

199831

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM DORCHESTER COUNTY
Court of Common Pleas

Martin R. Banks, Special Referee

Case No. 2007-CP-18-1794

James T. Judy, Bobby R. Judy
and Kevin Judy,

Respondents,

v.

Ronnie F. Judy, J. Todd Judy,
Ryan C. Judy and Wanda B.
Judy, Defendants,

of whom Ronnie F. Judy is,

Appellant.

RECORD ON APPEAL

Eric C. Hale, S.C. Bar # 71768
Post Office Box 1605
Irmo, SC 29063
(803) 250-5252 (Tel)
Attorney for Appellant

Craig Stanley, S.C. Bar # 79420
701 Gervais St.; Ste. 150-284
Columbia, SC 29201
(803) 761-7083 (Tel)
Attorney for Appellant

Capers G. Barr, III
P.O. Box 1037
Charleston, SC 29402
(843) 577-5083 (Tel)
Attorney for Respondents

RECEIVED
JUL 11 2012
SC COURT OF APPEALS

INDEX

Volume I

Document	Page Number
Order of Reference 4/27/10.....	1
Order of Reference 5/3/2011.....	5
Order 12/28/2011.....	7
Order 2/6/2012.....	48
Original Summons 9/27/2007.....	52
Original Complaint 9/27/2007.....	58
Original Answer 11/2/2007.....	67
Amended Summons 6/22/2009.....	70
Amended Complaint 6/22/2009.....	71
Answer to Amended Complaint 8/18/2009.....	81
Respondent's Pre-Trial Brief 7/5/2011.....	84
Motion to Reconsider and Request for a New Trial 12/29/2011.....	98
<i>Judy v. Judy</i> 2007-CP-18-1974 Trial Transcript 7/18/2011.....	101
Motion to Dismiss by Mr. Judy.....	108
Motion for Rule 11 Sanctions by Mr. Judy.....	109
Frank West Examination by Mr. Barr.....	112
Frank West Cross-Examination by Mr. Judy.....	118
David Videau Cantley Examination by Mr. Barr.....	123
David Videau Cantley Cross-Examination by Mr. Judy.....	126
William M. Utsey, Jr. Examination by Mr. Barr.....	130
William M. Utsey, Jr. Cross-Examination by Mr. Judy.....	137
William M. Utsey, Jr. Examination by the Court.....	138

Document	Page Number
Barbara P. Dantzler Examination by Mr. Barr.....	140
Barbara P. Dantzler Examination by the Court.....	158
Barbara P. Dantzler Examination by Mr. Barr.....	159
Barbara P. Dantzler Examination by the Court.....	160
Barbara P. Dantzler Examination by Mr. Barr.....	161
Barbara P. Dantzler Cross-Examination by Mr. Judy.....	163
James T. Judy Examination by Mr. Barr.....	169
James T. Judy Cross-Examination by Mr. Judy.....	186
Bobby Judy Examination by Mr. Barr.....	202
Bobby Judy Cross-Examination by Mr. Judy.....	209
Ronnie F. Judy Examination by Mr. Barr.....	216
Motion for Directed Verdict by Mr. Judy.....	234
Ronnie F. Judy Statement.....	236

Volume II

Ronnie F. Judy Cross-Examination by Mr. Barr.....	241
Motion for Directed Verdict by Mr. Judy.....	300
Closing Argument of Mr. Barr.....	300
Closing Argument of Mr. Judy.....	312
<i>Judy v. Judy</i> Master in Equity Hearing on Defendant's Motion to Reconsider.....	319
Trial Exhibits:	
Plaintiff's Affidavit in Support of Attorney's Fees 9/27/2011.....	346
Defendants Exhibit 1.....	360
Defendants Exhibit 2.....	365
Defendants Exhibit 3.....	369

Document	Page Number
Defendants Exhibit 9.....	370
Defendants Exhibit 10.....	372
Defendants Exhibit 11.....	373
Plaintiff's Exhibit 1.....	378
Plaintiff's Exhibit 2.....	380
Plaintiff's Exhibit 3.....	383
Plaintiff's Exhibit 3A.....	387
Plaintiff's Exhibit 4.....	391
Plaintiff's Exhibit 5.....	395
Plaintiff's Exhibit 6.....	397
Plaintiff's Exhibit 7.....	401
Plaintiff's Exhibit 8.....	403
Plaintiff's Exhibit 9.....	405
Plaintiff's Exhibit 10.....	409
Plaintiff's Exhibit 11.....	410
Plaintiff's Exhibit 12.....	412
Plaintiff's Exhibit 13.....	414
Plaintiff's Exhibit 14.....	425
Plaintiff's Exhibit 15.....	429
Plaintiff's Exhibit 16.....	435
Plaintiff's Exhibit 17.....	441
Plaintiff's Exhibit 18.....	452
Plaintiff's Exhibit 19.....	453
Plaintiff's Exhibit 20.....	454

Document	Page Number
Plaintiff's Exhibit 21.....	463
Plaintiff's Exhibit 22.....	464

Plaintiff's Exhibit 23.....	476
Plaintiff's Exhibit 24.....	483

Volume III

Plaintiff's Exhibit 25.....	490
Plaintiff's Exhibit 26.....	497
Plaintiff's Exhibit 27.....	506
Plaintiff's Exhibit 28.....	515
Plaintiff's Exhibit 29.....	527
Plaintiff's Exhibit 30.....	541
Plaintiff's Exhibit 31.....	553
Plaintiff's Exhibit 37.....	569
Plaintiff's Exhibit 38.....	596
Plaintiff's Exhibit 39.....	597
Plaintiff's Exhibit 39A.....	619

Plaintiff's Exhibit 40.....	629
Plaintiff's Exhibit 41.....	682
Plaintiff's Exhibit 42.....	682
Plaintiff's Exhibit 44.....	697
Plaintiff's Exhibit F.....	715

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning		2005, ending		20		OMB No. 1545-0074			
Label (See Instructions on page 16.) Use the IRS label. Otherwise, please print or type.	L	Your first name and initial		Last name					
	A	RONNIE F		JUDY					
	B	If a joint return, spouse's first name and initial		Last name					
	E								
H	Home address (number and street). If you have a P.O. box, see page 16.				Apt. no.		You must enter your SSN(s) above.		
E	1872 SANDRIDGE ROAD								
R	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.						Checking a box below will not change your tax or refund.		
E	DORCHESTER SC 29437								
Presidential Election Campaign ☒ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ☐ You ☐ Spouse									
Filing Status Check only one box.	1	☐ Single		4		☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.			
	2	☐ Married filing jointly (even if only one had income)							
	3	☒ Married filing separately. Enter spouse's SSN above and full name here. WANDA B JUDY		5		☐ Qualifying widow(er) with dependent child (see page 17)			
Exemptions	6 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a						Boxes checked on 6a and 6b	1	
	b ☐ Spouse						No. of children on 6c who:		
	c Dependents:						• lived with you		
	(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Check if qualifying child for child tax credit (see page 19)						• did not live with you due to divorce or separation (see page 20)		
If more than four dependents, see page 19.						Dependents on 6c not entered above			
d Total number of exemptions claimed						Add numbers on lines above		1	
Income Attach Form(s) W-2 here. Also attach Forms 1041-2G and 1041-99-R if tax was withheld. If you did not get a W-2, see page 22. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7	Wages, salaries, tips, etc. Attach Form(s) W-2					7		
	8a	Taxable interest. Attach Schedule B if required					8a	125	
	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 23)					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		
	14	Other gains or (losses). Attach Form 4797					14		
	15a	IRA distributions		15a	b Taxable amount (see page 25)		15b		
	16a	Pensions and annuities		16a	b Taxable amount (see page 25)		16b	16,440	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E					17		
	18	Farm income or (loss). Attach Schedule F					18	(22,351)	
	19	Unemployment compensation					19		
	20a	Social security benefits		20a	b Taxable amount (see page 27)		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	(5,786)	
	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 33)					33		
34		Tuition and fees deduction (see page 34)					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	(5,786)	



Tax and Credits		38 Amount from line 37 (adjusted gross income)		38	(5,786)
39a Check ☐ You were born before January 2, 1941, ☐ Blind. ☐ Total boxes		If: ☐ Spouse was born before January 2, 1941, ☐ Blind. checked 39a			
Standard Deduction for—		b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 & check here 39b			
• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.		40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	5,000
• All others:		41 Subtract line 40 from line 38		41	0
Single or Married filing separately, \$5,000		42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d		42	3,200
Married filing jointly or Qualifying widow(er), \$10,000		43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	0
Head of household, \$7,300		44 Tax (see page 37). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972		44	0
		45 Alternative minimum tax (see page 39). Attach Form 6251		45	
		46 Add lines 44 and 45		46	
		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 page 41). 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	0
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 through 62. This is your total tax		63	0
Payments		64 Federal income tax withheld from Forms W-2 and 1099		64	22
If you have a qualifying child, attach Schedule EIC.		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 page 59)		67	
		68 Additional child tax credit. Attach Form 8812		68	
		69 Amount paid with request for extension to file (see page 59)		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	22
Refund		72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid		72	22
Direct deposit? See page 59 and fill in 73b, 73c, and 73d.		73a Amount of line 72 you want refunded to you		73a	22
		b Routing number XXXXX XXXX c Type: ☐ Checking ☐ Savings			
		d Account number XXXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX			
		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 page 60		75	
		76 Estimated tax penalty (see page 60)		76	
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ 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.			
Joint return? See page 17. Keep a copy for your records.		Your signature Date Your occupation Daytime phone number			
		Spouse's signature, if a joint return, both must sign. Date Spouse's occupation			
Preparer's Use Only		Preparer's signature Date Check if self-employed Preparer's SSN or PTIN			
		Firm's name (or yours if self-employed), address, and ZIP code		EIN	
		Dantzlars Bookkeeping & Tax Service 351 North Parler Avenue St George SC 29477		57-0810278	843-563-3267

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

RONNIE F JUDY

A Principal product. Describe in one or two words your principal crop or activity for the current tax year.

CATTLE, CROPS

B Enter code from Part IV

► **112111**

C Accounting method:

(1) ☒ Cash

(2) ☐ Accrual

D Employer ID number (EIN), if any

43-0951685

E Did you "materially participate" in the operation of this business during 2005? If "No," see page F-2 for limit on passive losses. ☒ 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		
4	Sales of livestock, produce, grains, and other products you raised	4		5,499
5a	Cooperative distributions (Form(s) 1099-PATR)	5a		
5b	Taxable amount	5b		
6a	Agricultural program payments (see page F-2)	6a		
6b	Taxable amount	6b		4,528
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 2005	8a		
8b	Taxable amount	8b		
c	If election to defer to 2006 is attached, check here ☐	8d	Amount deferred from 2004	
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		16,979
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		27,006

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 pg. F-4 - also attach Form 4562)	12		25	Pension and profit-sharing plans	25	
13	Chemicals	13	21,793	26	Rent or lease (see page F-5):		
14	Conservation expenses (see page F-4)	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 page F-4)	16	2,576	27	Repairs and maintenance	27	3,043
17	Employee benefit programs other than on line 25	17		28	Seeds and plants	28	21,792
18	Feed	18		29	Storage and warehousing	29	
19	Fertilizers and lime	19		30	Supplies	30	
20	Freight and trucking	20		31	Taxes	31	153
21	Gasoline, fuel, and oil	21		32	Utilities	32	
22	Insurance (other than health)	22		33	Veterinary, breeding, and medicine	33	
23	Interest:			34	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	23a		a		34a	
b	Other	23b		b		34b	
24	Labor hired (less employment credits)	24		c		34c	
				d		34d	
				e		34e	
				f		34f	
35	Total expenses. Add lines 12 through 34f	35					49,357
36	Net farm profit or (loss): Subtract line 35 from line 11.	36					(22,351)

37 If you have a loss, you must check the box that describes your investment in this activity (see page F-6).

- 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 ☒ All investment is at risk.
37b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see page F-6 of the instructions.

EEA

Schedule F (Form 1040) 2005

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

RONNIE F JUDY

Business or activity to which this form relates

SCHEDULE F - 1

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	105,000
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	420,000
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 2004 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	
13	Carryover of disallowed deduction to 2006. 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 certain aircraft, certain property with a long production period, and qualified NYL or GO 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 2005	17	2,576
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 2005 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 property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

(a) Class life	(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
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 instr.	22	2,576
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	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

19

Form 4562 (2005) (Rev. 1-2006)

Form 4562

(Rev. 11/05)

Depreciation and Amortization

(Including Information on Listed Property)

Note: SC does not allow any additional depreciation benefits provided by I.R.C. Section 168(k) and 1400L.

2005

South Carolina

▶ See separate instructions.

▶ Attach to your return.

Name(s) shown on return

RONNIE F JUDY

Business or activity to which this form relates

SCHEDULE F - 1

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 IRS instructions for a higher limit for certain businesses	1	\$105,000
2	Total cost of IRC Section 179 property placed in service (see IRS instructions)	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$420,000
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 IRS 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 IRC 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 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. 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	14	Not allowed for SC purposes
15	Property subject to IRC Section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	2,751
18	If you are electing under IRC Section 168(l)(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 2005 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 property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Part IV Section C - Assets Placed in Service During 2005 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

Summary

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	22	2,751
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to IRC Section 263A costs	23	

DRAKE

SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN 2005

For the year January 1 - December 31, 2005, or fiscal tax year beginning

and ending

PLACE LABEL HERE	Print Your first name and Initial (Sr, Jr, 2nd, 3rd, 4th)		Last name		Check if Deceased ☐
	RONNIE F JUDY				
PLACE LABEL HERE	Spouse's first name and Initial, if married filing jointly		Spouse's last name		Check if Deceased ☐
PLACE LABEL HERE	Present home address (number and street, or P. O. Box)		Apt. No.	Area Code	Daytime telephone
	1872 SANDRIDGE ROAD				
PLACE LABEL HERE	City, state and ZIP code		County code		Do not write in this space - OFFICE USE
	DORCHESTER, SC 29437				
PLACE LABEL HERE	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. ☐				
PLACE LABEL HERE	CHECK YOUR (1) ☐ Single (3) ☒ Married filing separately. Enter spouse's SSN here: 248-86-6822				
	FEDERAL FILING STATUS (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. 1				
	How many of the exemptions listed above were under the age of 6 years on December 31, 2005? 0				
PLACE LABEL HERE	Enter the number of taxpayers age 65 or older, as of December 31, 2005. 0				
	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 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. 3 Add lines 1 and 2. Enter total here.				
PLACE LABEL HERE	4 TOTAL SUBTRACTIONS. Enter amount from line 51. 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.				
	6 TAX: Enter tax from SOUTH CAROLINA tax tables. 7 TAX on Lump Sum Distribution (Attach SC4972) 8 TOTAL South Carolina tax. Add lines 6 and 7. Enter the total.				
	9 Child and Dependent Care (See instructions) 10 Two Wage Earner Credit (See instructions) 11 Other Non-refundable Credits (Attach SC1040TC)				
	12 TOTAL Non-refundable Credits. Add lines 9 through 11 and enter the total. 13 SUBTRACT line 12 from line 8. Enter the difference BUT NOT LESS THAN ZERO.				
PLACE LABEL HERE	14 SC INCOME TAX WITHHELD (Attach W-2 or SC41) 15 2005 Estimated Tax Payments 16 Amount Paid with extension 17 NR sale of real estate				
	18 Other SC Withholding (Attach Form 1099) 19 Tuition Tax Credit (Attach I-319) 20 Other Refundable Credit (Attach I-333 or I-334)				
	21 ADD lines 14 through 20 and enter the total. 22 If line 21 is LARGER than line 13, subtract line 13 from line 21 and enter the OVERPAYMENT. 23 If line 13 is LARGER than line 21, subtract line 21 from line 13 and enter the AMOUNT DUE.				
	24 USE TAX (Due on Out-of-state Purchases. See instructions) 25 Amount of line 22 to be credited to your 2006 ESTIMATED TAX. 26 Total Contributions for Check-offs (Attach I-330)				
PLACE LABEL HERE	27 ADD lines 24 through 26 and enter the total. 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. 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)				
	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.				
	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.				
	BALANCE DUE				

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	Cents
30	State tax addback, if itemizing on federal return.	00		
31	Out-of-state losses - (See instructions)	00		
32	Expenses related to National Guard and Military Reserve income.	00		
33	Interest income on obligations of states and political subdivisions other than South Carolina.	00		
34	Other additions to income. Explain.	00		
35	TOTAL ADDITIONS --- add lines 30 through 34 and enter your total additions to income here and on line 2.	35		00

PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

36	State tax refund, if included on line 10, on your federal Form 1040.	36	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/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 US 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 01-01-1947	45a	3,000 00
b)	Spouse: Date of Birth	45b	00
c)	Surviving Spouse(s): DOB	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	13,986 00
48	Subsistence Allowance days @ \$6.67	48	00
49	Dependents under the age of 6 years on December 31, 2005.		
	Date of Birth SSN	49	00
	Date of Birth SSN		
50	Other subtractions. (See instructions) FD/ST Depr Diff	50	175 00
51	TOTAL SUBTRACTIONS --- add lines 36 through 50 and enter the total here and on line 4.	51	17,161 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)
	04-12-2006	
I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.		Preparer's Printed Name
Yes ☐ No ☒		Debra Hutto

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Paid	04-12-2006	351 North Parler Avenue
Preparer's	Prepared by	Date
Use Only	57-081027	843-563-3267
El Number	Phone Number	City
		State Zip
		St George, SC 29477

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 1-319.

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

[489]

Laird

(See instructions on page 16.)
Use the IRS

wise, please print or type.

Presidential

Election Campaign

Filing Status

Check only one box.

Exemptions

If more than four dependents, see page 19.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending 20 OMB No. 1545-0074

Your first name and initial Last name Your social security number

RONNIE F JUDY

If a joint return, spouse's first name and initial Last name

Home address (number and street). If you have a P.O. box, see page 16. Apt. no. You must enter your SSN(s) above.

1872 SANDRIDGE ROAD

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. Checking a box below will not change your tax or refund.

DORCHESTER SC 29437

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) You Spouse

1 Single 4 Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. WANDA B JUDY 5 Qualifying widow(er) with dependent child (see page 17)

6a X Yourself. If someone can claim you as a dependent, do not check box 6a Boxes checked on 6a and 6b 1

b Spouse No. of children on 6c who:

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 19)	• lived with you	• did not live with you due to divorce or separation (see page 20)

d Total number of exemptions claimed Add numbers on lines above 1

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 75

8a Taxable interest. Attach Schedule B if required 8a 75

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 23) 9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24) 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

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount (see page 25) 15b

16a Pensions and annuities 16a b Taxable amount (see page 26) 16b 17,112

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F 18 (8,270)

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount (see page 27) 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 8,917

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 page 29) 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 33) 33

34 Jury duty pay you gave to your employer 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 8,917



EEA

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

RONNIE F JUDY

Social security number (SSN)

A Principal product. Describe in one or two words your principal crop or activity for the current tax year.

CATTLE, CROPS

B Enter code from Part IV

▶ **112111**

C Accounting method:

(1) ☒ Cash

(2) ☐ Accrual

D Employer ID number (EIN), if any

43-0951685

E Did you "materially participate" in the operation of this business during 2006? If "No," see page F-2 for limit on passive losses.

☒ 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		
4	Sales of livestock, produce, grains, and other products you raised	4		13,834
5a	Cooperative distributions (Form(s) 1099-PATR)	5a		5b Taxable amount
6a	Agricultural program payments (see page F-3)	6a		6b Taxable amount
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
8	Crop insurance proceeds and federal crop disaster payments (see page F-3):			
a	Amount received in 2006	8a		8b Taxable amount
c	If election to defer to 2007 is attached, check here ☐			8d Amount deferred from 2005
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, enter the amount from Part III, line 51	11		16,111

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 pg. F-4). Also, attach Form 4562	12		25	Pension and profit-sharing plans	25	
13	Chemicals	13		26	Rent or lease (see page F-5):		
14	Conservation expenses (see page F-4)	14		a	Vehicles, machinery, and equipment	26a	
15	Custom hire (machine work)	15		b	Other (land, animals, etc.)	26b	750
16	Depreciation and section 179 expense deduction not claimed elsewhere (see page F-4)	16	1,982	27	Repairs and maintenance	27	1,855
17	Employee benefit programs other than on line 25	17		28	Seeds and plants	28	9,482
18	Feed	18		29	Storage and warehousing	29	
19	Fertilizers and lime	19		30	Supplies	30	
20	Freight and trucking	20		31	Taxes	31	3,090
21	Gasoline, fuel, and oil	21	3,916	32	Utilities	32	
22	Insurance (other than health)	22		33	Veterinary, breeding, and medicine	33	
23	Interest:			34	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	23a	994	a	Periodicals	34a	10
b	Other	23b		b	Hauling Corn & Grain	34b	1,930
24	Labor hired (less employment credits)	24	140	c	Salt Block	34c	57
				d	SCH C	34d	175
				e		34e	
				f		34f	
35	Total expenses. Add lines 12 through 34f. If line 34f is negative, see instructions	35					24,381
36	Net farm profit or (loss). Subtract line 35 from line 11.	36					(8,270)
	• 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. • If a loss, you must go on to line 37. Estates, trusts, and partnerships, see page F-6.						
37	If you have a loss, you must check the box that describes your investment in this activity (see page F-6).						
	• 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	☒ All investment is at risk.				
		37b	☐ Some investment is not at risk.				

