duty.

Michael S. Green, M.D.
MSG / sjb
cc:

REV 0

This document was signed electronically by:
Michael S. Green, M.D.
On: 03/22/2006 15:12:16
Report id: 257781

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Canary – MOPA
White – Patient

(COPY OF NOTE TO FOLLOW)

Workers Compensation Dept.
1910 Blanding Street
Columbia, SC 29201
803-256-4107 x 6214
www.midlandsortho.com

CHART # 252876

**PATIENT WORK INFORMATION**

Patient name and account #: Ricky Kneece

SS #: [redacted]

Employer: Debra E. Kneece

Carrier: Crawford + Company

Physician: Green

Date of Service: 3-20-06

Date of Accident: 11.19.99

Diagnoses code(s): 726.2 723.1

Workers' Comp Case #: not assigned

Diag Description: ① affections of shoulder not elsewhere classified ② pain neck

**WORK STATUS**

☐ Regular duty, no restrictions (date to return to regular duty: 3/20/06)

☐ Light duty, with restrictions (date to begin light duty: ___/___/___) (The availability of light duty is determined by the employer, not the physician.).

☐ Remain out of work (estimated duration: _____)

☐ Part time (whether regular duty or light duty)

☐ Full time (whether regular duty or light duty)

**PHYSICAL LIMITATIONS**

☐ None
☐ No walking
☐ No climbing
☐ No standing
☐ No prolonged standing
☐ No sitting
☐ No bending or stooping
☐ No twisting or stretching
☐ No kneeling, squatting, crawling

☐ Pushing or pulling limit (____ lbs)
☐ Lifting and carrying limit (____ lbs)
☐ Sedentary duties only
☐ No work involving L / R _____ (extremity)
☐ No overhead work
☐ No work at heights
☐ Other _____

**FOLLOW UP**

☐ Days _____
☐ Weeks _____
☐ Months _____

☐ Discharged with permanent limitations above
☐ Has reached MMI
☐ Permanent disability rating of ____% to the _____ (body part / system)

☑ Post diagnostic (MRI, EMG, etc...) exam (usually one week after test)

☐ PRN

☐ Next appointment date (if scheduled): ___/___/___

☐ Ross D. Lynch, M.D.
☐ Robert M. Peele, Jr. M.D.
☐ Michael R. Ugino, M.D.
☐ J. Talley Parrott, M.D.
☐ Michael S. Green, M.D.

☐ M. David Redmond, M.D.
☐ Robert H. Belding, M.D.
☐ Robert M. DaSilva, M.D.
☐ Frederick C. Piehl, M.D.
☐ Thomas P. Gross, M.D.

☐ James A. O'Leary, M.D.
☐ Coleman D. Fowble, M.D.
☐ William C. James, III, M.D.
☐ P. Douglas deHoll, M.D.

MAR 21 2006 13:35

PAGE.02

300

# Missed Appointment Note

Patient: Kneece, Ricky
Sex: Male

Date: 7/8/2005
Provider: Lawrence Bergmann, Ph.D.
Type: Missed (No Show)

Reason: no reason given

Provider: Lawrence Bergmann, Ph.D.
Post Trauma Resources
1811 Bull Street
Columbia, SC 29201

Provider Signature _____ Date _____

Patient Cancellation Note

Patient: Kneece, Ricky
Sex: Male

Date: 1/3/2006
Provider: Lawrence Bergmann, Ph.D.
Type: Patient Cancellation

Reason: rescheduled

Provider: Lawrence Bergmann, Ph.D.
Post Trauma Resources
1811 Bull Street
Columbia, SC 29201

Provider Signature _____ Date _____

Type of Visit: Scheduled

Patient: Kneece, Ricky
Sex: Male

**Content/Process**

Other themes: continued complaints of physical limitations, headaches, dizziness, frustration with current status, medical access issues

Session Content: Related current status and activities. Reported significant headaches and we discussed importance of recognizing patterns and methods for managing symptoms. Provided examples and a method for beginning to id patterns. Also discussed needed care in light of wc issues. Notd frustration and provided cogn model to pt again and identified cognitions associated with limitations. Also met with wife to discuss need for other care.

**Interventions**

1) check in regarding psychological and physical status

Electronic Signature by Provider Pending

**Missed Appointment Note**

Patient: Kneece, Ricky
Sex: Male

Reason: no reason given

Provider: Lawrence Bergmann, Ph.D.
Post Trauma Resources
1811 Bull Street
Columbia, SC 29201

Provider Signature _____ Date _____

**Patient Cancellation Note**

Patient: Kneece, Ricky
Sex: Male

Reason: rescheduled

# Patient Cancellation Note

Patient: Kneece, Ricky
Sex: Male

Date: 2/1/2006
Provider: Lawrence Bergmann, Ph.D.
Type: Patient Cancellation

Reason: no reason given

Provider: Lawrence Bergmann, Ph.D.
Post Trauma Resources
1811 Bull Street
Columbia, SC 29201

Provider Signature _____ Date _____

Post Trauma Resources
1709 Laurel Street
Columbia, South Carolina 29201
803.765.0700

# Progress Note

| | |
|---|---|
| Date: | 6/2/2010 |
| Provider: | Lawrence Bergmann, Ph.D. |
| Session Length: | 30 mins. |
| Type of Visit: | Scheduled |
| Patient: | Kneece, Ricky |
| Sex: | Male |

## Content/Process

Other themes: reported increased headaches with little relief from meds, no new complaints, noted irritability and conflict with neighbors, continues to report increased impulsiveness

Session Content: Discussed status and activities, discussed headaches and options for care. Also related a rather long and detailed story concerning a disagreement with a neighbor with the theme related to anger and impulsiveness. That lead to a conversation about the nature of head injuries.

## Interventions

1) active listening, provision of support for recovery
2) check in regarding psychological and physical status
3) provide information concerning the consequences of traumatic events
4) ventilation related to details of current stressors

Response to Interventions: good

Electronically Signed/Date: Bergmann, Ph.D., Lawrence 6/2/2010 9:54:06 AM

Post Trauma Resources
1709 Laurel Street
Columbia, South Carolina 29201
803.765.0700

## Progress Note

| | |
|---|---|
| Date: | 8/11/2010 |
| Provider: | Lawrence Bergmann, Ph.D. |
| Session Length: | 30 mins. |
| Type of Visit: | Scheduled |
| Patient: | Kneece, Ricky |
| Sex: | Male |

**Content/Process**

Other themes: reported that he is having difficulties with some of the prescribed medications that he is taking, reported that he is experiencing continued cognitive symptoms that are somewhat worse with stress and the heat of outdoor work

Session Content: Discussed his status and symptoms as above, remains concerned about his legal status, discussed recent work activities and side effects from meds, prescribed by another physician. I asked him to discuss this with Dr. Deal today. Much ventilation about status and issues at work.

**Interventions**

1) active listening, provision of support for recovery
2) ventilation related to details of current stressors
3) problem solving – assist pt in generating options
4) cogntive modification – development of more appropriate self-talk

Response to Interventions: good

Electronically Signed/Date: Bergmann, Ph.D., Lawrence 8/11/2010 9:22:11 AM

RADIOLOGY DEPARTMENT
LEXINGTON MEDICAL CENTER
WEST COLUMBIA, SC 29169
PHONE: (803) 791-2460

PATIENT: KNEECE,RICKY D

AGE: 46
DOB: [redacted]
SEX: M

ADMITTING DR:
ORDERING DR: SEAN OMEARA MD

UNIT/MR NO: M001097345
ACCT NO: H00022912851
SSN: [redacted]
REQ NO: 06-0022543
REPORT NO: 0221-0078

ROOM:
PT LOCATION: HED
OMESEA ED

COPY TO: SEAN OMEARA MD
STUDY TYPE: 0221-0039 RAD/HIP INCLUDE PELVIS RIGHT

DATE OF EXAM: 02/21/06

DEP ER HED
46M

CLINICAL DATA: RIGHT HIP PAIN, NO HISTORY OR TRAUMA

RIGHT HIP INCLUDE PELVIS:

FINDINGS: Alignment is normal without acute fracture of dislocation. There is mild osteoarthritis involving both hips. The remainder of the visualized bony pelvis appears intact.

ASF

KEITH A MCGUIRE MD

**REPORT STATUS: Signed**

OMEARA,SEAN,MD
ORDER#/PROCEDURE: 0221-0039 RAD/HIP1 (73510)
EXAM TECH: ABSHU
REP RELEASED BY: MCGKEI RAD 02/21/06 1025
ADD RELEASED BY:
DISC DATE: 02/21/06
ED DISC DIAG: HIP INJURY

PT LOC/ROOM: HED/

KNEECE,RICKY D



307

Date:

Name: Kneece, Ricky DOB: 02/06/1960

# Missed Appointment Note

Patient: Kneece, Ricky
Sex: Male

Date: 2/28/2006
Provider: Lawrence Bergmann, Ph.D.
Type: Missed (No Show)

Reason: no eason given

Provider: Lawrence Bergmann, Ph.D.
Post Trauma Resources
1811 Bull Street
Columbia, SC 29201

Provider Signature _____ Date _____

308

Progress Note

Date: 4/19/2006
Provider: Lawrence Bergmann, Ph.D.
Session Length: 30 mins.
Type of Visit: Scheduled

Patient: Kneece, Ricky
Sex: Male

**Content/Process**

Other themes: physical complaints continue to a frustration and stressor, described frustration with cognitive deficits and noted recent errors at work, medication reported as helpful and headaches are reduced

Session Content: Described with ventilation problems with physical status, shoulder especially, and is not happy with delays in diagnosis and treatment. Went on to discuss cognitive deficits and provided information about evaluation findings, worked to set more realistic expections via cognitive modification, reviewed medication, discussed management of stress during hit busy season at work for him.

**Interventions**

1) active listening, provision of support for recovery
2) behavioral techniques -- teach and/or practice relaxation techniques
3) ventilation related to details of current stressors
4) problem solving -- assist pt in generating options
5) behavioral techniques -- discuss sleep hygiene skills

Response to Interventions: good, is having a difficult time accepting cognitive limitations

Electronically Signed/Date: Bergmann, Ph.D., Lawrence 4/19/2006 10:21:51 AM

309

Progress Note

Date: 5/9/2006
Provider: Lawrence Bergmann, Ph.D.
Session Length: 30 mins.
Type of Visit: Scheduled

Patient: Kneece, Ricky
Sex: Male

**Content/Process**

Other themes: continued complaints regarding physical status - shoulder and concerns about access to medical services, described improvement in mood and reduction in headaches attributed to medication

Session Content: Reviewed current status and activities, been very busy at work. Described reduction in symptoms and ventilation concerning problems gaining treatment for his shoulder. Problem solving and discussion regarding management of periods of increased frustration and cognitive symptoms.

**Interventions**

1) active listening, provision of support for recovery
2) check in regarding psychological and physical status
3) cognitive modification – reviewed relationship between thoughts and feelings
4) cogntive modification – development of more appropriate self-talk
5) ventilation related to details of current stressors

Response to Interventions: somewhat improved

Electronically Signed/Date: Bergmann, Ph.D., Lawrence 5/9/2006 12:21:02 PM

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Columbia, South Carolina 29201
803.765.0700

**Progress Note**

| | |
|---|---|
| Date: | 6/6/2006 |
| Session Length: | 30 mins. |
| Type of Visit: | Scheduled |
| Patient: | Kneece, Ricky |
| Sex: | Male |

**Content/Process**

Other themes: related overall improved with less headaches being area of most prominent reported improvement, pain and medical access remains an issues, cognitive deficits remains stable

Session Content: Discussed current activities and he provided examples of cognitive deficits and frustration that he expeiences when he loses things or forgets important task, again discussed nature of head injury and some simple techniques to manage. .Discussed medical access issues and latest medical status. Also reviewed meds and will be seeing Dr. Deal as well.

**Interventions**

1) active listening, provision of support for recovery
2) check in regarding psychological and physical status
3) cognitive modification - modification of anger producing cognitions
4) cogntive modification – development of more appropriate self-talk
5) reviewed treatment progress to date and set treatment goals

Response to Interventions: good, improving

Electronically Signed/Date: Bergmann, Ph.D., Lawrence 6/13/2006 5:13:13 PM

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Columbia, South Carolina 29201
803.765.0700

**Progress Note**

| | |
|---|---|
| Date: | 6/27/2006 |
| Session Length: | 30 mins. |
| Type of Visit: | Scheduled |
| Patient: | Kneece, Ricky |
| Sex: | Male |

**Content/Process**

Other themes: reported overall improvement with no change in cogntive deficits

Session Content: Reported that his condition is improved and that his major concern for us today was a change in his headached pattern. Headaches seem more common during the nighttime hours and after discussion it appears that this is because of a reduction in sleep medication - likely making him more aware of the discomfort, will discuss further with Dr. Deal. Otherwise, I heard more acceptance, less frustration with cognitive impairments that are likely permanent.

**Interventions**

1) active listening, provision of support for recovery
2) check in regarding psychological and physical status
3) ventilation related to details of the traumatic exposure
4) cogntive modification -- development of more appropriate self-talk

Response to interventions: good and improved

Electronically Signed/Date: Bergmann, Ph.D., Lawrence 6/27/2006 12:16:13 PM

Post Trauma Resources
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803.765.0700

## Progress Note

| | |
|---|---|
| Date: | 7/12/2006 |
| Session Length: | 30 mins. |
| Type of Visit: | Scheduled |
| Patient: | Kneece, Ricky |
| Sex: | Male |

**Content/Process**

Other themes: noted continued stability and improvement, related one period of anger and related that he remains very quick to anger, cognitive concerns continue unchanged

Session Content: After check in, discussed the details of the conflict with his father, discussed the nature of head injury and relationship to emotional control and anger. Discussed cognitive and behavioral strategies for prevention of high levels of anger, discussed early recognition using affect and cognitions as a guide.

**Interventions**

1) active listening, provision of support for recovery
2) check in regarding psychological and physical status
3) ventilation related to details of current stressors
4) behavioral techniques – rehearse coping skills

Response to Interventions: good and overall improved

Electronically Signed/Date: Bergmann, Ph.D., Lawrence 7/12/2006 11:28:33 AM

Post Trauma Resources

Lawrence H. Bergmann, Ph.D., LPC, LPC/S, CTS
President
Roger W. Deal, M.D.
Medical Director

January 11, 2007

Claims Adjuster
St. Paul Travelers
Post Office Box 473502
Charlotte, NC 28247

Mr. M. Stephen Stubley, Attorney at Law
McKay, Cauthen, Settana & Stubbley, P.A.
Post Office Box 7217
Columbia, SC 29202-7217

To Whom It May Concern:

Thanks very much for asking Post Trauma Resources to treat Mr. Ricky Kneece after he was injured at work.

It is our opinion that Mr. Kneece has reached maximum medical improvement for psychological symptoms that developed. Although he is improved, he continues to report symptoms dysphoria, difficulties adjusting to his cognitive disability, irritability and withdrawal. He also continues to report symptoms consistent with a head injury.

Based on the AMA guidelines and using the Epstein et al (1998) method for determining psychiatric impairment, Dr Roger Deal, psychiatrist, and I are of opinion that Mr. Kneece has experienced an eleven-percent whole person, permanent impairment. This is our opinion only concerning his psychological status, not his cognitive impairments. In order to maintain his current status, Mr. Kneece will require the use of psychotropic medication and medication management as long as he is experiencing chronic pain and cognitive difficulties.

Thanks again for allowing us to work with Mr. Kneece and feel free to contact us if we can be of any assistance.

Sincerely,

Lawrence H. Bergmann, Ph.D., LPC, LPC/S, CTS

1709 Laurel Street
Columbia SC 29201

phone 803.765.0700
toll free 800.459.6780
fax 803.765.1607

www.posttrauma.com

314

Post Trauma Resources
1709 Laurel Street
Columbia, South Carolina 29201
803.765.0700

## Progress Note

| | |
|---|---|
| Date: | 7/3/2007 |
| Provider: | Lawrence Bergmann, Ph.D. |
| Session Length: | 30 mins. |
| Type of Visit: | Scheduled |
| Patient: | Kneece, Ricky |
| Sex: | Male |

**Content/Process**

Other themes: primary complaints today were physical with an increase in headaches noted, no reported changes in her psychological status

Session Content: Discussed current status with a focus on the physical today, brief discussion of his legal and wc status, otherwise today was primarily pasttiming, remains at mmi

**Interventions**

1) active listening, provision of support for recovery
2) check in regarding psychological and physical status
3) ventilation related to details of current stressors

Response to Interventions: ok

Electronically Signed/Date: Bergmann, Ph.D., Lawrence 7/3/2007 9:35:09 AM

Post Trauma Resources
1709 Laurel Street
Columbia, South Carolina 29201
803.765.0700

# Progress Note

Date: 6/2/2010
Provider: Roger Deal
Session Length: 40 mins.
Type of Visit: Scheduled

Patient: Kneece, Ricky (D)

## Content/Process

Session Content: He reports headaches are still a major problem for him, not responding to the medicines he was given so he is going to speak to Dr. Shissias again to pursue further treatment. He has many stressors but tells me he is not letting these bother him, though it is difficult to see how the injury of his son, the strain on his wife with both of them having head injury, conflicts with a neighbor, worries about his sister and a few other negative situations would not be putting more stress on him. I have no clear sense of whether the headaches are related to this but when we initially gave him the effexor it did have a positive effect on the headaches.

## Interventions

1) z - review target symptom list
2) z - review of recent stressors
3) z - educate regarding risks and benefits of medication

Response to Interventions: Sleep is generally improved as is control of anxiety. He seems pressured and irritable to me.

## Medications

Medication: Valium 10 mg most nights Start Date: 3/11/2009

Medication: Effexor 150mg. bid Start Date: 2/8/2006

Medication: Trazadone 100 mg. hs Start Date: 1/17/2006

Medication Plan: No change in the medicines. He will contact Dr. Shissias about followup for the headaches.

Electronically Signed/Date: Deal, Roger 6/2/2010 6:13:37 PM

Post Trauma Resources
1709 Laurel Street
Columbia, South Carolina 29201
803.765.0700

# Progress Note

Date: 8/11/2010
Provider: Roger Deal
Session Length: 40 mins.
Type of Visit: Scheduled

Patient: Kneece, Ricky (D)

## Content/Process

Session Content: He remains under intense interpersonal stress, worried about his family and his own health problems. He is not doing as well since he went up on the dose of topamax so went down to the prior level where he found it was helpful with the headaches and gave him no daytime sedation. He tells me his wife says he "fights" in his sleep and he is not satisfied with the CPAP machine setting so is going to have this reevaluated.

He feels the medicines we are using remain helpful and he has no side effects from any of them.

He reports some success managing some of the equipment he had problems with before so is still working to improve his memory and usefulness in his business.

## Interventions

1) z - review target symptom list
2) z - review of recent stressors
3) z - educate regarding risks and benefits of medication

Response to Interventions: Remains very symptomatic but is functioning better in some areas.

## Medications

Medication: Valium 10 mg most nights Start Date: 3/11/2009

Medication: Effexor 150mg. bid Start Date: 2/8/2006

Medication: Trazadone 100 mg. hs Start Date: 1/17/2006

Medication Plan: Continue current medicines.

RADIOLOGY DEPARMENT
LEXINGTON MEDICAL CENTER - IRMO
7036 ST ANDREWS ROAD
COLUMBIA SC 29212
PHONE: (803) 407-4100

PATIENT: KNEECE,RICKY D

AGE: 47
DOB: [redacted]
SEX: M

ORDERING DR: CARL A WHITE MD

UNIT/MR NO: M001097346
ACCT NO: Y00002161694
SSN: [redacted]
REQ NO: 07-0016710
REPORT NO: 0920-0063

PT LOCATION: IMRI
WHICAR MED

REPORT STATUS: Signed

ORDERED BY: CARL A WHITE MD
LOCATION: REG CLI IMRI
STUDY TYPE: 0920-0002 IMRI/MRI BRAIN W&WO CONTRAST

DATE OF EXAM: 09/20/07

CLINICAL DATA: 47M, HYPOTHYROIDISM, POST TRAUMA

MRI OF THE BRAIN WITHOUT AND WITH ENHANCEMENT:

COMPARISON: None.

TECHNIQUE: Sagittal inversion recovery, axial FLAIR, axial diffusion and axial T1 weighted sequences were obtained. An axial gradient sequence was performed. Post Gadolinium enhancement (20 cc. of MultiHance) axial and coronal T1 weighted sequences were obtained.

There is a 32 X 32 X 43 mm area of increased signal in the right frontal lobe involving both the grey and white matter on the T2 weighted sequences. This area is low in signal on the T1 weighted sequence. The appearance is compatible with encephalomalacia. There is a linear area of decreased signal involving the frontal bone anterior to this process suggesting an old skull fracture. This would suggest that this area of encephalomalacia is related to previous trauma. On the gradient sequence, there is some low signal in the inferior aspect of this process compatible with hemosiderin which would not be unexpected with trauma to this location as well. No other significant areas of abnormal signal, mass effect or abnormal enhancement are seen. On the coronal post contrast images, the pituitary gland is unremarkable. The pituitary is unremarkable in appearance on the sagittal inversion recovery sequence.

READING: 32 X 32 X 43 mm. area of encephalomalacia involving the anterior right frontal lobe with findings suggesting an old fracture anterior to this. This would suggest that this represents encephalomalacia related to previous trauma. Otherwise unremarkable MRI of the brain.

LAYNE R CLEMENZ MD

DHF

REPORT STATUS: Signed

320

Date:

## MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Ricky D. Kneece In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☒ qualified by operation of 49 CFR 391.64

QUALIFIED TO DRIVE

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

| SIGNATURE OF MEDICAL EXAMINER | TELEPHONE | DATE |
|---|---|---|
| Carl A. White MD | 796-7270 | 1/23/08 |

| MEDICAL EXAMINER'S NAME (PRINT) | |
|---|---|
| CARL A. WHITE, MD | ☒ MD ☐ DO ☐ Chiropractor ☐ Advanced Practice Nurse ☐ Physician Assistant |

| MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE | | |
|---|---|---|
| 5568 | | |
| SIGNATURE OF DRIVER | DRIVER'S LICENSE NO. | STATE |
| | | |

ADDRESS OF DRIVER

MEDICAL CERTIFICATE EXPIRATION DATE



321

# Medical Examination Report
## FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

**1. DRIVER'S INFORMATION** Driver completes this section

| Driver's Name (Last, First, Middle) | Social Security No. | Birthdate | Age | Sex | New Certification / Recertification / Follow-up | Date of Exam |
|---|---|---|---|---|---|---|
| Kneece, Ricky D | [redacted] | M/D/Y [redacted] | 47 | ☑ M ☐ F | ☐ / ☑ / ☐ | |

| Address | City, State, Zip Code | Work Tel: / Home Tel: | Driver License No. | License Class | State of Issue |
|---|---|---|---|---|---|
| 204 Delano Kneece Rd | Pelion, SC 29123 | Work Tel: 803 413-0623 / Home Tel: 803 894-3380 | | ☐ A ☐ B ☐ C ☐ D ☐ Other | SC |

**2. HEALTH HISTORY** Driver completes this section, but medical examiner is encouraged to discuss with driver.

| Yes | No | |
|---|---|---|
| | | Any illness or injury in the last 5 years? |
| ✓ | | Head/Brain injuries, disorders or illnesses |
| | | Seizures, epilepsy ☐ medication ____ |
| | | Eye disorders or impaired vision (except corrective lenses) |
| | | Ear disorders, loss of hearing or balance |
| | | Heart disease or heart attack, other cardiovascular condition ☐ medication ____ |
| | | Heart surgery (valve replacement/bypass, angioplasty, pacemaker) ☐ medication ____ |
| | | High blood pressure |
| | | Muscular disease |
| | | Shortness of breath |
| | | Lung disease, emphysema, asthma, chronic bronchitis |
| | | Kidney disease, dialysis |
| | | Liver disease |
| | | Digestive problems |
| | | Diabetes or elevated blood sugar controlled by: ☐ diet ☐ pills ☐ insulin |
| | | Nervous or psychiatric disorders, e.g., severe depression medication ____ |
| | | Loss of, or altered consciousness |
| | ✓ | Fainting, dizziness |
| ✓ | | Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring sleep apnea |
| | ✓ | Stroke or paralysis |
| | | Missing or impaired hand, arm, foot, leg, finger, toe |
| | | Spinal injury or disease |
| | | Chronic low back pain |
| | | Regular, frequent alcohol use |
| | | Narcotic or habit forming drug use |

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

sleep apnea – hypertension – controlled BP
Head surgery c frontal lobe injury 1999
no daytime drowsiness – no seizures

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature ____ Date ____

**Medical Examiner's Comments on Health History** (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

322

TESTING (Medical Examiner completes Section 3 through 7) Name: Last, First, Middle,

## 3. VISION

**Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.**

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. *Monocular drivers are not qualified.*

**Numerical readings must be provided.**

| ACUITY | UNCORRECTED | CORRECTED | HORIZONTAL FIELD OF VISION | |
|---|---|---|---|---|
| Right Eye | 20/ 15 | 20/ | Right Eye | 180° |
| Left Eye | 20/ 15 | 20/ | Left Eye | 180° |
| Both Eyes | 20/ 15 | 20/ | | |

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors ? ☒ Yes ☐ No

Applicant meets visual acuity requirement only when wearing: ☐ Corrective Lenses

Monocular Vision: ☐ Yes ☐ No

Complete next line only if vision testing is done by an opthalmologist or optometrist

Date of Examination | Name of Ophthalmologist or Optometrist (print) | Tel. No. | License No./ State of Issue | Signature

## 4. HEARING

**Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB**

☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

**Numerical readings must be recorded.**

| | Right ear | Left Ear |
|---|---|---|
| a) Record distance from individual at which forced whispered voice can first be heard. | 10-12 Feet | 10-12 Feet |

| b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951) | Right Ear | | | Left Ear | | |
|---|---|---|---|---|---|---|
| | 500 Hz | 1000 Hz | 2000 Hz | 500 Hz | 1000 Hz | 2000 Hz |
| | Average: | | | Average: | | |

## 5. BLOOD PRESSURE/ PULSE RATE

**Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.**

| Blood Pressure | Systolic | Diastolic |
|---|---|---|
| | 130 | 90 |

Driver qualified if ≤140/90.

Pulse Rate: ☒ Regular ☐ Irregular

Record Pulse Rate: 70

| Reading | Category | Expiration Date | Recertification |
|---|---|---|---|
| 140-159/90-99 | Stage 1 | 1 year | 1 year if ≤140/90. One-time certificate for 3 months if 141-159/91-99. |
| 160-179/100-109 | Stage 2 | One-time certificate for 3 months. | 1 year from date of exam if ≤140/90 |
| ≥180/110 | Stage 3 | 6 months from date of exam if ≤140/90 | 6 months if ≤ 140/90 |

## 6. LABORATORY AND OTHER TEST FINDINGS

**Numerical readings must be recorded.**

| URINE SPECIMEN | SP. GR. | PROTEIN | BLOOD | SUGAR |
|---|---|---|---|---|
| | 1.025 | negative | negative | negative |

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

1217

**7. PHYSICAL EXAMINATION** Height: 5' 11" (in.) Weight: 227 (lbs.) Name: Last, Kneece First, Ricky Middle, D

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions to the Medical Examiner* for guidance.

| BODY SYSTEM | CHECK FOR: | YES* | NO |
|---|---|---|---|
| 1. General Appearance | Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse. | | ✓ |
| 2. Eyes | Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate. | | ✓ |
| 3. Ears | Scarring of tympanic membrane, occlusion of external canal, perforated eardrums. | | ✓ |
| 4. Mouth and Throat | Irremediable deformities likely to interfere with breathing or swallowing. | | ✓ |
| 5. Heart | Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator. | | ✓ |
| 6. Lungs and chest, not including breast examination | Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/ or xray of chest. | | ✓ |

| BODY SYSTEM | CHECK FOR: | YES* | NO |
|---|---|---|---|
| 7. Abdomen and Viscera | Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness. | | ✓ |
| 8. Vascular System | Abnormal pulse and amplitude, cartoid or arterial bruits, varicose veins. | | ✓ |
| 9. Genito-urinary System | Hernias. | | ✓ |
| 10. Extremities- Limb impaired. Driver may be subject to SPE certificate if otherwise qualified. | Loss or impairment of leg, foot, toe, arm, hand, finger, Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficicent grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly. | | ✓ |
| 11. Spine, other musculoskeletal | Previous surgery, deformities, limitation of motion, tenderness. | | ✓ |
| 12. Neurological | Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinki's reflexes, ataxia. | | ✓ |

*COMMENTS: He has mild hypertension, hypothyroidism and sleep apnea but no daytime drowsiness
Head injury 1999 Rt frontal lobe - normal function no neurological deficit

Note certification status here. See Instructions to the Medical Examiner for guidance.

- ☑ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- ☐ Does not meet standards
- ☐ Meets standards, but periodic monitoring required due to _____
  Driver qualified only for: ☐3 months ☐6 months ☐1 year ☐ Other

Temporarily disqualified due to (condition or medication): _____

Return to medical examiner's office for follow up on _____

- ☐ Wearing corrective lense
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/ exemption. Driver must present exemption at time of certification.
- ☐ Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (See 49 CFR 391.62)
- ☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's signature: Carl A. White
Medical Examiner's name: CARL A. WHITE
Address: 146 N. HOSPITAL DR SUITE 350 W. COLUMBIA SC 29169
Telephone Number: 803-796-7270

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

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THE SOUTH CAROLINA NEUROLOGICAL CLINIC, P.A.
PO BOX 1488
COLUMBIA, SOUTH CAROLINA 29202

TELEPHONE : (803) 254-6391 FAX : (803) 799-0682

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MARK K. LENCKE, M.D. CHARLES G. SHISSIAS, M.D. ALAN R. MORGAN, M.D.

Julian C. Adams, M.D.
Patient ID: 227981
Patient Name: Delano R. Kneece
DOB: [redacted]
Date of Service: 05/14/08

CONSULTATION

D. Ricky Kneece is a 48-year-old man who sustained probably a mild to moderate head injury with a contusion is his right frontal lobe when a tire exploded 8 or 9 years ago. He claims he was amnestic for weeks. He was in the hospital for a few days. Since that time, he has had psychiatric problems, depression, continued anger, et cetera and daily headaches. He has tried a multitude of medication. As far as I can tell, he has been on no specific therapy for migraines. He has had no seizures. He has had temper tantrums that he claims he never had before.

This is a Workers' Compensation case. His examination is absolutely normal. I did not do any extensive psychological testing, but he answered all of my questions readily and was oriented. He had normal language function and was able to recite details of his disease in correct sequence although he and his claim that he has some deficits for remembering things that he used to do on his farm for he continues to be a farmer and drive a tractor, et cetera.

We will try him on Tenormin 50-100 mg at bedtime to see if a beta-blocker might help his headaches and I have given him samples of Amerge and Maxalt as a therapeutic trial. We will see him again in a week or two and do an EEG.

Julian C. Adams, M.D.

JCA/mgs

cc: Carl White, MD
Roger Deal, MD

*A full report is available upon request.*

Scanned to Mark Weaver 5-23-08

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SOUTH CAROLINA NEUROLOGICAL CLINIC
Telephone (803) 254-6391 Fax (803) 799-0682

NEW PATIENT/CONSULT DATE: 5/14/08 MR#: 227981
NAME: Delano Kneece
RMD: Dr Carl White 1°, Larry Bergman
CC: per Roger Deal
HPI:

Brain Injury since Nov 99 + Accident
Since injury - frontal + Bilateral temporal
Headaches almost daily pm + occipital - pain
can get Bad take Ibuprofen for pain + Headaches
(usually take 1 a day) - ~~Aspirin~~ or Depakote
But changed to bad temper take Lipitor at am,
at pm - 5 months - Trazadone sleep daily -, Effexor
for moods -

[] No seizures, black outs or confusion [ ] No lateralizing weakness, numbness or gait disturbance [ ] No diplopia, dysarthria, dysphagia, dysphonia, or incontinence
ROS: Listed in chart
PREVIOUS HEALTH: [ ] Appendectomy [ ] Hysterectomy [ ] Thyroidectomy [ ] Hypothyroidism [ ] Cancer [ ] Heart Disease [ ] Diabetes [ ] Hypertension [ ] Stroke [ ] TIA
FAMILY HISTORY: [ ] Diabetes [ ] Heart Disease [ ] Strokes [ ] Neurological Disease [ ] Cancer [ ] Hypertension [ ] Alcoholism or Drug Dependency [ ] Other
SOCIAL HISTORY: [ ] Alcohol [ ] Tobacco [ ] Martial Status [ ] M [ ] S [ ] W [ ] D
ALLERGIES: por | much of a drinker no tobacco
MEDS: Listed in chart
GENERAL: [✓] Well developed and nourished [ ] Obese [ ] Poorly nourished
HEART: [✓] Regular rhythm with no significant murmurs
NECK: [✓] No carotid bruits [ ] No thyroid enlargement
EXTREMITIES: [✓] Pulses good [ ] No swelling [ ] No ulcers
VS: BP: 120 | 69 Pulse: 82 Weight: 224 Respirations:
MENTAL STATUS: [✓] Alert and oriented x 3 [✓] Good attention and concentration [ ] Good memory, appropriate for age [ ] No dysphasia [ ] MMS

EYES: [ ] PERL [✓] Optic discs show no pallor or papilledema [ ] No visual field cuts

CRANIAL NERVES: [✓] EOMS full without nystagmus [ ] Facial sensation and movement are symmetrical [✓] Hearing symmetrical to finger rub [ ] Palatal movement symmetrical [ ] Tongue midline without fasciculations [✓] Good sternocleidomastoid and trapezius strength

Can work again Thinking + memory or Term Seizures has feeling of Hopeless But still wants or thinks - cute Claus Rx memory to be good - Memory

Had fire upstairs - the Claus amnesia for 8 days

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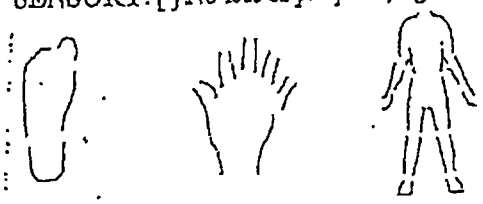
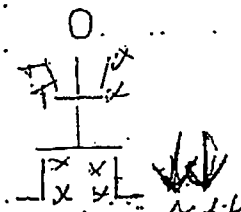
MOTOR: [ ] No drift of upper extremities and stands on heels and toes [ ] Good strength in upper and lower extremities to specific muscle testing [ ] No atrophy or fasciculations [ ] No abnormal movements or tone change [ ] No ataxia [ ] Gait unremarkable

SENSORY: [ ] No loss of pin prick, light touch [ ] No loss of cortical sensory modalities



Fixed multiple Rx for headaches

REFLEXES:



ANATOMIC DIAGNOSIS: ① Hx closed head injury c̄ confusion to R frontal lobe 99

WORKING DIAGNOSIS:

DIFFERENTIAL DIAGNOSIS: depression; migraine, allergy

RECOMMENDATIONS: ① try Fenoprofen in samples by mgmt

② FFC

[ ] Half encounter spent in counseling and education

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HHN. Melody

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Julian C. Adams, M.D.
Patient ID: 227981
Patient Name: Delano R. Kneece
DOB: [redacted]
Date of Service: 05/28/08

PROGRESS NOTE

Delano "Ricky" Kneece had a normal EEG. He claims Tenormin made him sleepy, but it might have reduced his headache intensity some, but not the frequency. The samples I gave him of Maxalt, et cetera did not help. I have reassured him that his EEG is normal. I do not think he has any serious problem of an organic nature wrong with him. Hopefully he will do better

Julian C. Adams, M.D.

JCA/mgs

*A full report is available upon request.*

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Telephone (803) 254-6391 Fax (803) 799-0682

RECHECK

NAME: Helgrew
RMD: (Ricky) Creel DATE: 5-28-08 MR#: 227981
CC:
HPI: "Headache"
EEG ✓
Lenomin - maybe milder but makes feel tired
Samples ~~[illegible]~~ didn't help.

ROS: Listed in chart. [ ] No Change for date 5/04/
VS: BP: 107/69 Pulse: 77 Weight: 224 Respirations:
MENTAL STATUS: [✓] Alert and oriented x 3 [ ] Good attention and concentration
[ ] Good memory, appropriate for age [✓] No dysphasia [ ] MMS

EYES: [✓] PERL [✓] Optic discs show no pallor or papilledema [✓] No visual field cuts

CRANIAL NERVES: [✓] EOMS full without nystagmus [✓] Facial sensation and movement are symmetrical [✓] Hearing symmetrical to finger rub [✓] Palatal movement symmetrical [✓] Tongue midline without fasciculations [✓] Good sternocleidomastoid and trapezius strength

MOTOR: [✓] No drift of upper extremities and stands on heels and toes [ ] Good strength in upper and lower extremities to specific muscle testing [ ] No atrophy or fasciculations [✓] No abnormal movements or tone change [✓] No ataxia [✓] Gait unremarkable

SENSORY: [✓] No loss of pin prick, light touch [✓] No loss of cortical sensory modalities

REFLEXES: +

IMPRESSION: Headache

RECOMMENDATIONS: Click note

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INTERNAL MEDICINE ASSOCIATES
LEXINGTON MEDICAL PARK 2
146 NORTH HOSPITAL DRIVE
SUITE 530
WEST COLUMBIA SC 29169
(803) 796-7270

PATIENT: KNEECE,RICKY REPORT NO: 1208-0112

DATE OF EXAM: 12/4/09
FILE NO: 29437
DATE OF BIRTH/AGE: [redacted]
ORDERED BY: DR.WICKER
CLINICAL DATA: COMPLETE PHYSICAL EXAMINATION

CHEST (PA):

PA view of the chest shows clear lung fields. The cardiac and mediastinal shadows appear normal. The costophrenic angles are sharp. The bony structures are intact.

IMPRESSION: Normal PA.

Possible slight increase in size of end on bronchials with questionable peribronchial cuffing.

CHRISTOPHER WICKER,MD

OVER-READ: Disagree. No evidence of acute disease or significant interval change when compared to 8/31/07. Persistent asymmetric prominence of the right hilum, also stable and most likely of no clinical significance.

LM

JOHN W HAYNES MD

**REPORT STATUS: Signed**

12/14/09

Date Rec'd
Date MD Reviewed
MD Initials
Completed by
Date

NOTE: This report is provided as a second reading of a study previously interpreted by the treating physician.

REPORT ELECTRONICALLY SIGNED

Outside Facility Copy

# Internal Medicine Associates

146 North Hospital Drive, Suite 530
West Columbia, South Carolina 29169

29437

| | |
|---|---|
| PATIENT: KNEECE, RICKY D | VISIT DATE: 12/18/2009 |
| PATIENT #: 00001242130 [redacted] | D: 12/18/2009 12:39 PM |
| PHYSICIAN: CHRISTOPHER WICKER, MD | T: 12/19/2009 1:15 PM / ach |
| | DATE OF BIRTH: [redacted] |

*CORRECTED COPY 12/21/2009/ach*

CHIEF COMPLAINT: Here for CPE, follow-up of hypertension.

HISTORY OF THE PRESENT ILLNESS: Patient comes in for a CPE. Reports he has been doing okay, has not had any major difficulties since last time. In regards to his hypertension, he maintains on lisinopril without any side effects from it. He feels well with it and is doing okay. For testosterone deficiency, he continues on the Androgel and has some difficulty remembering it. He reports that he really has not noticed much improvement since starting it but has noticed the most improvement since changing from the Synthroid to Armour Thyroid. He does have central hypothyroidism from a previous traumatic brain injury and feels like his energy level is slightly better. He continues to have some difficulties in the morning when he first gets up and having some sluggishness but this does not seem as bad since starting the Armour. He maintains on the CPAP for obstructive sleep apnea and does okay with it. He reports he does not sleep as well once he is on CPAP machine. He feels well otherwise, has not had any major changes in his own health. Since last time, his son, who is working with camels out in Myrtle Beach, had a significant injury, broke a leg and then suffered a hemorrhagic stroke and is still having difficulties with this, as well as neuropathic pain afterwards.

PAST MEDICAL HISTORY: Significant for gout, traumatic brain injury with frontal lobe injury, depression, nephrolithiasis in 2008.

SURGICAL HISTORY: Left shoulder surgery x2. Left elbow and left knee x2. Appendectomy. Right inguinal hernia x2. Left inguinal hernia repair.

HEALTH MAINTENANCE: Pneumovax given in 2000. Last tetanus vaccine around 2004. PSA August 2009 was 0.5.

FAMILY HISTORY: As above, otherwise unchanged.

SOCIAL HISTORY: Married. Wife recently had to leave her job so that she could help transport their son back and forth and reports that he is thinking about coming home. He is currently trying to get in his wheat crop and just finished getting in his cotton crop.

DRUG ALLERGIES: None known.

CURRENT MEDICATIONS: Lisinopril 20 mg daily; Effexor-XR 150 mg b.i.d.; Trazodone 100 mg 2 p.o. every h.s.; CoQ10 daily; Mobic p.r.n.; Armour 60 mg p.o. daily; Singulair 10 mg p.o. daily during peak seasons of spring and fall; Androgel 5 mg daily; Cetirizine 10 mg p.o. every h.s.; Vitamin C 1000 mg p.o. daily and Vitamin D3, 2000 international units daily, both of these during the wintertime only.

REVIEW OF SYSTEMS: As per HPI. Reports he occasionally has some difficulties with repeat urination at night where he feels like he has to go back again shortly after his first emptying. No major problems with starting or stopping otherwise, reports the only time he has this is usually at night and it is not an everyday concern. Remaining ROS as per HPI. Also positive for some continued shoulder and knee pain but chronic and unchanging. Otherwise ROS negative based on 10-points.

PHYSICAL EXAMINATION

VITAL SIGNS: Blood pressure 110/70, heart rate 95, saturation 95% on room air, weight 224 (down 8 pounds).

GENERAL: Resting, no apparent distress.

HEENT: Normocephalic, atraumatic. Pupils equal, round, reactive to light. .Sclerae anicteric. Nares patent. Nasal mucosa clear. TMs and canals clear bilaterally. Oropharynx clear, mucous membranes moist.

NECK: Supple. Full range of motion.

CARDIOVASCULAR: S1, S2. Regular without any murmurs, rubs, gallops. No clubbing, cyanosis, or edema.

LUNGS: Clear to auscultation bilaterally. No wheezes, rales, or rhonchi.

ABDOMEN: Bowel sounds present. Soft, nontender, nondistended.

NEUROLOGIC: Alert, appropriate. Nonfocal. Deep tendon reflexes 2+ in bilateral brachial, radial, patellar, and Achilles. Strength 5/5 throughout.

MUSCULOSKELETAL: Grossly intact.

SKIN: Benign appearing nevi on back. No worrisome lesions.

LYMPH: Without cervical or supraclavicular lymphadenopathy.

RECTAL: Normal tone. Prostate slightly enlarged but no nodularity or other abnormalities appreciated to it.

ASSESSMENT AND PLAN

1. HYPERTENSION. Continue lisinopril at current dosing; doing well with this without any major difficulties with side effects.
2. CENTRAL HYPOTHYROIDISM. He does seem to be doing better with Armour Thyroid. Continue this; last TSH and Free T4 were excellent.
3. TESTOSTERONE DEFICIENCY. Given the difficulties remembering the Androgel, discussed possibly switching to Depo-Testosterone but for now he would like to stick with the Androgel and see how he does with it on a more consistent basis.
4. IMPAIRED FASTING GLUCOSE. Glucose mildly elevated to 132 on work-up laboratories. Reports usually in the 100-104 range when his wife checks them at home. Today, check finger-stick blood sugar. If remains borderline elevated go ahead and start Metformin and plan on repeating this in the next several months.
5. HEALTH MAINTENANCE. Up to date on usual age-appropriate screenings and vaccinations. Return in 4-6 months, sooner if any acute issues arise.

CHRISTOPHER WICKER, MD

cc:

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# Internal Medicine Associates

146 North Hospital Drive, Suite 530
West Columbia, South Carolina 29169

3437

| | |
|---|---|
| PATIENT: KNEECE, RICKY D | VISIT DATE: 04/23/2010 |
| PATIENT #: 00001242130 [redacted] | D: 04/23/2010 12:42 PM |
| PHYSICIAN: CHRISTOPHER WICKER, MD | T: 04/26/2010 11:21 AM / cee |
| | DATE OF BIRTH: [redacted] |

CHIEF COMPLAINT: Concerns about headaches, vasomotor rhinitis.

HISTORY OF THE PRESENT ILLNESS: Patient presents for follow-up. He has been having worsening headaches recently. He called his neurologist Dr. Shissias and he tried him on a wash out program x10 days then placed him on Relafen with an on cycle and off cycle. Headaches have not improved any. He spoke with him yesterday and he was going to call in what sounds like either Topamax or gabapentin but has not had it done yet. He has been going through some personal issues with his mother-in-law but patient is waiting on him at this point. He does note that he has been having increasing appetite recently and has been having difficulties with this. He has not gained any weight but has been relatively stable. His other concern is with runny nose. He has it every time he eats and he has been having this for a long period of time. He has previously been on Flonase in the past for his allergies and he notes that this did help him during this time. He continues on Singulair and generic cetirizine.

PAST MEDICAL HISTORY/ALLERGIES/MEDICATIONS: Reviewed and unchanged.

REVIEW OF SYSTEMS: As per HPI. Denies any chest pain, palpitations, dyspnea, dyspnea on exertion.

PHYSICAL EXAMINATION
VITAL SIGNS: Blood pressure 110/68, heart rate 84, O2 SAT 96%, weight 222.
GENERAL: Resting, no apparent distress.
HEENT: Normocephalic, atraumatic. Pupils equal. Sclerae anicteric.
CARDIOVASCULAR: S1, S2/regular.
LUNGS: Clear to auscultation bilaterally. No wheezes, rales or rhonchi.

ASSESSMENT/PLAN
1. IMPAIRED FASTING GLUCOSE. Check A1C. Continue Metformin as previously prescribed.
2. VASOMOTOR RHINITIS. Add fluticasone nasal spray to regimen to see if this helps cut down on his symptoms. Otherwise return for physical exam in 4 - 5 months or sooner if any acute issues arise.

CHRISTOPHER WICKER, MD

cc:

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Cynthia P. Grimley & Associates, LLC

CYNTHIA P. GRIMLEY, MS, CRC, CCM, DABVE
REHABILITATION MANAGEMENT
VOCATIONAL EXPERT

# VOCATIONAL EVALUATION AND EARNING CAPACITY ANALYSIS

| | |
|---|---|
| **Evaluee:** | **Delano "Ricky" Kneece** |
| **Date of Birth:** | [redacted] |
| **Referred by:** | **Mark Cauthen, Esq.** |
| **WCC File #:** | **9920867** |
| **DOI:** | **November 22, 1999** |
| **Date of Report:** | **February 11, 2011** |

## REFERRAL INSTRUCTIONS

Mr. Kneece's file was referred for a Vocational Evaluation for a determination as to whether or not, as a result of his injury, he had also sustained any permanent functional impairment and limitations that would impact his capacity to perform and sustain work and earn income.

## EVALUATION METHODOLOGY

1. An in-depth review of the file was conducted to obtain relevant background information with regard to Mr. Kneece's age, education, past relevant employment experience and current work/life status. An in person interview with Mr. and Mrs. Kneece was requested, however, this was denied by plaintiff's counsel Mr. Scott Elliott, Esq. The documents reviewed were: Memorandum from Mark Cauthen; Tax Returns – 1999 – 2009; Deposition of Lawrence H. Bergmann, Ph.D (April 26, 2007); Deposition of Ricky Kneece (September 23, 2010); Deposition of Roxanne Kneece (September 29, 2010) ; Oral Deposition of Ricky Kneece (December 17, 2044); SC Worker's Compensation Commission – Employer's Answer to Request for Hearing; Index for Medical Records including Palmetto Richland Memorial Hospital (11/22/99 - 11/27/99), Dr. Jean- Francois Lefaivre (11/22/99 – 12/22/99), Palmetto Neurosurgery & Spine – Dr. Lenwood Smith (11/27/99 –09/30/01), Dr. Fank Voss (12/01/99 – 07/26/00), The Eye Center – Dr. Rick Milne (12/03/99 – 02/29/00), Internal Medical Associates (04/13/00 – 04/23/10), Psychological Service Associates – Dr. Linda Moore (07/03/00 – 08/21/00), Moore Orthopaedic Clinic – Dr. Bradley Presnel (01/09/01),

100 Old Cherokee Road, Suite F-226 • Lexington, SC 29072
(803) 765-1513 • fax: (803) 753-9026
email: cpgrimley@gmail.com • hhtp://www.cpgrimley.com

Dr. Phillip Smith (09/22/01), Midlands Orthopaedics (11/05/01 – 03/30/07), HealthSouth – Dr. Devon Troyer (02/11/02 – 12/02/02), Dr. Randolph Waid (04/15/02 – 02/08/07), Dr. William Stewart (12/31/04 – 09/16/10), Post Trauma Resources – Dr. Lawrence Bergmann (03/15/05 – 09/15/10), Post Trauma Resources – Dr. Roger Deal (06/06/06 – 08/11/10), Lexington Medical Center (02/21/06), SC Neurological Clinic – Dr. Julian Adams (05/14/08 – 05/28/08), Lowcountry Medical Group – Dr. Charles Shissias (04/02/10 – 03/25/10); Pre- hearing brief dated January 28, 2011and APA submissions / updated medicals provided from Scott Elliott, Esq. (Dr. Bergman, Dr. Deal, Dr. Shissias, Lexington Medical Center, Dr. Ugino); Surveillance video of Mr. Kneece driving a tractor; and Dr. Brawley (February 11, 2011).

2. The employment history was researched using standard vocational reference materials that are detailed in the **Resources and References** section at the end of this narrative. This employed the *McCroskey Vocational Quotient System 2009* (**McCroskey Transferable Skills Program)** and the *MVQS Volcano 9.0 Critical Variables (CV) Vocational Analysis Incorporating the MVQS Rehabilitation Economist and the MVQS Handbook for Analyzing Jobs-Revised.*, which utilizes the most advanced research on the **VDARE Process** (McCroskey, Wattenbarger, Field & Sink, 1977), which applies job analysis information published by the U.S. Department of Labor (DOL) in the *Dictionary of Occupational Titles* (DOT), Revised 4th Edition, 1991, and the new *O*Net Dictionary of Occupational Titles*, 1998, to determine modal ability levels associated with the jobs Mr. Kneece successfully performed.

## EDUCATION

Mr. Kneece graduated from Pelion High School, in Pelion, South Carolina in the year 1978. He has had no formal training beyond high school except for training on John Deere tractors.

## MILITARY SERVICE

Mr. Kneece reported having no military service.

## FAMILY/SOCIAL

Mr. Kneece resides at 204 Delano Kneece Road, Pelion, SC. He is employed by Kneece Farms in Gilbert, SC. He is an owner/operator of the farm along with his father and two sons. Mr. Kneece is married and has two sons, J.D. and Kain. He resides with his wife Roxanne and one son.

The tax information was reviewed. Not all of the W-2's were provided so it was difficult to separate out what was Mr. Kneece's income. The W-2's that were provided documented that Mr. Kneece had his individual income increase from the years 2001 until 2005. The family income had also increased from 1999.

| Tax Year (Married Filing Joint) | Total Joint Income Reported on Line 7 (1040) | Mr. Kneece Individual Income (based on W-2's, if provided) | Mrs. Kneece Individual Income (based on W-2's, if provided) |
|---|---|---|---|
| 1999 | 56,160 | | |
| 2000 | 54,413 | | |
| 2001 | 69,247 | 41,166.65 (Delano Kneece & Son, Inc.) | 28,080.00 (Delano Kneece & Son, Inc.) |
| 2002 | 75,743 | | |
| 2003 | 91,720 | 36,500.00 (Delano Kneece & Son, Inc.) | 37,084.00 (Delano Kneece & Son, Inc.)<br>387.75 (Midland Tech College)<br>17,748.06 (Lexington Medical Center) |
| 2004 | 103,274 | 47,414.19 (Delano Kneece & Son, Inc.) | 32,612.13 (Delano Kneece & Son, Inc.)<br>23,247.88 (Lexington Medical Center) |
| 2005 | 104,478 | 52,000 (Delano Kneece & Son, Inc.) | 33,200.00 (Delano Kneece & Son, Inc.)<br>19,274.26(Lexington Medical Center) |
| 2006 | 106,554 | 52,000 (Delano Kneece & Son, Inc.) | 33,200.00 (Delano Kneece & Son, Inc.)<br>17951.85 (Lexington Medical Center)<br>3,402.00 (Unum Life Insurance) |
| 2007 | 140,461 | | |
| 2008 | 137,088 | | |
| 2009 | 137,399 | | |

## MEDICAL INFORMATION

The medical file was reviewed. The medical data will not be reiterated in detail in this section since the medical records are well documented. The pertinent medical information that was significant from a vocational standpoint was the neuropsychological evaluations by Dr. Waid and Dr. Brawley. These were important due to the head injury that Mr. Kneece sustained. Mr. Kneece tested with a Full Scale IQ of 76. When compared to testing that Dr. Waid completed, Dr. Brawley noted a decline in a couple of areas such as simple manual speed and Trails A. She felt that this may be due to the presence of

continued psychiatric distress. His other areas of functioning are consistent as noted by Dr. Brawley. Dr. Brawley described Mr. Kneece has having a mild residual brain dysfunction as a result of his accident.

Mr. Kneece noted that he has had three hernias and appendicitis as prior medical history.

Mr. Kneece is currently taking several medications to include Trazodone, Valium oxycarbazepine, and Effexor. He still reported having headaches, increased irritability feeling of depression, feelings of anxiety, decreased frustration tolerance and decreased libido.

## EMPLOYMENT EXPERIENCE

Mr. Kneece is employed by Kneece Farms. He is part owner of this farm. He described his job duties as that of a farmer. The farm grows corn, cotton and peanuts. He also sharecrops on his uncle's property. Once the crops are in, winter maintenance is performed on equipment and irrigation systems. Mr. Kneece reported that the majority of his job duties consist of driving a tractor. Farming has been Mr. Kneece's profession all of his life. Mr. Kneece has described that he has modified some of his job duties since his injury such as climbing and elevator leg or climbing on irrigations. He also added that he does not mix chemicals any longer or calibrate the equipment. He stated that if lifting is an issue he will have someone else help him.

Mrs. Kneece is also employed by Kneece Farms as a bookkeeper. Mr. Kneece stated that his wife began to work other employment as well for the health insurance.

## ANALYSIS OF THE EMPLOYMENT EXPERIENCE

The jobs Mr. Kneece successfully performed were researched in the Dictionary of Occupational Titles, The Classification of Jobs, The Encyclopedia of Job Requirements, and The Revised Handbook for Analyzing Jobs. Reference to these job titles is important, as they have known capacity statements attached to them, which represent modal ability levels associated with these jobs that are partial indicators of Mr. Kneece's pre-disability work capacities.

| D.O.T. NO. | D.O.T. TITLE | VQ | SKILL | EXERTIONAL LEVEL |
|---|---|---|---|---|
| 404161010 | Farmer, Field Crop | 121 | Skilled | Medium |
| 421683010 | Farmworker, General I | 104 | Semi-Skilled | Heavy |
| 906683014 | Liquid-Fertilizer Servicer | 100 | Semi-Skilled | Medium |
| 929683014 | Tractor Operator | 103 | Semi-Skilled | Medium |

In general, these jobs have middle average to very low levels for the academic abilities of (R) Reasoning, (M) Mathematics and (L) Language. They contain high middle average to below middle average for (S) Spatial Perception; (P) Form Perception; (F) Finger Dexterity; (M) Manual Dexterity; (Q) Clerical; (K) Motor Speed and Coordination; and E) Eye-Hand-Foot Coordination and (C) Color Discrimination.

These jobs are rated in the average range in terms of difficulty on the **McCroskey Vocational Quotient Scale**, a standardized, empirically derived index of vocational difficulty that considers all of the mental and physical capacity worker trait factors to determine an overall level of job difficulty. This index ranges from a low of about 72.00 to a high of 154.00. The VQ distribution for all jobs in the DOT has been transformed (McCroskey, 1992) to a Mean of 100.00 and a Standard Deviation (SD) of 15.00. In general, the higher the VQ, the more difficult and rewarding the job. Jobs with VQ's falling roughly between 85.00 and 115.00 fall within the "average range" of overall difficulty. The occupations that Mr. Kneece has successfully performed in general require Heavy and Medium physical demands, using the U. S. Department of Labor's 5-point rating scale: Sedentary, Light, Medium, Heavy and Very Heavy.

## ANALYSIS OF EMPLOYABILITY

Employability, technically and specifically defined, is a status that "exists if a person possesses skills, abilities and traits necessary to perform a job."[1] McCroskey asserts that employability theoretically exists when "worker capacity equals or exceeds the demands of a job."[2] Employability is a measure of individual capacity measured against the demands of jobs. The ability to actually be placed in a paying job is referred to as "placeability." Field indicates that placeability exists when "economic conditions and employer attitudes are such that a person can actually be placed in a job; the difficulty of placing a person with a disability in a job."[3]

Mr. Kneece has worked his current job since before he was a teenager. He continues to work his job driving a tractor. He has had to modify some of his job duties since his injury. He expressed frustration because he is aware that he can not perform all of the duties that he has done in the past. He is fortunate to have excellent family support and the opportunity to continue to work and earn income.

## ANALYSIS OF EARNING CAPACITY

The power to earn income is a function of the capacity to perform and sustain work activity. The capacity to perform and sustain work is predicated upon individual physical and mental capacities, which are measurable and expressed in terms of worker trait

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[1] Field, t. 1993. **Strategies for the Rehabilitation Consultant**, p. 1-7, Elliott & Fitzpatrick, Inc., Athens, GA

[2] McCroskey, B. J. 1994. **Manual for the McCroskey Transferable Skills Program**, Expert Vocationologist Edition, Ver. 7.0, Vocationology, Inc., Minneapolis, MN.

[3] Field, op. cit., p. I-12.

functional levels by the U.S. Department of Labor. This analysis was done in accordance with this quantitative system.

Mr. Kneece has never lost income in his profession since his injury.

## SUMMARY

Mr. Kneece has permanent physical and cognitive functional impairments as a result of the November 22, 1999 industrial accident. These impairments have slightly lower his vocational capacity to the extent that he would not have the residual functional capacities necessary to perform a range of the jobs requiring physical exertion beyond medium level of physical work. He has been able to modify his job duties so that he continues to work.

Mr. Kneece has demonstrated a steady employment history up until his accident. He made a remarkable recovery and returned to work within a short period of time. He has also demonstrated the ability to work modified duties with his employer after his accident.

Mr. Kneece sustained serious injuries when the tire of a motor grader exploded while he was in the process of changing the tire. Despite his serious injuries Mr. Kneece has continued to work on his family farm and earn income. His income has increased since the date of injury as documented by the tax records reviewed from 1999 to 2009. His job duties have been modified in a manner that provides him the opportunity to continue to work and earn income.

It is my professional opinion, that Mr. Kneece does possess skills to be considered employable based on his physical and neuropsychological limitations. His impairments and the functional limitations that have resulted from the injury, to a reasonable degree of vocational certainly, have not diminished his ability to earn income.

This opinion is based on the information provided. I will review my opinion and provide a supplemental report if new evidence is discovered that would affect this Vocational Evaluation.

Respectfully submitted:

Cynthia P. Grimley, MS, CRC, CCM
Diplomate, American Board of Vocational Experts

Enclosures: MVQS 2009 Profile Reports

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Note 1 - See Also: JOFV Vol (1)1 (1995) - Vol (7)1, (2002) for numerous Scientific Studies by various authors on Inter-Rater Reliability, Validity, Historical Error Rates and Theoretical Foundations underpinning MVQS Program inputs and outputs.

**The two Studies preceded by 2 asterisks in these References are the most important for laying adequate foundation for the reliability & validity of MVQS MTSP 6.0-6.3 Earning Capacity Estimates you use in the MVQS Rehabilitation Economist to determine Future Diminution of Earning Capacity.

UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE

UNIVERSITY SPECIALTY CLINICS

February 11, 2011

Mark D. Cauthen
McKay, Cauthen, Settana & Stubley, P.A.
Post Office Box 7217
Columbia, SC 29202

RE: Ricky Kneece Evaluation

Dear Mr. Cauthen,

Per your request, I performed an extended clinical interview and neuropsychological evaluation on the above captioned patient on January 28, 2011. Mr. Kneece was originally scheduled for evaluation January 4, 2011 but did not present for this evaluation.

I would like to provide you with a summary of my findings from the 1/29/11 evaluation. As part of this evaluation I reviewed medical records to include the neuropsychological reports of Randy Waid, Ph.D. Dr. Waid also provided me with the raw data from his evaluations.

As you know, Mr. Kneece is a 50 year-old, right handed male who was involved in an accident while working on November 22, 1999. The details of his accident and injuries have been well detailed in prior records and will not be repeated in this report. He did sustain a significant brain injury from this accident to include findings on CT scan of edema, hemorrhage and contusion. Mr. Kneece is currently reporting residual cognitive and emotional changes as a result of this accident. His wife confirms these continuing difficulties. Mr. Kneece has made remarkable recovery from the accident and has been able to return to work at the family farm. They note however, that they have had to employ compensatory measures (automation, simplifying procedures, etc.) in order for him to be able to adequately function in the work setting. His wife reports that despite these measures he does continue to make some mistakes. Mr. Kneece also has a very strong support system of family friends which has also aided his functionality.

Behaviorally, Mr. Kneece exhibited tearfulness on a couple of occasions during the interview. He was also tangential when answering some of the interview questions.

*NEUROPSYCHIATRY*
*AND BEHAVIORAL SCIENCE*
**15 Medical Park, Suite 141, Columbia, SC 29203**
**803-434-4300, FAX 803-434-4351**

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Mr. Kneece reports vegetative symptoms including never feeling rested in the mornings, weight gain of 25 pounds, decreased energy level, loss of interest in hunting and fishing, feelings of depression, feelings of anxiety, increased irritability, decreased frustration tolerance and decreased libido.

Mr. Kneece was born in Columbia, SC. He was the youngest of three children and reports his childhood as being "good". He completed high school reporting to have been an average student. He has been married for 27 years and has two grown sons. He reports to have worked at the family farm his entire life.

He is currently on several medications to include Trazodone, Valium oxycarbazepine, and Effexor.

Tests Administered:

Wechsler Memory Scale-III

- Information and Orientation (13/14)

Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)

| | |
|---|---|
| List Learning | 17th %ile |
| Story Memory | 25th %ile |
| Figure Copy | 19th %ile |
| Line Orientation | 31st %ile |
| Picture Naming | 75th %ile |
| Semantic Fluency | 16th %ile |
| Digit Span | 7th %ile |
| Coding | 4th %ile |
| List Recall | 50th %ile |
| List Recognition | 7th %ile |
| Story Recall | 17th %ile |
| Figure Recall | 14th %ile |

| | |
|---|---|
| Verbal Series Attention Test | Impaired |
| Controlled Verbal Fluency Test | 11th %ile |
| Short Category Test, Booklet Format | Below Average |
| Finger Oscillation | R 10th %ile L 9th %ile |
| Grooved Pegboard | R 14th %ile L 6th %ile |
| Trail Making Part A | 53" |
| Trail Making Part B | 142" 2 errors |
| TOMM | 39, 47, 50 |
| Word Memory Test | IR 65% DR 85% |

Formal IQ testing was not performed as this had previously been conducted by Dr. Waid. On Dr. Waid's 2002 evaluation, Mr. Kneece obtained a Full Scale IQ of 76 (Verbal IQ 81, Performance IQ 75). This was consistent with his estimated premorbid functioning from the WTAR also administered by Dr. Waid. The estimated premorbid scores were Full Scale IQ 76 (Verbal IQ 75, Performance IQ 80).