For Paperwork Reduction Act Notice, see page F-7 of the instructions.

EEA

Schedule F (Form 1040) 2006

Depreciation and Amortization **(Including Information on Listed Property)**

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

2006
Attachment
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

RONNIE F JUDY

SCHEDULE F - 1

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	
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	
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	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6				
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 instructions)	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	1,454
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		19,683	7	MO	150 DB	528
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	
i Nonresidential real property			39 yrs.	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 instr.	22	1,982
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	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2006)

DRAKE

SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN

2006

For the year January 1 - December 31, 2006, or fiscal tax year beginning

and ending

Print Your first name and Initial (Sr, Jr, 2nd, 3rd, 4th) CONNIE F JUDY		Last name JUDY		Check if Deceased ☐	Your Social Security number	
Spouse's first name and Initial, if married filing jointly		Spouse's last name		Check if Deceased ☐	Spouse's Social Security number	
Check if new address ☐	Present home address (number and street, Apt. No. or P. O. Box) 1872 SANDRIDGE ROAD			County code	Do not write in this space - OFFICE USE	
City, state and ZIP code DORCHESTER, SC 29437			Area Code	Daytime telephone		
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 (1) ☐ Single (3) ☒ Married filing separately. Enter spouse's SSN here: 248-86-6822						
FEDERAL FILING STATUS (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. 1						
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. 0						
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.					Dollars	Cents
Resident filers complete lines 31 through 53.						
Nonresident filers complete Schedule NR and enter total from line 49 on line 5 below.					1	467 00
2 TOTAL ADDITIONS. Enter amount from line 36.					2	00
3 Add lines 1 and 2. Enter total here.					3	467 00
4 TOTAL SUBTRACTIONS. Enter amount from line 53.					4	3,087 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	0 00
6 TAX: Enter tax from SOUTH CAROLINA tax tables.					6	00
7 TAX on Lump Sum Distribution (Attach SC4972)					7	00
8 TAX on Active Trade Business Income (Attach I-335)					8	00
9 TOTAL South Carolina tax. Add lines 6, 7 and 8. Enter the total.					9	00
10 Child and Dependent Care (See instructions)					10	00
11 Two Wage Earner Credit (See instructions)					11	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	00
14 SUBTRACT line 13 from line 9. Enter the difference BUT NOT LESS THAN ZERO.					14	0 00
15 SC INCOME TAX WITHHELD (Attach W-2 or SC41)					15	00
16 2006 Estimated Tax Payments					16	00
17 Amount Paid with extension					17	00
18 NR sale of real estate					18	00
19 Other SC Withholding (Attach Form 1099)					19	00
20 Tuition Tax Credit (Attach I-319)					20	00
21 Other Refundable Credit (Attach I-333 or I-334)					21	00
22 ADD lines 15 through 21 and enter the total.					22	00
23 If line 22 is LARGER than line 14, subtract line 14 from line 22 and enter the OVERPAYMENT.					23	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	00
27 Total Contributions for Check-offs (Attach I-330)					27	00
28 ADD lines 25 through 27 and enter the total.					28	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.					29	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)					30	00
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	
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.					00	

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	Cents
31	State tax addback, if itemizing on federal return.	00		
32	Out-of-state losses - (See instructions)	00		
33	Expenses related to National Guard and Military Reserve income.	00		
34	Interest income on obligations of states and political subdivisions other than South Carolina.	00		
35	Other additions to income. Attach an explanation (See instructions)	00		
36	TOTAL ADDITIONS --- add lines 31 through 35 and enter your total additions to income here and on line 2.		36	00

PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME			Dollars	Cents
37	State tax refund, if included on line 10, on your federal Form 1040.	00		
38	Total and permanent disability retirement income, if taxed on your federal return.	00		
39	Out-of-state income/gain - Do not include personal service income. (See instructions.)	00		
40	44% of net capital gains held for more than one year (See instructions)	00		
41	Volunteer Firefighter/Rescue Squad Worker/Volunteer HAZMAT Team Member/Reserve Police Officer/DNR Deputy Enforcement Officer/State Guard Member deduction. (See instructions)	00		
42	Contributions to the SC Tuition Prepayment Program or the SC College Investment Program. (See instructions)	00		
43	Active Trade or Business Income Deduction (See Instructions)	00		
44	Interest income from obligations of the US government.	00		
45	National Guard or Reserve annual training and drill pay. (See instructions)	00		
46	Social Security and/or railroad retirement, if taxed on your federal return.	00		
47	Caution: Retirement Deduction - (See Instructions)			
47a	a) Taxpayer: Date of Birth 01-01-1947	3,000	00	
47b	b) Spouse: Date of Birth		00	
47c	c) Surviving Spouse(s) Deceased DOB		00	
48a	Age 65 and older deduction - (See instructions)		00	
48b	a) Taxpayer: Date of Birth		00	
48c	b) Spouse: Date of Birth		00	
49	Negative amount of federal taxable income.		00	
50	Subsistence Allowance days @ \$8.00		00	
51	Dependents under the age of 6 years on December 31, 2006.		00	
51a	Date of Birth SSN			
51b	Date of Birth SSN			
52	Other subtractions. (See instructions) FD/ST Depr Diff	87	00	
53	TOTAL SUBTRACTIONS --- add lines 37 through 52 and enter the total here and on line 4.		53	3,087 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.		Preparer's Printed Name
Yes ☐ No ☒		Debra Hutto

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Paid	351 North Parler Avenue	
Preparer's	Prepared by	Date
Use Only	57-0810278	843-563-3267
	Address	
	St George, SC	29477
	City	State Zip

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

Depreciation and Amortization

(Including Information on Listed Property)

Note: SC does not allow any additional depreciation benefits provided by I.R.C. Section 168(k) and 1400L.

2006

South Carolina

▶ See separate instructions. ▶ Attach to your return.

Name(s) shown on return RONNIE F JUDY	Business or activity to which this form relates SCHEDULE F - 1	Identification number
---	--	-----------------------

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 IRS instructions for a higher limit for certain businesses	1	\$108,000
2	Total cost of IRC Section 179 property placed in service (see IRS instructions)	2	
3	Threshold cost of IRC 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 IRS 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 IRC 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	11	
12	IRC 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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	Not allowed for SC purposes
15	Property subject to IRC Section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	1,541
18	If you are electing under IRC 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 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		19,683	7	MO	150 DB	528
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	
i Nonresidential real property			39 yrs.	MM	S/L	

Part IV 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	

Summary

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	22	2,069
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to IRC Section 263A costs	23	

Label (See instructions on page 12.) the IRS	For the year Jan. 1-Dec. 31, 2007, or other tax year beginning	2007, ending	20	OMB No. 1545-0074
	Your first name and initial	Last name		
	RONNIE F	JUDY		
	If a joint return, spouse's first name and initial	Last name		
	Home address (number and street). If you have a P.O. box, see page 12.			Apt. no.
	1872 SANDRIDGE ROAD			
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.			
Presidential Election Campaign	DORCHESTER SC 29437			

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 and full name here. **WANDA B JUDY**

4 ☐ Head of household (with qualifying person). (See page 13.) 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 page 14)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 15)

d Total number of exemptions claimed **1**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 19)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

13 22,772

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a 15a

b Taxable amount (see page 21)

15b

16a Pensions and annuities

16a 16a

b Taxable amount (see page 22)

16b 17,676

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

18 (32,045)

19 Unemployment compensation

20a Social security benefits

20a 20a

b Taxable amount (see page 24)

20b

21 Other income

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

22 8,403

Adjusted Gross Income

23 Educator expenses (see page 26)

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 26)

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN

31a

32 IRA deduction (see page 27)

32

33 Student loan interest deduction (see page 30)

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 8,403



38	Amount from line 37 (adjusted gross income)	38	8,403
----	---	----	-------

39a Check ☐ You were born before January 2, 1943, ☐ Blind. Total boxes ☐
if: ☐ Spouse was born before January 2, 1943, ☐ Blind. } checked ▶ 39a ☐

b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here ▶ 39b ☐

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) . . . 40 5,350

41	Subtract line 40 from line 38	41	3,053
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 worksheet on page 33	42	3,400
43	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0

44 Tax (see page 33). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ Form(s) 8889 • 44 0

45	Alternative minimum tax (see page 36). Attach Form 6251	45	
46	Add lines 44 and 45	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	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see page 39). Attach Form 8901 if required	52	

52	Child tax credit (see page 66). Attach Form 8869, 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	0
----	---	----	---

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 through 62. This is your total tax	63	0
64	Federal income tax withheld from Forms W-2 and 1099	64	

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2007 estimated tax payments and amount applied from 2006 return	65	

65	2007 estimated tax payments and amount applied from 2006 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 page 59) . . . 67

68	Additional child tax credit. Attach Form 8812	68
----	---	----

69	Amount paid with request for extension to file (see page 59) • •	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	0
----	---	----	---

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	X	X	X	X	X	X	X	X	X	c. Type:	Checking	Savings					
d. Account number	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

75 Amount of line 73 you want applied to your 2008 estimated tax: 75

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76
----	---	----

77	Estimated tax penalty (see page 61)	77
----	-------------------------------------	----

Do you want to allow another person to discuss this return with the IRS (see page 61)?	Yes. Complete the following.	☒ No.
--	------------------------------	---

Designee's name	Phone no.	Personal identification
-----------------	-----------	-------------------------

Personal identification number (PIN)

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

01014	04-15-2008	FARMER
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation

Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation

		Date		Preparer's SSN or PTIN
--	--	------	--	------------------------

Preparer's signature	Debra Hutto	Check if self-employed	☐	Preparer's EFIN	P00133825
----------------------	-------------	------------------------	--------------------------	-----------------	-----------

100133829	FIN	57-0810278
-----------	-----	------------

351 North Parler Avenue	EN 37 3810270
-------------------------	---------------

address, and ZIP code **St George SC 29477** Phone no. **843-563-3267**

(Form 1040)

Name(s) shown on return

RONNIE F JUDY

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

2007

Attachment
Sequence No. 12

Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Yr., mo., day)	(c) Date sold (Yr., mo., day)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-7 of the 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 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				

f 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 (Yr., mo., day)	(c) Date sold (Yr., mo., day)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 TIMBER	VARIOUS	20071231	22,772		22,772
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	22,772			
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				
Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2	15				22,772

For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

EEA

Schedule D (Form 1040) 2007

Part III Summary

16 Combine lines 7 and 15 and enter the result. **16** 22,772

If line 16 is:

A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.

A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.

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?

☒ 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 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?

☒ 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 38 of 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** 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:

- 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** on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).

☐ No. Complete the rest of Form 1040 or Form 1040NR.

EEA

Schedule D (Form 1040) 2007

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

RONNIE F JUDY

A Principal product. Describe in one or two words your principal crop or activity for the current tax year.

CATTLE, CROPS

C Accounting method:

(1) ☒ Cash

(2) ☐ Accrual

B Enter code from Part IV

▶ 112111

D Employer ID number (EIN), if any

43-0951685

E Did you "materially participate" in the operation of this business during 2007? If "No," see page F-2 for limit on passive losses. ☒ 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		
4	Sales of livestock, produce, grains, and other products you raised	4		18,740
5a	Cooperative distributions (Form(s) 1099-PATR)	5a		
5b	Taxable amount	5b		
6a	Agricultural program payments (see page F-3)	6a	1,948	
6b	Taxable amount	6b		1,948
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 2007	8a		
8b	Taxable amount	8b		
c	If election to defer to 2008 is attached, check here ▶ ☐	8d	Amount deferred from 2006	
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, enter the amount from Part III, line 51	11		20,688

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 pg. F-4). Also, attach Form 4562	12		25	Pension and profit-sharing plans	25	
13	Chemicals	13		26	Rent or lease (see page F-6):		
14	Conservation expenses (see page F-4)	14		a	Vehicles, machinery, and equipment	26a	
15	Custom hire (machine work)	15		b	Other (land, animals, etc.)	26b	977
16	Depreciation and section 179 expense deduction not claimed elsewhere (see page F-5)	16	9,700	27	Repairs and maintenance	27	8,676
17	Employee benefit programs other than on line 25	17		28	Seeds and plants	28	
18	Feed	18	1,071	29	Storage and warehousing	29	
19	Fertilizers and lime	19		30	Supplies	30	3,514
20	Freight and trucking	20		31	Taxes	31	3,500
21	Gasoline, fuel, and oil	21	3,817	32	Utilities	32	
22	Insurance (other than health)	22	1,897	33	Veterinary, breeding, and medicine	33	
23	Interest:			34	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	23a	9,133	a	HAULING	34a	751
b	Other	23b		b	COW	34b	350
24	Labor hired (less employment credits)	24	8,000	c	HAY	34c	977
				d	SCH C	34d	100
				e	CALF	34e	270
				f		34f	
35	Total expenses. Add lines 12 through 34f. If line 34f is negative, see instructions	35					52,733
36	Net farm profit or (loss). Subtract line 35 from line 11.						

- If a profit, enter the profit on Form 1040, line 18, and also on Schedule SE, line 1.
- If a loss, you must go to line 37. Estates, trusts, and partnerships, see page F-6.

- 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 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 ☒ All investment is at risk.
37b ☐ Some investment is not at risk.

Depreciation and Amortization (including information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

2007
Attachment
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

RONNIE F JUDY

SCHEDULE F - 1

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	
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	
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	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
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 2006 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	
13	Carryover of disallowed deduction to 2008. 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) and cellulosic biomass ethanol plant 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 2007	17	5,406
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 2007 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 Statement # 1						4,294
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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2007 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 instr.	22	9,700
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	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2007)

1024

SC 1040

(Rev. 9/27/07) 3075

SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN

2007

For the year January 1 - December 31, 2007, or fiscal tax year beginning

and ending

Print Your first name and Initial (Sr, Jr, 2nd, 3rd, 4th)

Last name

Check if
Deceased ☐

ANNIE F JUDY

Spouse's first name and Initial, if married filing jointly

Spouse's last name

Check if
Deceased ☐

Spouse's Social Security number

Check if
new
address ☐

Present mailing address (number and street, Apt. No or P. O. Box)

County code

Do not write in this space - OFFICE USE

1872 SANDRIDGE ROAD

City, state and ZIP code

Area Code

Daytime telephone

DORCHESTER, SC 29437

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 partnership or "S" corporation

CHECK YOUR

(1) ☐ Single(3) ☒ Married filing separately. Enter spouse's SSN here: 248-86-6822FEDERAL FILING STATUS (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.

1

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.

0

STAPLE
PAYMENT
HERESTAPLE
W-2 / 1099
HERE1 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.

Dollars

Cents

STOP!

Resident filers complete lines 32 through 54.

Nonresident filers complete Schedule NR and enter total from line 49 on line 5 below.

2 TOTAL ADDITIONS. Enter amount from line 37.

3 Add lines 1 and 2. Enter total here.

4 TOTAL SUBTRACTIONS. Enter amount from line 54.

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.

6 TAX: Enter tax from SOUTH CAROLINA tax tables.

TAX on Lump Sum Distribution (Attach SC4972)

TAX on Active Trade or Business Income (Attach I-335)

9 TAX on Excess Withdrawals from Catastrophe Savings Accounts

10 TOTAL South Carolina tax. Add lines 6, 7, 8 and 9. Enter the total.

11 Child and Dependent Care (See instructions)

12 Two Wage Earner Credit (See instructions)

13 Other Non-refundable Credits (Attach SC1040TC)

14 TOTAL Non-refundable Credits. Add lines 11 through 13 and enter the total.

15 SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO.

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41)

20 Other SC Withholding (Attach Form 1099)

17 2007 Estimated Tax Payments

21 Tuition Tax Credit (Attach I-319)

18 Amount Paid with extension

22 Other Refundable Credit (Attach I-333 or I-334)

19 NR sale of real estate

23 ADD lines 16 through 22 and enter the total.

24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT.

25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE.

26 USE TAX (Due on Out-of-state Purchases. See instructions)

27 Amount of line 24 to be credited to your 2008 ESTIMATED TAX.

28 Total Contributions for Check-offs (Attach I-330)

29 ADD lines 26 through 28 and enter the total.

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

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: \$

BALANCE

DUE

Pay 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.

30751028

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

32 State tax addback, if itemizing on federal return, (See instructions)

32 00

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 00

PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

38 State tax refund, if included on line 10, on your federal Form 1040.

38 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 10,020 00

42 Volunteer Firefighter/Rescue Squad Worker/Volunteer HAZMAT Team Member/Reserve Police Officer/DNR Deputy Enforcement Officer/State Guard Member deduction. (See instructions)

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 US 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 01-01-1947

48a 3,000 00

b) Spouse: Date of Birth

48b 00

c) Surviving Spouse: Deceased Spouse(s) DOB

48c 00

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.

50 347 00

51 Subsistence Allowance days @ \$8.00

51 00

52 Dependents under the age of 6 years on December 31, 2007.

Date of Birth

SSN

Date of Birth

SSN

52 00

53 Other subtractions. (See instructions) FD/ST Depr Diff

53 87 00

54 TOTAL SUBTRACTIONS --- add lines 38 through 53 and enter the total here and on line 4.

54 13,454 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 ☐No ☒

Preparer's Printed Name

Debra Hutto

If prepared by a person other than taxpayer, this declaration is based on all information of which he has any knowledge.

Paid

Preparer's

Prepared by

Date

Address

Use Only

57-0810278

843-563-3267

St George, SC 29477

EI Number

Phone Number

City

State

Zip

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 ADDRESSREFUNDS OR ZERO TAX:
SC1040 PROCESSING CENTER
P.O. BOX 101100
COLUMBIA SC 29211-0100BALANCE DUE:
TAXABLE PROCESSING CENTER
P.O. BOX 101105
COLUMBIA SC 29211-0105

30752026

Depreciation and Amortization

Form **4562**

(Rev. 11/07)

(Including Information on Listed Property)

Note: SC does not allow any additional depreciation benefits provided by I.R.C. Section 168(k) and 1400L.

2007

South Carolina

► See separate instructions. ► Attach to your return.

Name(s) shown on return

RONNIE F JUDY

Business or activity to which this form relates

SCHEDULE F - 1

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 IRS instructions for a higher limit for certain businesses	1	\$125,000
2	Total cost of IRC Section 179 property placed in service (see IRS instructions)	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$500,000
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 IRS 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 IRC Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <u>smaller</u> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. 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	14	Not allowed for SC purposes
15	Property subject to IRC Section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	5,493
18	If you are electing under IRC Section 168(l)(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 2007 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 STATEMENT # 1			7			4,294
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	
i Nonresidential real property			39 yrs.	MM	S/L	

Part IV Section C - Assets Placed in Service During 2007 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	

Summary

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	22	9,787
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to IRC Section 263A costs	23	

Label

(See instructions on page 14.)

e IRS

Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning

, 2008, ending

, 20

OMB No. 1545-0074

Your first name and initial

Last name

RONNIE F

JUDY

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 14.

Apt. no.

1872 SANDRIDGE ROAD

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

DORCHESTER

SC

29437

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 box.

1

Single

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.

2

Married filing jointly (even if only one had income)

3

Married filing separately. Enter spouse's SSN above

5

Qualifying widow(er) with dependent child (see page 16)

and full name here. WANDA B JUDY

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b 1

b

Spouse

No. of children on 6c who:

If more than four dependents, see page 17.

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Check if qualifying child for child tax credit (see pg 17)

☐ lived with you
☐ did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

d Total number of exemptions claimed

Add numbers on lines above

1

Income

Attach Form(s) W-2 here. Also attach Forms 1099-G and 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

8a Taxable interest. Attach Schedule B if required

8a

67

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 21)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)

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

12,177

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount (see page 23)

15b

16a Pensions and annuities

16a

b Taxable amount (see page 24)

16b

18,072

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

(17,170)

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount (see page 26)

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

13,146

Adjusted Gross Income

23 Educator expenses (see page 28)

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 29)

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN

31a

32 IRA deduction (see page 30)

32

33 Student loan interest deduction (see page 33)

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

13,146



FFA

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

ANNIE F JUDY

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**

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 (Yr., mo., day)	(c) Date sold (Yr., mo., day)	(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					
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 8 of your Capital Loss Carryover Worksheet on page D-7 of the instructions				6	()
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 sh. XYZ Co.)	(b) Date acquired (Yr., mo., day)	(c) Date sold (Yr., mo., day)	(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 TIMBER	VARIOUS	20081231	12,177		12,177
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	12,177		
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 13 of your Capital Loss Carryover Worksheet on page D-7 of the instructions				14	()
Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15	12,177

For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR Instructions.

EEA

Schedule D (Form 1040) 2008

Part III Summary

Combine lines 7 and 15 and enter the result.		16	12,177
If line 16 is: A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. 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?			
☒ 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 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?			
☒ 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 38 of 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 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:			
• 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 on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).			
☐ No. Complete the rest of Form 1040 or Form 1040NR.			

EEA

Schedule D (Form 1040) 2008

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

RONNIE F JUDY

A Principal product. Describe in one or two words your principal crop or activity for the current tax year.