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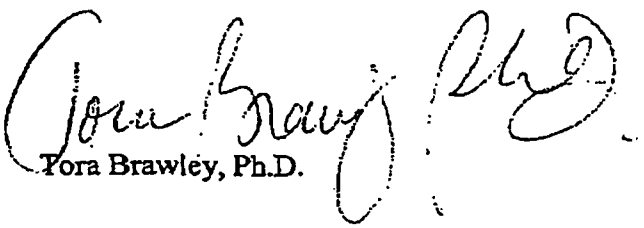
When the current results are compared to Dr. Waid's previous evaluations it was noted that there has been decline in a couple of areas such as simple manual speed and Trails A. It is believed that this may be due to the presence of continued psychiatric distress. Other areas of functioning are consistent.

Mr. Kneece continues to suffer from several vegetative symptoms, chronic pain and stressors. He is also on multiple medications. It is not believed that he is at MMI with regards to his vegetative symptoms and the current efficacy of his medications should be assessed.

In summary, when premorbid functioning is taken into consideration, Mr. Kneece does appear to be experiencing mild residual brain dysfunction as a result of his accident. He is also experiencing personality/psychological residual symptoms and would benefit from additional treatment for these. As Dr. Waid notes, Mr. Kneece has made good recovery from his brain injury and is able to continue to work on the family farm. This has been facilitated by his excellent support system and the use of compensatory strategies.

Thank you for allowing me to participate in the evaluation of this patient. Please do not hesitate to contact me should you have further questions.

Sincerely,



Tora Brawley, Ph.D.

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South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803)737-5700

WCC File 920867
Carrier File # G6826
Carrier Code # 00148
Employer FEIN 570934134

DELANO RICKY KNEECE [redacted]
Claimant's Name SSN

204 DELANO KNEECE RD. PELION SC 29123
Address City State Zip

Home Phone # Work Phone #

KNEECE FARMS
Employer's Name

1752 JUNIPER SPRINGS RD. GILBERT SC 29054
Address City State Zip

LEGION INSURANCE IN LIQUIDATION
Insurance Carrier

BECKY MUSKOVIN 803-744-4323
Preparer's Name Phone #

1. Date of Injury: 11-22-1999 (month day year)

2. Total Weeks of Compensation Paid: 157 5/7

3. Type of Compensation Paid (TP or TT)/Periods of Payment:

Type: TTD From: 12-1-99 To: 3-14-00

Type: TTD From: 1-9-03 To: 10-4-05

Type: From: To:

4. Date of First Payment: (month day year)

5. Total Amount Paid (a) Compensation: $72,877.91

(b) Medical (Include Nursing, Hospital Drugs, Etc.): $30,704.07

6. Informal Conference is Requested: ☐ yes ☐ no (check one)

7. Use these lines to send a memo to the Commission:

STATUS REPORT

Becky Muskovin 744-4323 05-26-09
Employer's Representative Phone # Date

cc: Mark Carthen — Still seeing Dr. Bagnon & Dr. Dod every month

Type or print all information. File this form 6 months after the alleged injury date and each 6 months until the Commission's File is closed. Form 18 must be filed whether or not compensation is ongoing. Check "yes" after number 6 to request an informal conference. Refer to R.67-413, R.67-507, and R.67-804 for further information.

WCC FORM #18 REV. DATE 3/96 18 PERIODIC REPORT

*South Carolina Workers' Compensation Commission*
*P.O. Box 1715 • 1612 Marion Street*
*Columbia, South Carolina 29202-1715*
*(803) 737-5700*

WCC File # 9920867
Carrier File # 2569-1638
Carrier Code # 00148
Employer FEIN 57-0934134

D. Ricky Kneece [redacted]
Claimant's Name SSN

204 Delano Kneece Road Pelion SC
Address City State Zip

( ) ( )
Home Phone Work Phone

Kneece Farms
Employer's Name

1752 Juniper Springs Raod Gilbert SC 29054
Address City State Zip

SCPCIGA - Legion in Liquidation
Insurance Carrier

Melody Harris (803)772-9192
Preparer's Name Phone #

Date of injury: 11/22/99
month day year

1. Temporary Compensation Paid:

| Number of Weeks | From To | Amount |
|---|---|---|
| 157 1/7 | 01/09/03 - 10/04/05<br>12/01/99 - 03/14/00 | $ $65,476.69 |
| | | $ |
| | | $ |
| | | $ |
| | | $ |

2. The claimant returned to work on ~~01/09/03~~
month day year

☐ With restrictions but at a salary not less than before the injury.
☒ Without restrictions.

3. The claimant agrees he or she was able to return to work on ~~01/09/03~~ 10/04/05
month day year 10/04/05

I agree that I was disabled for the period(s) indicated and I was paid compensation as shown above. I UNDERSTAND THAT MY WEEKLY TEMPORARY COMPENSATION CHECKS WILL STOP; HOWEVER, I GIVE UP NO RIGHTS TO COMPENSATION FOR FUTURE DISABILITY, FOR PERMANENT DISABILITY, DISFIGUREMENT, OR MEDICAL CARE. The effect of this form has been fully explained to me, and I have received a copy of it. I understand that I should not sign this form until 15 days after I have returned to work or agree I was able to return to work.

D. Ricky Kneece
Claimant's Signature

Melody Harris
Employer's Representative Signature

(Check one) ☐ Witness ☐ Claimant's Attorney

6-16-06
Date Agreement Signed

File this form with the Claims Department no later than 31 days from the date the claimant returned to work to terminate temporary compensation during the first 150 days after employer's notice of the injury according to R.67-505. Within the 150 day period, obtain a Form 17 to document that claimant agrees he or she is able to return to work.

RECEIVED
DEC 04 2006
Division of Claims
Claims Administrator
S.C. Workers' Comp. Comm.

# Index item #81:

# Video Surveillance Submitted By CD

Form **1040** Department of the Treasury — Internal Revenue Service

# U.S. Individual Income Tax Return 1999

(99) IRS use only — Do not write or staple in this space.

For the year Jan 1-Dec 31, 1999, or other tax year beginning , 1999, ending , OMB No. 1545-0074

**Label** (See instructions.)

Use the IRS label. Otherwise, please print or type.

| Your First Name | MI | Last Name | Your Social Security Number |
|---|---|---|---|
| DELANO | R | KNEECE, JR | [redacted] |
| If a Joint Return, Spouse's First Name | MI | Last Name | Spouse's Social Security Number |
| ROXANNE | J | KNEECE | [redacted] |

Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No.
204 DELANO KNEECE ROAD

City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code
PELION SC 29123

▲ **Important!** ▲ You must enter your social security number(s) above.

**Presidential Election Campaign** (See instructions.)

| | Yes | No |
|---|---|---|
| ▶ Do you want $3 to go to this fund? | | |
| If a joint return, does your spouse want $3 to go to this fund? | | |

Note: Checking 'Yes' will not change your tax or reduce your refund.

## Filing Status

Check only one box.

1 [ ] Single
2 [X] Married filing joint return (even if only one had income)
3 [ ] Married filing separate return. Enter spouse's SSN above & full name here ▶
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 (year spouse died ▶ 19 ). (See instructions.)

## Exemptions

6a [X] **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a

b [X] **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents:**

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see instructions) |
|---|---|---|---|
| [redacted] | [redacted] | Son | X |
| [redacted] | [redacted] | Son | X |

If more than six dependents, see instructions.

No. of your children on 6c who:
- lived with you: 2
- did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above:

d Total number of exemptions claimed — Add numbers entered on lines above ▶ 4

## Income

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

If you did not get a W-2, see instructions.

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 56,160. |
| 8a | Taxable interest. Attach Schedule B if required | 8a | 333. |
| b | Tax-exempt interest. Do not include on line 8a — 8b | | |
| 9 | Ordinary dividends. Attach Schedule B if required | 9 | 781. |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | 0. |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ] | 13 | 2,869. |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | Total IRA distributions — 15a — b Taxable amount (see instrs) | 15b | |
| 16a | Total pensions & annuities — 16a — b Taxable amount (see instrs) | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 2,500. |
| 18 | Farm income or (loss). Attach Schedule F | 18 | 437. |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits — 20a — b Taxable amount (see instrs) | 20b | |
| 21 | Other income. List type & amount (see instrs) | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | 63,080. |

Enclose, but do not staple, any payment. Also, please use Form 1040-V.

## Adjusted Gross Income

| | | | |
|---|---|---|---|
| 23 | IRA deduction (see instructions) | 23 | |
| 24 | Student loan interest deduction (see instructions) | 24 | |
| 25 | Medical savings account deduction. Attach Form 8853 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | 31. |
| 28 | Self-employed health insurance deduction (see instructions) | 28 | |
| 29 | Keogh and self-employed SEP and SIMPLE plans | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | 75. |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 | Add lines 23 through 31a | 32 | 106. |
| 33 | Subtract line 32 from line 22. This is your **adjusted gross income** ▶ | 33 | 62,974. |

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

**Tax and Credits**

| | | | |
|---|---|---|---|
| 34 | Amount from line 33 (adjusted gross income) | 34 | 62,974. |
| 35a | Check if: ☐ You were 65/older, ☐ Blind; ☐ Spouse was 65/older, ☐ Blind. Add the number of boxes checked above and enter the total here ► 35a | | |
| b | If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here ► 35b ☐ | | |
| 36 | Enter your **itemized deductions** from Schedule A, line 28, **Or standard deduction** shown on the left. **But** see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent | 36 | 7,200. |
| 37 | Subtract line 36 from line 34 | 37 | 55,774. |
| 38 | If line 34 is $94,975 or less, multiply $2,750 by the total number of exemptions claimed on line 6d. If line 34 is over $94,975, see the worksheet in the instructions for the amount to enter | 38 | 11,000. |
| 39 | **Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- | 39 | 44,774. |
| 40 | Tax (see instrs). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 ► | 40 | 6,749. |
| 41 | Credit for child and dependent care expenses. Attach Form 2441 — 41 | | |
| 42 | Credit for the elderly or the disabled. Attach Schedule R — 42 | | |
| 43 | Child tax credit (see instructions) — 43 1,000. | | |
| 44 | Education credits. Attach Form 8863 — 44 | | |
| 45 | Adoption credit. Attach Form 8839 — 45 | | |
| 46 | Foreign tax credit. Attach Form 1116 if required — 46 | | |
| 47 | Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) _____ — 47 | | |
| 48 | Add lines 41 through 47. These are your total credits | 48 | 1,000. |
| 49 | Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- ► | 49 | 5,749. |

**Standard Deduction for Most People**

Single: $4,300

Head of household: $6,350

Married filing jointly or Qualifying widow(er): $7,200

Married filing separately: $3,600

**Other Taxes**

| | | | |
|---|---|---|---|
| 50 | Self-employment tax. Attach Schedule SE | 50 | 62. |
| 51 | Alternative minimum tax. Attach Form 6251 | 51 | |
| 52 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 52 | |
| 53 | Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required | 53 | |
| 54 | Advance earned income credit payments from Form(s) W-2 | 54 | |
| 55 | Household employment taxes. Attach Schedule H | 55 | |
| 56 | Add lines 49-55. This is your total tax ► | 56 | 5,811. |

**Payments**

| | | | |
|---|---|---|---|
| 57 | Federal income tax withheld from Forms W-2 and 1099 — 57 6,311. | | |
| 58 | 1999 estimated tax payments and amount applied from 1998 return — 58 | | |
| 59a | Earned income credit. Attach Schedule EIC if you have a qualifying child. | | |
| b | Nontaxable earned income: amount ► _____ and type ► _____ — 59a | | |
| 60 | Additional child tax credit. Attach Form 8812 — 60 | | |
| 61 | Amount paid with request for extension to file (see instructions) — 61 | | |
| 62 | Excess social security and RRTA tax withheld (see instrs) — 62 | | |
| 63 | Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136 — 63 | | |
| 64 | Add lines 57, 58, 59a, and 60 through 63. These are your **total payments** ► | 64 | 6,311. |

**Refund**

Have it directly deposited! See instructions and fill in 66b, 66c, and 66d.

| | | | |
|---|---|---|---|
| 65 | If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you Overpaid | 65 | 500. |
| 66a | Amount of line 65 you want **Refunded to You** ► | 66a | 500. |
| ► b | Routing number _____ ► c Type: ☐ Checking ☐ Savings | | |
| ► d | Account number _____ | | |
| 67 | Amount of line 65 you want Applied to Your 2000 Estimated Tax ► 67 | | |

**Amount You Owe**

| | | | |
|---|---|---|---|
| 68 | If line 56 is more than line 64, subtract line 64 from line 56. This is the **Amount You Owe.** For details on how to pay, see instructions ► | 68 | |
| 69 | Estimated tax penalty. Also include on line 68 — 69 | | |

**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

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

| Your Signature | Date | Your Occupation | Daytime Telephone Number (optional) |
|---|---|---|---|
| ► | | FARMER | |
| **Spouse's Signature. If a Joint Return, Both Must Sign.** | Date | Spouse's Occupation | [redacted] |
| ► | | SECRETARY | |

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's Signature ► | Date 04/15/2000 | Check if self-employed ☒ | Preparer's SSN or PTIN [redacted] |
| Firm's Name (or yours if self-employed) and Address ► | RALPH G. BUSBEE, CPA<br>184 MORGAN DRIVE<br>LEXINGTON SC | EIN | ZIP Code 29072 |

Name(s) Shown on Form 1040. Do Not Enter Name and Social Security Number if Shown on Schedule A.

DELANO R & ROXANNE J KNEECE, JR

Your Social Security Number [redacted]

# Schedule B — Interest and Ordinary Dividends

08

**Note:** If you had over $400 in taxable interest income, you must also complete Part III.

## Part I Interest

(See instructions for Form 1040, line 8a.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

| | | Amount |
|---|---|---|
| 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ► | | |
| BRANCH BANKING AND TRUST | 1 | 333. |
| 2 Add the amounts on line 1 | 2 | 333. |
| 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You **Must** attach Form 8815 | 3 | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ► | 4 | 333. |

**Note:** If you had over $400 in ordinary dividends, you must also complete Part III.

## Part II Ordinary Dividends

(See instructions for Form 1040, line 8a.)

**Note:** If you received a Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

| | | Amount |
|---|---|---|
| 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ► | | |
| A.G. EDWARDS & SONS, INC | 5 | 91. |
| MERRILL LYNCH | 5 | 690. |
| 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9 ► | 6 | 781. |

## Part III Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you (a) had over $400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

| | Yes | No |
|---|---|---|
| 7a At any time during 1999, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1 | | X |
| b If 'yes,' enter the name of the foreign country ► | | |
| 8 During 1999, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'yes,' you may have to file Form 3520. See instructions | | X |

**Schedule D** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Capital Gains and Losses

► Attach to Form 1040. ► See instructions for Schedule D (Form 1040).
► Use Schedule D-1 for more space to list transactions for lines 1 and 8.

OMB No. 1545-0074

**1999**

12

Name(s) Shown on Form 1040: DELANO R & ROXANNE J KNEECE, JR

Your Social Security Number: [redacted]

## Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less

| | (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (Loss). Subtract (e) from (d) |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2 | 2 | | |
| 3 **Total short-term sales price amounts.** Add column (d) of lines 1 and 2 | 3 | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | 4 | | |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 5 | | |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1998 Capital Loss Carryover Worksheet | 6 | | |
| 7 **Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f) ► | 7 | | |

## Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

| | (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (Loss) Subtract (e) from (d) | (g) 28% Rate Gain or (Loss) * (see instructions below) |
|---|---|---|---|---|---|---|---|
| 8 | LAND SALE | SCE&G 01/01/90 | 02/03/99 | 2,969. | 1,000. | 1,969. | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | | |
|---|---|---|---|
| 9 Enter your long-term totals, if any, from Schedule D-1, line 9 | 9 | | |
| 10 **Total long-term sales price amounts.** Add column (d) of lines 8 and 9 | 10 | 2,969. | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | 11 | | |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 12 | | |
| 13 Capital gain distributions. See instructions | 13 | 900. | |
| 14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1998 Capital Loss Carryover Worksheet | 14 | | |
| 15 Combine lines 8 through 14 in column (g) | 15 | | |
| 16 **Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f) ► | 16 | 2,869. | |

**Next:** Go to Part III on page 2.

* **28% Rate Gain or Loss** includes all 'collectibles gains and losses' (as defined in the instructions) and up to 50% of the eligible gain on qualified small business stock (see instructions).

## Part III Summary of Parts I and II

| | | | |
|---|---|---|---|
| 17 | Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13 | 17 | 2,869. |
| | **Next:** Complete Form 1040 through line 39. Then, go to **Part IV** to figure your tax if:<br>• Both lines 16 and 17 are gains, **and**<br>• Form 1040, line 39, is more than zero. | | |
| 18 | If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the **smaller** of these losses:<br>• The loss on line 17, **or**<br>• ($3,000) or, if married filing separately, ($1,500) | 18 | |
| | **Next:** Skip **Part IV** below. Instead, complete Form 1040 through line 37. Then, complete the **Capital Loss Carryover Worksheet** in the instructions if:<br>• The loss on line 17 exceeds the loss on line 18, **or**<br>• Form 1040, line 37, is a loss. | | |

## Part IV Tax Computation Using Maximum Capital Gains Rates

| | | | | | |
|---|---|---|---|---|---|
| 19 | Enter your taxable income from Form 1040, line 39 | | | 19 | 44,774. |
| 20 | Enter the **smaller** of line 16 or line 17 of Schedule D | 20 | 2,869. | | |
| 21 | If you are filing Form 4952, enter the amount from Form 4952, line 4e | 21 | | | |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0- | 22 | 2,869. | | |
| 23 | Combine lines 7 and 15. If zero or less, enter -0- | 23 | 0. | | |
| 24 | Enter the **smaller** of line 15 or line 23, but not less than zero | 24 | 0. | | |
| 25 | Enter your unrecaptured section 1250 gain, if any, from line 16 of the worksheet in the instructions | 25 | | | |
| 26 | Add lines 24 and 25 | 26 | 0. | | |
| 27 | Subtract line 26 from line 22. If zero or less, enter -0- | | | 27 | 2,869. |
| 28 | Subtract line 27 from line 19. If zero or less, enter -0- | | | 28 | 41,905. |
| 29 | Enter the **smaller** of:<br>• The amount on line 19, **or**<br>• $25,750 if single; $43,050 if married filing jointly or qualifying widow(er); $21,525 if married filing separately; or $34,550 if head of household | | | 29 | 43,050. |
| 30 | Enter the **smaller** of line 28 or line 29 | 30 | 41,905. | | |
| 31 | Subtract line 22 from line 19. If zero or less, enter -0- | 31 | 41,905. | | |
| 32 | Enter the **larger** of line 30 or line 31 | 32 | 41,905. | | |
| 33 | Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies | | | 33 | 6,289. |
| | **Note:** If line 29 is less than line 28, go to line 38. | | | | |
| 34 | Enter the amount from line 29 | 34 | 43,050. | | |
| 35 | Enter the amount from line 28 | 35 | 41,905. | | |
| 36 | Subtract line 35 from line 34. If zero or less, enter -0- | 36 | 1,145. | | |
| 37 | Multiply line 36 by 10% (.10) | | | 37 | 115. |
| | **Note:** If line 27 is more than zero **and** equal to line 36, go to line 52. | | | | |
| 38 | Enter the **smaller** of line 19 or line 27 | 38 | 2,869. | | |
| 39 | Enter the amount from line 36 | 39 | 1,145. | | |
| 40 | Subtract line 39 from line 38 | 40 | 1,724. | | |
| 41 | Multiply line 40 by 20% (.20) | | | 41 | 345. |
| | **Note:** If line 25 is zero or blank, skip lines 42 through 47 and read the note above line 48. | | | | |
| 42 | Enter the **smaller** of line 22 or line 25 | 42 | | | |
| 43 | Add lines 22 and 32 | 43 | | | |
| 44 | Enter the amount from line 19 | 44 | | | |
| 45 | Subtract line 44 from line 43. If zero or less, enter -0- | 45 | | | |
| 46 | Subtract line 45 from line 42. If zero or less, enter -0- | 46 | | | |
| 47 | Multiply line 46 by 25% (.25) | | | 47 | |
| | **Note:** If line 24 is zero or blank, go to line 52. | | | | |
| 48 | Enter the amount from line 19 | 48 | | | |
| 49 | Add lines 32, 36, 40, and 46 | 49 | | | |
| 50 | Subtract line 49 from line 48 | 50 | | | |
| 51 | Multiply line 50 by 28% (.28) | | | 51 | |
| 52 | Add lines 33, 37, 41, 47, and 51 | | | 52 | 6,749. |
| 53 | Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies | | | 53 | 6,941. |
| 54 | **Tax on all taxable income (including capital gains).** Enter the **smaller** of line 52 or line 53 here and on Form 1040, line 40 | | | 54 | 6,749. |

**Schedule E**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Supplemental Income and Loss

**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)**
► Attach to Form 1040 or Form 1041.
► See instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**1999**

13

Name(s) Shown on Return: DELANO R & ROXANNE J KNEECE, JR

Your Social Security Number: [redacted]

## Part I Income or Loss from Rental Real Estate and Royalties

**Note:** *Report income and expenses from your business of renting personal property on **Schedule C** or **C-EZ**. Report farm rental income or loss from **Form 4835** on page 2, line 39.*

1 Show the kind and location of each **rental real estate property:**

A FARM LAND

B

C

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days, or
- 10% of the total days rented at fair rental value?

(See instructions.)

| | Yes | No |
|---|---|---|
| A | | X |
| B | | |
| C | | |

| Income: | | Properties A | Properties B | Properties C | | Totals (Add columns A, B, and C.) |
|---|---|---|---|---|---|---|
| 3 Rents received | 3 | 2,500. | | | 3 | 2,500. |
| 4 Royalties received | 4 | | | | 4 | |
| **Expenses:** | | | | | | |
| 5 Advertising | 5 | | | | | |
| 6 Auto and travel (see instructions) | 6 | | | | | |
| 7 Cleaning and maintenance | 7 | | | | | |
| 8 Commissions | 8 | | | | | |
| 9 Insurance | 9 | | | | | |
| 10 Legal and other professional fees | 10 | | | | | |
| 11 Management fees | 11 | | | | | |
| 12 Mortgage interest paid to banks, etc (see instructions) | 12 | | | | 12 | |
| 13 Other interest | 13 | | | | | |
| 14 Repairs | 14 | | | | | |
| 15 Supplies | 15 | | | | | |
| 16 Taxes | 16 | | | | | |
| 17 Utilities | 17 | | | | | |
| 18 Other (list) ► | 18 | | | | | |
| 19 Add lines 5 through 18 | 19 | | | | 19 | |
| 20 Depreciation expense or depletion (see instructions) | 20 | | | | 20 | |
| 21 Total expenses. Add lines 19 and 20 | 21 | | | | | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file **Form 6198** | 22 | 2,500. | | | | |
| 23 Deductible rental real estate loss. **Caution:** *Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file **Form 8582**. Real estate professionals must complete line 42 on page 2* | 23 | | | | | |
| 24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses | | | | | 24 | 2,500. |
| 25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | | 25 | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2 | | | | | 26 | 2,500. |

BAA **For Paperwork Reduction Act Notice, see Form 1040 instructions.**

Schedule E (Form 1040) 1999

FDIZ2 1248 12/21/99

**Schedule F** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Profit or Loss from Farming

► Attach to Form 1040, Form 1041, Form 1065, or Form 1065-B.

► See instructions for Schedule F (Form 1040).

OMB No. 1545-0074

**1999**

14

Name of Proprietor: DELANO R KNEECE, JR

Social Security Number (SSN): [redacted]

A Principal Product. Describe in One or Two Words Your Principal Crop or Activity for the Current Tax Year: GRAINS

B Enter Code from Part IV ► 111900

D Employer ID Number (EIN), If Any

C Accounting method: (1) [X] Cash (2) [ ] Accrual

E Did you 'materially participate' in the operation of this business during 1999? If 'No,' see instructions for limit on passive losses ..... [X] Yes [ ] No

**Part I** **Farm Income — Cash Method. Complete Parts I and II** (Accrual method taxpayers complete Parts II & III, & line 11 of Part I.) **Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Sales of livestock and other items you bought for resale | 1 | | | |
| 2 | Cost or other basis of livestock and other items reported on line 1 | 2 | | | |
| 3 | Subtract line 2 from line 1 | | | 3 | |
| 4 | Sales of livestock, produce, grains, and other products you raised | | | 4 | 20,217. |
| 5a | Total cooperative distributions (Form(s) 1099-PATR) | 5a | | 5b Taxable amount | 5b |
| 6a | Agricultural program payments (see instructions) | 6a | 10,559. | 6b Taxable amount | 6b 10,559. |
| 7 | Commodity Credit Corporation (CCC) loans (see instructions): | | | | |
| a | CCC loans reported under election | | | | 7a |
| b | CCC loans forfeited | 7b | | 7c Taxable amount | 7c |
| 8 | Crop insurance proceeds and certain disaster payments (see instructions): | | | | |
| a | Amount received in 1999 | 8a | | 8b Taxable amount | 8b |
| c | If election to defer to 2000 is attached, check here ► [ ] | | | 8d Amount deferred from 1998 | 8d |
| 9 | Custom hire (machine work) income | | | | 9 |
| 10 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | | | 10 700. |
| 11 | **Gross income.** Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter the amount from page 2, line 51 ► | | | | 11 31,476. |

**Part II** **Farm Expenses — Cash and Accrual Method.** Do not include personal or living expenses such as taxes, insurance, repairs, etc, on your home.

| | | | | | |
|---|---|---|---|---|---|
| 12 | Car and truck expenses (see instructions — also attach Form 4562) | 12 | 1,413. | 25 Pension and profit-sharing plans | 25 |
| 13 | Chemicals | 13 | | 26 Rent or lease (see instructions): | |
| 14 | Conservation expenses (see instructions) | 14 | | a Vehicles, machinery, and equipment | 26a |
| 15 | Custom hire (machine work) | 15 | | b Other (land, animals, etc) | 26b 67. |
| 16 | Depreciation and Section 179 expense deduction not claimed elsewhere (see instructions) | 16 | 10,580. | 27 Repairs and maintenance | 27 1,599. |
| | | | | 28 Seeds and plants purchased | 28 |
| | | | | 29 Storage and warehousing | 29 |
| 17 | Employee benefit programs other than on line 25 | 17 | | 30 Supplies purchased | 30 3,021. |
| | | | | 31 Taxes | 31 316. |
| 18 | Feed purchased | 18 | | 32 Utilities | 32 |
| 19 | Fertilizers and lime | 19 | 3,751. | 33 Veterinary, breeding, and medicine | 33 |
| 20 | Freight and trucking | 20 | | 34 Other expenses (specify): | |
| 21 | Gasoline, fuel, and oil | 21 | 988. | a TAX PREPARATION | 34a 100. |
| 22 | Insurance (other than health) | 22 | 350. | b MEMBERSHIPS & DUES | 34b 156. |
| 23 | Interest: | | | c REPAYMENT OF ASC PAYMENT | 34c 3,000. |
| a | Mortgage (paid to banks, etc) | 23a | 450. | d LIVESTOCK PURCHASE | 34d 1,374. |
| b | Other | 23b | 624. | e TELEPHONE | 34e 1,878. |
| 24 | Labor hired (less employment credits) | 24 | | f See Line 34 Other expenses | 34f 1,372. |
| 35 | **Total expenses.** Add lines 12 through 34f ► | | | | 35 31,039. |
| 36 | **Net farm profit or (loss).** Subtract line 35 from line 11. If a profit, enter on Form 1040, line 18, and also on Schedule SE, line 1. If a loss, you must go on to line 37 (estates, trusts, and partnerships, see instructions) | | | | 36 437. |

37 If you have a loss, you must check the box that describes your investment in this activity (see instructions).

- If you checked 37a, enter the loss on **Form 1040, line 18, and also on Schedule SE, line 1.**
- If you checked 37b, you must attach **Form 6198.**

37a [X] All investment is at risk.

37b [ ] Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule F (Form 1040) 1999

FDI202 1220 1249 0/22/99

**Schedule SE** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Self-Employment Tax

► See instructions for Schedule SE (Form 1040).

► Attach to Form 1040.

OMB No. 1545-0074

**1999**

17

Name of Person with Self-Employment Income (as shown on Form 1040): DELANO R KNEECE, JR

Social Security Number of Person with Self-Employment Income ► [redacted]

## Who Must File Schedule SE

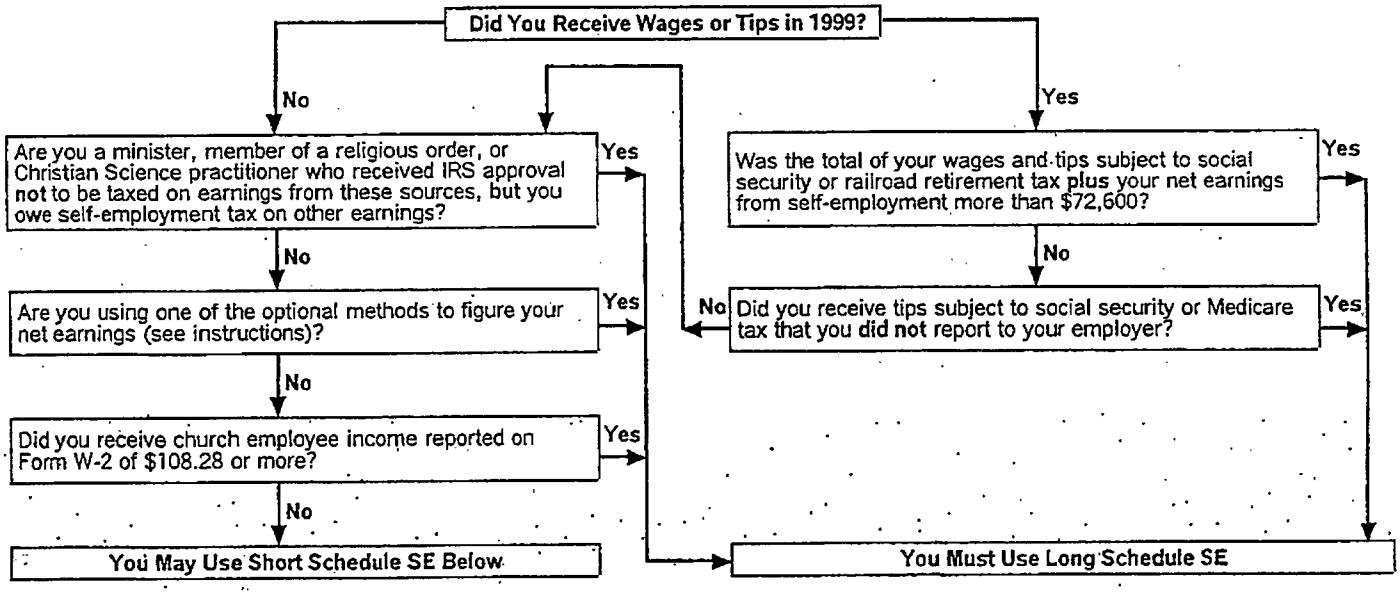
You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of $400 or more, **Or**
- You had church employee income of $108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See instructions.

**Note:** *Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE. See instructions.*

**Exception:** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write 'Exempt – Form 4361' on Form 1040, line 50.

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




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

| | | | |
|---|---|---|---|
| 1 | Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a | 1 | 437. |
| 2 | Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report | 2 | |
| 3 | Combine lines 1 and 2 | 3 | 437. |
| 4 | **Net earnings from self-employment.** Multiply line 3 by 92.35% (.9235). If less than $400, **do not** file this schedule; you do not owe self-employment tax ► | 4 | 404. |
| 5 | **Self-employment tax.** If the amount on line 4 is:<br>• $72,600 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 50.**<br>• More than $72,600, multiply line 4 by 2.9% (.029). Then, add $9,002.40 to the result. Enter the total here and on **Form 1040, line 50.** | 5 | 62. |
| 6 | **Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.5). Enter the result here and on **Form 1040, line 27** — 6 — 31. | | |

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 1999

FDIA 1240 11/10/99

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

► See instructions.
► Attach this form to your return.

OMB No. 1545-0172

**1999**

67

| Name(s) Shown on Return | Business or Activity to Which This Form Relates | Identifying Number |
|---|---|---|
| DELANO R & ROXANNE J KNEECE, JR | Sch F RICKY KNEECE FARM | [redacted] |

## Part I Election to Expense Certain Tangible Property (Section 179)
**(Note:** *If you have any 'listed property,' complete Part V before you complete Part I.)*

| | | | |
|---|---|---|---|
| 1 | Maximum dollar limitation. If an enterprise zone business, see instructions | 1 | $19,000. |
| 2 | Total cost of Section 179 property placed in service. See instructions | 2 | 53,030. |
| 3 | Threshold cost of Section 179 property before reduction in limitation | 3 | $200,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 0. |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 19,000. |

| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|
| TANKS - 1999 | 650. | 650. |
| TOOLS - 1999 | 863. | 863. |

| | | | |
|---|---|---|---|
| 7 | Listed property. Enter amount from line 27 | 7 | |
| 8 | Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | 1,513. |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | 1,513. |
| 10 | Carryover of disallowed deduction from 1998. See instructions | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | 19,000. |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | 1,513. |
| 13 | Carryover of disallowed deduction to 2000. Add lines 9 and 10, less line 12 ► | 13 | 0. |

**Note:** *Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.*

## Part II MACRS Depreciation for Assets Placed in Service Only During Your 1999 Tax Year
**(Do Not Include Listed Property)**

**Section A – General Asset Account Election**

14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions ► ☐

**Section B – General Depreciation System (GDS)** (See instructions)

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only – see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 15 a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | 51,517. | 7.0 yrs | HY | 150DB | 5,519. |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

**Section C – Alternative Depreciation System (ADS)** (See instructions)

| | | | | | | |
|---|---|---|---|---|---|---|
| 16 a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

## Part III Other Depreciation (Do Not Include Listed Property) (See instructions)

| | | | |
|---|---|---|---|
| 17 | GDS and ADS deductions for assets placed in service in tax years beginning before 1999 | 17 | 3,548. |
| 18 | Property subject to Section 168(f)(1) election | 18 | |
| 19 | ACRS and other depreciation | 19 | |

## Part IV Summary (See instructions)

| | | | |
|---|---|---|---|
| 20 | Listed property. Enter amount from line 26 | 20 | |
| 21 | **Total.** Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions | 21 | 10,580. |
| 22 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs | 22 | |

## Part V Listed Property — Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

**Note:** *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

### Section A – Depreciation and Other Information (Caution: *See instructions for limits for passenger automobiles.*)

23a Do you have evidence to support the business/investment use claimed? ..... [X] Yes [ ] No 23b If 'Yes,' is the evidence written? ..... [X] Yes [ ] No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected Section 179 cost |
|---|---|---|---|---|---|---|---|---|
| 24 Property used more than 50% in a qualified business use (see instructions): | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 25 Property used 50% or less in a qualified business use (see instructions): | | | | | | | | |
| EXPLORER | 01/01/99 | 30.00 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 26 Add amounts in column (h). Enter the total here and on line 20, page 1 ..... | | | | | | | 26 | |
| 27 Add amounts in column (i). Enter the total here and on line 7, page 1 ..... | | | | | | | | 27 |

### Section B – Information on Use of Vehicles

*Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person.*
*If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.*

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 28 Total business/investment miles driven during the year (Do not include commuting miles — see instructions) ... | 4,500 | | | | | | | | | | | |
| 29 Total commuting miles driven during the year ..... | 2 | | | | | | | | | | | |
| 30 Total other personal (noncommuting) miles driven ..... | 10,498 | | | | | | | | | | | |
| 31 Total miles driven during the year. Add lines 28 through 30 ..... | 15,000 | | | | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 32 Was the vehicle available for personal use during off-duty hours? ..... | X | | | | | | | | | | | |
| 33 Was the vehicle used primarily by a more than 5% owner or related person? ..... | X | | | | | | | | | | | |
| 34 Is another vehicle available for personal use? ..... | X | | | | | | | | | | | |

### Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

*Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.*

| | Yes | No |
|---|---|---|
| 35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? ..... | | |
| 36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners ..... | | |
| 37 Do you treat all use of vehicles by employees as personal use? ..... | | |
| 38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? ..... | | |
| 39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions ..... | | |
| **Note:** *If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles.* | | |

## Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code Section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| 40 Amortization of costs that begins during your 1999 tax year: | | | | | |
| | | | | | |
| | | | | | |
| 41 Amortization of costs that began before 1999 ..... | | | | 41 | |
| 42 **Total.** Enter here and on 'Other Deductions' or 'Other Expenses' line of your return ..... | | | | 42 | |

Schedule F
**Line 34 Other expenses**

| | |
|---|---|
| CASUAL LABOR | 1,122. |
| TRAVEL | 250. |
| | 1,372. |

Staple attachments here

Do not write in this space — OFFICE USE

Staple attachments here

# SC1040 (Rev 9/20/99) South Carolina Individual Income Tax Return Long Form 1999

For the year January 1 - December 31, 1999, or other tax year beginning 1999 and ending 20

| Your First Name and Initial | (Sr, Jr, 2nd, 3rd, 4th) | Last Name | Your Social Security Number |
|---|---|---|---|
| DELANO R | JR | KNEECE | [redacted] |
| **Spouse's First Name and Initial, if Married Filing Jointly** | | **Spouse's Last Name, if Different** | **Spouse's Social Security Number** |
| ROXANNE J | | KNEECE | [redacted] |

| Present Home Address (number and street, or P.O. Box) | Apt No. | Daytime Telephone | Do not write in this space — OFFICE USE |
|---|---|---|---|
| 204 DELANO KNEECE ROAD | | | |
| **City** | **State ZIP Code** | **County Code** | |
| PELION | SC 29123 | 32 | |

**If you do not wish to receive a booklet next year, but need a name and address label for your 2000 return, check here** ☐

**Check Your Federal Filing Status** (1) ☐ Single (3) ☐ Married filing separately. Enter spouse's social security number here ____
(2) ☒ Married filing jointly (4) ☐ Head of household (5) ☐ Widow(er) with dependent child

**Federal exemptions:** Enter the number of exemptions from line 6(d) of your 1999 federal return ► 4
How many of the exemptions listed above were under the age of 6 years on December 31, 1999? ► ____
Enter the number of taxpayers age 65 or older ► ____

STAPLE REMITTANCE HERE

| | | | | | |
|---|---|---|---|---|---|
| 1 | **Federal taxable income from your federal Form 1040, line 39; 1040A, line 24; or 1040EZ, line 6. If zero or less, enter zero here and enter the negative amount on line 47 of this form** | | | 1 | 44,774.00 |
| 2a | If itemizing your state and local income tax deduction, enter the amount from line 5 of Worksheet A in the instructions | 2a | .00 | | |
| 2b | State tax refund, if included on line 10, 1999 federal Form 1040 | 2b | 0.00 | | |
| 3 | Subtract 2b from 2a. (If difference is a negative figure, enter the amount in brackets < >) | | | 3 | 0.00 |
| 4 | If line 3 is a positive number, add lines 1 and 3; if line 3 is a negative number, subtract line 3 from line 1 | | | 4 | 44,774.00 |
| 5 | Other adjustments, if applicable: Enter amount from line 55 on page 2 of this form **(If line 55 is a negative figure, enter the amount in brackets < >)** | | | 5 | -150.00 |
| 6 | South Carolina **income subject to tax** (line 4 **plus or minus** the amount on line 5) | | | 6 | 44,624.00 |
| 7 | **Tax:** Enter tax from **South Carolina** tax tables | 7 | 2,787.00 | | |
| 8 | **Tax** on lump-sum distribution (If using SC4972, please attach.) | 8 | .00 | | |
| 9 | **Total** South Carolina tax. Add lines 7 and 8. Enter the total | | | 9 | 2,787.00 |
| 10 | Child and dependent care. Federal **expense** from Form 2441 $ 0. x .07 (7%) | 10 | 0.00 | | |
| 11 | Two Wage Earner Credit from Schedule W on page 2 of this form | 11 | 194.00 | | |
| 12 | Other non-refundable credits. Attach Schedule TC | 12 | .00 | | |
| 13 | **Total** non-refundable credits. Add lines 10 through 12 and enter the total | | | 13 | 194.00 |
| 14 | **Subtract** line 13 from line 9. Enter the difference **but not less than zero** | | | 14 | 2,593.00 |

STAPLE WAGE AND TAX STATEMENT HERE

| | | | | | |
|---|---|---|---|---|---|
| 15 | SC income tax withheld (Attach W-2 or SC41.) | 3,282.00 | 18 | NR sale of real estate | .00 |
| 16 | 1999 estimated tax payments | .00 | 19 | Other SC withholding (attach Form 1099) | .00 |
| 17 | Amount paid with extension | .00 | 20 | Tuition Tax Credit (attach Form I-319) | .00 |

| | | | | | |
|---|---|---|---|---|---|
| 21 | **Add** lines 15 through 20 and enter the total. These are your total payments/credits | | | 21 | 3,282.00 |
| 22 | If line 21 **is larger** than line 14, subtract line 14 from line 21 and enter the **overpayment** | | | 22 | 689.00 |
| 23 | If line 14 **is larger** than line 21, subtract line 21 from line 14 and enter the **amount due** | | | 23 | 00 |
| 24 | Amount of line 22 to be credited to your **2000 estimated tax** | 24 | .00 | | |
| 25 | Endangered Wildlife Fund | .00 | 28 | Veterans' Trust Fund | .00 |
| 26 | Children's Trust Fund | .00 | 29 | Gift of Life Trust Fund | .00 |
| 27 | Eldercare Trust Fund | .00 | 30 | DARE Fund | .00 |
| | | | 31 | First Steps Fund | .00 |
| 32 | **Add** lines 24 through 31 and enter the total | | | 32 | 00 |
| | If subject to penalty for underpayment of estimated tax, attach Form SC2210. (See instructions.) Penalty: $ ____ | | | | |
| 33 | **Net refund:** Subtract line 32 from line 22 and enter the **amount to be refunded to you** | | | 33 | 689.00 |
| 34 | **Net due: Add** lines 23 and 32 and, if applicable, penalty amount. Enter the **amount you owe.** Attach a check or money order for the full amount payable to **'SC Department of Revenue.'** Write your social security number and '1999 Form SC1040' on the check | | | 34 | 00 |

► **Attach a Complete Copy of Your Federal Return Only if you have** 11254 **and/or (loss) on federal Schedules C, D, E or F.**

SCIA0112 10/12/99

## Part 1 Additions to Federal Taxable Income

| | | | | | | |
|---|---|---|---|---|---|---|
| 35 | Out-of-state losses — see instructions | 35 | | 00 | | |
| 36 | Expenses related to National Guard and military reserve income | 36 | | 00 | | |
| 37 | Interest income on obligations of states and political subdivisions **other than** South Carolina | 37 | | 00 | | |
| 38 | Other additions to income. (See instructions.) Attach an explanation | 38 | | 00 | | |
| 39 | **Total additions** — add lines 35 through 38 and enter your total additions to income here | | | | 39 | 00 |

## Part 2 Subtractions from Federal Taxable Income

| | | | | | | |
|---|---|---|---|---|---|---|
| 40 | Interest income from obligations of the U.S. government | 40 | 0. | 00 | | |
| 41 | National Guard or Reserve annual training and drill pay. (See instructions.) | 41 | | 00 | | |
| 42 | Permanent disability retirement income, if taxed on your federal return | 42 | | 00 | | |
| 43 | Social security and/or railroad retirement, if taxed on your federal return | 43 | | 00 | | |
| 44 | **Caution: Retirement deduction — see instructions.** | | | | | |
| | a Taxpayer: Birth date _____ ☐ Surviving spouse | 44a | | 00 | | |
| | b Spouse: Birth date _____ ☐ Surviving spouse | 44b | | 00 | | |
| 45 | Age 65 and older deduction — see instructions. | | | | | |
| | a Taxpayer: Birth date _____ | 45a | | 00 | | |
| | b Spouse: Birth date _____ | 45b | | 00 | | |
| 46 | Out-of-state income/gain — do not include personal service income. See instructions | 46 | | 00 | | |
| 47 | Negative amount of federal taxable income | 47 | | 00 | | |
| 48 | 44% of net capital gains with two years holding period (See instructions.) | 48 | 150. | 00 | | |
| 49 | Subsistence allowance _____ days @ $5.00 | 49 | | 00 | | |
| 50 | Volunteer firefighters/rescue squad deduction. See instructions | 50 | | 00 | | |
| 51 | Dependents under 6 years of age. See instructions. Birth date _____ Social security number _____ Birth date _____ Social security number _____ | 51 | | 00 | | |
| 52 | Additional self-employed health insurance deduction | 52 | | 00 | | |
| 53 | Other subtractions. (See instructions.) _____ | 53 | | 00 | | |
| 54 | **Total subtraction** — add lines 40 through 53 and enter the total | | | | 54 | 150. 00 |
| 55 | Net adjustment: If line 39 is greater than line 54, the difference is a plus (+) figure. However, if line 54 is greater than line 39, the difference is a minus (-) figure. Enter the difference here and on line 5 of this return | | | | 55 | -150. 00 |

## Schedule W Two Wage Earner Credit When Both Spouses Work

| | | | (a) You | | | (b) Your spouse | |
|---|---|---|---|---|---|---|---|
| **Step 1** | **Compute your earned income** | | | | | | |
| 1 | Wages, salaries, tips, etc, from federal Form 1040, line 7 or 1040A, line 7, or 1040EZ, line 1. (Do not include pensions or annuities. See instructions, Step 1.) | 1 | 28,500. | 00 | 1 | 27,660. | 00 |
| 2 | Net profit or (loss) from self-employment (from Schedules C and F of Form 1040 and/or Schedule K-1 of Form 1065) and any other earned income | 2 | 437. | 00 | 2 | | 00 |
| 3 | Add lines 1 and 2: This is your total earned income | 3 | 28,937. | 00 | 3 | 27,660. | 00 |
| **Step 2** | **Compute your qualified earned income** | | | | | | |
| 4 | Add amounts entered on federal Form 1040, lines 23, 27, 28, and 29 and any repayment of supplemental unemployment benefits (sub-pay) included on line 32, or on 1040A, line 15. Enter the total. (See instructions.) | 4 | 31. | 00 | 4 | | 00 |
| 5 | Subtract line 4 from line 3. This is your qualified earned income. If the amount in column (a) or (b) is zero (-0-) or less, stop here. You may not take this credit | 5 | 28,906. | 00 | 5 | 27,660. | 00 |
| **Step 3** | **Compute your credit** | | | | | | |
| 6 | Compare the amounts in columns (a) and (b) of line 5 above. Enter the smaller amount here. (Enter either amount if 5(a) and 5(b) are the same.) **Do not enter more than $30,000** | | | | 6 | 27,660. | 00 |
| 7 | Factor used to compute the credit (.007) | | | | 7 | x .007 | |
| 8 | Multiply the amount on line 6 by the factor on line 7. This is the amount of your credit, **which cannot exceed $210.** Enter the amount here and on line 11 of this return | | | | 8 | 194. | 00 |

**See instructions to determine if you are liable for use tax and/or accommodations tax.**

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

| Your Signature | Date | Spouse's Signature (if jointly, both must sign) |
|---|---|---|
| | | |

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☒ No ☐ Preparer's Printed Name: RALPH G. BUSBEE, CPA

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

**Paid Preparer's Use Only**

| Prepared by | Date | Preparer's Name and Address |
|---|---|---|
| | 04/15/2000 | RALPH G. BUSBEE, CPA |
| EI Number | Phone Number | 184 MORGAN DRIVE |
| [redacted] | (803) 359-5709 | LEXINGTON SC 29072 |

**Mail Return to: Processing Center, P.O. Box 101[illegible] Columbia, SC 29211-0100**



SCIA0112 10/12/99

| a Control number | Void ☐ | Copy D For Employer OMB No. 1545-0008 | |
|---|---|---|---|
| b Employer identification number [redacted] | | 1 Wages, tips, other comp. 28500.00 | 2 Fed. income tax withheld 3384.00 |
| c Employer's name, address, and ZIP code<br>DELANO R. KNEECE & SON, INC.<br>213 DELANO KNEECE ROAD<br><br>PELION, SC 29123 | | 3 Social security wages 28500.00 | 4 Social security tax withheld 1767.00 |
| | | 5 Medicare wages and tips 28500.00 | 6 Medicare tax withheld 413.25 |
| | | 7 Social security tips 0.00 | 8 Allocated tips 0.00 |
| d Employee's social security number [redacted] | | 9 Advance EIC payment 0.00 | 10 Dependent care benefits 0.00 |
| e Employee's name, address, and ZIP code<br>DELANO R KNEECE<br><br>204 DELANO KNEECE ROAD<br><br>PELION, SC 29123 | | 11 Nonqualified plans 0.00 | 12 Benefits included in box 1 0.00 |
| | | 13 See instrs. for box 13 | 14 Other |
| | | 15 Statutory employee / Deceased / Pension plan / Legal rep. / Deferred compensation | |

| 16 State | Employer's state I.D. no. | 17 State wages, tips, etc. | 18 State income tax | 19 Locality name | 20 Local wages, tips, etc. | 21 Local income tax |
|---|---|---|---|---|---|---|
| SC | [redacted] | 28500.00 | 1720.00 | | 0.00 | 0.00 |
| | | 0.00 | 0.00 | | 0.00 | 0.00 |

38-1908647

Form **W-2** Wage and Tax Statement **1999**

Department of the Treasury -- Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

2043

a Control number | Void ☐ | **Copy D For Employer**
OMB No. 1545-0008

b Employer identification number
[redacted]

c Employer's name, address, and ZIP code
DELANO R. KNEECE & SON, INC.
213 DELANO KNEECE ROAD

PELION, SC 29123

d Employee's social security number
[redacted]

e Employee's name, address, and ZIP code
ROXANNE KNEECE

204 DELANO KNEECE ROAD

PELION, SC 29123

| | |
|---|---|
| 1 Wages, tips, other comp. 22354.00 | 2 Fed. income tax withheld 2454.00 |
| 3 Social security wages 22354.00 | 4 Social security tax withheld 1385.95 |
| 5 Medicare wages and tips 22354.00 | 6 Medicare tax withheld 324.13 |
| 7 Social security tips 0.00 | 8 Allocated tips 0.00 |
| 9 Advance EIC payment 0.00 | 10 Dependent care benefits 0.00 |
| 11 Nonqualified plans 0.00 | 12 Benefits included in box 1 0.00 |
| 13 See instrs. for box 13 | 14 Other |

15 Statutory employee | Deceased | Pension plan | Legal rep. | Deferred compensation

| 6 State | Employer's state I.D. no. | 17 State wages, tips, etc. | 18 State income tax | 19 Locality name | 20 Local wages, tips, etc. | 21 Local income tax |
|---|---|---|---|---|---|---|
| SC | [redacted] | 22354.00 | 1290.54 | | 0.00 | 0.00 |
| | | 0.00 | 0.00 | | 0.00 | 0.00 |

Form **W-2** Wage and Tax Statement **1999**

39-1908847 Department of the Treasury -- Internal Revenue Service

**For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

9 BW2ERD NTF 20987 2043

Copyright Forms Software Only, 1999 Nelco

Form **1040** Department of the Treasury — Internal Revenue Service

# U.S. Individual Income Tax Return 2000

(99) IRS use only — Do not write or staple in this space.

For the year Jan 1-Dec 31, 2000, or other tax year beginning , 2000, ending , 20 | OMB No. 1545-0074

**Label** (See instructions.)

Use the IRS label. Otherwise, please print or type.

| Your First Name | MI | Last Name | Your Social Security Number |
|---|---|---|---|
| DELANO | R | KNEECE, JR | [redacted] |
| If a Joint Return, Spouse's First Name | MI | Last Name | Spouse's Social Security Number |
| ROXANNE | J | KNEECE | [redacted] |

Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No.: 204 DELANO KNEECE ROAD

City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code: PELION SC 29123

▲ **Important!** ▲ You **must** enter your social security number(s) above.

**Presidential Election Campaign** (See instructions.)

▶ **Note:** Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want $3 to go to this fund? ▶ You ☐ Yes ☐ No Spouse ☐ Yes ☐ No

## Filing Status

Check only one box.

1 ☐ Single

2 ☒ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's SSN above & full name here ▶

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 (year spouse died ▶ ). (See instructions.)

## Exemptions

6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a

b ☒ **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents:**

If more than six dependents, see instructions.

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see instructions) |
|---|---|---|---|---|
| [redacted] | | [redacted] | Son | X |
| [redacted] | | [redacted] | Son | X |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

No. of your children on 6c who: • lived with you: 2 • did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above:

Add numbers entered on lines above ▶ 4

d Total number of exemptions claimed

## Income

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

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

| | | |
|---|---|---|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 54,413. |
| 8a **Taxable** interest. Attach Schedule B if required | 8a | 24. |
| b **Tax-exempt** interest. **Do not** include on line 8a (8b) | | |
| 9 Ordinary dividends. Attach Schedule B if required | 9 | 741. |
| 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | 0. |
| 11 Alimony received | 11 | |
| 12 Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ | 13 | 824. |
| 14 Other gains or (losses). Attach Form 4797 | 14 | |
| 15a Total IRA distributions (15a) b Taxable amount (see instrs) | 15b | |
| 16a Total pensions & annuities (16a) b Taxable amount (see instrs) | 16b | |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 2,500. |
| 18 Farm income or (loss). Attach Schedule F | 18 | -16,505. |
| 19 Unemployment compensation | 19 | |
| 20a Social security benefits (20a) b Taxable amount (see instrs) | 20b | |
| 21 Other income. List type & amount (see instrs) | 21 | |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | 41,997. |

## Adjusted Gross Income

| | | |
|---|---|---|
| 23 IRA deduction (see instructions) | 23 | |
| 24 Student loan interest deduction (see instructions) | 24 | |
| 25 Medical savings account deduction. Attach Form 8853 | 25 | |
| 26 Moving expenses. Attach Form 3903 | 26 | |
| 27 One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 Self-employed health insurance deduction (see instructions) | 28 | |
| 29 Self-employed SEP, SIMPLE, and qualified plans | 29 | |
| 30 Penalty on early withdrawal of savings | 30 | |
| 31a Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 Add lines 23 through 31a | 32 | |
| 33 Subtract line 32 from line 22. This is your **adjusted gross income** ▶ | 33 | 41,997. |

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.



FDIA 1258 07/00

**Tax and Credits**

| | | | |
|---|---|---|---|
| 34 | Amount from line 33 (adjusted gross income) | 34 | 41,997. |
| 35a | Check if: ☐ You were 65/older, ☐ Blind; ☐ Spouse was 65/older, ☐ Blind. Add the number of boxes checked above and enter the total here ► 35a | | |
| b | If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here ► 35b ☐ | | |
| 36 | Enter your **itemized deductions** from Schedule A, line 28, **or standard deduction** shown on the left. **But** see instructions to find your standard deduction if you checked any box on line 35a or 35b **or** if someone can claim you as a dependent | 36 | 7,350. |
| 37 | Subtract line 36 from line 34 | 37 | 34,647. |
| 38 | If line 34 is $96,700 or less, multiply $2,800 by the total number of exemptions claimed on line 6d. If line 34 is over $96,700, see the worksheet in the instructions for the amount to enter | 38 | 11,200. |
| 39 | **Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- | 39 | 23,447. |
| 40 | Tax (see instrs). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 | 40 | 3,476. |
| 41 | Alternative minimum tax. Attach Form 6251 | 41 | 0. |
| 42 | Add lines 40 and 41 ► | 42 | 3,476. |
| 43 | Foreign tax credit. Attach Form 1116 if required — 43 | | |
| 44 | Credit for child and dependent care expenses. Attach Form 2441 — 44 | | |
| 45 | Credit for the elderly or the disabled. Attach Schedule R — 45 | | |
| 46 | Education credits. Attach Form 8863 — 46 | | |
| 47 | Child tax credit (see instructions) — 47 1,000. | | |
| 48 | Adoption credit. Attach Form 8839 — 48 | | |
| 49 | Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) — 49 | | |
| 50 | Add lines 43 through 49. These are your total credits | 50 | 1,000. |
| 51 | Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- ► | 51 | 2,476. |

**Standard Deduction for Most People**

Single: $4,400

Head of household: $6,450

Married filing jointly or Qualifying widow(er): $7,350

Married filing separately: $3,675

**Other Taxes**

| | | | |
|---|---|---|---|
| 52 | Self-employment tax. Attach Schedule SE | 52 | |
| 53 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 53 | |
| 54 | Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required | 54 | |
| 55 | Advance earned income credit payments from Form(s) W-2 | 55 | |
| 56 | Household employment taxes. Attach Schedule H | 56 | |
| 57 | Add lines 51-56. This is your total tax ► | 57 | 2,476. |

**Payments**

If you have a qualifying child, attach Schedule EIC.

| | | | |
|---|---|---|---|
| 58 | Federal income tax withheld from Forms W-2 and 1099 — 58 6,259. | | |
| 59 | 2000 estimated tax payments and amount applied from 1999 return — 59 | | |
| 60a | **Earned income credit (EIC)** — 60a | | |
| b | Nontaxable earned income: amount ► and type ► | | |
| 61 | Excess social security and RRTA tax withheld (see instrs) — 61 | | |
| 62 | Additional child tax credit. Attach Form 8812 — 62 | | |
| 63 | Amount paid with request for extension to file (see instructions) — 63 | | |
| 64 | Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136 — 64 | | |
| 65 | Add lines 58, 59, 60a, and 61 through 64. These are your **total payments** ► | 65 | 6,259. |

**Refund**

Have it directly deposited! See instructions and fill in 67b, 67c, and 67d.

| | | | |
|---|---|---|---|
| 66 | If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid | 66 | 3,783. |
| 67a | Amount of line 66 you want **refunded to you** ► | 67a | 3,783. |
| ► b | Routing number ► c Type: ☐ Checking ☐ Savings | | |
| ► d | Account number ► | | |
| 68 | Amount of line 66 you want applied to your 2001 estimated tax ► 68 | | |

**Amount You Owe**

| | | | |
|---|---|---|---|
| 69 | If line 57 is more than line 65, subtract line 65 from line 57. This is the **amount you owe.** For details on how to pay, see instructions ► | 69 | |
| 70 | Estimated tax penalty. Also include on line 69 — 70 | | |

**Sign Here**

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

Joint return? See instructions. Keep a copy for your records.

| Your Signature | Date | Your Occupation | Daytime Phone Number |
|---|---|---|---|
| ► | | FARMER | |
| Spouse's Signature. If a Joint Return, Both Must Sign. | Date | Spouse's Occupation | May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No |
| ► | | SECRETARY | |

FDIA0112 10/30/00

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's Signature ► | | Date 04/15/2001 | Check if self-employed ☒ | Preparer's SSN or PTIN [redacted] |
| Firm's Name (or yours if self-employed), Address, and ZIP Code ► | RALPH G. BUSBEE, CPA<br>184 MORGAN DRIVE<br>LEXINGTON SC 29072 | EIN | Phone No. (803) 359-5709 |

Name(s) Shown on Form 1040. Do Not Enter Name and Social Security Number if Shown on Schedule A. | Your Social Security Number

DELANO R KNEECE, JR & ROXANNE J KNEECE | [redacted]

# Schedule B — Interest and Ordinary Dividends

08

**Note.** If you had over $400 in taxable interest, you must also complete Part III.

## Part I Interest

(See instructions for Form 1040, line 8a.)

**Note.** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

| | | Amount |
|---|---|---|
| 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ► | | |
| MERRILL LYNCH | 1 | 24. |
| 2 Add the amounts on line 1 | 2 | 24. |
| 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You **must** attach Form 8815 | 3 | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ► | 4 | 24. |

**Note.** If you had over $400 in ordinary dividends, you must also complete Part III.

## Part II Ordinary Dividends

(See instructions for Form 1040, line 9.)

**Note.** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

| | | Amount |
|---|---|---|
| 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ► | | |
| MERRILL LYNCH | 5 | 741. |
| 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9 ► | 6 | 741. |

## Part III Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you (a) had over $400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

| | Yes | No |
|---|---|---|
| 7a At any time during 2000, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1 | | X |
| b If 'Yes,' enter the name of the foreign country ► | | |
| 8 During 2000, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions | | X |

**Schedule D**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Capital Gains and Losses

► Attach to Form 1040. ► See instructions for Schedule D (Form 1040).
► Use Schedule D-1 for more space to list transactions for lines 1 and 8.

OMB No. 1545-0074

**2000**
12

Name(s) Shown on Form 1040: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your Social Security Number: [redacted]

## Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

| (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|---|---|---|---|---|
| 1 882 UNITS OF UTILITY PORTFOLIO SER 2 | Various | 12/06/00 | 444. | 355. | 89. |
| 6 UNITS OF LARGER CAP GROWTH PORT | Various | 04/13/00 | 4. | 3. | 1. |
| 9 UNITS SELECT TEN 99 SERIES B | Various | 06/12/00 | 2. | 2. | 0. |
| 958 UNITS LARGE CAP GROWTH PORT | Various | 04/27/99 | 481. | 483. | -2. |

| | | |
|---|---|---|
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2 | 2 | 4,264. | -1,174. |
| 3 **Total short-term sales price amounts.** Add column (d) of lines 1 and 2 | 3 | 5,195. | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | 4 | |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 5 | |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1999 Capital Loss Carryover Worksheet | 6 | |
| 7 **Net short-term capital gain or (loss).** Combine column (f) of lines 1 through 6 ► | 7 | -1,086. |

## Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

| (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) | (g) 28% rate gain or (loss)* (see instructions below) |
|---|---|---|---|---|---|---|
| 8 4579 UNITS UTILITY PORTFOLIO SER 2 | Various | 12/06/00 | 2,304. | 1,835. | 469. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 9 Enter your long-term totals, if any, from Schedule D-1, line 9 | 9 | | |
| 10 **Total long-term sales price amounts.** Add column (d) of lines 8 and 9 | 10 | 2,304. | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | 11 | | |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 12 | | |
| 13 Capital gain distributions. See instructions | 13 | 1,441. | ✓ |
| 14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1999 Capital Loss Carryover Worksheet | 14 | | |
| 15 Combine column (g) of lines 8 through 14 | 15 | | |
| 16 **Net long-term capital gain or (loss).** Combine column (f) of lines 8 through 14 ► | 16 | 1,910. | |

**Next:** Go to Part III on page 2.

* 28% rate gain or loss includes all 'collectibles gains and losses' (as defined in the instructions) and up to 50% of the eligible gain on qualified small business stock (see instructions).