CATTLE, CROPS

B Enter code from Part IV

▶ **112111**

C Accounting method:

(1) ☒ Cash

(2) ☐ Accrual

D Employer ID number (EIN), if any

43-0951685

E Did you "materially participate" in the operation of this business during 2008? If "No," see page F-3 for limit on passive losses. ☒ 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	3,069	
2	Cost or other basis of livestock and other items reported on line 1	2	2,715	
3	Subtract line 2 from line 1			354
4	Sales of livestock, produce, grains, and other products you raised			17,946
5a	Cooperative distributions (Form(s) 1099-PATR)	5a		5b Taxable amount
6a	Agricultural program payments (see page F-3)	6a	3,920	6b Taxable amount
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
8	Crop insurance proceeds and federal crop disaster payments (see page F-3):			
a	Amount received in 2008	8a		8b Taxable amount
c	If election to defer to 2009 is attached, check here ☐			8d Amount deferred from 2007
9	Custom hire (machine work) income			9
10	Other income, including federal and state gasoline or fuel tax credit or refund (see page F-4)			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
				22,220

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 page F-5). Also, attach Form 4562	12		25	Pension and profit-sharing plans	25	
13	Chemicals	13		26	Rent or lease (see page F-6):		
14	Conservation expenses (see page F-5)	14		a	Vehicles, machinery, and equipment	26a	
15	Custom hire (machine work)	15	1,000	b	Other (land, animals, etc.)	26b	
16	Depreciation and section 179 expense deduction not claimed elsewhere (see page F-5)	16	4,222	27	Repairs and maintenance	27	1,420
17	Employee benefit programs other than on line 25	17		28	Seeds and plants	28	
18	Feed	18	339	29	Storage and warehousing	29	
19	Fertilizers and lime	19		30	Supplies	30	16,876
20	Freight and trucking	20		31	Taxes	31	1,174
21	Gasoline, fuel, and oil	21	1,886	32	Utilities	32	
22	Insurance (other than health)	22		33	Veterinary, breeding, and medicine	33	2,857
23	Interest:			34	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	23a	8,702	a	SCH C	34a	100
b	Other	23b	739	b	WELDING	34b	75
24	Labor hired (less employment credits)	24		c		34c	
35	Total expenses. Add lines 12 through 34f. If line 34f is negative, see instructions			d		34d	
36	Net farm profit or (loss). Subtract line 35 from line 11. Partnerships, see page F-7.			e		34e	
	• 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.			f		34f	
	• If a loss, you must go to line 37.						
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.						
				35		35	39,390
				36		36	(17,170)
				37a	☒ All investment is at risk.		
				37b	☐ Some investment is not at risk.		

Depreciation and Amortization **(Including Information on Listed Property)**

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2008Attachment
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

RONNIE F JUDY

SCHEDULE F - 1

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	
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	
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	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
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 2007 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
13	Carryover of disallowed deduction to 2009. 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 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 2008	17	4,222
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 2008 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 property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2008 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 instr.	22	4,222
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	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2008)

1024

SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN

2008

For the year January 1 - December 31, 2008, or fiscal tax year beginning

and ending

Print Your first name and initial (Sr, Jr, 2nd, 3rd, 4th)

Last name

Check if

Deceased ☐

INIE F JUDY

Spouse's first name and initial, if married filing jointly

Spouse's last name

Check if

Deceased ☐

Spouse's Social Security number

Check if

new

address ☐

Present mailing address (number and street, Apt. No or P. O. Box)

County code

Do not write in this space - OFFICE USE

1872 SANDRIDGE ROAD

City, state and ZIP code

Area Code

Daytime telephone

DORCHESTER, SC 29437

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 partnership or "S" corporation

CHECK YOUR

(1) ☐ Single(3) ☒ Married filing separately. Enter spouse's SSN here: 248-86-6822FEDERAL FILING STATUS (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 2008 federal return.

1

How many of the exemptions listed above were under the age of 6 years on December 31, 2008?

0

Enter the number of taxpayers age 65 or older, as of December 31, 2008.

0

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.

Dollars

Cents

STOP! Resident filers complete lines 32 through 54.

Nonresident filers complete Schedule NR and enter total from line 49 on line 5 below.

1 4,196 00

2 TOTAL ADDITIONS. Enter amount from line 37 of your SC1040.

2 00

3 Add lines 1 and 2. Enter total here.

3 4,196 00

4 TOTAL SUBTRACTIONS. Enter amount from line 54 of your SC1040.

4 23,517 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 0 00

TAX: Enter tax from SOUTH CAROLINA tax tables.

6 00

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 South Carolina tax. Add lines 6, 7, 8 and 9. Enter the total.

10 00

11 Child and Dependent Care (See instructions)

11 00

12 Two Wage Earner Credit (See instructions)

12 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 00

15 SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO.

15 0 00

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41)

00

20 Other SC Withholding (Attach Form 1099)

00

17 2008 Estimated Tax Payments

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 00

24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT.

24 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 2009 ESTIMATED TAX.

27 00

28 Total Contributions for Check-offs (Attach I-330)

28 00

29 ADD lines 26 through 28 and enter the total.

29 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 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: \$

BALANCE DUE

31 00

File a check or money order for the full amount payable to "SC Department of Revenue." Write your Social Security number and "2008 SC1040" on the payment.

STAPLE PAYMENT HERE

STAPLE W-2/1099 HERE

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

32 State tax addback, if itemizing on federal return, (See instructions)

	Dollars	Cents
32	00	
33	00	
34	00	
35	00	
36	00	

Out-of-state losses - (See instructions)

34 Expenses related to National Guard and Military Reserve income.

35 Interest income on obligations of states and political subdivisions other than South Carolina.

36 Other additions to income. Attach an explanation (See instructions)

37 TOTAL ADDITIONS --- add lines 32 through 36 and enter your total additions to income here and on line 2.

37 00

PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

38 State tax refund, if included on line 10, on your federal Form 1040.

38 00

39 Total and permanent disability retirement income, if taxed on your federal return.

39 18,072 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 5,358 00

42 Volunteer Firefighter/Rescue Squad Worker/Volunteer HAZMAT Team Member/Reserve Police Officer/DNR Deputy Enforcement Officer/State Guard Member deduction. (See instructions)

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 US 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

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 of the tax year.

Date of Birth SSN

Date of Birth SSN

52 00

53 Other subtractions. (See instructions) FD/ST Depr Diff

53 87 00

54 TOTAL SUBTRACTIONS --- add lines 38 through 53 and enter the total here and on line 4.

54 23,517 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.		Preparer's Printed Name
Yes ☐ No ☒		Debra Hutto

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Paid	Prepared by	Date	351 North Parler Avenue
Preparer's Use Only	57-0810278	843-563-3267	Saint George, SC 29477
	EI Number	Phone Number	City State Zip

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

30752018

Depreciation and Amortization

(Including Information on Listed Property)

Note: SC does not allow any additional depreciation benefits provided by I.R.C. Section 168(k) and 1400L.

2008

South Carolina

▶ See separate instructions. ▶ Attach to your return.

Name(s) shown on return

RONNIE F JUDY

Business or activity to which this form relates

SCHEDULE F - 1

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 IRS instructions for a higher limit for certain businesses	1	\$128,000
2	Total cost of IRC Section 179 property placed in service (see IRS instructions)	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$510,000
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 IRS instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of IRC 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 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. 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	14	Not allowed for SC purposes
15	Property subject to IRC Section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	4,309
18	If you are electing under IRC 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 2008 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 property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Part IV Section C - Assets Placed in Service During 2008 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	

Summary

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	22	4,309
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to IRC Section 263A costs	23	

Department of the Treasury
Internal Revenue Service

► Do not send to the IRS. This is not a tax return.
► Keep this form for your records. See instructions.

2005

Declaration Control Number (DCN) 00571078010176

Taxpayer's name

JEFFREY T JUDY

Spouse's name

HEATHER T JUDY

Part I Tax Return Information - Tax Year Ending December 31, 2005 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	76,414
2	Total tax (Form 1040, line 63; Form 1040A, line 38; Form 1040EZ, line 10)	2	3,598
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 39; Form 1040EZ, line 7)	3	9,054
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	5,456
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2005, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Dantzlers Bookkeeping Tax to enter my PIN 10107 as my signature
ERO firm name do not enter all zeros
on my tax year 2005 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Jeffrey T. Judy

Date 02-02-2006

Spouse's PIN: check one box only

☒ I authorize Dantzlers Bookkeeping Tax to enter my PIN 71376 as my signature
ERO firm name do not enter all zeros
on my tax year 2005 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature

Heather T. Judy

Date 02-02-2006

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit PIN.

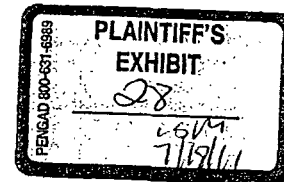
57107871237

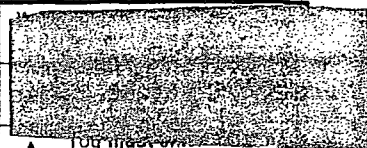
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2005 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized e-file Providers.

ERO's signature Barbara Dantzler

Date 02-02-2006

ERO Must Retain This Form - See Instructions**Do Not Submit This Form to the IRS Unless Requested To Do So**

Label (See Instructions on page 16.) Use the IRS label. Otherwise, please print or type.	For the year Jan. 1-Dec. 31, 2005, or other tax year beginning		, 2005, ending		, 20		OMB No. 1545-0074	
	Your first name and initial		Last name					
	JEFFREY T		JUDY					
	If a joint return, spouse's first name and initial		Last name					
	HEATHER T		JUDY		For more information, see your SSN(s) above.			
Home address (number and street). If you have a P.O. box, see page 16.		Apt. no.						
119 FAIRWAY COURT								
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.		SAINT GEORGE SC 29477		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 16)						
Filing Status		1 ☐ Single		4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.		You ☐ Spouse ☐		
Check only one box.		2 ☒ Married filing jointly (even if only one had income)		5 ☐ Qualifying widow(er) with dependent child (see page 17)				
		3 ☐ Married filing separately. Enter spouse's SSN above and full name here.						

Exemptions

6 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b 2	
b ☒ Spouse				No. of children on 6c who:	
c Dependents:				• lived with you 1	
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Check if qualifying child for child tax credit (see pg 19)				• did not live with you due to divorce or separation (see page 20)	
WYATT JUDY 654-16-8990 Son ☒					
				☐	
				☐	
d Total number of exemptions claimed				Add numbers on lines above 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 page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	85,056
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 23)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10	2,519
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	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see page 25)	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	
18	Farm income or (loss). Attach Schedule F	18	(8,492)
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 27)	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	79,083
23	Educator expenses (see page 29)	23	200
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 33)	33	999
34	Tuition and fees deduction (see page 34)	34	1,470
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	2,669
37	Subtract line 36 from line 22. This is your adjusted gross income	37	76,414

EEA

Form **2441**Department of the Treasury
Internal Revenue Service, (99)**Child and Dependent Care Expenses**

▶ Attach to Form 1040.

▶ See separate instructions.

OMB No. 1545-0074

2005Attachment
Sequence No. **21**

Name(s) shown on Form 1040

JEFFREY T & HEATHER T JUDY

Your social security number

Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions.

• Dependent Care Benefits

• Qualifying Person(s)

• Qualified Expenses

Part I Persons or Organizations Who Provided the Care - You must complete this part.

(If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	NANCY G MURRAY	111 ABB LANE MISS NANCYS HAP SAINT GEORGE, SC 29477	57-0844137	2,555

Did you receive
dependent care benefits?

No

Complete only Part II below.

Yes

Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62.**Part II** Credit for Child and Dependent Care Expenses**2** Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2005 for the person listed in column (a)
First	Last		
WYATT	JUDY	654-16-8990	2,555

3	Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 32	3	2,555																																																												
4	Enter your earned income . See instructions	4	52,922																																																												
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	23,642																																																												
6	Enter the smallest of line 3, 4, or 5	6	2,555																																																												
7	Enter the amount from Form 1040, line 38 7 76,414																																																														
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																																														
<table border="0"> <tr> <td colspan="3">If line 7 is:</td> <td colspan="3">If line 7 is:</td> </tr> <tr> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> </tr> <tr> <td>\$0 - 15,000</td> <td></td> <td>.35</td> <td>\$29,000 - 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>15,000 - 17,000</td> <td></td> <td>.34</td> <td>31,000 - 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>17,000 - 19,000</td> <td></td> <td>.33</td> <td>33,000 - 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>19,000 - 21,000</td> <td></td> <td>.32</td> <td>35,000 - 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>21,000 - 23,000</td> <td></td> <td>.31</td> <td>37,000 - 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>23,000 - 25,000</td> <td></td> <td>.30</td> <td>39,000 - 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>25,000 - 27,000</td> <td></td> <td>.29</td> <td>41,000 - 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>27,000 - 29,000</td> <td></td> <td>.28</td> <td>43,000 - No limit</td> <td></td> <td>.20</td> </tr> </table>		If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0 - 15,000		.35	\$29,000 - 31,000		.27	15,000 - 17,000		.34	31,000 - 33,000		.26	17,000 - 19,000		.33	33,000 - 35,000		.25	19,000 - 21,000		.32	35,000 - 37,000		.24	21,000 - 23,000		.31	37,000 - 39,000		.23	23,000 - 25,000		.30	39,000 - 41,000		.22	25,000 - 27,000		.29	41,000 - 43,000		.21	27,000 - 29,000		.28	43,000 - No limit		.20	8	X . 20
If line 7 is:			If line 7 is:																																																												
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is																																																										
\$0 - 15,000		.35	\$29,000 - 31,000		.27																																																										
15,000 - 17,000		.34	31,000 - 33,000		.26																																																										
17,000 - 19,000		.33	33,000 - 35,000		.25																																																										
19,000 - 21,000		.32	35,000 - 37,000		.24																																																										
21,000 - 23,000		.31	37,000 - 39,000		.23																																																										
23,000 - 25,000		.30	39,000 - 41,000		.22																																																										
25,000 - 27,000		.29	41,000 - 43,000		.21																																																										
27,000 - 29,000		.28	43,000 - No limit		.20																																																										
9	Multiply line 6 by the decimal amount on line 8. If you paid 2004 expenses in 2005, see the instructions	9	511																																																												
10	Enter the amount from Form 1040, line 46, minus any amount on Form 1040, line 47	10	5,109																																																												
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48	11	511																																																												

For Paperwork Reduction Act Notice, see page 4 of the instructions.

EEA

Form 2441 (2005)

SCHEDULES A&B
(Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074

2005

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A & B (Form 1040).

Name(s) shown on Form 1040

Your social security number

JEFFREY T & HEATHER T JUDY

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see page A-2)	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):			
(See page A-2.)	a	☒ Income taxes, or	5	5,011	
	b	☐ General sales taxes (see page A-3)			
	6	Real estate taxes (see page A-5)	6	1,859	
	7	Personal property taxes	7	1,053	
	8	Other taxes. List type and amount ▶ Statement # 1	8	10,305	
	9	Add lines 5 through 8	9		18,228
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098 .		10	9,298
(See page A-5.)	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-6 and show that person's name, identifying no., and address ▶			
			11		
Note. Personal interest is not deductible.		12 Points not reported to you on Form 1098. See page A-6 for special rules		12	
	13	Investment interest. Attach Form 4952 if required. (See page A-6.)	13		
	14	Add lines 10 through 13	14		9,298
Gifts to Charity		15a Total gifts by cash or check. If you made any gift of \$250 or more, see page A-7		15a	340
If you made a gift and got a benefit for it, see page A-7.	b	Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see page A-7) 15b			
	16	Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500	16		
	17	Carryover from prior year	17		
	18	Add lines 15a, 16, and 17	18		340
Casualty and Theft Losses		19 Casually or theft loss(es). Attach Form 4684. (See page A-8.)		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 page A-8.) ▶		20	
(See page A-8.)	21	Tax preparation fees	21		
	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 38 24	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 on page A-9. List type and amount ▶		27	
Total Itemized Deductions		28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if married filing separately)?		28	27,866
		☒ 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 page A-9 for the amount to enter.			
	29	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐			

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

JEFFREY T JUDY

Social security number (SSN)

[REDACTED]

A Principal product. Describe in one or two words your principal crop or activity for the current tax year.

CATTLE

B Enter code from chart

112112

C Accounting method:

(1) ☒ 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 page F-2 for limit on passive losses. ☒ 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		
4	Sales of livestock, produce, grains, and other products you raised	4		
5a	Cooperative distributions (Form(s) 1099-PATR)	5a		5b Taxable amount
5b		5b		5b
6a	Agricultural program payments (see page F-2)	6a		6b Taxable amount
6b		6b		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		7c		7c
8	Crop insurance proceeds and Federal crop disaster payments (see page F-3):			
a	Amount received in 2005	8a		8b Taxable amount
8b		8b		8b
c	If election to defer to 2006 is attached, check here ▶ ☐ 8d Amount deferred from 2004	8d		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		100
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		100

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 pg. F-4 - also attach Form 4562)	12		25	Pension and profit-sharing plans	25	
13	Chemicals	13		26	Rent or lease (see page F-5):		
14	Conservation expenses (see page F-4)	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 page F-4)	16	8,592	27	Repairs and maintenance	27	
17	Employee benefit programs other than on line 25	17		28	Seeds and plants	28	
18	Feed	18		29	Storage and warehousing	29	
19	Fertilizers and lime	19		30	Supplies	30	
20	Freight and trucking.	20		31	Taxes	31	
21	Gasoline, fuel, and oil	21		32	Utilities	32	
22	Insurance (other than health)	22		33	Veterinary, breeding, and medicine	33	
23	Interest:			34	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	23a		a		34a	
b	Other	23b		b		34b	
24	Labor hired (less employment credits)	24		c		34c	
				d		34d	
				e		34e	
				f		34f	
35	Total expenses. Add lines 12 through 34f ▶	35					8,592
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 page F-6.						(8,492)

37 If you have a loss, you must check the box that describes your investment in this activity (see page F-6).
• 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 ☒ All investment is at risk.
37b ☐ Some investment is not at risk.

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

2005Attachment
Sequence No. **67**

Identifying number

JEFFREY T & HEATHER T JUDY

SCHEDULE F - 1

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	105,000
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	420,000
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 2004 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	
13	Carryover of disallowed deduction to 2006. 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 certain aircraft, certain property with a long production period, and qualified NYL or GO 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 2005	17	8,592
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 2005 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 property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2005 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 instr.	22	8,592
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	

For Paperwork Reduction Act Notice, see separate instructions.

Do not write in this space - OFFICE USE

SC 1040

(Rev. 9/8/05)

DRAKE

SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN 2005

For the year January 1 - December 31, 2005, or fiscal tax year beginning

and ending

PLACE LABEL HERE

Print Your first name and Initial (Sr, Jr, 2nd, 3rd, 4th)

JEFFREY T JUDY

Last name

Check If Deceased ☐

Spouse's first name and Initial, If married filing jointly

HEATHER T JUDY

Spouse's last name

Check If Deceased ☐

Present home address (number and street, or P. O. Box)

119 FAIRWAY COURT

Apt. No.

Area Code Daytime telephone

Do not write in this space - OFFICE USE

City, state and ZIP code

SAINT GEORGE, SC 29477

County code

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

(1) ☐ Single(3) ☐ Married filing separately. Enter spouse's SSN here:FEDERAL FILING STATUS (2) ☒ Married filing jointly (4) ☐ Head of household (5) ☐ Widow(er) with dependent childFederal Exemptions: Enter the number of exemptions from line 6 (d) of your 2005 federal return. 3How many of the exemptions listed above were under the age of 6 years on December 31, 2005? 1Enter the number of taxpayers age 65 or older, as of December 31, 2005. 0

STAPLE PAYMENT HERE

STAPLE HERE

W-2 / 1099

		Dollars	Cents
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 30 through 51. Nonresident filers complete Schedule NR and enter total from line 48 on line 5 below.		1	38,948 00
2	TOTAL ADDITIONS. Enter amount from line 35.	2	5,011 00
3	Add lines 1 and 2. Enter total here.	3	43,959 00
4	TOTAL SUBTRACTIONS. Enter amount from line 51.	4	5,719 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	38,240 00
6	TAX: Enter tax from SOUTH CAROLINA tax tables.	6	2,311 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	2,311 00
9	Child and Dependent Care (See instructions)	9	179 00
10	Two Wage Earner Credit (See instructions)	10	165 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	344 00
13	SUBTRACT line 12 from line 8. Enter the difference BUT NOT LESS THAN ZERO.	13	1,967 00
14	SC INCOME TAX WITHHELD (Attach W-2 or SC41)	14	5,011 00
15	2005 Estimated Tax Payments	15	00
16	Amount Paid with extension	16	00
17	NR sale of real estate	17	00
18	Other SC Withholding (Attach Form 1099)	18	00
19	Tuition Tax Credit (Attach I-319)	19	00
20	Other Refundable Credit (Attach I-333 or I-334)	20	00
21	ADD lines 14 through 20 and enter the total.	21	5,011 00
22	If line 21 is LARGER than line 13, subtract line 13 from line 21 and enter the OVERPAYMENT.	22	3,044 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.	28	3,044 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)	29	00
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	

REFUND

Penalty: \$

BALANCE DUE

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.

[523]

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	Cents
30	State tax addback, if itemizing on federal return.	30	5,011	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. Explain.	34		00	
35	TOTAL ADDITIONS --- add lines 30 through 34 and enter your total additions to income here and on line 2.			35	5,011 00

PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME				Dollars	Cents
36	State tax refund, if included on line 10, on your federal Form 1040.	36	2,519	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/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 US 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(s): DOB	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 06-25-2003 SSN 654-16-8990 Date of Birth _____ SSN _____	49	3,200	00	
50	Other subtractions. (See instructions)	50		00	
51	TOTAL SUBTRACTIONS --- add lines 36 through 50 and enter the total here and on line 4.			51	5,719 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)
	02-02-2006	
I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.		Preparer's Printed Name
Yes ☐ No ☒		Barbara Dantzler

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Paid	Barbara Dantzler	02-02-2006	351 North Parler Avenue
Preparer's	Prepared by	Date	Address
Use Only	57-0810278	843-563-3267	St George, SC 29477
	El Number	Phone Number	City State Zip

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
524 BPX 101105
COLUMBIA SC 29211-0105

For: 8879

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

- Do not send to the IRS. This is not a tax return.
► Keep this form for your records. See instructions.

OMB No. 1545-0074

2005

Declaration Control Number (DCN)

00571078010176

Taxpayer's name

JEFFREY T JUDY

Social security number

Spouse's name

HEATHER T JUDY

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2005 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	76,414
2	Total tax (Form 1040, line 63; Form 1040A, line 38; Form 1040EZ, line 10)	2	3,598
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 39; Form 1040EZ, line 7)	3	9,054
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	5,456
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2005, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Dantzlers Bookkeeping Tax ERO firm name to enter my PIN 10107 as my signature do not enter all zeros on my tax year 2005 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature Jeffrey T. Judy Date 02-02-2006

Spouse's PIN: check one box only

☒ I authorize Dantzlers Bookkeeping Tax ERO firm name to enter my PIN 71376 as my signature do not enter all zeros on my tax year 2005 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature Heather T. Judy Date 02-02-2006

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit PIN.

57107871237

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2005 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized e-file Providers.

ERO's signature Barbara DantzlerDate 02-02-2006

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

EEA

Form 8879 (2005)

DRAKE

SOUTH CAROLINA DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX DECLARATION
FOR ELECTRONIC FILINGSC8453
3299 (Rev. 8/24/05)
2005

DO NOT MAIL YOUR RECORDS

Use label Otherwise, please print or type.	LABEL HERE	Your first name and initial JEFFREY T JUDY	Last name	Your social security number [REDACTED]
		If joint return, spouse's first name and initial HEATHER T JUDY	Last name, if different	Spouse's social security number [REDACTED]
		Home address (number and street, apt. number or RR) 119 FAIRWAY COURT	Daytime telephone #	Office use only
		City, town or post office, state and ZIP code SAINT GEORGE, SC 29477		

Part I Tax Return Information (Whole dollars only)

1. Federal taxable income	Check form filed: ☒ SC1040, line 1; ☐ SC1040A, line 1	1	38,948	00
2. Net SC tax (SC1040, line 13; SC1040A, line 8)		2	1,967	00
3. Use Tax		3		00
4. Total Tax		4	1,967	00
5. SC Income Tax Withheld (SC1040, lines 14 & 18; SC1040A, line 9)		5	5,011	00
6. Tuition Tax Credit (SC1040, line 19)		6		00
7. Refund (SC1040, line 28; SC1040A, line 15)		7	3,044	00
8. Amount you owe (SC1040, line 29; SC1040A, line 16)		8		00

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)

STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE	9. Routing transit number (RTN)	[REDACTED]	The first two numbers of the RTN must be 01 through 12 or 21 through 32.
	10. Bank account number (BAN)	[REDACTED]	
	11. Type of account: ☐ Checking ☐ Savings		
	12. Withdrawal Date		Withdrawal Amount \$

Part III Declaration of Taxpayer (Sign only after Part I is completed.)

- ☐ a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☒ b. I do not want direct deposit of my refund or am not receiving a refund.
- ☐ c. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. Under the terms of this authorization, I can revoke this authorization by notifying the South Carolina Department of Revenue no later than two business days prior to the withdrawal (settlement) date by calling 803-898-5111.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. I understand that EROs and taxpayers filing on line should not submit this form to the SC Department of Revenue, but should retain it and supporting documents for three (3) years.

Sign Here [Signature] 02-02-2006 [Signature] 02-02-2006
Your signature Date Spouse's signature (if joint, BOTH must sign) Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub. 1345, Handbook for Electronic Filers of Individual Tax Returns and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.

ERO's Use Only	ERO signature <u>[Signature]</u>	Date 02-02-2006	Check if also paid preparer ☒	Check if self-employed ☒	Your social security number P00136917
	Firm name (or yours if self-employed) and address Dantzlars Bookkeeping Tax Service 351 North Parler Avenue St George, SC 29477				E.I. No. 57-0810278
Paid Preparer's Use Only	Preparer signature <u>[Signature]</u>	Date	Check if self-employed ☐	Preparer's social security no.	
	Firm name (or yours if self-employed) and address			E.I. No.	ZIP Code

Form **8879**Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

- Do not send to the IRS. This is not a tax return.
► Keep this form for your records. See instructions.

OMB No. 1545-0074

2006

Declaration Control Number (DCN) ► 00-571078-012647

Taxpayer's name

JEFFREY T JUDY

Social security number

Spouse's name

HEATHER I JUDY

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2006 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	86,634
2 Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 11)	2	5,410
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	10,108
4 Refund (Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040EZ-T, line 1a)	4	4,748
5 Amount you owe (Form 1040, line 76; Form 1040A, line 47; Form 1040EZ, line 13)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return or request for refund and accompanying schedules and statements for the tax year ending December 31, 2006, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return or request for refund. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return or request to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return or request for refund and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Dantzlars Bookkeeping Tax to enter or generate my PIN 10107
ERO firm name do not enter all zeros
as my signature on my tax year 2006 electronically filed income tax return or request for refund.

☐ I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box only if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► Jeffrey T. Judy Date ► 02-16-2007

Spouse's PIN: check one box only

☒ I authorize Dantzlars Bookkeeping Tax to enter or generate my PIN 71376
ERO firm name do not enter all zeros
as my signature on my tax year 2006 electronically filed income tax return or request for refund.

☐ I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box only if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Heather I. Judy Date ► 02-16-2007

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

571078-71237

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2006 electronically filed income tax return or request for refund for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized e-file Providers of Individual Income Tax Returns.

Signature ► Barbara Dantzler

Date ► 02-16-2007

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So



IRS DCN

00571078012647

DRK

SOUTH CAROLINA DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX DECLARATION
FOR ELECTRONIC FILINGSC8453
3299 (Rev. 8/22/06)
2006

DO NOT MAIL YOUR RECORDS

Use label Otherwise, please print or type.	L A B E L H E E R E	Your first name and initial JEFFREY T JUDY		Last name		Your social security number	
		If joint return, spouse's first name and initial HEATHER I JUDY		Last name, if different		Spouse's social security number	
		Home address (number and street, apt. number or RR) 119 FAIRWAY COURT		Daytime telephone #		Office use only	
		City, town or post office, state and ZIP code SAINT GEORGE, SC 29477					

Part I Tax Return Information (Whole dollars only)		
1. Federal taxable income	Check form filed: ☒ SC1040, line 1; ☐ SC1040A, line 1	1 50,327 00
2. Net SC tax (SC1040, line 14; SC1040A, line 8)		2 2,800 00
3. Use Tax		3 00 00
4. Total Tax		4 2,800 00
5. SC Income Tax Withheld (SC1040, lines 15 & 19; SC1040A, line 9)		5 5,445 00
6. Tuition Tax Credit (SC1040, line 20)		6 00 00
7. Refund (SC1040, line 23; SC1040A, line 15)		7 2,645 00
8. Amount you owe (SC1040, line 30; SC1040A, line 16)		8 00 00

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)			
STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE	9. Routing transit number (RTN)		The first two numbers of the RTN must be 01 through 12 or 21 through 32.
	10. Bank account number (BAN)		
	11. Type of account: ☐ Checking ☐ Savings		
	12. Withdrawal Date	Withdrawal Amount \$	

Part III Declaration of Taxpayer (Sign only after Part I is completed.)	
13. ☐ a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.	
☒ b. I do not want direct deposit of my refund or am not receiving a refund.	
☐ c. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. Under the terms of this authorization, I can revoke this authorization by notifying the South Carolina Department of Revenue no later than two business days prior to the withdrawal (settlement) date by calling 803-898-5111.	

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. I understand that EROs and taxpayers filing on line should not submit this form to the SC Department of Revenue, but should retain it and supporting documents for three (3) years.

Sign Here ☒ *Jeffrey T. Judy* 2-16-07 *Heather I. Judy* 2-16-07
Your signature Date Spouse's signature (if joint, BOTH must sign) Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)	
I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub. 1345, Handbook for Electronic Filers of Individual Tax Returns and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.	

ERO's Use Only	ERO signature <i>Barbara Dantzlers</i>	Date 2-16-07	Check if also paid preparer ☒	Check if self-employed ☒	Your social security number P00136917
	Firm name (or yours if self-employed) and address Dantzlers Bookkeeping Tax Service 351 North Parler Avenue St George, SC 29477				E.I. No. 57-0810278

Paid Preparer's Use Only	Preparer signature	Date	Check if self-employed ☐	Preparer's social security no.
	Firm name (or yours if self-employed) and address			E.I. No.

[528]

ZIP Code

Label- (See Instructions page 16.) the IRS label. Otherwise, please print or type.	For the year Jan. 1-Dec. 31, 2006, or other tax year beginning	2006, ending	20	OMB No. 1545-0074
	Your first name and initial	Last name	Your social security number	
	JEFFREY T	JUDY	[REDACTED]	
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number	
	HEATHER I	JUDY	[REDACTED]	
Home address (number and street). If you have a P.O. box, see page 16.	Apt. no.		You must enter your SSN(s) above.	
119 FAIRWAY COURT				
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.	SAINT GEORGE SC 29477		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 16) ☐ You ☐ Spouse.

Filing Status

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.

4 ☐ Head of household (with qualifying person). (See page 17.) 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 page 17)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

6b ☒ Spouse.

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 19)
WYATT	JUDY	[REDACTED]	Son	☒
				☐
				☐

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 page 20): 0

Dependents on 6c not entered above: 0

Add numbers on lines above: 3

d Total number of exemptions claimed: 3

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2: 92,847

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 23): 9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24): 10 3,044

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

14 Other gains or (losses). Attach Form 4797: 14

15a IRA distributions: 15a

b Taxable amount (see page 25): 15b

16a Pensions and annuities: 16a

b Taxable amount (see page 26): 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: 17

18 Farm income or (loss). Attach Schedule F: 18 (8,492)

19 Unemployment compensation: 19

20a Social security benefits: 20a

b Taxable amount (see page 27): 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 87,399

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853: 23 200

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 29): 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 33): 33 565

34 Jury duty pay you gave to your employer: 34

35 Domestic production activities deduction. Attach Form 8903: 35

36 Add lines 23 through 31a and 32 through 35: 36 765

37 Subtract line 36 from line 22. This is your adjusted gross income: 37 86,634

EEA

SCHEDULES A&B
(Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074

2006

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A & B (Form 1040).

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

JEFFREY T & HEATHER I JUDY

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1			
2	Enter amount from Form 1040, line 38 2	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 income taxes	5,445	
(See page A-3.)	6 Real estate taxes (see page A-3)	6		2,762	
	7 Personal property taxes	7		626	
	8 Other taxes. List type and amount ▶ Statement # 1	8		8,269	
	9 Add lines 5 through 8	9			17,102
Interest You Paid		10	Home mortgage interest and points reported to you on Form 1098	9,020	
(See page A-3.)	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-3 and show that person's name, identifying no., and address ▶	11			
Note. Personal interest is not deductible.	12 Points not reported to you on Form 1098. See page A-4 for special rules	12			
	13 Investment interest. Attach Form 4952 if required. (See page A-4.)	13			
	14 Add lines 10 through 13	14			9,020
Gifts to charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-5	15		285	
If you made a gift and got a benefit for it, see page A-4.	16 Other than by cash or check. If any gift of \$250 or more, see page A-5. You must attach Form 8283 if over \$500	16			
	17 Carryover from prior year	17			
	18 Add lines 15 through 17	18			285
Casualty and Theft Losses		19	Casualty or theft loss(es). Attach Form 4684. (See page A-6.)		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 page A-6.) ▶		
(See page A-6.)	21 Tax preparation fees	21		175	
	22 Other expenses - investment, safe deposit box, etc. List type and amount ▶	22			
	23 Add lines 20 through 22	23		175	
	24 Enter amount from Form 1040, line 38 24 86,634	24			
	25 Multiply line 24 by 2% (.02)	25		1,733	
	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 on page A-7. List type and amount ▶		27
Standard Deduction		28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? ☒ 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 page A-7 for the amount to enter.		28
Itemized Deductions		29	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐		
					26,407

For Paperwork Reduction Act Notice, see Form 1040 instructions.

EEA

Schedule A (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

JEFFREY T JUDY

Social security number (SSN)

B Enter code from Part IV

▶ **112112**

A Principal product. Describe in one or two words your principal crop or activity for the current tax year.

CATTLE

C Accounting method:

(1) ☒ 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 page F-2 for limit on passive losses.

☒ 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		
4	Sales of livestock, produce, grains, and other products you raised	4		
5a	Cooperative distributions (Form(s) 1099-PATR)	5a		5b Taxable amount
5b		5b		5b
6a	Agricultural program payments (see page F-3)	6a		6b Taxable amount
6b		6b		6b
7	Commodity Credit Corporation (CCC) loans (see page F-3):			
a	CCC loans reported under election	7a		7a
b	CCC loans forfeited	7b		7c Taxable amount
7c		7c		7c
8	Crop insurance proceeds and federal crop disaster payments (see page F-3):			
a	Amount received in 2006	8a		8b Taxable amount
8b		8b		8b
c	If election to defer to 2007 is attached, check here ▶ ☐	8d		8d Amount deferred from 2005
9	Custom hire (machine work) income	9		9
10	Other income, including federal and state gasoline or fuel tax credit or refund (see page F-3)	10		100
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		100

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 pg. F-4). Also, attach Form 4562	12		25	Pension and profit-sharing plans	25	
13	Chemicals	13		26	Rent or lease (see page F-5):		
14	Conservation expenses (see page F-4).	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 page F-4)	16	8,592	27	Repairs and maintenance	27	
17	Employee benefit programs other than on line 25	17		28	Seeds and plants	28	
18	Feed	18		29	Storage and warehousing	29	
19	Fertilizers and lime	19		30	Supplies	30	
20	Freight and trucking.	20		31	Taxes	31	
21	Gasoline, fuel, and oil	21		32	Utilities	32	
22	Insurance (other than health)	22		33	Veterinary, breeding, and medicine	33	
23	Interest:			34	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	23a		a		34a	
b	Other	23b		b		34b	
24	Labor hired (less employment credits)	24		c		34c	
				d		34d	
				e		34e	
				f		34f	
35	Total expenses. Add lines 12 through 34f. If line 34f is negative, see instructions	35					8,592

36 Net farm profit or (loss). Subtract line 35 from line 11.
 • 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.
 • If a loss, you must go on to line 37. Estates, trusts, and partnerships, see page F-6.

37 If you have a loss, you must check the box that describes your investment in this activity (see page F-6).
 • 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 ☒ All investment is at risk.
 37b ☐ Some investment is not at risk.

Child and Dependent Care Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

2006

Attachment
Sequence No. 21

Name(s) shown on Form 1040

▶ See separate instructions.

Your social security number

JEFFREY T & HEATHER I JUDY

Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions.

• Dependent Care Benefits

• Qualifying Person(s)

• Qualified Expenses

Part I Persons or Organizations Who Provided the Care – You must complete this part.

(If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	NANCY G MURRAY	111 ABB LANE MISS NANCYS HAP SAINT GEORGE, SC 29477	57-0844137	1,918

Did you receive
dependent care benefits?

No

Complete only Part II below.

Yes

Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or Form 1040NR, line 57.**Part II** Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2006 for the person listed in column (a)
First	Last		
WYATT	JUDY		1,918

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 33

3 1,918

4 Enter your earned income. See instructions

4 60,170

5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4

5 24,185

6 Enter the smallest of line 3, 4, or 5

6 1,918

7 Enter the amount from Form 1040, line 38, or Form 1040NR, line 36.

7 86,634

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

If line 7 is:

Over	But not over	Decimal amount is
\$0 - 15,000		.35
15,000 - 17,000		.34
17,000 - 19,000		.33
19,000 - 21,000		.32
21,000 - 23,000		.31
23,000 - 25,000		.30
25,000 - 27,000		.29
27,000 - 29,000		.28

Over	But not over	Decimal amount is
\$29,000 - 31,000		.27
31,000 - 33,000		.26
33,000 - 35,000		.25
35,000 - 37,000		.24
37,000 - 39,000		.23
39,000 - 41,000		.22
41,000 - 43,000		.21
43,000 - No limit		.20

8 X. 20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2005 expenses in 2006, see the instructions

9 384

10 Enter the amount from Form 1040, line 46, minus any amount on Form 1040, line 47, or Form 1040NR, line 43, minus any amount on Form 1040NR, line 44.

10 6,794

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48, or Form 1040NR, line 45

11 384

For Paperwork Reduction Act Notice, see page 4 of the instructions.

EEA

Form 2441 (2006)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2006

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

JEFFREY T & HEATHER I JUDY

Business or activity to which this form relates

SCHEDULE F - 1

Identifying number

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	
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	
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 instructions)	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	8,592
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 property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	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 instr.	22	8,592
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	

For Paperwork Reduction Act Notice, see separate instructions.

[534]

EEA

Form 4562 (2006)

DRAKE

SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN 2006

For the year January 1 - December 31, 2006, or fiscal tax year beginning

and ending

L
A
C
E
L
A
B
E
L
H
E
R
E

Print Your first name and Initial (Sr, Jr, 2nd, 3rd, 4th) JEFFREY T JUDY		Last name JUDY		Check if Deceased ☐	Your Social Security number [REDACTED]
Spouse's first name and Initial, if married filing jointly HEATHER I JUDY		Spouse's last name JUDY		Check if Deceased ☐	Spouse's Social Security number [REDACTED]
Check if new address ☐	Present home address (number and street, Apt. No. or P. O. Box) 119 FAIRWAY COURT			County code	Do not write in this space - OFFICE USE
City, state and ZIP code SAINT GEORGE, SC 29477			Area Code	Daytime telephone	

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 (1) ☐ Single (3) ☐ Married filing separately. Enter spouse's SSN here: _____

FEDERAL FILING STATUS (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. **3**

How many of the exemptions listed above were under the age of 6 years on December 31, 2006? **1**

Enter the number of taxpayers age 65 or older, as of December 31, 2006. **0**

S
T
A
P
L
E
P
A
Y
M
E
N
T
H
E
R
E
W
-
2
/
1
0
9
9
H
E
R
E

		Dollars	Cents
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 31 through 53. Nonresident filers complete Schedule NR and enter total from line 49 on line 5 below.		1	50,327 00
2 TOTAL ADDITIONS. Enter amount from line 36.		2	5,645 00
3 Add lines 1 and 2. Enter total here.		3	55,972 00
4 TOTAL SUBTRACTIONS. Enter amount from line 53. 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.		4	6,344 00
5		5	49,628 00
6 TAX: Enter tax from SOUTH CAROLINA tax tables.	6	3,103 00	
7 TAX on Lump Sum Distribution (Attach SC4972)	7	00	
8 TAX on Active Trade Business Income (Attach I-335)	8	00	
9 TOTAL South Carolina tax. Add lines 6, 7 and 8. Enter the total.	9	3,103 00	
10 Child and Dependent Care (See instructions)	10	134 00	
11 Two Wage Earner Credit (See instructions)	11	169 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	303 00	
14 SUBTRACT line 13 from line 9. Enter the difference BUT NOT LESS THAN ZERO.	14	2,800 00	
15 SC INCOME TAX WITHHELD (Attach W-2 or SC41)	15	5,445 00	
16 2006 Estimated Tax Payments	16	00	
17 Amount Paid with extension	17	00	
18 NR sale of real estate	18	00	
19 Other SC Withholding (Attach Form 1099)	19	00	
20 Tuition Tax Credit (Attach I-319)	20	00	
21 Other Refundable Credit (Attach I-333 or I-334)	21	00	
22 ADD lines 15 through 21 and enter the total.	22	5,445 00	
23 If line 22 is LARGER than line 14, subtract line 14 from line 22 and enter the OVERPAYMENT.	23	2,645 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	00	
27 Total Contributions for Check-offs (Attach I-330)	27	00	
28 ADD lines 25 through 27 and enter the total.	28	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.	29	2,645 00	
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)	30	00	

REFUND ☐ **BALANCE DUE** ☐

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.