## Part III Summary of Parts I and II

| | | | |
|---|---|---|---|
| 17 | Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13 | 17 | 824. |
| | **Next:** Complete Form 1040 through line 39. Then, go to **Part IV** to figure your tax if:<br>• Both lines 16 and 17 are gains **and**<br>• Form 1040, line 39, is more than zero.<br>Otherwise, **stop here.** | | |
| 18 | If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the **smaller** of these losses:<br>• The loss on line 17 **or**<br>• ($3,000) or, if married filing separately, ($1,500) | 18 | |
| | **Next:** Skip **Part IV** below. Instead, complete Form 1040 through line 37. Then, complete the **Capital Loss Carryover Worksheet** in the instructions if:<br>• The loss on line 17 exceeds the loss on line 18 **or**<br>• Form 1040, line 37, is a loss. | | |

## Part IV Tax Computation Using Maximum Capital Gains Rates

| | | | | | |
|---|---|---|---|---|---|
| 19 | Enter your taxable income from Form 1040, line 39 | | | 19 | 23,447. |
| 20 | Enter the **smaller** of line 16 or line 17 of Schedule D | 20 | 824. | | |
| 21 | If you are filing Form 4952, enter the amount from Form 4952, line 4e | 21 | | | |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0- | 22 | 824. | | |
| 23 | Combine lines 7 and 15. If zero or less, enter -0- | 23 | 0. | | |
| 24 | Enter the **smaller** of line 15 or line 23, but not less than zero | 24 | 0. | | |
| 25 | Enter your unrecaptured section 1250 gain, if any, from line 17 of the worksheet in the instructions | 25 | | | |
| 26 | Add lines 24 and 25 | 26 | 0. | | |
| 27 | Subtract line 26 from line 22. If zero or less, enter -0- | | | 27 | 824. |
| 28 | Subtract line 27 from line 19. If zero or less, enter -0- | | | 28 | 22,623. |
| 29 | Enter the **smaller** of:<br>• The amount on line 19 **or**<br>• $26,250 if single; $43,850 if married filing jointly or qualifying widow(er); $21,925 if married filing separately; or $35,150 if head of household | | | 29 | 23,447. |
| 30 | Enter the **smaller** of line 28 or line 29 | 30 | 22,623. | | |
| 31 | Subtract line 22 from line 19. If zero or less, enter -0- | 31 | 22,623. | | |
| 32 | Enter the **larger** of line 30 or line 31 | 32 | 22,623. | | |
| 33 | Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies | | | 33 | 3,394. |
| | **Note:** If the amounts on lines 29 and 30 are the same, skip lines 34 through 37 and go to line 38. | | | | |
| 34 | Enter the amount from line 29 | 34 | 23,447. | | |
| 35 | Enter the amount from line 30 | 35 | 22,623. | | |
| 36 | Subtract line 35 from line 34. | 36 | 824. | | |
| 37 | Multiply line 36 by 10% (.10) | | | 37 | 82. |
| | **Note:** If the amounts on lines 19 and 29 are the same, skip lines 38 through 51 and go to line 52. | | | | |
| 38 | Enter the **smaller** of line 19 or line 27 | 38 | | | |
| 39 | Enter the amount from line 36 | 39 | | | |
| 40 | Subtract line 39 from line 38 | 40 | | | |
| 41 | Multiply line 40 by 20% (.20) | | | 41 | |
| | **Note:** If line 26 is zero or blank, skip lines 42 through 51 and go to line 52. | | | | |
| 42 | Enter the **smaller** of line 22 or line 25 | 42 | | | |
| 43 | Add lines 22 and 32 | 43 | | | |
| 44 | Enter the amount from line 19 | 44 | | | |
| 45 | Subtract line 44 from line 43. If zero or less, enter -0- | 45 | | | |
| 46 | Subtract line 45 from line 42. If zero or less, enter -0- | 46 | | | |
| 47 | Multiply line 46 by 25% (.25) | | | 47 | |
| | **Note:** If line 24 is zero or blank, skip lines 48 through 51 and go to line 52. | | | | |
| 48 | Enter the amount from line 19 | 48 | | | |
| 49 | Add lines 32, 36, 40, and 46 | 49 | | | |
| 50 | Subtract line 49 from line 48 | 50 | | | |
| 51 | Multiply line 50 by 28% (.28) | | | 51 | |
| 52 | Add lines 33, 37, 41, 47, and 51 | | | 52 | 3,476. |
| 53 | Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies | | | 53 | 3,514. |
| 54 | **Tax on all taxable income (including capital gains).** Enter the **smaller** of line 52 or line 53 here and on Form 1040, line 40 | | | 54 | 3,476. |

Schedule D-1 (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Continuation Sheet for Schedule D (Form 1040)

► See instructions for Schedule D (Form 1040).
► Attach to Schedule D if you need more space to list transactions for lines 1 and 8.

OMB No. 1545-0074

2000

12A

Name(s) Shown on Form 1040: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your Social Security Number: [redacted]

## Part [redacted] Short-Term Capital Gains and Losses – Assets Held One Year or Less

| (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price | (e) Cost or other basis | (f) Gain or (loss). Subtract (e) from (d) |
|---|---|---|---|---|---|
| 1 5394 UNITS SELECT TEN 99 SERIES | Various | 06/12/00 | 4,264. | 5,438. | -1,174. |
| 2 Totals. Combine columns (d) and (f). Enter here and on Schedule D, line 2 .. ► 2 | | | 4,264. | [redacted] | -1,174. |

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FOIA0656 10/20/00

**Schedule E**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Supplemental Income and Loss

**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)**
► Attach to Form 1040 or Form 1041.
► See instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2000**

13

Name(s) Shown on Return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your Social Security Number: [redacted]

## Part I Income or Loss from Rental Real Estate and Royalties

**Note:** Report income and expenses from your business of renting personal property on **Schedule C** or **C-EZ**. Report farm rental income or loss from **Form 4835** on page 2, line 39.

1 Show the kind and location of each rental real estate property:

A FARM LAND
FARM LAND

B

C

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days, or
- 10% of the total days rented at fair rental value?

(See instructions.)

| | Yes | No |
|---|---|---|
| A | | X |
| B | | |
| C | | |

| Income: | | Properties A | Properties B | Properties C | | Totals (Add columns A, B, and C.) |
|---|---|---|---|---|---|---|
| 3 Rents received | 3 | 2,500. | | | 3 | 2,500. |
| 4 Royalties received | 4 | | | | 4 | |
| **Expenses:** | | | | | | |
| 5 Advertising | 5 | | | | | |
| 6 Auto and travel (see instructions) | 6 | | | | | |
| 7 Cleaning and maintenance | 7 | | | | | |
| 8 Commissions | 8 | | | | | |
| 9 Insurance | 9 | | | | | |
| 10 Legal and other professional fees | 10 | | | | | |
| 11 Management fees | 11 | | | | | |
| 12 Mortgage interest paid to banks, etc (see instructions) | 12 | | | | 12 | |
| 13 Other interest | 13 | | | | | |
| 14 Repairs | 14 | | | | | |
| 15 Supplies | 15 | | | | | |
| 16 Taxes | 16 | | | | | |
| 17 Utilities | 17 | | | | | |
| 18 Other (list) ► | 18 | | | | | |
| 19 Add lines 5 through 18 | 19 | | | | 19 | |
| 20 Depreciation expense or depletion (see instructions) | 20 | | | | 20 | |
| 21 Total expenses. Add lines 19 and 20 | 21 | | | | | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file **Form 6198** | 22 | 2,500. | | | | |
| 23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file **Form 8582**. Real estate professionals must complete line 42 on page 2 | 23 | | | | | |
| 24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses | | | | | 24 | 2,500. |
| 25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | | 25 | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2 | | | | | 26 | 2,500. |

**BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.**

Schedule E (Form 1040) 2000

FDI7 ... /19/00

**Schedule F** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Profit or Loss from Farming

► Attach to Form 1040, Form 1041, Form 1065, or Form 1065-B.

► See instructions for Schedule F (Form 1040).

OMB No. 1545-0074

**2000**

14

Name of Proprietor: DELANO R KNEECE, JR

Social Security Number (SSN): [redacted]

A Principal Product. Describe in One or Two Words Your Principal Crop or Activity for the Current Tax Year: GRAINS

B Enter Code from Part IV ► 111900

D Employer ID Number (EIN), If Any

C Accounting method: (1) [X] Cash (2) [ ] Accrual

E Did you 'materially participate' in the operation of this business during 2000? If 'No,' see instructions for limit on passive losses ..... [X] Yes [ ] No

**Part I** **Farm Income — Cash Method. Complete Parts I and II** (Accrual method taxpayers complete Parts II & III, & line 11 of Part I.) **Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Sales of livestock and other items you bought for resale | 1 | | | |
| 2 | Cost or other basis of livestock and other items reported on line 1 | 2 | | | |
| 3 | Subtract line 2 from line 1 | | | 3 | |
| 4 | Sales of livestock, produce, grains, and other products you raised | | | 4 | 5,328. |
| 5a | Total cooperative distributions (Form(s) 1099-PATR) | 5a | 5b Taxable amount | 5b | |
| 6a | Agricultural program payments (see instructions) | 6a | 6b Taxable amount | 6b | |
| 7 | Commodity Credit Corporation (CCC) loans (see instructions): | | | | |
| a | CCC loans reported under election | | | 7a | |
| b | CCC loans forfeited | 7b | 7c Taxable amount | 7c | |
| 8 | Crop insurance proceeds and certain disaster payments (see instructions): | | | | |
| a | Amount received in 2000 | 8a | 8b Taxable amount | 8b | |
| c | If election to defer to 2001 is attached, check here ► [ ] | | 8d Amount deferred from 1999 | 8d | |
| 9 | Custom hire (machine work) income | | | 9 | |
| 10 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | | 10 | 13,868. |
| 11 | **Gross income.** Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter the amount from page 2, line 51 ► | | | 11 | 19,196. |

**Part II** **Farm Expenses — Cash and Accrual Method.** Do not include personal or living expenses such as taxes, insurance, repairs, etc, on your home.

| | | | | | |
|---|---|---|---|---|---|
| 12 | Car and truck expenses (see instructions — also attach Form 4562) | 12 | 25 | Pension and profit-sharing plans | 25 |
| 13 | Chemicals | 13 | 26 | Rent or lease (see instructions): | |
| 14 | Conservation expenses (see instructions) | 14 | a | Vehicles, machinery, and equipment | 26a |
| 15 | Custom hire (machine work) | 15 | b | Other (land, animals, etc) | 26b |
| 16 | Depreciation and Section 179 expense deduction not claimed elsewhere (see instructions) | 16 17,314. | 27 | Repairs and maintenance | 27 437. |
| | | | 28 | Seeds and plants purchased | 28 |
| | | | 29 | Storage and warehousing | 29 |
| 17 | Employee benefit programs other than on line 25 | 17 | 30 | Supplies purchased | 30 3,531. |
| | | | 31 | Taxes | 31 2,206. |
| 18 | Feed purchased | 18 601. | 32 | Utilities | 32 2,106. |
| 19 | Fertilizers and lime | 19 | 33 | Veterinary, breeding, and medicine | 33 827. |
| 20 | Freight and trucking | 20 | 34 | Other expenses (specify): | |
| 21 | Gasoline, fuel, and oil | 21 758. | a | TAX PREPARATION | 34a 100. |
| 22 | Insurance (other than health) | 22 1,016. | b | MEMBERSHIPS & DUES | 34b 30. |
| 23 | Interest: | | c | COW SUPPLEMENTS / MIMERALS | 34c 1,319. |
| a | Mortgage (paid to banks, etc) | 23a | d | CASUAL LABOR | 34d 1,728. |
| b | Other | 23b 3,363. | e | TRAVEL | 34e 365. |
| 24 | Labor hired (less employment credits) | 24 | f | | 34f |

| | | | |
|---|---|---|---|
| 35 | **Total expenses.** Add lines 12 through 34f ► | 35 | 35,701. |
| 36 | Net farm profit or (loss). Subtract line 35 from line 11. If a profit, enter on Form 1040, line 18, and also on Schedule SE, line 1. If a loss, you must go on to line 37 (estates, trusts, and partnerships, see instructions) | 36 | -16,505. |

37 If you have a loss, you must check the box that describes your investment in this activity (see instructions).

- If you checked 37a, enter the loss on Form 1040, line 18, and also on Schedule SE, line 1.
- If you checked 37b, you must attach Form 6198.

37a [X] All investment is at risk.

37b [ ] Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

► See separate instructions.
► Attach this form to your return.

OMB No. 1545-0172

**2000**

67

| Name(s) Shown on Return | Business or Activity to Which This Form Relates | Identifying Number |
|---|---|---|
| DELANO R KNEECE, JR & ROXANNE J KNEECE | Sch F RICKY KNEECE FARM | [redacted] |

## Part I Election to Expense Certain Tangible Property (Section 179)

**Note:** *If you have any 'listed property,' complete Part V before you complete Part I.*

| | | | |
|---|---|---|---|
| 1 | Maximum dollar limitation. If an enterprise zone business, see instructions | 1 | $20,000. |
| 2 | Total cost of Section 179 property placed in service. See instructions | 2 | |
| 3 | Threshold cost of Section 179 property before reduction in limitation | 3 | $200,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 7 | Listed property. Enter amount from line 27 | 7 | |
| 8 | Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from 1999. See instructions | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12 ► | 13 | |

**Note:** *Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.*

## Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year

(Do not include listed property.)

### Section A – General Asset Account Election

14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions ► ☐

### Section B – General Depreciation System (GDS) (See instructions)

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only – see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 15a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | 39,000. | 7.0 yrs | HY | 150DB | 4,179. |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

### Section C – Alternative Depreciation System (ADS) (See instructions)

| | | | | | | |
|---|---|---|---|---|---|---|
| 16a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

## Part III Other Depreciation (Do not include listed property.) (See instructions)

| | | | |
|---|---|---|---|
| 17 | GDS and ADS deductions for assets placed in service in tax years beginning before 2000 | 17 | 13,135. |
| 18 | Property subject to Section 168(f)(1) election | 18 | |
| 19 | ACRS and other depreciation | 19 | |

## Part IV Summary (See instructions)

| | | | |
|---|---|---|---|
| 20 | Listed property. Enter amount from line 26 | 20 | |
| 21 | **Total.** Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions | 21 | 17,314. |
| 22 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs | 22 | |

Do not write in this space — OFFICE USE

# SC1040

(Rev 9/11/00)

# South Carolina Individual Income Tax Return

**2000**

For the year January 1 - December 31, 2000, or other tax year beginning 2000 and ending 20

| Your First Name and Initial | (Sr, Jr, 2nd, 3rd, 4th) | Last Name | Your Social Security Number |
|---|---|---|---|
| DELANO R | JR | KNEECE | [redacted] |
| **Spouse's First Name and Initial, if Married Filing Jointly** | | **Spouse's Last Name, if Different** | **Spouse's Social Security Number** |
| ROXANNE J | | KNEECE | [redacted] |

USE COLORED LABEL

| Present Home Address (number and street, or P.O. Box) | Apt No. | Area Code Daytime Telephone | Do not write in this space — OFFICE USE |
|---|---|---|---|
| 204 DELANO KNEECE ROAD | | | |
| City | State | ZIP Code | County Code |
| PELION | SC | 29123 | 32 |

**If you do not wish to receive a booklet next year, but need a name and address label for your 2001 return, check here** ☐

**Check here, if you are filing SC Schedule NR (Part year/Nonresident)** ☐

**Check Your Federal Filing Status** (1) ☐ Single (3) ☐ Married filing separately. Enter spouse's social security number here _____
(2) ☒ Married filing jointly (4) ☐ Head of household (5) ☐ Widow(er) with dependent child

Federal exemptions: Enter the number of exemptions from line 6(d) of your 2000 federal return ► 4

How many of the exemptions listed above were under the age of 6 years on December 31, 2000? ► 0

Enter the number of taxpayers age 65 or older ►

STAPLE REMITTANCE HERE

| | | | | | |
|---|---|---|---|---|---|
| 1 | **Enter federal taxable income from your federal Form 1040, line 39; 1040A, line 25; or 1040EZ, line 6 and enter it on line 33 of this return. If zero or less, enter zero here and enter the negative amount on line 49 of this form** | | | 1 | 23,447.00 |
| | **Stop! Resident filers complete** lines 34 through 57 and enter total from line 57. **Nonresident filers complete** Schedule NR and enter total from line 41. | | | | |
| 2 | South Carolina **income subject to tax** | | | 2 | 23,447.00 |
| 3 | **Tax:** Enter tax from **South Carolina** tax tables | 3 | 1,300.00 | | |
| 4 | Tax on lump-sum distribution. (If using SC4972, please attach.) | 4 | 00 | | |
| 5 | Total South Carolina tax. Add lines 3 and 4. Enter the total | | | 5 | 1,300.00 |
| 6 | Child and dependent care. (See instructions.) | 6 | 0.00 | | |
| 7 | Two Wage Earner Credit from Schedule W. (See instructions.) | 7 | 65.00 | | |
| 8 | Other non-refundable credits. Attach Schedule TC | 8 | 00 | | |
| 9 | **Total** non-refundable credits. Add lines 6 through 8 and enter the total | | | 9 | 65.00 |
| 10 | **Subtract** line 9 from line 5. Enter the difference **but not less than zero** | | | 10 | 1,235.00 |

STAPLE WAGE AND TAX STATEMENT HERE

| | | | | | |
|---|---|---|---|---|---|
| 11 | SC income tax withheld (Attach W-2 or SC41.) | 3,226.00 | 14 | NR sale of real estate | 00 |
| 12 | 2000 estimated tax payments | 00 | 15 | Other SC withholding (attach Form 1099) | 00 |
| 13 | Amount paid with extension | 00 | 16 | Tuition Tax Credit (attach Form I-319) | 00 |

| | | | | | |
|---|---|---|---|---|---|
| 17 | Add lines 11 through 16 and enter the total. These are your total payments/credits | | | 17 | 3,226.00 |
| 18 | If line 17 is **larger** than line 10, subtract line 10 from line 17 and enter the **overpayment** | | | 18 | 1,991.00 |
| 19 | If line 10 is **larger** than line 17, subtract line 17 from line 10 and enter the **amount due** | | | 19 | 00 |
| 20 | **Use Tax** (Tax on out-of-state purchases. See instructions.) | 20 | 00 | | |
| 21 | Amount of line 18 to be credited to your **2001 estimated tax** | 21 | 00 | | |
| 22 | Endangered Wildlife Fund | 00 | 26 | Gift of Life Trust Fund | 00 |
| 23 | Children's Trust Fund | 00 | 27 | DARE Fund | 00 |
| 24 | Eldercare Trust Fund | 00 | 28 | First Steps Fund | 00 |
| 25 | Veterans' Trust Fund | 00 | 29 | Heritage Trust Fund | 00 |
| 30 | Add lines 20 through 29 and enter the total | | | 30 | 00 |
| 31 | **Net refund:** If line 30 is larger than line 18, go to line 32. Otherwise, subtract line 30 from line 18 and enter the **amount to be refunded to you** | | | 31 | 1,991.00 |
| 32 | **Net due:** Add lines 19 and 30 and, if applicable, penalty amount. If line 30 is larger than line 18, subtract line 18 from line 30. Enter the **amount you owe.** If subject to penalty for underpayment of estimated tax, attach Form SC2210. (See instructions.) Penalty: $ _____ Attach a check or money order for the full amount payable to **'SC Department of Revenue.'** Write your social security number and '2000 Form SC1040' on the check | | | 32 | 00 |

**Attach a Complete Copy of Your Federal Return Only if you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR, or claimed a Tuition Tax Credit.**

| | | | | |
|---|---|---|---|---|
| 33 | **Federal taxable income from your federal Form 1040, line 39; 1040A, line 25; or 1040EZ, line 6.** If zero or less, enter zero here and enter the negative amount on line 49 of this form | | 33 | 23,447.00 |

## Part 1 Additions to Federal Taxable Income

| | | | | | |
|---|---|---|---|---|---|
| 34 | If itemizing your state and local income tax deduction, enter the amount from line 5 of Worksheet A in the instructions | 34 | | 00 | |
| 35 | Out-of-state losses – (See instructions) | 35 | | 00 | |
| 36 | Expenses related to National Guard and military reserve income | 36 | | 00 | |
| 37 | Interest income on obligations of states and political subdivisions **other than** South Carolina | 37 | | 00 | |
| 38 | Other additions to income. (See instructions.) Attach an explanation | 38 | | 00 | |
| 39 | **Total additions** – add lines 34 through 38 and enter your total additions to income here | | | | 39 | 00 |
| 40 | Add line 33 and line 39 and enter total here | | | | 40 | 23,447.00 |

## Part 2 Subtractions from Federal Taxable Income

| | | | | | |
|---|---|---|---|---|---|
| 41 | State tax refund, if included on line 10, on your federal return | 41 | 0. | 00 | |
| 42 | Interest income from obligations of the U.S. government | 42 | 0. | 00 | |
| 43 | National Guard or Reserve annual training and drill pay. (See instructions.) | 43 | | 00 | |
| 44 | Permanent disability retirement income, if taxed on your federal return | 44 | | 00 | |
| 45 | Social security and/or railroad retirement, if taxed on your federal return | 45 | | 00 | |
| 46 | **Caution: Retirement deduction – (See instructions.)** | | | | |
| | a Taxpayer: Birth date _____ ☐ Surviving spouse | 46 a | | 00 | |
| | b Spouse: Birth date _____ ☐ Surviving spouse | 46 b | | 00 | |
| 47 | Age 65 and older deduction – (See instructions.) | | | | |
| | a Taxpayer: Birth date _____ | 47 a | | 00 | |
| | b Spouse: Birth date _____ | 47 b | | 00 | |
| 48 | Out-of-state income/gain – do not include personal service income. (See instructions) | 48 | | 00 | |
| 49 | Negative amount of federal taxable income | 49 | | 00 | |
| 50 | 44% of net capital gains with two years holding period. (See instructions.) | 50 | | 00 | |
| 51 | Subsistence allowance _____ days @ $5.00 | 51 | | 00 | |
| 52 | Volunteer firefighters/rescue squad deduction. (See instructions.) | 52 | | 00 | |
| 53 | Dependents under 6 years of age. (See instructions.) Birth date _____ Social security number _____ Birth date _____ Social security number _____ | 53 | | 00 | |
| 54 | Additional self-employed health insurance deduction | 54 | | 00 | |
| 55 | Other subtractions. (See instructions.) | 55 | | 00 | |
| 56 | **Total subtractions** – add lines 41 through 55 and enter the total | | | | 56 | 0.00 |
| 57 | South Carolina **income subject to tax.** Subtract line 56 from line 40. **Enter here and on line 2 of this return** | | | | 57 | 23,447.00 |

## Stop! Part 3 Additional Information (Complete only if you filed federal Schedule A.)

58 List the following totals from Schedule A federal 1040: **(for information use only)**

| | | | | | |
|---|---|---|---|---|---|
| Medical expenses | Line 4 | _____ | Gifts to charity | Line 18 | _____ |
| Taxes paid | Line 9 | _____ | Miscellaneous | Line 26 | _____ |
| Interest paid | Line 14 | _____ | Miscellaneous | Line 27 | _____ |

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

| Your Signature | Date | Spouse's Signature (if jointly, both must sign) |
|---|---|---|
| | | |

| | | |
|---|---|---|
| I **authorize** the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. | Yes ☒ No ☐ | Preparer's Printed Name RALPH G. BUSBEE, CPA |

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

| Paid Preparer's Use Only | Prepared by | Date | Preparer's Name and Address |
|---|---|---|---|
| | | 04/15/2001 | RALPH G. BUSBEE, CPA |
| | EI Number | Phone Number | 184 MORGAN DRIVE |
| | [redacted] | (803) 359-5709 | LEXINGTON SC 29072 |

**Mail Return to: Processing Center, P.O. Box 101100, Columbia, SC 29211-0100**

LMC TKMU X-RAY

| Control number | Void | Copy D For Employer<br>OMB No. 1545-0008 | |
|---|---|---|---|
| b Employer identification number<br>[redacted] | | 1 Wages, tips, other comp.<br>25833.33 | 2 Fed. income tax withheld<br>3065.00 |
| c Employer's name, address, and ZIP code<br>DELANO R. KNEECE & SON, INC.<br><br>213 DELANO KNEECE ROAD<br><br>PELION, SC 29123 | | 3 Social security wages<br>25833.33 | 4 Social security tax withheld<br>1601.67 |
| | | 5 Medicare wages and tips<br>25833.33 | 6 Medicare tax withheld<br>374.58 |
| | | 7 Social security tips<br>0.00 | 8 Allocated tips<br>0.00 |
| d Employee's social security number<br>[redacted] | | 9 Advance EIC payment<br>0.00 | 10 Dependent care benefits<br>0.00 |
| e Employee's name, address, and ZIP code<br>DELANO R KNEECE<br><br>204 DELANO KNEECE RD<br>PELION, SC 29123 | | 11 Nonqualified plans<br>0.00 | 12 Benefits included in box 1<br>0.00 |
| | | 13 See instrs. for box 13 | 14 Other |
| | | 15 Statutory employee / Deceased / Pension plan / Legal rep. / Deferred compensation | |

| 16 State | Employer's state I.D. no. | 17 State wages, tips, etc. | 18 State income tax | 19 Locality name | 20 Local wages, tips, etc. | 21 Local income tax |
|---|---|---|---|---|---|---|
| SC | [redacted] | 25833.33 | 1558.33 | | 0.00 | 0.00 |
| | | 0.00 | 0.00 | | 0.00 | 0.00 |

39-1908647

Form W-2 Wage and Tax Statement 2000

Department of the Treasury — Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.

2043

| a Control number | Void | Copy D For Employer<br>OMB No. 1545-0008 | |
|---|---|---|---|
| b Employer identification number<br>[redacted] | | 1 Wages, tips, other comp.<br>28580.00 | 2 Fed. income tax withheld<br>3194.00 |
| c Employer's name, address, and ZIP code<br>DELANO R. KNEECE & SON, INC.<br><br>213 DELANO KNEECE ROAD<br><br>PELION, SC 29123 | | 3 Social security wages<br>28580.00 | 4 Social security tax withheld<br>1771.96 |
| | | 5 Medicare wages and tips<br>28580.00 | 6 Medicare tax withheld<br>414.41 |
| | | 7 Social security tips<br>0.00 | 8 Allocated tips<br>0.00 |
| d Employee's social security number<br>[redacted] | | 9 Advance EIC payment<br>0.00 | 10 Dependent care benefits<br>0.00 |
| e Employee's name, address, and ZIP code<br>ROXANNE KNEECE<br><br>204 DELANO KNEECE RD<br>PELION,, SC 29123 | | 11 Nonqualified plans<br>0.00 | 12 Benefits included in box 1<br>0.00 |
| | | 13 See instrs. for box 13 | 14 Other |
| | | 15 Statutory employee / Deceased / Pension plan / Legal rep. / Deferred compensation | |

| 16 State | Employer's state I.D. no. | 17 State wages, tips, etc. | 18 State income tax | 19 Locality name | 20 Local wages, tips, etc. | 21 Local income tax |
|---|---|---|---|---|---|---|
| SC | [redacted] | 28580.00 | 1667.87 | | 0.00 | 0.00 |
| | | 0.00 | 0.00 | | 0.00 | 0.00 |

Form **W-2** Wage and Tax Statement **2000**

39-1908647 Department of the Treasury -- Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

BW2ERD NTF27169 2043

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Department of the Treasury — Internal Revenue Service

# Form 1040 U.S. Individual Income Tax Return 2001

(99) IRS use only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2001, or other tax year beginning , 2001, ending , 20 — OMB No. 1545-0074

**Label** (See instructions.)

Your First Name: DELANO — MI: R — Last Name: KNEECE, JR — Your Social Security Number: [redacted]

If a Joint Return, Spouse's First Name: ROXANNE — MI: J — Last Name: KNEECE — Spouse's Social Security Number: [redacted]

Home Address (number and street). If You Have a P.O. Box, See Instructions.: 204 DELANO KNEECE ROAD — Apartment No.

City, Town or Post Office. If You Have a Foreign Address, See Instructions.: PELION — State: SC — ZIP Code: 29123

**Use the IRS label.** Otherwise, please print or type.

▲ **Important!** ▲ You **must** enter your social security number(s) above.

**Presidential Election Campaign** (See instructions.)

▶ **Note:** Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want $3 to go to this fund? ..... ▶ You ☐ Yes ☐ No Spouse ☐ Yes ☐ No

## Filing Status

Check only one box.

1 ☐ Single

2 ☒ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's SSN above & full name here .... ▶

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 (year spouse died ▶ ). (See instructions.)

## Exemptions

6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a ..... — No. of boxes checked on 6a and 6b .... 2

b ☒ **Spouse** .....

c **Dependents:**

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see instrs) |
|---|---|---|---|
| [redacted] | [redacted] | Son | |
| [redacted] | [redacted] | Son | X |

If more than six dependents, see instructions.

No. of your children on 6c who: • lived with you ..... 2 • did not live with you due to divorce or separation (see instrs) ... Dependents on 6c not entered above . Add numbers entered on lines above . ▶ 4

d Total number of exemptions claimed .....

## Income

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

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 69,247. |
| 8a | **Taxable** interest. Attach Schedule B if required | 8a | 58. |
| b | **Tax-exempt** interest. **Do not** include on line 8a ..... 8b | | |
| 9 | Ordinary dividends. Attach Schedule B if required | 9 | 769. |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | 0. |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ | 13 | 941. |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | Total IRA distributions ..... 15a — b Taxable amount (see instrs) | 15b | |
| 16a | Total pensions & annuities . 16a — b Taxable amount (see instrs) | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 2,500. |
| 18 | Farm income or (loss). Attach Schedule F | 18 | -5,211. |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits ..... 20a — b Taxable amount (see instrs) | 20b | |
| 21 | Other income | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | 68,304. |

## Adjusted Gross Income

| | | | |
|---|---|---|---|
| 23 | IRA deduction (see instructions) | 23 | |
| 24 | Student loan interest deduction (see instructions) | 24 | |
| 25 | Archer MSA deduction. Attach Form 8853 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed health insurance deduction (see instructions) | 28 | |
| 29 | Self-employed SEP, SIMPLE, and qualified plans | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN .... ▶ | 31a | |
| 32 | Add lines 23 through 31a | 32 | |
| 33 | Subtract line 32 from line 22. This is your **adjusted gross income** ▶ | 33 | 68,304. |

**BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.**

| a Control number | b Employer identification number | Copy C For EMPLOYEE'S RECORDS. OMB No. 1545-0008 This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. |
|---|---|---|
| 000006 | [redacted] | |

| c Employer's name, address, and ZIP code | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
|---|---|---|
| DELANO R. KNEECE & SON, INC.<br>213 DELANO KNEECE ROAD<br>PELION, SC 29123 | 28080.00 | 3224.00 |
| | 3 Social security wages: 28080.00 | 4 Social security tax withheld: 1740.96 |
| | 5 Medicare wages and tips: 28080.00 | 6 Medicare tax withheld: 407.16 |
| | 7 Social security tips | 8 Allocated tips / 9 Advance EIC payment |
| d Employee's social security number: [redacted] | 10 Dependent care benifits | 11 Nonqualified plans / 12a Code See inst. for box 12 |
| e Employees's name, address, and ZIP code | 12b Code | 12c Code / 12d Code |
| ROXANNE KNEECE<br>204 DELANO KNEECE ROAD<br>PELION, SC 29123 | 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ | 14 Other |

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | [redacted] | 28080.00 | 1665.56 | | | |

Form W-2 Wage and Tax Statement 2001 — Department of the Treasury - Internal Revenue Service 58-2083768

| a Control number | b Employer identification number | Copy C For EMPLOYEE'S RECORDS. OMB No. 1545-0008 This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. |
|---|---|---|
| 000006 | [redacted] | |

| c Employer's name, address, and ZIP code | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
|---|---|---|
| DELANO R. KNEECE & SON, INC.<br>213 DELANO KNEECE ROAD<br>PELION, SC 29123 | 41166.65 | 5889.14 |
| | 3 Social security wages: 41166.65 | 4 Social security tax withheld: 2552.33 |
| | 5 Medicare wages and tips: 41166.65 | 6 Medicare tax withheld: 596.92 |
| | 7 Social security tips | 8 Allocated tips / 9 Advance EIC payment |
| d Employee's social security number: [redacted] | 10 Dependent care benifits | 11 Nonqualified plans / 12a Code See inst. for box 12 |
| e Employees's name, address, and ZIP code | 12b Code | 12c Code / 12d Code |
| DELANO KNEECE<br>204 DELANO KNEECE ROAD<br>PELION, SC 29123 | 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ | 14 Other |

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | [redacted] | 41166.65 | 2716.26 | | | |

Form W-2 Wage and Tax Statement 2001 — Department of the Treasury - Internal Revenue Service 58-2083768

**Tax and Credits**

**Standard Deduction for –**
- People who checked any box on line 35a or 35b or who can be claimed as a dependent, see instructions.
- All others: Single: $4,550

Head of household, $6,650

Married filing jointly or Qualifying widow(er), $7,600

Married filing separately, $3,800

| | | | |
|---|---|---|---|
| 34 | Amount from line 33 (adjusted gross income) | 34 | 68,304. |
| 35a | Check if: ☐ You were 65/older, ☐ Blind; ☐ Spouse was 65/older, ☐ Blind. Add the number of boxes checked above and enter the total here ► 35a | | |
| b | If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here ► 35b ☐ | | |
| 36 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 36 | 8,374. |
| 37 | Subtract line 36 from line 34 | 37 | 59,930. |
| 38 | If line 34 is $99,725 or less, multiply $2,900 by the total number of exemptions claimed on line 6d. If line 34 is over $99,725, see the worksheet in the instructions | 38 | 11,600. |
| 39 | Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- | 39 | 48,330. |
| 40 | Tax (see instrs). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 | 40 | 7,566. |
| 41 | **Alternative minimum tax** (see instructions). Attach Form 6251 | 41 | 0. |
| 42 | Add lines 40 and 41 ► | 42 | 7,566. |
| 43 | Foreign tax credit. Attach Form 1116 if required — 43 | | |
| 44 | Credit for child and dependent care expenses. Attach Form 2441 — 44 | | |
| 45 | Credit for the elderly or the disabled. Attach Schedule R — 45 | | |
| 46 | Education credits. Attach Form 8863 — 46 | | |
| 47 | Rate reduction credit. See the worksheet — 47 | | |
| 48 | Child tax credit (see instructions) — 48 — 600. | | |
| 49 | Adoption credit. Attach Form 8839 — 49 | | |
| 50 | Other credits from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) — 50 | | |
| 51 | Add lines 43 through 50. These are your **total credits** | 51 | 600. |
| 52 | Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- ► | 52 | 6,966. |

**Other Taxes**

| | | | |
|---|---|---|---|
| 53 | Self-employment tax. Attach Schedule SE | 53 | |
| 54 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 54 | |
| 55 | Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required | 55 | |
| 56 | Advance earned income credit payments from Form(s) W-2 | 56 | |
| 57 | Household employment taxes. Attach Schedule H | 57 | |
| 58 | Add lines 52-57. This is your total tax ► | 58 | 6,966. |

**Payments**

If you have a qualifying child, attach Schedule EIC.

| | | | |
|---|---|---|---|
| 59 | Federal income tax withheld from Forms W-2 and 1099 — 59 — 9,113. | | |
| 60 | 2001 estimated tax payments and amount applied from 2000 return — 60 | | |
| 61a | **Earned income credit (EIC)** — 61a | | |
| b | Nontaxable earned income — 61b | | |
| 62 | Excess social security and RRTA tax withheld (see instrs) — 62 | | |
| 63 | Additional child tax credit. Attach Form 8812 — 63 | | |
| 64 | Amount paid with request for extension to file (see instructions) — 64 | | |
| 65 | Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136 — 65 | | |
| 66 | Add lines 59, 60, 61a, and 62 through 65. These are your **total payments** ► | 66 | 9,113. |

FDIA0112 . 12/10/01

**Refund**

Direct deposit? See instructions and fill in 68b, 68c, and 68d.

| | | | |
|---|---|---|---|
| 67 | If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid | 67 | 2,147. |
| 68a | Amount of line 67 you want **refunded to you** ► | 68a | 2,147. |
| ► b | Routing number _____ ► c Type: ☐ Checking ☐ Savings | | |
| ► d | Account number _____ | | |
| 69 | Amount of line 67 you want applied to your 2002 estimated tax ► 69 | | |

**Amount You Owe**

| | | | |
|---|---|---|---|
| 70 | Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions ► | 70 | |
| 71 | Estimated tax penalty. Also include on line 70 — 71 | | |

**Third Party Designee**

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

Designee's Name ► Preparer Phone No. ► Personal Identification Number (PIN) ►

**Sign Here**

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

Joint return? See instructions. Keep a copy for your records.

| Your Signature | Date | Your Occupation | Daytime Phone Number |
|---|---|---|---|
| ► | | FARMER | |
| **Spouse's Signature. If a Joint Return, Both Must Sign.** | Date | Spouse's Occupation | |
| ► | | SECRETARY | |

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's Signature ► Ralph G. Busbee CPA | Date 04/14/2002 | Check if self-employed ☒ | Preparer's SSN or PTIN [redacted] |
| Firm's Name (or yours if self-employed), Address, and ZIP Code ► RALPH G. BUSBEE CPA, 184 MORGAN DRIVE, LEXINGTON SC 29072 | | | EIN |
| | | | Phone No. (803) 359-5709 |

**Schedule A** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Itemized Deductions

► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2001**

07

Name(s) Shown on Form 1040: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your Social Security Number: [redacted]

| | | | | | |
|---|---|---|---|---|---|
| **Medical and Dental Expenses** | | **Caution.** Do not include expenses reimbursed or paid by others. | | | |
| | 1 | Medical and dental expenses (see instructions) | 1 | | |
| | 2 | Enter amount from Form 1040, line 34 ..... 2 | | | |
| | 3 | Multiply line 2 above by 7.5% (.075) | 3 | | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 | |
| **Taxes You Paid** | 5 | State and local income taxes | 5 | 4,382. | |
| | 6 | Real estate taxes (see instructions) | 6 | 889. | |
| (See instructions.) | 7 | Personal property taxes | 7 | | |
| | 8 | Other taxes. List type and amount ► | 8 | | |
| | 9 | Add lines 5 through 8 | | 9 | 5,271. |
| **Interest You Paid** | 10 | Home mtg interest and points reported to you on Form 1098 | 10 | | |
| | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ► | 11 | | |
| (See instructions.) | | | | | |
| **Note.** Personal interest is not deductible. | 12 | Points not reported to you on Form 1098. See instrs for spcl rules | 12 | | |
| | 13 | Investment interest. Attach Form 4952 if required. (See instrs.) | 13 | | |
| | 14 | Add lines 10 through 13 | | 14 | |
| **Gifts to Charity** | 15 | Gifts by cash or check. If you made any gift of $250 or more, see instructions | 15 | 3,103. | |
| If you made a gift and got a benefit for it, see instructions. | 16 | Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 | 16 | | |
| | 17 | Carryover from prior year | 17 | | |
| | 18 | Add lines 15 through 17 | | 18 | 3,103. |
| **Casualty and Theft Losses** | 19 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | 19 | |
| **Job Expenses and Most Other Miscellaneous Deductions** | 20 | Unreimbursed employee expenses – job travel, union dues, job education, etc. You **must** attach Form 2106 or 2106-EZ if required. (See instructions.) ► | 20 | | |
| | 21 | Tax preparation fees | 21 | 50. | |
| (See instructions for expenses to deduct here.) | 22 | Other expenses – investment, safe deposit box, etc. List type and amount ► | 22 | | |
| | 23 | Add lines 20 through 22 | 23 | 50. | |
| | 24 | Enter amount from Form 1040, line 34 ..... 24 68,304. | | | |
| | 25 | Multiply line 24 above by 2% (.02) | 25 | 1,366. | |
| | 26 | Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- | | 26 | 0. |
| **Other Miscellaneous Deductions** | 27 | Other – from list in the instructions. List type and amount ► | | 27 | |
| **Total Itemized Deductions** | 28 | Is Form 1040, line 34, over $132,950 (over $66,475 if MFS)? | | | |
| | | [X] **No.** Your deduction is not limited. Add the amts in the far right col for lines 4 through 27. Also, enter this amt on Form 1040, line 36. | | ► 28 | 8,374. |
| | | [ ] **Yes.** Your deduction may be limited. See instructions for the amount to enter. | | | |

Name(s) Shown on Form 1040. Your Social Security Number

DELANO R KNEECE, JR & ROXANNE J KNEECE [redacted]

## Schedule B – Interest and Ordinary Dividends

08

**Part I Interest**

(See instructions for Form 1040, line 8a.)

**Note.** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

| | | Amount |
|---|---|---|
| 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ► MERRILL LYNCH | 1 | 58. |
| 2 Add the amounts on line 1 | 2 | 58. |
| 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You must attach Form 8815 | 3 | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ► | 4 | 58. |

**Note.** If line 4 is over $400, you must complete Part III.

**Part II Ordinary Dividends**

(See instructions for Form 1040, line 9.)

**Note.** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

| | | Amount |
|---|---|---|
| 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ► MERRILL LYNCH | 5 | 769. |
| 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9 ► | 6 | 769. |

**Note.** If line 6 is over $400, you must complete Part III.

**Part III Foreign Accounts and Trusts**

(See instructions.)

| | Yes | No |
|---|---|---|
| You must complete this part if you **(a)** had over $400 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust. | | |
| **7a** At any time during 2001, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1 | | X |
| **b** If 'Yes,' enter the name of the foreign country ► | | |
| **8** During 2001, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions | | X |

Schedule D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Capital Gains and Losses

► Attach to Form 1040. ► See instructions for Schedule D (Form 1040).
► Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2001

12

Name(s) Shown on Form 1040: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your Social Security Number: [redacted]

## Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

| (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|---|---|---|---|---|
| 1 SELECT TEN 2000 SERIES B | Various | 08/02/01 | 17. | 15. | 2. |
| SELECT TEN 2000 SERIES B | Various | 08/02/01 | 6. | 6. | 0. |
| | | | | | |
| | | | | | |

| | | |
|---|---|---|
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2 | 2 | |
| 3 **Total short-term sales price amounts.** Add lines 1 and 2 in column (d) | 3 | 23. |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | 4 | |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 5 | |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2000 Capital Loss Carryover Worksheet | 6 | |
| 7 **Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f) | 7 | 2. |

## Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

| (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) | (g) 28% rate gain or (loss)* (see instructions below) |
|---|---|---|---|---|---|---|
| 8 818 UNITS SELECT TEN 2000 SERIES B | 06/12/00 | 08/02/01 | 867. | 962. | -95. | |
| 977 LARGE CAP GROWTH 2000 A | 04/13/00 | 05/30/01 | 723. | 0. | 723. | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 9 Enter your long-term totals, if any, from Schedule D-1, line 9 | 9 | | |
| 10 **Total long-term sales price amounts.** Add lines 8 and 9 in column (d) | 10 | 1,590. | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | 11 | | |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 12 | | |
| 13 Capital gain distributions. See instrs | 13 | 311. | |
| 14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 2000 Capital Loss Carryover Worksheet | 14 | | |
| 15 Combine lines 8 through 14 in column (g) | 15 | | |
| 16 **Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f) | 16 | 939. | |

**Next:** Go to Part III on page 2.

* **28% rate gain or loss** includes all 'collectibles gains and losses' (as defined in the instructions) and up to 50% of the eligible gain on qualified small business stock (see instructions).

## Part III Taxable Gain or Deductible Loss

| | | | |
|---|---|---|---|
| 17 | Combine lines 7 and 16 and enter the result. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13, and complete Form 1040 through line 39 | 17 | 941. |
| | **Next:** • If both lines 16 and 17 are gains and Form 1040, line 39, is more than zero, complete Part IV below. • Otherwise, skip the rest of Schedule D and complete Form 1040. | | |
| 18 | If line 17 is a loss, enter here and on Form 1040, line 13, the **smaller** of **(a)** that loss or **(b)** ($3,000) (or, if married filing separately, ($1,500)). Then complete Form 1040 through line 37 | 18 | |
| | **Next:** • If the loss on line 17 is more than the loss on line 18 or if Form 1040, line 37, is less than zero, skip **Part IV** below and complete the **Capital Loss Carryover Worksheet** in the instructions before completing the rest of Form 1040. • Otherwise, skip **Part IV** below and complete the rest of Form 1040. | | |

## Part IV Tax Computation Using Maximum Capital Gains Rates

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 19 | Enter your unrecaptured Section 1250 gain, if any, from line 17 of the worksheet in the instructions | 19 | | | | | |
| | **If line 15 or line 19 is more than zero, complete the worksheet in the instructions to figure the amount to enter on lines 22, 29, and 40 below, and skip all other lines below. Otherwise, go to line 20.** | | | | | | |
| 20 | Enter your taxable income from Form 1040, line 39 | | | 20 | 48,330. | | |
| 21 | Enter the smaller of line 16 or line 17 of Schedule D | 21 | 939. | | | | |
| 22 | If you are deducting investment interest expense on Form 4952, enter the amount from Form 4952, line 4e. Otherwise, enter -0- | 22 | 0. | | | | |
| 23 | Subtract line 22 from line 21. If zero or less, enter -0- | | | 23 | 939. | | |
| 24 | Subtract line 23 from line 20. If zero or less, enter -0- | | | 24 | 47,391. | | |
| 25 | Figure the tax on the amount on line 24. Use the Tax Table or Tax Rate Schedules, whichever applies | | | | | 25 | 7,378. |
| 26 | Enter the **smaller** of: • The amount on line 20 **or** • $45,200 if married filing jointly or qualifying widow(er); $27,050 if single; $36,250 if head of household; or $22,600 if married filing separately | | | 26 | 45,200. | | |
| | **If line 26 is greater than line 24, go to line 27. Otherwise, skip lines 27 through 33 and go to line 34.** | | | | | | |
| 27 | Enter the amount from line 24 | | | 27 | | | |
| 28 | Subtract line 27 from line 26. If zero or less, enter -0- and go to line 34 | | | 28 | | | |
| 29 | Enter your qualified 5-year gain, if any, from line 7 of the worksheet in the instructions | 29 | | | | | |
| 30 | Enter the **smaller** of line 28 or line 29 | | | 30 | | | |
| 31 | Multiply line 30 by 8% (.08) | | | | | 31 | |
| 32 | Subtract line 30 from line 28 | | | 32 | | | |
| 33 | Multiply line 32 by 10% (.10) | | | | | 33 | |
| | **If the amounts on lines 23 and 28 are the same, skip lines 34 through 37 and go to line 38.** | | | | | | |
| 34 | Enter the **smaller** of line 20 or line 23 | | | 34 | 939. | | |
| 35 | Enter the amount from line 28 (if line 28 is blank, enter -0-) | | | 35 | 0. | | |
| 36 | Subtract line 35 from line 34 | | | 36 | 939. | | |
| 37 | Multiply line 36 by 20% (.20) | | | | | 37 | 188. |
| 38 | Add lines 25, 31, 33, and 37 | | | | | 38 | 7,566. |
| 39 | Figure the tax on the amount on line 20. Use the Tax Table or Tax Rate Schedules, whichever applies | | | | | 39 | 7,639. |
| 40 | **Tax on all taxable income (including capital gains).** Enter the **smaller** of line 38 or line 39 here and on Form 1040, line 40 | | | | | 40 | 7,566. |

**Schedule E** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)

► Attach to Form 1040 or Form 1041.

► See instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2001**

13

Name(s) Shown on Return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your Social Security Number: [redacted]

## Part I Income or Loss from Rental Real Estate and Royalties

**Note:** If you are in the business of renting personal property, use **Schedule C** or **C-EZ**. Report farm rental income or loss from **Form 4835** on page 2, line 39.

1 Show the kind and location of each **rental real estate property:**

A FARM LAND
FARM LAND

B

C

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days, or
- 10% of the total days rented at fair rental value?

(See instructions.)

| | Yes | No |
|---|---|---|
| A | | X |
| B | | |
| C | | |

| Income: | | Properties A | Properties B | Properties C | | Totals (Add columns A, B, and C.) |
|---|---|---|---|---|---|---|
| 3 Rents received | 3 | 2,500. | | | 3 | 2,500. |
| 4 Royalties received | 4 | | | | 4 | |
| **Expenses:** | | | | | | |
| 5 Advertising | 5 | | | | | |
| 6 Auto and travel (see instructions) | 6 | | | | | |
| 7 Cleaning and maintenance | 7 | | | | | |
| 8 Commissions | 8 | | | | | |
| 9 Insurance | 9 | | | | | |
| 10 Legal and other professional fees | 10 | | | | | |
| 11 Management fees | 11 | | | | | |
| 12 Mortgage interest paid to banks, etc (see instructions) | 12 | | | | 12 | |
| 13 Other interest | 13 | | | | | |
| 14 Repairs | 14 | | | | | |
| 15 Supplies | 15 | | | | | |
| 16 Taxes | 16 | | | | | |
| 17 Utilities | 17 | | | | | |
| 18 Other (list) ► | 18 | | | | | |
| 19 Add lines 5 through 18 | 19 | | | | 19 | |
| 20 Depreciation expense or depletion (see instructions) | 20 | | | | 20 | |
| 21 Total expenses. Add lines 19 and 20 | 21 | | | | | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198 | 22 | 2,500. | | | | |
| 23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2 | 23 | | | | | |
| 24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses | | | | | 24 | 2,500. |
| 25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | | 25 | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2 | | | | | 26 | 2,500. |

BAA **For Paperwork Reduction Act Notice, see Form 1040 instructions.**

Schedule E (Form 1040) 2001

FDI7221278 /15/01

**Schedule F** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Profit or Loss from Farming

► Attach to Form 1040, Form 1041, Form 1065, or Form 1065-B.
► See instructions for Schedule F (Form 1040).

OMB No. 1545-0074

**2001**

14

Name of Proprietor: DELANO R KNEECE, JR

Social Security Number (SSN): [redacted]

A Principal Product. Describe in One or Two Words Your Principal Crop or Activity for the Current Tax Year: GRAINS

B Enter Code from Part IV ► 111900

D Employer ID Number (EIN), If Any

C Accounting method: (1) [X] Cash (2) [ ] Accrual

E Did you 'materially participate' in the operation of this business during 2001? If 'No,' see instructions for limit on passive losses ..... [X] Yes [ ] No

**Part I Farm Income — Cash Method. Complete Parts I and II** (Accrual method taxpayers complete Parts II & III, & line 11 of Part I.) **Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Sales of livestock and other items you bought for resale | 1 | | | |
| 2 | Cost or other basis of livestock and other items reported on line 1 | 2 | | | |
| 3 | Subtract line 2 from line 1 | | | 3 | |
| 4 | Sales of livestock, produce, grains, and other products you raised | | | 4 | 15,488. |
| 5a | Total cooperative distributions (Form(s) 1099-PATR) | 5a | | 5b Taxable amount 5b | |
| 6a | Agricultural program payments (see instructions) | 6a | 90. | 6b Taxable amount 6b | 90. |
| 7 | Commodity Credit Corporation (CCC) loans (see instructions): | | | | |
| a | CCC loans reported under election | | | 7a | |
| b | CCC loans forfeited | 7b | | 7c Taxable amount 7c | |
| 8 | Crop insurance proceeds and certain disaster payments (see instructions): | | | | |
| a | Amount received in 2001 | 8a | | 8b Taxable amount 8b | |
| c | If election to defer to 2002 is attached, check here ► [ ] | | | 8d Amount deferred from 2000 8d | |
| 9 | Custom hire (machine work) income | | | 9 | |
| 10 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | | 10 | 9,784. |
| 11 | **Gross income.** Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter the amount from page 2, line 51 ► | | | 11 | 25,362. |

**Part II Farm Expenses — Cash and Accrual Method.** Do not include personal or living expenses such as taxes, insurance, repairs, etc, on your home.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 12 | Car and truck expenses (see instructions — also attach Form 4562) | 12 | | 25 | Pension and profit-sharing plans | 25 | |
| 13 | Chemicals | 13 | | 26 | Rent or lease (see instructions): | | |
| 14 | Conservation expenses (see instructions) | 14 | | a | Vehicles, machinery, and equipment | 26a | |
| 15 | Custom hire (machine work) | 15 | | b | Other (land, animals, etc) | 26b | 225. |
| 16 | Depreciation and Section 179 expense deduction not claimed elsewhere (see instructions) | 16 | 19,975. | 27 | Repairs and maintenance | 27 | |
| | | | | 28 | Seeds and plants purchased | 28 | |
| | | | | 29 | Storage and warehousing | 29 | |
| 17 | Employee benefit programs other than on line 25 | 17 | | 30 | Supplies purchased | 30 | |
| | | | | 31 | Taxes | 31 | |
| 18 | Feed purchased | 18 | 3,358. | 32 | Utilities | 32 | 1,557. |
| 19 | Fertilizers and lime | 19 | | 33 | Veterinary, breeding, and medicine | 33 | |
| 20 | Freight and trucking | 20 | | 34 | Other expenses (specify): | | |
| 21 | Gasoline, fuel, and oil | 21 | 599. | a | CASUAL LABOR | 34a | 665. |
| 22 | Insurance (other than health) | 22 | 2,815. | b | FARMS TAGS | 34b | 337. |
| 23 | Interest: | | | c | MEMBERSHIPS & DUES | 34c | 55. |
| a | Mortgage (paid to banks, etc) | 23a | | d | TAX PREPARATION | 34d | 100. |
| b | Other | 23b | | e | TELEPHONE | 34e | 887. |
| 24 | Labor hired (less employment credits) | 24 | | f | | 34f | |

| | | | |
|---|---|---|---|
| 35 | **Total expenses.** Add lines 12 through 34f ► | 35 | 30,573. |
| 36 | Net farm profit or (loss). Subtract line 35 from line 11. If a profit, enter on Form 1040, line 18, and also on Schedule SE, line 1. If a loss, you must go on to line 37 (estates, trusts, and partnerships, see instructions) | 36 | -5,211. |

37 If you have a loss, you **must** check the box that describes your investment in this activity (see instructions).

- If you checked 37a, enter the loss on **Form 1040, line 18,** and **also** on **Schedule SE, line 1.**
- If you checked 37b, you **must** attach **Form 6198.**

37a [X] All investment is at risk.
37b [ ] Some investment is not at risk.

BAA **For Paperwork Reduction Act Notice, see Form 1040 instructions.** FDIZ0212 10/16/01 Schedule F (Form 1040) 2001

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

► See separate instructions.
► Attach this form to your return.

OMB No. 1545-0172

**2001**

67

Name(s) Shown on Return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Identifying Number: [redacted]

Business or Activity to Which This Form Relates: Sch F RICKY KNEECE FARM

## Part I Election to Expense Certain Tangible Property Under Section 179

**Note:** *If you have any 'listed property,' complete Part V before you complete Part I.*

| | | | |
|---|---|---|---|
| 1 | Maximum dollar limitation. If an enterprise zone business, see instructions | 1 | $24,000. |
| 2 | Total cost of Section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of Section 179 property before reduction in limitation | 3 | $200,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 7 | Listed property. Enter amount from line 27 | 7 | |
| 8 | Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from 2000 (see instructions) | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2002. Add lines 9 and 10, less line 12 ► | 13 | |

**Note:** *Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.*

## Part II MACRS Depreciation for Assets Placed in Service Only During Your 2001 Tax Year

(**Do not** include listed property.)

### Section A – General Asset Account Election

14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions ► ☐

### Section B – General Depreciation System (GDS) (See instructions)

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only – see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 15a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | 15,600. | 7.0 yrs | HY | 150DB | 1,671. |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

### Section C – Alternative Depreciation System (ADS) (See instructions)

| | | | | | | |
|---|---|---|---|---|---|---|
| 16a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

## Part III Other Depreciation (Do not include listed property.) (See instructions)

| | | | |
|---|---|---|---|
| 17 | GDS and ADS deductions for assets placed in service in tax years beginning before 2001 | 17 | 18,304. |
| 18 | Property subject to Section 168(f)(1) election | 18 | |
| 19 | ACRS and other depreciation | 19 | |

## Part IV Summary (See instructions)

| | | | |
|---|---|---|---|
| 20 | Listed property. Enter amount from line 26 | 20 | |
| 21 | Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions | 21 | 19,975. |
| 22 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs | 22 | |

Do not write in this space — Office use

# SC1040
(Rev 9/7/01)

# South Carolina Individual Income Tax Return

**2001**

For the year January 1 - December 31, 2001, or other tax year beginning 2001 and ending 20

PLACE LABEL HERE

| Your First Name and Initial | (Sr, Jr, 2nd, 3rd, 4th) | Last Name | Your Social Security Number |
|---|---|---|---|
| DELANO R | JR | KNEECE | [redacted] |
| **Spouse's First Name and Initial, if Married Filing Jointly** | **Spouse's Last Name, if Different** | | **Spouse's Social Security Number** |
| ROXANNE J | KNEECE | | [redacted] |
| **Present Home Address (number and street, or P.O. Box)** | **Apt No.** | **Area Code Daytime Telephone** | **Do not write in this space — Office use** |
| 204 DELANO KNEECE ROAD | | | |
| **City** | **State** | **ZIP Code** | **County Code** |
| PELION | SC | 29123 | 32 |

**If you do not wish to receive a booklet next year, but need a name and address label for your 2002 return, check here** ► ☐

**Check here, if you are filing SC Schedule NR (Part year/Nonresident)** ► ☐

**Check Your Federal Filing Status** (1) ☐ Single (3) ☐ Married filing separately. Enter spouse's social security number here ____
(2) ☒ Married filing jointly (4) ☐ Head of household (5) ☐ Widow(er) with dependent child

Federal exemptions: Enter the number of exemptions from line 6(d) of your 2001 federal return ► 4

How many of the exemptions listed above were under the age of 6 years on December 31, 2001? ► 0

Enter the number of taxpayers age 65 or older ►

STAPLE REMITTANCE HERE

| | | | | | |
|---|---|---|---|---|---|
| 1 | **Enter federal taxable income from your federal Form 1040, line 39; 1040A, line 25; or 1040EZ, line 6 and enter it on line 33 of this return. If zero or less, enter zero here and enter the negative amount on line 49 of this form** ► | | | 1 | 48,330.00 |
| | **Stop! Resident filers complete** lines 34 through 57 and enter total from line 57. **Nonresident filers complete** Schedule NR and enter total from line 41. | | | | |
| 2 | South Carolina **income subject to tax.** Do not enter an amount less than zero ► | | | 2 | 49,104.00 |
| 3 | **Tax:** Enter tax from **South Carolina** tax tables | 3 | 3,093.00 | | |
| 4 | **Tax** on lump-sum distribution. (If using SC4972, please attach.) ► | 4 | 00 | | |
| 5 | Total South Carolina tax. Add lines 3 and 4. Enter the total | | | 5 | 3,093.00 |
| 6 | Child and dependent care. (See instructions.) ► | 6 | 0.00 | | |
| 7 | Two Wage Earner Credit from Schedule W. (See instructions.) ► | 7 | 197.00 | | |
| 8 | Other non-refundable credits. Attach SC1040TC ► | 8 | 00 | | |
| 9 | **Total** non-refundable credits. Add lines 6 through 8 and enter the total | | | 9 | 197.00 |
| 10 | **Subtract** line 9 from line 5. Enter the difference **but not less than zero** | | | 10 | 2,896.00 |

STAPLE W2 AND TAX STATEMENT HERE

| | | | | | |
|---|---|---|---|---|---|
| 11 | SC income tax withheld (Attach W-2 or SC41.) ► | 4,382.00 | 14 | NR sale of real estate ► | 00 |
| 12 | 2001 estimated tax payments ► | 00 | 15 | Other SC withholding (attach Form 1099) ► | 00 |
| 13 | Amount paid with extension ► | 00 | 16 | Tuition Tax Credit (attach Form I-319) ► | 00 |

| | | | | | |
|---|---|---|---|---|---|
| 17 | **Add** lines 11 through 16 and enter the total. These are your total payments/credits | | | 17 | 4,382.00 |
| 18 | If line 17 is **larger** than line 10, subtract line 10 from line 17 and enter the **overpayment** | | | 18 | 1,486.00 |
| 19 | If line 10 is **larger** than line 17, subtract line 17 from line 10 and enter the **amount due** | | | 19 | 00 |
| 20 | **Use Tax** (Due on out-of-state purchases. See instructions.) ► | 20 | 00 | | |
| 21 | Amount of line 18 to be credited to your **2002 estimated tax** ► | 21 | 00 | | |
| 22 | Endangered Wildlife Fund ► | | 00 | 26 Gift of Life Trust Fund ► | 00 |
| 23 | Children's Trust Fund ► | | 00 | 27 DARE Fund ► | 00 |
| 24 | Eldercare Trust Fund ► | | 00 | 28 First Steps Fund ► | 00 |
| 25 | Veterans' Trust Fund ► | | 00 | 29 Heritage Trust Fund ► | 00 |
| 30 | **Add** lines 20 through 29 and enter the total | | | 30 | 00 |
| 31 | **Net refund:** If line 30 is larger than line 18, go to line 32. Otherwise, subtract line 30 from line 18 and enter the **amount to be refunded to you** | | | **Refund** ► 31 | 1,486.00 |
| 32 | Net due: Add lines 19 and 30 and, if applicable, penalty amount. If line 30 is larger than line 18, subtract line 18 from line 30. Enter the amount you owe. If subject to penalty for underpayment of estimated tax, attach Form SC2210. (See instructions.) | | | Penalty: $ | |
| | Attach a check or money order for the full amount payable to **'SC Department of Revenue.'** Write your social security number and '2001 Form SC1040' on the check | | | **Balance Due** ► 32 | 00 |

**Attach a Complete Copy of Your Federal Return Only if you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR, or claimed a Tuition Tax Credit.**

| | | | | | |
|---|---|---|---|---|---|
| 33 | **Federal taxable income from your federal Form 1040, line 39; 1040A, line 25; or 1040EZ, line 6.** If zero or less, enter zero here and enter the negative amount on line 49 of this form | | | 33 | 48,330.00 |
| **Part 1** | **Additions to Federal Taxable Income** | | | | |
| 34 | If itemizing your state and local income tax deduction, enter the amount from line 5 of Worksheet A in the instructions | 34 | 774.00 | | |
| 35 | Out-of-state losses — (See instructions) | 35 | 00 | | |
| 36 | Expenses related to National Guard and military reserve income | 36 | 00 | | |
| 37 | Interest income on obligations of states and political subdivisions **other than** South Carolina | 37 | 00 | | |
| 38 | Other additions to income. (See instructions.) Attach an explanation | 38 | 0.00 | | |
| 39 | **Total additions** — add lines 34 through 38 and enter your total additions to income here | | | 39 | 774.00 |
| 40 | Add line 33 and line 39 and enter total here | | | 40 | 49,104.00 |
| **Part 2** | **Subtractions from Federal Taxable Income** | | | | |
| 41 | State tax refund, if included on line 10, on your federal 1040 | 41 | 0.00 | | |
| 42 | Interest income from obligations of the U.S. government | 42 | 00 | | |
| 43 | National Guard or Reserve annual training and drill pay. (See instructions.) | 43 | 00 | | |
| 44 | ~~Permanent disability retirement income, if taxed on your federal return~~ | ~~44~~ | ~~00~~ | | |
| 45 | Social security and/or railroad retirement, if taxed on your federal return | 45 | 00 | | |
| 46 | **Caution: Retirement deduction — (See instructions.)** | | | | |
| a | Taxpayer: Birth date _____ | 46 a | 00 | | |
| b | Spouse: Birth date _____ | 46 b | 00 | | |
| c | Surviving Spouse(s): Birth date _____ _____ | 46 c | 00 | | |
| 47 | Age 65 and older deduction — (See instructions.) | | | | |
| a | Taxpayer: Birth date _____ | 47 a | 00 | | |
| b | Spouse: Birth date _____ | 47 b | 00 | | |
| 48 | Out-of-state income/gain — do not include personal service income. (See instructions) | 48 | 00 | | |
| 49 | Negative amount of federal taxable income | 49 | 00 | | |
| 50 | 44% of net capital gains held for more than one year (See instructions.) | 50 | 00 | | |
| 51 | Subsistence allowance _____ days @ $5.00 | 51 | 00 | | |
| 52 | Volunteer firefighters/rescue squad deduction. (See instructions.) | 52 | 00 | | |
| 53 | Dependents under 6 years of age. (See instructions.) Birth date _____ Social security number _____ Birth date _____ Social security number _____ | 53 | 00 | | |
| 54 | Additional self-employed health insurance deduction | 54 | 00 | | |
| 55 | Other subtractions. (See instructions.) _____ | 55 | 00 | | |
| 56 | **Total subtractions** — add lines 41 through 55 and enter the total | | | 56 | 0.00 |
| 57 | South Carolina **income subject to tax.** Subtract line 56 from line 40. Enter here and **on line 2** of this return, **but not less than zero** | | | 57 | 49,104.00 |

**Attach A Complete Copy of Your Federal Return Only If you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR, or claimed a Tuition Tax Credit.**

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

| Your Signature | Date | Spouse's Signature (if jointly, both must sign) |
|---|---|---|
| | | |

| | | |
|---|---|---|
| **I authorize** the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. | Yes [X] No [ ] | Preparer's Printed Name RALPH G. BUSBEE, CPA |

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

**Paid Preparer's Use Only**

| Prepared by | Date | Preparer's Name and Address |
|---|---|---|
| | 04/14/2002 | RALPH G. BUSBEE CPA |
| EI Number | Phone Number | 184 MORGAN DRIVE |
| 251-94-0036 | (803) 359-5709 | LEXINGTON SC 29072 |

**Mail Return to: Processing Center, P.O. Box 101100, Columbia, SC 29211-0100**

| | | | |
|---|---|---|---|
| a Control number 000006 | 22222 | Void ☐ | For Official Use Only ▶ OMB No. 1545-0008 — **Copy D For Employer.** |

| | | |
|---|---|---|
| b Employer identification number [redacted] | 1 Wages, tips other compensation $ 41166.65 | 2 Federal income tax withheld $ 5889.14 |
| c Employer's name, address, and ZIP code<br>DELANO R. KNEECE & SON, INC.<br>213 DELANO KNEECE ROAD<br>PELION, SC 29123 | 3 Social security wages $ 41166.65 | 4 Social security tax withheld $ 2552.33 |
| | 5 Medicare wages and tips $ 41166.65 | 6 Medicare tax withheld $ 596.92 |
| | 7 Social security tips $ | 8 Allocated tips $ |
| d Employee's social security number [redacted] | 9 Advance EIC payment $ | 10 Dependent care benefits $ |
| e Employee's first name and initial: DELANO R. — Last name: KNEECE | 11 Nonqualified plans $ | 12a See instructions for box 12 $ |
| 204 DELANO KNEECE ROAD<br>PELION, SC 29123 | 13 Statutory employee ☐ Retirement Plan ☐ Third-party sick pay ☐ | 12b Code $ |
| | 14 Other | 12c Code $ |
| | | 12d Code $ |

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | [redacted] | $ 41166.65 | $ 2716.26 | $ | $ | |
| | | $ | $ | $ | $ | |

Form **W-2** Wage and Tax Statement

2001

Department of the Treasury-Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see seperate Instructions.