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	Cents
31	State tax addback, if itemizing on federal return.			
	Out-of-state losses - (See instructions)	31	5,445	00
33	Expenses related to National Guard and Military Reserve income.	32		00
34	Interest income on obligations of states and political subdivisions other than South Carolina.	33		00
35	Other additions to income. Attach an explanation (See instructions)	34		00
	EDU	35	200	00
36	TOTAL ADDITIONS --- add lines 31 through 35 and enter your total additions to income here and on line 2.	36	5,645	00

PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

37	State tax refund, if included on line 10, on your federal Form 1040.	37	3,044	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		00
41	Volunteer Firefighter/Rescue Squad Worker/Volunteer HAZMAT Team Member/Reserve Police Officer/DNR Deputy Enforcement Officer/State Guard Member deduction. (See instructions)	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 US 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
	Spouse: Date of Birth _____	47b		00
	Surviving Spouse(s) Deceased DOB _____	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 06-25-2003 SSN [REDACTED] Date of Birth _____ SSN _____	51	3,300	00
52	Other subtractions. (See instructions)	52		00
53	TOTAL SUBTRACTIONS --- add lines 37 through 52 and enter the total here and on line 4.	53	6,344	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.		Preparer's Printed Name
Yes ☒ No ☐		Barbara Dantzler

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Paid	Barbara Dantzler	351 North Parler Avenue
Preparer's	Prepared by	Date
Use Only	57-0810278	843-563-3267
	El Number	Phone Number
		St George, SC 29477
		City State Zip

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 file 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

[536] MBIA SC 29211-0105

*****KEEP FOR YOUR RECORDS*****

TWO WAGE EARNER CREDIT WHEN BOTH SPOUSES WORK

Your filing status must be married filing jointly to claim this credit.

Line 11, Form SC1040/ Line 6, Form SC1040A TWO WAGE EARNER CREDIT (MARRIED COUPLE)

This credit can only be claimed by a married couple filing jointly when both spouses have earned income. This credit is not allowed on returns with a filing status of single, married filing separately or head of household. Do not include gambling or bingo winnings reported on federal form W-2G.

Example - You earned a salary taxed to South Carolina of \$20,000. Your spouse earned \$17,000 taxed to South Carolina and had an IRA deduction taxed to South Carolina of \$1,000. Your SC qualified earned income is \$20,000 and your spouse's is \$16,000 (\$17,000 minus \$1,000). Because your spouse's qualified earned income is less than yours, the credit is based on your spouse's income. Therefore, the credit is \$112 (\$16,000 x .007).

Compute your earned income separately for yourself and your spouse. South Carolina earned income is generally income you receive for services you provide. It includes wages, salaries, tips, commissions and sub-pay. It also includes income earned from self-employment, business income or loss, partnership income or loss, farm income or loss and any other earned income taxed to South Carolina. Earned income does not include gambling or bingo winnings, interest, dividends, Social Security benefits, IRA distribution, unemployment compensation, deferred compensation nor non-taxable income. It also does not include any amount your spouse paid you.

	(a) You	(b) Your Spouse
1. Wages, salaries, tips, etc., taxed to South Carolina from South Carolina Schedule NR, Column B, line 1; federal Form 1040, line 7; 1040A, line 7 or 1040EZ, line 1. (Do not include pensions or annuities.)	68,662	24,185
2. Net profit or (loss) from self-employment (from Schedule C and on Schedule K-1 of Form 1065) and any other earned income taxed to South Carolina.	(8,492)	
3. Add lines 1 and 2. This is your total earned income taxed to SC.	60,170	24,185
South Carolina qualified earned income. This is the amount on which the credit is based. Compute it by subtracting certain adjustments from South Carolina earned income. The adjustments are:		
• One half of self-employment tax (Form 1040, line 27) • Self-employed SEP, simple, and qualified plans (Form 1040, line 28) • Self-employed health insurance deduction (Form 1040, line 29) • IRA deduction (Form 1040, line 32 or 1040A, line 17) • Repayment of sub-pay		
4. Add amounts entered on federal Form 1040 lines 27 through 29 and 32. If filing South Carolina Schedule NR, enter amounts from lines 21, 22, 23, 26 and any repayment of supplemental unemployment benefits (sub-pay) allocable to South Carolina income.		
5. Subtract line 4 from line 3. This is your qualified earned income taxed to South Carolina. If the amount in column (a) or (b) is zero (-0-) or less, stop here. You may not take this credit.	60,170	24,185

Compute the credit.

6. Enter the smaller of 5(a) or 5(b). Do not enter more than \$30,000.	24,185
7. Multiply the amount on line 6 by .007. Do not enter more than \$210. Enter the amount here and on SC1040, line 11.	169

Federal Supporting Statements

2006 PG01

Name(s) as shown on return

Your Social Security Number

JEFFREY T & HEATHER I JUDY

~~XXXXXXXXXX~~

SCHEDULE A - LINE 8 - OTHER TAXES

Statement # 1

<u>DESCRIPTION</u>	<u>AMOUNT</u>
land	6,800
land	<u>1,469</u>
TOTAL	<u><u>8,269</u></u>

ST ADJ:

Worksheet B
Form 1040

Earned Income Credit (EIC)--Lines 66a and 66b

2006

(Keep for Your Records)

Name(s) as shown on return

JEFFREY T JUDY

Your social security number

Use this worksheet if you answered "Yes" to Step 5, question 3, on page 47.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1

**Self-Employed,
Members of the
Clergy, and
People With
Church
Employee
Income Filing
Schedule SE**

1a. Enter the amount from Schedule SE, Section A, line 3, or
Section B, line 3, whichever applies.

b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.

c. Combine lines 1a and 1b.

d. Enter the amount from Schedule SE, Section A, line 6, or
Section B, line 13, whichever applies.

e. Subtract line 1d from 1c.

1a	
1b	
1c	
1d	

1e	
----	--

Part 2

**Self-Employed
NOT Required
To File
Schedule SE**

For example, your
net earnings from
self-employment
were less than \$400.

2. Do not include on these lines any statutory employee income, any net profit from services performed as a notary public, or any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361.

a. Enter any net farm profit or (loss) from Schedule F, line 36, and from
farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.

b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ,
line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming);
and Schedule K-1 (Form 1065-B), box 9, code J1*.

c. Combine lines 2a and 2b.

2a	(8,492)
2b	

2c	(8,492)
----	---------

*Reduce any Schedule K-1 amounts by any partnership section 179 expense deduction claimed, unreimbursed partnership expenses claimed, and depletion claimed on oil and gas properties. If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Put your name and social security number on Schedule SE and attach it to your return.

Part 3

**Statutory
Employees
Filing Schedule
C or C-EZ**

3. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that
you are filing as a statutory employee.

3	
---	--

Part 4

**All Filers Using
Worksheet B**

Note: If line 4b
includes income on
which you should
have paid self-
employment tax but
did not, we may
reduce your credit by
the amount of
self-employment tax
not paid.

4a. Combine lines 1e, 2c, and 3. This is your total self-employed income.

4a	(8,492)
----	---------

Form 8879

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

- Do not send to the IRS. This is not a tax return.
► Keep this form for your records. See instructions.

OMB No. 1545-0074

2007

Declaration Control Number (DCN)

00-571078-050428

Taxpayer's name

JEFFREY T JUDY

Social security number

Spouse's name

HEATHER I JUDY

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2007 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	104,049
2 Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 10)	2	8,441
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	13,917
4 Refund (Form 1040, line 74a; Form 1040A, line 44a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	5,476
5 Amount you owe (Form 1040, line 76; Form 1040A, line 46; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Dantzlers Bookkeeping & Tax to enter or generate my PIN 10107
ERO firm name do not enter all zeros
is my signature on my tax year 2007 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► [Signature] Date ► 02-13-2008

Spouse's PIN: check one box only

☒ I authorize Dantzlers Bookkeeping & Tax to enter or generate my PIN 71376
ERO firm name do not enter all zeros
as my signature on my tax year 2007 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► [Signature] Date ► 02-13-2008

**Practitioner PIN Method Returns Only - continue below****Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN:

571078-71237

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2007 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

signature ► Barbara Dantzer

Date ►

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 11/29/07)

3299

Use label Otherwise, please print or type.	L A B E L H E R E	Your first name and initial JEFFREY T JUDY	Last name JUDY	Your social security number [REDACTED]
		If joint return, spouse's first name and initial HEATHER I JUDY	Last name, if different	Spouse's social security number [REDACTED]
		Home address (number and street, apt. number or RR) 119 FAIRWAY COURT		Daytime telephone #
		City, town or post office, state and ZIP code SAINT GEORGE, SC 29477		Office use only

Part I Tax Return Information (Whole dollars only)

1. Federal taxable income	Check form filed: ☒ SC1040, line 1; ☐ SC1040A, line 1	1	66,382	00
2. Net SC tax (SC1040, line 15; SC1040A, line 8)		2	4,086	00
3. Use Tax		3		00
4. Total Tax		4	4,086	00
5. SC Income Tax Withheld (SC1040, lines 16 & 20; SC1040A, line 9)		5	6,875	00
6. Tuition Tax Credit (SC1040, line 21)		6		00
7. Refund (SC1040, line 30; SC1040A, line 15)		7	2,789	00
8. Amount you owe (SC1040, line 31; SC1040A, line 16)		8		00

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)

STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE	9. Routing transit number (RTN)		The first two numbers of the RTN must be 01 through 12 or 21 through 32.
	10. Bank account number (BAN)		
	11. Type of account: ☐ Checking ☐ Savings		
	12. Withdrawal Date	Withdrawal Amount \$	

Part III Declaration of Taxpayer (Sign only after Part I is completed.)

- ☐ a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☒ b. I do not want direct deposit of my refund or am not receiving a refund.
- ☐ c. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. Under the terms of this authorization, I can revoke this authorization by notifying the South Carolina Department of Revenue no later than two business days prior to the withdrawal (settlement) date by calling 803-896-1715.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. I understand that EROs and taxpayers filing on line should not submit this form to the SC Department of Revenue, but should retain it and supporting documents for three (3) years.

Sign Here Jeffrey T. Judy 12-13-08 Heather I. Judy 12-13-08

Your signature Date Spouse's signature (if joint, BOTH must sign) Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e-file Providers of Individual Income Tax Returns, and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.

ERO's Use Only	ERO signature <u>Barbara Dantzler</u>	Date <u>12-13-08</u>	Check if also paid preparer ☒	Check if self-employed ☒	Your social security number <u>P00136917</u>
	Firm name (or yours if self-employed) and address <u>Dantzlars Bookkeeping & Tax Service</u> <u>351 North Parler Avenue</u> <u>St George, SC 29477</u>	E.I. No. <u>57-0810278</u>	ZIP Code		

Paid Preparer's Use Only	Preparer signature <u>Barbara Dantzler</u>	Date	Check if self-employed ☐	Preparer's social security no.
	Firm name (or yours if self-employed) and address	E.I. No.	ZIP Code	

Label (See instructions on page 12.) IRS label. Otherwise, please print or type.	For the year Jan. 1-Dec. 31, 2007, or other tax year beginning	2007, ending	20	OMB No. 1545-0074
	Your first name and initial	Last name	Your social security number	
	JEFFREY T	JUDY	[REDACTED]	
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number	
HEATHER I	JUDY	[REDACTED]		
Home address (number and street). If you have a P.O. box, see page 12.	Apt. no.			You must enter your SSN(s) above.
119 FAIRWAY COURT				
City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.	SAINT GEORGE SC 29477			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 12)			☐ You ☐ Spouse

Filing Status	1 ☐ Single	4 ☐ Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here.
	2 ☒ Married filing jointly (even if only one had income)	
	3 ☐ Married filing separately. Enter spouse's SSN above and full name here.	
	5 ☐ Qualifying widow(er) with dependent child (see page 14)	

Exemptions	6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b	2
	b ☒ Spouse	No. of children on 6c who:	
	c Dependents:		
	(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you
	WYATT JUDY	[REDACTED]	Son
	d. Total number of exemptions claimed	Add numbers on lines above	3

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	112,071
Attach Form(s) W-2 here. Also attach Forms 1041 and 1042 if tax was withheld.	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 19)	9b	
	10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	10	2,645
	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	
	14 Other gains or (losses). Attach Form 4797	14	
	15a IRA distributions	15a	
	b Taxable amount (see page 21)	15b	
	16a Pensions and annuities	16a	
	b Taxable amount (see page 22)	16b	
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18 Farm income or (loss). Attach Schedule F	18	(8,492)
	19 Unemployment compensation	19	
	20a Social security benefits	20a	
	b Taxable amount (see page 24)	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	106,224

Adjusted Gross Income	23 Educator expenses (see page 26)	23	250
	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 26)	29	
	30 Penalty on early withdrawal of savings	30	
	31a Alimony paid b Recipient's SSN	31a	
	32 IRA deduction (see page 27)	32	
	33 Student loan interest deduction (see page 30)	33	1,925
	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	2,175
	37 Subtract line 36 from line 22. This is your adjusted gross income	37	104,049

EEA

SCHEDULES A&B
(Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074

2007

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service

► Attach to Form 1040. ► See Instructions for Schedules A&B (Form 1040).

Name(s) shown on Form 1040

JEFFREY T & HEATHER I JUDY

Your social security number

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1			
2	Enter amount from Form 1040, line 38 2	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):			
(See page A-2.)		a ☒ Income taxes, or		5	6,875
		b ☐ General sales taxes		6	937
6	Real estate taxes (see page A-5)	6		7	606
7	Personal property taxes	7		8	8,336
8	Other taxes. List type and amount Statement # 1	8		9	16,754
9	Add lines 5 through 8	9			
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098 .		10	10,133
(See page A-5.)		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-6 and show that person's name, identifying no., and address ►		11	
Note. Personal interest is not deductible.		12 Points not reported to you on Form 1098. See page A-6 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-7.)		14	
15	Add lines 10 through 14	15			10,133
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8		16	580
If you made a gift and got a benefit for it, see 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			580
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ►		21	
(See page A-9.)		22 Tax preparation fees		22	175
		23 Other expenses - investment, safe deposit box, etc. List type and amount ►		23	
24	Add lines 21 through 23	24			175
25	Enter amount from Form 1040, line 38 25 104,049	25			
26	Multiply line 25 by 2% (.02)	26			2,081
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 on page A-10. List type and amount►		28	
Itemized Deductions		29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?		29	27,467
		☒ 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 page A-10 for the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					

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

JEFFREY T JUDY

Social security number (SSN)

[REDACTED]

A Principal product. Describe in one or two words your principal crop or activity for the current tax year.

CATTLE

B Enter code from Part IV

▶ **112112**

C Accounting method:

(1) ☒ 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 page F-2 for limit on passive losses.

☒ 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		
4	Sales of livestock, produce, grains, and other products you raised	4		
5a	Cooperative distributions (Form(s) 1099-PATR)	5a		5b Taxable amount
6a	Agricultural program payments (see page F-3)	6a		6b Taxable amount
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
8	Crop insurance proceeds and federal crop disaster payments (see page F-3):			
a	Amount received in 2007	8a		8b Taxable amount
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 page F-3)	10		100
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		100

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 pg. F-4). Also, attach Form 4562	12		25	Pension and profit-sharing plans	25	
13	Chemicals	13		26	Rent or lease (see page F-6):		
14	Conservation expenses (see page F-4).	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 page F-5)	16	8,592	27	Repairs and maintenance	27	
17	Employee benefit programs other than on line 25	17		28	Seeds and plants	28	
18	Feed	18		29	Storage and warehousing	29	
19	Fertilizers and lime	19		30	Supplies	30	
20	Freight and trucking.	20		31	Taxes	31	
21	Gasoline, fuel, and oil	21		32	Utilities	32	
22	Insurance (other than health)	22		33	Veterinary, breeding, and medicine	33	
23	Interest:			34	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	23a		a		34a	
b	Other	23b		b		34b	
24	Labor hired (less employment credits)	24		c		34c	
				d		34d	
				e		34e	
				f		34f	
35	Total expenses. Add lines 12 through 34f. If line 34f is negative, see instructions ▶	35		35		8,592	
36	Net farm profit or (loss). Subtract line 35 from line 11. • 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. • If a loss, you must go to line 37. Estates, trusts, and partnerships, see page F-6.	36		36		(8,492)	
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 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	☒ All investment is at risk.		
				37b	☐ Some investment is not at risk.		

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2007

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

JEFFREY T & HEATHER I JUDY

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, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) . . .	1	76,582
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	
3	Taxes from Schedule A (Form 1040), line 9	3	16,754
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 \$156,400 (over \$78,200 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-10 of the instructions for Schedule A (Form 1040)	6	()
7	Tax refund from Form 1040, line 10 or line 21	7	(2,645)
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Interest from specified private activity bonds exempt from the regular tax	11	
12	Qualified small business stock (7% of gain excluded under section 1202)	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	
18	Passive activities (difference between AMT and regular tax income or loss)	18	
19	Loss limitations (difference between AMT and regular tax income or loss)	19	
20	Circulation costs (difference between regular tax and AMT)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between regular tax and AMT)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	
24	Income from certain installment sales before January 1, 1987	24	()
25	Intangible drilling costs preference	25	
26	Other adjustments, including income-based related adjustments	26	
27	Alternative tax net operating loss deduction	27	()
28	Alternative minimum taxable income. Combines lines 1 through 27. (If married filing separately and line 28 is more than \$207,500 see page 7 of the instructions.)	28	90,691

Part II Alternative Minimum Tax

29	Exemption. (If this form is for a child under age 18, see page 7 of the instructions.) IF your filing status is AND line 28 is not over THEN enter on line 29 Single or head of household \$112,500 \$44,350 Married filing jointly or qualifying widow(er) 150,000 66,250 Married filing separately 75,000 33,125	29	66,250
If line 28 is over the amount shown above for your filing status, see page 7 of the instructions.			
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II	30	24,441
31	• If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter. • 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 page 2 and enter the amount from line 55 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	31	6,355
32	Alternative minimum tax foreign tax credit (see page 8 of the instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	6,355
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 51). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured without using Schedule J (see page 9 of the instructions)	34	9,441
35	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2007

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

JEFFREY T & HEATHER I JUDY

Business or activity to which this form relates

SCHEDULE F - 1

Identifying number

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	
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	
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	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
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 2006 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	
13	Carryover of disallowed deduction to 2008. 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) and cellulosic biomass ethanol plant 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 2007	17	8,592
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 2007 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 property			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 2007 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 instr.	22	8,592
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	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2007)

Federal Supporting Statements

2007 PG01

Name(s) as shown on return

Your Social Security Number

JEFFREY T & HEATHER I JUDY

SCHEDULE A - LINE 8 - OTHER TAXES

Statement # 1

<u>DESCRIPTION</u>	<u>AMOUNT</u>
land	1,429
land	<u>6,907</u>
TOTAL	<u><u>8,336</u></u>

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

32 State tax addback, if itemizing on federal return, (See instructions)

32 6,875 00

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 6,875 00

PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

38 State tax refund, if included on line 10, on your federal Form 1040.

38 2,645 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 00

42 Volunteer Firefighter/Rescue Squad Worker/Volunteer HAZMAT Team
Member/Reserve Police Officer/DNR Deputy Enforcement Officer/State Guard
Member deduction. (See instructions)

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 US 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: Deceased Spouse(s) DOB

48c 00

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 06-25-2003 SSN

52 3,400 00

Date of Birth SSN

53 Other subtractions. (See instructions)

53 00

54 TOTAL SUBTRACTIONS --- add lines 38 through 53 and enter the total here and on line 4.

54 6,045 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.		Preparer's Printed Name
Yes ☐ No ☒		Barbara Dantzler

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Barbara Dantzler 2-13-08 351 North Parler Avenue
Preparer's Prepared by Barbara Dantzler Date 2-13-08 Address 351 North Parler Avenue
Use Only 57-0810278 843-563-3267 St George, SC 29477
EI Number Phone Number City State Zip

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

30752026

Name(s) as shown on return

JEFFREY T JUDY

(Keep for Your Records)

Your social security number

Use this worksheet if you answered "Yes" to Step 5, question 3, on page 46.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1**Self-Employed,
Members of the
Clergy, and
People With
Church
Employee
Income Filing
Schedule SE**1a. Enter the amount from Schedule SE, Section A, line 3, or
Section B, line 3, whichever applies.

b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.

c. Combine lines 1a and 1b.

d. Enter the amount from Schedule SE, Section A, line 6, or
Section B, line 13, whichever applies.

e. Subtract line 1d from 1c.

1a	
+	1b
=	1c
-	1d

=	1e
---	----

Part 2**Self-Employed
NOT Required
To File
Schedule SE**For example, your
net earnings from
self-employment
were less than \$400.2. Do not include on these lines any statutory employee income, any net profit from services performed
as a notary public, or any amount exempt from self-employment tax as the result of the filing and
approval of Form 4029 or Form 4361.a. Enter any net farm profit or (loss) from Schedule F, line 36, and from
farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ,
line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming);
and Schedule K-1 (Form 1065-B), box 9, code J1*.

c. Combine lines 2a and 2b.

*Reduce any Schedule K-1 amounts by any partnership section 179 expense deduction claimed,
unreimbursed partnership expenses claimed, and depletion claimed on oil and gas properties. If you
have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Enter
your name and social security number on Schedule SE and attach it to your return.

2a	(8,492)
+	2b

=	2c
---	----

(8,492)

Part 3**Statutory
Employees
Filing Schedule
C or C-EZ**3. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that
you are filing as a statutory employee.