58-2083768 (c) Forms Software Only. FormsPlus Software, Inc.

Department of the Treasury — Internal Revenue Service

# Form 1040 U.S. Individual Income Tax Return 2002

(99) IRS use only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2002, or other tax year beginning , 2002, ending , 20

OMB No. 1545-0074

**Label** (See instructions.)

Your first name: DELANO | MI: R | Last name: KNEECE, JR

Your social security number: [redacted]

If a joint return, spouse's first name: ROXANNE | MI: J | Last name: KNEECE

Spouse's social security number: [redacted]

**Use the IRS label.** Otherwise, please print or type.

Home address (number and street). If you have a P.O. box, see instructions.: 204 DELANO KNEECE ROAD | Apartment no.

City, town or post office. If you have a foreign address, see instructions.: PELION | State: SC | ZIP code: 29123

▲ **Important!** ▲ You must enter your social security number(s) above.

**Presidential Election Campaign** (See instructions.)

▶ **Note:** Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want $3 to go to this fund? ▶ You ☐ Yes ☐ No Spouse ☐ Yes ☐ No

## Filing Status

Check only one box.

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above & full name here ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶

5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ ). (See instructions.)

## Exemptions

6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a

b ☒ **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents:**

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see instrs) |
|---|---|---|---|
| [redacted] | [redacted] | Son | ☐ |
| [redacted] | [redacted] | Son | ☒ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

If more than five dependents, see instructions.

No. of children on 6c who: • lived with you: 2 • did not live with you due to divorce or separation (see instrs):

Dependents on 6c not entered above:

Add numbers on lines above ▶ 4

d Total number of exemptions claimed

## Income

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

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

| | | |
|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 75,743. |
| 8a | **Taxable** interest. Attach Schedule B if required | 41. |
| b | **Tax-exempt** interest. **Do not** include on line 8a (8b) | |
| 9 | Ordinary dividends. Attach Schedule B if required | 545. |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 774. |
| 11 | Alimony received | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | |
| 13 | Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ▶ ☐ | -1,719. |
| 14 | Other gains or (losses). Attach Form 4797 | 759. |
| 15a | IRA distributions (15a) b Taxable amount (see instrs) | 15b |
| 16a | Pensions and annuities (16a) b Taxable amount (see instrs) | 16b |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 3,538. |
| 18 | Farm income or (loss). Attach Schedule F | -661. |
| 19 | Unemployment compensation | |
| 20a | Social security benefits (20a) b Taxable amount (see instrs) | 20b |
| 21 | Other income | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 79,020. |

## Adjusted Gross Income

| | | |
|---|---|---|
| 23 | Educator expenses (see instructions) | |
| 24 | IRA deduction (see instructions) | |
| 25 | Student loan interest deduction (see instructions) | |
| 26 | Tuition and fees deduction (see instructions) | |
| 27 | Archer MSA deduction. Attach Form 8853 | |
| 28 | Moving expenses. Attach Form 3903 | |
| 29 | One-half of self-employment tax. Attach Schedule SE | |
| 30 | Self-employed health insurance deduction (see instructions) | |
| 31 | Self-employed SEP, SIMPLE, and qualified plans | |
| 32 | Penalty on early withdrawal of savings | |
| 33a | Alimony paid b Recipient's SSN ▶ | |
| 34 | Add lines 23 through 33a | |
| 35 | Subtract line 34 from line 22. This is your **adjusted gross income** ▶ | 79,020. |

## Tax and Credits

**Standard Deduction for —**
- People who checked any box on line 37a or 37b or who can be claimed as a dependent, see instructions.
- All others: Single, $4,700
- Head of household, $6,900
- Married filing jointly or Qualifying widow(er), $7,850
- Married filing separately, $3,925

| | | | |
|---|---|---|---|
| 36 | Amount from line 35 (adjusted gross income) | 36 | 79,020. |
| 37a | Check if: ☐ You were 65/older, ☐ Blind; ☐ Spouse was 65/older, ☐ Blind. Add the number of boxes checked above and enter the total here ► 37a | | |
| b | If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here ► 37b ☐ | | |
| 38 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 38 | 9,046. |
| 39 | Subtract line 38 from line 36 | 39 | 69,974. |
| 40 | If line 36 is $103,000 or less, multiply $3,000 by the total number of exemptions claimed on line 6d. If line 36 is over $103,000, see the worksheet in the instructions | 40 | 12,000. |
| 41 | Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0- | 41 | 57,974. |
| 42 | Tax (see instrs). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 | 42 | 9,449. |
| 43 | Alternative minimum tax (see instructions). Attach Form 6251 | 43 | 0. |
| 44 | Add lines 42 and 43 ► | 44 | 9,449. |
| 45 | Foreign tax credit. Attach Form 1116 if required — 45 | | |
| 46 | Credit for child and dependent care expenses. Attach Form 2441 — 46 | | |
| 47 | Credit for the elderly or the disabled. Attach Schedule R — 47 | | |
| 48 | Education credits. Attach Form 8863 — 48 | | |
| 49 | Retirement savings contributions credit. Attach Form 8880 — 49 | | |
| 50 | Child tax credit (see instructions) — 50 600. | | |
| 51 | Adoption credit. Attach Form 8839 — 51 | | |
| 52 | Credits from: a ☐ Form 8396 b ☐ Form 8859 — 52 | | |
| 53 | Other credits. Check applicable box(es): a ☐ Form 3800 b ☐ Form 8801 c ☐ Specify — 53 | | |
| 54 | Add lines 45 through 53. These are your total credits | 54 | 600. |
| 55 | Subtract line 54 from line 44. If line 54 is more than line 44, enter -0- ► | 55 | 8,849. |

## Other Taxes

| | | | |
|---|---|---|---|
| 56 | Self-employment tax. Attach Schedule SE | 56 | |
| 57 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 57 | |
| 58 | Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required | 58 | |
| 59 | Advance earned income credit payments from Form(s) W-2 | 59 | |
| 60 | Household employment taxes. Attach Schedule H | 60 | |
| 61 | Add lines 55-60. This is your total tax ► | 61 | 8,849. |

## Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|---|---|---|---|
| 62 | Federal income tax withheld from Forms W-2 and 1099 — 62 9,680. | | |
| 63 | 2002 estimated tax payments and amount applied from 2001 return — 63 | | |
| 64 | Earned income credit (EIC) — 64 | | |
| 65 | Excess social security and tier 1 RRTA tax withheld (see instructions) — 65 | | |
| 66 | Additional child tax credit. Attach Form 8812 — 66 | | |
| 67 | Amount paid with request for extension to file (see instructions) — 67 | | |
| 68 | Other pmts from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 — 68 | | |
| 69 | Add lines 62 through 68. These are your total payments ► | 69 | 9,680. |

## Refund

Direct deposit? See instructions and fill in 71b, 71c, and 71d.

| | | | |
|---|---|---|---|
| 70 | If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid | 70 | 831. |
| 71a | Amount of line 70 you want refunded to you ► | 71a | 831. |
| ► b | Routing number _____ ► c Type: ☐ Checking ☐ Savings | | |
| ► d | Account number _____ | | |
| 72 | Amount of line 70 you want applied to your 2003 estimated tax ► 72 | | |

## Amount You Owe

| | | | |
|---|---|---|---|
| 73 | Amount you owe. Subtract line 69 from line 61. For details on how to pay, see instructions ► | 73 | |
| 74 | Estimated tax penalty (see instructions) — 74 | | |

## Third Party Designee

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

Designee's name ► Preparer  Phone no. ►  Personal identification number (PIN) ►

## Sign Here

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

Joint return? See instructions. Keep a copy for your records.

| Your signature | Date | Your occupation | Daytime phone number |
|---|---|---|---|
| ► | | FARMER | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | [redacted] |
| ► | | SECRETARY | |

## Paid Preparer's Use Only

| | | | |
|---|---|---|---|
| Preparer's signature ► | Date 04/14/2003 | Check if self-employed ☒ | Preparer's SSN or PTIN [redacted] |
| Firm's name (or yours if self-employed), address, and ZIP code ► | RALPH G. BUSBEE, CPA<br>184 MORGAN DRIVE<br>LEXINGTON SC 29072 | EIN | |
| | | Phone no. (803) 359-5709 | |

**SCHEDULE A** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Itemized Deductions

► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2002**
07

Name(s) shown on Form 1040: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

| | | | | | |
|---|---|---|---|---|---|
| **Medical and Dental Expenses** | | **Caution.** Do not include expenses reimbursed or paid by others. | | | |
| | 1 | Medical and dental expenses (see instructions) | 1 | 4,034. | |
| | 2 | Enter amount from Form 1040, line 36 ..... 2 79,020. | | | |
| | 3 | Multiply line 2 by 7.5% (.075) | 3 | 5,927. | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 0. |
| **Taxes You Paid** | 5 | State and local income taxes | 5 | 4,272. | |
| | 6 | Real estate taxes (see instructions) | 6 | 821. | |
| (See instructions.) | 7 | Personal property taxes | 7 | 757. | |
| | 8 | Other taxes. List type and amount ► | 8 | | |
| | 9 | Add lines 5 through 8 | | | 9 5,850. |
| **Interest You Paid** | 10 | Home mtg interest and points reported to you on Form 1098 | 10 | | |
| | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ► | 11 | | |
| (See instructions.) | | | | | |
| **Note.** Personal interest is not deductible. | 12 | Points not reported to you on Form 1098. See instrs for spcl rules | 12 | | |
| | 13 | Investment interest. Attach Form 4952 if required. (See instrs.) | 13 | | |
| | 14 | Add lines 10 through 13 | | | 14 |
| **Gifts to Charity** | 15 | Gifts by cash or check. If you made any gift of $250 or more, see instructions | 15 | 3,196. | |
| If you made a gift and got a benefit for it, see instructions. | 16 | Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 | 16 | | |
| | 17 | Carryover from prior year | 17 | | |
| | 18 | Add lines 15 through 17 | | | 18 3,196. |
| **Casualty and Theft Losses** | 19 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | | 19 |
| **Job Expenses and Most Other Miscellaneous Deductions** | 20 | Unreimbursed employee expenses – job travel, union dues, job education, etc. You **must** attach Form 2106 or 2106-EZ if required. (See instructions.) ► | 20 | | |
| | 21 | Tax preparation fees | 21 | | |
| (See instructions for expenses to deduct here.) | 22 | Other expenses – investment, safe deposit box, etc. List type and amount ► | 22 | | |
| | 23 | Add lines 20 through 22 | 23 | | |
| | 24 | Enter amount from Form 1040, line 36 ..... 24 | | | |
| | 25 | Multiply line 24 by 2% (.02) | 25 | | |
| | 26 | Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- | | | 26 |
| **Other Miscellaneous Deductions** | 27 | Other – from list in the instructions. List type and amount ► | | | 27 |
| **Total Itemized Deductions** | 28 | Is Form 1040, line 36, over $137,300 (over $68,650 if MFS)? | | | |
| | | ☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 38. | | | ► 28 9,046. |
| | | ☐ **Yes.** Your deduction may be limited. See instructions for the amount to enter. | | | |



For Paperwork Reduction Act Notice, see Form 1040 instructions. FDIA0301 10/28/02 Schedule A (Form 1040) 2002

**SCHEDULE D**
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

# Capital Gains and Losses

► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).
► Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

**2002**
12

Name(s) shown on Form 1040: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

## Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

| (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|---|---|---|---|---|
| 1 DAF S AND P 500 TRUST 2 | Various | 03/05/02 | 44. | 39. | 5. |
| UTILITY PORTFOLIO 2000B | Various | 01/28/02 | 120. | 116. | 4. |
| DAF S AND P 500 TRUST 2 | Various | 03/05/02 | 19. | 20. | -1. |
| NUVEEN PHARMACEUTICAL | Various | 03/05/02 | 17. | 18. | -1. |
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2 | | 2 | 90. | | -2. |
| 3 **Total short-term sales price amounts.** Add lines 1 and 2 in column (d) | | 3 | 290. | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 | |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 | |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2001 Capital Loss Carryover Worksheet | | | | 6 | |
| 7 **Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f) | | | | 7 | 5. |

## Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

| (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) | (g) 28% rate gain or (loss) * (see instructions below) |
|---|---|---|---|---|---|---|
| 8 UTILITY PORTFOLIO 2000B | 01/26/01 | 01/28/02 | 22. | 22. | 0. | |
| DAF S AND P 500 TRUST 2 | Various | 03/05/02 | 1,295. | 1,808. | -513. | |
| NUVEEN PHARMACEUTICAL | 05/09/00 | 03/05/02 | 1,802. | 1,992. | -190. | |
| NUVEEN TECHNOLOGY MARCH | 09/09/00 | 03/05/02 | 903. | 1,999. | -1,096. | |
| 9 Enter your long-term totals, if any, from Schedule D-1, line 9 | | 9 | 4,996. | | 0. | |
| 10 **Total long-term sales price amounts.** Add lines 8 and 9 in column (d) | | 10 | 9,018. | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 | | |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 | | |
| 13 Capital gain distributions. See instrs | | | | 13 | 75. | |
| 14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 2001 Capital Loss Carryover Worksheet | | | | 14 | | |
| 15 Combine lines 8 through 14 in column (g) | | | | 15 | | |
| 16 **Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f) | | | | 16 | -1,724. | |

**Next:** Go to Part III on page 2.

* 28% rate gain or loss includes all 'collectibles gains and losses' (as defined in the instructions) and up to 50% of the eligible gain on qualified small business stock (see instructions).

## Part III Taxable Gain or Deductible Loss

| | | |
|---|---|---|
| 17 Combine lines 7 and 16 and enter the result. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13, and complete Form 1040 through line 41 | 17 | -1,719. |
| **Next:** • If both lines 16 and 17 are gains and Form 1040, line 41, is more than zero, complete Part IV below. • Otherwise, skip the rest of Schedule D and complete Form 1040. | | |
| 18 If line 17 is a loss, enter here and on Form 1040, line 13, the smaller of (a) that loss or (b) ($3,000) (or, if married filing separately, ($1,500)). Then complete Form 1040 through line 39 | 18 | -1,719. |
| **Next:** • If the loss on line 17 is more than the loss on line 18 or if Form 1040, line 39, is less than zero, skip Part IV below and complete the **Capital Loss Carryover Worksheet** in the instructions before completing the rest of Form 1040. • Otherwise, skip Part IV below and complete the rest of Form 1040. | | |

## Part IV Tax Computation Using Maximum Capital Gains Rates

| | | | | |
|---|---|---|---|---|
| 19 Enter your unrecaptured Section 1250 gain, if any, from line 17 of the worksheet in the instructions | | | 19 | |
| **If line 15 or line 19 is more than zero, complete the worksheet in the instructions to figure the amount to enter on lines 22, 29, and 40 below, and skip all other lines below. Otherwise, go to line 20.** | | | | |
| 20 Enter your taxable income from Form 1040, line 41 | | 20 | | |
| 21 Enter the smaller of line 16 or line 17 of Schedule D | 21 | | | |
| 22 If you are deducting investment interest expense on Form 4952, enter the amount from Form 4952, line 4e. Otherwise, enter -0- | 22 | | | |
| 23 Subtract line 22 from line 21. If zero or less, enter -0- | | 23 | | |
| 24 Subtract line 23 from line 20. If zero or less, enter -0- | | 24 | | |
| 25 Figure the tax on the amount on line 24. Use the Tax Table or Tax Rate Schedules, whichever applies | | | 25 | |
| 26 Enter the smaller of: • The amount on line 20 or • $46,700 if married filing jointly or qualifying widow(er); $27,950 if single; $37,450 if head of household; or $23,350 if married filing separately | | 26 | | |
| **If line 26 is greater than line 24, go to line 27. Otherwise, skip lines 27 through 33 and go to line 34.** | | | | |
| 27 Enter the amount from line 24 | | 27 | | |
| 28 Subtract line 27 from line 26. If zero or less, enter -0- and go to line 34 | | 28 | | |
| 29 Enter your qualified 5-year gain, if any, from line 8 of the worksheet in the instructions | 29 | | | |
| 30 Enter the smaller of line 28 or line 29 | | 30 | | |
| 31 Multiply line 30 by 8% (.08) | | | 31 | |
| 32 Subtract line 30 from line 28 | | 32 | | |
| 33 Multiply line 32 by 10% (.10) | | | 33 | |
| **If the amounts on lines 23 and 28 are the same, skip lines 34 through 37 and go to line 38.** | | | | |
| 34 Enter the smaller of line 20 or line 23 | | 34 | | |
| 35 Enter the amount from line 28 (if line 28 is blank, enter -0-) | | 35 | | |
| 36 Subtract line 35 from line 34 | | 36 | | |
| 37 Multiply line 36 by 20% (.20) | | | 37 | |
| 38 Add lines 25, 31, 33, and 37 | | | 38 | |
| 39 Figure the tax on the amount on line 20. Use the Tax Table or Tax Rate Schedules, whichever applies | | | 39 | |
| 40 **Tax on all taxable income (including capital gains).** Enter the smaller of line 38 or line 39 here and on Form 1040, line 42 | | | 40 | |

**SCHEDULE D-1**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Continuation Sheet for Schedule D (Form 1040)

► See instructions for Schedule D (Form 1040).
► Attach to Schedule D to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

**2002**
12A

Name(s) shown on Form 1040: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

## Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less

| (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss). Subtract (e) from (d) |
|---|---|---|---|---|---|
| 1 UTILITY PORTFOLIO 2000B | Various | 01/28/02 | 90. | 92. | -2. |
| 2 **Totals.** Combine columns (d) and (f). Enter here and on Schedule D, line 2 .. ► 2 | | | | | -2. |

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number [redacted]

## Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

| (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss). Subtract (e) from (d) | (g) 28% rate gain or (loss)* (see instructions) |
|---|---|---|---|---|---|---|
| 8 UTILITY PORTFOLIO 2000B | 12/07/00 | 01/28/02 | 4,996. | 4,996. | 0. | |
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| | | | | | | |
| 9 Totals. Combine columns (d), (f), and (g). Enter here and on Schedule D, line 9 .... ► 9 | | | 4,996. | [redacted] | 0. | |

*28% rate gain or loss includes all 'collectibles gains and losses' (as defined in the instructions) and up to 50% of the eligible gain on qualified small business stock (see instructions).

**Schedule E**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Supplemental Income and Loss

**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)**
► Attach to Form 1040 or Form 1041.
► See instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2002**
13

Name(s) shown on return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

## Part I Income or Loss From Rental Real Estate and Royalties

**Note:** If you are in the business of renting personal property, use **Schedule C** or **C-EZ**. Report farm rental income or loss from **Form 4835** on page 2, line 39.

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1 | Show the kind and location of each rental real estate property: | 2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days, or • 10% of the total days rented at fair rental value? (See instructions.) | | | |
| A | FARM LAND<br>FARM LAND | | A | | X |
| B | | | B | | |
| C | | | C | | |

| | | Properties A | Properties B | Properties C | | Totals (Add columns A, B, and C.) |
|---|---|---|---|---|---|---|
| **Income:** | | | | | | |
| 3 Rents received | 3 | 3,538. | | | 3 | 3,538. |
| 4 Royalties received | 4 | | | | 4 | |
| **Expenses:** | | | | | | |
| 5 Advertising | 5 | | | | | |
| 6 Auto and travel (see instructions) | 6 | | | | | |
| 7 Cleaning and maintenance | 7 | | | | | |
| 8 Commissions | 8 | | | | | |
| 9 Insurance | 9 | | | | | |
| 10 Legal and other professional fees | 10 | | | | | |
| 11 Management fees | 11 | | | | | |
| 12 Mortgage interest paid to banks, etc (see instructions) | 12 | | | | 12 | |
| 13 Other interest | 13 | | | | | |
| 14 Repairs | 14 | | | | | |
| 15 Supplies | 15 | | | | | |
| 16 Taxes | 16 | | | | | |
| 17 Utilities | 17 | | | | | |
| 18 Other (list) ► | 18 | | | | | |
| 19 Add lines 5 through 18 | 19 | | | | 19 | |
| 20 Depreciation expense or depletion (see instructions) | 20 | | | | 20 | |
| 21 Total expenses. Add lines 19 and 20 | 21 | | | | | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198 | 22 | 3,538. | | | | |
| 23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2 | 23 | | | | | |
| 24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses | | | | | 24 | 3,538. |
| 25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | | 25 | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2 | | | | | 26 | 3,538. |

BAA For Paperwork Reduction Act Notice, see Form 1040 instruct



FDI22301 11/01/02

Schedule E (Form 1040) 2002

**Schedule F** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Profit or Loss from Farming

► Attach to Form 1040, Form 1041, Form 1065, or Form 1065-B.
► See instructions for Schedule F (Form 1040).

OMB No. 1545-0074

**2002**

14

Name of proprietor: DELANO R KNEECE, JR

Social security number (SSN): [redacted]

A Principal product. Describe in one or two words your principal crop or activity for the current tax year: GRAINS

B Enter code from Part IV ► 111900

D Employer ID number (EIN), if any

C Accounting method: (1) [X] Cash (2) [ ] Accrual

E Did you 'materially participate' in the operation of this business during 2002? If 'No,' see instructions for limit on passive losses ..... [X] Yes [ ] No

## Part I Farm Income — Cash Method. Complete Parts I and II (Accrual method taxpayers complete Parts II & III, & line 11 of Part I.) Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Sales of livestock and other items you bought for resale | 1 | | | |
| 2 | Cost or other basis of livestock and other items reported on line 1 | 2 | | | |
| 3 | Subtract line 2 from line 1 | | | 3 | |
| 4 | Sales of livestock, produce, grains, and other products you raised | | | 4 | 13,874. |
| 5a | Total cooperative distributions (Form(s) 1099-PATR) | 5a | | 5b Taxable amount | 5b |
| 6a | Agricultural program payments (see instructions) | 6a | 446. | 6b Taxable amount | 6b 446. |
| 7 | Commodity Credit Corporation (CCC) loans (see instructions): | | | | |
| a | CCC loans reported under election | | | | 7a |
| b | CCC loans forfeited | 7b | | 7c Taxable amount | 7c |
| 8 | Crop insurance proceeds and certain disaster payments (see instructions): | | | | |
| a | Amount received in 2002 | 8a | | 8b Taxable amount | 8b |
| c | If election to defer to 2003 is attached, check here ► [ ] | | | 8d Amount deferred from 2001 | 8d |
| 9 | Custom hire (machine work) income | | | | 9 |
| 10 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | | | 10 9,440. |
| 11 | **Gross income.** Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter the amount from page 2, line 51 ► | | | | 11 23,760. |

## Part II Farm Expenses — Cash and Accrual Method. Do not include personal or living expenses such as taxes, insurance, repairs, etc, on your home.

| | | | | | |
|---|---|---|---|---|---|
| 12 | Car and truck expenses (see instructions — also attach Form 4562) | 12 | | 25 Pension and profit-sharing plans | 25 |
| 13 | Chemicals | 13 | | 26 Rent or lease (see instructions): | |
| 14 | Conservation expenses (see instructions) | 14 | | a Vehicles, machinery, and equipment | 26a |
| 15 | Custom hire (machine work) | 15 | | b Other (land, animals, etc) | 26b 525. |
| 16 | Depreciation and Section 179 expense deduction not claimed elsewhere (see instructions) | 16 | 17,739. | 27 Repairs and maintenance | 27 |
| | | | | 28 Seeds and plants purchased | 28 150. |
| | | | | 29 Storage and warehousing | 29 |
| 17 | Employee benefit programs other than on line 25 | 17 | | 30 Supplies purchased | 30 65. |
| | | | | 31 Taxes | 31 310. |
| 18 | Feed purchased | 18 | 1,557. | 32 Utilities | 32 |
| 19 | Fertilizers and lime | 19 | | 33 Veterinary, breeding, and medicine | 33 |
| 20 | Freight and trucking | 20 | | 34 Other expenses (specify): | |
| 21 | Gasoline, fuel, and oil | 21 | 1,083. | a BROKERAGE FEES | 34a 180. |
| 22 | Insurance (other than health) | 22 | | b TELEPHONE | 34b 256. |
| 23 | Interest: | | | c | 34c |
| a | Mortgage (paid to banks, etc) | 23a | | d | 34d |
| b | Other | 23b | 2,556. | e | 34e |
| 24 | Labor hired (less employment credits) | 24 | | f | 34f |

| | | | |
|---|---|---|---|
| 35 | **Total expenses.** Add lines 12 through 34f ► | 35 | 24,421. |
| 36 | Net farm profit or (loss). Subtract line 35 from line 11. If a profit, enter on Form 1040, line 18, and also on Schedule SE, line 1. If a loss, you must go on to line 37 (estates, trusts, and partnerships, see instructions) | 36 | -661. |

37 If you have a loss, you must check the box that describes your investment in this activity (see instructions).

- If you checked 37a, enter the loss on **Form 1040, line 18, and also on Schedule SE, line 1.**
- If you checked 37b, you must attach **Form 6198.**

37a [X] All investment is at risk.
37b [ ] Some investment is not at risk.

Form **4797**

Department of the Treasury
Internal Revenue Service (99)

# Sales of Business Property

**(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))**

► Attach to your tax return. ► See separate instructions.

OMB No. 1545-0184

**2002**

27

Name(s) shown on return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Identifying number: [redacted]

1 Enter the gross proceeds from sales or exchanges reported to you for 2002 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) ..... 1

## Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft — Most Property Held More Than 1 Year (See instructions.)

| 2 (a) Description of property | (b) Date acquired (month, day, year) | (c) Date sold (month, day, year) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | |
|---|---|---|
| 3 Gain, if any, from Form 4684, line 39 | 3 | |
| 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 | 4 | |
| 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | 5 | |
| 6 Gain, if any, from line 32, from other than casualty or theft | 6 | 0. |
| 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows | 7 | 0. |

**Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 6, or Form 1120S, Schedule K, line 5. Skip lines 8, 9, 11, and 12 below.

**All others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on Schedule D and skip lines 8, 9, 11, and 12 below.

| | | |
|---|---|---|
| 8 Nonrecaptured net section 1231 losses from prior years (see instructions) | 8 | |
| 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on Schedule D (see instructions) | 9 | |

## Part II Ordinary Gains and Losses

10 Ordinary gains and losses not included on lines 11 through 17 (include property held 1 year or less):

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|---|---|---|
| 11 Loss, if any, from line 7 | 11 | |
| 12 Gain, if any, from line 7 or amount from line 8, if applicable | 12 | |
| 13 Gain, if any, from line 31 | 13 | 759. |
| 14 Net gain or (loss) from Form 4684, lines 31 and 38a | 14 | |
| 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 | 15 | |
| 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 | 16 | |
| 17 Recapture of section 179 expense deduction for partners and S corporation shareholders from property dispositions by partnerships and S corporations (see instructions) | 17 | |
| 18 Combine lines 10 through 17. Enter the gain or (loss) here and on the appropriate line as follows | 18 | 759. |

**a For all except individual returns.** Enter the gain or (loss) from line 18 on the return being filed.

**b For individual returns:**

(1) If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from 'Form 4797, line 18b(1).' See instructions ..... 18b (1)

(2) Redetermine the gain or (loss) on line 18 excluding the loss, if any, on line 18b(1). Enter here and on Form 1040, line 14 ..... 18b (2) 759.

**BAA For Paperwork Reduction Act Notice, see instructions.**

Form **4797** (2002)



FDIZ1001 08/28/02

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**

| 19(a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | (b) Date acquired (mo, day, yr) | (c) Date sold (mo, day, yr) |
|---|---|---|
| A IRRIGATION PIPE - 1999 | 06/30/1999 | 12/31/2002 |
| B | | |
| C | | |
| D | | |

| These columns relate to the properties on lines 19A through 19D ► | | Property A | Property B | Property C | Property D |
|---|---|---|---|---|---|
| 20 Gross sales price (**Note:** *See line 1 before completing.*) | 20 | 2,000. | | | |
| 21 Cost or other basis plus expense of sale | 21 | 2,532. | | | |
| 22 Depreciation (or depletion) allowed or allowable | 22 | 1,291. | | | |
| 23 Adjusted basis. Subtract line 22 from line 21 | 23 | 1,241. | | | |
| 24 Total gain. Subtract line 23 from line 20 | 24 | 759. | | | |
| 25 **If section 1245 property:** | | | | | |
| a Depreciation allowed or allowable from line 22 | 25a | 1,291. | | | |
| b Enter the **smaller** of line 24 or 25a | 25b | 759. | | | |
| 26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to Section 291. | | | | | |
| a Additional depreciation after 1975 (see instrs) | 26a | | | | |
| b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions) | 26b | | | | |
| c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e | 26c | | | | |
| d Additional depreciation after 1969 & before 1976 | 26d | | | | |
| e Enter the **smaller** of line 26c or 26d | 26e | | | | |
| f Section 291 amount (corporations only) | 26f | | | | |
| g Add lines 26b, 26e, and 26f | 26g | | | | |
| 27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). | | | | | |
| a Soil, water, and land clearing expenses | 27a | | | | |
| b Line 27a multiplied by applicable percentage (see instructions) | 27b | | | | |
| c Enter the **smaller** of line 24 or 27b | 27c | | | | |
| 28 **If section 1254 property:** | | | | | |
| a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions) | 28a | | | | |
| b Enter the **smaller** of line 24 or 28a | 28b | | | | |
| 29 **If section 1255 property:** | | | | | |
| a Applicable percentage of payments excluded from income under Section 126 (see instructions) | 29a | | | | |
| b Enter the smaller of line 24 or 29a (see instrs) | 29b | | | | |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

| | | |
|---|---|---|
| 30 Total gains for all properties. Add property columns A through D, line 24 | 30 | 759. |
| 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | 759. |
| 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | 0. |

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (See instructions.)

| | | (a) Section 179 | (b) Section 280F(b)(2) |
|---|---|---|---|
| 33 Section 179 expense deduction or depreciation allowable in prior years | 33 | | |
| 34 Recomputed depreciation. See instructions | 34 | | |
| 35 Recapture amount. Subtract line 34 from line 33. See instructions for where to report | 35 | | |

Form **4562**

Department of the Treasury
Internal Revenue Service

# Depreciation and Amortization
## (Including Information on Listed Property)

► See separate instructions.
► Attach to your tax return.

OMB No. 1545-0172

**2002**

67

Name(s) shown on return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Identifying number: [redacted]

Business or activity to which this form relates: Sch F RICKY KNEECE FARM

## Part I Election To Expense Certain Tangible Property Under Section 179

**Note:** *If you have any listed property, complete Part V before you complete Part I.*

| | | | |
|---|---|---|---|
| 1 | Maximum amount. See instructions for a higher limit for certain businesses | 1 | $24,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | $200,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2001 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12 ► | 13 | |

**Note:** *Do not use Part II or Part III below for listed property. Instead, use Part V.*

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election (see instructions) | 15 | |
| 16 | Other depreciation (including ACRS) (see instructions) | 16 | |

## Part III MACRS Depreciation (Do not include listed property.) (See instructions)

### Section A

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2002 | 17 | 17,666. |
| 18 | If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐ | | |

### Section B — Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | 681. | 7.0 yrs | HY | 150DB | 73. |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

### Section C — Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|---|---|---|---|---|---|---|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

## Part IV Summary (see instructions)

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions | 22 | 17,739. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Do not write in this space — Office use

# SC1040
(Rev 11/21/02)

# South Carolina Individual Income Tax Return

**2002**

For the year January 1 - December 31, 2002, or other tax year beginning 2002 and ending 2003

PLACE LABEL HERE

| Your First Name and Initial | (Sr, Jr, 2nd, 3rd, 4th) | Last Name | Your Social Security Number |
|---|---|---|---|
| DELANO R | JR | KNEECE | [redacted] |
| **Spouse's First Name and Initial, if Married Filing Jointly** | **Spouse's Last Name, if Different** | | **Spouse's Social Security Number** |
| ROXANNE J | KNEECE | | [redacted] |

| Present Home Address (number and street, or P.O. Box) | Apt No. | Area Code Daytime Telephone | Do not write in this space — Office use |
|---|---|---|---|
| 204 DELANO KNEECE ROAD | | | |
| **City** | **State** | **ZIP Code** | **County Code** |
| PELION | SC | 29123 | 32 |

**If you do not wish to receive a booklet next year, but need a name and address label for your 2003 return, check here** ..... ► ☐

**Check here, if you are filing SC Schedule NR (Part year/Nonresident)** ..... ► ☐

Check this box if filing a composite return for partnership or 'S' corporation ..... ☐

**Check Your Federal Filing Status** (1) ☐ Single (3) ☐ Married filing separately. Enter spouse's social security number here .....
(2) ☒ Married filing jointly (4) ☐ Head of household (5) ☐ Widow(er) with dependent child

Federal exemptions: Enter the number of exemptions from line 6(d) of your 2002 federal return ..... ► 4
How many of the exemptions listed above were under the age of 6 years on December 31, 2002? ..... ► 0
Enter the number of taxpayers age 65 or older ..... ►

STAPLE PAYMENT HERE

| | | | | | |
|---|---|---|---|---|---|
| 1 | **Enter federal taxable income from your federal Form 1040, line 41; 1040A, line 27; or 1040EZ, line 6 and enter it on line 33 of this return. If zero or less, enter zero here and enter the negative amount on line 49 of this form** ..... ► | | | 1 | 57,974.00 |
| | **Stop! Resident filers complete** lines 34 through 57 and enter total from line 57. **Nonresident filers complete** Schedule NR and enter total from line 43. | | | | |
| 2 | South Carolina **income subject to tax.** Do not enter an amount less than zero ..... ► | | | 2 | 58,396.00 |
| 3 | **Tax:** Enter tax from **South Carolina** tax tables ..... | 3 | 3,731.00 | | |
| 4 | **Tax** on lump-sum distribution (If using SC4972, please attach.) .... ► | 4 | 00 | | |
| 5 | Total South Carolina tax. Add lines 3 and 4. Enter the total ..... | | | 5 | 3,731.00 |
| 6 | Child and dependent care. (See instructions.) ..... ► | 6 | 0.00 | | |
| 7 | Two Wage Earner Credit (See instructions.) ..... ► | 7 | 203.00 | | |
| 8 | Other non-refundable credits. Attach SC1040TC ..... ► | 8 | 00 | | |
| 9 | **Total** non-refundable credits. Add lines 6 through 8 and enter the total ..... | | | 9 | 203.00 |
| 10 | **Subtract** line 9 from line 5. Enter the difference **but not less than zero** ..... | | | 10 | 3,528.00 |

| | | | | | |
|---|---|---|---|---|---|
| 11 | SC Income Tax Withheld (Attach W-2 or SC41:) ..... ► | 4,272.00 | 14 | NR sale of real estate ..... ► | 00 |
| 12 | 2002 estimated tax payments ..... ► | 00 | 15 | Other SC withholding (attach Form 1099) ..... ► | 00 |
| 13 | Amount paid with extension .... ► | 00 | 16 | Tuition Tax Credit (attach Form I-319) . ► | 00 |

| | | | | | |
|---|---|---|---|---|---|
| 17 | Add lines 11 through 16 and enter the total. These are your total payments/credits ..... | | | 17 | 4,272.00 |
| 18 | If line 17 is **larger** than line 10, subtract line 10 from line 17 and enter the **overpayment** ..... | | | 18 | 744.00 |
| 19 | If line 10 is **larger** than line 17, subtract line 17 from line 10 and enter the **amount due** ..... | | | 19 | 00 |
| 20 | **Use Tax** (Due on out-of-state purchases. See instructions.) ..... ► | 20 | 00 | | |
| 21 | Amount of line 18 to be credited to your **2003 estimated tax** ..... ► | 21 | 00 | | |

STAPLE W-2/1099 HERE

| | | | | | |
|---|---|---|---|---|---|
| 22 | Endangered Wildlife Fund ► | 00 | 26 | Gift of Life Trust Fund .. ► | 00 |
| 23 | Children's Trust Fund ... ► | 00 | 27 | DARE Fund ..... ► | 00 |
| 24 | Eldercare Trust Fund .... ► | 00 | 28 | First Steps Fund ... ► | 00 |
| 25 | Veterans' Trust Fund .... ► | 00 | 29 | War Between States Heritage Trust Fund ..... ► | 00 |

| | | | | |
|---|---|---|---|---|
| 30 | Add lines 20 through 29 and enter the total ..... | 30 | | 00 |
| 31 | **Net refund:** If line 30 is larger than line 18, go to line 32. Otherwise, subtract line 30 from line 18 and enter the **Amount to be Refunded to You** ..... **Refund** ► | 31 | 744.00 | |
| 32 | Net due: Add lines 19 and 30 and, if applicable, penalty amount. If line 30 is larger than line 18, subtract line 18 from line 30. Enter the amount you owe. If subject to penalty for underpayment of estimated tax, attach Form SC2210. (See Instructions.) Penalty: $ | | | |
| | Attach a check or money order for the full amount payable to **'SC Department of Revenue.'** Write your social security number and '2002 SC1040' on the payment ..... **Balance Due** ► | 32 | | 00 |

**Attach a Complete Copy of Your Federal Return Only if you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR.**

Schedule NR filers skip lines 33-57.

| | | | | | |
|---|---|---|---|---|---|
| 33 | **Federal taxable income from your federal Form 1040, line 41; 1040A, line 27; or 1040EZ, line 6.** If zero or less, enter zero here and enter the negative amount on line 49 of this form | | | 33 | 57,974.00 |
| **Part 1** | **Additions to Federal Taxable Income** | | | | |
| 34 | If itemizing your state and local income tax deduction, enter the amount from line 5 of Worksheet A (See instructions.) | 34 | 1,196.00 | | |
| 35 | Out-of-state losses — (See instructions) | 35 | 00 | | |
| 36 | Expenses related to National Guard and military reserve income | 36 | 00 | | |
| 37 | Interest income on obligations of states and political subdivisions **other than** South Carolina | 37 | 00 | | |
| 38 | Other additions to income. (See instructions.) Attach an explanation | 38 | 0.00 | | |
| 39 | **Total additions** — add lines 34 through 38 and enter your total additions to income here | | | 39 | 1,196.00 |
| 40 | Add line 33 and line 39 and enter total here | | | 40 | 59,170.00 |
| **Part 2** | **Subtractions from Federal Taxable Income** | | | | |
| 41 | State tax refund, if included on line 10, on your federal 1040 | 41 | 774.00 | | |
| 42 | Interest income from obligations of the U.S. government | 42 | 00 | | |
| 43 | National Guard or Reserve annual training and drill pay. (See instructions.) | 43 | 00 | | |
| 44 | Permanent disability retirement income, if taxed on your federal return | 44 | 00 | | |
| 45 | Social security and/or railroad retirement, if taxed on your federal return | 45 | 00 | | |
| 46 | **Caution: Retirement deduction — (See instructions.)** | | | | |
| | a Taxpayer: Birth date _____ | 46a | 00 | | |
| | b Spouse: Birth date _____ | 46b | 00 | | |
| | c Surviving Spouse(s): Birth date _____ _____ | 46c | 00 | | |
| 47 | Age 65 and older deduction — (See instructions.) | | | | |
| | a Taxpayer: Birth date _____ | 47a | 00 | | |
| | b Spouse: Birth date _____ | 47b | 00 | | |
| 48 | Out-of-state income/gain — do not include personal service income. (See instructions) | 48 | 00 | | |
| 49 | Negative amount of federal taxable income | 49 | 00 | | |
| 50 | 44% of net capital gains held for more than one year (See instructions.) | 50 | 00 | | |
| 51 | Subsistence allowance _____ days @ $5.00 | 51 | 00 | | |
| 52 | Volunteer firefighters/rescue squad deduction. (See instructions.) | 52 | 00 | | |
| 53 | Dependents under the age of 6 years on December 31, 2002. Birth date _____ Social security number _____ Birth date _____ Social security number _____ | 53 | 00 | | |
| 54 | Additional self-employed health insurance deduction | 54 | 00 | | |
| 55 | Other subtractions. (See instructions.) _____ | 55 | 00 | | |
| 56 | **Total subtractions** — add lines 41 through 55 and enter the total | | | 56 | 774.00 |
| 57 | South Carolina **income subject to tax.** Subtract line 56 from line 40. Enter here and **on line 2** of this return, **but not less than zero** | | | 57 | 58,396.00 |

**Attach A Complete Copy of Your Federal Return Only If you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR.**

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

| Your Signature | Date | Spouse's Signature (if jointly, both must sign) |
|---|---|---|
| | | |

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes [X] No [ ]

Preparer's Printed Name: RALPH G. BUSBEE, CPA

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

**Paid Preparer's Use Only**

| Prepared by | Date | Preparer's Name and Address |
|---|---|---|
| | 04/14/2003 | RALPH G. BUSBEE, CPA |
| EI Number | Phone Number | 184 MORGAN DRIVE |
| [redacted] | (803) 359-5709 | LEXINGTON SC 29072 |

**Mail Return to the Proper Address:**
**Refunds or Zero Tax:** SC1040 Processing Center, P.O. Box 101100, Columbia SC 29211-0100
**Balance Dues:** Taxable Processing Center, P.O. Box 101105, Columbia SC 29211-0105

Control number 0003 | 22222 | Void ☐ | For Official Use Only ▶ OMB No. 1545-0008 | Copy D For Employer.

Employer identification number [redacted]

Employer's name, address, and ZIP code
DELANO R. KNEECE& SON, INC.
213 DELANO KNEECE ROAD
PELION, SC 29123

d Employee's social security number [redacted]

e Employee's first name and initial: DELANO R.
Last name: KNEECE
204 DELANO KNEECE ROAD
PELION, SC 29123

1 Wages, tips other compensation: $ 43500.00
2 Federal income tax withheld: $ 7161.02
3 Social security wages: $ 43500.00
4 Social security tax withheld: $ 2697.00
5 Medicare wages and tips: $ 43500.00
6 Medicare tax withheld: $ 630.75
7 Social security tips: $
8 Allocated tips: $
9 Advance EIC payment: $
10 Dependent care benefits: $
11 Nonqualified plans: $
12a See instructions for box 12: $
13 Statutory employee ☐ Retirement Plan ☐ Third-party sick pay ☐
12b: $
14 Other
12c: $
12d: $

15 State: SC Employer's state ID number [redacted]
16 State wages, tips, etc.: $ 43500.00
17 State income tax: $ 2758.46
18 Local wages, tips, etc.: $
19 Local income tax: $
20 Locality nat

Department of the Treasury-Internal Revenue Se
For Privacy Act and Paperwork Red
Act Notice, see separate instru

W-2 Wage and Tax Statement 2002

Software Only. FormsPlus Software, Inc.

| | | | |
|---|---|---|---|
| ontrol number 01 | 22222 | Void ☐ | For Official Use Only ▶ OMB No. 1545-0008 |

**Copy D For Employer.**

mployer identification number [redacted]

nployer's name, address, and ZIP code
LANO R. KNEECE& SON, INC.
3 DELANO KNEECE ROAD
LION, SC 29123

| | |
|---|---|
| 1 Wages, tips other compensation | $ 28965.00 |
| 2 Federal income tax withheld | $ 2379.00 |
| 3 Social security wages | $ 28965.00 |
| 4 Social security tax withheld | $ 1795.83 |
| 5 Medicare wages and tips | $ 28965.00 |
| 6 Medicare tax withheld | $ 419.99 |
| 7 Social security tips | $ |
| 8 Allocated tips | $ |
| 9 Advance EIC payment | $ |
| 10 Dependent care benefits | $ |
| 11 Nonqualified plans | $ |
| 12a See instructions for box 12 | $ |
| 13 Statutory employer ☐ Retirement Plan ☐ Third-party sick pay ☐ | |
| 12b | $ |
| 14 Other | |
| 12c | $ |
| 12d | $ |

ployee's social security number [redacted]

ployee's first name and initial: ANNE
Last name: KNEECE

DELANO KNEECE ROAD
ION, SC 29123

| Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|
| [redacted] | $ 28965.00 | $ 1399.19 | $ | $ | |
| | $ | $ | $ | $ | |

**V-2 Wage and Tax Statement** 2002

Department of the Treasury-Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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Department of the Treasury — Internal Revenue Service

# Form 1040 U.S. Individual Income Tax Return 2003

(99) IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2003, or other tax year beginning , 2003, ending , 20

OMB No. 1545-0074

**Label** (See instructions.)

Your first name: DELANO | MI: R | Last name: KNEECE, JR

Your social security number: [redacted]

If a joint return, spouse's first name: ROXANNE | MI: J | Last name: KNEECE

Spouse's social security number: [redacted]

**Use the IRS label.** Otherwise, please print or type.

Home address (number and street). If you have a P.O. box, see instructions.: 204 DELANO KNEECE ROAD | Apartment no.

City, town or post office. If you have a foreign address, see instructions.: PELION | State: SC | ZIP code: 29123

▲ **Important!** ▲ You **must** enter your social security number(s) above.

**Presidential Election Campaign** (See instructions.)

▶ **Note:** Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want $3 to go to this fund? ..... ▶ You ☐ Yes ☐ No Spouse ☐ Yes ☐ No

## Filing Status

Check only one box.

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above & full name here .. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child. (See instructions.)

## Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a .....

b ☒ Spouse .....

No. of boxes checked on 6a and 6b .... 2

c Dependents:

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see instrs) |
|---|---|---|---|
| [redacted] | [redacted] | Son | ☒ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

If more than five dependents, see instructions.

No. of children on 6c who:
- lived with you ..... 1
- did not live with you due to divorce or separation (see instrs) ...

Dependents on 6c not entered above .

Add numbers on lines above ..... ▶ 3

d Total number of exemptions claimed .....

## Income

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

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 91,720. |
| 8a | Taxable interest. Attach Schedule B if required | 8a | 1. |
| b | Tax-exempt interest. Do not include on line 8a ..... 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | 1,285. |
| b | Qualfd divs (see instrs) ..... 9b 944. | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | 744. |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13a | Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ▶ ☐ | 13a | |
| b | If box on 13a is checked, enter post-May 5 capital gain distributions ..... 13b | | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions ..... 15a | b Taxable amount (see instrs) 15b | |
| 16a | Pensions and annuities ..... 16a | b Taxable amount (see instrs) 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 2,993. |
| 18 | Farm income or (loss). Attach Schedule F | 18 | -7,708. |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits ..... 20a | b Taxable amount (see instrs) 20b | |
| 21 | Other income OTHER INCOME | 21 | 278. |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | 89,313. |

## Adjusted Gross Income

| | | | |
|---|---|---|---|
| 23 | Educator expenses (see instructions) | 23 | |
| 24 | IRA deduction (see instructions) | 24 | |
| 25 | Student loan interest deduction (see instructions) | 25 | |
| 26 | Tuition and fees deduction (see instructions) | 26 | |
| 27 | Moving expenses. Attach Form 3903 | 27 | |
| 28 | One-half of self-employment tax. Attach Schedule SE | 28 | |
| 29 | Self-employed health insurance deduction (see instrs) | 29 | |
| 30 | Self-employed SEP, SIMPLE, and qualified plans | 30 | |
| 31 | Penalty on early withdrawal of savings | 31 | |
| 32a | Alimony paid b Recipient's SSN ▶ | 32a | |
| 33 | Add lines 23 through 32a | 33 | |
| 34 | Subtract line 33 from line 22. This is your **adjusted gross income** ▶ | 34 | 89,313. |

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

FDIA0112 01/16/04 Form 1040 (2003)

| a Control number | b Employer identification number | Copy C For EMPLOYEE'S RECORDS. OMB No. 1545-0008 |
|---|---|---|
| 00004 | [redacted] | This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. |

c Employer's name, address, and ZIP code
DELANO KNEECE & SON, INC.
213 DELANO KNEECE ROAD
PELION, SC 29123

| | |
|---|---|
| 1 Wages, tips, other compensation: 36500.00 | 2 Federal income tax withheld: 6027.00 |
| 3 Social security wages: 36500.00 | 4 Social security tax withheld: 2263.00 |
| 5 Medicare wages and tips: 36500.00 | 6 Medicare tax withheld: 529.25 |
| 7 Social security tips | 8 Allocated tips / 9 Advance EIC payment |
| 10 Dependent care benifits | 11 Nonqualified plans / 12a Code See inst. for box 12 |
| 12b Code | 12c Code / 12d Code |
| 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ | 14 Other |

Employee's social security number [redacted]

Employees's name, address, and ZIP code
RICKY D. KNEECE
204 DELANO KNEECE ROAD
PELION, SC 29123

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | [redacted] | 36500.00 | 2280.00 | | | |

Form W-2 Wage and Tax Statement 2003 — Department of the Treasury - Internal Revenue Service

| a Control number | b Employer identification number | Copy C For EMPLOYEE'S RECORDS. OMB No. 1545-0008 |
|---|---|---|
| 000001 | [redacted] | This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. |

c Employer's name, address, and ZIP code
DELANO KNEECE & SON, INC.
213 DELANO KNEECE ROAD
PELION, SC 29123

| | |
|---|---|
| 1 Wages, tips, other compensation: 37084.00 | 2 Federal income tax withheld: 3658.00 |
| 3 Social security wages: 37084.00 | 4 Social security tax withheld: 2299.21 |
| 5 Medicare wages and tips: 37084.00 | 6 Medicare tax withheld: 537.72 |
| 7 Social security tips | 8 Allocated tips / 9 Advance EIC payment |
| 10 Dependent care benifits | 11 Nonqualified plans / 12a Code See inst. for box 12 |
| 12b Code | 12c Code / 12d Code |
| 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ | 14 Other |

d Employee's social security number [redacted]

e Employees's name, address, and ZIP code
ROXANNE KNEECE
204 DELANO KNEECE ROAD
PELION, SC 29123

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | [redacted] | 37084.00 | 1902.64 | | | |

Form W-2 Wage and Tax Statement 2003 — Department of the Treasury - Internal Revenue Service

| State of South Carolina<br>**Department of Revenue**<br>Federal I.D. # 57-6000286 | 1099<br>G/INT<br>(Rev. 12/31/03)<br>3088 | Statement for Recipients of certain Interest Income and/or Government Payments |
|---|---|---|

## Substitute 1099 G/INT

099-G/INT is a statement showing the amount of refund, credit or interest issued to you in endar year 2003 from your individual income tax returns. This amount includes any portions t was refunded, taken for a debt match, transferred to estimated tax for tax year 2004 or sent ny of the contribution check-off funds.

[redacted] 2002 INCOME TAX RETURN $744.00

If you **itemized** State income taxes paid as a deduction on Schedule A of your 2002 federal vidual income tax return, you **must claim** the total above on line 10 of your 2003 federal m 1040 for the IRS. Then for South Carolina purposes, subtract the total on line 44, part 2 of SC1040.

If you claimed the **standard deduction** on your federal individual income tax return, you do **need to report** this amount as income. You will need to keep this form with your tax records information purposes only.

Listed below is the amount of interest paid to you on refunds issued during calendar year 03. This amount is considered taxable income and should be reported on your federal and te income tax returns.

INTEREST AMOUNT $.00

**PORTANT: This is not a bill, a check or an additional refund.** This does not mean that owe the state any additional tax. Any amounts shown as refunds have already been issued you. No additional refund is due to you. Do not claim these amounts as withholding on your te return. You do not need to send a copy of your 1099G/INT to the South Carolina partment of Revenue.

s is important tax information and is being furnished to the Internal Revenue Service. If you required to file a return, a negligence penalty or other sanction may be imposed on you if this ome is taxable and the IRS determines that it has not been reported. For more information see tructions for federal Form 1040. If information on this form is incorrect, please call 1-898-5709 or write to: South Carolina Department of Revenue, Individual Income Tax lumbia, SC 29214-0015.

Safe, accurate, FAST! Use IRS e-file

OMB No. 1545-0008 Form **W-2 Wage and Tax Statement** 2003

| | | |
|---|---|---|
| Social security tips | 1 Wages, tips, other compensation 17748.06 | 2 Federal income tax withheld 1147.82 |
| Allocated tips | 3 Social security wages 18868.08 | 4 Social security tax withheld 1169.82 |
| Advance EIC payment | 5 Medicare wages and tips 18868.08 | 6 Medicare tax withheld 273.59 |

Employer's name, address, and ZIP code
LEXINGTON MEDICAL CENTER
2720 SUNSET BOULEVARD
WEST COLUMBIA SC 29169-4800

| | | |
|---|---|---|
| 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 C 41.60 |
| Employer identification number [redacted] | | 12b |
| Employee's social security number [redacted] | | 12c |
| Other | | 12d |
| | | 13 Statutory employee / Retirement plan X / Third-party sick pay |

Employee's name, address, and ZIP code
ROXANNE JEFFCOAT KNEECE
204 DELANO KNEECE ROAD
PELION SC 29123

| | | |
|---|---|---|
| 15 State SC Employer's state ID number [redacted] | 16 State wages, tips, etc. 17748.06 | 17 State income tax 557.00 |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |

**COPY C For EMPLOYEE'S RECORDS** Dept. of the Treasury – IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. (See Notice to Employee on back of Copy B.)


OMB No. 1545-0008 Form **W-2 Wage and Tax Statement** 2003

| | | |
|---|---|---|
| 7 Social security tips | 1 Wages, tips, other compensation 17748.06 | 2 Federal income tax withheld 1147.82 |
| 8 Allocated tips | 3 Social security wages 18868.08 | 4 Social security tax withheld 1169.82 |
| 9 Advance EIC payment | 5 Medicare wages and tips 18868.08 | 6 Medicare tax withheld 273.59 |

c Employer's name, address, and ZIP code
LEXINGTON MEDICAL CENTER
2720 SUNSET BOULEVARD
WEST COLUMBIA SC 29169-4800

| | | |
|---|---|---|
| 10 Dependent care benefits | 11 Nonqualified plans | 12a C 41.60 |
| b Employer identification number [redacted] | | 12b |
| d Employee's social security number [redacted] | | 12c |
| 14 Other | | 12d |
| | | 13 Statutory employee / Retirement plan X / Third-party sick pay |

e Employee's name, address, and ZIP code
ROXANNE JEFFCOAT KNEECE
204 DELANO KNEECE ROAD
PELION SC 29123

| | | |
|---|---|---|
| 15 State SC Employer's state ID number [redacted] | 16 State wages, tips, etc. 17748.06 | 17 State income tax 557.00 |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |

Dept. of the Treasury – IRS


Copy 2 For Employee's State, City or Local Income Tax Return

Department of the Treasury-Internal Revenue Service

| | | |
|---|---|---|
| a Control Number | 1 Wages, tips, other compensation 387.75 | 2 Federal income tax withheld |
| OMB NO. 1545-0008 | 3 Social security wages 412.50 | 4 Social security tax withheld 25.58 |
| | 5 Medicare wages and tips 412.50 | 6 Medicare tax withheld 5.98 |

c Employer's name, address, and ZIP code
Midlands Technical College
PO Box 2408
Columbia, SC 29202

| | | |
|---|---|---|
| 7 Social security tips | 8 Allocated tips | 9 Advance EIC payment |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a see instructions for box 12 |
| 12b | 12c | 12d |
| b Employer's identification number 570427788 | | d Employee's social security number 250-11-4412 |
| 13 Statutory employee / Retirement plan / Third-party sick pay | 14 Other RET 24.75 | |

e Employee's name, address and ZIP code
Roxanne J Kneece
204 Delano Kneece Rd
Pelion, SC 29123

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

| | | |
|---|---|---|
| 2003 Form W-2 Wage and Tax Statement Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) | 15 State Employer's state I.D. No. SC 250335198 | 16 State wages, tips, etc. 387.75 |
| | 17 State income tax 3.63 | 18 Local wages, tips, etc. |
| | 19 Local income tax | 20 Locality name |


| | | |
|---|---|---|
| a Control Number | 1 Wages, tips, other compensation 387.75 | 2 Federal income tax withheld |
| OMB NO. 1545-0008 | 3 Social security wages 412.50 | 4 Social security tax withheld 25.58 |
| | 5 Medicare wages and tips 412.50 | 6 Medicare tax withheld 5.98 |

c Employer's name, address, and ZIP code
Midlands Technical College
PO Box 2408
Columbia, SC 29202

| | | |
|---|---|---|
| 7 Social security tips | 8 Allocated tips | 9 Advance EIC payment |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a see instructions for box 12 |
| 12b | 12c | 12d |
| b Employer's identification number 570427788 | | d Employee's social security number 250-11-4412 |
| 13 Statutory employee / Retirement plan X / Third-party sick pay | 14 Other RET 24.75 | |

e Employee's name, address and ZIP code
Roxanne J Kneece
204 Delano Kneece Rd
Pelion, SC 29123

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

| | | |
|---|---|---|
| 2003 Form W-2 Wage and Tax Statement Copy For EMPLOYEE'S State, City, or Local Income Tax Return Department of the Treasury Internal Revenue Service | 15 State Employer's state I.D. No. SC 250335198 | 16 State wages, tips, etc. 387.75 |
| | 17 State income tax 3.63 | 18 Local wages, tips, etc. |
| | 19 Local income tax | 20 Locality name |

**Tax and Credits**

Standard Deduction for —
- People who checked any box on line 36a or 36b or who can be claimed as a dependent, see instructions.
- All others: Single or Married filing separately, $4,750; Married filing jointly or Qualifying widow(er), $9,500; Head of household, $7,000

| | | | |
|---|---|---|---|
| 35 | Amount from line 34 (adjusted gross income) | 35 | 89,313. |
| 36a | Check if: [ ] You were born before January 2, 1939, [ ] Blind. [ ] Spouse was born before January 2, 1939, [ ] Blind. Total boxes checked ► 36a [ ] | | |
| b | If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here ► 36b [ ] | | |
| 37 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 37 | 9,500. |
| 38 | Subtract line 37 from line 35 | 38 | 79,813. |
| 39 | If line 35 is $104,625 or less, multiply $3,050 by the total number of exemptions claimed on line 6d. If line 35 is over $104,625, see the worksheet in the instructions | 39 | 9,150. |
| 40 | Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0- | 40 | 70,663. |
| 41 | Tax (see instrs). Check if any tax is from a [ ] Form(s) 8814 b [ ] Form 4972 | 41 | 11,193. |
| 42 | Alternative minimum tax (see instructions). Attach Form 6251 | 42 | 0. |
| 43 | Add lines 41 and 42 ► | 43 | 11,193. |
| 44 | Foreign tax credit. Attach Form 1116 if required — 44 | | |
| 45 | Credit for child and dependent care expenses. Attach Form 2441 — 45 | | |
| 46 | Credit for the elderly or the disabled. Attach Schedule R — 46 | | |
| 47 | Education credits. Attach Form 8863 — 47 | | |
| 48 | Retirement savings contributions credit. Attach Form 8880 — 48 | | |
| 49 | Child tax credit (see instructions) — 49 600. | | |
| 50 | Adoption credit. Attach Form 8839 — 50 | | |
| 51 | Credits from: a [ ] Form 8396 b [ ] Form 8859 — 51 | | |
| 52 | Other credits. Check applicable box(es): a [ ] Form 3800 b [ ] Form 8801 c [ ] Specify — 52 | | |
| 53 | Add lines 44 through 52. These are your total credits | 53 | 600. |
| 54 | Subtract line 53 from line 43. If line 53 is more than line 43, enter -0- ► | 54 | 10,593. |

**Other Taxes**

| | | | |
|---|---|---|---|
| 55 | Self-employment tax. Attach Schedule SE | 55 | |
| 56 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 56 | |
| 57 | Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required | 57 | |
| 58 | Advance earned income credit payments from Form(s) W-2 | 58 | |
| 59 | Household employment taxes. Attach Schedule H | 59 | |
| 60 | Add lines 54-59. This is your total tax ► | 60 | 10,593. |

**Payments**

If you have a qualifying child, attach Schedule EIC.

| | | | |
|---|---|---|---|
| 61 | Federal income tax withheld from Forms W-2 and 1099 — 61 10,833. | | |
| 62 | 2003 estimated tax payments and amount applied from 2002 return — 62 | | |
| 63 | Earned income credit (EIC) — 63 | | |
| 64 | Excess social security and tier 1 RRTA tax withheld (see instructions) — 64 | | |
| 65 | Additional child tax credit. Attach Form 8812 — 65 | | |
| 66 | Amount paid with request for extension to file (see instructions) — 66 | | |
| 67 | Other pmts from: a [ ] Form 2439 b [ ] Form 4136 c [ ] Form 8885 — 67 | | |
| 68 | Add lines 61 through 67. These are your total payments ► | 68 | 10,833. |

**Refund**

Direct deposit? See instructions and fill in 70b, 70c, and 70d.

| | | | |
|---|---|---|---|
| 69 | If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid | 69 | 240. |
| 70a | Amount of line 69 you want refunded to you ► | 70a | 240. |
| ► b | Routing number XXXXXXXXX ► c Type: [ ] Checking [ ] Savings | | |
| ► d | Account number XXXXXXXXXXXXXXXXX | | |
| 71 | Amount of line 69 you want applied to your 2004 estimated tax ► 71 | | |

**Amount You Owe**

| | | | |
|---|---|---|---|
| 72 | Amount you owe. Subtract line 68 from line 60. For details on how to pay, see instructions ► | 72 | |
| 73 | Estimated tax penalty (see instructions) — 73 | | |

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following. [ ] No

Designee's name ► Preparer Phone no. ► Personal identification number (PIN) ►

**Sign Here**

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

Joint return? See instructions. Keep a copy for your records.

| Your signature | Date | Your occupation | Daytime phone number |
|---|---|---|---|
| ► | | FARMER | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |
| ► | | SECRETARY | |

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ► Ralph G. Busbee, CPA | Date 04/14/2004 | Check if self-employed [X] | Preparer's SSN or PTIN [redacted] |
| Firm's name (or yours if self-employed), address, and ZIP code ► RALPH G. BUSBEE, CPA; 184 MORGAN DRIVE; LEXINGTON SC 29072 | | EIN | Phone no. (803) 359-5709 |

**SCHEDULE E**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Supplemental Income and Loss

**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)**
► Attach to Form 1040 or Form 1041.
► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2003**

13

Name(s) shown on return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

## Part I Income or Loss From Rental Real Estate and Royalties

**Note.** If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). Report farm rental income or loss from **Form 4835** on page 2, line 40.

1 Show the kind and location of each **rental real estate property:**

A FARM LAND
FARM LAND
B
C

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days, or
- 10% of the total days rented at fair rental value?