3	
---	--

Part 4**All Filers Using
Worksheet B**

4a. Combine lines 1e, 2c, and 3. This is your total self-employed income.

4a	(8,492)
----	---------

(8,492)

Projected State and Local Income Tax Refund Worksheet For 2008

2007

This amount will carry to next year's screen 3 with a V in front of it.

Name(s) as shown on Form 1040

SSN

EFFREY T & HEATHER I JUDY

Worksheet 1 - 2007 Schedule A worksheet as filed

1 Enter the total amount from Schedule A, line 5	1	6,875
2 Multiply line 1 by 80% (.80)	2	5,500
3 Enter the amount from 1040, line 38	3	104,049
4 Enter: \$156,400 (\$78,200 if married filing separately)	4	156,400
5 Subtract line 4 from line 3	5	
6 Multiply line 5 by 3% (.03)	6	
7 Enter the smaller of line 2 or line 6	7	
8 Total state and local taxes deducted on 2007 return. Subtract line 7 from line 1	8	6,875

Worksheet 2 - 2007 Schedule A worksheet recomputed using original Schedule A line 5 less state refunds

1 Enter the total state taxes actually paid in 2007 (line 1 above less state refund that will be received on 2008 Form 1099-G)	1	4,086
2 Multiply line 1 by 80% (.80)	2	3,269
3 Enter the amount from 1040, line 38	3	104,049
4 Enter: \$156,400 (\$78,200 if married filing separately)	4	156,400
5 Subtract line 4 from line 3	5	
6 Multiply line 5 by 3% (.03)	6	
7 Enter the smaller of line 2 or line 6	7	
8 Total state and local taxes that would have been deducted if Schedule A line 5 reflected only the portion of the total state and local taxes paid that were due	8	4,086

Worksheet 3 - Difference

1 Enter the amount from line 8, worksheet 1 above	1	6,875
2 Enter the amount from line 8, worksheet 2 above	2	4,086
3 Subtract line 2 from line 1. This is the maximum amount of the total refund that is taxable in 2008	3	2,789

If line 3 is -0- or less, **STOP**. None of your state refund is taxable.

If line 3 is greater than -0-, complete worksheet 4 below to determine how much of your state refund is taxable.

Worksheet 4 - State and Local Income Tax Refund Worksheet

1 Enter the amount from line 3, worksheet 3 above	1	2,789
2 Enter your total allowable itemized deductions from your 2007 Schedule A line 28	2	27,467
Note. If your 2007 filing status was MFS and your spouse itemized deductions in 2007, skip lines 3, 4, and 5, and enter the amount from line 2 on line 6 below.		
3 Enter the amount shown below for the filing status claimed on your 2007 Form 1040. Single - \$5,350 Married filing jointly, or qualifying widow(er) - \$10,700 Married filing separately - \$5,350 Head of household - \$7,850	3	10,700

4 Did you fill in line 39a on your 2007 Form 1040?

No. Enter -0-.

Yes. Multiply the number in the box on line 39a of your 2007 Form 1040 by:

\$1,000 if your 2007 filing status was MFJ or MFS or QW;

\$1,250 if your 2007 filing status was single or HOH

5 Add lines 3 and 4	5	10,700
-------------------------------	---	--------

6 Is the amount on line 5 less than the amount on line 2?

No. **STOP** None of your refund is taxable.

Yes. Subtract line 5 from line 2	6	16,767
--	---	--------

7 Taxable part of your refund. Enter the smaller of line 1 or line 6 here	7	2,789
---	---	-------

Worksheet 5 - State and Local Income Tax and General State Sales Tax Computation

1 2007 State Income Tax Deduction from Schedule A, Line 5	1	6,875
2007 State General Sales Tax Deduction not taken on Schedule A, Line 5	2	1,135
Difference	3	5,740
4 Taxable part of your refund from line 7 of worksheet 4	4	2,789
5 Lesser of line 3 or 4	5	2,789

This is the maximum taxable portion of your state refund.

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

- Do not send to the IRS. This is not a tax return.
► Keep this form for your records. See instructions.

2008

Declaration Control Number (DCN)

00-571078-050479

Taxpayer's name

JEFFREY T JUDY

Social security number

[REDACTED]

Spouse's name

HEATHER I JUDY

Spouse's social security number

[REDACTED]

Part I Tax Return Information - Tax Year Ending December 31, 2008 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	88,896
2	Total tax (Form 1040, line 61; Form 1040A, line 37; Form 1040EZ, line 11)	2	5,191
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 7)	3	10,311
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4	5,120
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 13)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2008, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

RTN=

Acct=

☒ I authorize Dantzlers Bookkeeping & Tax to enter or generate my PIN 10107

ERO firm name

Enter five numbers, but
do not enter all zeros

as my signature on my tax year 2008 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Jeffrey T. JudyDate 02-11-2009

Spouse's PIN: check one box only

☒ I authorize Dantzlers Bookkeeping & Tax to enter or generate my PIN 71376

ERO firm name

Enter five numbers, but
do not enter all zeros

as my signature on my tax year 2008 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature

Heather I. JudyDate 02-11-2009**Practitioner PIN Method Returns Only - continue below****Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

571078-71237

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2008 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

signature Barbara DantzlerDate 02-11-2009**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 8879 (2008)

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 6/13/08)

3299

Please print or type.	Your first name and initial JEFFREY T JUDY		Last name JUDY		Your social security number [REDACTED]	
	If joint return, spouse's first name and initial HEATHER I JUDY		Last name, if different JUDY		Spouse's social security number [REDACTED]	
	Home address (number and street, apt. number or RR) 119 FAIRWAY COURT			Daytime telephone # [REDACTED]		Tax Year 2008
	City, town or post office, state and ZIP code SAINT GEORGE, SC 29477					

Part I Tax Return Information (Whole dollars only)

1. Federal taxable income	Check form filed: ☒ SC1040, line 1; ☐ SC1040A, line 1	1	46,615	00
2. Net SC tax (SC1040, line 15; SC1040A, line 8)		2	2,597	00
3. Use Tax		3		00
4. Total Tax		4	2,597	00
5. SC Income Tax Withheld (SC1040, lines 16 & 20; SC1040A, line 9)		5	5,793	00
6. Tuition Tax Credit (SC1040, line 21)		6		00
7. Refund (SC1040, line 30; SC1040A, line 15)		7	3,196	00
8. Amount you owe (SC1040, line 31; SC1040A, line 16)		8		00

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)

STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE	9. Routing transit number (RTN)	0 [REDACTED]	The first two numbers of the RTN must be 01 through 12 or 21 through 32.
	10. Bank account number (BAN)	[REDACTED]	
	11. Type of account: ☒ Checking ☐ Savings		
	12. Withdrawal Date		Withdrawal Amount \$

Part III Declaration of Taxpayer (Sign only after Part I is completed.)

- ☒ a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ b. I do not want direct deposit of my refund or am not receiving a refund.
- ☐ c. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. Under the terms of this authorization, I can revoke this authorization by notifying the South Carolina Department of Revenue no later than two business days prior to the withdrawal (settlement) date by calling 803-896-1715.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. I understand that EROs and taxpayers filing on line should not submit this form to the SC Department of Revenue, but should retain it and supporting documents for three (3) years.

Sign Here

[Signature] 2-11-09 *[Signature]* 2-11-09
Your signature Date Spouse's signature (if joint, BOTH must sign) Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e-file Providers of Individual Income Tax Returns, and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.

ERO's Use Only	ERO signature	<i>[Signature]</i>	Date	2-11-09	Check if also paid preparer ☒	Check if self-employed ☒	Your social security number	P00136917
	Firm name (or yours if self-employed) and address	Dantzlars/Bookkeeping & Tax Service 351 North Parler Avenue Saint George, SC 29477					E.I. No.	57-0810278

Preparer's Use Only	Preparer signature		Date		Check if self-employed ☐	Preparer's social security no.	
	Firm name (or yours if self-employed) and address						E.I. No.

Label		For the year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending , 20		OMB No. 1545-0074			
(See Instructions on page 14.) eIRS Otherwise, please print or type.	L	Your first name and initial		Last name			
	A	JEFFREY T		JUDY			
	B	If a joint return, spouse's first name and initial		Last name			
	E	HEATHER I		JUDY			
H E R E	Home address (number and street). If you have a P.O. box, see page 14.			Apt. no.			
	119 FAIRWAY COURT						
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.			SAINT GEORGE SC 29477			
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	1	Single					
	2	☒ Married filing jointly (even if only one had income)					
	3	☐ Married filing separately. Enter spouse's SSN above					
Check only one box.		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					
	c Dependents:				Boxes checked on 6a and 6b 2		
	(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Check if qualifying child for child tax credit (see pg 17)				No. of children on 6c who: • lived with you 1 • did not live with you due to divorce or separation (see page 18)		
If more than four dependents, see page 17.		WYATT JUDY		Son ☒			
				☐			
				☐			
				☐			
d Total number of exemptions claimed		Add numbers on lines above 3					
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2				7 96,393	
	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 21)				9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)				10 2,789	
	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	
	14	Other gains or (losses). Attach Form 4797				14	
	15a	IRA distributions		15a	b Taxable amount (see page 23)	15b	
	16a	Pensions and annuities		16a	b Taxable amount (see page 24)	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				17	
	18	Farm income or (loss). Attach Schedule F				18 (8,492)	
	19	Unemployment compensation				19	
	20a	Social security benefits		20a	b Taxable amount (see page 26)	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 90,690	
	Adjusted Gross Income	23	Educator expenses (see page 28)				23 250
		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 29)				29	
30		Penalty on early withdrawal of savings				30	
31a		Alimony paid b Recipient's SSN				31a	
32		IRA deduction (see page 30)				32	
33		Student loan interest deduction (see page 33)				33 1,544	
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 1,794	
37		Subtract line 36 from line 22. This is your adjusted gross income				37 88,896	

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	88,896
	39a	Check ☐ You were born before January 2, 1944, ☐ Blind. ☐ Total boxes checked ☐ 39a		
		if: ☐ Spouse was born before January 2, 1944, ☐ Blind.		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 and check here ☐ 39b		
	c	Check if standard deduction includes real estate taxes or disaster loss (see page 34) ☐ 39c		
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	31,781
• People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see page 34.	41	Subtract line 40 from line 38	41	57,115
• All others:	42	If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d	42	10,500
Single or Married filing separately, \$5,450	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	46,615
Married filing jointly or Qualifying widow(er), \$10,900	44	Tax (see page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972	44	6,191
Head of household, \$8,000	45	Alternative minimum tax (see page 39). Attach Form 6251	45	
	46	Add lines 44 and 45	46	6,191
	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 page 42). Attach Form 8901 if required	52	1,000
	53	Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695	53	
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
	55	Add lines 47 through 54. These are your total credits	55	1,000
	56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-	56	5,191
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 Sch. H	60	
	61	Add lines 56 through 60. This is your total tax	61	5,191
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	10,311
• You have a qualifying child, attach Schedule EIC.	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 page 61)	65	
	66	Additional child tax credit. Attach Form 8812	66	
	67	Amount paid with request for extension to file (see page 61)	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 on pages 62 and 63)	70	0
	71	Add lines 62 through 70. These are your total payments	71	10,311
Refund	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	5,120
Direct deposit? See page 62 and fill in 73b, 73c, and 73d, or Form 8888.	73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ☐	73a	5,120
	b	Routing number ☐ c Type: ☒ Checking ☐ Savings		
	d	Account number ☐		
	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 page 65	75	
	76	Estimated tax penalty (see page 65)	76	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see page 66)? ☐ 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.			
Joint return? See page 15. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
	10107	02-11-2009		
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
	71376			
Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☒	Preparer's SSN or PTIN
	Barbara Dantzler			P00136917
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
	Dantzlers Bookkeeping & Tax Service 351 North Parler Avenue Saint George SC 29477	57-0810278	843-563-3267	

SCHEDULES A&B
(Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074

2008

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A&B (Form 1040).

Name(s) shown on Form 1040

Your social security number

FFREY T & HEATHER I JUDY		[REDACTED]	
Medical and Dental Expenses			
Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1	
2	Enter amount from Form 1040, line 38 2	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	☒ Income taxes, or	5	5,793
b	☐ General sales taxes		
6	Real estate taxes (see page A-5)	6	966
7	Personal property taxes	7	538
8	Other taxes. List type and amount: ▶ Statement # 1	8	9,570
9	Add lines 5 through 8.	9	16,867
Interest You Paid			
10 Home mortgage interest and points reported to you on Form 1098.			
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-6 and show that person's name, identifying no., and address ▶ Bank of Walterboro			
Walterboro SC 29488			
12	Points not reported to you on Form 1098. See page A-6 for special rules	12	
13	Qualified mortgage insurance premiums (see page A-6)	13	
14	Investment interest. Attach Form 4952 if required. (See page A-6.)	14	
15	Add lines 10 through 14	15	14,304
Gifts to Charity			
16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-7			
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			
18 Carryover from prior year			
19 Add lines 16 through 18			
610			
Casualty and Theft Losses			
20 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)			
20			
Job Expenses and Certain Miscellaneous Deductions			
21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶			
22 Tax preparation fees			
23 Other expenses - investment, safe deposit box, etc. List type and amount ▶			
24 Add lines 21 through 23			
25 Enter amount from Form 1040, line 38 25 88,896			
26 Multiply line 25 by 2% (.02)			
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			
0			
Other Miscellaneous Deductions			
28 Other - from list on page A-10. List type and amount ▶			
28			
Standard Deduction			
29 Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)?			
☒ 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 page A-10 for the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here			
31,781			

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

EFFREY T JUDY

Social security number (SSN)

[REDACTED]

A Principal product. Describe in one or two words your principal crop or activity for the current tax year.

CATTLE

B Enter code from Part IV

▶ **112112**

D Employer ID number (EIN), if any

C Accounting method:

(1) ☒ Cash

(2) ☐ Accrual

E Did you "materially participate" in the operation of this business during 2008? If "No," see page F-3 for limit on passive losses. ☒ 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	
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 2008	8a	
8b	Taxable amount	8b	
c	If election to defer to 2009 is attached, check here ▶ ☐	8d	Amount deferred from 2007
9	Custom hire (machine work) income.	9	
10	Other income, including federal and state gasoline or fuel tax credit or refund (see page F-4)	10	100
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	100

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 page F-5). Also, attach Form 4562	12		25	Pension and profit-sharing plans	25	
13	Chemicals	13		26	Rent or lease (see page F-6):		
14	Conservation expenses (see page F-5)	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 page F-5)	16	8,592	27	Repairs and maintenance	27	
17	Employee benefit programs other than on line 25	17		28	Seeds and plants	28	
18	Feed	18		29	Storage and warehousing	29	
19	Fertilizers and lime	19		30	Supplies	30	
20	Freight and trucking.	20		31	Taxes	31	
21	Gasoline, fuel, and oil	21		32	Utilities	32	
22	Insurance (other than health)	22		33	Veterinary, breeding, and medicine	33	
23	Interest:			34	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	23a		a		34a	
b	Other	23b		b		34b	
24	Labor hired (less employment credits)	24		c		34c	
				d		34d	
				e		34e	
				f		34f	
35	Total expenses. Add lines 12 through 34f. If line 34f is negative, see instructions	35	8,592				
36	Net farm profit or (loss). Subtract line 35 from line 11. Partnerships, see page F-7.						
	• 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	☒ All investment is at risk.		
				37b	☐ Some investment is not at risk.		

Federal Supporting Statements

2008 PG01

Name(s) as shown on return

JEFFREY T & HEATHER I JUDY

Your Social Security Number

~~XXXXXXXXXX~~

SCHEDULE A - LINE 8 - OTHER TAXES

Statement # 1

DESCRIPTION

AMOUNT

land	7,078
land	<u>2,492</u>
TOTAL	<u><u>9,570</u></u>

1024

SC 1040
(Rev. 4/18/08) 3075

SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN

2008

For the year January 1 - December 31, 2008, or fiscal tax year beginning

and ending

Print Your first name and Initial (Sr, Jr, 2nd, 3rd, 4th)

Last name

Check if

Your Social Security number

Deceased ☐

Check if

Spouse's Social Security number

Deceased ☐

Spouse's first name and Initial, if married filing jointly

Spouse's last name

HEATHER I JUDY

Check if

Present mailing address (number and street, Apt. No or P.O. Box)

County code

Do not write in this space - OFFICE USE

new address ☐

119 FAIRWAY COURT

City, state and ZIP code

Area Code

Daytime telephone

SAINT GEORGE, SC 29477

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 partnership or "S" corporation

CHECK YOUR

(1) ☐ Single(3) ☐ Married filing separately. Enter spouse's SSN here:FEDERAL FILING STATUS (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 2008 federal return.

3

How many of the exemptions listed above were under the age of 6 years on December 31, 2008?

1

Enter the number of taxpayers age 65 or older, as of December 31, 2008.

0

STAPLE PAYMENT HERE

STAPLE W-2 / 1099 HERE

		Dollars	Cents
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.			
2	TOTAL ADDITIONS. Enter amount from line 37 of your SC1040.	1	46,615 00
3	Add lines 1 and 2. Enter total here.	2	5,793 00
4	TOTAL SUBTRACTIONS. Enter amount from line 54 of your SC1040.	3	52,408 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.	4	6,289 00
6	TAX: Enter tax from SOUTH CAROLINA tax tables.	5	46,119 00
7	TAX on Lump Sum Distribution (Attach SC4972)	6	2,777 00
8	TAX on Active Trade or Business Income (Attach I-335)	7	00
9	TAX on Excess Withdrawals from Catastrophe Savings Accounts	8	00
10	TOTAL South Carolina tax. Add lines 6, 7, 8 and 9. Enter the total.	9	00
11	Child and Dependent Care (See instructions)	10	2,777 00
12	Two-Wage Earner Credit (See instructions)	11	00
13	Other Non-refundable Credits (Attach SC1040TC)	12	180 00
14	TOTAL Non-refundable Credits. Add lines 11 through 13 and enter the total.	13	00
15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO.	14	180 00
16	SC INCOME TAX WITHHELD (Attach W-2 or SC41)	15	2,597 00
17	2008 Estimated Tax Payments	16	5,793 00
18	Amount Paid with extension	17	3,196 00
19	NR sale of real estate	18	00
20	Other SC Withholding (Attach Form 1099)	19	00
21	Tuition Tax Credit (Attach I-319)	20	00
22	Other Refundable Credit (Attach I-333 or I-334)	21	00
23	ADD lines 16 through 22 and enter the total.	22	5,793 00
24	If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT.	23	3,196 00
25	If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE.	24	00
26	USE TAX (Due on Out-of-state Purchases. See instructions)	25	00
27	Amount of line 24 to be credited to your 2009 ESTIMATED TAX.	26	00
28	Total Contributions for Check-offs (Attach I-330)	27	00
29	ADD lines 26 through 28 and enter the total.	28	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.	29	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)	30	3,196 00
a check or money order for the full amount payable to "SC Department of Revenue." Write your Social Security number and "2008 SC1040" on the payment.		31	00

REFUND

Penalty: \$

BALANCE DUE

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	Cents
32	State tax addback, if itemizing on federal return, (See instructions)	5,793	00
33	Out-of-state losses - (See instructions)		00
34	Expenses related to National Guard and Military Reserve income.		00
35	Interest income on obligations of states and political subdivisions other than South Carolina.		00
36	Other additions to income. Attach an explanation (See instructions)		00
37	TOTAL ADDITIONS --- add lines 32 through 36 and enter your total additions to income here and on line 2.	5,793	00

PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

38	State tax refund, if included on line 10, on your federal Form 1040.	2,789	00
39	Total and permanent disability retirement income, if taxed on your federal return.		00
40	Out-of-state income/gain - Do not include personal service income. (See instructions.)		00
41	44% of net capital gains held for more than one year (See instructions)		00
42	Volunteer Firefighter/Rescue Squad Worker/Volunteer HAZMAT Team Member/Reserve Police Officer/DNR Deputy Enforcement Officer/State Guard Member deduction. (See instructions)		00
43	Contributions to the SC Tuition Prepayment Program or the SC College Investment Program. (See instructions)		00
44	Active Trade or Business Income Deduction (See instructions)		00
45	Interest income from obligations of the US government.		00
46	National Guard or Reserve annual training and drill pay. (See instructions)		00
47	Social Security and/or railroad retirement, if taxed on your federal return.		00
48	Caution: Retirement Deduction - (See instructions)		
48a	a) Taxpayer: Date of Birth _____		00
48b	b) Spouse: Date of Birth _____		00
48c	Surviving Spouse: Date of Birth of Deceased Spouse _____		00
49	Age 65 and older deduction - (See instructions)		
49a	a) Taxpayer: Date of Birth _____		00
49b	b) Spouse: Date of Birth _____		00
50	Negative amount of federal taxable income.		00
51	Subsistence Allowance _____ days @ \$8.00		00
52	Dependents under the age of 6 years on December 31 of the tax year. Date of Birth <u>06-25-2003</u> SSN <u>[REDACTED]</u> Date of Birth _____ SSN _____	3,500	00
53	Other subtractions. (See instructions)		00
54	TOTAL SUBTRACTIONS --- add lines 38 through 53 and enter the total here and on line 4.	6,289	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.		Preparer's Printed Name Yes ☐ No ☒ <u>Barbara Dantzler</u>

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Paid <u>Barbara Dantzler</u> <u>2-11-09</u>	351 North Parler Avenue
Prepared by _____ Date _____	Address _____
Use Only <u>57-0810278</u> <u>843-563-3267</u>	Saint George, SC 29477
El Number _____ Phone Number _____	City _____ State _____ Zip _____

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, 1-319 or I-335.