(See instructions.)

| | Yes | No |
|---|---|---|
| A | | X |
| B | | |
| C | | |

| Income: | | Properties A | Properties B | Properties C | | Totals (Add columns A, B, and C.) |
|---|---|---|---|---|---|---|
| 3 Rents received | 3 | 3,538. | | | 3 | 3,538. |
| 4 Royalties received | 4 | | | | 4 | |
| **Expenses:** | | | | | | |
| 5 Advertising | 5 | | | | | |
| 6 Auto and travel (see instructions) | 6 | | | | | |
| 7 Cleaning and maintenance | 7 | | | | | |
| 8 Commissions | 8 | | | | | |
| 9 Insurance | 9 | | | | | |
| 10 Legal and other professional fees | 10 | | | | | |
| 11 Management fees | 11 | | | | | |
| 12 Mortgage interest paid to banks, etc (see instructions) | 12 | | | | 12 | |
| 13 Other interest | 13 | | | | | |
| 14 Repairs | 14 | | | | | |
| 15 Supplies | 15 | | | | | |
| 16 Taxes | 16 | 545. | | | | |
| 17 Utilities | 17 | | | | | |
| 18 Other (list) ► | 18 | | | | | |
| 19 Add lines 5 through 18 | 19 | 545. | | | 19 | 545. |
| 20 Depreciation expense or depletion (see instructions) | 20 | | | | 20 | |
| 21 Total expenses. Add lines 19 and 20 | 21 | 545. | | | | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198 | 22 | 2,993. | | | | |
| 23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 | 23 | | | | | |
| 24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses | | | | | 24 | 2,993. |
| 25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | | 25 | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2 | | | | | 26 | 2,993. |

**BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.**



FDIZ23 1305 11/10/03

**SCHEDULE F**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Profit or Loss From Farming

► Attach to Form 1040, Form 1041, Form 1065, or Form 1065-B.
► See Instructions for Schedule F (Form 1040).

OMB No. 1545-0074

**2003**
**14**

Name of proprietor: DELANO R KNEECE, JR

Social security number (SSN): [redacted]

A Principal product. Describe in one or two words your principal crop or activity for the current tax year: GRAINS

B Enter code from Part IV ► 111900

D Employer ID number (EIN), if any

C Accounting method: (1) [X] Cash (2) [ ] Accrual

E Did you 'materially participate' in the operation of this business during 2003? If 'No,' see instructions for limit on passive losses ..... [X] Yes [ ] No

**Part I** **Farm Income — Cash Method. Complete Parts I and II** (Accrual method taxpayers complete Parts II & III, & line 11 of Part I.) **Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Sales of livestock and other items you bought for resale | 1 | | | |
| 2 | Cost or other basis of livestock and other items reported on line 1 | 2 | | | |
| 3 | Subtract line 2 from line 1 | | | 3 | |
| 4 | Sales of livestock, produce, grains, and other products you raised | | | 4 | 6,486. |
| 5a | Total cooperative distributions (Form(s) 1099-PATR) | 5a | | 5b Taxable amount | 5b |
| 6a | Agricultural program payments (see instructions) | 6a | 164. | 6b Taxable amount | 6b 164. |
| 7 | Commodity Credit Corporation (CCC) loans (see instructions): | | | | |
| a | CCC loans reported under election | | | | 7a |
| b | CCC loans forfeited | 7b | | 7c Taxable amount | 7c |
| 8 | Crop insurance proceeds and certain disaster payments (see instructions): | | | | |
| a | Amount received in 2003 | 8a | | 8b Taxable amount | 8b |
| c | If election to defer to 2004 is attached, check here ► [ ] | | | 8d Amount deferred from 2002 | 8d |
| 9 | Custom hire (machine work) income | | | | 9 |
| 10 | Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions) | | | | 10 5,000. |
| 11 | **Gross income.** Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter the amount from page 2, line 51 ► | | | | 11 11,650. |

**Part II** **Farm Expenses — Cash and Accrual Method.** Do not include personal or living expenses such as taxes, insurance, repairs, etc, on your home.

| | | | | | |
|---|---|---|---|---|---|
| 12 | Car and truck expenses (see instructions — also attach Form 4562) | 12 | | 25 Pension and profit-sharing plans | 25 |
| 13 | Chemicals | 13 | | 26 Rent or lease (see instructions): | |
| 14 | Conservation expenses (see instructions) | 14 | | a Vehicles, machinery, and equipment | 26a |
| 15 | Custom hire (machine work) | 15 | | b Other (land, animals, etc) | 26b |
| 16 | Depreciation and section 179 expense deduction not claimed elsewhere (see instructions) | 16 | 15,150. | 27 Repairs and maintenance | 27 2,012. |
| | | | | 28 Seeds and plants purchased | 28 |
| | | | | 29 Storage and warehousing | 29 |
| 17 | Employee benefit programs other than on line 25 | 17 | | 30 Supplies purchased | 30 450. |
| | | | | 31 Taxes | 31 |
| 18 | Feed purchased | 18 | 222. | 32 Utilities | 32 |
| 19 | Fertilizers and lime | 19 | 475. | 33 Veterinary, breeding, and medicine | 33 |
| 20 | Freight and trucking | 20 | | 34 Other expenses (specify): | |
| 21 | Gasoline, fuel, and oil | 21 | | a DUES | 34a 135. |
| 22 | Insurance (other than health) | 22 | | b | 34b |
| 23 | Interest: | | | c | 34c |
| a | Mortgage (paid to banks, etc) | 23a | 914. | d | 34d |
| b | Other | 23b | | e | 34e |
| 24 | Labor hired (less employment credits) | 24 | | f | 34f |

| | | | |
|---|---|---|---|
| 35 | **Total expenses.** Add lines 12 through 34f ► | 35 | 19,358. |
| 36 | **Net farm profit or (loss).** Subtract line 35 from line 11. If a profit, enter on Form 1040, line 18, and also on Schedule SE, line 1. If a loss, you must go on to line 37 (estates, trusts, and partnerships, see instructions) | 36 | -7,708. |

37 If you have a loss, you must check the box that describes your investment in this activity (see instructions).
- If you checked 37a, enter the loss on **Form 1040, line 18, and also on Schedule SE, line 1.**
- If you checked 37b, you must attach **Form 6198.**

37a [X] All investment is at risk.
37b [ ] Some investment is not at risk.

BAA **For Paperwork Reduction Act Notice, see Form 1040 instructions.** FDIZ0212 06/05/03 Schedule F (Form 1040) 2003

Do not write in this space — OFFICE USE

# SC1040

(Rev 8/13/03)

# SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN

**2003**

For the year January 1 - December 31, 2003, or fiscal tax year beginning 2003 and ending 2004

PLACE LABEL HERE

| Print Your first name and Initial | (Sr, Jr, 2nd, 3rd, 4th) | Last name | Your Social Security number |
|---|---|---|---|
| DELANO R | JR | KNEECE | [redacted] |
| Spouse's first name and Initial, if married filing jointly | | Spouse's last name | Spouse's Social Security number |
| ROXANNE J | | KNEECE | [redacted] |

| Present home address (number and street, or P.O. Box) | Apt No. | Area Code Daytime telephone | Do not write in this space — OFFICE USE |
|---|---|---|---|
| 204 DELANO KNEECE ROAD | | | |
| City | State ZIP code | County code | |
| PELION | SC 29123 | 32 | |

**If you do not wish to receive a booklet next year, but need a name and address label for your 2004 return, check here** ► ☐

**Check this box, if you are filing SC Schedule NR (Part year/Nonresident)** ► ☐

Check this box if filing a composite return for partnership or 'S' corporation ☐

**CHECK YOUR FEDERAL FILING STATUS**
(1) ☐ Single (3) ☐ Married filing separately. Enter spouse's social security number here:
(2) ☒ Married filing jointly (4) ☐ Head of household (5) ☐ Widow(er) with dependent child

**Federal Exemptions:** Enter the number of exemptions from line 6(d) of your 2003 federal return ► 3
How many of the exemptions listed above were under the age of 6 years on December 31, 2003? ► 0
Enter the number of taxpayers age 65 or older, as of December 31, 2003. ►

STAPLE PAYMENT HERE

| | | | | | |
|---|---|---|---|---|---|
| 1 | **Enter Federal taxable income from your federal Form 1040, line 40; 1040A, line 27; or 1040EZ, line 6 and enter it on line 35 of this return. If zero or less, enter zero here and enter the negative amount on line 52 of this form** | | | 1 | 70,663.00 |
| | **STOP!** **Resident filers complete** lines 35 through 60 and enter total from line 60. **Nonresident filers complete** Schedule NR and enter total from line 48. | | | | |
| 2 | South Carolina INCOME SUBJECT TO TAX. If less than zero, enter zero | | | 2 | 71,469.00 |
| 3 | **TAX:** Enter tax from SOUTH CAROLINA tax tables | 3 | 4,645.00 | | |
| 4 | TAX on Lump Sum Distribution (Attach SC4972) | 4 | 00 | | |
| 5 | TOTAL South Carolina tax. Add lines 3 and 4. Enter the total | | | 5 | 4,645.00 |
| 6 | Child and Dependent Care (See instructions) | 6 | 0.00 | | |
| 7 | Two Wage Earner Credit (See instructions) | 7 | 210.00 | | |
| 8 | Other Non-refundable Credits (Attach SC1040TC) | 8 | 00 | | |
| 9 | TOTAL Non-refundable Credits. Add lines 6 through 8 and enter the total | | | 9 | 210.00 |
| 10 | SUBTRACT line 9 from line 5. Enter the difference BUT NOT LESS THAN ZERO | | | 10 | 4,435.00 |

| | | | | | |
|---|---|---|---|---|---|
| 11 | SC INCOME TAX WITHHELD (Attach W-2 or SC41) | 4,744.00 | 14 | NR sale of real estate | 00 |
| 12 | 2003 Estimated Tax Payments | 00 | 15 | Other SC Withholding (Attach Form 1099) | 00 |
| 13 | Amount Paid with extension | 00 | 16 | Tuition Tax Credit (Attach I-319) | 00 |

Tip — Make sure lines 11-16 are completed.

| | | | | | |
|---|---|---|---|---|---|
| 17 | ADD lines 11 through 16 and enter the total | | | 17 | 4,744.00 |
| 18 | If line 17 is LARGER than line 10, subtract line 10 from line 17 and enter the OVERPAYMENT | | | 18 | 309.00 |
| 19 | If line 10 is LARGER than line 17, subtract line 17 from line 10 and enter the AMOUNT DUE | | | 19 | 00 |
| 20 | **USE TAX** (Due on Out-of-state Purchases. See instructions) | 20 | 00 | | |
| 21 | Amount of line 18 to be credited to your 2004 ESTIMATED TAX | 21 | 00 | | |

| | | | | | |
|---|---|---|---|---|---|
| 22 | Endangered Wildlife Fund | 00 | 27 | DARE Fund | 00 |
| 23 | Children's Trust Fund | 00 | 28 | First Steps Fund | 00 |
| 24 | Eldercare Trust Fund | 00 | 29 | War Between States | 00 |
| 25 | Veterans' Trust Fund | 00 | 30 | Litter Control Fund | 00 |
| 26 | Gift of Life Trust Fund | 00 | 31 | Police Chaplains Fund | 00 |

| | | | | | |
|---|---|---|---|---|---|
| 32 | ADD lines 20 through 31 and enter the total | | | 32 | 00 |
| 33 | NET REFUND: If line 32 is larger than line 18, go to line 34. Otherwise, subtract line 32 from line 18 and enter the **AMOUNT TO BE REFUNDED TO YOU** | **REFUND** ► | | 33 | 309.00 |
| 34 | NET DUE: ADD lines 19 and 32 and, if applicable, penalty amount. If line 32 is larger than line 18, subtract line 18 from line 32. Enter the AMOUNT YOU OWE. If subject to penalty for Underpayment of Estimated Tax, attach SC2210. (See instructions.) | Penalty: $ | | | |
| | Attach a check or money order for the full amount payable to **'SC Department of Revenue.'** Write your Social Security number and '2003 SC1040' on the payment | **BALANCE DUE** ► | | 34 | 00 |

STAPLE W-2/1099 HERE

**ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN ONLY IF you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR, SC1040TC or I-319.**

**STOP!** **Resident filers complete** lines 35 through 60.
**Nonresident filers complete** Schedule NR. Do not complete lines 35 through 60.

| | | | | | |
|---|---|---|---|---|---|
| 35 Enter amount from line 1 | | | 35 | 70,663. | 00 |
| **PART 1 ADDITIONS TO FEDERAL TAXABLE INCOME** | | | | | |
| 36 Married filers claiming standard deduction. (See instructions) | 36 | 1,550. 00 | | | |
| 37 If itemizing your state and local income tax deduction, enter the amount from line 5 of Worksheet A (See instructions) | 37 | 00 | | | |
| 38 Out-of-state losses — (See instructions) | 38 | 00 | | | |
| 39 Expenses related to National Guard and Military Reserve income | 39 | 00 | | | |
| 40 Interest income on obligations of states and political subdivisions **other than** South Carolina | 40 | 00 | | | |
| 41 Other additions to income. Attach an explanation (See instructions) | 41 | 00 | | | |
| 42 TOTAL ADDITIONS — add lines 36 through 41 and enter your total additions to income here | | | 42 | 1,550. | 00 |
| 43 Add line 35 and line 42 and enter total here | | | 43 | 72,213. | 00 |
| **PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME** | | | | | |
| 44 State tax refund, if included on line 10, on your federal Form 1040 | 44 | 744. 00 | | | |
| 45 Interest income from obligations of the U.S. government | 45 | 00 | | | |
| 46 National Guard or Reserve annual training and drill pay. (See instructions) | 46 | 00 | | | |
| 47 Permanent disability retirement income, if taxed on your federal return | 47 | 00 | | | |
| 48 Social Security and/or railroad retirement, if taxed on your federal return | 48 | 00 | | | |
| 49 **Caution: Retirement Deduction — (See instructions)** | | | | | |
| a Taxpayer: Date of Birth _____ | 49a | 00 | | | |
| b Spouse: Date of Birth _____ | 49b | 00 | | | |
| c Surviving Spouse: Date of Birth of Deceased Spouse _____ | 49c | 00 | | | |
| 50 Age 65 and older deduction — (See instructions) | | | | | |
| a Taxpayer: Date of Birth _____ | 50a | 00 | | | |
| b Spouse: Date of Birth _____ | 50b | 00 | | | |
| 51 Out-of-state income/gain — Do not include personal service income. (See instructions.) | 51 | 00 | | | |
| 52 Negative amount of federal taxable income | 52 | 00 | | | |
| 53 44% of net capital gains held for more than one year (See instructions) | 53 | 00 | | | |
| 54 Subsistence Allowance _____ days @ $6.67 | 54 | 00 | | | |
| 55 Volunteer Firefighters/Rescue Squad/HAZ-MAT Deduction. (See instructions) | 55 | 00 | | | |
| 56 Dependents under the age of 6 years on December 31, 2003. Date of Birth _____ Social security number _____ Date of Birth _____ Social security number _____ | 56 | 00 | | | |
| 57 Contributions to the SC Tuition Prepayment Program or College Investment Program. (See instructions) | 57 | 00 | | | |
| 58 Other subtractions. (See instructions) _____ | 58 | 00 | | | |
| 59 TOTAL SUBTRACTIONS — add lines 44 through 58 and enter the total | | | 59 | 744. | 00 |
| 60 South Carolina INCOME SUBJECT TO TAX Subtract line 59 from line 43. Enter here and **on line 2 of this return. If less than zero, enter zero.** | | | 60 | 71,469. | 00 |

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

| Your Signature | Date | Spouse's Signature (if jointly, BOTH must sign) |
|---|---|---|
| | | |

I **authorize** the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes [X] No [ ]

Preparer's Printed Name: RALPH G. BUSBEE, CPA

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

**Paid Preparer's Use Only**

| Prepared by | Date | Preparer's Name and Address |
|---|---|---|
| | 04/14/2004 | RALPH G. BUSBEE, CPA |
| El Number | Phone Number | 184 MORGAN DRIVE |
| [redacted] | (803) 359-5709 | LEXINGTON SC 29072 |

**ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN ONLY IF you have income and/or (loss) on federal Schedules C, D, E, F or filed an SC Schedule NR, SC1040TC or I-319.**

**MAIL RETURN TO THE PROPER ADDRESS:**
**REFUNDS OR ZERO TAX:** SC1040 PROCESSING CENTER, P.O. BOX 101100, COLUMBIA SC 29211-0100
**BALANCE DUES:** TAXABLE PROCESSING CENTER, P.O. BOX 101105, COLUMBIA SC 29211-0105

Copy C For EMPLOYEE'S RECORDS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Control number: 000004

b Employer identification number: [redacted]

c Employer's name, address, and ZIP code
DELANO KNEECE & SON, INC.
213 DELANO KNEECE ROAD
PELION, SC 29123

1 Wages, tips, other compensation: 36500.00
2 Federal income tax withheld: 6027.00
3 Social security wages: 36500.00
4 Social security tax withheld: 2263.00
5 Medicare wages and tips: 36500.00
6 Medicare tax withheld: 529.25
7 Social security tips:
8 Allocated tips:
9 Advance EIC payment:

d Employee's social security number: [redacted]

10 Dependent care benefits:
11 Nonqualified plans:
12a Code See inst. for box 12:
12b Code:
12c Code:
12d Code:

e Employee's name, address, and ZIP code
RICKY D. KNEECE
204 DELANO KNEECE ROAD
PELION, SC 29123

13
Statutory employee ☐
Retirement plan ☐
Third-party sick pay ☐

14 Other:

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | [redacted] | 36500.00 | 2280.00 | | | |

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 2003

Form **1040** Department of the Treasury — Internal Revenue Service

# U.S. Individual Income Tax Return 2004

(99) IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2004, or other tax year beginning , 2004, ending , 20

OMB No. 1545-0074

**Label** (See instructions.)

Your first name: DELANO | MI: R | Last name: KNEECE, JR

Your social security number: [redacted]

If a joint return, spouse's first name: ROXANNE | MI: J | Last name: KNEECE

Spouse's social security number: [redacted]

**Use the IRS label.** Otherwise, please print or type.

Home address (number and street). If you have a P.O. box, see instructions.: 204 DELANO KNEECE ROAD | Apartment no.

City, town or post office. If you have a foreign address, see instructions.: PELION | State: SC | ZIP code: 29123

▲ **Important!** ▲ You **must** enter your social security number(s) above.

**Presidential Election Campaign** (See instructions.)

▶ **Note:** Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want $3 to go to this fund? ..... ▶ You ☐ Yes ☐ No Spouse ☐ Yes ☐ No

**Filing Status**

Check only one box.

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above & full name here .. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶

5 ☐ Qualifying widow(er) with dependent child (see instructions)

**Exemptions**

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a .....

b ☒ **Spouse** .....

Boxes checked on 6a and 6b .. 2

No. of children on 6c who: • lived with you ..... 1 • did not live with you due to divorce or separation (see instrs) ...

Dependents on 6c not entered above .

Add numbers on lines above ..... ▶ 3

c **Dependents:**

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see instrs) |
|---|---|---|---|
| [redacted] | [redacted] | n | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

If more than four dependents, see instructions.

d Total number of exemptions claimed ..... 3

**Income**

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

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 103,274. |
| 8a | **Taxable** interest. Attach Schedule B if required | 8a | 27. |
| b | **Tax-exempt** interest. **Do not** include on line 8a ..... 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | 2,281. |
| b | Qualfd divs (see instrs) ..... 9b 1,835. | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ▶ ☒ | 13 | 272. |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions ..... 15a ; b Taxable amount (see instrs) | 15b | |
| 16a | Pensions and annuities ..... 16a ; b Taxable amount (see instrs) | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 3,538. |
| 18 | Farm income or (loss). Attach Schedule F | 18 | -22,888. |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits ..... 20a ; b Taxable amount (see instrs) | 20b | |
| 21 | Other income OTHER INCOME | 21 | 214. |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | 86,718. |

**Adjusted Gross Income**

| | | | |
|---|---|---|---|
| 23 | Educator expenses (see instructions) | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| 25 | IRA deduction (see instructions) | 25 | |
| 26 | Student loan interest deduction (see instructions) | 26 | |
| 27 | Tuition and fees deduction (see instructions) | 27 | |
| 28 | Health savings account deduction. Attach Form 8889 | 28 | |
| 29 | Moving expenses. Attach Form 3903 | 29 | |
| 30 | One-half of self-employment tax. Attach Schedule SE | 30 | |
| 31 | Self-employed health insurance deduction (see instrs) | 31 | |
| 32 | Self-employed SEP, SIMPLE, and qualified plans | 32 | |
| 33 | Penalty on early withdrawal of savings | 33 | |
| 34a | Alimony paid b Recipient's SSN ▶ | 34a | |
| 35 | Add lines 23 through 34a | 35 | |
| 36 | Subtract line 35 from line 22. This is your **adjusted gross income** ▶ | 36 | 86,718. |

## Tax and Credits

| | | | |
|---|---|---|---|
| 37 | Amount from line 36 (adjusted gross income) | 37 | 86,718. |
| 38a | Check if: [ ] You were born before January 2, 1940, [ ] Blind. [ ] Spouse was born before January 2, 1940, [ ] Blind. Total boxes checked ► 38a [ ] | | |
| b | If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here ► 38b [ ] | | |
| 39 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 39 | 11,968. |
| 40 | Subtract line 39 from line 37 | 40 | 74,750. |
| 41 | If line 37 is $107,025 or less, multiply $3,100 by the total number of exemptions claimed on line 6d. If line 37 is over $107,025, see the worksheet in the instructions | 41 | 9,300. |
| 42 | Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- | 42 | 65,450. |
| 43 | Tax (see instrs). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972 | 43 | 9,622. |
| 44 | Alternative minimum tax (see instructions). Attach Form 6251 | 44 | 0. |
| 45 | Add lines 43 and 44 ► | 45 | 9,622. |
| 46 | Foreign tax credit. Attach Form 1116 if required — 46 | | |
| 47 | Credit for child and dependent care expenses. Attach Form 2441 — 47 | | |
| 48 | Credit for the elderly or the disabled. Attach Schedule R — 48 | | |
| 49 | Education credits. Attach Form 8863 — 49 | | |
| 50 | Retirement savings contributions credit. Attach Form 8880 — 50 | | |
| 51 | Child tax credit (see instructions) — 51 | | |
| 52 | Adoption credit. Attach Form 8839 — 52 | | |
| 53 | Credits from: a [ ] Form 8396 b [ ] Form 8859 — 53 | | |
| 54 | Other credits. Check applicable box(es): a [ ] Form 3800 b [ ] Form 8801 c [ ] Specify — 54 | | |
| 55 | Add lines 46 through 54. These are your total credits | 55 | |
| 56 | Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- ► | 56 | 9,622. |

**Standard Deduction for —**
- People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $4,850

Married filing jointly or Qualifying widow(er), $9,700

Head of household, $7,150

## Other Taxes

| | | | |
|---|---|---|---|
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60 | Advance earned income credit payments from Form(s) W-2 | 60 | |
| 61 | Household employment taxes. Attach Schedule H | 61 | |
| 62 | Add lines 56-61. This is your total tax ► | 62 | 9,622. |

## Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|---|---|---|---|
| 63 | Federal income tax withheld from Forms W-2 and 1099 — 63 | 10,371. | |
| 64 | 2004 estimated tax payments and amount applied from 2003 return — 64 | | |
| 65a | Earned income credit (EIC) — 65a | | |
| b | Nontaxable combat pay election ► 65b | | |
| 66 | Excess social security and tier 1 RRTA tax withheld (see instructions) — 66 | | |
| 67 | Additional child tax credit. Attach Form 8812 — 67 | | |
| 68 | Amount paid with request for extension to file (see instructions) — 68 | | |
| 69 | Other pmts from: a [ ] Form 2439 b [ ] Form 4136 c [ ] Form 8885 — 69 | | |
| 70 | Add lines 63, 64, 65a, and 66 through 69. These are your total payments ► | 70 | 10,371. |

## Refund

Direct deposit? See instructions and fill in 72b, 72c, and 72d.

| | | | |
|---|---|---|---|
| 71 | If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid | 71 | 749. |
| 72a | Amount of line 71 you want refunded to you ► | 72a | 749. |
| ► b | Routing number XXXXXXXXX ► c Type: [ ] Checking [ ] Savings | | |
| ► d | Account number XXXXXXXXXXXXXXXXX | | |
| 73 | Amount of line 71 you want applied to your 2005 estimated tax ► 73 | | |

## Amount You Owe

| | | | |
|---|---|---|---|
| 74 | Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions ► | 74 | |
| 75 | Estimated tax penalty (see instructions) — 75 | | |

## Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following. [ ] No

Designee's name ► Preparer Phone no. ► Personal identification number (PIN) ►

## Sign Here

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

Joint return? See instructions. Keep a copy for your records.

| Your signature | Date | Your occupation | Daytime phone number |
|---|---|---|---|
| ► | | FARMER | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |
| ► | | SECRETARY | |

## Paid Preparer's Use Only

| | | | |
|---|---|---|---|
| Preparer's signature ► Ralph G. Busbee, CPA | Date 04/12/2005 | Check if self-employed [X] | Preparer's SSN or PTIN [redacted] |
| Firm's name (or yours if self-employed), address, and ZIP code | RALPH G. BUSBEE, CPA<br>184 MORGAN DRIVE<br>LEXINGTON SC 29072 | | EIN<br>Phone no. |

**SCHEDULE A** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Itemized Deductions

► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2004**

07

Name(s) shown on Form 1040: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

| | | | | | |
|---|---|---|---|---|---|
| **Medical and Dental Expenses** | | **Caution.** Do not include expenses reimbursed or paid by others. | | | |
| | 1 | Medical and dental expenses (see instructions) | 1 | | |
| | 2 | Enter amount from Form 1040, line 37 ..... 2 | | | |
| | 3 | Multiply line 2 by 7.5% (.075) | 3 | | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 | |
| **Taxes You Paid** | 5 | State and local (**check only one box**): | | | |
| | | a [X] Income taxes, or | 5 | 4,862. | |
| | | b [ ] General sales taxes (see instructions) | | | |
| (See instructions.) | 6 | Real estate taxes (see instructions) | 6 | 1,923. | |
| | 7 | Personal property taxes | 7 | 293. | |
| | 8 | Other taxes. List type and amount ► | 8 | | |
| | 9 | Add lines 5 through 8 | | 9 | 7,078. |
| **Interest You Paid** | 10 | Home mtg interest and points reported to you on Form 1098 | 10 | | |
| | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ► | 11 | | |
| (See instructions.) | | | | | |
| **Note.** Personal interest is not deductible. | 12 | Points not reported to you on Form 1098. See instrs for spcl rules | 12 | | |
| | 13 | Investment interest. Attach Form 4952 if required. (See instrs.) | 13 | | |
| | 14 | Add lines 10 through 13 | | 14 | |
| **Gifts to Charity** | 15 | Gifts by cash or check. If you made any gift of $250 or more, see instructions | 15 | 4,890. | |
| If you made a gift and got a benefit for it, see instructions. | 16 | Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 | 16 | | |
| | 17 | Carryover from prior year | 17 | | |
| | 18 | Add lines 15 through 17 | | 18 | 4,890. |
| **Casualty and Theft Losses** | 19 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | 19 | |
| **Job Expenses and Most Other Miscellaneous Deductions** | 20 | Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► | 20 | | |
| | 21 | Tax preparation fees | 21 | 125. | |
| (See instructions.) | 22 | Other expenses – investment, safe deposit box, etc. List type and amount ► SAFETY DEPOSIT BOX 100. | 22 | 100. | |
| | 23 | Add lines 20 through 22 | 23 | 225. | |
| | 24 | Enter amount from Form 1040, line 37 ..... 24 86,718. | | | |
| | 25 | Multiply line 24 by 2% (.02) | 25 | 1,734. | |
| | 26 | Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- | | 26 | 0. |
| **Other Miscellaneous Deductions** | 27 | Other – from list in the instructions. List type and amount ► | | 27 | |
| **Total Itemized Deductions** | 28 | Is Form 1040, line 37, over $142,700 (over $71,350 if MFS)? | | | |
| | | [X] **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39. | | ► 28 | 11,968. |
| | | [ ] **Yes.** Your deduction may be limited. See instructions for the amount to enter. | | | |

Name(s) shown on Form 1040. Your social security number

DELANO R KNEECE, JR & ROXANNE J KNEECE [redacted]

## Schedule B — Interest and Ordinary Dividends

08

**Part I Interest**

(See instructions for Form 1040, line 8a.)

**Note.** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

| | | Amount |
|---|---|---|
| 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ► | | |
| MERRILL LYNCH | 1 | 27. |
| 2 Add the amounts on line 1 | 2 | 27. |
| 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | 3 | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ► | 4 | 27. |

**Note.** If line 4 is over $1,500, you must complete Part III.

**Part II Ordinary Dividends**

(See instructions for Form 1040, line 9a.)

**Note.** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

| | | Amount |
|---|---|---|
| 5 List name of payer ► | | |
| MERRILL LYNCH | 5 | 2,281. |
| 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ► | 6 | 2,281. |

**Note.** If line 6 is over $1,500, you must complete Part III.

**Part III Foreign Accounts and Trusts**

(See instructions.)

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; or **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

| | Yes | No |
|---|---|---|
| 7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1 | | X |
| b If 'Yes,' enter the name of the foreign country ► | | |
| 8 During 2004, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions | | X |

**SCHEDULE E**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Supplemental Income and Loss

**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)**
► Attach to Form 1040 or Form 1041.
► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2004**

**13**

Name(s) shown on return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

## Part I Income or Loss From Rental Real Estate and Royalties

**Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). Report farm rental income or loss from **Form 4835** on page 2, line 40.

| 1 | List the type and location of each rental real estate property: |
|---|---|
| A | FARM LAND<br>FARM LAND |
| B | |
| C | |

| 2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days, or • 10% of the total days rented at fair rental value? (See instructions.) | | Yes | No |
|---|---|---|---|
| | A | | X |
| | B | | |
| | C | | |

| Income: | | Properties A | Properties B | Properties C | | Totals (Add columns A, B, and C.) |
|---|---|---|---|---|---|---|
| 3 Rents received | 3 | 3,538. | | | 3 | 3,538. |
| 4 Royalties received | 4 | | | | 4 | |
| **Expenses:** | | | | | | |
| 5 Advertising | 5 | | | | | |
| 6 Auto and travel (see instructions) | 6 | | | | | |
| 7 Cleaning and maintenance | 7 | | | | | |
| 8 Commissions | 8 | | | | | |
| 9 Insurance | 9 | | | | | |
| 10 Legal and other professional fees | 10 | | | | | |
| 11 Management fees | 11 | | | | | |
| 12 Mortgage interest paid to banks, etc (see instructions) | 12 | | | | 12 | |
| 13 Other interest | 13 | | | | | |
| 14 Repairs | 14 | | | | | |
| 15 Supplies | 15 | | | | | |
| 16 Taxes | 16 | | | | | |
| 17 Utilities | 17 | | | | | |
| 18 Other (list) ► | 18 | | | | | |
| 19 Add lines 5 through 18 | 19 | | | | 19 | |
| 20 Depreciation expense or depletion (see instructions) | 20 | | | | 20 | |
| 21 Total expenses. Add lines 19 and 20 | 21 | | | | | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198 | 22 | 3,538. | | | | |
| 23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 | 23 | | | | | |
| 24 **Income.** Add positive amounts shown on line 22. Do not include any losses | | | | | 24 | 3,538. |
| 25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | | 25 | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2 | | | | | 26 | 3,538. |

**BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.**

**SCHEDULE F** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Profit or Loss From Farming

► Attach to Form 1040, Form 1041, Form 1065, or Form 1065-B.
► See Instructions for Schedule F (Form 1040).

OMB No. 1545-0074

**2004**

14

Name of proprietor: DELANO R KNEECE, JR

Social security number (SSN): [redacted]

A Principal product. Describe in one or two words your principal crop or activity for the current tax year: GRAINS

B Enter code from Part IV ► 111900

D Employer ID number (EIN), if any

C Accounting method: (1) [X] Cash (2) [ ] Accrual

E Did you 'materially participate' in the operation of this business during 2004? If 'No,' see instructions for limit on passive losses ..... [X] Yes [ ] No

**Part I** **Farm Income — Cash Method. Complete Parts I and II** (Accrual method taxpayers complete Parts II & III, & line 11 of Part I.) **Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Sales of livestock and other items you bought for resale | 1 | | | |
| 2 | Cost or other basis of livestock and other items reported on line 1 | 2 | | | |
| 3 | Subtract line 2 from line 1 | | | 3 | |
| 4 | Sales of livestock, produce, grains, and other products you raised | | | 4 | 9,729. |
| 5a | Total cooperative distributions (Form(s) 1099-PATR) | 5a | 5b Taxable amount | 5b | |
| 6a | Agricultural program payments (see instructions) | 6a | 6b Taxable amount | 6b | |
| 7 | Commodity Credit Corporation (CCC) loans (see instructions): | | | | |
| a | CCC loans reported under election | | | 7a | |
| b | CCC loans forfeited | 7b | 7c Taxable amount | 7c | |
| 8 | Crop insurance proceeds and certain disaster payments (see instructions): | | | | |
| a | Amount received in 2004 | 8a | 8b Taxable amount | 8b | |
| c | If election to defer to 2005 is attached, check here ► [ ] | | 8d Amount deferred from 2003 | 8d | |
| 9 | Custom hire (machine work) income | | | 9 | |
| 10 | Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions) | | | 10 | |
| 11 | **Gross income.** Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter the amount from page 2, line 51 ► | | | 11 | 9,729. |

**Part II** **Farm Expenses — Cash and Accrual Method.** Do not include personal or living expenses such as taxes, insurance, repairs, etc, on your home.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 12 | Car and truck expenses (see instructions — also attach Form 4562) | 12 | 469. | 25 | Pension and profit-sharing plans | 25 | |
| 13 | Chemicals | 13 | | 26 | Rent or lease (see instructions): | | |
| 14 | Conservation expenses (see instructions) | 14 | | a | Vehicles, machinery, and equipment | 26a | |
| 15 | Custom hire (machine work) | 15 | | b | Other (land, animals, etc) | 26b | |
| 16 | Depreciation and section 179 expense deduction not claimed elsewhere (see instructions) | 16 | 14,894. | 27 | Repairs and maintenance | 27 | 405. |
| | | | | 28 | Seeds and plants purchased | 28 | 1,024. |
| | | | | 29 | Storage and warehousing | 29 | |
| 17 | Employee benefit programs other than on line 25 | 17 | | 30 | Supplies purchased | 30 | 1,611. |
| 18 | Feed purchased | 18 | 123. | 31 | Taxes | 31 | |
| 19 | Fertilizers and lime | 19 | 1,576. | 32 | Utilities | 32 | 143. |
| 20 | Freight and trucking | 20 | | 33 | Veterinary, breeding, and medicine | 33 | |
| 21 | Gasoline, fuel, and oil | 21 | 175. | 34 | Other expenses (specify): | | |
| 22 | Insurance (other than health) | 22 | | a | DUES | 34a | 69. |
| 23 | Interest: | | | b | ACCOUNTING | 34b | 75. |
| a | Mortgage (paid to banks, etc) | 23a | | c | COWS PURCHASED | 34c | 12,053. |
| b | Other | 23b | | d | | 34d | |
| | | | | e | | 34e | |
| 24 | Labor hired (less employment credits) | 24 | | f | | 34f | |
| 35 | **Total expenses.** Add lines 12 through 34f ► | | | | | 35 | 32,617. |
| 36 | **Net farm profit or (loss).** Subtract line 35 from line 11. If a profit, enter on Form 1040, line 18, and also on Schedule SE, line 1. If a loss, you must go on to line 37 (estates, trusts, and partnerships, see instructions) | | | | | 36 | -22,888. |

37 If you have a loss, you **must** check the box that describes your investment in this activity (see instructions).

- If you checked 37a, enter the loss on **Form 1040, line 18,** and **also** on **Schedule SE, line 1.**
- If you checked 37b, you **must** attach **Form 6198.**

37a [X] All investment is at risk.
37b [ ] Some investment is not at risk.

BAA **For Paperwork Reduction Act Notice, see Form 1040 instructions.**

FDIZ0212 11/02/04 Schedule F (Form 1040) 2004

Form **4562**

Department of the Treasury
Internal Revenue Service

# Depreciation and Amortization
## (Including Information on Listed Property)

► See separate instructions.
► Attach to your tax return.

OMB No. 1545-0172

**2004**

67

Name(s) shown on return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Identifying number: [redacted]

Business or activity to which this form relates: Sch F RICKY KNEECE FARM

## Part I Election To Expense Certain Property Under Section 179

**Note:** *If you have any listed property, complete Part V before you complete Part I.*

| | | | |
|---|---|---|---|
| 1 | Maximum amount. See instructions for a higher limit for certain businesses | 1 | $102,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | $410,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |
| 7 | Listed property. Enter the amount from line 29 | 7 | |

| | | | |
|---|---|---|---|
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2003 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 ► | 13 | |

**Note:** *Do not use Part II or Part III below for listed property. Instead, use Part V.*

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | 481. |
| 15 | Property subject to section 168(f)(1) election (see instructions) | 15 | |
| 16 | Other depreciation (including ACRS) (see instructions) | 16 | |

## Part III MACRS Depreciation (Do not include listed property.) (See instructions)

### Section A

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2004 | 17 | 14,361. |
| 18 | If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐ | | |

### Section B — Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | 481. | 7.0 yrs | HY | 150DB | 52. |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

### Section C — Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|---|---|---|---|---|---|---|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

## Part IV Summary (see instructions)

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions | 22 | 14,894. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

**Part V** **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

**Section A – Depreciation and Other Information (Caution:** *See instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ..... [X] Yes [ ] No 24b If 'Yes,' is the evidence written? ..... [X] Yes [ ] No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) ..... | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use (see instructions): | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 27 Property used 50% or less in a qualified business use (see instructions): | | | | | | | | |
| FORD EXPLORER | 01/01/03 | 5.00 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... | | | | | | | 29 | |

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | (b) Vehicle 2 | (c) Vehicle 3 | (d) Vehicle 4 | (e) Vehicle 5 | (f) Vehicle 6 |
|---|---|---|---|---|---|---|
| 30 Total business/investment miles driven during the year (**do not** include commuting miles – see instructions) ..... | 1,250 | | | | | |
| 31 Total commuting miles driven during the year ..... | 0 | | | | | |
| 32 Total other personal (noncommuting) miles driven ..... | 23,750 | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 ..... | 25,000 | | | | | |

| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 34 Was the vehicle available for personal use during off-duty hours? ..... | X | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? ..... | X | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? ..... | X | | | | | | | | | | | |

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

| | Yes | No |
|---|---|---|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? ..... | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners ..... | | |
| 39 Do you treat all use of vehicles by employees as personal use? ..... | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? ..... | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (see instructions) ..... | | |

**Note:** *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.*

**Part VI** **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| 42 Amortization of costs that begins during your 2004 tax year (see instructions): | | | | | |
| | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2004 tax year ..... | | | | 43 | |
| 44 **Total.** Add amounts in column (f). See instructions for where to report ..... | | | | 44 | |

Do not write in this space — OFFICE USE

# SC1040

(Rev 9/2/04)

# SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN

**2004**

For the year January 1 - December 31, 2004, or fiscal tax year beginning 2004 and ending 2005

PLACE LABEL HERE

| Print Your first name and Initial | (Sr, Jr, 2nd, 3rd, 4th) | Last name | Check if Deceased | Your Social Security number |
|---|---|---|---|---|
| DELANO R | JR | KNEECE | ☐ | [redacted] |
| **Spouse's first name and initial, if married filing jointly** | | **Spouse's last name** | **Check if Deceased** | **Spouse's Social Security number** |
| ROXANNE J | | KNEECE | ☐ | [redacted] |

| Present home address (number and street, or P.O. Box) | Apt No. | Area Code Daytime telephone | Do not write in this space — OFFICE USE |
|---|---|---|---|
| 204 DELANO KNEECE ROAD | | | |
| **City** | **State** | **ZIP code** | **County code** |
| PELION | SC | 29123 | 32 |

**If you do not wish to receive a booklet next year, but need a name and address label for your 2005 return, check here** ..... ☐

**Check this box if you are filing SC Schedule NR (Part year/Nonresident)** ..... ☐

**Check this box if you have filed a federal or state extension** ..... ☐

Check this box if filing a composite return for partnership or 'S' corporation ..... ☐

**CHECK YOUR FEDERAL FILING STATUS**
(1) ☐ Single (3) ☐ Married filing separately. Enter spouse's social security number here:
(2) ☒ Married filing jointly (4) ☐ Head of household (5) ☐ Widow(er) with dependent child

**Federal Exemptions:** Enter the number of exemptions from line 6(d) of your 2004 federal return ..... ► 6
How many of the exemptions listed above were under the age of 6 years on December 31, 2004? ..... ► 0
Enter the number of taxpayers age 65 or older, as of December 31, 2004. ..... ►

STAPLE PAYMENT HERE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | **Enter Federal taxable income from your federal Form 1040, line 42; 1040A, line 27; 1040EZ, line 6; or line K-1 of federal Telefile. If zero or less, enter zero here.** | | | | | Dollars | |
| | **STOP! Resident filers complete** lines 29 through 50. **Nonresident filers complete** Schedule NR and enter total from line 47 on line 5 below ..... ► | | | | 1 | 65,450. | 00 |
| 2 | TOTAL ADDITIONS. Enter amount from line 34 ..... ► | | | | 2 | 2,698. | 00 |
| 3 | Add lines 1 and 2. Enter total here ..... | | | | 3 | 68,148. | 00 |
| 4 | TOTAL SUBTRACTIONS. Enter amount from line 50 ..... ► | | | | 4 | | 00 |
| 5 | South Carolina INCOME SUBJECT TO TAX. Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 47. If less than zero, enter zero ..... ► | | | | 5 | 68,148. | 00 |
| 6 | **TAX:** Enter tax from SOUTH CAROLINA tax tables ..... | 6 | 4,409. | 00 | | | |
| 7 | TAX on Lump Sum Distribution (Attach SC4972) ..... ► | 7 | | 00 | | | |
| 8 | TOTAL South Carolina tax. Add lines 6 and 7. Enter the total ..... | | | | 8 | 4,409. | 00 |
| 9 | Child and Dependent Care (See instructions) ..... ► | 9 | | 00 | | | |
| 10 | Two Wage Earner Credit (See instructions) ..... ► | 10 | 172. | 00 | | | |
| 11 | Other Non-refundable Credits (Attach SC1040TC) ..... ► | 11 | | 00 | | | |
| 12 | TOTAL Non-refundable Credits. Add lines 9 through 11 and enter the total ..... | | | | 12 | 172. | 00 |
| 13 | SUBTRACT line 12 from line 8. Enter the difference BUT NOT LESS THAN ZERO ..... | | | | 13 | 4,237. | 00 |

STAPLE W-2/1099 HERE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 14 | SC INCOME TAX WITHHELD (Attach W-2 or SC41) ..... ► | 4,862. | 00 | 17 | NR sale of real estate ..... ► | | 00 |
| 15 | 2004 Estimated Tax Payments .... ► | | 00 | 18 | Other SC Withholding (Attach Form 1099) ..... ► | | 00 |
| 16 | Amount Paid with extension .... ► | | 00 | 19 | Tuition Tax Credit (Attach I-319) ..... ► | | 00 |

Tip — Make sure lines 14-19 are completed.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 20 | ADD lines 14 through 19 and enter the total ..... | | | | 20 | 4,862. | 00 |
| 21 | If line 20 is LARGER than line 13, subtract line 13 from line 20 and enter the OVERPAYMENT ..... | | | | 21 | 625. | 00 |
| 22 | If line 13 is LARGER than line 20, subtract line 20 from line 13 and enter the AMOUNT DUE ..... | | | | 22 | | 00 |
| 23 | **USE TAX** (Due on Out-of-state Purchases. See instructions) ..... ► | 23 | | 00 | | | |
| 24 | Amount of line 21 to be credited to your **2005 ESTIMATED TAX** ... ► | 24 | | 00 | | | |
| 25 | Total Contributions for Check-offs (Attach I-330) ..... ► | 25 | | 00 | | | |
| 26 | ADD lines 23 through 25 and enter the total ..... | | | | 26 | | 00 |
| 27 | NET REFUND: If line 26 is larger than line 21, go to line 28. Otherwise, subtract line 26 from line 21 and enter the **AMOUNT TO BE REFUNDED TO YOU** ..... **REFUND** ► | | | | 27 | 625. | 00 |
| 28 | NET DUE: ADD lines 22 and 26 and, if applicable, penalty amount. If line 26 is larger than line 21, subtract line 21 from line 26. Enter the AMOUNT YOU OWE. If subject to penalty for Underpayment of Estimated Tax, attach SC2210. (See instructions.) Penalty: $ | | | | | | |
| | **Staple** a check or money order for the full amount payable to **'SC Department of Revenue.'** Write your Social Security number and '2004 SC1040' on the payment ..... **BALANCE DUE** ► | | | | 28 | | 00 |

**ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN ONLY IF you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR, SC1040TC or I-319.**

**STOP!** **Resident filers complete** lines 29 through 50.
**Nonresident filers complete** Schedule NR. Do not complete lines 29 through 50.

## PART 1 ADDITIONS TO FEDERAL TAXABLE INCOME

| | | | | Dollars |
|---|---|---|---|---|
| 29 If itemizing your state and local income tax deduction, enter the amount from line 5 of Worksheet A (See instructions) | 29 | 2,268. | 00 | |
| 30 Out-of-state losses – (See instructions) | 30 | | 00 | |
| 31 Expenses related to National Guard and Military Reserve income | 31 | | 00 | |
| 32 Interest income on obligations of states and political subdivisions **other than** South Carolina | 32 | | 00 | |
| 33 Other additions to income. Attach an explanation (See instructions) | 33 | 430. | 00 | |
| 34 TOTAL ADDITIONS – add lines 29 through 33 and enter your total additions to income here and on line 2 | | | | 34 2,698.00 |

## PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

| | | | | |
|---|---|---|---|---|
| 35 State tax refund, if included on line 10, on your federal Form 1040 | 35 | | 00 | |
| 36 Permanent disability retirement income, if taxed on your federal return | 36 | | 00 | |
| 37 Out-of-state income/gain – Do not include personal service income. (See instructions.) | 37 | | 00 | |
| 38 44% of net capital gains held for more than one year (See instructions) | 38 | | 00 | |
| 39 Volunteer Firefighter/Rescue Squad Worker/HAZMAT Member/Reserve Police Officer/DNR Deputy Enforcement Officer Deduction. (See instructions) | 39 | | 00 | |
| 40 Contributions to the SC Tuition Prepayment Program or College Investment Program. (See instructions) | 40 | | 00 | |
| 41 Interest income from obligations of the U.S. government | 41 | | 00 | |
| 42 National Guard or Reserve annual training and drill pay. (See instructions) | 42 | | 00 | |
| 43 Social Security and/or railroad retirement, if taxed on your federal return | 43 | | 00 | |
| 44 **Caution: Retirement Deduction – (See instructions)** | | | | |
| a Taxpayer: Date of Birth _____ | 44a | | 00 | |
| b Spouse: Date of Birth _____ | 44b | | 00 | |
| c Surviving Spouse: Date of Birth of Deceased Spouse _____ | 44c | | 00 | |
| 45 Age 65 and older deduction – (See instructions) | | | | |
| a Taxpayer: Date of Birth _____ | 45a | | 00 | |
| b Spouse: Date of Birth _____ | 45b | | 00 | |
| 46 Negative amount of federal taxable income | 46 | | 00 | |
| 47 Subsistence Allowance _____ days @ $6.67 | 47 | | 00 | |
| 48 Dependents under the age of 6 years on December 31, 2004. Date of Birth _____ Social security number _____ Date of Birth _____ Social security number _____ | 48 | | 00 | |
| 49 Other subtractions. (See instructions) _____ | 49 | | 00 | |
| 50 TOTAL SUBTRACTIONS – add lines 35 through 49 and enter the total here and on line 4 | | | | 50 00 |

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

| Your Signature | Date | Spouse's Signature (if jointly, BOTH must sign) |
|---|---|---|
| | | |

I **authorize** the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes [X] No [ ]

Preparer's Printed Name: RALPH G. BUSBEE, CPA

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

**Paid Preparer's Use Only**

Prepared by: 04/12/2005 Date

Preparer's Name and Address: RALPH G. BUSBEE, CPA
184 MORGAN DRIVE
LEXINGTON SC 29072

EI Number: [redacted] Phone Number

**ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN ONLY IF you have income and/or (loss) on federal Schedules C, D, E, F or filed an SC Schedule NR, SC1040TC or I-319.**

**MAIL RETURN TO THE PROPER ADDRESS:**
**REFUNDS OR ZERO TAX: SC1040 PROCESSING CENTER, P.O. BOX 101100, COLUMBIA SC 29211-0100**
**BALANCE DUES: TAXABLE PROCESSING CENTER, P.O. BOX 101105, COLUMBIA SC 29211-0105**

| a Control number | 22222 | Void | For Official Use Only ▶ OMB No. 1545-0008 |
|---|---|---|---|

| | | |
|---|---|---|
| b Employer identification number [redacted] | 1 Wages, tips other compensation 32612.13 | 2 Federal income tax withheld 2367.00 |
| c Employer's name, address, and ZIP code<br>DELANO KNEECE & SON, INC.<br>213 DELANO KNEECE ROAD<br>PELION, SC 29123 | 3 Social security wages 32612.13 | 4 Social security tax withheld 2021.95 |
| | 5 Medicare wages and tips 32612.13 | 6 Medicare tax withheld 472.88 |
| | 7 Social security tips | 8 Allocated tips |
| d Employee's social security number [redacted] | 9 Advance EIC payment | 10 Dependent care benefits |
| e Employee's first name and initial: ROXANNE / Last name: KNEECE | 11 Nonqualified plans | 12a See instructions for box 12 |
| 204 DELANO KNEECE ROAD<br>PELION, SC 29123 | 13 Statutory employee / Retirement Plan / Third-party sick pay | 12b |
| | 14 Other | 12c |
| | | 12d |
| f Employee's address and ZIP code | | |

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | [redacted] | 32612.13 | 1570.39 | | | |

Form **W-2** Wage and Tax Statement

2004

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)

Department of the Treasury-Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see seperate instructions.

FAST Use

OMB No. 1545-0008 Form **W-2 Wage and Tax Statement** 2004

| | | |
|---|---|---|
| Social security tips | 1 Wages, tips, other compensation 23247.88 | 2 Federal income tax withheld 1331.54 |
| Allocated tips | 3 Social security wages 24897.40 | 4 Social security tax withheld 1543.64 |
| Advance EIC payment | 5 Medicare wages and tips 24897.40 | 6 Medicare tax withheld 361.01 |

Employer's name, address, and ZIP code
LEXINGTON MEDICAL CENTER
2720 SUNSET BOULEVARD
WEST COLUMBIA SC 29169-4800

| | | |
|---|---|---|
| Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 C 75.40 |
| Employer identification number [redacted] | | 12b |
| Employee's social security number [redacted] | | 12c |
| Other | | 12d |
| | | 13 Statutory employee / Retirement plan X / Third-party sick pay |

Employee's name, address, and ZIP code
ROXANNE JEFFCOAT-KNEECE
204 DELANO KNEECE ROAD
PELION SC 29123

| | | |
|---|---|---|
| 15 State SC / Employer's state ID number [redacted] | 16 State wages, tips, etc. 23247.88 | 17 State income tax 652.00 |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |

COPY C For EMPLOYEE'S RECORDS — Dept. of the Treasury – IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

(See Notice to Employee on back of Copy B.)

| | | |
|---|---|---|
| a Control number 22222 | Void | For Official Use Only ▶ OMB No. 1545-0008 |
| b Employer identification number [redacted] | 1 Wages, tips other compensation 47414.19 | 2 Federal income tax withheld 6672.00 |
| c Employer's name, address, and ZIP code DELANO KNEECE & SON, INC. 213 DELANO KNEECE ROAD PELION, SC 29123 | 3 Social security wages 47414.19 | 4 Social security tax withheld 2939.68 |
| | 5 Medicare wages and tips 47414.19 | 6 Medicare tax withheld 687.51 |
| | 7 Social security tips | 8 Allocated tips |
| d Employee's social security number [redacted] | 9 Advance EIC payment | 10 Dependent care benefits |
| e Employee's first name and initial RICKY D. / Last name KNEECE | 11 Nonqualified plans | 12a See instructions for box 12 |
| 204 DELANO KNEECE ROAD PELION, SC 29123 | 13 Statutory employee / Retirement Plan / Third-party sick pay | 12b |
| | 14 Other | 12c |
| | | 12d |
| f Employee's address and ZIP code | | |

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | [redacted] | 47414.19 | 2640.00 | | | |

Form **W-2** Wage and Tax Statement 2004

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)

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Department of the Treasury-Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** Department of the Treasury — Internal Revenue Service

# U.S. Individual Income Tax Return 2005

(99) IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2005, or other tax year beginning , 2005, ending , 20 | OMB No. 1545-0074

**Label** (See instructions.) **Use the IRS label.** Otherwise, please print or type.

| Your first name | MI | Last name | Your social security number |
|---|---|---|---|
| DELANO | R | KNEECE, JR | [redacted] |
| If a joint return, spouse's first name | MI | Last name | Spouse's social security number |
| ROXANNE | J | KNEECE | [redacted] |

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.: 204 DELANO KNEECE ROAD

City, town or post office. If you have a foreign address, see instructions. State ZIP code: PELION SC 29123

You must enter your social security number(s) above.

**Presidential Election Campaign** ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund? (see instructions) ▶ ☐ You ☐ Spouse

Checking a box below will not change your tax or refund.

## Filing Status

Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above & full name here ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
5 ☐ Qualifying widow(er) with dependent child (see instructions)

## Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see instrs) |
|---|---|---|---|
| [redacted] | [redacted] | Son | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

If more than four dependents, see instructions.

No. of children on 6c who: • lived with you: 1 • did not live with you due to divorce or separation (see instrs):

Dependents on 6c not entered above:

Add numbers on lines above ▶ 3

d Total number of exemptions claimed

## Income

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

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 104,474. |
| 8a | **Taxable** interest. Attach Schedule B if required | 8a | 78. |
| b | **Tax-exempt** interest. **Do not** include on line 8a — 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | 3,198. |
| b | Qualfd divs (see instrs) — 9b 2,580. | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | 625. |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ▶ ☒ | 13 | 966. |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions — 15a — b Taxable amount (see instrs) | 15b | |
| 16a | Pensions and annuities — 16a — b Taxable amount (see instrs) | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 4,618. |
| 18 | Farm income or (loss). Attach Schedule F | 18 | -15,243. |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits — 20a — b Taxable amount (see instrs) | 20b | |
| 21 | Other income OTHER INCOME | 21 | 2,000. |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | 100,716. |

## Adjusted Gross Income

| | | | | |
|---|---|---|---|---|
| 23 | Educator expenses (see instructions) | 23 | | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | | |
| 26 | Moving expenses. Attach Form 3903 | 26 | | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | | |
| 29 | Self-employed health insurance deduction (see instructions) | 29 | | |
| 30 | Penalty on early withdrawal of savings | 30 | | |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | | |
| 32 | IRA deduction (see instructions) | 32 | | |
| 33 | Student loan interest deduction (see instructions) | 33 | | |
| 34 | Tuition and fees deduction (see instructions) | 34 | | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | | |
| 36 | Add lines 23 - 31a and 32 - 35 | | 36 | |
| 37 | Subtract line 36 from line 22. This is your **adjusted gross income** ▶ | | 37 | 100,716. |

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112 11/07/05 Form **1040** (2005)

**Tax and Credits**

**Standard Deduction for —**
- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $5,000

Married filing jointly or Qualifying widow(er), $10,000

Head of household, $7,300

| | | | |
|---|---|---|---|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 100,716. |
| 39a | Check if: ☐ You were born before January 2, 1941, ☐ Blind. ☐ Spouse was born before January 2, 1941, ☐ Blind. Total boxes checked ► 39a ☐ | | |
| b | If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here ► 39b ☐ | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 10,955. |
| 41 | Subtract line 40 from line 38 | 41 | 89,761. |
| 42 | If line 38 is over $109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply $3,200 by the total number of exemptions claimed on line 6d | 42 | 9,600. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 80,161. |
| 44 | Tax (see instrs). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 | 44 | 13,018. |
| 45 | **Alternative minimum tax** (see instructions). Attach Form 6251 | 45 | 0. |
| 46 | Add lines 44 and 45 ► | 46 | 13,018. |
| 47 | Foreign tax credit. Attach Form 1116 if required — 47 | | |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 — 48 | | |
| 49 | Credit for the elderly or the disabled. Attach Schedule R — 49 | | |
| 50 | Education credits. Attach Form 8863 — 50 | | |
| 51 | Retirement savings contributions credit. Attach Form 8880 — 51 | | |
| 52 | Child tax credit (see instructions). Attach Form 8901 if required — 52 | | |
| 53 | Adoption credit. Attach Form 8839 — 53 | | |
| 54 | Credits from: a ☐ Form 8396 b ☐ Form 8859 — 54 | | |
| 55 | Other credits. Check applicable box(es): a ☐ Form 3800 b ☐ Form 8801 c ☐ Form — 55 | | |
| 56 | Add lines 47 through 55. These are your **total credits** | 56 | |
| 57 | Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ► | 57 | 13,018. |

**Other Taxes**

| | | | |
|---|---|---|---|
| 58 | Self-employment tax. Attach Schedule SE | 58 | |
| 59 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 59 | |
| 60 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 60 | |
| 61 | Advance earned income credit payments from Form(s) W-2 | 61 | |
| 62 | Household employment taxes. Attach Schedule H | 62 | |
| 63 | Add lines 57-62. This is your total tax ► | 63 | 13,018. |

**Payments**

If you have a qualifying child, attach Schedule EIC.

| | | | |
|---|---|---|---|
| 64 | Federal income tax withheld from Forms W-2 and 1099 — 64 — 12,153. | | |
| 65 | 2005 estimated tax payments and amount applied from 2004 return — 65 | | |
| 66a | **Earned income credit (EIC)** — 66a | | |
| b | Nontaxable combat pay election ► 66b | | |
| 67 | Excess social security and tier 1 RRTA tax withheld (see instructions) — 67 | | |
| 68 | Additional child tax credit. Attach Form 8812 — 68 | | |
| 69 | Amount paid with request for extension to file (see instructions) — 69 | | |
| 70 | Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 — 70 | | |
| 71 | Add lines 64, 65, 66a, and 67 through 70. These are your **total payments** ► | 71 | 12,153. |

**Refund**

Direct deposit? See instructions and fill in 73b, 73c, and 73d.

| | | | |
|---|---|---|---|
| 72 | If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid | 72 | |
| 73a | Amount of line 72 you want **refunded to you** ► | 73a | |
| ► b | Routing number ► c Type: ☐ Checking ☐ Savings | | |
| ► d | Account number | | |
| 74 | Amount of line 72 you want applied to your 2006 estimated tax ► 74 | | |

**Amount You Owe**

| | | | |
|---|---|---|---|
| 75 | Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions ► | 75 | 865. |
| 76 | Estimated tax penalty (see instructions) — 76 | | |

**Third Party Designee**

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

Designee's name ► Preparer Phone no. ► Personal identification number (PIN) ►

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

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

| Your signature | Date | Your occupation | Daytime phone number |
|---|---|---|---|
| ► | | FARMER | |
| Spouse's signature. If a joint return, both must sign. ► | Date | Spouse's occupation | |
| | | SECRETARY | |

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ► Ralph G. Busbee, CPA | Date 04/11/2006 | Check if self-employed ☒ | Preparer's SSN or PTIN [redacted] |
| Firm's name (or yours if self-employed), address, and ZIP code ► RALPH G. BUSBEE, CPA<br>184 MORGAN DRIVE<br>LEXINGTON SC 29072 | | | EIN<br>Phone no. |

**SCHEDULE A (Form 1040)**

Department of the Treasury Internal Revenue Service (99)

# Itemized Deductions

► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2005**

Attachment Sequence No. 07

Name(s) shown on Form 1040: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

| | | | | | | |
|---|---|---|---|---|---|---|
| **Medical and Dental Expenses** | | **Caution.** Do not include expenses reimbursed or paid by others. | | | | |
| | 1 | Medical and dental expenses (see instructions) | 1 | 2,060. | | |
| | 2 | Enter amount from Form 1040, line 38 ..... 2 100,716. | | | | |
| | 3 | Multiply line 2 by 7.5% (.075) | 3 | 7,554. | | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 | 0. |
| **Taxes You Paid** (See instructions.) | 5 | State and local (**check only one box**): a [X] Income taxes, **or** b [ ] General sales taxes (see instructions) | 5 | 5,629. | | |
| | 6 | Real estate taxes (see instructions) | 6 | 1,693. | | |
| | 7 | Personal property taxes | 7 | 183. | | |
| | 8 | Other taxes. List type and amount ► | 8 | | | |
| | 9 | Add lines 5 through 8 | | | 9 | 7,505. |
| **Interest You Paid** (See instructions.) **Note.** Personal interest is not deductible. | 10 | Home mtg interest and points reported to you on Form 1098 | 10 | | | |
| | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ► | 11 | | | |
| | 12 | Points not reported to you on Form 1098. See instrs for spcl rules | 12 | | | |
| | 13 | Investment interest. Attach Form 4952 if required. (See instrs.) | 13 | | | |
| | 14 | Add lines 10 through 13 | | | 14 | |
| **Gifts to Charity** If you made a gift and got a benefit for it, see instructions. | 15a | Total gifts by cash or check. If you made any gift of $250 or more, see instrs | 15a | 3,450. | | |
| | b | Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see instructions) ..... 15b | | | | |
| | 16 | Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 | 16 | | | |
| | 17 | Carryover from prior year | 17 | | | |
| | 18 | Add lines 15a, 16, & 17 | | | 18 | 3,450. |
| **Casualty and Theft Losses** | 19 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | | 19 | |
| **Job Expenses and Certain Miscellaneous Deductions** (See instructions.) | 20 | Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► | 20 | | | |
| | 21 | Tax preparation fees | 21 | 225. | | |
| | 22 | Other expenses – investment, safe deposit box, etc. List type and amount ► SAFETY DEPOSIT BOX 95. | 22 | 95. | | |
| | 23 | Add lines 20 through 22 | 23 | 320. | | |
| | 24 | Enter amount from Form 1040, line 38 ..... 24 100,716. | | | | |
| | 25 | Multiply line 24 by 2% (.02) | 25 | 2,014. | | |
| | 26 | Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- | | | 26 | 0. |
| **Other Miscellaneous Deductions** | 27 | Other – from list in the instructions. List type and amount ► | | | 27 | |
| **Total Itemized Deductions** | 28 | Is Form 1040, line 38, over $145,950 (over $72,975 if MFS)? [X] **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. [ ] **Yes.** Your deduction may be limited. See instructions for the amount to enter. | | | ► 28 | 10,955. |
| | 29 | If you elect to itemize deductions even though they are less than your standard deduction, check here ► [ ] | | | | |

**BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.**

1324

FDIA0301 11/18/05

Schedule A (Form 1040) 2005

Name(s) shown on Form 1040. Your social security number

DELANO R KNEECE, JR & ROXANNE J KNEECE [redacted]

# Schedule B — Interest and Ordinary Dividends

Attachment Sequence No. 08

## Part I Interest

(See instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

| | | Amount |
|---|---|---|
| 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ► | | |
| MERRILL LYNCH | 1 | 78. |
| 2 Add the amounts on line 1 | 2 | 78. |
| 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | 3 | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ► | 4 | 78. |

**Note.** If line 4 is over $1,500, you must complete Part III.

## Part II Ordinary Dividends

(See instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

| | | Amount |
|---|---|---|
| 5 List name of payer ... ► | | |
| MERRILL LYNCH | 5 | 3,198. |
| 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ► | 6 | 3,198. |

**Note.** If line 6 is over $1,500, you must complete Part III.

## Part III Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; or **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

| | Yes | No |
|---|---|---|
| 7a At any time during 2005, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1 | | X |
| b If 'Yes,' enter the name of the foreign country ► | | |
| 8 During 2005, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions | | X |

**SCHEDULE E**
(Form 1040)
Department of the Treasury
Internal Revenue Service (99)

# Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)
► Attach to Form 1040 or Form 1041.
► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074
**2005**
Attachment Sequence No. 13

Name(s) shown on return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

**Part I** **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). Report farm rental income or loss from **Form 4835** on page 2, line 40.

1 List the type and location of each rental real estate property:
A FARM LAND
FARM LAND
B
C

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days, or
- 10% of the total days rented at fair rental value?

(See instructions.)

| | Yes | No |
|---|---|---|
| A | | X |
| B | | |
| C | | |

| Income: | | Properties A | Properties B | Properties C | | Totals (Add columns A, B, and C) |
|---|---|---|---|---|---|---|
| 3 Rents received | 3 | 4,618. | | | 3 | 4,618. |
| 4 Royalties received | 4 | | | | 4 | |
| **Expenses:** | | | | | | |
| 5 Advertising | 5 | | | | | |
| 6 Auto and travel (see instructions) | 6 | | | | | |
| 7 Cleaning and maintenance | 7 | | | | | |
| 8 Commissions | 8 | | | | | |
| 9 Insurance | 9 | | | | | |
| 10 Legal and other professional fees | 10 | | | | | |
| 11 Management fees | 11 | | | | | |
| 12 Mortgage interest paid to banks, etc (see instructions) | 12 | | | | 12 | |
| 13 Other interest | 13 | | | | | |
| 14 Repairs | 14 | | | | | |
| 15 Supplies | 15 | | | | | |
| 16 Taxes | 16 | | | | | |
| 17 Utilities | 17 | | | | | |
| 18 Other (list) ► | 18 | | | | | |
| 19 Add lines 5 through 18 | 19 | | | | 19 | |
| 20 Depreciation expense or depletion (see instructions) | 20 | | | | 20 | |
| 21 Total expenses. Add lines 19 and 20 | 21 | | | | | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198 | 22 | 4,618. | | | | |
| 23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 | 23 | | | | | |
| 24 **Income.** Add positive amounts shown on line 22. Do not include any losses | | | | | 24 | 4,618. |
| 25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | | 25 | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2 | | | | | 26 | 4,618. |

BAA **For Paperwork Reduction Act Notice, see instructions.**



FDI72301 1326 4/05

**SCHEDULE F** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Profit or Loss From Farming

► Attach to Form 1040, Form 1041, Form 1065, or Form 1065-B.
► See instructions for Schedule F (Form 1040).

OMB No. 1545-0074

**2005**

Attachment Sequence No. 14

Name of proprietor: DELANO R KNEECE, JR

Social security number (SSN): [redacted]

A Principal product. Describe in one or two words your principal crop or activity for the current tax year: GRAINS

B Enter code from Part IV ► 111900

C Accounting method: (1) [X] Cash (2) [ ] Accrual

D Employer ID number (EIN), if any

E Did you 'materially participate' in the operation of this business during 2005? If 'No,' see instructions for limit on passive losses ..... [X] Yes [ ] No

## Part I Farm Income — Cash Method. Complete Parts I and II (Accrual method. Complete Parts II & III, & Part I, line 11.)

Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Sales of livestock and other items you bought for resale | 1 | | | |
| 2 | Cost or other basis of livestock and other items reported on line 1 | 2 | | | |
| 3 | Subtract line 2 from line 1 | | | 3 | |
| 4 | Sales of livestock, produce, grains, and other products you raised | | | 4 | 9,042. |
| 5a | Cooperative distributions (Form(s) 1099-PATR) | 5a | 5b Taxable amount | 5b | |
| 6a | Agricultural program payments (see instructions) | 6a | 6b Taxable amount | 6b | |
| 7 | Commodity Credit Corporation (CCC) loans (see instructions): | | | | |
| a | CCC loans reported under election | | | 7a | |
| b | CCC loans forfeited | 7b | 7c Taxable amount | 7c | |
| 8 | Crop insurance proceeds and Federal crop disaster payments (see instructions): | | | | |
| a | Amount received in 2005 | 8a | 8b Taxable amount | 8b | |
| c | If election to defer to 2006 is attached, check here ► [ ] | | 8d Amount deferred from 2004 | 8d | |
| 9 | Custom hire (machine work) income | | | 9 | |
| 10 | Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions) | | | 10 | |
| 11 | **Gross income.** Add amounts in the right column for lines 3 through 10. If you use the accrual method, enter the amount from Part III, line 51 ► | | | 11 | 9,042. |

## Part II Farm Expenses — Cash and Accrual Method.

Do not include personal or living expenses such as taxes, insurance, repairs, etc, on your home.

| | | | | | |
|---|---|---|---|---|---|
| 12 | Car and truck expenses (see instructions — also attach Form 4562) | 12 | 25 | Pension and profit-sharing plans | 25 |
| 13 | Chemicals | 13 | 26 | Rent or lease (see instructions): | |
| 14 | Conservation expenses (see instructions) | 14 | a | Vehicles, machinery, and equipment | 26a |
| 15 | Custom hire (machine work) | 15 | b | Other (land, animals, etc) | 26b |
| 16 | Depreciation and section 179 expense deduction not claimed elsewhere (see instructions) | 16 14,030. | 27 | Repairs and maintenance | 27 653. |
| | | | 28 | Seeds and plants | 28 1,012. |
| | | | 29 | Storage and warehousing | 29 |
| 17 | Employee benefit programs other than on line 25 | 17 | 30 | Supplies | 30 958. |
| 18 | Feed | 18 51. | 31 | Taxes | 31 |
| 19 | Fertilizers and lime | 19 1,034. | 32 | Utilities | 32 |
| 20 | Freight and trucking | 20 | 33 | Veterinary, breeding, and medicine | 33 |
| 21 | Gasoline, fuel, and oil | 21 1,922. | 34 | Other expenses (specify): | |
| 22 | Insurance (other than health) | 22 | a | DUES | 34a 125. |
| 23 | Interest: | | b | ACCOUNTING | 34b 100. |
| a | Mortgage (paid to banks, etc) | 23a | c | COWS PURCHASED | 34c 4,400. |
| b | Other | 23b | d | | 34d |
| 24 | Labor hired (less employment credits) | 24 | e | | 34e |
| | | | f | | 34f |

| | | | |
|---|---|---|---|
| 35 | **Total expenses.** Add lines 12 through 34f ► | 35 | 24,285. |
| 36 | **Net farm profit or (loss).** Subtract line 35 from line 11.<br>• If a profit, enter on **Form 1040, line 18,** and also on **Schedule SE, line 1.**<br>• If a loss, you must go on to line 37. Estates, trusts, and partnerships, see instructions. | 36 | -15,243. |

37 If you have a loss, you **must** check the box that describes your investment in this activity (see instructions).
• If you checked 37a, enter the loss on **Form 1040, line 18,** and also on **Schedule SE, line 1.**
• If you checked 37b, you **must** attach **Form 6198.** Your loss may be limited.

37a [X] All investment is at risk.
37b [ ] Some investment is not at risk.

INT

Do not write in this space — OFFICE USE

# SC1040

(Rev 9/8/05)

# SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN 2005

For the year January 1 - December 31, 2005, or fiscal tax year beginning 2005 and ending 2006

PLACE LABEL HERE

| Print Your first name and Initial | (Sr, Jr, 2nd, 3rd, 4th) | Last name | Check if Deceased | Your Social Security number |
|---|---|---|---|---|
| DELANO R | JR | KNEECE | ☐ | [redacted] |
| Spouse's first name and Initial, if married filing jointly | | Spouse's last name | Check if Deceased | Spouse's Social Security number |
| ROXANNE J | | KNEECE | ☐ | [redacted] |

| Present home address (number and street, or P.O. Box) | Apt No. | Area Code Daytime telephone | Do not write in this space — OFFICE USE |
|---|---|---|---|
| 204 DELANO KNEECE ROAD | | | |
| City | State ZIP code | County code | |
| PELION | SC 29123 | 32 | |

If you do not wish to receive a booklet next year, but need a name and address label for your 2006 return, check here ☐

Check this box if you are filing SC Schedule NR (Part year/Nonresident) ☐

Check this box if you have filed a federal or state extension ☐

Check this box if filing a composite return for partnership or 'S' corporation ☐

**CHECK YOUR FEDERAL FILING STATUS**

(1) ☐ Single (3) ☐ Married filing separately. Enter spouse's social security number here:

(2) ☒ Married filing jointly (4) ☐ Head of household (5) ☐ Widow(er) with dependent child

~~Federal Exemptions: Enter the number of exemptions from line 6(d) of your 2005 federal return~~ ~~2~~

How many of the exemptions listed above were under the age of 6 years on December 31, 2005? 0

Enter the number of taxpayers age 65 or older, as of December 31, 2005.

STAPLE PAYMENT HERE

| | | | | | Dollars |
|---|---|---|---|---|---|
| 1 | **Enter Federal taxable income from your federal Form 1040, line 43; 1040A, line 27; 1040EZ, line 6. If zero or less, enter zero here.** | | | 1 | 80,161.00 |
| | **STOP! Resident filers complete** lines 30 through 51. **Nonresident filers complete** Schedule NR and enter total from line 48 on line 5 below | | | | |
| 2 | TOTAL ADDITIONS. Enter amount from line 35 | | | 2 | 955.00 |
| 3 | Add lines 1 and 2. Enter total here | | | 3 | 81,116.00 |
| 4 | TOTAL SUBTRACTIONS. Enter amount from line 51 | | | 4 | -717.00 |
| 5 | South Carolina INCOME SUBJECT TO TAX. Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 48. If less than zero, enter zero | | | 5 | 80,399.00 |
| 6 | **TAX:** Enter tax from SOUTH CAROLINA tax tables | 6 | 5,258.00 | | |
| 7 | TAX on Lump Sum Distribution (Attach SC4972) | 7 | 00 | | |
| 8 | TOTAL South Carolina tax. Add lines 6 and 7. Enter the total | | | 8 | 5,258.00 |
| 9 | Child and Dependent Care (See instructions) | 9 | 00 | | |
| 10 | Two Wage Earner Credit (See instructions) | 10 | 210.00 | | |
| 11 | Other Non-refundable Credits (Attach SC1040TC) | 11 | 00 | | |
| 12 | TOTAL Non-refundable Credits. Add lines 9 through 11 and enter the total | | | 12 | 210.00 |
| 13 | SUBTRACT line 12 from line 8. Enter the difference BUT NOT LESS THAN ZERO | | | 13 | 5,048.00 |

| | | | | | |
|---|---|---|---|---|---|
| 14 | SC INCOME TAX WITHHELD (Attach W-2 or SC41) | 5,629.00 | 18 Other SC Withholding (Attach Form 1099) | 00 | Tip — Make sure lines 14-20 are completed. |
| 15 | 2005 Estimated Tax Payments | 00 | 19 Tuition Tax Credit (Attach I-319) | 00 | |
| 16 | Amount Paid with extension | 00 | 20 Other Refundable Credit (Attach I-333 or I-334) | 00 | |
| 17 | NR sale of real estate | 00 | | | |

STAPLE W-2/1099 HERE

| | | | | | |
|---|---|---|---|---|---|
| 21 | ADD lines 14 through 20 and enter the total | | | 21 | 5,629.00 |
| 22 | If line 21 is LARGER than line 13, subtract line 13 from line 21 and enter the OVERPAYMENT | | | 22 | 581.00 |
| 23 | If line 13 is LARGER than line 21, subtract line 21 from line 13 and enter the AMOUNT DUE | | | 23 | 00 |
| 24 | **USE TAX** (Due on Out-of-state Purchases. See instructions) | 24 | 00 | | |
| 25 | Amount of line 22 to be credited to your **2006 ESTIMATED TAX** | 25 | 00 | | |
| 26 | Total Contributions for Check-offs (Attach I-330) | 26 | 00 | | |
| 27 | ADD lines 24 through 26 and enter the total | | | 27 | 00 |
| 28 | NET REFUND: If line 27 is larger than line 22, go to line 29. Otherwise, subtract line 27 from line 22 and enter the **AMOUNT TO BE REFUNDED TO YOU** — **REFUND** | | | 28 | 581.00 |
| 29 | NET DUE: ADD lines 23 and 27 and, if applicable, penalty amount. If line 27 is larger than line 22, subtract line 22 from line 27. Enter the AMOUNT YOU OWE. If subject to penalty for Underpayment of Estimated Tax, attach SC2210. (See instructions.) Penalty: $ | | | | |
| | **Staple** a check or money order for the full amount payable to **'SC Department of Revenue.'** Write your Social Security number and '2005 SC1040' on the payment — **BALANCE DUE** | | | 29 | 00 |

**ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN ONLY IF you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR, SC1040TC or I-319.**

**STOP!** **Resident filers complete** lines 30 through 51.
**Nonresident filers complete** Schedule NR. Do not complete lines 30 through 51.

## PART 1 ADDITIONS TO FEDERAL TAXABLE INCOME

| | | | | Dollars |
|---|---|---|---|---|
| 30 State tax addback, if itemizing on federal return | 30 | 955. | 00 | |
| 31 Out-of-state losses — (See instructions) | 31 | | 00 | |
| 32 Expenses related to National Guard and Military Reserve income | 32 | | 00 | |
| 33 Interest income on obligations of states and political subdivisions **other than** South Carolina | 33 | | 00 | |
| 34 Other additions to income. Attach an explanation (See instructions) | 34 | | 00 | |
| 35 TOTAL ADDITIONS — add lines 30 through 34 and enter your total additions to income here and on line 2 | | | | 35 955.00 |

## PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

| | | | | |
|---|---|---|---|---|
| 36 State tax refund, if included on line 10, on your federal Form 1040 | 36 | 625. | 00 | |
| 37 Permanent disability retirement income, if taxed on your federal return | 37 | | 00 | |
| 38 Out-of-state income/gain — Do not include personal service income. (See instructions.) | 38 | | 00 | |
| 39 44% of net capital gains held for more than one year (See instructions) | 39 | | 00 | |
| 40 Volunteer Firefighter/Rescue Squad Worker/HAZMAT Member/Reserve Police Officer/DNR Deputy Enforcement Officer Deduction. (See instructions) | 40 | | 00 | |
| 41 Contributions to the SC Tuition Prepayment Program or College Investment Program. (See instructions) | 41 | | 00 | |
| 42 Interest income from obligations of the U.S. government | 42 | | 00 | |
| 43 National Guard or Reserve annual training and drill pay. (See instructions) | 43 | | 00 | |
| 44 Social Security and/or railroad retirement, if taxed on your federal return | 44 | | 00 | |
| 45 **Caution: Retirement Deduction — (See instructions)** | | | | |
| a Taxpayer: Date of Birth _____ | 45a | | 00 | |
| b Spouse: Date of Birth _____ | 45b | | 00 | |
| c Surviving Spouse: Date of Birth of Deceased Spouse _____ | 45c | | 00 | |
| 46 Age 65 and older deduction — (See instructions) | | | | |
| a Taxpayer: Date of Birth _____ | 46a | | 00 | |
| b Spouse: Date of Birth _____ | 46b | | 00 | |
| 47 Negative amount of federal taxable income | 47 | | 00 | |
| 48 Subsistence Allowance _____ days @ $6.67 | 48 | | 00 | |
| 49 Dependents under the age of 6 years on December 31, 2005. Date of Birth _____ Social security number _____ Date of Birth _____ Social security number _____ | 49 | | 00 | |
| 50 Other subtractions. (See instructions) .. Fed/State Depreciation Adj | 50 | 92. | 00 | |
| 51 TOTAL SUBTRACTIONS — add lines 36 through 50 and enter the total here and on line 4 | | | | 51 717.00 |

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

| Your Signature | Date | Spouse's Signature (if jointly, BOTH must sign) |
|---|---|---|
| | | |

I **authorize** the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes [X] No [ ]

Preparer's Printed Name: RALPH G. BUSBEE, CPA

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

**Paid Preparer's Use Only**

| Prepared by | Date | Preparer's Name and Address |
|---|---|---|
| | 04/11/2006 | RALPH G. BUSBEE, CPA |
| EI Number | Phone Number | 184 MORGAN DRIVE |
| [redacted] | | LEXINGTON SC 29072 |

**ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN ONLY IF you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR, SC1040TC or I-319.**

**MAIL RETURN TO THE PROPER ADDRESS**

**REFUNDS OR ZERO TAX:**
SC1040 PROCESSING CENTER
P.O. BOX 101100
COLUMBIA SC 29211-0100

**BALANCE DUE:**
TAXABLE PROCESSING CENTER
P.O. BOX 101105
COLUMBIA SC 29211-0105

orm W-2 Wage and Tax Statement 2005

| | | |
|---|---|---|
| a Control number<br>000003 | b Employer identification number<br>[redacted] | Copy C For EMPLOYEE'S RECORDS. OMB I<br>This information is being furnished to the IRS. If you are required to file a tax return, a ne penalty or other sanction may be imposed on you if this income is taxable and you fail to |
| c Employer's name, address, and ZIP code<br>DELANO KNEECE & SON, INC.<br><br>213 DELANO KNEECE ROAD<br><br>PELION, SC 29123 | 1 Wages, tips, other compensation<br>33200.00 | 2 Federal income tax withheld<br>2 |
| | 3 Social security wages<br>33200.00 | 4 Social security tax withheld<br>2 |
| | 5 Medicare wages and tips<br>33200.00 | 6 Medicare tax withheld |
| | 7 Social security tips | 8 Allocated tips / 9 Advance EIC |
| d Employee's social security number<br>[redacted] | 10 Dependent care benifits | 11 Nonqualified plans / 12a Code See In |
| | 12b Code | 12c Code / 12d Code |
| e Employees's name, address, and ZIP code<br>ROXANNE KNEECE<br>204 DELANO KNEECE ROAD<br><br>PELION, SC 29123 | 13<br>Statutory employee ☐<br>Retirement plan ☐<br>Third-party sick pay ☐ | 14 Other |

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality |
|---|---|---|---|---|---|---|
| SC | [redacted] | 33200.00 | 1628.34 | | | |

Safe, accurate, FAST! Use IRS e-file

IB No. 1545-0008 Form **W-2 Wage and Tax Statement** 2005

| | | |
|---|---|---|
| Social security tips | 1 Wages, tips, other compensation 19274.26 | 2 Federal income tax withheld 794.18 |
| Allocated tips | 3 Social security wages 20716.94 | 4 Social security tax withheld 1284.45 |
| Advance EIC payment | 5 Medicare wages and tips 20716.94 | 6 Medicare tax withheld 300.40 |

Employer's name, address, and ZIP code

LEXINGTON MEDICAL CENTER
2720 SUNSET BOULEVARD
WEST COLUMBIA SC 29169-4800

| | | |
|---|---|---|
| Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 C 120.60 |
| Employer identification number (EIN) [redacted] | | 12b |
| Employee's social security number [redacted] | | 12c |
| Other | | 12d |
| | | 13 Statutory employee / Retirement plan X / Third-party sick pay |

Employee's name, address, and ZIP code

ROXANNE JEFFCOAT KNEECE
204 DELANO KNEECE ROAD
PELION SC 29123

| | | |
|---|---|---|
| State Employer's state ID number SC [redacted] | 16 State wages, tips, etc. 19274.26 | 17 State income tax 686.00 |
| Local wages, tips, etc. | 19 Local income tax | 20 Locality name |

PY C-For EMPLOYEE'S RECORDS — Dept. of the Treasury – IRS

Information is being furnished to the Internal Revenue Service. If you are ired to file a tax return, a negligence penalty or other sanction may be imposed ou if this income is taxable and you fail to report it. (See Notice to Employee on back of Copy B.)

rm **W-2 Wage and Tax Statement 2005** — Department of the Treasury - Internal Re

| | | |
|---|---|---|
| a Control number 100002 | b Employer identification number [redacted] | Copy C For EMPLOYEE'S RECORDS. OMB N This information is being furnished to the IRS. If you are required to file a tax return, a ne penalty or other sanction may be imposed on you if this income is taxable and you fail to |
| c Employer's name, address, and ZIP code DELANO KNEECE & SON, INC. 213 DELANO KNEECE ROAD PELION, SC 29123 | | 1 Wages, tips, other compensation 52000.00 / 2 Federal income tax withheld 8 |
| | | 3 Social security wages 52000.00 / 4 Social security tax withheld 3 |
| | | 5 Medicare wages and tips 52000.00 / 6 Medicare tax withheld |
| | | 7 Social security tips / 8 Allocated tips / 9 Advance EIC |
| d Employee's social security number [redacted] | | 10 Dependent care benifits / 11 Nonqualified plans / 12a Code See in |
| | | 12b Code / 12c Code / 12d Code |
| e Employees's name, address, and ZIP code RICKY D. KNEECE 204 DELANO KNEECE ROAD PELION, SC 29123 | | 13 Statutory employee / Retirement plan / Third-party sick pay / 14 Other |

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Local |
|---|---|---|---|---|---|---|
| SC | [redacted] | 52000.00 | 3315.00 | | | |

Form **1040** Department of the Treasury — Internal Revenue Service
# U.S. Individual Income Tax Return 2006

(99) IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2006, or other tax year beginning , 2006, ending , 20 | OMB No. 1545-0074

**Label** (See instructions.)

Your first name: DELANO | MI: R | Last name: KNEECE, JR | Your social security number: [redacted]

If a joint return, spouse's first name: ROXANNE | MI: J | Last name: KNEECE | Spouse's social security number: [redacted]

**Use the IRS label.** Otherwise, please print or type.

Home address (number and street). If you have a P.O. box, see instructions.: 204 DELANO KNEECE ROAD | Apartment no.

City, town or post office. If you have a foreign address, see instructions.: PELION | State: SC | ZIP code: 29123

You **must** enter your social security number(s) above.

**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund? (see instructions) ☐ You ☐ Spouse

Checking a box below will not change your tax or refund.

**Filing Status** Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above & full name here
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 ☐ Qualifying widow(er) with dependent child (see instructions)

**Exemptions**

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see instrs) |
|---|---|---|---|
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

If more than four dependents, see instructions.

No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instrs)
Dependents on 6c not entered above
Add numbers on lines above: 2

d Total number of exemptions claimed: 2

**Income**

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

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 106,554. |
| 8a | **Taxable** interest. Attach Schedule B if required | 8a | 118. |
| b | **Tax-exempt** interest. **Do not** include on line 8a — 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | 4,274. |
| b | Qualified dividends (see instrs) — 9b 3,075. | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | 581. |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ☐ | 13 | 3,579. |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions — 15a — b Taxable amount (see instrs) | 15b | |
| 16a | Pensions and annuities — 16a — b Taxable amount (see instrs) | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 4,888. |
| 18 | Farm income or (loss). Attach Schedule F | 18 | -18,775. |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits — 20a — b Taxable amount (see instrs) | 20b | |
| 21 | Other income | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** | 22 | 101,219. |

**Adjusted Gross Income**

| | | | |
|---|---|---|---|
| 23 | Archer MSA deduction. Attach Form 8853 | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction (see instructions) | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN | 31a | |
| 32 | IRA deduction (see instructions) | 32 | |
| 33 | Student loan interest deduction (see instructions) | 33 | |
| 34 | Jury duty pay you gave to your employer | 34 | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 | Add lines 23 - 31a and 32 - 35 | 36 | |
| 37 | Subtract line 36 from line 22. This is your **adjusted gross income** | 37 | 101,219. |

BAA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.** FDIA0112 11/07/06 Form **1040** (2006)

| | | | |
|---|---|---|---|
| **Tax and Credits** | 38 Amount from line 37 (adjusted gross income) | 38 | 101,219. |
| | 39a Check if: [ ] You were born before January 2, 1942, [ ] Blind. [ ] Spouse was born before January 2, 1942, [ ] Blind. Total boxes checked ► 39a [ ] | | |
| | b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ► 39b [ ] | | |
| **Standard Deduction for —** • People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $5,150 Married filing jointly or Qualifying widow(er), $10,300 Head of household, $7,550 | 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 13,736. |
| | 41 Subtract line 40 from line 38 | 41 | 87,483. |
| | 42 If line 38 is over $112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply $3,300 by the total number of exemptions claimed on line 6d | 42 | 6,600. |
| | 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 80,883. |
| | 44 Tax (see instrs). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972 | 44 | 12,669. |
| | 45 Alternative minimum tax (see instructions). Attach Form 6251 | 45 | 0. |
| | 46 Add lines 44 and 45 ► | 46 | 12,669. |
| | 47 Foreign tax credit. Attach Form 1116 if required — 47 | | |
| | 48 Credit for child and dependent care expenses. Attach Form 2441 — 48 | | |
| | 49 Credit for the elderly or the disabled. Attach Schedule R — 49 | | |
| | 50 Education credits. Attach Form 8863 — 50 | | |
| | 51 Retirement savings contributions credit. Attach Form 8880 — 51 | | |
| | 52 Residential energy credits. Attach Form 5695 — 52 | | |
| | 53 Child tax credit (see instructions). Attach Form 8901 if required — 53 | | |
| | 54 Credits from: a [ ] Form 8396 b [ ] Form 8839 c [ ] Form 8859 — 54 | | |
| | 55 Other credits. Check applicable box(es): a [ ] Form 3800 b [ ] Form 8801 c [ ] Form — 55 | | |
| | 56 Add lines 47 through 55. These are your total credits | 56 | |
| | 57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ► | 57 | 12,669. |
| **Other Taxes** | 58 Self-employment tax. Attach Schedule SE | 58 | |
| | 59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 59 | |
| | 60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 60 | |
| | 61 Advance earned income credit payments from Form(s) W-2, box 9 | 61 | |
| | 62 Household employment taxes. Attach Schedule H | 62 | |
| | 63 Add lines 57-62. This is your total tax ► | 63 | 12,669. |
| **Payments** | 64 Federal income tax withheld from Forms W-2 and 1099 — 64 — 13,229. | | |
| | 65 2006 estimated tax payments and amount applied from 2005 return — 65 — 2,000. | | |
| If you have a qualifying child, attach Schedule EIC. | 66a Earned income credit (EIC) — 66a | | |
| | b Nontaxable combat pay election ► 66b | | |
| | 67 Excess social security and tier 1 RRTA tax withheld (see instructions) — 67 | | |
| | 68 Additional child tax credit. Attach Form 8812 — 68 | | |
| | 69 Amount paid with request for extension to file (see instructions) — 69 | | |
| | 70 Payments from: a [ ] Form 2439 b [ ] Form 4136 c [ ] Form 8885 — 70 | | |
| | 71 Credit for federal telephone excise tax paid. Attach Form 8913 if required — 71 — 40. | | |
| | 72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments ► | 72 | 15,269. |
| **Refund** | 73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid | 73 | 2,600. |
| Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888. | 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► [ ] | 74a | 600. |
| | ► b Routing number XXXXXXXXX ► c Type: [ ] Checking [ ] Savings | | |
| | ► d Account number XXXXXXXXXXXXXXXXX | | |
| | 75 Amount of line 73 you want applied to your 2007 estimated tax ► 75 — 2,000. | | |
| **Amount You Owe** | 76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions ► | 76 | |
| | 77 Estimated tax penalty (see instructions) — 77 | | |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following. [ ] No

Designee's name ► Preparer Phone no. ► Personal Identification number (PIN) ►

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

Joint return? See instructions. Keep a copy for your records.

| Your signature | Date | Your occupation | Daytime phone number |
|---|---|---|---|
| ► | | FARMER | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |
| ► | | SECRETARY | |

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ► Ralph G. Busbee CPA | Date 04/16/2007 | Check if self-employed [X] | Preparer's SSN or PTIN [redacted] |
| Firm's name (or yours if self-employed) address, and ZIP code ► RALPH G. BUSBEE, CPA<br>184 MORGAN DRIVE<br>LEXINGTON SC 29072 | | | EIN<br>Phone no. |

**SCHEDULE A (Form 1040)**

Department of the Treasury Internal Revenue Service (99)

# Itemized Deductions

► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2006**

Attachment Sequence No. 07

Name(s) shown on Form 1040: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

| | | | | | | |
|---|---|---|---|---|---|---|
| **Medical and Dental Expenses** | | **Caution.** Do not include expenses reimbursed or paid by others. | | | | |
| | 1 | Medical and dental expenses (see instructions) | 1 | 6,095. | | |
| | 2 | Enter amount from Form 1040, line 38 ..... 2 101,219. | | | | |
| | 3 | Multiply line 2 by 7.5% (.075) | 3 | 7,591. | | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 | 0. |
| **Taxes You Paid** | 5 | State and local income taxes | 5 | 6,431. | | |
| | 6 | Real estate taxes (see instructions) | 6 | 2,882. | | |
| (See instructions.) | 7 | Personal property taxes | 7 | | | |
| | 8 | Other taxes. List type and amount ► Foreign taxes from interest & dividends 3. | 8 | 3. | | |
| | 9 | Add lines 5 through 8 | | | 9 | 9,316. |
| **Interest You Paid** | 10 | Home mtg interest and points reported to you on Form 1098 | 10 | | | |
| | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ► | | | | |
| (See instructions.) | | | 11 | | | |
| **Note.** Personal interest is not deductible. | 12 | Points not reported to you on Form 1098. See instrs for spcl rules | 12 | | | |
| | 13 | Investment interest. Attach Form 4952 if required. (See instrs.) | 13 | | | |
| | 14 | Add lines 10 through 13 | | | 14 | |
| **Gifts to Charity** | 15 | Gifts by cash or check. If you made any gift of $250 or more, see instrs | 15 | 4,420. | | |
| If you made a gift and got a benefit for it, see instructions. | 16 | Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 | 16 | | | |
| | 17 | Carryover from prior year | 17 | | | |
| | 18 | Add lines 15 through 17 | | | 18 | 4,420. |
| **Casualty and Theft Losses** | 19 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | | 19 | |
| **Job Expenses and Certain Miscellaneous Deductions** | 20 | Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► | 20 | | | |
| | 21 | Tax preparation fees | 21 | 225. | | |
| (See instructions.) | 22 | Other expenses – investment, safe deposit box, etc. List type and amount ► SAFETY DEPOSIT BOX 95. | 22 | 95. | | |
| | 23 | Add lines 20 through 22 | 23 | 320. | | |
| | 24 | Enter amount from Form 1040, line 38 ..... 24 101,219. | | | | |
| | 25 | Multiply line 24 by 2% (.02) | 25 | 2,024. | | |
| | 26 | Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- | | | 26 | 0. |
| **Other Miscellaneous Deductions** | 27 | Other – from list in the instructions. List type and amount ► | | | 27 | |
| **Total Itemized Deductions** | 28 | Is Form 1040, line 38, over $150,500 (over $75,250 if married filing separately)? | | | | |
| | | [X] **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. | | | ► 28 | 13,736. |
| | | [ ] **Yes.** Your deduction may be limited. See instructions for the amount to enter. | | | | |
| | 29 | If you elect to itemize deductions even though they are less than your standard deduction, check here ► [ ] | | | | |

**BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.**

FDIA0301 11/07/06 Schedule A (Form 1040) 2006

Name(s) shown on Form 1040. Your social security number

DELANO R KNEECE, JR & ROXANNE J KNEECE [redacted]

# Schedule B — Interest and Ordinary Dividends

Attachment Sequence No. 08

## Part I Interest

(See instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

| | | Amount |
|---|---|---|
| 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ► | | |
| MERRILL LYNCH | 1 | 71. |
| PALMETTO CITIZENS FCU | 1 | 47. |
| 2 Add the amounts on line 1 | 2 | 118. |
| 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | 3 | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ► | 4 | 118. |

**Note.** If line 4 is over $1,500, you must complete Part III.

## Part II Ordinary Dividends

(See instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

| | | Amount |
|---|---|---|
| 5 List name of payer ... ► | | |
| MERRILL LYNCH | 5 | 4,274. |
| 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ► | 6 | 4,274. |

**Note.** If line 6 is over $1,500, you must complete Part III.

## Part III Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; or **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

| | Yes | No |
|---|---|---|
| 7a At any time during 2006, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1 | | X |
| b If 'Yes,' enter the name of the foreign country ► | | |
| 8 During 2006, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions | | X |

**SCHEDULE D**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule D (Form 1040).
► Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

**2006**

Attachment Sequence No. 12

Name(s) shown on Form 1040: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

## Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

| | (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 2 | Enter your short-term totals, if any, from Schedule D-1, line 2 | 2 | |
| 3 | **Total short-term sales price amounts.** Add lines 1 and 2 in column (d) | 3 | |
| 4 | Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if any, from line 10 of your **Capital Loss Carryover Worksheet** in the instructions | 6 | |
| 7 | **Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f) | 7 | |

## Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

| | (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|---|---|---|---|---|---|
| 8 | 206.8040 SHS. AMERICAN FUNDAMENTAL | 03/30/01 | 06/14/06 | 7,404. | 5,800. | 1,604. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 9 | Enter your long-term totals, if any, from Schedule D-1, line 9 | 9 | |
| 10 | **Total long-term sales price amounts.** Add lines 8 and 9 in column (d) | 10 | 7,404. |
| 11 | Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | 11 | |
| 12 | Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 12 | |
| 13 | Capital gain distributions. See instrs | 13 | 1,975. |
| 14 | Long-term capital loss carryover. Enter the amount, if any, from line 15 of your **Capital Loss Carryover Worksheet** in the instructions | 14 | |
| 15 | **Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on page 2 | 15 | 3,579. |

**BAA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.**

Schedule D (Form 1040) 2006

FDIA0612 11/08/06

**Part III Summary**

| | | |
|---|---|---|
| 16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below | 16 | 3,579. |
| 17 Are lines 15 and 16 **both** gains? | | |
| [X] **Yes.** Go to line 18. | | |
| [ ] **No.** Skip lines 18 through 21, and go to line 22. | | |
| 18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions ► | 18 | |
| 19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions ► | 19 | |
| 20 Are lines 18 and 19 **both** zero or blank? | | |
| [X] **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below. | | |
| [ ] **No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below. | | |
| 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of: • The loss on line 16 or • ($3,000), or if married filing separately, ($1,500) | 21 | |
| **Note.** When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? | | |
| [ ] **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). | | |
| [ ] **No.** Complete the rest of Form 1040 or Form 1040NR. | | |

**SCHEDULE E**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Supplemental Income and Loss

**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)**
► Attach to Form 1040, 1040NR, or Form 1041.
► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2006**

Attachment Sequence No. 13

Name(s) shown on return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

## Part I Income or Loss From Rental Real Estate and Royalties

**Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). Report farm rental income or loss from **Form 4835** on page 2, line 40.

1 List the type and location of each rental real estate property:
A FARM LAND
FARM LAND
B
C

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days, or
- 10% of the total days rented at fair rental value?

(See instructions.)

| | Yes | No |
|---|---|---|
| A | | X |
| B | | |
| C | | |

| | | Properties A | Properties B | Properties C | | Totals (Add columns A, B, and C.) |
|---|---|---|---|---|---|---|
| **Income:** | | | | | | |
| 3 Rents received | 3 | 4,888. | | | 3 | 4,888. |
| 4 Royalties received | 4 | | | | 4 | |
| **Expenses:** | | | | | | |
| 5 Advertising | 5 | | | | | |
| 6 Auto and travel (see instructions) | 6 | | | | | |
| 7 Cleaning and maintenance | 7 | | | | | |
| 8 Commissions | 8 | | | | | |
| 9 Insurance | 9 | | | | | |
| 10 Legal and other professional fees | 10 | | | | | |
| 11 Management fees | 11 | | | | | |
| 12 Mortgage interest paid to banks, etc (see instructions) | 12 | | | | 12 | |
| 13 Other interest | 13 | | | | | |
| 14 Repairs | 14 | | | | | |
| 15 Supplies | 15 | | | | | |
| 16 Taxes | 16 | | | | | |
| 17 Utilities | 17 | | | | | |
| 18 Other (list) ► | 18 | | | | | |
| 19 Add lines 5 through 18 | 19 | | | | 19 | |
| 20 Depreciation expense or depletion (see instructions) | 20 | | | | 20 | |
| 21 Total expenses. Add lines 19 and 20 | 21 | | | | | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198 | 22 | 4,888. | | | | |
| 23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 | 23 | | | | | |
| 24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses | | | | | 24 | 4,888. |
| 25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | | 25 | |
| 26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | | | | | 26 | 4,888. |

BAA **For Paperwork Reduction Act Notice, see instructions.** FDIZ2301 08/02/06 Schedule E (Form 1040) 2006

**SCHEDULE F** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Profit or Loss From Farming

► Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.
► See Instructions for Schedule F (Form 1040).

OMB No. 1545-0074

**2006**

Attachment Sequence No. 14

Name of proprietor: DELANO R KNEECE, JR

Social security number (SSN): [redacted]

A Principal product. Describe in one or two words your principal crop or activity for the current tax year: GRAINS

B Enter code from Part IV ► 111900

C Accounting method: (1) [X] Cash (2) [ ] Accrual

D Employer ID number (EIN), if any

E Did you 'materially participate' in the operation of this business during 2006? If 'No,' see instructions for limit on passive losses ..... [X] Yes [ ] No

## Part I Farm Income — Cash Method.

Complete Parts I and II (Accrual method. Complete Parts II & III, & Part I, line 11.) Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Sales of livestock and other items you bought for resale | 1 | | | |
| 2 | Cost or other basis of livestock and other items reported on line 1 | 2 | | | |
| 3 | Subtract line 2 from line 1 | | | 3 | |
| 4 | Sales of livestock, produce, grains, and other products you raised | | | 4 | 0. |
| 5a | Cooperative distributions (Form(s) 1099-PATR) | 5a | 5b Taxable amount | 5b | |
| 6a | Agricultural program payments (see instructions) | 6a | 6b Taxable amount | 6b | |
| 7 | Commodity Credit Corporation (CCC) loans (see instructions): | | | | |
| a | CCC loans reported under election | | | 7a | |
| b | CCC loans forfeited | 7b | 7c Taxable amount | 7c | |
| 8 | Crop insurance proceeds and federal crop disaster payments (see instructions): | | | | |
| a | Amount received in 2006 | 8a | 8b Taxable amount | 8b | |
| c | If election to defer to 2007 is attached, check here ► [ ] | | 8d Amount deferred from 2005 | 8d | |
| 9 | Custom hire (machine work) income | | | 9 | |
| 10 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | | 10 | |
| 11 | **Gross income.** Add amounts in the right column for lines 3 through 10. If you use the accrual method, enter the amount from Part III, line 51 ► | | | 11 | 0. |

## Part II Farm Expenses — Cash and Accrual Method.

Do not include personal or living expenses such as taxes, insurance, or repairs on your home.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 12 | Car and truck expenses (see instructions). Also attach Form 4562 | 12 | 433. | 25 | Pension and profit-sharing plans | 25 | |
| 13 | Chemicals | 13 | | 26 | Rent or lease (see instructions): | | |
| 14 | Conservation expenses (see instructions) | 14 | | a | Vehicles, machinery, and equipment | 26a | |
| 15 | Custom hire (machine work) | 15 | | b | Other (land, animals, etc) | 26b | 300. |
| 16 | Depreciation and section 179 expense deduction not claimed elsewhere (see instructions) | 16 | 10,610. | 27 | Repairs and maintenance | 27 | 2,675. |
| | | | | 28 | Seeds and plants | 28 | |
| | | | | 29 | Storage and warehousing | 29 | |
| 17 | Employee benefit programs other than on line 25 | 17 | | 30 | Supplies | 30 | 792. |
| 18 | Feed | 18 | | 31 | Taxes | 31 | |
| 19 | Fertilizers and lime | 19 | | 32 | Utilities | 32 | |
| 20 | Freight and trucking | 20 | | 33 | Veterinary, breeding, and medicine | 33 | 695. |
| 21 | Gasoline, fuel, and oil | 21 | 2,995. | 34 | Other expenses (specify): | | |
| 22 | Insurance (other than health) | 22 | | a | DUES | 34a | 125. |
| 23 | Interest: | | | b | ACCOUNTING | 34b | 150. |
| a | Mortgage (paid to banks, etc) | 23a | | c | | 34c | |
| b | Other | 23b | | d | | 34d | |
| 24 | Labor hired (less employment credits) | 24 | | e | | 34e | |
| | | | | f | | 34f | |

| | | | |
|---|---|---|---|
| 35 | **Total expenses.** Add lines 12 through 34f. If line 34f is negative, see instructions ► | 35 | 18,775. |
| 36 | **Net farm profit or (loss).** Subtract line 35 from line 11.<br>• If a profit, enter the profit on **Form 1040, line 18,** and also on **Schedule SE, line 1.** If you file Form 1040NR, enter the profit on **Form 1040NR, line 19.**<br>• If a loss, you must go on to line 37. Estates, trusts, and partnerships, see instructions. | 36 | -18,775. |

37 If you have a loss, you **must** check the box that describes your investment in this activity (see instructions).
- If you checked 37a, enter the loss on **Form 1040, line 18,** and also on **Schedule SE, line 1.** If you file Form 1040NR, enter the loss on **Form 1040NR, line 19.**
- If you checked 37b, you **must** attach **Form 6198.** Your loss may be limited.

37a [X] All investment is at risk.
37b [ ] Some investment is not at risk.

**BAA For Paperwork Reduction Act Notice, see instructions.**

FDIZ0212 11/10/06 Schedule F (Form 1040) 2006

Form **4562**

Department of the Treasury
Internal Revenue Service

# Depreciation and Amortization
## (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172

**2006**

Attachment Sequence No. **67**

Name(s) shown on return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Identifying number: [redacted]

Business or activity to which this form relates: Sch F RICKY KNEECE FARM

## Part I Election To Expense Certain Property Under Section 179

**Note:** *If you have any listed property, complete Part V before you complete Part I.*

| | | | |
|---|---|---|---|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | $108,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | $430,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |
| 7 | Listed property. Enter the amount from line 29 | 7 | |

| | | | |
|---|---|---|---|
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2005 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 ► | 13 | |

**Note:** *Do not use Part II or Part III below for listed property. Instead, use Part V.*

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | | |
|---|---|---|---|
| 14 | Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

## Part III MACRS Depreciation (Do not include listed property.) (See instructions)

**Section A**

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2006 | 17 | 10,610. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐ | | |

**Section B — Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental | | | 27.5 yrs | MM | S/L | |
| property | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real | | | 39 yrs | MM | S/L | |
| property | | | | MM | S/L | |

**Section C — Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

| | | | | | | |
|---|---|---|---|---|---|---|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

## Part IV Summary (see instructions)

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions | 22 | 10,610. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

**Section A – Depreciation and Other Information (Caution:** *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ..... [X] Yes [ ] No 24b If 'Yes,' is the evidence written? ..... [X] Yes [ ] No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| 25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) ..... | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| 2003 F-150 PICKUP | 11/01/06 | 32.40 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... | | | | | | | 29 | |

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | (b) Vehicle 2 | (c) Vehicle 3 | (d) Vehicle 4 | (e) Vehicle 5 | (f) Vehicle 6 |
|---|---|---|---|---|---|---|
| 30 Total business/investment miles driven during the year (do not include commuting miles) ..... | 972 | | | | | |
| 31 Total commuting miles driven during the year ..... | 0 | | | | | |
| 32 Total other personal (noncommuting) miles driven ..... | 2,028 | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 ..... | 3,000 | | | | | |

| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 34 Was the vehicle available for personal use during off-duty hours? ..... | X | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? ..... | X | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? ..... | X | | | | | | | | | | | |

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

| | Yes | No |
|---|---|---|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? ..... | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners ..... | | |
| 39 Do you treat all use of vehicles by employees as personal use? ..... | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? ..... | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) ..... | | |
| **Note:** *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.* | | |

**Part VI Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| 42 Amortization of costs that begins during your 2006 tax year (see instructions): | | | | | |
| | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2006 tax year ..... | | | | 43 | |
| 44 **Total.** Add amounts in column (f). See instructions for where to report ..... | | | | 44 | |

INT

Do not write in this space — OFFICE USE

**SC1040**
(Rev 8/24/06)

# SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN 2006

For the year January 1 - December 31, 2006, or fiscal tax year beginning 2006 and ending 2007

PLACE LABEL HERE

| Print Your first name and Initial | (Sr, Jr, 2nd, 3rd, 4th) | Last name | Check if Deceased ☐ | Your Social Security number |
|---|---|---|---|---|
| DELANO R | JR | KNEECE | | [redacted] |
| Spouse's first name and Initial, if married filing jointly | | Spouse's last name | Check if Deceased ☐ | Spouse's Social Security number |
| ROXANNE J | | KNEECE | | [redacted] |
| Check if new address ☐ | Present home address (number and street, Apt No., or P.O. Box) | | County code | Do not write in this space — OFFICE USE |
| | 204 DELANO KNEECE ROAD | | 32 | |
| City, state and ZIP code | | | Area Code Daytime telephone | |
| PELION | | SC 29123 | | |

If you do not wish to receive a booklet next year, but need a name and address label for your 2007 return, check here ☐

Check this box if you are filing SC Schedule NR (Part year/Nonresident) ☐

Check this box if you have filed a federal or state extension ☐

Check this box if filing a composite return for partnership or 'S' corporation ☐

**CHECK YOUR FEDERAL FILING STATUS**
(1) ☐ Single (3) ☐ Married filing separately. Enter spouse's social security number here:
(2) ☒ Married filing jointly (4) ☐ Head of household (5) ☐ Widow(er) with dependent child

~~Federal Exemptions: Enter the number of exemptions from line 6(d) of your 2006 federal return~~

How many of the exemptions listed above were under the age of 6 years on December 31, 2006? ► 0

Enter the number of taxpayers age 65 or older, as of December 31, 2006 ►

STAPLE PAYMENT HERE

| | | | | | Dollars |
|---|---|---|---|---|---|
| 1 | **Enter Federal taxable income from your federal Form 1040, line 43; 1040A, line 27; 1040EZ, line 6. If zero or less, enter zero here.** **STOP! Resident filers complete** lines 31 through 53. **Nonresident filers complete** Schedule NR and enter total from line 49 on line 5 below | | | 1 | 80,883.00 |
| 2 | TOTAL ADDITIONS. Enter amount from line 36 | | | 2 | 3,436.00 |
| 3 | Add lines 1 and 2. Enter total here | | | 3 | 84,319.00 |
| 4 | TOTAL SUBTRACTIONS. Enter amount from line 53 | | | 4 | -2,229.00 |
| 5 | South Carolina INCOME SUBJECT TO TAX. Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 49. If less than zero, enter zero | | | 5 | 82,090.00 |
| 6 | **TAX:** Enter tax from SOUTH CAROLINA tax tables | 6 | 5,371.00 | | |
| 7 | TAX on Lump Sum Distribution (Attach SC4972) | 7 | 00 | | |
| 8 | TAX on Active Trade or Business Income (Attach I-335) | 8 | 00 | | |
| 9 | TOTAL SC tax. Add lines 6, 7 and 8. Enter the total | | | 9 | 5,371.00 |
| 10 | Child and Dependent Care (See instructions) | 10 | 00 | | |
| 11 | Two Wage Earner Credit (See instructions) | 11 | 210.00 | | |
| 12 | Other Non-refundable Credits (Attach SC1040TC) | 12 | 00 | | |
| 13 | TOTAL Non-refundable Credits. Add lines 10 through 12 and enter the total | | | 13 | 210.00 |
| 14 | SUBTRACT line 13 from line 9. Enter the difference BUT NOT LESS THAN ZERO | | | 14 | 5,161.00 |

| | | | | |
|---|---|---|---|---|
| 15 | SC INCOME TAX WITHHELD (Attach W-2 or SC41) | 6,131.00 | 19 Other SC Withholding (Attach Form 1099) | 00 |
| 16 | 2006 Estimated Tax Payments | 400.00 | 20 Tuition Tax Credit (Attach I-319) | 00 |
| 17 | Amount Paid with extension | 00 | 21 Other Refundable Credit (Attach I-333 or I-334) | 00 |
| 18 | NR sale of real estate | 00 | | |

Tip – Make sure lines 15-21 are completed.

STAPLE W-2/1099 HERE

| | | | | | |
|---|---|---|---|---|---|
| 22 | ADD lines 15 through 21 and enter the total | | | 22 | 6,531.00 |
| 23 | If line 22 is LARGER than line 14, subtract line 14 from line 22 and enter the OVERPAYMENT | | | 23 | 1,370.00 |
| 24 | If line 14 is LARGER than line 22, subtract line 22 from line 14 and enter the AMOUNT DUE | | | 24 | 00 |
| 25 | USE TAX (Due on Out-of-state Purchases. See instructions) | 25 | 00 | | |
| 26 | Amount of line 23 to be credited to your **2007 ESTIMATED TAX** | 26 | 400.00 | | |
| 27 | Total Contributions for Check-offs (Attach I-330) | 27 | 00 | | |
| 28 | ADD lines 25 through 27 and enter the total | | | 28 | 400.00 |
| 29 | NET REFUND: If line 28 is larger than line 23, go to line 30. Otherwise, subtract line 28 from line 23 and enter the **AMOUNT TO BE REFUNDED TO YOU** | | **REFUND** ► | 29 | 970.00 |
| 30 | NET DUE: ADD lines 24 and 28 and, if applicable, penalty amount. If line 28 is larger than line 23, subtract line 23 from line 28. Enter the AMOUNT YOU OWE. If subject to penalty for Underpayment of Estimated Tax, attach SC2210. (See instructions.) Penalty: $ | | | | |
| | **Staple** a check or money order for the full amount payable to **'SC Department of Revenue.'** Write your Social Security number and '2006 SC1040' on the payment | | **BALANCE DUE** ► | 30 | 00 |

**ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN ONLY IF you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR, SC1040TC, I-319 or I-335.**

**STOP!** **Resident filers complete** lines 31 through 53.
**Nonresident filers complete** Schedule NR. Do not complete lines 31 through 53.

## PART 1 ADDITIONS TO FEDERAL TAXABLE INCOME

| | | | | Dollars |
|---|---|---|---|---|
| 31 State tax addback, if itemizing on federal return | 31 | 3,436. | 00 | |
| 32 Out-of-state losses – (See instructions) | 32 | | 00 | |
| 33 Expenses related to National Guard and Military Reserve income | 33 | | 00 | |
| 34 Interest income on obligations of states and political subdivisions **other than** South Carolina | 34 | | 00 | |
| 35 Other additions to income. Attach an explanation (See instructions) | 35 | | 00 | |
| 36 TOTAL ADDITIONS – add lines 31 through 35 and enter your total additions to income here and on line 2 | | | | 36 3,436.00 |

## PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

| | | | | |
|---|---|---|---|---|
| 37 State tax refund, if included on line 10, on your federal Form 1040 | 37 | 581. | 00 | |
| 38 Total and permanent disability retirement income, if taxed on your federal return | 38 | | 00 | |
| 39 Out-of-state income/gain – Do not include personal service income. (See instructions.) | 39 | | 00 | |
| 40 44% of net capital gains held for more than one year (See instructions) | 40 | 1,575. | 00 | |
| 41 Volunteer Firefighter/Rescue Squad Worker/Volunteer HAZMAT Team Member/Reserve Police Officer/DNR Deputy Enforcement Officer/State Guard Member deduction. (See instrs) | 41 | | 00 | |
| 42 Contributions to the SC Tuition Prepayment Program or the SC College Investment Program. (See instructions) | 42 | | 00 | |
| 43 Active Trade or Business Income Deduction (See Instructions) | 43 | | 00 | |
| 44 Interest income from obligations of the U.S. government | 44 | | 00 | |
| 45 National Guard or Reserve annual training and drill pay. (See instructions) | 45 | | 00 | |
| 46 Social Security and/or railroad retirement, if taxed on your federal return | 46 | | 00 | |
| 47 **Caution: Retirement Deduction – (See instructions)** | | | | |
| a Taxpayer: Date of Birth _____ | 47a | | 00 | |
| b Spouse: Date of Birth _____ | 47b | | 00 | |
| c Surviving Spouse: Date of Birth of Deceased Spouse _____ | 47c | | 00 | |
| 48 Age 65 and older deduction – (See instructions) | | | | |
| a Taxpayer: Date of Birth _____ | 48a | | 00 | |
| b Spouse: Date of Birth _____ | 48b | | 00 | |
| 49 Negative amount of federal taxable income | 49 | | 00 | |
| 50 Subsistence Allowance _____ days @ $8.00 | 50 | | 00 | |
| 51 Dependents under the age of 6 years on December 31, 2006. Date of Birth _____ Social security number _____ Date of Birth _____ Social security number _____ | 51 | | 00 | |
| 52 Other subtractions. (See instructions) Fed/State Depreciation Adj | 52 | 73. | 00 | |
| 53 TOTAL SUBTRACTIONS – add lines 37 through 52 and enter the total here and on line 4 | | | | 53 2,229.00 |

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

| Your Signature | Date | Spouse's Signature (if jointly, BOTH must sign) |
|---|---|---|
| | | |

I **authorize** the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes [X] No [ ]

Preparer's Printed Name: RALPH G. BUSBEE, CPA

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

**Paid Preparer's Use Only**

| Prepared by | Date | Preparer's Name and Address |
|---|---|---|
| | 04/16/2007 | RALPH G. BUSBEE, CPA |
| EI Number [redacted] | Phone Number | 184 MORGAN DRIVE |
| | | LEXINGTON SC 29072 |

**ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN ONLY IF you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR, SC1040TC or I-319.**

**MAIL RETURN TO THE PROPER ADDRESS**

**REFUNDS OR ZERO TAX:**
**SC1040 PROCESSING CENTER**
**P.O. BOX 101100**
**COLUMBIA SC 29211-0100**

**BALANCE DUE:**
**TAXABLE PROCESSING CENTER**
**P.O. BOX 101105**
**COLUMBIA SC 29211-0105**

# Federal/State Adjustment Summary 2006
# Special Depreciation Adjustment Summary 2006

Name as Shown on Return
D R KNEECE, JR & R J KNEECE

Social Security Number
[redacted]

| Schedule C | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| | | | | | | |

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) .....

| Schedule E | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| | | | | | | |

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) .....

| Schedule F | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| RICKY KNEECE FARM | -18,775. | -73. | | -18,848. | -18,848. | -18,775. |

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) ..... -73.

| Form 4835 | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| | | | | | | |

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) .....

WSUMPASS.SCR 01/22/07

# Federal/State Adjustment Summary 2006

Name as Shown on Return
D R KNEECE, JR & R J KNEECE

Social Security Number
[redacted]

| Schedule K-1 Partnership | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) _____

| Schedule K-1 S Corporation | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F)..... _____

| Schedule K-1 Estates & Trusts | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F)... _____

| Form 2106 | | (C) Depreciation Adjustment | (D) Other Adjustments | (E) Total Adjustment (Column C + Column D) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total Form 2106 Depreciation Adjustment (Sum of Column E) ..... _____
Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income..... _____
Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation..... _____
Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation ..... _____

# Federal/State Adjustment Summary 2006

| Name as Shown on Return | Social Security Number |
|---|---|
| D R KNEECE, JR & R J KNEECE | [redacted] |

| Schedule A | | (C) Depreciation Adjustment | (D) Other Adjustments | (E) Total Adjustment (Column C + Column D) |
|---|---|---|---|---|
| Schedule A | | | | |

Total Schedule A Depreciation Adjustment (Sum of Column E) .....

## Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income ..... -73.
Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation .....
Depreciation Adjustment Included in Schedule A Subject to 2% Limitation .....

## Asset Dispositions

| (A) Description of Asset Sold | | (B) If reported on, Ck Box: | (C) Federal Gain/Loss | (D) Accumulated Depreciation | (E) Gain Adjustment | (G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F) |
|---|---|---|---|---|---|---|
| | | Form 6252 | | (1) State | (F) Other Adjustments | |
| Date Acq | Date Sold | Form 8824 | | (2) Federal | | |
| | | 6252 ☐ | | | | |
| | | 8824 ☐ | | | | |
| | | 6252 ☐ | | | | |
| | | 8824 ☐ | | | | |
| | | 6252 ☐ | | | | |
| | | 8824 ☐ | | | | |
| | | 6252 ☐ | | | | |
| | | 8824 ☐ | | | | |

Passive/At-Risk/Other Adjustments .....
Total Sale of Asset Adjustment .....

spassive.SCR 01/22/07

| Social security tips | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
|---|---|---|
| | 17951.80 | 1222.86 |
| Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | 19374.76 | 1201.24 |
| Advance EIC payment | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | 19374.76 | 280.93 |

Employer's name, address, and ZIP code

LEXINGTON MEDICAL CENTER
2720 SUNSET BOULEVARD
WEST COLUMBIA SC 29169-4800

| Dependent care benefits | 11 Nonqualified plans | 12a C 133.20 |
|---|---|---|
| Employer identification number (EIN) [redacted] | | 12b |
| Employee's social security number [redacted] | | 12c |
| Other | | 12d |
| | | 13 Statutory employee / Retirement plan X / Third-party sick pay |

Employee's name, address, and ZIP code

ROXANNE JEFFCOAT KNEECE
204 DELANO KNEECE ROAD
PELION SC 29123

| State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax |
|---|---|---|---|
| SC | [redacted] | 17951.80 | 1002.00 |

| Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|
| | | |

Copy 2-For Employee's State, City or Local Income Tax Return

Dept. of the Treasury – IRS

Copy C-For EMPLOYEE'S RECORDS. (see Notice to Employee on back of Copy B.)

Tax Year 20( OMB No. 1545-

| a. Control number S0100791872 | 1 Wages, tips, other comp. $3,402.00 | 2 Federal income tax wi $85 |
|---|---|---|
| b. Employer ID number [redacted] | 3 Social security wages $3,402.00 | 4 Social security tax wit $21 |
| d. Employee's social security number [redacted] | 5 Medicare wages and tips $3,402.00 | 6 Medicare tax withheld $4 |
| 7 Social security tips | 8 Allocated tips | 9 Advance EIC payment |

c. EMPLOYER'S name, address, and ZIP code

UNUM LIFE INSURANCE COMPANY OF AMERICA THIRD PARTY PLANS
2211 CONGRESS STREET
PORTLAND, ME 04122
800-845-2290

e. EMPLOYEE'S name, address, and ZIP code

ROXANNE KNEECE
204 DELANO KNEECE ROAD
PELION, SC 29123-9428

| 10 Dependent care benefits | 11 Nonqualified plans | See instructions for box 1 |
|---|---|---|
| 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☒ | 14 Other | 12a 12b 12c 12d |
| 15 State/Employer's state ID [redacted] | 16 State wages, tips, etc. $3,402.00 | 17 State income tax $186. |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue S
This information is being furnished to the Internal Revenue Service. If you are required to fi tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

000003 [redacted]

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

c Employer's name, address, and ZIP code
DELANO KNEECE & SON, INC.
213 DELANO KNEECE ROAD
PELION, SC 29123

| | |
|---|---|
| 1 Wages, tips, other compensation: 33200.00 | 2 Federal income tax withheld: 2348.00 |
| 3 Social security wages: 33200.00 | 4 Social security tax withheld: 2058.40 |
| 5 Medicare wages and tips: 33200.00 | 6 Medicare tax withheld: 481.40 |
| 7 Social security tips | 8 Allocated tips |
| 9 Advance EIC payment | |
| 10 Dependent care benifits | 11 Nonqualified plans |
| 12a Code See inst. for box 12 | |
| 12b Code | 12c Code |
| 12d Code | |
| 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ | 14 Other |

d Employee's social security number [redacted]

e Employees's name, address, and ZIP code
ROXANNE KNEECE
204 DELANO KNEECE ROAD
PELION, SC 29123

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | [redacted] | 33200.00 | 1628.34 | | | |

Form W-2 Wage and Tax Statement 2008

a Control number 000002

b Employer identification number [redacted]

Copy C For EMPLOYEE'S RECORDS.
OMB No. 1545-0008
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

c Employer's name, address, and ZIP code
DELANO KNEECE & SON, INC.
213 DELANO KNEECE ROAD
PELION, SC 29123

| | |
|---|---|
| 1 Wages, tips, other compensation: 52000.00 | 2 Federal income tax withheld: 8807.00 |
| 3 Social security wages: 52000.00 | 4 Social security tax withheld: 3224.00 |
| 5 Medicare wages and tips: 52000.00 | 6 Medicare tax withheld: 754.00 |
| 7 Social security tips | 8 Allocated tips |
| 9 Advance EIC payment | |
| 10 Dependent care benifits | 11 Nonqualified plans |
| 12a Code See inst. for box 12 | |
| 12b Code | 12c Code |
| 12d Code | |
| 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ | 14 Other |

d Employee's social security number [redacted]

e Employees's name, address, and ZIP code
RICKY D. KNEECE
204 DELANO KNEECE ROAD
PELION, SC 29123

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | [redacted] | 52000.00 | 3315.00 | | | |

Julius W. McKay, II
Mark D. Cauthen
Daniel R. Settana, Jr.
M. Stephen Stubley
Janet Brooks Holmes
Marcy J. Lamar
Erin M. Farrell
Peter P. Leventis
Temus C. Miles, Jr.
Meredith A. McMillan

Law Offices
McKay, Cauthen, Settana & Stubley, P.A.

P.O. Box 7217
Columbia, South Carolina 29202-7217

1303 Blanding Street
Columbia, South Carolina 29201

mlamar@mckayfirm.com

Douglas McKay, Jr.
(1917-2008)

Telephone
(803) 256-4645
Fax
(803) 765-1839

Web
www.mckayfirm.com

December 7, 2010

**VIA EMAIL & US MAIL**
Scott Elliott, Esquire
Elliott & Elliott
1508 Lady Street
Columbia, SC 29201

Re: Ricky Kneece v. Kneece Farms
WCC File No: 9920867
Our File No.: 5400-0032

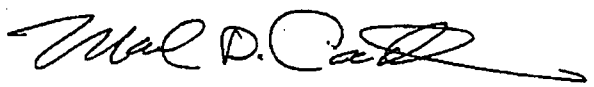
Dear Scott:

This letter is to advise you that an appointment for neuropsychological evaluation has been scheduled for your client, Ricky Kneece, for January 4, 2011 at 9:15 a.m. with Dr. Tora Brawley of University Specialty Clinics, Department of Neuropsychiatry and Behavioral Science. Dr. Brawley's office is located at 15 Medical Park, Suite 141 in Columbia, South Carolina. Please advise your client that testing with Dr. Brawley will begin promptly at 9:30 a.m. and to plan on staying until approximately 2:00 p.m.

Please note that if your client "no shows or cancels" this appointment, there will be a charge of "$250.00" for the missed appointment. Enclosed is a letter from Dr. Brawley's office concerning the appointment.

If you should have any questions regarding this appointment, please let me know.

Very truly yours,



Mark D. Cauthen

MDC/msb
cc: Bill Morrison

UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE

UNIVERSITY SPECIALTY CLINICS®

December 7, 2010

Mark Cauthen
ATTN: Mary Bush

RE: Ricky Kneece

Dear Mr. Cauthen:

The above referenced client's appointment for neuropsychological testing with Dr. Tora Brawley is scheduled for **January 4, 2011** at **9:15 a.m.** Testing with Dr. Brawley starts promptly at **9:30 a.m.** and requires four to five hours. Therefore, the client should be prepared to stay until approximately 2:00 p.m. If the client has not arrived and been checked in by 9:30 a.m., they will be considered a no show and the appointment will have to be rescheduled.

If the client is unable to keep the appointment, please allow a 48-hour notice to avoid a fee of $250.00. If the client is a no show or cancels in less than 48 hours on the first scheduled appointment, there will be a charge of $250.00. If the client is a no show or cancels in less than 48 hours on other scheduled appointments, there will be a charge of $1700.00 for each visit. Attached, please find a list of Dr. Brawley's charges. *As the attorney arranging this appointment, you are accepting full responsibility for payment to our office.*

If the client utilizes glasses or hearing aids, please have him/her bring them to the appointment.

We are located at the Department of Neuropsychiatry and Behavioral Sciences at 15 Medical Park, Suite 141, Columbia, SC 29203 or 3555 Harden Street Ext., Suite 141, Columbia, SC 29203. Please do not hesitate to contact me at (803) 434-4229, if you have questions or need further information.