MAIL RETURN TO THE PROPER ADDRESSREFUNDS OR ZERO TAX:
SC1040 PROCESSING CENTER
P.O. BOX 101100
COLUMBIA SC 29211-0100BALANCE DUE:
TAXABLE PROCESSING CENTER
P.O. BOX 101105
COLUMBIA SC 29211-0105

30752018

*****KEEP FOR YOUR RECORDS*****

NO WAGE EARNER CREDIT WHEN BOTH SPOUSES WORK

Your filing status must be married filing jointly to claim this credit.

Line 12 TWO WAGE EARNER CREDIT (MARRIED COUPLE)

This credit can only be claimed by a married couple filing jointly when both spouses have earned income taxed to South Carolina. This credit is not allowed on returns with a filing status of single, married filing separately or head of household. Do not include gambling or bingo winnings reported on federal form W-2G.

Example - You earned a salary taxed to South Carolina of \$20,000. Your spouse earned \$17,000 taxed to South Carolina and had an IRA deduction taxed to South Carolina of \$1,000. Your SC qualified earned income is \$20,000 and your spouse's is \$16,000 (\$17,000 minus \$1,000). Because your spouse's qualified earned income is less than yours, the credit is based on your spouse's income. Therefore, the credit is \$112 (\$16,000 x .007).

Compute your earned income separately for yourself and your spouse. South Carolina earned income is generally income you receive for services you provide. It includes wages, salaries, tips, commissions and sub-pay. It also includes income earned from self-employment, business income or loss, partnership income or loss, farm income or loss and any other earned income taxed to South Carolina. Earned income does not include gambling or bingo winnings, interest, dividends, Social Security benefits, IRA distribution, unemployment compensation, deferred compensation or non-taxable income. It also does not include any amount your spouse paid you.

	(a) You	(b) Your Spouse
1. Wages, salaries, tips, etc., taxed to South Carolina from South Carolina Schedule NR, Column B, line 1; federal Form 1040, line 7; 1040A, line 7 or 1040EZ, line 1. (Do not include pensions or annuities.)	<u>70,667</u>	<u>25,726</u>
2. Net profit or (loss) from self-employment (from Schedule C and on Schedule K-1 of Form 1065) and any other earned income taxed to South Carolina.	<u>(8,492)</u>	<u> </u>
3. Add lines 1 and 2. This is your total earned income taxed to SC.	<u>62,175</u>	<u>25,726</u>
South Carolina qualified earned income. This is the amount on which the credit is based. Compute it by subtracting certain adjustments from South Carolina earned income. The adjustments are:		
• One half of self-employment tax (Form 1040, line 27) • Self-employed SEP, simple, and qualified plans (Form 1040, line 28) • Self-employed health insurance deduction (Form 1040, line 29) • IRA deduction (Form 1040, line 32 or 1040A, line 17) • Repayment of sub-pay		
4. Add amounts entered on federal Form 1040 lines 27 through 29 and 32. If filing South Carolina Schedule NR, enter amounts from lines 21, 22, 23, 26 and any repayment of supplemental unemployment benefits (sub-pay) allocable to South Carolina income.	<u> </u>	<u> </u>
5. Subtract line 4 from line 3. This is your qualified earned income taxed to South Carolina. If the amount in column (a) or (b) is zero (-0-) or less, stop here. You may not take this credit.	<u>62,175</u>	<u>25,726</u>
Compute the credit.		
6. Enter the smaller of 5(a) or 5(b). Do not enter more than \$30,000.	<u> </u>	<u>25,726</u>
7. Multiply the amount on line 6 by .007. Do not enter more than \$210. Enter the amount here and on SC1040, line 12.	<u> </u>	<u>180</u>

SC	2008 Taxable State Refund Carries to Federal worksheet WK_REF08 to determine total Taxable State Refund	2008
Name(s) as shown on return JEFFREY T JUDY		Your Social Security Number

A. State Refund (Bottom line on return, after all adjustments) **A.** 3,196

B. Applied amounts

B1. Contributions, Donation, Checkoffs (Will carry to 2009 Sch A) _____

B2. Penalty and/or interest _____

B3. Overpayment applied to 2009 (Will carry to 2009 ES screen) _____

B4. Other Tax (Use tax, Property tax, Tangible tax, etc). _____

B5. Total applied amounts. (Total of B1 thru B4) **B.** _____

C. Subtotal: State Refund plus Applied amounts. (Line A plus line B) **C.** 3,196

D. Payments

D1. Tax withheld/2008 payments deducted on Schedule A. 5,793

D2. 4th quarter estimate and extension paid in 2009 _____

D3. Total payments applied to 2008 State tax return (Total of D1 thru D2) **D.** 5,793

E. Allocation of Payments

E1: Percent of payments made in 2008 1.0000

E2. Line C multiplied by line E1 3,196

E3. Percent of payments made in 2009 _____

E4. Line C multiplied by line E3 _____

F. Taxable State Refund (Lesser of E2 or D1) **F.** 3,196

G. Taxes paid in 2009 deductible on 2009 Schedule A

G1. 4th quarter estimate and extension paid in 2009 (From line D2) _____

G2. Balance of refund that did not carry to the 1040, line 10 . . . (From line E4) _____

G3. Adjusted taxes paid in 2009 allowed to carry to 2009 Sch A (Line G1 less line G2) **G.** 0

Student Loan Interest Deduction Worksheet
Form 1040, Line 33, or Form 1040A, Line 18

(Keep for Your Records)

Name(s) as shown on return

EFFREY T & HEATHER I JUDY

Your social security number

~~XXXX-XX-XXXX~~

1. Enter the total interest you paid in 2008 on qualified student loans (see instructions). Do not enter more than \$2,500 1. 1,544
2. Enter the amount from Form 1040, line 22 or Form 1040A, line 15 2. 90,690
3. Enter the total of the amounts from Form 1040, lines 23 through 32, plus any write-in adjustments you entered on the dotted line next to line 36 or from Form 1040A, lines 16 and 17 3. 250
4. Subtract line 3 from line 2 4. 90,440
5. Enter the amount shown below for your filing status.
- Single, head of household, or qualifying widow(er) - \$55,000
 - Married filing jointly - \$115,000
- 5. 115,000
6. Is the amount on line 4 more than the amount on line 5?
- ☒ No. Skip lines 6 and 7, enter -0- on line 8, and go to line 9.
- ☐ Yes. Subtract line 5 from line 4 6. _____
7. Divide line 6 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 7. _____
8. Multiply line 1 by line 7 8. 0
- Student loan interest deduction.** Subtract line 8 from line 1. Enter the result here and on Form 1040, line 33 or 1040A, line 18. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) 9. 1,544

2008

(Keep for your records)

ne

JEFFREY T & HEATHER I JUDY

SSN

! Do not complete this worksheet if you checked the box on line 39b; your standard deductions is zero.

- | | | | |
|-----|---|---|------------------------|
| 1. | Enter the amount shown below for your filing status. | | |
| | • Single or married filing separately - \$5,450 | } | 1. <u>10,900</u> |
| | • Married filing jointly or Qualifying widow(er) - \$10,900 | | |
| | • Head of household - \$8,000 | | |
| 2. | Can you (or your spouse if filing jointly) be claimed as a dependent? | | |
| | ☒ No. Skip line 3; enter the amount from line 1 on line 4. | | |
| | ☐ Yes. Go to line 3. | | |
| 3. | Is your earned income* more than \$600? | | |
| | ☐ Yes. Add \$300 to your earned income. Enter the total | } | 3. _____ |
| | ☐ No. Enter \$900 | | |
| 4. | Enter the smaller of line 1 or line 3 | | 4. <u>10,900</u> |
| 5. | If born before January 2, 1944, or blind, multiply the number on Form 1040, line 39a, by \$1,050 (\$1,350 if single or head of household). Otherwise, enter -0- | | 5. _____ |
| 6. | Enter any net disaster loss from Form 4684, line 18a. If more than zero, check the box on Form 1040, line 39c | | 6. _____ |
| 7. | Enter the state and local real estate taxes you paid that would be deductible on Schedule A, line 6, if you were itemizing your deductions. See the instructions for Schedule A, line 6. Do not include foreign real estate taxes | | 7. <u>966</u> |
| 8. | Enter \$500 (\$1,000 if married filing jointly) | | 8. <u>1,000</u> |
| 9. | Enter the smaller of line 7 or line 8. If more than zero, check the box on Form 1040, line 39c | | 9. <u>966</u> |
| 10. | Add lines 4, 5, 6, and 9. Enter the total here and on Form 1040, line 40 | | 10. <u>11,866</u> |

earned income includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27.

Name(s) as shown on return

Keep for Your Records

Your social security number

EFFREY T JUDY

Use this worksheet if you answered "Yes" to Step 5, question 3, on page 48, and you do not elect to use your 2007 earned income to figure your EIC (see page 48).

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1

Self-Employed,
Members of the
Clergy, and
People With
Church
Employee
Income Filing
Schedule SE

1a. Enter the amount from Schedule SE, Section A, line 3, or
Section B, line 3, whichever applies.

b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.

c. Combine lines 1a and 1b.

d. Enter the amount from Schedule SE, Section A, line 6, or
Section B, line 13, whichever applies.

e. Subtract line 1d from 1c.

1a	
+	1b
=	1c
-	1d
=	1e

Part 2

Self-Employed
NOT Required
to File
Schedule SE

For example, your
net earnings from
self-employment
were less than \$400.

2. Do not include on these lines any statutory employee income, any net profit from services performed as a notary public, or any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361.

a. Enter any net farm profit or (loss) from Schedule F, line 36, and from
farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.

b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ,
line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming);
and Schedule K-1 (Form 1065-B), box 9, code J1*.

c. Combine lines 2a and 2b.

2a	(8,492)
+	2b
=	2c (8,492)

*Reduce any Schedule K-1 amounts by any partnership section 179 expense deduction claimed, unreimbursed partnership expenses claimed, and depletion claimed on oil and gas properties. If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Enter your name and social security number on Schedule SE and attach it to your return.

Part 3

Statutory
Employees
Filing Schedule
C or C-EZ

3. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that
you are filing as a statutory employee.

3	
---	--

Part 4

All Filers Using
Worksheet B

4a. Combine lines 1e, 2c, and 3. This is your total self-employed income.

4a	(8,492)
----	---------

FARM - CATTLE

For your records only

Name(s) as shown on return

Social security number/EIN	
----------------------------	--

JEFFREY T & HEATHER I JUDY

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	CATERPILLAR BACKHOE	20020715	58,044		100.00		58,044	7	150 DB HY	12.25	7,110	54,485			7,110
2	CATTLE TRAILER	20020531	5,700		100.00		5,700	7	150 DB HY	12.25	698	5,349			698
3	EQUIPMENT TRAILER	20020120	6,400		100.00		6,400	7	150 DB HY	12.25	784	6,007			784
Totals			70,144				70,144				8,592	65,841			8,592

Land Amount
Net Depreciable Cost

70,144

ST ADJ:

[567]

Projected State and Local Income Tax Refund Worksheet For 2009

2008

This amount will carry to next year's screen 3.

Name(s) as shown on Form 1040

SSN

JEFFREY T & HEATHER I JUDY

Worksheet 1 - 2008 Schedule A worksheet as filed

1	Enter the total amount from Schedule A, line 5	1	5,793
2	Multiply line 1 by 80% (.80)	2	4,634
3	Enter the amount from 1040, line 38	3	88,896
4	Enter: \$159,950 (\$79,975 if married filing separately)	4	159,950
5	Subtract line 4 from line 3	5	
6	Multiply line 5 by 3% (.03)	6	
7	Enter the smaller of line 2 or line 6	7	
8	Multiply line 7 by 1/3	8	
9	Total state and local taxes deducted on 2008 return. Subtract line 8 from line 1	9	5,793

Worksheet 2 - 2008 Schedule A worksheet recomputed using original Schedule A line 5 less state refunds

1	Enter the total state taxes actually paid in 2008 (line 1 above less state refund that will be received on 2009 Form 1099-G)	1	2,597
2	Multiply line 1 by 80% (.80)	2	2,078
3	Enter the amount from 1040, line 38	3	88,896
4	Enter: \$159,950 (\$79,975 if married filing separately)	4	159,950
5	Subtract line 4 from line 3	5	
6	Multiply line 5 by 3% (.03)	6	
7	Enter the smaller of line 2 or line 6	7	
8	Multiply line 7 by 1/3	8	
9	Total state and local taxes that would have been deducted if Schedule A line 5 reflected only the portion of the total state and local taxes paid that were due	9	2,597

Worksheet 3 - Difference

1	Enter the amount from line 9, worksheet 1 above	1	5,793
2	Enter the amount from line 9, worksheet 2 above	2	2,597
3	Subtract line 2 from line 1. This is the maximum amount of the total refund that is taxable in 2009	3	3,196

If line 3 is -0- or less, STOP. None of your state refund is taxable.

If line 3 is greater than -0-, complete worksheet 4 below to determine how much of your state refund is taxable.

Worksheet 4 - State and Local Income Tax Refund Worksheet

1	Enter the amount from line 3, worksheet 3 above	1	3,196
2	Enter your total allowable itemized deductions from your 2008 Schedule A line 28	2	31,781

Note. If your 2008 filing status was MFS and your spouse itemized deductions in 2008, skip lines 3, 4, and 5, and enter the amount from line 2 on line 6 below.

3	Enter the amount shown below for the filing status claimed on your 2008 Form 1040.		
	Single - \$5,450		
	Married filing jointly, or qualifying widow(er) - \$10,900		
	Married filing separately - \$5,450		
	Head of household - \$8,000 plus real estate taxes and/or disaster loss if applicable	3	11,866

4 Did you fill in line 39a on your 2008 Form 1040?

No. Enter -0-.

Yes. Multiply the number in the box on line 39a of your 2008 Form 1040 by:

\$1,050 if your 2008 filing status was MFJ or MFS or QW;

\$1,350 if your 2008 filing status was single or HOH

5	Add lines 3 and 4	5	11,866
---	-----------------------------	---	--------

6 Is the amount on line 5 less than the amount on line 2?

No. STOP. None of your refund is taxable.

Yes. Subtract line 5 from line 2

6		6	19,915
---	--	---	--------

7	Enter the smaller of line 1 or line 6 here	7	3,196
---	--	---	-------

8	Taxable Income for 2008	8	46,615
---	-----------------------------------	---	--------

9	Taxable part of your refund. If line 8 is zero or more, enter amount from line 7. If line 8 is less than zero add lines 7 and 8 and enter the result but not less than zero	9	3,196
---	---	---	-------

Worksheet 5 - State and Local Income Tax and General State Sales Tax Computation

1	2008 State Income Tax Deduction from Schedule A, Line 5	1	5,793
2	2008 State General Sales Tax Deduction not taken on Schedule A, Line 5	2	942
3	Difference	3	4,851
4	Taxable part of your refund from line 9 of worksheet 4	4	3,196
5	Lesser of line 3 or 4	5	3,196

This is the maximum taxable portion of your state refund.

Form 8879

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

- Do not send to the IRS. This is not a tax return.
► Keep this form for your records. See instructions.

2008

Registration Control Number (DCN)

00-571078-051159

Taxpayer's name

Ryan C Judy

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2008 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	53,231
2 Total tax (Form 1040, line 61; Form 1040A, line 37; Form 1040EZ, line 11)	2	7,413
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 7)	3	8,399
4 Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4	986
5 Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 13)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic Individual Income tax return and accompanying schedules and statements for the tax year ending December 31, 2008, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

RTN: [REDACTED]

Acct: [REDACTED]

☒ I authorize Dantzlers Bookkeeping & Tax to enter or generate my PIN [REDACTED]

ERO firm name

Enter five numbers, but
do not enter all zeros

as my signature on my tax year 2008 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

[Signature]

Date ► 04-07-2009

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN

ERO firm name

Enter five numbers, but
do not enter all zeros

as my signature on my tax year 2008 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature

Date

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2008 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

Signature ► Barbara Dantzler

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 8879 (2008)



Label (See Instructions on page 14.) : IRS Otherwise, please print or type.	L A B E L H E R E	For the year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending , 20	OMB No. 1545-0074
		Your first name and initial Last name	Your social security number
		Ryan C Judy	
		If a joint return, spouse's first name and initial Last name	Spouse's social security number
		Home address (number and street). If you have a P.O. box, see page 14. Apt. no.	▲ You must enter your SSN(s) above. ▲
		122 Kayla Dr	
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.	Checking a box below will not change your tax or refund.
		Saint George SC 29477	

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 box.	1 ☐ Single	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.
	2 ☐ Married filing jointly (even if only one had income)	
	3 ☒ Married filing separately. Enter spouse's SSN above and full name here. ▶ Kimmi C Judy	5 ☐ Qualifying widow(er) with dependent child (see page 16)

Exemptions If more than four dependents, see page 17.	6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b <u>1</u>
	b ☐ Spouse	No. of children on 6c who:
	c Dependents:	(4) Check if qualifying child for child tax credit (see pg 17)
	(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you	• lived with you • did not live with you due to divorce or separation (see page 18)
		Dependents on 6c not entered above
	d Total number of exemptions claimed	Add numbers on lines above ▶ <u>1</u>

Income Attach Form(s) W-2 here. Also attach Forms Y and if tax was withheld. If you did not get a W-2, see page 21. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	57,776	
	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 21)	9b		
	10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	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		
	14 Other gains or (losses). Attach Form 4797	14		
	15a IRA distributions	15a	b Taxable amount (see page 23)	15b
	16a Pensions and annuities	16a	b Taxable amount (see page 24)	16b
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
	18 Farm income or (loss). Attach Schedule F	18	(4,545)	
	19 Unemployment compensation	19		
20a Social security benefits	20a	b Taxable amount (see page 26)	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	53,231		

Adjusted Gross Income	23 Educator expenses (see page 28)	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 29)	29	
	30 Penalty on early withdrawal of savings	30	
	31a Alimony paid b Recipient's SSN▶	31a	
	32 IRA deduction (see page 30)	32	
	33 Student loan interest deduction (see page 33)	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	53,231	

EEA

SCHEDULES A&B
(Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074

2008

Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040. ► See Instructions for Schedules A&B (Form 1040).

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

in C Judy			
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others. 1 Medical and dental expenses (see page A-1) 2 Enter amount from Form 1040, line 38 <u>2</u> 3 Multiply line 2 by 7.5% (.075) 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	1 2 3 4	
Taxes You Paid (See page A-2.)	5 State and local (check only one box): a ☒ Income taxes, or b ☐ General sales taxes 6 Real estate taxes (see page A-5) 7 Personal property taxes 8 Other taxes. List type and amount ► 9 Add lines 5 through 8	5 6 7 8 9	3,203 3,203
Interest You Paid (See page A-5.)	10 Home mortgage interest and points reported to you on Form 1098 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-6 and show that person's name, identifying no., and address ► 12 Points not reported to you on Form 1098. See page A-6 for special rules 13 Qualified mortgage insurance premiums (see page A-6) 14 Investment interest. Attach Form 4952 if required. (See page A-6.) 15 Add lines 10 through 14	10 11 12 13 14 15	
Gifts to Charity If you made a gift and got a benefit for it, see page A-7.	16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-7 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 18 Carryover from prior year 19 Add lines 16 through 18	16 17 18 19	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)	20	
Job Expenses and Certain Miscellaneous Deductions (See page A-9.)	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ► 22 Tax preparation fees 23 Other expenses - investment, safe deposit box, etc. List type and amount ► 24 Add lines 21 through 23 25 Enter amount from Form 1040, line 38 <u>25</u> 26 Multiply line 25 by 2% (.02) 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	21 22 23 24 25 26 27	
Other Miscellaneous Deductions	28 Other - from list on page A-10. List type and amount ►	28	
Itemized Deductions	29 Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)? ☒ 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 page A-10 for the amount to enter. 30 If you elect to itemize deductions even though they are less than your standard deduction, check here	29 30	3,203

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

Ryan C Judy

Social security number (SSN)

[REDACTED]

A Principal product. Describe in one or two words your principal crop or activity for the current tax year.

crops

B Enter code from Part IV

▶

C Accounting method:

(1) ☒ 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 page F-3 for limit on passive losses. ☒ 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		
4	Sales of livestock, produce, grains, and other products you raised	4		90,536
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 2008	8a		
8b	Taxable amount	8b		
c	If election to defer to 2009 is attached, check here ▶ ☐	8d	Amount deferred from 2007	
9	Custom hire (machine work) income	9		
10	Other income, including federal and state gasoline or fuel tax credit or refund (see page F-4)	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		90,536

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 page F-5). Also, attach Form 4562	12		25	Pension and profit-sharing plans	25	
13	Chemicals	13		26	Rent or lease (see page F-6):		
14	Conservation expenses (see page F-5)	14		a	Vehicles, machinery, and equipment	26a	
15	Custom hire (machine work)	15	16,400	b	Other (land, animals, etc.)	26b	725
16	Depreciation and section 179 expense deduction not claimed elsewhere (see page F-5)	16	14,556	27	Repairs and maintenance	27	365
17	Employee benefit programs other than on line 25	17		28	Seeds and plants	28	18,354
18	Feed	18		29	Storage and warehousing	29	
19	Fertilizers and lime	19	37,941	30	Supplies	30	
20	Freight and trucking	20		31	Taxes	31	
21	Gasoline, fuel, and oil	21	1,055	32	Utilities	32	
22	Insurance (other than health)	22	486	33	Veterinary, breeding, and medicine	33	
23	Interest:			34	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	23a		atires	34a	1,954	
b	Other	23b	2,861	parts	34b	384	
24	Labor hired (less employment credits)	24		c	34c		
				d	34d		
				e	34e		
				f	34f		
35	Total expenses. Add lines 12 through 34f. If line 34f is negative, see instructions	35				95,081	
36	Net farm profit or (loss). Subtract line 35 from line 11. Partnerships, see page F-7. • 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.	36				(4,545)	

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 ☒ All investment is at risk.
37b ☐ Some investment is not at risk.