Thank you for choosing Dr. Brawley and the University Specialty Clinics.

Sincerely,

Janice P. Treisch

Janice P. Treisch
Administrative Assistant
Clinic Supervisor
Division of Psychiatry

*NEUROPSYCHIATRY*
*AND BEHAVIORAL SCIENCE*
**15 Medical Park, Suite 141, Columbia, SC 29203**
**803-434-4300, FAX 803-434-4351**

Mark Cauthen

From: Scott Elliott [selliott@elliottlaw.us]
Sent: Thursday, December 30, 2010 4:10 PM
To: 'Mark Cauthen'
Subject: RE: Ricky Kneece

Thank you for Dr. Brawley's resume. I have had a chance to review her resume and check her references. However, I have put a call into her to speak to her and have not heard back from her. Nor have I heard from her assistant to determine Dr. Brawley's availability later in the month. I will need to talk with Dr. Brawley before I am able to recommend to my clients that we meet with her but I don't want to run afoul of her cancellation policy.

I have talked with Mrs. Grimley and am checking her references. I will get back to you in the next several business days. In any event let's put off that Dr. Brawley interview. Thanks.

PS
I found the main number to Dr. Brawley's practice and was advised by the answering service that their offices are closed until January 4th. Do you have a contact number to cancel the January 4th appointment?

---

**From:** Mark Cauthen [mailto:mcauthen@mckayfirm.com]
**Sent:** Wednesday, December 22, 2010 4:20 PM
**To:** 'Scott Elliott'
**Subject:** FW: Ricky Kneece

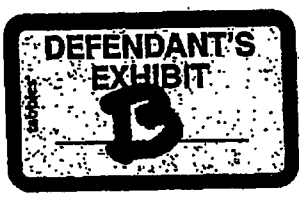
Scott, attached is a CV for Dr. Tora Brawley. She is a neuropsychologist with the same qualifications as Randy Waid. They have been involved in lots of cases together on opposite sides. Although she is a PhD and not a physician, your client relies on the opinions of a neuropsychologist and such an expert is likely the most qualified to address the cognitive deficits from which your client allegedly suffers. I have also seen 42-15-80 applied to order evaluations of a psychologist numerous times; therefore, I fully expect the Commissioner would order the evaluation if we can't agree. I also think he would probably order your client to comply with a voc. assessment with Cindy Grimley. Since you rely on the voc assessment of Bill Stewart, that's only fair.

As far as the date for the eval w/ Dr. Brawley, that was the earliest time available and her schedule is predictably tight. It could be rescheduled, but that may require pushing the hearing back. Please let me know as soon as possible if you will agree with these evaluations. I am also awaiting an appointment date for an evaluation with a neurologist and I will let you know about this as soon as possible.
Thanks, Mark

---

**From:** Mary Bush [mailto:mbush@mckayfirm.com]
**Sent:** Monday, December 20, 2010 4:22 PM
**To:** 'Mark Cauthen'
**Subject:** Ricky Kneece

*Mary S. Bush, Paralegal*
*McKay, Cauthen, Settana & Stubley, PA*
*1303 Blanding Street*
*PO Box 7217*
*Columbia, SC 29202-7217*
*(803) 256-4645 office*
*(803) 705-2156 direct dial*



ELLIOTT & ELLIOTT, P.A.
ATTORNEYS AT LAW
1508 Lady Street
COLUMBIA, SOUTH CAROLINA 29201
selliott@elliottlaw.us

SCOTT ELLIOTT

TELEPHONE (803) 771-0555
FACSIMILE (803) 771-8010

December 30, 2010

VIA FAX & US MAIL
Ms. Janice P. Treisch
Neuropsychiatry &
Behavioral Science
15 Medical Park, Ste. 141
Columbia, SC 29203

RE: Ricky Kneece

Dear Ms. Treisch:

Please be advised that I represent Ricky Kneece. Mark Cauthen, the attorney for Mr. Kneece's employer, has scheduled an appointment for Mr. Kneece with Dr. Brawley for January 4, 2011, at 9:15 a.m. I have attempted to call your office today to discuss this appointment with Dr. Brawley and have not heard back. On behalf of Mr. Kneece, I am cancelling the January 4th meeting. Since I am cancelling more than 48 hours prior to be scheduled appointment, I trust that no late fee will apply.

Please call me upon receipt of this correspondence to discuss rescheduling. I look forward to hearing from you.

Sincerely,

Elliott & Elliott, P.A.

Scott Elliott

SE/jcl

cc: Mark D. Cauthen, Esq.

UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE

UNIVERSITY SPECIALTY CLINICS

January 20, 2011

Mark D. Cauthen
McKay, Cauthen, Settana & Stubley, P.A.
Post Office Box 7217
Columbia, SC 29202

RE: Ricky Kneece Evaluation

Dear Mr. Cauthen,

As you are aware, the above captioned patient is scheduled to be evaluated in my office January 31, 2011. Due to the complexity of the evaluation, amount of materials that need to be reviewed and my schedule, the normal turn around time for reports of my findings is two weeks. This is standard for all of my evaluations. To further complicate things I will be in North Carolina from February 1- 4 for a family medical matter. Despite this, I will make sure that the report from this evaluation is completed within the two week period following the evaluation. You should have my report by February 14th.

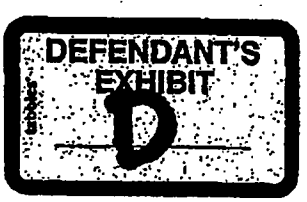
I would like to point out that Mr. Kneece was originally scheduled for an evaluation with me on January 4, 2011 but did not attend this appointment due to attorney objections. Had Mr. Kneece attended his original appointment, you would already have received my report.

I thank you in advance for your understanding and cooperation.

Sincerely,

Tora Brawley, Ph.D.

*NEUROPSYCHIATRY*
*AND BEHAVIORAL SCIENCE*
**15 Medical Park, Suite 141, Columbia, SC 29203**
**803-434-4300, FAX 803-434-4351**



Julius W. McKay, II
Mark D. Cauthen
Daniel R. Settana, Jr.
M. Stephen Stubley

Janet Brooks Holmes
Marcy J. Lamar
Erin M. Farrell
Peter P. Leventis
Ternus C. Miles, Jr.
Meredith A. McMillan

Law Offices
McKay, Cauthen, Settana & Stubley, P.A.

P.O. Box 7217
Columbia, South Carolina 29202-7217

1303 Blanding Street
Columbia, South Carolina 29201

Douglas McKay, Jr.
(1917-2008)

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E-Mail
mms@mckayfirm.com
Web
www.mckayfirm.com

December 14, 2010

VIA EMAIL & US MAIL
Scott Elliott, Esquire
Elliott & Elliott
1508 Lady Street
Columbia, SC 29201

*Re: Ricky Kneece v. Kneece Farms*
*WCC File No: 9920867*
*Claim No.: L16755*
*Our File No.: 5400-0032*

Dear Scott:

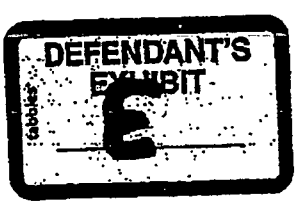
We have retained Cynthia P. Grimley to perform a vocational evaluation of Ricky Kneece in the above matter. Enclosed is a copy of Ms. Grimley's CV. Ms. Grimley is available to perform this evaluation on December 17, 2010 anytime this day or December 22, 2010 at 3:00 p.m. and is able to meet your client at his home, place of business or your office whichever is most convenient. If neither of these dates will work, please let me know when your client is available.

Thank you for your assistance with this matter.

Very truly yours,

Mark D. Cauthen

MDC/msb
Enclosure
cc: Cynthia P. Grimley
Bill Morrison



Cynthia P. Grimley & Associates, LLC

CYNTHIA P. GRIMLEY, MS, CRC, CCM, DABVE
REHABILITATION MANAGEMENT
VOCATIONAL EXPERT

December 27, 2010

Scott Elliott, Esq.
Elliott & Elliott
1508 Lady Street
Columbia, SC 29201

Case name: Ricky Kneece vs. Kneece Farms

*SENT CERTIFIED MAIL*

Dear Mr. Elliott:

I have been requested by Mark Cauthen, Esq. to perform a Vocational Assessment on your client Ricky Kneece.

I left a voice message and sent you an email previous to this letter. I have not received a response from you.

I would request that I be able to meet with Mr. Kneece and his wife within the few weeks. I provided several dates but those dates have already passed. Please contact me so that we may schedule a convenient time. I would agree to meet with him at his home or your office. It is expected that this meeting would last 2 - 4 hours, depending if testing were required.

Thank you in advance for your cooperation.

Respectfully Yours,

Cynthia P. Grimley

**Cynthia P. Grimley, MS, CRC, CCM, D-ABVE**
*Certified Rehabilitation Counselor*
*Certified Case Manager*
*Board Certified-Diplomate; American Board of Vocational Experts*

cc: Bill Morrison, SCPCIGA
Mark Cauthen, Esq.

CPG:dbe

100 Old Cherokee Road, Suite F-226 • Lexington, SC 29072
(803) 765-1513 • fax: (803) 753-9026
email: cgrimley@sc.rr.com • hhtp://www.cpgrimley.com

DEFENDANT'S EXHIBIT F

P.O. Box 1715 • 1012 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

Carrier # L16755
Carrier Case # 148-N
Employer FEIN 57 0934134

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Ricky Kneece | | [redacted] | | Kneece Farms | | | |
| Claimant's Name | | SSN | | Employer's Name | | | |
| 204 Delano Kneece Road | Pelion | SC | 29123 | 1752 Juniper Springs Rd | Gilbert | SC | 29054 |
| Address | City | State | Zip | Address | City | State | Zip |
| | | ( ) | | Legion Insurance Company/SCIGA | | | |
| Home Phone | | Work Phone | | Insurance Carrier | | | |

Mark D. Cauthen — Preparer's Name
P.O. Box 7217, Columbia, South Carolina 29202-7217 — Address
803-256-4645 — Phone #

To: Scott Elliott, Esquire
Elliott & Elliott
1508 Lady Street
Columbia, SC 29205

☐ **YOU ARE COMMANDED** to appear before the above named Commission at the place, date and time specified below to testify in the above case.

**PLACE OF TESTIMONY:** _____ ROOM: _____

DATE AND TIME: _____

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

**PLACE OF DEPOSITION:** _____ DATE AND TIME: _____

☐ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects):

***Copies of all State and Federal income tax returns with attachments, including all W-2s and 1099s for your client, Ricky Kneece, SS#250-71-3236, for tax years 2007 to the present***

**PLACE:** Mark D. Cauthen, Esquire, PO Box 7217, Columbia, SC 29202-7217 DATE AND TIME: December 20, 2010

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

**PREMISES:** _____ DATE AND TIME: _____

*THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.*

Mark D. Cauthen, Attorney for Employer/Carrier — ISSUING OFFICER'S SIGNATURE AND TITLE
803-256-4645 — PHONE#
December 10, 2010 — DATE

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

olumbia, South Carolina 29202-1715
03) 737-5700

Carrier Code # 148-N
Employer FEIN 57 0934134

| | | | |
|---|---|---|---|
| cky Kneece | [redacted] | Kneece Farms | |
| imant's Name | SSN | Employer's Name | |
| 4 Delano Kneece Road Pelion SC 29123 | | 1752 Juniper Springs Rd Gilbert SC 29054 | |
| dress City State Zip | | Address City State Zip | |
| ( ) | | Legion Insurance Company/SCIGA | |
| me Phone | Work Phone | Insurance Carrier | |

Mark D. Cauthen — Preparer's Name
P.O. Box 7217, Columbia, South Carolina 29202-7217 — Address
803-256-4645 — Phone #

Scott Elliott, Esquire
Elliott & Elliott
1508 Lady Street
: Columbia, SC 29205

**YOU ARE COMMANDED** to appear before the above named Commission at the place, date and time specified below to testify in the above case.

**ACE OF TESTIMONY:** _____ ROOM: _____

DATE AND TIME: _____

**YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

**ACE OF DEPOSITION:** _____ DATE AND TIME: _____

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, stody or control at the place, date and time specified below (list documents or objects):

*pies of all State and Federal income tax returns with attachments, including all W-2s and 1099s for your client, Ricky Kneece, SS#250--3236, for tax years 2007 to the present*

ACE: Mark D. Cauthen, Esquire, PO Box 7217, Columbia, SC 29202-7217 DATE AND TIME: December 20, 2010

**YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

REMISES: _____ DATE AND TIME: _____

*IS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.*

| | | |
|---|---|---|
| fark D. Cauthen, Attorney for Employer/Carrier | 803-256-4645 | December 10, 2010 |
| SUING OFFICER'S SIGNATURE AND TITLE | PHONE# | DATE |

rve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the dicial Department (803/737-5675).

DEFENDANT'S EXHIBIT C

CC FORM # 27 REV. DATE 3/96

27

Julius W. McKay, II
Mark D. Cauthen
Daniel R. Settana, Jr.
M. Stephen Stubley

Janet Brooks Holmes
Marcy J. Lamar
Erin M. Farrell
Peter P. Leventis
Temus C. Miles, Jr.
Meredith A. McMillan

Law Offices
McKay, Cauthen, Settana & Stubley, P.A.

P.O. Box 7217
Columbia, South Carolina 29202-7217

1303 Blanding Street
Columbia, South Carolina 29201

Douglas McKay, Jr.
(1917-2008)

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mms@mckayfirm.com
Web
www.mckayfirm.com

January 13, 2011

VIA EMAIL & US MAIL
Scott Elliott, Esquire
Elliott & Elliott
1508 Lady Street
Columbia, SC 29201

*Re: Ricky Kneece v. Kneece Farms*
*WCC File No: 9920867*
*Claim No.: L16755*
*Our File No.: 5400-0032*

Dear Scott:

As you know, I previously served a subpoena on December 10, 2010 for copies of updated financial records of your client from 2007 to present. The due date for production of these records was December 20, 2010; however, to date, we have received no response. I would appreciate it if you would provide me with the documents responsive to the subpoena within seven (7) days of the date of this letter so that we may avoid the trouble and expense of a motion to compel.

Thank you for your cooperation in this matter.

Very truly yours,

Mark D. Cauthen

MDC/msb

cc: Randy Mason

DEFENDANT'S EXHIBIT H

Julius W. McKay, II
Mark D. Cauthen
Daniel R. Settana, Jr.
M. Stephen Stubley
Janet Brooks Holmes
Marcy J. Lamar.
Erin M. Farrell
Peter P. Leventis
Temus C. Miles, Jr.
Meredith A. McMillan

Law Offices
McKay, Cauthen, Settana & Stubley, P.A.

P.O. Box 7217
Columbia, South Carolina 29202-7217

1303 Blanding Street
Columbia, South Carolina 29201

Douglas McKay, Jr.
(1917-2008)

Telephone
(803) 256-4645
Fax
(803) 765-1839

Web
www.mckayfirm.com

January 21, 2011

VIA EMAIL & US MAIL
Scott Elliott, Esquire
Elliott & Elliott
1508 Lady Street
Columbia, SC 29201

Re: Ricky Kneece v. Kneece Farms
WCC File No: 9920867
Our File No.: 5400-0032

Dear Scott:

This letter is to notify you of a neurological evaluation which has been scheduled for your client, Ricky Kneece, on February 4, 2011 at 1:15 p.m. with Dr. Ben Bashinski, M.D. of Neurological Associates of Augusta. Dr. Bashinski's office is located at 1210 Roy Street in Augusta, Georgia 30909. Should your client need transportation to this appointment, please contact our office and we will make the arrangements with the carrier.

Please make sure your client is notified of this appointment and ask that he bring his picture ID with him to this appointment.

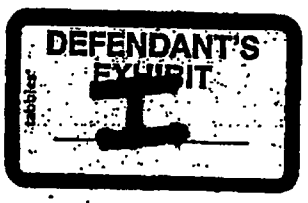
If you should have any questions or concerns regarding this appointment, please contact me.

Very truly yours,

Mark D. Cauthen

MDC/msb

cc: Randy Mason



ELLIOTT & ELLIOTT, P.A.
ATTORNEYS AT LAW
1508 LADY STREET
COLUMBIA, SOUTH CAROLINA 29205
selliott@elliottlaw.us

SCOTT ELLIOTT

TELEPHONE (803) 771-0555
FACSIMILE (803) 771-8010

January 24, 2011

VIA EMAIL&US MAIL
Mark D. Cauthen, Esquire
McKay, Cauthen, Settana
Martin & Addison, P.A.
P. O. Drawer 7217
Columbia, SC 29202

RE: D. Ricky Kneece
WCC File No: 5920867
Claim No.: L16755

Dear Mark:

I am in receipt of your correspondence of January 21, 2011 wherein you advise that you have scheduled a neurological evaluation for Ricky Kneece with a Dr. Ben Bashinski. As I advised you in a recent email, Mr. Kneece would decline to submit to any further neurological evaluation. When we asked your client to refer Mr. Kneece to a neurologist for treatment in 2008, your client referred him to Dr. Julian Adams, who refused to treat Mr. Kneece. As you are aware, Mr. Kneece is treating with Dr. Charles Shissias, a neurologist in Beaufort, South Carolina. Mr. Kneece would be happy for you to authorize continuing treatment with Dr. Shissias. Your client certainly has had ample opportunity to assist Mr. Kneece with his treatment and has declined to do so (for instance, your client has refused to pay for the medications prescribed by Dr. Deal, the authorized treating psychiatrist). The final hearing in this matter is set for February 14, 2011. No useful purpose would be served by submitting to an evaluation by a neurologist of your choice at this time.

If you have questions, please feel free to contact me.

Sincerely,

ELLIOTT & ELLIOTT, P.A.

Scott Elliott

DEFENDANT'S EXHIBIT 5

Cynthia P. Grimley & Associates, LLC

CYNTHIA P. GRIMLEY, MS, CRC, CCM, DABVE
REHABILITATION MANAGEMENT
VOCATIONAL EXPERT

January 26, 2011

Mark Cauthen, Esq.
McKay, Cauthen, Settana & Stubley
1303 Blanding, Street
Columbia, SC 29201

RE: Ricky Kneece

Dear Mr. Cauthen:

I understand that there has been a delay in obtaining Dr. Brawley's neuropsychological evaluation on Mr. Kneece. Given the fact, that Dr. Brawley will not be evaluating Mr. Kneece until January 28, 2011 and her report will follow approximately two weeks later I am requesting that I postpone my vocational evaluation until after her report is finalized. It is very important that I have this updated information especially because the injury Mr. Kneece sustained is a brain injury. It is of most importance that an updated neuropsychological evaluation be obtained so that I may consider his current functional levels as is relates to his vocational capacity.

Respectfully submitted,

Cynthia P. Grimley

Cynthia P. Grimley, MS, CRC, CCM, DABVE
Vocational Expert

---

cc: Randy Mason, SCPCIGA

100 Old Cherokee Road, Suite F-226 • Lexington, SC 29072
(803) 765-1513 • fax: (803) 753-9026
email: cpgrimley@gmail.com • hhtp://www.cpgrimley.com

Department of the Treasury — Internal Revenue Service

# Form 1040 U.S. Individual Income Tax Return 2007

IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2007, or other tax year beginning , 2007, ending , 20

OMB No. 1545-0074

**Label** (See instructions.)

Use the IRS label. Otherwise, please print or type.

| Your first name | MI | Last name | Your social security number |
|---|---|---|---|
| DELANO | R | KNEECE, JR | [redacted] |
| If a joint return, spouse's first name | MI | Last name | Spouse's social security number |
| ROXANNE | J | KNEECE | [redacted] |

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.: 204 DELANO KNEECE ROAD

City, town or post office. If you have a foreign address, see instructions. State ZIP code: PELION SC 29123

You must enter your social security number(s) above.

**Presidential Election Campaign** ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund? (see instructions) ▶ ☐ You ☐ Spouse

Checking a box below will not change your tax or refund.

**Filing Status** Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above & full name here ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
5 ☐ Qualifying widow(er) with dependent child (see instructions)

**Exemptions**

6a ☒ **Yourself.** If someone can claim you as a dependent, do not check box 6a
b ☒ **Spouse**

Boxes checked on 6a and 6b: 2

| c Dependents: (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see instrs) |
|---|---|---|---|
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

If more than four dependents, see instructions.

No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instrs)
Dependents on 6c not entered above
Add numbers on lines above ▶ 2

d Total number of exemptions claimed

**Income**

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

If you did not get a W-2, see instructions.

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 140,461. |
| 8a | Taxable interest. Attach Schedule B if required | 8a | 56. |
| b | Tax-exempt interest. Do not include on line 8a — 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | 4,632. |
| b | Qualified dividends (see instrs) — 9b 3,421. | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | 1,349. |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ▶ ☒ | 13 | 2,831. |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions — 15a — b Taxable amount (see instrs) | 15b | |
| 16a | Pensions and annuities — 16a — b Taxable amount (see instrs) | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 4,888. |
| 18 | Farm income or (loss). Attach Schedule F | 18 | -7,363. |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits — 20a — b Taxable amount (see instrs) | 20b | |
| 21 | Other income | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | 146,854. |

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

**Adjusted Gross Income**

| | | | |
|---|---|---|---|
| 23 | Educator expenses (see instructions) | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction (see instructions) | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 | IRA deduction (see instructions) | 32 | |
| 33 | Student loan interest deduction (see instructions) | 33 | |
| 34 | Tuition and fees deduction. Attach Form 8917 | 34 | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 | Add lines 23 - 31a and 32 - 35 | 36 | |
| 37 | Subtract line 36 from line 22. This is your **adjusted gross income** ▶ | 37 | 146,854. |

**Tax and Credits**

| | | | |
|---|---|---|---|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 146,854. |
| 39a | Check if: ☐ You were born before January 2, 1943, ☐ Blind. ☐ Spouse was born before January 2, 1943, ☐ Blind. Total boxes checked ► 39a ☐ | | |
| b | If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ► 39b ☐ | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 16,374. |
| 41 | Subtract line 40 from line 38 | 41 | 130,480. |
| 42 | If line 38 is $117,300 or less, multiply $3,400 by the total number of exemptions claimed on line 6d. If line 38 is over $117,300, see the instructions | 42 | 6,800. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 123,680. |
| 44 | Tax (see instrs). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ Form(s) 8889 | 44 | 23,143. |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | 0. |
| 46 | Add lines 44 and 45 ► | 46 | 23,143. |
| 47 | Credit for child and dependent care expenses. Attach Form 2441 — 47 | | |
| 48 | Credit for the elderly or the disabled. Attach Schedule R — 48 | | |
| 49 | Education credits. Attach Form 8863 — 49 | | |
| 50 | Residential energy credits. Attach Form 5695 — 50 | | |
| 51 | Foreign tax credit. Attach Form 1116 if required — 51 | | |
| 52 | Child tax credit (see instructions). Attach Form 8901 if required — 52 | | |
| 53 | Retirement savings contributions credit. Attach Form 8880 — 53 | | |
| 54 | Credits from: a ☐ Form 8396 b ☐ Form 8859 c ☐ Form 8839 — 54 | | |
| 55 | Other credits: a ☐ Form 3800 b ☐ Form 8801 c ☐ Form — 55 | | |
| 56 | Add lines 47 through 55. These are your total credits | 56 | |
| 57 | Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ► | 57 | 23,143. |

Standard Deduction for —
- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $5,350

Married filing jointly or Qualifying widow(er), $10,700

Head of household, $7,850

**Other Taxes**

| | | | |
|---|---|---|---|
| 58 | Self-employment tax. Attach Schedule SE | 58 | |
| 59 | Unreported social security and Medicare tax from: a ☐ Form 4137 b ☐ Form 8919 | 59 | |
| 60 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 60 | |
| 61 | Advance earned income credit payments from Form(s) W-2, box 9 | 61 | |
| 62 | Household employment taxes. Attach Schedule H | 62 | |
| 63 | Add lines 57-62. This is your total tax ► | 63 | 23,143. |

**Payments**

If you have a qualifying child, attach Schedule EIC.

| | | | |
|---|---|---|---|
| 64 | Federal income tax withheld from Forms W-2 and 1099 — 64 | 20,455. | |
| 65 | 2007 estimated tax payments and amount applied from 2006 return — 65 | 2,000. | |
| 66a | Earned income credit (EIC) — 66a | | |
| b | Nontaxable combat pay election ► 66b | | |
| 67 | Excess social security and tier 1 RRTA tax withheld (see instructions) — 67 | | |
| 68 | Additional child tax credit. Attach Form 8812 — 68 | | |
| 69 | Amount paid with request for extension to file (see instructions) — 69 | | |
| 70 | Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 — 70 | | |
| 71 | Refundable credit for prior year minimum tax from Form 8801, line 27 — 71 | | |
| 72 | Add lines 64, 65, 66a, and 67 through 71. These are your total payments ► | 72 | 22,455. |

**Refund**

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

| | | | |
|---|---|---|---|
| 73 | If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid | 73 | |
| 74a | Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► ☐ | 74a | |
| b | ► Routing number XXXXXXXXX ► c Type: ☐ Checking ☐ Savings | | |
| d | ► Account number XXXXXXXXXXXXXXXXX | | |
| 75 | Amount of line 73 you want applied to your 2008 estimated tax ► 75 | | |

**Amount You Owe**

| | | | |
|---|---|---|---|
| 76 | Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions ► | 76 | 688. |
| 77 | Estimated tax penalty (see instructions) — 77 | | |

**Third Party Designee**

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

Designee's name ► Preparer Phone no. ► Personal identification number (PIN) ►

**Sign Here**

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

Joint return? See instructions. Keep a copy for your records.

| Your signature | Date | Your occupation | Daytime phone number |
|---|---|---|---|
| ► | | FARMER | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |
| ► | | SECRETARY | |

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ► Ralph G. Busbee, CPA | Date 04/13/2008 | Check if self-employed ☒ | Preparer's SSN or PTIN [redacted] |
| Firm's name (or yours if self-employed), address, and ZIP code ► RALPH G. BUSBEE, CPA<br>184 MORGAN DRIVE<br>LEXINGTON SC 29072 | | | EIN<br>Phone no. |

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

# Itemized Deductions

► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2007

Attachment Sequence No. 07

Name(s) shown on Form 1040: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

| | | | | | |
|---|---|---|---|---|---|
| **Medical and Dental Expenses** | | **Caution.** Do not include expenses reimbursed or paid by others. | | | |
| | 1 | Medical and dental expenses (see instructions) | 1 | 1,492. | |
| | 2 | Enter amount from Form 1040, line 38 ..... 2 146,854. | | | |
| | 3 | Multiply line 2 by 7.5% (.075) | 3 | 11,014. | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 0. |
| **Taxes You Paid** | 5 | State and local (check only one box): | | | |
| | a | [X] Income taxes, or | 5 | 8,588. | |
| | b | [ ] General sales taxes. | | | |
| | 6 | Real estate taxes (see instructions) | 6 | 2,382. | |
| (See instructions.) | 7 | Personal property taxes | 7 | | |
| | 8 | Other taxes. List type and amount ► Foreign taxes from interest & dividends 4. | 8 | 4. | |
| | 9 | Add lines 5 through 8 | | | 9 10,974. |
| **Interest You Paid** | 10 | Home mtg interest and points reported to you on Form 1098 | 10 | | |
| | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ► | 11 | | |
| **Note.** Personal interest is not deductible. | 12 | Points not reported to you on Form 1098. See instrs for spcl rules | 12 | | |
| | 13 | Qualified mortgage insurance premiums (see instructions) | 13 | | |
| | 14 | Investment interest. Attach Form 4952 if required. (See instrs.) | 14 | | |
| | 15 | Add lines 10 through 14 | | | 15 |
| **Gifts to Charity** | 16 | Gifts by cash or check. If you made any gift of $250 or more, see instrs | 16 | 5,400. | |
| If you made a gift and got a benefit for it, see instructions. | 17 | Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 | 17 | | |
| | 18 | Carryover from prior year | 18 | | |
| | 19 | Add lines 16 through 18 | | | 19 5,400. |
| **Casualty and Theft Losses** | 20 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | | 20 |
| | 21 | Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► | 21 | | |
| | 22 | Tax preparation fees | 22 | 225. | |
| (See instructions.) | 23 | Other expenses — investment, safe deposit box, etc. List type and amount ► | 23 | | |
| | 24 | Add lines 21 through 23 | 24 | 225. | |
| | 25 | Enter amount from Form 1040, line 38 ..... 25 146,854. | | | |
| | 26 | Multiply line 25 by 2% (.02) | 26 | 2,937. | |
| | 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | | 27 0. |
| **Other Miscellaneous Deductions** | 28 | Other — from list in the instructions. List type and amount ► | | | 28 |
| **Total Itemized Deductions** | 29 | Is Form 1040, line 38, over $156,400 (over $78,200 if married filing separately)? | | | |
| | | [X] **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. | | | ► 29 16,374. |
| | | [ ] **Yes.** Your deduction may be limited. See instructions for the amount to enter. | | | |
| | 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here ► [ ] | | | |

Name(s) shown on Form 1040. Your social security number

DELANO R KNEECE, JR & ROXANNE J KNEECE [redacted]

# Schedule B – Interest and Ordinary Dividends

Attachment Sequence No. 08

## Part I Interest

(See instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

| | | Amount |
|---|---|---|
| 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ► | | |
| MERRILL LYNCH | 1 | 56. |
| 2 Add the amounts on line 1 | 2 | 56. |
| 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | 3 | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ► | 4 | 56. |

Note. If line 4 is over $1,500, you must complete Part III.

## Part II Ordinary Dividends

(See instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

| | | Amount |
|---|---|---|
| 5 List name of payer ... ► | | |
| MERRILL LYNCH | 5 | 4,632. |
| 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ► | 6 | 4,632. |

Note. If line 6 is over $1,500, you must complete Part III.

## Part III Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

| | Yes | No |
|---|---|---|
| 7a At any time during 2007, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1 | | X |
| b If 'Yes,' enter the name of the foreign country ► | | |
| 8 During 2007, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions | | X |

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service

# Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ See instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2007

Attachment Sequence No. 13

Name(s) shown on return: WELAND R. KNEECE, JR. & ROXANNE J. KNEECE

Your social security number: [redacted]

**Part I** Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1 List the type and location of each rental real estate property:

A FARM LAND
FARM LAND

B

C

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days, or
- 10% of the total days rented at fair rental value?
(See instructions.)

| | Yes | No |
|---|---|---|
| A | | X |
| B | | |
| C | | |

| Income: | | Properties A | Properties B | Properties C | | Totals (Add columns A, B, and C.) |
|---|---|---|---|---|---|---|
| 3 Rents received | 3 | 4,888. | | | 3 | 4,888. |
| 4 Royalties received | 4 | | | | 4 | |
| **Expenses:** | | | | | | |
| 5 Advertising | 5 | | | | | |
| 6 Auto and travel (see instructions) | 6 | | | | | |
| 7 Cleaning and maintenance | 7 | | | | | |
| 8 Commissions | 8 | | | | | |
| 9 Insurance | 9 | | | | | |
| 10 Legal and other professional fees | 10 | | | | | |
| 11 Management fees | 11 | | | | | |
| 12 Mortgage interest paid to banks, etc (see instructions) | 12 | | | | 12 | |
| 13 Other interest | 13 | | | | | |
| 14 Repairs | 14 | | | | | |
| 15 Supplies | 15 | | | | | |
| 16 Taxes | 16 | | | | | |
| 17 Utilities | 17 | | | | | |
| 18 Other (list) ▶ | 18 | | | | | |
| 19 Add lines 5 through 18 | 19 | | | | 19 | |
| 20 Depreciation expense or depletion (see instructions) | 20 | | | | 20 | |
| 21 Total expenses. Add lines 19 and 20 | 21 | | | | | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198 | 22 | 4,888. | | | | |
| 23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 | 23 | | | | | |
| 24 **Income.** Add positive amounts shown on line 22. Do not include any losses | | | | | 24 | 4,888. |
| 25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | | 25 | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | | | | | 26 | 4,888. |

BAA For Paperwork Reduction Act Notice, see instructions. FDIZ2301 11/07/07

SCHEDULE F (Form 1040)

Department of the Treasury Internal Revenue Service

# Profit or Loss From Farming

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.
▶ See instructions for Schedule F (Form 1040).

OMB No. 1545-0074

2007

Attachment Sequence No. 14

Name of proprietor: DELANO R KNEECE, JR

Social security number (SSN): [redacted]

A Principal product. Describe in one or two words your principal crop or activity for the current tax year.: GRAING

B Enter code from Part IV ▶ 111900

C Accounting method: (1) [X] Cash (2) [ ] Accrual

D Employer ID number (EIN), if any

E Did you 'materially participate' in the operation of this business during 2007? If 'No,' see instructions for limit on passive losses. [X] Yes [ ] No

## Part I Farm Income — Cash Method.

Complete Parts I and II (Accrual method. Complete Parts II & III, & Part I, line 11.) Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Sales of livestock and other items you bought for resale | 1 | | | |
| 2 | Cost or other basis of livestock and other items reported on line 1 | 2 | | | |
| 3 | Subtract line 2 from line 1 | | | 3 | |
| 4 | Sales of livestock, produce, grains, and other products you raised | | | 4 | 0. |
| 5a | Cooperative distributions (Form(s) 1099-PATR) | 5a | 5b Taxable amount | 5b | |
| 6a | Agricultural program payments (see instructions) | 6a | 6b Taxable amount | 6b | |
| 7 | Commodity Credit Corporation (CCC) loans (see instructions): | | | | |
| a | CCC loans reported under election | | | 7a | |
| b | CCC loans forfeited | 7b | 7c Taxable amount | 7c | |
| 8 | Crop insurance proceeds and federal crop disaster payments (see instructions): | | | | |
| a | Amount received in 2007 | 8a | 8b Taxable amount | 8b | |
| c | If election to defer to 2008 is attached, check here ▶ [ ] | | 8d Amount deferred from 2006 | 8d | |
| 9 | Custom hire (machine work) income | | | 9 | |
| 10 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | | 10 | |
| 11 | **Gross income.** Add amounts in the right column for lines 3 through 10. If you use the accrual method, enter the amount from Part III, line 51 ▶ | | | 11 | 0. |

## Part II Farm Expenses — Cash and Accrual Method.

Do not include personal or living expenses such as taxes, insurance, or repairs on your home.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 12 | Car and truck expenses (see instructions). Also attach Form 4562 | 12 | | 25 | Pension and profit-sharing plans | 25 | |
| 13 | Chemicals | 13 | | 26 | Rent or lease (see instructions): | | |
| 14 | Conservation expenses (see instructions) | 14 | | a | Vehicles, machinery, and equipment | 26a | |
| 15 | Custom hire (machine work) | 15 | | b | Other (land, animals, etc) | 26b | |
| 16 | Depreciation and section 179 expense deduction not claimed elsewhere (see instructions) | 16 | 4,964. | 27 | Repairs and maintenance | 27 | |
| | | | | 28 | Seeds and plants | 28 | |
| | | | | 29 | Storage and warehousing | 29 | |
| 17 | Employee benefit programs other than on line 25 | 17 | | 30 | Supplies | 30 | 813. |
| | | | | 31 | Taxes | 31 | |
| 18 | Feed | 18 | | 32 | Utilities | 32 | |
| 19 | Fertilizers and lime | 19 | | 33 | Veterinary, breeding, and medicine | 33 | |
| 20 | Freight and trucking | 20 | | 34 | Other expenses (specify): | | |
| 21 | Gasoline, fuel, and oil | 21 | 1,586. | a | | 34a | |
| 22 | Insurance (other than health) | 22 | | b | | 34b | |
| 23 | Interest: | | | c | | 34c | |
| a | Mortgage (paid to banks, etc) | 23a | | d | | 34d | |
| b | Other | 23b | | e | | 34e | |
| 24 | Labor hired (less employment credits) | 24 | | f | | 34f | |

| | | | |
|---|---|---|---|
| 35 | **Total expenses.** Add lines 12 through 34f. If line 34f is negative, see instructions ▶ | 35 | 7,363. |
| 36 | **Net farm profit or (loss).** Subtract line 35 from line 11.<br>• If a profit, enter the profit on **Form 1040, line 18,** and **also** on **Schedule SE, line 1.** If you file Form 1040NR, enter the profit on **Form 1040NR, line 19.**<br>• If a loss, you must go on to line 37. Estates, trusts, and partnerships, see instructions. | 36 | -7,363. |

37 If you have a loss, you **must** check the box that describes your investment in this activity (see instructions).
- If you checked 37a, enter the loss on **Form 1040, line 18,** and **also** on **Schedule SE, line 1.** If you file Form 1040NR, enter the loss on **Form 1040NR, line 19.**
- If you checked 37b, you **must** attach **Form 6198.** Your loss may be limited.

37a [X] All investment is at risk.
37b [ ] Some investment is not at risk.

**BAA For Paperwork Reduction Act Notice, see instructions.**

FDIZ0212 10/11/07 Schedule F (Form 1040) 2007

SC1040

# SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN 2007

For the calendar year January 1 - December 31, 2007 or fiscal tax year beginning 2007 and ending 2008

| | | | |
|---|---|---|---|
| Your first name and initial (Dr, Jr, 2nd, 3rd, 4th) Last name | | Check if Deceased | Your Social Security number |
| [illegible] R | SNEEDS | ☐ | [redacted] |
| Spouse's first name and initial, if married filing jointly | Spouse's last name | Check if Deceased | Spouse's Social Security number |
| [illegible] | RNEEDS | ☐ | [redacted] |
| Mailing address: Number and street or rural route, including apt. no. or P.O. Box | | | Daytime phone number — optional |
| 264 DELANO RNEEDS ROAD | | | |
| City, town or post office | State | Zip code | Foreign country name |
| HELTON | SC | 29133 | |

For Office Use Only

Check this box if you are filing SC Schedule NR (Part-year/Nonresident) ☐

Check this box if you have filed a federal or state extension ☐

Check this box if filing a composite return for partners or S corporation ☐

CHECK YOUR FEDERAL FILING STATUS: (1) ☐ Single (3) ☐ Married filing separately. Enter spouse's social security number here: (2) ☒ Married filing jointly (4) ☐ Head-of-household (5) ☐ Widow(er) with dependent child

Federal Exemptions: Enter the number of exemptions from line 6(d) of your 2007 federal return ► 2

How many of the exemptions listed above were under the age of 6 years on December 31, 2007? ► 0

Enter the number of taxpayers age 65 or older as of December 31, 2007 ►

| | | | | | | Dollars |
|---|---|---|---|---|---|---|
| 1 | Enter federal taxable income from your federal Form 1040, line 43; 1040A, line 27; or 1040EZ, line 6. If zero or less, enter zero here. STOP! Resident filers complete lines 32 through 54. Nonresident filers complete Schedule NR and enter total from line 49 on line 5 below ► | | | | 1 | 123,680.00 |
| 2 | TOTAL ADDITIONS. Enter amount from line 37 ► | | | | 2 | 5,674.00 |
| 3 | Add lines 1 and 2. Enter total here | | | | 3 | 129,354.00 |
| 4 | TOTAL SUBTRACTIONS. Enter amount from line 54 ► | | | | 4 | -2,654.00 |
| 5 | South Carolina INCOME SUBJECT TO TAX. Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 49. If less than zero, enter zero ► | | | | 5 | 126,700.00 |
| 6 | TAX: Enter tax from SOUTH CAROLINA tax tables | 6 | 8,421. | 00 | | |
| 7 | TAX on Lump Sum Distribution (Attach SC4972) ► | 7 | | 00 | | |
| 8 | TAX on Active Trade or Business Income (Attach I-335) ► | 8 | | 00 | | |
| 9 | TAX on Excess Withdrawals from Catastrophe Savings Accounts ► | 9 | | 00 | | |
| 10 | TOTAL SC tax. Add lines 6, 7, 8 and 9. Enter the total | | | | 10 | 8,421.00 |
| 11 | Child and Dependent Care (See instructions) ► | 11 | | 00 | | |
| 12 | Two Wage Earner Credit (See instructions) ► | 12 | 210. | 00 | | |
| 13 | Other Non-refundable Credits (Attach SC1040TC) ► | 13 | | 00 | | |
| 14 | TOTAL Non-refundable Credits. Add lines 11 through 13 and enter the total | | | | 14 | 210.00 |
| 15 | SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO | | | | 15 | 8,211.00 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 16 | SC INCOME TAX WITHHELD (Attach W-2 or SC41) ► | 8,109. | 00 | 20 | Other SC Withholding (Attach Form 1099) ► | 00 | Tip – Make sure lines 16-22 are completed. |
| 17 | 2007 Estimated Tax Payments ► | 400. | 00 | 21 | Tuition Tax Credit (Attach I-319) ► | 00 | |
| 18 | Amount Paid with extension ► | | 00 | 22 | Other Refundable Credit (Attach I-333 or I-334) ► | 00 | |
| 19 | NR sale of real estate ► | | 00 | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 23 | ADD lines 16 through 22 and enter the total | | | 23 | 8,509.00 |
| 24 | If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT | | | 24 | 298.00 |
| 25 | If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE | | | 25 | 00 |
| 26 | USE TAX (Due on Out-of-state Purchases. See instructions) ► | 26 | 00 | | |
| 27 | Amount of line 24 to be credited to your **2008 ESTIMATED TAX** ► | 27 | 298.00 | | |
| 28 | Total Contributions for Check-offs (Attach I-330) ► | 28 | 00 | | |
| 29 | ADD lines 26 through 28 and enter the total | | | 29 | 298.00 |
| 30 | NET REFUND: If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the **AMOUNT TO BE REFUNDED TO YOU** ..... **REFUND** ► | | | 30 | 0.00 |
| 31 | NET DUE: ADD lines 25 and 29 and, if applicable, penalty amount. If line 29 is larger than line 24, subtract line 24 from line 29. Enter the AMOUNT YOU OWE. If subject to penalty for Underpayment of Estimated Tax, attach SC2210. (See instructions.) Penalty: $ | | | | |
| | **Staple** a check or money order for the full amount payable to **'SC Department of Revenue.'** Write your Social Security number and **'2007 SC1040'** on the payment ..... **BALANCE DUE** ► | | | 31 | 00 |

30751010

STOP! Resident filers complete lines 32 through 54
Nonresident filers complete Schedule NR. Do not complete lines 32 through 54

## PART 1 ADDITIONS TO FEDERAL TAXABLE INCOME

| | | | | Dollars |
|---|---|---|---|---|
| 32 State tax refunds, if itemizing on federal return, (See instructions) | 32 | 5,674.00 | | |
| 33 Out-of-state losses — (See instructions) | 33 | 00 | | |
| 34 Expenses related to National Guard and Military Reserve income | 34 | 00 | | |
| 35 Interest income on obligations of states and political subdivisions other than South Carolina | 35 | 00 | | |
| 36 Other additions to income. Attach an explanation (See instructions) | 36 | 00 | | |
| 37 TOTAL ADDITIONS — add lines 32 through 36 and enter your total additions to income here and on line 2 | | | 37 | 5,674.00 |

## PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

| | | | | |
|---|---|---|---|---|
| 38 State tax refund, if included on line 10, on your federal Form 1040 | 38 | 1,340.00 | | |
| 39 Total and permanent disability retirement income, if taxed on your federal return | 39 | 00 | | |
| 40 Out-of-state income/gain — Do not include personal service income. (See instructions.) | 40 | 00 | | |
| 41 44% of net capital gains held for more than one year (See instructions) | 41 | 1,246.00 | | |
| 42 Volunteer Firefighter/Rescue Squad Worker/Volunteer HAZMAT Team Member/Reserve Police Officer/DNR Deputy Enforcement Officer/State Guard Member deduction. (See limits) | 42 | 00 | | |
| 43 Contributions to the SC Tuition Prepayment Program or the SC College Investment Program. (See instructions) | 43 | 00 | | |
| 44 Active Trade or Business Income Deduction (See instructions) | 44 | 00 | | |
| 45 Interest income from obligations of the U.S. government | 45 | 00 | | |
| 46 National Guard or Reserve annual training and drill pay (See instructions) | 46 | 00 | | |
| 47 Social Security and/or railroad retirement, if taxed on your federal return | 47 | 00 | | |
| 48 Caution: Retirement Deduction — (See instructions) | | | | |
| a Taxpayer: Date of Birth | 48a | 00 | | |
| b Spouse: Date of Birth | 48b | 00 | | |
| c Surviving Spouse: Date of Birth of Deceased Spouse | 48c | 00 | | |
| 49 Age 65 and older deduction — (See instructions) | | | | |
| a Taxpayer: Date of Birth | 49a | 00 | | |
| b Spouse: Date of Birth | 49b | 00 | | |
| 50 Negative amount of federal taxable income | 50 | 00 | | |
| 51 Subsistence Allowance ____ days @ $8.00 | 51 | 00 | | |
| 52 Dependents under the age of 6 years on December 31, 2007. Date of Birth ____ Social security number ____ Date of Birth ____ Social security number ____ | 52 | 00 | | |
| 53 Other subtractions. (See instructions) Fed/state depreciation adj | 53 | 59.00 | | |
| 54 TOTAL SUBTRACTIONS — add lines 38 through 53 and enter the total here and on line 4 | | | 54 | 2,654.00 |

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

| Your Signature | Date | Spouse's Signature (if jointly, both must sign) |
|---|---|---|
| | | |

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes [X] No [ ]

Preparer's Printed Name: RALPH G. BUSBEE, CPA

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

**Paid Preparer's Use Only**

| Prepared by | Date | Preparer's Name and Address |
|---|---|---|
| | 04/13/2008 | RALPH G. BUSBEE, CPA |
| EI Number [redacted] | Phone Number | 184 MORGAN DRIVE |
| | | LEXINGTON SC 29072 |

**ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN ONLY IF you have income and/or (loss) on federal Schedules C, D, E, F or filed a SC Schedule NR, SC1040TC, I-319 or I-335.**

**MAIL RETURN TO THE PROPER ADDRESS**

**REFUNDS OR ZERO TAX:**
**SC1040 PROCESSING CENTER**
**P.O. BOX 101100**
**COLUMBIA SC 29211-0100**

**BALANCE DUE:**
**TAXABLE PROCESSING CENTER**
**P.O. BOX 101105**
**COLUMBIA SC 29211-0105**

SCIA0112 12/04/07

30752018

# Federal/State Adjustment Summary 2007

Name as Shown on Return: D R KNEECE, JR & R J KNEECE

Social Security Number: [redacted]

| Schedule C | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| | | | | | | |

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) .....

| Schedule E | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| | | | | | | |

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) .....

| Schedule F | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| RICKY KNEECE FARM | -7,363. | -59. | | -7,422. | -7,422. | -7,363. |

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) ..... -59.

| Form 4835 | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| | | | | | | |

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) .....

WSUMPASS.SCR 01/24/08

# Federal/State Adjustment Summary 2007

Name as Shown on Return
D R KNEECE, JR & R J KNEECE

Social Security Number
[redacted]

| Schedule K-1 Partnership | (A) Fed Income/ Loss Before Passive and At Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule K 1 Partnership Depreciation Adjustment (Sum of Column E less Column F) _____

| Schedule K-1 S Corporation | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) ..... _____

| Schedule K-1 Estates & Trusts | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) ... _____

| Form 2106 | | (C) Depreciation Adjustment | (D) Other Adjustments | (E) Total Adjustment (Column C + Column D) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total Form 2106 Depreciation Adjustment (Sum of Column E) ..... _____
Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income ..... _____
Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation ..... _____
Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation ..... _____

## Federal/State Adjustment Summary 2007

Name as Shown on Return: D R KNEECE, JR & K J KNEECE

Social Security number: [redacted]

| Schedule A | | (C) Depreciation Adjustment | (D) Other Adjustments | (E) Total Adjustment (Column C + Column D) |
|---|---|---|---|---|
| Schedule A | | | | |

Total Schedule A Depreciation Adjustment (Sum of Column F) .....

**Total Depreciation Adjustment**

Depreciation Adjustment Included in Adjusted Gross Income ..... $0.

Depreciation Adjustment Included in Schedule A Not Subject to 2% Limitation

Depreciation Adjustment Included in Schedule A Subject to 2% Limitation .....

**Asset Dispositions**

| (A) Description of Asset Sold | | (B) If reported on, Ck Box: | (C) Federal Gain/Loss | (D) Accumulated Depreciation | (E) Gain Adjustment | (G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F) |
|---|---|---|---|---|---|---|
| | | Form 6252 | | (1) State | (F) Other Adjustments | |
| Date Acq | Date Sold | Form 8824 | | (2) Federal | | |
| | | 6252 ☐ | | | | |
| | | 8824 ☐ | | | | |
| | | 6252 ☐ | | | | |
| | | 8824 ☐ | | | | |
| | | 6252 ☐ | | | | |
| | | 8824 ☐ | | | | |
| | | 6252 ☐ | | | | |
| | | 8824 ☐ | | | | |

Passive/At-Risk/Other Adjustments .....

Total Sale of Asset Adjustment .....

spassive.SCR 01/24/08

Form W-2 Wage and Tax Statement 2007

Department of the Treasury - Internal Revenue Service
58-2083768

a Control number: 000002

b Employer identification number: 57-0662940

Copy C For EMPLOYEE'S RECORDS.
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008

c Employer's name, address, and ZIP code
DELANO KNEECE & SON, INC.
213 DELANO KNEECE ROAD
PELION, SC 29123

1 Wages, tips, other compensation: 76600.00
2 Federal income tax withheld: 15930.00
3 Social security wages: 76600.00
4 Social security tax withheld: 4749.20
5 Medicare wages and tips: 76600.00
6 Medicare tax withheld: 1110.70
7 Social security tips
8 Allocated tips
9 Advance EIC payment

d Employee's social security number: [redacted]

10 Dependent care benifits
11 Nonqualified plans
12a Code See inst. for box 12
12b Code
12c Code
12d Code

e Employees's name, address, and ZIP code
RICKY D. KNEECE
204 DELANO KNEECE ROAD
PELION, SC 29123

13
Statutory employee ☐
Retirement plan ☐
Third-party sick pay ☐

14 Other

| 15 State | Employer's state ID number | 16 State wages, tips, etc | 17 State income tax | 18 Local wages, tips, etc | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | 25131036-2 | 76600.00 | 5037.00 | | | |

Form W-2 Wage and Tax Statement 2007

Department of the Treasury - Internal Revenue Service
58-2083768

a Control number: 000003

b Employer identification number: [redacted]

Copy C For EMPLOYEE'S RECORDS.
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008

c Employer's name, address, and ZIP code
DELANO KNEECE & SON, INC.
213 DELANO KNEECE ROAD
PELION, SC 29123

1 Wages, tips, other compensation: 35440.00
2 Federal income tax withheld: 2872.00
3 Social security wages: 35440.00
4 Social security tax withheld: 2197.28
5 Medicare wages and tips: 35440.00
6 Medicare tax withheld: 513.88
7 Social security tips
8 Allocated tips
9 Advance EIC payment

d Employee's social security number: [redacted]

10 Dependent care benifits
11 Nonqualified plans
12a Code See inst. for box 12
12b Code
12c Code
12d Code

e Employees's name, address, and ZIP code
ROXANNE KNEECE
204 DELANO KNEECE ROAD
PELION, SC 29123

13
Statutory employee ☐
Retirement plan ☐
Third-party sick pay ☐

14 Other

| 15 State | Employer's state ID number | 16 State wages, tips, etc | 17 State income tax | 18 Local wages, tips, etc | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | 25131036-2 | 35440.00 | 1825.19 | | | |

9595 ☐ VOID ☐ CORRECTED

| PAYER'S name, street address, city, state, ZIP code, and telephone no. | 1 Rents | OMB No. 1545-0115 | |
|---|---|---|---|
| DELANO KNEECE & SON, INC.<br>213 DELANO KNEECE ROAD<br>PELION, SC 29123 | $ 4888.00 | 2007 | Miscellaneous Income |
| | 2 Royalties<br>$ | Form 1099-MISC | |
| | 3 Other income<br>$ | 4 Federal income tax withheld<br>$ | Copy B For Recipient |
| PAYER'S Federal identification number: [redacted] / RECIPIENT'S identification number: [redacted] | 5 Fishing boat proceeds<br>$ | 6 Medical & health care pymts.<br>$ | |
| RECIPIENT'S name, street address, city, state, ZIP code, and telephone no.<br>RICKY D. KNEECE<br>204 DELANO KNEECE ROAD<br>PELION, SC 29123 | 7 Nonemployee compensation<br>$ | 8 Substitute payments in lieu of dividends or interest<br>$ | This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |
| | 9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐ | 10 Crop insurance proceeds<br>$ | |
| | 11 | 12 | |
| Account number (optional) / 2nd TIN not. ☐ | 13 Excess golden parachute payments<br>$ | 14 Gross proceeds paid to an attorney<br>$ | |
| 15a Section 409A deferrals<br>$ / 15b Section 409A income<br>$ | 16 State tax withheld<br>$<br>$ | 17 State/Payer's state no. | 18 State income<br>$ |

Form 1099-MISC

(c), 2007, Burton Software Company, Inc. forms software only

Department of Treasury — Internal Revenue Service 58-2083768

OMB No. 1545-0008 Form **W-2 Wage and Tax Statement** 2007

| | | |
|---|---|---|
| 7 Social security tips | 1 Wages, tips, other compensation<br>28420.99 | 2 Federal income tax withheld<br>1653.44 |
| 8 Allocated tips | 3 Social security wages<br>30649.67 | 4 Social security tax withheld<br>1900.28 |
| 9 Advance EIC payment | 5 Medicare wages and tips<br>30649.67 | 6 Medicare tax withheld<br>444.42 |

c Employer's name, address, and ZIP code

LEXINGTON MEDICAL CENTER
2720 SUNSET BOULEVARD
WEST COLUMBIA SC 29169-4800

| | | |
|---|---|---|
| 10 Dependent care benefits | 11 Nonqualified plans | 12a C 156.00 |
| b Employer identification number (EIN) [redacted] | | 12b |
| a Employee's social security number [redacted] | | 12c |
| 14 Other | | 12d |
| | | 13 Statutory employee / Retirement plan X / Third-party sick pay |

e Employee's name, address, and ZIP code

ROXANNE JEFFCOAT KNEECE
204 DELANO KNEECE ROAD
PELION SC 29123

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax |
|---|---|---|---|
| SC | 25244296-8 | 28420.99 | 1247.00 |

| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|
| | | |

Copy 2-For Employee's State, City or Local Income Tax Return

Dept. of the Treasury – IRS

Form **1040** Department of the Treasury — Internal Revenue Service

# U.S. Individual Income Tax Return 2008

(99) IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2008, or other tax year beginning , 2008, ending , 20

OMB No. 1545-0074

**Label** (See instructions.)

Your first name: DELANO | MI: R | Last name: KNEECE, JR

Your social security number: [redacted]

If a joint return, spouse's first name: ROXANNE | MI: J | Last name: KNEECE

Spouse's social security number: [redacted]

**Use the IRS label.** Otherwise, please print or type.

Home address (number and street). If you have a P.O. box, see instructions.: 204 DELANO KNEECE ROAD | Apartment no.

City, town or post office. If you have a foreign address, see instructions.: PELION | State: SC | ZIP code: 29123

COPY

You must enter your social security number(s) above.

**Presidential Election Campaign** ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund? (see instructions) ▶ ☐ You ☐ Spouse

Checking a box below will not change your tax or refund.

## Filing Status

Check only one box.

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above & full name here ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶

5 ☐ Qualifying widow(er) with dependent child (see instructions)

## Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a

b ☒ **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see instrs) |
|---|---|---|---|
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

If more than four dependents, see instructions.

No. of children on 6c who: • lived with you ; • did not live with you due to divorce or separation (see instrs) ; Dependents on 6c not entered above

d Total number of exemptions claimed ▶ 2

## Income

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

If you did not get a W-2, see instructions.

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 137,088. |
| 8a | Taxable interest. Attach Schedule B if required | 8a | 11. |
| b | Tax-exempt interest. Do not include on line 8a — 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | 4,336. |
| b | Qualified dividends (see instrs) — 9b 3,152. | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | 298. |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ▶ ☐ | 13 | 4,239. |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions — 15a — b Taxable amount (see instrs) | 15b | |
| 16a | Pensions and annuities — 16a — b Taxable amount (see instrs) | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 4,888. |
| 18 | Farm income or (loss). Attach Schedule F | 18 | -1,238. |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits — 20a — b Taxable amount (see instrs) | 20b | |
| 21 | Other income | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | 149,622. |

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

## Adjusted Gross Income

| | | | |
|---|---|---|---|
| 23 | Educator expenses (see instructions) | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction (see instructions) | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 | IRA deduction (see instructions) | 32 | |
| 33 | Student loan interest deduction (see instructions) | 33 | |
| 34 | Tuition and fees deduction. Attach Form 8917 | 34 | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 | Add lines 23 - 31a and 32 - 35 | 36 | |
| 37 | Subtract line 36 from line 22. This is your **adjusted gross income** ▶ | 37 | 149,622. |

**Tax and Credits**

| | | | |
|---|---|---|---|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 149,622. |
| 39a | Check if: [ ] You were born before January 2, 1944, [ ] Blind. [ ] Spouse was born before January 2, 1944, [ ] Blind. Total boxes checked ► 39a [ ] | | |
| b | If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ► 39b [ ] | | |
| c | Check if standard deduction includes real estate taxes or disaster loss (see instructions) ► 39c [ ] | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 23,285. |
| 41 | Subtract line 40 from line 38 | 41 | 126,337. |
| 42 | If line 38 is over $119,975, or you provided housing to a Midwestern displaced individual, see instructions. Otherwise, multiply $3,500 by the total number of exemptions claimed on line 6d | 42 | 7,000. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 119,337. |
| 44 | Tax (see instrs). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972 | 44 | 22,176. |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | 0. |
| 46 | Add lines 44 and 45 ► | 46 | 22,176. |
| 47 | Foreign tax credit. Attach Form 1116 if required — 47 | | |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 — 48 | | |
| 49 | Credit for the elderly or the disabled. Attach Schedule R — 49 | | |
| 50 | Education credits. Attach Form 8863 — 50 | | |
| 51 | Retirement savings contributions credit. Attach Form 8880 — 51 | | |
| 52 | Child tax credit (see instructions). Attach Form 8901 if required — 52 | | |
| 53 | Credits from Form: a [ ] 8396 b [ ] 8839 c [ ] 5695 — 53 | | |
| 54 | Other crs from Form: a [ ] 3800 b [ ] 8801 c [ ] — 54 | | |
| 55 | Add lines 47 through 54. These are your total credits | 55 | |
| 56 | Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- ► | 56 | 22,176. |

Standard Deduction for —
- People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $5,450

Married filing jointly or Qualifying widow(er), $10,900

Head of household, $8,000

**Other Taxes**

| | | | |
|---|---|---|---|
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60 | Additional taxes: a [ ] AEIC payments b [ ] Household employment taxes. Attach Schedule H | 60 | |
| 61 | Add lines 56-60. This is your total tax ► | 61 | 22,176. |

**Payments**

If you have a qualifying child, attach Schedule EIC.

| | | | |
|---|---|---|---|
| 62 | Federal income tax withheld from Forms W-2 and 1099 — 62 — 19,516. | | |
| 63 | 2008 estimated tax payments and amount applied from 2007 return — 63 | | |
| 64a | Earned income credit (EIC) — 64a | | |
| b | Nontaxable combat pay election ► 64b | | |
| 65 | Excess social security and tier 1 RRTA tax withheld (see instructions) — 65 | | |
| 66 | Additional child tax credit. Attach Form 8812 — 66 | | |
| 67 | Amount paid with request for extension to file (see instructions) — 67 | | |
| 68 | Credits from Form: a [ ] 2439 b [ ] 4136 c [ ] 8801 d [ ] 8885 — 68 | | |
| 69 | First-time homebuyer credit. Attach Form 5405 — 69 | | |
| 70 | Recovery rebate credit (see worksheet) — 70 — 0. | | |
| 71 | Add lines 62 through 70. These are your total payments ► | 71 | 19,516. |

**Refund**

Direct deposit? See instructions and fill in 73b, 73c, and 73d or Form 8888.

| | | | |
|---|---|---|---|
| 72 | If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid | 72 | |
| 73a | Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ► [ ] | 73a | |
| ► b | Routing number XXXXXXXXX ► c Type: [ ] Checking [ ] Savings | | |
| ► d | Account number XXXXXXXXXXXXXXXXX | | |
| 74 | Amount of line 72 you want applied to your 2009 estimated tax ► 74 | | |

**Amount You Owe**

| | | | |
|---|---|---|---|
| 75 | Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions ► | 75 | 2,676. |
| 76 | Estimated tax penalty (see instructions) — 76 — 16. | | |

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following. [ ] No

Designee's name ► Preparer Phone no. ► Personal identification number (PIN) ►

**Sign Here**

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

Joint return? See instructions.

Keep a copy for your records.

| Your signature | Date | Your occupation | Daytime phone number |
|---|---|---|---|
| ► | | FARMER | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |
| ► | | SECRETARY | |

COPY

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ► Ralph G Busbee CPA | Date 04/13/2009 | Check if self-employed [X] | Preparer's SSN or PTIN [redacted] |
| Firm's name (or yours if self-employed), address, and ZIP code ► RALPH G. BUSBEE, CPA<br>184 MORGAN DRIVE<br>LEXINGTON SC 29072 | | EIN | |
| | | Phone no. | |

**SCHEDULE A** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Itemized Deductions

► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2008**

Attachment Sequence No. 07

Name(s) shown on Form 1040: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

| | | | | | |
|---|---|---|---|---|---|
| **Medical and Dental Expenses** | | **Caution.** Do not include expenses reimbursed or paid by others. | | | |
| | 1 | Medical and dental expenses (see instructions) | 1 | | |
| | 2 | Enter amount from Form 1040, line 38 ..... 2 | | | |
| | 3 | Multiply line 2 by 7.5% (.075) | 3 | | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 | |
| **Taxes You Paid** | 5 | State and local (check only one box): | | | |
| | a | [X] Income taxes, or | | | |
| | b | [ ] General sales taxes | 5 | 7,813. | |
| | 6 | Real estate taxes (see instructions) | 6 | | |
| (See instructions.) | 7 | Personal property taxes | 7 | | |
| | 8 | Other taxes. List type and amount ► | 8 | | |
| | 9 | Add lines 5 through 8 | | 9 | 7,813. |
| **Interest You Paid** | 10 | Home mtg interest and points reported to you on Form 1098 | 10 | 10,422. | |
| | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ► | 11 | | |
| **Note.** Personal interest is not deductible. | 12 | Points not reported to you on Form 1098. See instrs for spcl rules | 12 | | |
| | 13 | Qualified mortgage insurance premiums (see instructions) | 13 | | |
| | 14 | Investment interest. Attach Form 4952 if required. (See instrs.) | 14 | | |
| | 15 | Add lines 10 through 14 | | 15 | 10,422. |
| **Gifts to Charity** | 16 | Gifts by cash or check. If you made any gift of $250 or more, see instrs | 16 | 5,050. | |
| If you made a gift and got a benefit for it, see instructions. | 17 | Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 | 17 | | |
| | 18 | Carryover from prior year | 18 | | |
| | 19 | Add lines 16 through 18 | | 19 | 5,050. |
| **Casualty and Theft Losses** | 20 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | 20 | |
| | 21 | Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► | 21 | | |
| | 22 | Tax preparation fees | 22 | 400. | |
| (See instructions.) | 23 | Other expenses – investment, safe deposit box, etc. List type and amount ► | 23 | | |
| | 24 | Add lines 21 through 23 | 24 | 400. | |
| | 25 | Enter amount from Form 1040, line 38 ..... 25 149,622. | | | |
| | 26 | Multiply line 25 by 2% (.02) | 26 | 2,992. | |
| | 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | 27 | 0. |
| **Other Miscellaneous Deductions** | 28 | Other – from list in the instructions. List type and amount ► | | 28 | |
| **Total Itemized Deductions** | 29 | Is Form 1040, line 38, over $159,950 (over $79,975 if married filing separately)? [X] **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. [ ] **Yes.** Your deduction may be limited. See instructions for the amount to enter. | | ► 29 | 23,285. |
| | 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here ► [ ] | | | |

**BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.**



FDIA0301 11/10/08 Schedule A (Form 1040) 2008

Name(s) shown on Form 1040. Your social security number

DELANO R KNEECE, JR & ROXANNE J KNEECE [redacted]

# Schedule B – Interest and Ordinary Dividends

Attachment Sequence No. 08

## Part I Interest

(See instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

| | | Amount |
|---|---|---|
| 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ► | | |
| MERRILL LYNCH | 1 | 11. |
| 2 Add the amounts on line 1 | 2 | 11. |
| 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | 3 | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ► | 4 | 11. |

Note. If line 4 is over $1,500, you must complete Part III.

## Part II Ordinary Dividends

(See instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

| | | Amount |
|---|---|---|
| 5 List name of payer ... ► | | |
| MERRILL LYNCH | 5 | 4,336. |
| 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ► | 6 | 4,336. |

Note. If line 6 is over $1,500, you must complete Part III.

## Part III Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

| | Yes | No |
|---|---|---|
| 7a At any time during 2008, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1 | | X |
| b If 'Yes,' enter the name of the foreign country ► | | |
| 8 During 2008, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions | | X |

**SCHEDULE D** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Capital Gains and Losses

►Attach to Form 1040 or Form 1040NR. ►See Instructions for Schedule D (Form 1040).
► Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

**2008**

Attachment Sequence No. 12

Name(s) shown on return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

## Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

| (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|---|---|---|---|---|
| 1 TIMBER SALE | 05/22/08 | 05/22/08 | 4,375. | 438. | 3,937. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | |
|---|---|---|---|
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2 | 2 | | |
| 3 **Total short-term sales price amounts.** Add lines 1 and 2 in column (d) | 3 | 4,375. | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | 4 | | |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 5 | | |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions | 6 | | |
| 7 **Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f) | 7 | | 3,937. |

## Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

| (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|---|---|---|---|---|
| 8 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | |
|---|---|---|---|
| 9 Enter your long-term totals, if any, from Schedule D-1, line 9 | 9 | | |
| 10 **Total long-term sales price amounts.** Add lines 8 and 9 in column (d) | 10 | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | 11 | | |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 12 | | |
| 13 Capital gain distributions. See instrs | 13 | | 302. |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your **Capital Loss Carryover Worksheet** in the instructions | 14 | | |
| 15 **Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on page 2 | 15 | | 302. |

AA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

**Part III Summary**

| | | |
|---|---|---|
| 16 Combine lines 7 and 15 and enter the result | 16 | 4,239. |
| If line 16 is:<br>• A **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.<br>• A **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.<br>• **Zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22. | | |
| 17 Are lines 15 and 16 **both** gains?<br>[X] **Yes.** Go to line 18.<br>[ ] **No.** Skip lines 18 through 21, and go to line 22. | | |
| 18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions ► | 18 | |
| 19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions ► | 19 | |
| 20 Are lines 18 and 19 **both** zero or blank?<br>[X] **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below.<br>[ ] **No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below. | | |
| 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:<br>• The loss on line 16 or<br>• ($3,000), or if married filing separately, ($1,500)<br>**Note.** When figuring which amount is smaller, treat both amounts as positive numbers. | 21 | |
| 22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?<br>[ ] **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040 (or in the Instructions for Form 1040NR).<br>[ ] **No.** Complete the rest of Form 1040 or Form 1040NR. | | |

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

# Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)

► Attach to Form 1040, 1040NR, or Form 1041.
► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2008

Attachment Sequence No. 13

Name(s) shown on return: DELANO R KNEECE, JR & ROXANNE J KNEECE

Your social security number: [redacted]

## Part I Income or Loss From Rental Real Estate and Royalties

Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

| 1 | List the type and address of each rental real estate property: | 2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days, or • 10% of the total days rented at fair rental value? (See instructions.) | | Yes | No |
|---|---|---|---|---|---|
| A | FARM LAND<br>FARM LAND | | A | | X |
| B | | | B | | |
| C | | | C | | |

| Income: | | Properties A | Properties B | Properties C | | Totals (Add columns A, B, and C.) |
|---|---|---|---|---|---|---|
| 3 Rents received | 3 | 4,888. | | | 3 | 4,888. |
| 4 Royalties received | 4 | | | | 4 | |
| **Expenses:** | | | | | | |
| 5 Advertising | 5 | | | | | |
| 6 Auto and travel (see instructions) | 6 | | | | | |
| 7 Cleaning and maintenance | 7 | | | | | |
| 8 Commissions | 8 | | | | | |
| 9 Insurance | 9 | | | | | |
| 10 Legal and other professional fees | 10 | | | | | |
| 11 Management fees | 11 | | | | | |
| 12 Mortgage interest paid to banks, etc (see instructions) | 12 | | | | 12 | |
| 13 Other interest | 13 | | | | | |
| 14 Repairs | 14 | | | | | |
| 15 Supplies | 15 | | | | | |
| 16 Taxes | 16 | | | | | |
| 17 Utilities | 17 | | | | | |
| 18 Other (list) ► | 18 | | | | | |
| 19 Add lines 5 through 18 | 19 | | | | 19 | |
| 20 Depreciation expense or depletion (see instructions) | 20 | | | | 20 | |
| 21 Total expenses. Add lines 19 and 20 | 21 | | | | | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198 | 22 | 4,888. | | | | |
| 23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 | 23 | | | | | |
| 24 **Income.** Add positive amounts shown on line 22. Do not include any losses | | | | | 24 | 4,888. |
| 25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | | 25 | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | | | | | 26 | 4,888. |

SCHEDULE F
(Form 1040)
Department of the Treasury Internal Revenue Service (99)

# Profit or Loss From Farming

► Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.
► See Instructions for Schedule F (Form 1040).

OMB No. 1545-0074
2008
Attachment Sequence No. 14

Name of proprietor: DELANO R KNEECE, JR

Social security number (SSN): [redacted]

A Principal product. Describe in one or two words your principal crop or activity for the current tax year: GRAINS

B Enter code from Part IV ► 111900

C Accounting method: (1) [X] Cash (2) [ ] Accrual

D Employer ID number (EIN), if any

E Did you 'materially participate' in the operation of this business during 2008? If 'No,' see instructions for limit on passive losses ..... [X] Yes [ ] No

## Part I Farm Income – Cash Method.

Complete Parts I and II (Accrual method. Complete Parts II & III, & Part I, line 11.) Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Sales of livestock and other items you bought for resale | 1 | | | |
| 2 | Cost or other basis of livestock and other items reported on line 1 | 2 | | | |
| 3 | Subtract line 2 from line 1 | | | 3 | |
| 4 | Sales of livestock, produce, grains, and other products you raised | | | 4 | 0. |
| 5a | Cooperative distributions (Form(s) 1099-PATR) | 5a | 5b Taxable amount | 5b | |
| 6a | Agricultural program payments (see instructions) | 6a | 6b Taxable amount | 6b | |
| 7 | Commodity Credit Corporation (CCC) loans (see instructions): | | | | |
| a | CCC loans reported under election | | | 7a | |
| b | CCC loans forfeited | 7b | 7c Taxable amount | 7c | |
| 8 | Crop insurance proceeds and federal crop disaster payments (see instructions): | | | | |
| a | Amount received in 2008 | 8a | 8b Taxable amount | 8b | |
| c | If election to defer to 2009 is attached, check here ► [ ] | | 8d Amount deferred from 2007 | 8d | |
| 9 | Custom hire (machine work) income | | | 9 | |
| 10 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | | 10 | |
| 11 | **Gross income.** Add amounts in the right column for lines 3 through 10. If you use the accrual method to figure your income, enter the amount from Part III, line 51 ► | | | 11 | 0. |

## Part II Farm Expenses – Cash and Accrual Method.

Do not include personal or living expenses such as taxes, insurance, or repairs on your home.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 12 | Car and truck expenses (see instructions). Also attach Form 4562 | 12 | | 25 | Pension and profit-sharing plans | 25 | |
| 13 | Chemicals | 13 | | 26 | Rent or lease (see instructions): | | |
| 14 | Conservation expenses (see instructions) | 14 | | a | Vehicles, machinery, and equipment | 26a | |
| 15 | Custom hire (machine work) | 15 | | b | Other (land, animals, etc) | 26b | |
| 16 | Depreciation and section 179 expense deduction not claimed elsewhere (see instructions) | 16 | 1,238. | 27 | Repairs and maintenance | 27 | |
| | | | | 28 | Seeds and plants | 28 | |
| | | | | 29 | Storage and warehousing | 29 | |
| 17 | Employee benefit programs other than on line 25 | 17 | | 30 | Supplies | 30 | |
| | | | | 31 | Taxes | 31 | |
| 18 | Feed | 18 | | 32 | Utilities | 32 | |
| 19 | Fertilizers and lime | 19 | | 33 | Veterinary, breeding, and medicine | 33 | |
| 20 | Freight and trucking | 20 | | 34 | Other expenses (specify): | | |
| 21 | Gasoline, fuel, and oil | 21 | | a | | 34a | |
| 22 | Insurance (other than health) | 22 | | b | | 34b | |
| 23 | Interest: | | | c | | 34c | |
| a | Mortgage (paid to banks, etc) | 23a | | d | | 34d | |
| b | Other | 23b | | e | | 34e | |
| 24 | Labor hired (less employment credits) | 24 | | f | | 34f | |

| | | | |
|---|---|---|---|
| 35 | **Total expenses.** Add lines 12 through 34f. If line 34f is negative, see instructions ► | 35 | 1,238. |
| 36 | **Net farm profit or (loss).** Subtract line 35 from line 11. Partnerships, see instructions.<br>• If a profit, enter the profit on both **Form 1040, line 18,** and **Schedule SE, line 1a;** on **Form 1040NR, line 19;** or on **Form 1041, line 6.**<br>• If a loss, you **must** go on to line 37. | 36 | -1,238. |

37 If you have a loss, you **must** check the box that describes your investment in this activity (see instructions).
- If you checked 37a, enter the loss on both **Form 1040, line 18,** and **Schedule SE, line 1a;** on **Form 1040NR, line 19;** or on **Form 1041, line 6.**
- If you checked 37b, you **must** attach **Form 6198.** Your loss may be limited.

37a [X] All investment is at risk.
37b [ ] Some investment is not at risk.

# 1040 Department of the Treasury—Internal Revenue Service
# U.S. Individual Income Tax Return 2009

(99) IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0074

For the year Jan. 1–Dec. 31, 2009, or other tax year beginning , ending

| Your first name | M.I. | Last name | Suffix | Your social security number |
|---|---|---|---|---|
| DELANO | R | KNEECE | JR | XXX-XX-XXXX |
| If a joint return, spouse's first name | M.I. | Last name | Suffix | Spouse's social security number |
| ROXANNE | J | KNEECE | | XXX-XX-XXXX |

Home address (number and street). If you have a P.O. box, see page 14. Apt. no.
204 DELANO KNEECE RD

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.
PELION SC 29123

▲ You must enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 14) ▶ ☐ You ☐ Spouse

**Filing Status** (Check only one)

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ First name Last name

4 ☐ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ First name Last name SSN

5 ☐ Qualifying widow(er) with dependent child (see page 16)

**Exemptions**

6a ☒ **Yourself.** If someone can claim you as a dependent, do not check box 6a

b ☒ **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see page 17) |
|---|---|---|---|
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

If more than four dependents, see page 17 and check here ▶ ☐

No. of children on 6c who:
- lived with you: 0
- did not live with you due to divorce or separation (see page 18): 0

Dependents on 6c not entered above: 0

d Total number of exemptions claimed — Add numbers on lines above ▶ 2

**Income**

| | | | | |
|---|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 7 | 137,399 |
| 8a | Taxable interest. Attach Schedule B if required | | 8a | |
| b | Tax-exempt interest. Do not include on line 8a | 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | | 9a | |
| b | Qualified dividends (see page 22) | 9b | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see page 23) | | 10 | |
| 11 | Alimony received | | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | | 12 | |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ | | 13 | -3,000 |
| 14 | Other gains or (losses). Attach Form 4797 | | 14 | |
| 15a | IRA distributions | 15a | b Taxable amount (see page 24) | 15b |
| 16a | Pensions and annuities | 16a | b Taxable amount (see page 25) | 16b |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 17 | 4,888 |
| 18 | Farm income or (loss). Attach Schedule F | | 18 | -11,593 |
| 19 | Unemployment compensation in excess of $2,400 per recipient (see page 27) | | 19 | |
| 20a | Social security benefits | 20a | b Taxable amount (see page 27) | 20b 0 |
| 21 | Other income. List type and amount (see page 29) | | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | | 22 | 127,694 |

**Adjusted Gross Income**

| | | | |
|---|---|---|---|
| 23 | Educator expenses (see page 29) | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction (see page 30) | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 | IRA deduction (see page 31) | 32 | |
| 33 | Student loan interest deduction (see page 34) | 33 | |
| 34 | Tuition and fees deduction. Attach Form 8917 | 34 | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 | Add lines 23 through 31a and 32 through 35 | | 36 |
| 37 | Subtract line 36 from line 22. This is your **adjusted gross income** ▶ | | 37 127,694 |

Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 97.

| | | | | |
|---|---|---|---|---|
| **Tax and Credits** | 38 | Amount from line 37 (adjusted gross income) | 38 | 127,694 |
| | 39a | Check if: ☐ You were born before January 2, 1945, ☐ Blind. ☐ Spouse was born before January 2, 1945, ☐ Blind. } Total boxes checked ▶ 39a | | |
| Standard Deduction for— • People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see page 35. • All others: Single or Married filing separately, $5,700 Married filing jointly or Qualifying widow(er), $11,400 Head of household, $8,350 | b | If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ▶ 39b ☐ | | |
| | 40a | **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) | 40a | 17,702 |
| | b | If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ▶ 40b ☐ | | |
| | 41 | Subtract line 40a from line 38 | 41 | 109,992 |
| | 42 | **Exemptions.** If line 38 is $125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply $3,650 by the number on line 6d. Otherwise, see page 37 | 42 | 7,300 |
| | 43 | **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 102,692 |
| | 44 | **Tax** (see page 37). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 | 44 | 18,048 |
| | 45 | **Alternative minimum tax** (see page 40). Attach Form 6251 | 45 | |
| | 46 | Add lines 44 and 45 ▶ | 46 | 18,048 |
| | 47 | Foreign tax credit. Attach Form 1116 if required — 47 | | |
| | 48 | Credit for child and dependent care expenses. Attach Form 2441 — 48 | | |
| | 49 | Education credits from Form 8863, line 29 — 49 | | |
| | 50 | Retirement savings contributions credit. Attach Form 8880 — 50 | | |
| | 51 | Child tax credit (see page 42) — 51 | | |
| | 52 | Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695 — 52 | | |
| | 53 | Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ — 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 | 18,048 |
| **Other Taxes** | 56 | Self-employment tax. Attach Schedule SE | 56 | |
| | 57 | Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 | 57 | |
| | 58 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 58 | |
| | 59 | Additional taxes: a ☐ AEIC payments b ☐ Household employment taxes. Attach Schedule H | 59 | |
| | 60 | Add lines 55 through 59. This is your **total tax** ▶ | 60 | 18,048 |
| **Payments** | 61 | Federal income tax withheld from Forms W-2 and 1099 — 61 — 18,701 | | |
| | 62 | 2009 estimated tax payments and amount applied from 2008 return — 62 | | |
| | 63 | Making work pay and government retiree credits. Attach Schedule M — 63 — 800 | | |
| If you have a qualifying child, attach Schedule EIC. | 64a | **Earned income credit (EIC)** — 64a | | |
| | b | Nontaxable combat pay election — 64b | | |
| | 65 | Additional child tax credit. Attach Form 8812 — 65 | | |
| | 66 | Refundable education credit from Form 8863, line 16 — 66 | | |
| | 67 | First-time homebuyer credit. Attach Form 5405 — 67 | | |
| | 68 | Amount paid with request for extension to file (see page 72) — 68 | | |
| | 69 | Excess social security and tier 1 RRTA tax withheld (see page 72) — 69 | | |
| | 70 | Credits from Form: a ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8885 — 70 | | |
| | 71 | Add lines 61, 62, 63, 64a, and 65 through 70. These are your **total payments** ▶ | 71 | 19,501 |
| **Refund** | 72 | If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you **overpaid** | 72 | 1,453 |
| | 73a | Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ▶ ☐ | 73a | 1,453 |
| Direct deposit? See page 73 and fill in 73b, 73c, and 73d, or Form 8888. | ▶ b | Routing number XXXXXXXXX ▶ c Type: ☐ Checking ☐ Savings | | |
| | ▶ d | Account number XXXXXXXXXXXXXXXXX | | |
| | 74 | Amount of line 72 you want **applied to your 2010 estimated tax** ▶ — 74 | | |
| **Amount You Owe** | 75 | **Amount you owe.** Subtract line 71 from line 60. For details on how to pay, see page 74 ▶ | 75 | 0 |
| | 76 | Estimated tax penalty (see page 74) — 76 | | |

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☐ Yes. Complete the following. ☒ No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign Here**

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

Keep a copy for your records.

| Your signature | Date | Your occupation | Daytime phone number |
|---|---|---|---|
| | | FARMER | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |
| | | SECRETARY | |

**Paid Preparer's Use Only**

| Preparer's signature | Date | Check if self-employed | Preparer's SSN or PTIN |
|---|---|---|---|
| MIKE BROWN | 4/6/2010 | ☒ | XXXXXXXXX |

| Firm's name (or yours if self-employed), address, and ZIP code | EIN |
|---|---|
| BROWNS ACCOUNTING | XX-XXXXXXX |
| 2728 GLENWOOD RD | Phone no. (803) 782-7153 |
| COLUMBIA State SC | ZIP code 29204 |

:HEDULE A
orm 1040)

artment of the Treasury
nal Revenue Service (99)

# Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2009**

Attachment Sequence No. 07

ne(s) shown on Form 1040

LANO R, JR and ROXANNE J KNEECE

Your social security number XXX-XX-XXXX

| | | | | | | |
|---|---|---|---|---|---|---|
| edical d ntal penses | | **Caution.** Do not include expenses reimbursed or paid by others. | | | | |
| | 1 | Medical and dental expenses (see page A-1) | 1 | 3,007 | | |
| | 2 | Enter amount from Form 1040, line 38 . . 2 127,694 | | | | |
| | 3 | Multiply line 2 by 7.5% (.075) | 3 | 9,577 | | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 | 0 |
| xes You id | 5 | State and local (**check only one box**): a [X] Income taxes, or b [ ] General sales taxes | 5 | 8,055 | | |
| e A-2.) | 6 | Real estate taxes (see page A-5) | 6 | | | |
| | 7 | New motor vehicle taxes from line 11 of the worksheet on back. Skip this line if you checked box 5b. | 7 | | | |
| | 8 | Other taxes. List type and amount ▶ | 8 | | | |
| | 9 | Add lines 5 through 8 | | | 9 | 8,055 |
| erest u Paid | 10 | Home mortgage interest and points reported to you on Form 1098 | 10 | 1,978 | | |
| A-6.) | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address ▶ Name Address TIN | 11 | | | |
| e. onal est is ctible. | 12 | Points not reported to you on Form 1098. See page A-7 for special rules | 12 | | | |
| | 13 | Qualified mortgage insurance premiums (see page A-7) | 13 | | | |
| | 14 | Investment interest. Attach Form 4952 if required. (See page A-8.) | 14 | | | |
| | 15 | Add lines 10 through 14 | | | 15 | 1,978 |
| ts to arity | 16 | Gifts by cash or check. If you made any gift of $250 or more, see page A-8 | 16 | 7,669 | | |
| made a nd got a fit for it, page A-8. | 17 | Other than by cash or check. If any gift of $250 or more, see page A-8. You **must** attach Form 8283 if over $500 | 17 | | | |
| | 18 | Carryover from prior year | 18 | | | |
| | 19 | Add lines 16 through 18 | | | 19 | 7,669 |
| ualty and ft Losses | 20 | Casualty or theft loss(es). Attach Form 4684. (See page A-10.) | | | 20 | |
| Expenses Certain cellaneous luctions | 21 | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ▶ | 21 | | | |
| | 22 | Tax preparation fees | 22 | | | |
| A-10.) | 23 | Other expenses—investment, safe deposit box, etc. List type and amount ▶ | 23 | | | |
| | 24 | Add lines 21 through 23 | 24 | 0 | | |
| | 25 | Enter amount from Form 1040, line 38 . . 25 127,694 | | | | |
| | 26 | Multiply line 25 by 2% (.02) | 26 | 2,554 | | |
| | 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | | 27 | 0 |
| er cellaneous luctions | 28 | Other—from list on page A-11. List type and amount ▶ | | | 28 | |
| tal mized luctions | 29 | Is Form 1040, line 38, over $166,800 (over $83,400 if married filing separately)? [X] **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. [ ] **Yes.** Your deduction may be limited. See page A-11 for the amount to enter. | | | 29 | 17,702 |
| | 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ [ ] | | | | |

· Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 2009

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8

OMB No. 1545-0074

2009

Attachment Sequence No. 12

Name(s) shown on return: DELANO R, JR and ROXANNE J KNEECE

Your social security number: XXX-XX-XXXX

## Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

| (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Sales price (see page D-7 of the instructions) | (e) Cost or other basis (see page D-7 of the instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|---|---|---|---|---|
| 1 MERRILL LYNCH | Various | 12/31/2009 | | 292 | -292 |
| MERRILL LYNCH | Various | 12/31/2009 | | 63 | -63 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |

2 Enter your short-term totals, if any, from Schedule D-1, line 2 . . . . . 2

3 **Total short-term sales price amounts.** Add lines 1 and 2 in column (d) . . . . . 3 0

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4

5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . . 5

6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions . . . . . 6 ( )

7 **Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f). . . . . 7 -355

## Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

| (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Sales price (see page D-7 of the instructions) | (e) Cost or other basis (see page D-7 of the instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|---|---|---|---|---|
| 8 MERRILL LYNCH | 6/30/2001 | 12/31/2009 | | 25,141 | -25,141 |
| MERRILL LYNCH | 6/30/2004 | 12/31/2009 | | 3,460 | -3,460 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |

9 Enter your long-term totals, if any, from Schedule D-1, line 9 . . . . . 9

10 **Total long-term sales price amounts.** Add lines 8 and 9 in column (d) . . . . . 10 0

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . . 11

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . . 12

13 Capital gain distributions. See page D-2 of the instructions . . . . . 13

14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions . . . . . 14 ( )

15 **Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on the back . . . . . 15 -28,601

**For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.**

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**Part III Summary**

| | | | |
|---|---|---|---|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -28,956 |
| | If line 16 is:<br>• A **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.<br>• A **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.<br>• **Zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. | | |
| 17 | Are lines 15 and 16 **both** gains?<br>☐ **Yes.** Go to line 18.<br>☐ **No.** Skip lines 18 through 21, and go to line 22. | | |
| 18 | Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions ▶ | 18 | |
| 19 | Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions ▶ | 19 | |
| 20 | Are lines 18 and 19 **both** zero or blank?<br>☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below.<br>☐ **No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:<br>• The loss on line 16 or<br>• ($3,000), or if married filing separately, ($1,500) | 21 | ( 3,000) |
| | **Note.** When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?<br>☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).<br>☒ **No.** Complete the rest of Form 1040 or Form 1040NR. | | |

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2009

Attachment Sequence No. 13

Name(s) shown on return: DELANO R, JR and ROXANNE J KNEECE

Your social security number: XXX-XX-XXXX

**Part I** **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see page E-3). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

| 1 List the type and address of each **rental real estate property:** | | 2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days or • 10% of the total days rented at fair rental value? (See page E-3) | | Yes | No |
|---|---|---|---|---|---|
| A | FARM LAND, pelion, SC | | A | | X |
| B | | | B | | |
| C | | | C | | |

| | | Properties A | Properties B | Properties C | | Totals (Add columns A, B, and C.) |
|---|---|---|---|---|---|---|
| **Income:** | | | | | | |
| 3 Rents received | 3 | 4,888 | | | 3 | 4,888 |
| 4 Royalties received | 4 | | | | 4 | 0 |
| **Expenses:** | | | | | | |
| 5 Advertising | 5 | | | | | |
| 6 Auto and travel (see page E-4) | 6 | | | | | |
| 7 Cleaning and maintenance | 7 | | | | | |
| 8 Commissions | 8 | | | | | |
| 9 Insurance | 9 | | | | | |
| 10 Legal and other professional fees | 10 | | | | | |
| 11 Management fees | 11 | | | | | |
| 12 Mortgage interest paid to banks, etc. (see page E-5) | 12 | | | | 12 | 0 |
| 13 Other interest | 13 | | | | | |
| 14 Repairs | 14 | | | | | |
| 15 Supplies | 15 | | | | | |
| 16 Taxes | 16 | | | | | |
| 17 Utilities | 17 | | | | | |
| 18 Other (list) ▶ | 18 | | | | | |
| 19 Add lines 5 through 18 | 19 | | | | 19 | 0 |
| 20 Depreciation expense or depletion (see page E-5) | 20 | | | | 20 | 0 |
| 21 Total expenses. Add lines 19 and 20 | 21 | | | | | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file **Form 6198** | 22 | 4,888 | | | | |
| 23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file **Form 8582.** Real estate professionals **must** complete line 43 on page 2 | 23 | ( ) | ( ) | ( ) | | |
| 24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses | | | | | 24 | 4,888 |
| 25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | | 25 | ( 0 ) |
| 26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | | | | | 26 | 4,888 |

For Paperwork Reduction Act Notice, see page E-8 of the instructions.

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Schedule E (Form 1040) 2009

:HEDULE F
)rm 1040)

ırtment of the Treasury
ıal Revenue Service (99)

# Profit or Loss From Farming

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.
▶ See Instructions for Schedule F (Form 1040).

OMB No. 1545-0074
**2009**
Attachment Sequence No. 14

ıe of proprietor
LANO R KNEECE, JR

Social security number (SSN)
XXX-XX-XXXX

Principal product. Describe in one or two words your principal crop or activity for the current tax year.
AINS

B Enter code from Part IV ▶ 111900

Accounting method: (1) [X] Cash (2) [ ] Accrual

D Employer ID number (EIN), if any

Did you "materially participate" in the operation of this business during 2009? If "No," see page F-2 for limit on passive losses. [X] Yes [ ] No

**ırt I Farm Income—Cash Method.** Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 11.)
Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797.

| | | | | | |
|---|---|---|---|---|---|
| Sales of livestock and other items you bought for resale | 1 | | | | |
| Cost or other basis of livestock and other items reported on line 1 | 2 | | | | |
| Subtract line 2 from line 1 | | | | 3 | 0 |
| Sales of livestock, produce, grains, and other products you raised | | | | 4 | |
| Cooperative distributions (Form(s) 1099-PATR) | 5a | | 5b Taxable amount | 5b | |
| Agricultural program payments (see page F-3) | 6a | | 6b Taxable amount | 6b | |
| Commodity Credit Corporation (CCC) loans (see page F-3): | | | | | |
| CCC loans reported under election | | | | 7a | |
| CCC loans forfeited | 7b | | 7c Taxable amount | 7c | |
| Crop insurance proceeds and federal crop disaster payments (see page F-3): | | | | | |
| Amount received in 2009 | 8a | | 8b Taxable amount | 8b | |
| If election to defer to 2010 is attached, check here ▶ [ ] | | | 8d Amount deferred from 2008 | 8d | |
| Custom hire (machine work) income | | | | 9 | |
| Other income, including federal and state gasoline or fuel tax credit or refund (see page F-3) | | | | 10 | 1,000 |
| **Gross income.** Add amounts in the right column for lines 3 through 10. If you use the accrual method to figure your income, enter the amount from Part III, line 51 ▶ | | | | 11 | 1,000 |

**ıt II Farm Expenses—Cash and Accrual Method.**
Do not include personal or living expenses such as taxes, insurance, or repairs on your home.

| | | | | | | |
|---|---|---|---|---|---|---|
| Car and truck expenses (see page F-5). Also attach Form 4562 | 12 | 4,950 | 25 Pension and profit-sharing plans | 25 | | |
| Chemicals | 13 | | 26 Rent or lease (see page F-6): | | | |
| Conservation expenses (see page F-5) | 14 | | a Vehicles, machinery, and equipment | 26a | | |
| Custom hire (machine work) | 15 | | b Other (land, animals, etc.) | 26b | | |
| Depreciation and section 179 expense deduction not claimed elsewhere (see page F-5) | 16 | | 27 Repairs and maintenance | 27 | | |
| | | | 28 Seeds and plants | 28 | | |
| | | | 29 Storage and warehousing | 29 | | |
| Employee benefit programs other than on line 25 | 17 | | 30 Supplies | 30 | 742 | |
| Feed | 18 | | 31 Taxes | 31 | | |
| Fertilizers and lime | 19 | | 32 Utilities | 32 | 1,298 | |
| Freight and trucking | 20 | | 33 Veterinary, breeding, and medicine | 33 | | |
| Gasoline, fuel, and oil | 21 | | 34 Other expenses (specify): | | | |
| Insurance (other than health) | 22 | | a | 34a | | |
| Interest: | | | b | 34b | | |
| Mortgage (paid to banks, etc.) | 23a | | c | 34c | | |
| Other | 23b | 1,288 | d | 34d | | |
| Labor hired (less employment credits) | 24 | | e | 34e | | |
| | | | f | 34f | | |

**Total expenses.** Add lines 12 through 34f. If line 34f is negative, see instructions ▶ 35 8,278

**Net farm profit or (loss).** Subtract line 35 from line 11. Partnerships, see page F-7. 36 -7,278
- If a profit, enter the profit on both **Form 1040, line 18,** and **Schedule SE, line 1a;** on **Form 1040NR, line 19;** or on **Form 1041, line 6.**
- If a loss, you **must** go to line 37.

If you have a loss, you **must** check the box that describes your investment in this activity (see page F-7).
- If you checked 37a, enter the loss on both **Form 1040, line 18,** and **Schedule SE, line 1a;** on **Form 1040NR, line 19;** or on **Form 1041, line 6.**
- If you checked 37b, you **must** attach **Form 6198.** Your loss may be limited.

37a [X] All investment is at risk.
37b [ ] Some investment is not at risk.

**Paperwork Reduction Act Notice, see page F-7 of the Instructions.**

SCHEDULE F (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Profit or Loss From Farming

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

▶ See Instructions for Schedule F (Form 1040).

OMB No. 1545-0074

2009

Attachment Sequence No. 14

Name of proprietor: ROXANNE J KNEECE

Social security number (SSN): XXX-XX-XXXX

Principal product. Describe in one or two words your principal crop or activity for the current tax year: CORN

B Enter code from Part IV ▶ 112900

D Employer ID number (EIN), if any

Accounting method: (1) [X] Cash (2) [ ] Accrual

Did you "materially participate" in the operation of this business during 2009? If "No," see page F-2 for limit on passive losses. [X] Yes [ ] No

**Part I** **Farm Income—Cash Method.** Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 11.) Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Sales of livestock and other items you bought for resale | 1 | | | |
| 2 | Cost or other basis of livestock and other items reported on line 1 | 2 | | | |
| 3 | Subtract line 2 from line 1 | | | 3 | 0 |
| 4 | Sales of livestock, produce, grains, and other products you raised | | | 4 | |
| 5a | Cooperative distributions (Form(s) 1099-PATR) | 5a | 5b Taxable amount | 5b | |
| 6a | Agricultural program payments (see page F-3) | 6a | 6b Taxable amount | 6b | |
| 7 | Commodity Credit Corporation (CCC) loans (see page F-3): | | | | |
| a | CCC loans reported under election | | | 7a | |
| b | CCC loans forfeited | 7b | 7c Taxable amount | 7c | |
| 8 | Crop insurance proceeds and federal crop disaster payments (see page F-3): | | | | |
| a | Amount received in 2009 | 8a | 8b Taxable amount | 8b | |
| c | If election to defer to 2010 is attached, check here ▶ [ ] | | 8d Amount deferred from 2008 | 8d | |
| 9 | Custom hire (machine work) income | | | 9 | |
| 10 | Other income, including federal and state gasoline or fuel tax credit or refund (see page F-3) | | | 10 | |
| 11 | **Gross income.** Add amounts in the right column for lines 3 through 10. If you use the accrual method to figure your income, enter the amount from Part III, line 51 ▶ | | | 11 | 0 |

**Part II** **Farm Expenses—Cash and Accrual Method.** Do not include personal or living expenses such as taxes, insurance, or repairs on your home.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Car and truck expenses (see page F-5). Also attach Form 4562 | 12 | | 25 | Pension and profit-sharing plans | 25 | |
| | Chemicals | 13 | | 26 | Rent or lease (see page F-6): | | |
| | Conservation expenses (see page F-5) | 14 | | a | Vehicles, machinery, and equipment | 26a | |
| | Custom hire (machine work) | 15 | | b | Other (land, animals, etc.) | 26b | |
| | Depreciation and section 179 expense deduction not claimed elsewhere (see page F-5) | 16 | 2,527 | 27 | Repairs and maintenance | 27 | |
| | | | | 28 | Seeds and plants | 28 | |
| | | | | 29 | Storage and warehousing | 29 | |
| | Employee benefit programs other than on line 25 | 17 | | 30 | Supplies | 30 | |
| | | | | 31 | Taxes | 31 | |
| | Feed | 18 | | 32 | Utilities | 32 | |
| | Fertilizers and lime | 19 | | 33 | Veterinary, breeding, and medicine | 33 | |
| | Freight and trucking | 20 | | 34 | Other expenses (specify): | | |
| | Gasoline, fuel, and oil | 21 | | a | | 34a | |
| | Insurance (other than health) | 22 | | b | | 34b | |
| | Interest: | | | c | | 34c | |
| a | Mortgage (paid to banks, etc.) | 23a | 1,788 | d | | 34d | |
| b | Other | 23b | | e | | 34e | |
| | Labor hired (less employment credits) | 24 | | f | | 34f | |

| | | |
|---|---|---|
| **Total expenses.** Add lines 12 through 34f. If line 34f is negative, see instructions ▶ | 35 | 4,315 |
| **Net farm profit or (loss).** Subtract line 35 from line 11. Partnerships, see page F-7.<br>• If a profit, enter the profit on both **Form 1040, line 18,** and **Schedule SE, line 1a;** on **Form 1040NR, line 19;** or on **Form 1041, line 6.**<br>• If a loss, you **must** go to line 37. | 36 | -4,315 |

If you have a loss, you **must** check the box that describes your investment in this activity (see page F-7).

37a [X] All investment is at risk.

37b [ ] Some investment is not at risk.

• If you checked 37a, enter the loss on both **Form 1040, line 18,** and **Schedule SE, line 1a;** on **Form 1040NR, line 19;** or on **Form 1041, line 6.**

• If you checked 37b, you **must** attach **Form 6198.** Your loss may be limited.

For Paperwork Reduction Act Notice, see page F-7 of the instructions.

Schedule F (Form 1040) 2009

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

# Alternative Minimum Tax—Individuals

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2009**

Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR: DELANO R, JR and ROXANNE J KNEECE

Your social security number: XXX-XX-XXXX

## Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

| | | | |
|---|---|---|---|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.) | 1 | 109,992 |
| 2 | Medical and dental. Enter the **smaller** of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0- | 2 | 0 |
| 3 | Taxes from Schedule A (Form 1040), lines 5, 6, and 8 | 3 | 8,055 |
| 4 | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions | 4 | |
| 5 | Miscellaneous deductions from Schedule A (Form 1040), line 27 | 5 | |
| 6 | If Form 1040, line 38, is over $166,800 (over $83,400 if married filing separately), enter the amount from line 11 of the **Itemized Deductions Worksheet** on page A-11 of the instructions for Schedule A (Form 1040) | 6 | ( ) |
| 7 | If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule | 7 | ( ) |
| 8 | Tax refund from Form 1040, line 10 or line 21 | 8 | ( ) |
| 9 | Investment interest expense (difference between regular tax and AMT) | 9 | |
| 10 | Depletion (difference between regular tax and AMT) | 10 | |
| 11 | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount | 11 | |
| 12 | Alternative tax net operating loss deduction | 12 | ( ) |
| 13 | Interest from specified private activity bonds exempt from the regular tax | 13 | |
| 14 | Qualified small business stock (7% of gain excluded under section 1202) | 14 | |
| 15 | Exercise of incentive stock options (excess of AMT income over regular tax income) | 15 | |
| 16 | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 16 | |
| 17 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | 17 | |
| 18 | Disposition of property (difference between AMT and regular tax gain or loss) | 18 | |
| 19 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 19 | |
| 20 | Passive activities (difference between AMT and regular tax income or loss) | 20 | |
| 21 | Loss limitations (difference between AMT and regular tax income or loss) | 21 | |
| 22 | Circulation costs (difference between regular tax and AMT) | 22 | |
| 23 | Long-term contracts (difference between AMT and regular tax income) | 23 | |
| 24 | Mining costs (difference between regular tax and AMT) | 24 | |
| 25 | Research and experimental costs (difference between regular tax and AMT) | 25 | |
| 26 | Income from certain installment sales before January 1, 1987 | 26 | ( ) |
| 27 | Intangible drilling costs preference | 27 | |
| 28 | Other adjustments, including income-based related adjustments | 28 | |
| 29 | **Alternative minimum taxable income.** Combine lines 1 through 28. (If married filing separately and line 29 is more than $216,900, see page 8 of the instructions.) | 29 | 118,047 |

## Part II Alternative Minimum Tax (AMT)

| | | | |
|---|---|---|---|
| 30 | Exemption. (If you were under age 24 at the end of 2009, see page 8 of the instructions.) | | |
| | **IF your filing status is . . .** / **AND line 29 is not over . . .** / **THEN enter on line 30 . . .** | | |
| | Single or head of household: $112,500 → $46,700 | | |
| | Married filing jointly or qualifying widow(er): 150,000 → 70,950 | | |
| | Married filing separately: 75,000 → 35,475 | 30 | 70,950 |
| | If line 29 is over the amount shown above for your filing status, see page 8 of the instructions. | | |
| 31 | Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II. | 31 | 47,097 |
| 32 | • If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter.<br>• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here.<br>• **All others:** If line 31 is $175,000 or less ($87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result. | 32 | 12,245 |
| 33 | Alternative minimum tax foreign tax credit (see page 9 of the instructions) | 33 | |
| 34 | Tentative minimum tax. Subtract line 33 from line 32 | 34 | 12,245 |
| 35 | Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions) | 35 | 18,048 |
| 36 | **AMT.** Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | 36 | 0 |

**For Paperwork Reduction Act Notice, see page 12 of the instructions.**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172
**2009**
Attachment Sequence No. 67

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| DELANO R KNEECE, JR | Sch F: 01 - GRAINS | XXX-XX-XXXX |

**Part I Election To Expense Certain Property Under Section 179**

**Note:** *If you have any listed property, complete Part V before you complete Part I.*

| | | | |
|---|---|---|---|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | 250,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 800,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 0 |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 250,000 |

| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|
| | | |
| | | |

| | | | | |
|---|---|---|---|---|
| 7 | Listed property. Enter the amount from line 29 | 7 | | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | | 8 | 0 |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | | 9 | 0 |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562 | | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | | 12 | 0 |
| 13 | Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶ | 13 | 0 | |

**Note:** *Do not use Part II or Part III below for listed property. Instead, use Part V.*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 19 a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental | | | 27.5 yrs. | MM | S/L | |
| property | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real | | | 39 yrs. | MM | S/L | |
| property | | | | MM | S/L | |

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

| | | | | | | |
|---|---|---|---|---|---|---|
| 20 a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

**Part IV Summary (See instructions.)**

| | | | |
|---|---|---|---|
| Listed property. Enter amount from line 28 | | 21 | |
| Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | | 22 | 0 |
| For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | | |

**Paperwork Reduction Act Notice, see separate instructions.**

Form 4562 (2009)

**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

**ction A—Depreciation and Other Information (Caution:** *See the instructions for limits for passenger automobiles.* )

la Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No **24b** If "Yes," is the evidence written? [X] Yes [ ] No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/ investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| 5 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | 25 | | |
| 6 Property used more than 50% in a qualified business use: | | | | | | | | |
| UCK | 3/1/2008 | 60.00% | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 8 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | 28 | 0 | |
| 9 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | 29 | 0 |

**Section B—Information on Use of Vehicles**

nplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to r employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | (b) Vehicle 2 | (c) Vehicle 3 | (d) Vehicle 4 | (e) Vehicle 5 | (f) Vehicle 6 |
|---|---|---|---|---|---|---|
| 0 Total business/investment miles driven during the year (do not include commuting miles) | 9,000 | | | | | |
| 1 Total commuting miles driven during the year | | | | | | |
| 2 Total other personal (noncommuting) miles driven | 6,000 | | | | | |
| 3 Total miles driven during the year. Add lines 30 through 32 | 15,000 | | | | | |

| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 Was the vehicle available for personal use during off-duty hours? | X | | | | | | | | | | | |
| 5 Was the vehicle used primarily by a more than 5% owner or related person? | X | | | | | | | | | | | |
| 6 Is another vehicle available for personal use? | X | | | | | | | | | | | |

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

wer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who not more than 5% owners or related persons (see instructions).

| | Yes | No |
|---|---|---|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| Do you treat all use of vehicles by employees as personal use? | | |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) | | |

**Note:** *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

## VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| Amortization of costs that begins during your 2009 tax year (see instructions): | | | | | |
| | | | | | |
| | | | | | |
| Amortization of costs that began before your 2009 tax year | | | | 43 | |
| **Total.** Add amounts in column (f). See the instructions for where to report | | | | 44 | 0 |

SCHEDULE M (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

# Making Work Pay and Government Retiree Credits

▶ Attach to Form 1040A, 1040, or 1040NR. ▶ See separate instructions.

OMB No. 1545-0074

2009

Attachment Sequence No. 166

Name(s) shown on return: DELANO R. JR and ROXANNE J KNEECE

Your social security number: XXX-XX-XXXX

1a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the "No" box below and see the instructions if (a) you have a net loss from a business, (b) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (c) your wages include pay for work performed while an inmate in a penal institution, (d) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or (e) you are filing Form 2555 or 2555-EZ

Do you (and your spouse if filing jointly) have 2009 wages of more than $6,451 ($12,903 if married filing jointly)?

☐ Yes. Skip lines 1a through 3. Enter $400 ($800 if married filing jointly) on line 4 and go to line 5.

☒ No. Enter your earned income (see instructions) . . . . . 1a 125,806

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

2 Multiply line 1a by 6.2% (.062) . . . . . 2 7,800

3 Enter $400 ($800 if married filing jointly) . . . . . 3 800

4 Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) . . . . . 4 800

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22 . . 5 127,694

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

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

☒ No. Skip line 8. Enter the amount from line 4 on line 9 below.

☐ Yes. Subtract line 6 from line 5 . . . . . 7 0

8 Multiply line 7 by 2% (.02) . . . . . 8 0

9 Subtract line 8 from line 4. If zero or less, enter -0- . . . . . 9 800

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions).

☒ No. Enter -0- on line 10 and go to line 11.

☐ Yes. Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than $250 ($500 if married filing jointly) . . . 10 0

11 Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work **not** covered by social security? Do not include any pension or annuity reported on Form W-2.

☒ No. Enter -0- on line 11 and go to line 12.

☐ Yes. • If you checked "No" on line 10, enter $250 ($500 if married filing jointly and the answer on line 11 is "Yes" for both spouses)
• If you checked "Yes" on line 10, enter -0- (exception: enter $250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10) . . . 11 0

12 Add lines 10 and 11 . . . . . 12 0

13 Subtract line 12 from line 9. If zero or less, enter -0 . . . . . 13 800

14 **Making work pay and government retiree credits.** Add lines 11 and 13. Enter the result here and on Form 1040, line 63; Form 1040A, line 40; or Form 1040NR, line 60 . . . . . 14 800

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

**For Paperwork Reduction Act Notice, see Form 1040A, 1040, or 1040NR instructions.**

(HTA)

Employee's FEDERAL Tax Return

: Employer's name, address, and ZIP code
)ELANO KNEECE & SON, INC.
213 DELANO KNEECE ROAD
PELION, SC 29123

| | |
|---|---|
| 1 Wages, tips, other compensation: 77600.00 | 2 Federal income tax withheld: 15537.00 |
| 3 Social security wages: 77600.00 | 4 Social security tax withheld: 4811.20 |
| 5 Medicare wages and tips: 77600.00 | 6 Medicare tax withheld: 1125.20 |
| 7 Social security tips | 8 Allocated tips |
| 9 Advance EIC payment | |
| 10 Dependent care benifits | 11 Nonqualified plans |
| 12a Code See inst. for box 12 | |
| 12b Code | 12c Code |
| 12d Code | |
| 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ | 14 Other |

: Employee's social security number
[redacted]

: Employees's name, address, and ZIP code
RICKY D. KNEECE
204 DELANO KNEECE ROAD
PELION, SC 29123

| State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | [redacted] | 77600.00 | 5107.00 | | | |

rm **W-2 Wage and Tax Statement 2009**

Department of the Treasury - Internal Revenue Service
58-2083768

a Control number
)00002

b Employer identification number
[redacted]

**Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return**

OMB No. 1545-0008

: Employer's name, address, and ZIP code
)ELANO KNEECE & SON, INC.
213 DELANO KNEECE ROAD
PELION, SC 29123

| | |
|---|---|
| 1 Wages, tips, other compensation: 77600.00 | 2 Federal income tax withheld: 15537.00 |
| 3 Social security wages: 77600.00 | 4 Social security tax withheld: 4811.20 |
| 5 Medicare wages and tips: 77600.00 | 6 Medicare tax withheld: 1125.20 |
| 7 Social security tips | 8 Allocated tips |
| 9 Advance EIC payment | |
| 10 Dependent care benifits | 11 Nonqualified plans |
| 12a Code See inst. for box 12 | |
| 12b Code | 12c Code |
| 12d Code | |
| 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ | 14 Other |

: Employee's social security number
[redacted]

: Employees's name, address, and ZIP code
RICKY D. KNEECE
204 DELANO KNEECE ROAD
PELION, SC 29123

| State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | [redacted] | 77600.00 | 5107.00 | | | |

rm **W-2 Wage and Tax Statement 2009**

Department of the Treasury - Internal Revenue Service
58-2083768

rm **W-2 Wage and Tax Statement 2009**

Department of the Treasury - Internal Revenue Service
58-2083768

a Control number
)00002

b Employer identification number
[redacted]

**Copy C For EMPLOYEE'S RECORDS.**
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008

: Employer's name, address, and ZIP code
)ELANO KNEECE & SON, INC.
213 DELANO KNEECE ROAD
PELION, SC 29123

| | |
|---|---|
| 1 Wages, tips, other compensation: 77600.00 | 2 Federal income tax withheld: 15537.00 |
| 3 Social security wages: 77600.00 | 4 Social security tax withheld: 4811.20 |
| 5 Medicare wages and tips: 77600.00 | 6 Medicare tax withheld: 1125.20 |
| 7 Social security tips | 8 Allocated tips |
| 9 Advance EIC payment | |
| 10 Dependent care benifits | 11 Nonqualified plans |
| 12a Code See inst. for box 12 | |
| 12b Code | 12c Code |
| 12d Code | |
| 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ | 14 Other |

: Employee's social security number
[redacted]

: Employees's name, address, and ZIP code
RICKY D. KNEECE
204 DELANO KNEECE ROAD
PELION, SC 29123

| State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| SC | [redacted] | 77600.00 | 5107.00 | | | |

Julius W. McKay, II
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December 10, 2010

Scott Elliott, Esquire
Elliott & Elliott
1508 Lady Street
Columbia, SC 29201

*Re: Ricky Kneece v. Kneece Farms*
*WCC File No: 9920867*
*Claim No.: L16755*
*Our File No.: 5400-0032*

Dear Scott:

Please find enclosed a subpoena for copies of your client's updated federal and state tax records for 2007 to present.

I have submitted your client's prescription list from Big Discount Pharmacy to my client for reimbursement of causally related and authorized prescriptions; however, we need some additional information regarding the prescriptions. In the list you provided, most of the prescriptions beginning on page five (5) to the end of the list are designated as "paid". However, prescriptions on the first four (4) pages are not. Please advise of the status of payment of related prescriptions on the first four (4) pages and if any have been paid, provide us with documentation of the same.

As to your client's mileage reimbursement request, please provide the dates of each medical appointment with Dr. Bergman along with the round trip mileage for each visit. My client cannot reimburse mileage for multiple visits to providers which are grouped together.

Please let me know if you should have any questions regarding these matters.

Very truly yours,

Mark D. Cauthen

MDC/msb
Enclosure
cc: Bill Morrison

# CYNTHIA P. GRIMLEY, MS, CRC, CCM, DABVE

**100 Old Cherokee Road, Suite F-226**
**Lexington, South Carolina 29072**
**(803) 765-1513**
**FAX: (803) 753-9026**


## EDUCATIONAL BACKGROUND

1984 - 1986 California State University, Fullerton, California
Master of Science in Special Education of the Severely Handicapped.

1976 - 1981 Youngstown State University, Youngstown, Ohio
Bachelor of Science in Elementary and Special Education.

## PROFESSIONAL CERTIFICATIONS

Board Certified Diplomate, American Board of Vocational Experts, # 00212, 12-31-12
Certified Rehabilitation Counselor, Board for Rehabilitation Certification, # 00010367, 3-31-13
Certified Case Manager, Board for Rehabilitation Certification, # 00010367, 11-30-13
Board Certified Fellow, American Academy of Pain Management, # 4521
Registered, Rehabilitation Professional, North Carolina Industrial Commission
Certified Rehabilitation Provider, State of Maryland, # VR4190 (inactive)
Certified Rehabilitation Provider, Commonwealth of Virginia, # 0715005262 (inactive)
Certified Rehabilitation Provider, State of Washington, #9629 (inactive)
Independent Vocational Evaluator, State of California
Human Resources Generalist Certificate

## PROFESSIONAL EMPLOYMENT EXPERIENCE

Present **Vocational Rehabilitation Consultant/Evaluator/Case Manager**
Cynthia Grimley & Associates, LLC, Lexington, South Carolina

- Provide vocational evaluation, counseling, employability assessments, work capacity evaluation and case management services to individuals with physical and mental challenges.
- Evaluate clients to determine employability, job placement potential, and earning capacity for plaintiff and defense counsel in civil litigation, Social Security, Worker' Compensation, Long Term Disability, Matrimonial and Labor Law matters.

## PROFESSIONAL PRESENTATIONS

Nebraska Chapter of International Rehabilitation of Rehabilitation Professionals, May 2010, Omaha, NE **"McCroskey Made Easy."**

Injured Workers' Advocates, Paralegal and Legal Assistant Seminar, January 30, 2010, Charleston, SC **" Assessing Economic Damages through Life Care Plans and Vocational Assessment."**

American Board of Vocational Experts Conference, Fall 2007, Charleston, SC **"Testifying in Legal Proceedings: A 101 Experiential Clinic for Beginning Practitioners, Tips & Traps."**

American Board of Vocational Experts Conference, Fall 2006, Philadelphia, PA **"An Ethics Symposium."**

American Board of Vocational Experts Conference, Spring 2006, Ft. Lauderdale, FL **"Assessing Earning Capacity from an Empirical & Scientific Perspective."**

International Rehabilitation of Rehabilitation Professionals, Fall 2005, Nashville, TN **"Grand Old Ethics in Grand Old Opryland – aka "The Ring of Fire."**

American Board of Vocational Experts Conference, Fall 2005, San Francisco, CA **"The Evolving Nature of Electronic Social Security Expert Witness Processing and Digital TSA Usage."**

American Board of Vocational Experts Conference, Fall 2005, San Francisco, CA **"Report Writing- What To Leave In & What To Leave Out."**

American Board of Vocational Experts Conference, Spring 2004, Charleston, SC **"MVQS Volcano 4.1 – Hot, Hot, Hot."**

South Carolina School Board Insurance Trust, November 13, 2003, Myrtle Beach, SC **"Transferable Skills and Return to Work."**

South Carolina Workers' Compensation Educational Association, October 20, 2003, Myrtle Beach, SC **"Transferable Skills and Return to Work."**

American Rehabilitation Economics Association, May 18, 2003, Fort Worth, TX **"The McCroskey Program, How to Use It and Not Abuse It."**

South Carolina Bar Association, April 19, 2002, Columbia, SC **" Cool Tips From the Hottest Domestic Law Practitioners IV." "Admissibility of Vocational Expert Testimony: Changing Court Demands."**

Training Seminar for Vocational Experts, July 2001, Chicago, IL, **"MVQS 2001 Seminar."**

American Board of Vocational Experts, International Conference, Fall 2000, Vancouver, BC, Canada, **" Forensic Fitness Program AKA McCroskey Aerobics."**

Southern California Rehabilitation Exchange Annual Conference, 1989, Anaheim, CA **"Dealing with Difficult Clients."**

Conference for Exceptional Children, 1986, Lake Tahoe, CA. **"A Curriculum for the Severely Handicapped."**

## PROFESSIONAL ASSOCIATIONS

Member, American Board of Vocational Experts
Member, South Carolina Workers' Compensation Educational Association
Southern California Rehabilitation Exchange Board of Directors, 1989 – 1991
Vocational Expert for Social Security Administration
Appointed Vocational Expert, Los Angeles Superior Court
Vocational Expert Advisor, MDEXONLINE, Medical-Legal Consulting Service
Editor, *The Vocational Expert*, American Board of Vocational Experts, 2000-2004
Secretary, American Board of Vocational Experts, 2001 – 2006
Board of Directors, Carolina Association of Rehabilitation Professionals in the Private Sector, 2002-2003
Member, Credential Committee and Peer Reviewer, American Board of Vocational Experts, 2005 to present
Member, Publications Committee, Project Manager of Website Committee, American Board of Vocational Experts, 2006 to present
Member, Certification Test Revision Committee, American Board of Vocational Experts, 2008 to present
Editorial Advisory Board & Peer Review Committee, Journal of Forensic Vocational Analysis
Editorial Advisory Board & Peer Review Committee, Journal of Forensic Vocationology
Richland County Court Appointed Special Advocate (Volunteer Guardian ad Litem)
Board of Directors, Kids Chance of South Carolina, 2007 - 2012

Julius W. McKay, II
Mark D. Cauthen
Daniel R. Settana, Jr.
M. Stephen Stubley

Janet Brooks Holmes
Marcy J. Lamar
Erin M. Farrell
Peter P. Leventis
Ternus C. Miles, Jr.
Brandon P. Jones
Meredith A. McMillan

Law Offices
McKay, Cauthen, Settana & Stubley, P.A.

P.O. Box 7217
Columbia, South Carolina 29202-7217

1303 Blanding Street
Columbia, South Carolina 29201

Douglas McKay, Jr.
(1917-2008)

Telephone
(803) 256-4645
Fax
(803) 765-1839
E-Mail
mms@mckayfirm.com
Web
www.mckayfirm.com

February 11, 2011

Big S Discount Pharmacy
ATTN: Ms. Ursula
8073 Edmund Hwy.
Pelion, SC 29123-9805

*RE: Ricky Kneece v. Kneece Farms*
*WCC File No: 9920867*
*DOI: 11/22/99*
*Claim No.: L16755*
*Our File No.: 5400-0032*

Dear Ms. Ursula:

This letter is in follow up to your conversations with my paralegal, Mary Bush, regarding prescription medications for Ricky Kneece in the above matter. As we discussed, the prescription list originally provided by your pharmacy to Mr. Kneece and/or his attorney for the fill dates from 12/2/99 to 9/3/10 has the customer price and the total price listed as the same price (total). Therefore, we would appreciate it if you could provide us with a prescription list with the amount Mr. Kneece paid (i.e. customer price, co-pay) and the actual total amount that the 3rd party insurance carriers were charged for each prescription. We will need this information in order for the workers' compensation carrier to reimburse the appropriate parties for prescriptions related to Mr. Kneeces' work injury.

Thank you for your assistance with this request and should you have any questions, please do not hesitate to contact my office.

Very truly yours,

Mark D. Cauthen

MDC/msb
cc: Scott Elliott, Esquire
Randy Mason

ELLIOTT & ELLIOTT, P.A.
ATTORNEYS AT LAW
721 OLIVE STREET
COLUMBIA, SOUTH CAROLINA 29205
selliott@elliottlaw.us

SCOTT ELLIOTT

TELEPHONE (803) 771-0555
FACSIMILE (803) 771-8010

December 31, 2004

The Honorable J. Michelle Childs
Commissioner
SC Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

RE: Ricky Kneece v. Kneece Farms
WCC File No.: 9920867

Dear Commission Childs:

Enclosed are the Claimant's Pre-hearing brief and Notice of Witnesses.

By copy of this letter to the employer/carrier's attorney, Edwin P. Martin, Jr., Esquire I am serving him with the Brief, the Notice and copies of all medical reports we intend to submit pursuant to the Administrative Procedures Act.

Sincerely,

Elliott & Elliott, P.A.

Scott Elliott

SE/jcl

Enclosures
c: Edwin P. Martin, Jr., Esquire

P.O. Box 1715 ♦ 1612 Marion Street
Columbia, South Carolina 29202-1715

Carrier File #
Carrier Code #
Employer FEIN

| | | | |
|---|---|---|---|
| Ricky D. Kneece | [redacted] | Kneece Farms | |
| Claimant's Name | SSN | Employer's Name | |
| 204 Delano Kneece Road, Pelion | SC 29123 | 1752 Jumper Springs Rd. | Gilbert, SC 29054 |
| Address City State Zip | | Address City State Zip | |
| 803-894-3280 | | Crawford Legion Unit 2569 | |
| Home Phone # | Work Phone # | Insurance Carrier | |
| ELLIOTT & ELLIOTT, P.A. | | (803) 771-0555 | |
| Preparer's Name | | Phone # | |

**Provide the information requested in the space provided. Use an additional sheet, if necessary. Type or print all information.**

[x] Injury by Accident [ ] Occupational Disease [ ] Both Injury by Accident and Disease [ ] Other

1. Date of accident: 11/22/99 AWW: 769.23 Comp. Rate: $461.67

3. Type of Injury: brain/head, left knee, left shoulder, teeth, nasal passage, sinus, zygomatic arch, scarring, eye, left elbow.

4. Facts in Controversy: See Attachment

5. Legal issues involved: See Attached

6. Unusual problems: Carrier's failure to provide needed treatment

7. Lay witnesses: Roxanne Kneece; other family members and fellow employees; Jewell M. Boone Jr. and Philli Barnhill

8. Exhibits: Correspondence to carrier's agents seeking and/or confirming treatment; correspondence fro carrier to treating physician refusing treatment;

9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance) See Medical report submitted pursuant to the APA.

10. Name, address, and specialty, if any, of the treating physician: See Attachment.

11. Impairment rating(s); body part(s); physician and date of opinion: Premature. However, if determined to hav reached MMI, 10% left lower extremity by Dr. O'Leary date 4/16/04, 30% to the brain per Dr. Waid date 12/31/04, loss of earning capacity per Dr. William Stewart dated 12/31/04.

Signature

December 31, 2004
Date

On Behalf of: [x] Claimant [ ] Employer

**Hearing Date:** January 11, 2005

**File this form and proof of service on the opposing party according to R.67-611 and R.67-212**

# ATTACHMENT FOR FORM 58

In Re: Ricky D. Kneece WCC File # 9920867

4. Whether claimant has reached MMI. Claimant is in need of further treatment. Dr. Green on 12/17/04 has stated that claimant is in need of surgery to left shoulder and that this is related to this accident. Also claimant is in need of treatment to help him cope with cognitive deficits secondary to his traumatic brain injury and for depression per the reports of Dr. Randolph Waid of MUSC dated 10/21/02 and Dr. William Stewart dated 12/31/04. Also Dr. Waid was authorized by the carrier but has not been paid.

5. Whether the carrier has acted in bad faith. On its Form 21, they rely on the report of Dr. O'Leary who performed left knee surgery on the claimant yet they have denied payment for Dr. O'Leary's treatment without explanation. Dr. O'Leary has affirmatively stated it is related yet carrier ignores this uncontradicted opinion. Likewise, carrier authorized Dr. Green in 06/02 for the left knee and then when Dr. Green opines that his left shoulder problems are related and that he needs surgery, they ignore it.

10. Michael Green, M.D. – orthopedic surgeon;
James O'Leary, M.D. – orthopedic surgeon;
Lenwood Smith, M.D. – neurosurgeon;
Randolph Waid, Ph.D. – Clinical Psychiatry - MUSC;
William Stewart, Ph.D. – Certified Vocational Evaluator

P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 9920867
Carrier File #
Carrier Code #
Employer FEIN

Ricky Kneece [redacted]
Claimant's Name SSN

204 Delano Kneece Road, Pelion, SC 29123
Address City State Zip

( )
Home Phone Work Phone

Kneece Farms
Employer's Name

1752 Juniper Springs Rd Gilbert SC
Address City State Zip

Legion in liquidation
Insurance Carrier

Edwin P. Martin, Jr. P.O. Box 7217, Columbia, SC 29202 (803) 256-4645
Preparer's Name Address Phone #

**Provide the information requested in the space provided. Use an additional sheet, if necessary. Type or print all information.**

☒ Injury by Accident ☐ Occupational Disease ☐ Both Injury by Accident and Disease ☐ Other

1. Date of accident 11/22/99 2. AWW: $ Comp. Rate: $461.67

3. Type of injury and body part(s) Left leg and face.

4. Facts in controversy: Whether the defendants may stop payment of temporary total compensation? Whether the claimant has reached maximum medical improvement? If so, claimant's entitlement to permanent partial disability. Defendants seek credit for overpayment of temporary total compensation.

5. Legal issues involved Same as above.

6. Unusual problems: None known at this time.

7. Witnesses (designate if expert)* Mitch Dean and Roxanne Kneece.
(The Defendants reserve the right to cross-examine any expert submitted by the claimant pursuant to 1-23-330 (3). The Defendants reserve the right to amend their Pre-hearing brief upon receipt of additional information.)

8. Exhibits: Surveillance videotape; claimant's pay records.

9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance) Pursuant to the APA and R67-612, the medical records of Dr. James O'Leary (10/10/03 – 04/16/04); Dr. Frank Voss (12/1/99-07/26/00); Richland Memorial Hospital (11/22/99-11/27/99); Lexington Medical Center (1/26/99); Dr. Michael Green (06/09/03/ - 10/04/04); Dr. Bradley Presnal (01/09/01) Dr. Rick Milne (02/29/00).

10. Name, address, and specialty, if any, of the treating physician: Dr. James O'Leary – orthopaedic surgeon – Columbia, SC

11. Impairment rating(s); body part(s); physician and date of opinion: Dr. James O'Leary – 10% impairment to left lower extremity - 04/16/04

SIGNATURE
DATE December 27, 2004

DATE OF HEARING: January 11, 2005 TIME OF HEARING: 2:15 p.m.

On behalf of ☐ Claimant ☒ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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APPEAL FROM LEXINGTON COUNTY
Court of Common Pleas

R. Knox McMahon, Circuit Court Judge

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Case Nos.: 2012-CP-32-02093 & 2012-CP-32-02111

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Ricky Kneece, Respondent,

v.

Kneece Farms and Legion in Liquidation and the South Carolina Property and Casualty Insurance Guaranty Association, Appellants.

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CERTIFICATE OF COUNSEL

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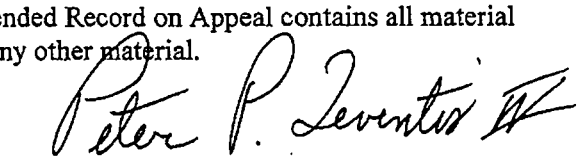
The undersigned hereby certifies that this Amended Record on Appeal contains all material proposed to be included by any of the parties and not any other material.



Mark D. Cauthen
Peter P. Leventis, IV
McKay Firm
PO Box 7217
Columbia, SC 29202
Attorney for Appellants

February 23, 2015