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2008

Department of the Treasury
Internal Revenue Service (99)▶ See separate instructions.
▶ Attach to Form 1040 or Form 1040NR.Attachment
Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

Van C Judy

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 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	1	53,231
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	
3	Taxes from Schedule A (Form 1040), line 9	3	
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 \$159,950 (over \$79,975 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-10 of the instructions for Schedule A (Form 1040)	6	()
7	If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount	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	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative tax net operating loss deduction	28	()
29	Alternative minimum taxable income. Combines lines 1 through 28. (If married filing separately and line 29 is more than \$214,900, see page 8 of the instructions.)	29	53,231

Part II Alternative Minimum Tax (AMT)

30	Exemption. (If you were under age 24 at the end of 2008, 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 ... \$46,200		
	Married filing jointly or qualifying widow(er) ... 150,000 ... 69,950		
	Married filing separately ... 75,000 ... 34,975	30	34,975
	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	18,256
32	- If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. - 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 page 2 and enter the amount from line 55 here. - 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	4,747
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	4,747
	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	7,413
36	AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	36	

SC 1040

(Rev. 4/18/08) 3075

1024

SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN

2008

For the year January 1 - December 31, 2008, or fiscal tax year beginning

and ending

* Your first name and initial (Sr, Jr, 2nd, 3rd, 4th) n C Judy		Last name	Check If Deceased ☐	Your Social Security number [REDACTED]
Spouse's first name and initial, if married filing jointly		Spouse's last name	Check If Deceased ☐	Spouse's Social Security number
Check If new address ☐	Present mailing address (number and street, Apt. No or P. O. Box) 122 Kayla Dr		County code 18	Do not write in this space - OFFICE USE
City, state and ZIP code Saint George, SC 29477		Area Code	Daytime telephone	

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 partnership or "S" corporation ☐

CHECK YOUR (1) ☐ Single (3) ☒ Married filing separately. Enter spouse's SSN here: [REDACTED]

FEDERAL FILING STATUS (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 2008 federal return. ☐ **1**

How many of the exemptions listed above were under the age of 6 years on December 31, 2008? ☐ **0**

Enter the number of taxpayers age 65 or older, as of December 31, 2008. ☐ **0**

		Dollars	Cents
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.			
2 TOTAL ADDITIONS. Enter amount from line 37 of your SC1040.	1	44,281	00
3 Add lines 1 and 2. Enter total here.	2	4,000	00
4 TOTAL SUBTRACTIONS. Enter amount from line 54 of your SC1040.	3	48,281	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.	4	<	00
6 TAX: Enter tax from SOUTH CAROLINA tax tables.	5	48,281	00
TAX on Lump Sum Distribution (Attach SC4972)	6	2,924	00
7 TAX on Active Trade or Business Income (Attach I-335)	7		00
8 TAX on Excess Withdrawals from Catastrophe Savings Accounts	8		00
9 TOTAL South Carolina tax. Add lines 6, 7, 8 and 9. Enter the total.	9		00
10 Child and Dependent Care (See instructions)	10	2,924	00
11 Two Wage Earner Credit (See instructions)	11		00
12 Other Non-refundable Credits (Attach SC1040TC)	12		00
13 TOTAL Non-refundable Credits. Add lines 11 through 13 and enter the total.	13		00
14 SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO.	14	2,924	00
15 SC INCOME TAX WITHHELD (Attach W-2 or SC41)	15	3,203	00
16 2008 Estimated Tax Payments	16		00
17 Amount Paid with extension	17		00
18 NR sale of real estate	18		00
19 ADD lines 16 through 22 and enter the total.	19	3,203	00
20 Other SC Withholding (Attach Form 1099)	20		00
21 Tuition Tax Credit (Attach I-319)	21		00
22 Other Refundable Credit (Attach I-333 or I-334)	22		00
23 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT.	23	279	00
24 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE.	24		00
25 USE TAX (Due on Out-of-state Purchases. See instructions)	25		00
26 Amount of line 24 to be credited to your 2009 ESTIMATED TAX.	26		00
27 Total Contributions for Check-offs (Attach I-330)	27		00
28 ADD lines 26 through 28 and enter the total.	28		00
29 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.	29	279	00
30 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)	30		00
a check or money order for the full amount payable to "SC Department of Revenue." Write your Social Security number and "2008 SC1040" on the payment.			
REFUND			
BALANCE DUE			

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	Cents
State tax addback, if itemizing on federal return, (See instructions)	32		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) FD/ST Depr Diff	36	4,000	00	
37 TOTAL ADDITIONS --- add lines 32 through 36 and enter your total additions to income here and on line 2.	37		4,000	00

PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

38 State tax refund, if included on line 10, on your federal Form 1040.	38		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		00	
42 Volunteer Firefighter/Rescue Squad Worker/Volunteer HAZMAT Team Member/Reserve Police Officer/DNR Deputy Enforcement Officer/State Guard Member deduction. (See instructions)	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 US 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	
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 of the tax year. Date of Birth _____ SSN _____ Date of Birth _____ SSN _____	52		00	
53 Other subtractions. (See instructions)	53		00	
54 TOTAL SUBTRACTIONS --- add lines 38 through 53 and enter the total here and on line 4.	54			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 ☐ No ☒		Preparer's Printed Name

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Paid	<i>Barbara Dantzler</i>	4-07-09	351 North Parler Avenue
Preparer's	Prepared by	Date	Address
Use Only	57-0810278	843-563-3267	Saint George, SC 29477
	El Number	Phone Number	City State Zip

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:
SC 1040 PROCESSING CENTER
P.O. BOX 101100
COLUMBIA SC 29211-0100

BALANCE DUE:
TAXABLE PROCESSING CENTER
P.O. BOX 101105
COLUMBIA SC 29211-0105

30752018

State Depreciation Difference	State Income Adjustment due to differences in depreciation between the Federal and State (Keep for your records)	2008
Name(s) as shown on return an C Judy		Identification number [REDACTED]

Taxpayer/Business	Federal	State Portion	Difference
Bonus Depreciation (30% & 50%)	0	0	0
Section 179 Expense	4,000	0	4,000
Regular Depreciation not associated with Section 179	10,556	10,556	0
Regular Depreciation on Section 179 Difference	0	0	0
Total:	14,556	10,556	4,000

Spouse	Federal	State Portion	Difference
Bonus Depreciation (30% & 50%)	0	0	0
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	0	0	0
Regular Depreciation on Section 179 Difference	0	0	0
Total:	0	0	0

Combined Totals	Federal	State Portion	Difference
Bonus Depreciation (30% & 50%)	0	0	0
Section 179 Expense	4,000	0	4,000
Regular Depreciation not associated with Section 179	10,556	10,556	0
Regular Depreciation on Section 179 Difference	0	0	0
Total:	14,556	10,556	4,000

Form 1040.

SECTION 179 BUSINESS INCOME LIMIT

RESIDENT STATE CALCULATION

(keep for your records)

2008

Name

Ryan C Judy

Your Social Security Number

- 1 Dollar limitation for tax year. Enter amount from Form 4562 line 5 RESIDENT. STATE. . SC. . 128,000
- 2 Wages, salaries, tips, etc. (Line 7 of 1040) 57,776
- 3 Non-passive Section 1231 Gains (losses)
- 4 Income (loss) from Schedule C line 31 (Unless Materially Participated = "NO")
- 5 Income (loss) from Schedule C-EZ line 3 (Unless Materially Participated = "NO")
- 6 Income (loss) from Schedule E line 26 (If Non-Passive)
- 7 Income (loss) from Form 4835, line 32 (If Non-Passive)
- 8 Income (loss) from Schedule F line 36 (If Non-Passive) (545)
- 9 Income (loss) from Sch. K-1S (If Non-Passive): Boxes 1,2,3,4,5a,6,7,8a/b/c, and 10
- 10 Income (loss) from Sch. K-1PTR (If Non-Passive): Boxes 1,2,3,5,6a,7,8,9a/b/c, and 11
- 11 Total business income (loss). Combine lines 2 - 10. 57,231
- 12 Business income limitation. Lesser of ln 1 or ln 11, but not < zero. Enter here and on Form 4562, line 11 57,231

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2008	Remaining carryover

INT

Do not write in this space — OFFICE USE

SC1040

(Rev 9/8/05)

2005

SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN

PLACE
HERE
LABELSTAPLE
PAYMENT
HERESTAPLE
W
2
1
0
9
9
HERE

For the year January 1 - December 31, 2005, or fiscal tax year beginning

2005 and ending

2006

Print Your first name and Initial

(Sr, Jr, 2nd, 3rd, 4th)

Last name

Check if

Deceased

Your Social Security number

ryan C

judy

Spouse's first name and Initial, if married filing jointly

Spouse's last name

Check if

Deceased

Spouse's Social Security number

Present home address (number and street, or P.O. Box)

Apt No.

Area Code Daytime telephone

Do not write in this space — OFFICE USE

300 millpond rd

City

State ZIP code

County code

reevesville

SC 29471-0000

18

If you do not wish to receive a booklet next year, but need a name and address label for your 2006 return, check here ☒ XCheck 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 (1) ☐ Single (3) ☐ Married filing separately. Enter spouse's social security number here:FEDERAL FILING STATUS (2) ☐ Married filing jointly (4) ☒ Head of household (5) ☐ Widow(er) with dependent childFederal Exemptions: Enter the number of exemptions from line 6(d) of your 2005 federal return How many of the exemptions listed above were under the age of 6 years on December 31, 2005? Enter the number of taxpayers age 65 or older, as of December 31, 2005.

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.

Dollars

STOP! Resident filers complete lines 30 through 51.

Nonresident filers complete Schedule NR and enter total from line 48 on line 5 below

1 36,674.00

2 TOTAL ADDITIONS. Enter amount from line 35 2 00

3 Add lines 1 and 2. Enter total here 3 36,674.00

4 TOTAL SUBTRACTIONS. Enter amount from line 51 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 48. If less than zero, enter zero 5 36,674.00

6 TAX: Enter tax from SOUTH CAROLINA tax tables 6 2,199.00

TAX on Lump Sum Distribution (Attach SC4972) 7 00

8 TOTAL South Carolina tax. Add lines 6 and 7. Enter the total 8 2,199.00

9 Child and Dependent Care (See instructions) 9 00

10 Two Wage Earner Credit (See instructions) 10 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 00

13 SUBTRACT line 12 from line 8. Enter the difference BUT NOT LESS THAN ZERO 13 2,199.00

14 SC INCOME TAX WITHHELD (Attach W-2 or SC41) 2,504.00

15 2005 Estimated Tax Payments 00

16 Amount Paid with extension 00

17 NR sale of real estate 00

18 Other SC Withholding (Attach Form 1099) 00

19 Tuition Tax Credit (Attach I-319) 00

20 Other Refundable Credit (Attach I-333 or I-334) 00

Tip — Make sure lines 14-20 are completed.

21 ADD lines 14 through 20 and enter the total. 21 2,504.00

22 If line 21 is LARGER than line 13, subtract line 13 from line 21 and enter the OVERPAYMENT 22 305.00

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 28 305.00

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: \$

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.

SCIA0112 10/18/05

Declaration Control Number (DCN)

00 - 440050 - 21484 - 6

IRS Use Only — Do not write or staple in this space.

Form **8453-OL****U.S. Individual Income Tax Declaration**
for an IRS e-file On-Line Return

For the year January 1 — December 31, 2005

▶ See Instructions.

OMB No. 1545-0074

2005Department of the Treasury
Internal Revenue ServiceUse the
IRS label.
Otherwise,
please
print or
type.L
A
B
E
L

H
E
R
E

Your first name and initial

ryan C

Last name

judy

Your social security number

[REDACTED]

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see Instructions.

300 millpond rd

Apartment number

[REDACTED]

City, town or post office

reevesville

State

SC

ZIP code

29471-0000

▲ Important!
You must enter your
SSN(s) above. ▲

Daytime phone number

[REDACTED]

Part II Tax Return Information (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	50,374.
2	Total tax (Form 1040, line 63; Form 1040A, line 38; Form 1040EZ, line 10)	2	3,979.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 39; Form 1040EZ, line 7)	3	6,185.
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	2,206.
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 12) (see Instructions)	5	

Part III Declaration of Taxpayer. Be sure to keep a copy of your tax return.

6 a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2005 Federal income tax return.
If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

b ☐ I do not want direct deposit of my refund or I am not receiving a refund.

c ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2005, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent to allow my intermediate service provider and/or transmitter to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign
Here

Your signature

Date

Spouse's signature. If a joint return, both must sign.

Date

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8453-OL (2005)

Form **1040A** U.S. Individual Income Tax Return (99) **2005**

Department of the Treasury — Internal Revenue Service

IRS Use Only — Do not write or staple in this space.

Label (See Instructions.) Use the label. Otherwise, please print or type.	Your first name and initial ryan		Last name C judy		OMB No. 1545-0074
	If a joint return, spouse's first name and initial		Last name		Your social security number [REDACTED]
	Home address (number and street). If you have a P.O. box, see instructions.		Apartment no.		Spouse's social security number
	City, town or post office. If you have a foreign address, see instructions.		State ZIP code		▲ You must enter your SSN(s) above ▲ Checking a box below will not change your tax or refund
300 millpond rd reevesville		SC 29471-0000			

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse

Filing status

1 ☐ Single	4 ☒ Head of household (with qualifying person). (See instructions.)
2 ☐ Married filing jointly (even if only one had income)	If the qualifying person is a child but not your dependent, enter this child's name here
3 ☐ Married filing separately. Enter spouse's SSN above and full name here	5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☐ Spouse

(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	No. of children on 6c who: • lived with you 1 • did not live with you due to divorce or separation
garrett A judy	[REDACTED]	Son	☒	

Dependents on 6c not entered above

d Total number of exemptions claimed Add numbers on lines above **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	50,374.
8 a Taxable interest. Attach Schedule 1 if required.	8 a	
b Tax-exempt interest. Do not include on line 8a.	8 b	
9 a Ordinary dividends. Attach Schedule 1 if required	9 a	
b Qualified dividends (see instructions).	9 b	
10 Capital gain distributions (see instructions).	10	
11 a IRA distributions	11 a	
11 b Taxable amount	11 b	
12 a Pensions and annuities	12 a	
12 b Taxable amount	12 b	
13 Unemployment compensation and Alaska Permanent Fund dividends.	13	
14 a Social security benefits	14 a	
14 b Taxable amount	14 b	
15 Add lines 7 through 14b (far right column). This is your total income.	15	50,374.
16 Educator expenses (see instructions)	16	
17 IRA deduction (see instructions)	17	
18 Student loan interest deduction (see instructions)	18	
19 Tuition and fees deduction (see instructions).	19	
20 Add lines 16 through 19. These are your total adjustments	20	
21 Subtract line 20 from line 15. This is your adjusted gross income.	21	50,374.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. Form 1040A (2005)

Tax,
credits,
and
payments

22	Enter the amount from line 21 (adjusted gross income)	22	50,374.
23 a	Check ☐ You were born before January 2, 1941, ☐ Blind ☐ Total boxes checked ☐ 23 a ☐		
	if: ☐ Spouse was born before January 2, 1941, ☐ Blind ☐		
	b If you are married filing separately and your spouse itemizes deductions, see instructions and check here	23 b	☐
24	Enter your standard deduction (see left margin)	24	7,300.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-	25	43,074.
26	If line 22 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	26	6,400.
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income	27	36,674.
28	Tax, including any alternative minimum tax (see instructions).	28	4,979.
29	Credit for child and dependent care expenses. Attach Schedule 2	29	
30	Credit for the elderly or the disabled. Attach Schedule 3	30	
31	Education credits. Attach Form 8863	31	
32	Retirement savings contributions credit. Attach Form 8880	32	
33	Child tax credit (see instructions). Attach Form 8901 if required	33	1,000.
34	Adoption credit. Attach Form 8839	34	
35	Add lines 29 through 34. These are your total credits	35	1,000.
36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-	36	3,979.
37	Advance earned income credit payments from Form(s) W-2	37	
38	Add lines 36 and 37. This is your total tax	38	3,979.
39	Federal income tax withheld from Forms W-2 and 1099	39	6,185.
40	2005 estimated tax payments and amount applied from 2004 return	40	
41 a	Earned income credit (EIC).	41 a	
	b Nontaxable combat pay election. 41 b		
42	Additional child tax credit. Attach Form 8812	42	
43	Add lines 39, 40, 41a, and 42. These are your total payments	43	6,185.
44	If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid	44	2,206.
45 a	Amount of line 44 you want refunded to you	45 a	2,206.
	► b Routing number c Type: ☒ Checking ☐ Savings		
	► d Account number		
46	Amount of line 44 you want applied to your 2006 estimated tax	46	
47	Amount you owe. Subtract line 43 from line 38. For details on how to pay, see instructions	47	
48	Estimated tax penalty (see instructions)	48	

Refund

Direct deposit?
See instructions
and fill in 45b,
45c, and 45d.Amount
you oweThird party
designeeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____ Your occupation _____ Daytime phone number _____

Joint return?
See instructions.

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____ _____

Keep a copy
for your records.Paid
preparer's
use onlyPreparer's signature _____ Date _____ Check if self-employed ☐ Preparer's SSN or PTIN _____
Firm's name (or yours if self-employed), address, and ZIP code _____ Self-Prepared _____ EIN _____ Phone no. _____

Form **1040A** U.S. Individual Income Tax Return (99) **2006**

Department of the Treasury — Internal Revenue Service

IRS Use Only — Do not write or staple in this space.

Label (See instructions.)	Your first name and initial	Last name	OMB No. 1545-0074
	ryan	C judy	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	kimmi	C judy	
Home address (number and street). If you have a P.O. box, see instructions.			▲ You must enter your SSN(s) above ▲ Checking a box below will not change your tax or refund
122 kayla dr			
City, town or post office. If you have a foreign address, see instructions.			
st george			State 294

Presidential Election Campaign

Filing status

Check only one box.

Exemptions

If more than six dependents, see instructions.

Income

Attach Form(s) W-2 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

Adjusted gross income

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse

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 ▶

4 ☐ Head of household (with qualifying person). (See instructions.)

5 ☐ Qualifying widow(er) with dependent child (see instructions)

6 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☒ Spouse

c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ If qualifying child for child tax credit	No. of children on 6c who: • lived with you 2 • did not live with you due to divorce or separation 1
(1) First name Last name				
garrett A judy		Son	☒	
kayla L mitchell		Daughter	☒	
michael R mitchell		Son	☒	

d Total number of exemptions claimed Add numbers on lines above ▶ 5

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	74,108.
8 a Taxable interest. Attach Schedule B if required.	8 a	
b Tax-exempt interest. Do not include on line 8a.	8 b	
9 a Ordinary dividends. Attach Schedule 1 if required	9 a	
b Qualified dividends (see instructions).	9 b	
10 Capital gain distributions (see instructions).	10	
11 a IRA distributions 11 a	11 b Taxable amount 11 b	
12 a Pensions and annuities 12 a	12 b Taxable amount 12 b	
13 Unemployment compensation, Alaska Permanent Fund dividends, and jury duty pay	13	
14 a Social security benefits 14 a	14 b Taxable amount 14 b	
15 Add lines 7 through 14b (far right column). This is your total income	15	74,108.
16 Penalty on early withdrawal of savings (see instructions)	16	
17 IRA deduction (see instructions)	17	
18 Student loan interest deduction (see instructions)	18	
19 Gift duty pay you gave your employer (see instructions)	19	
20 Add lines 16 through 19. These are your total adjustments	20	
Subtract line 20 from line 15. This is your adjusted gross income	21	74,108.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. Form 1040A (2006)

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income). 22 74,108.

23 a Check ☐ You were born before January 2, 1942, ☐ Blind ☐ Spouse was born before January 2, 1942, ☐ Blind Total boxes checked ☐ 23 a ☐b If you are married filing separately and your spouse itemizes deductions, see instructions and check here 23 b ☐

24 Enter your standard deduction (see left margin) 24 10,300.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- 25 63,808.

26 If line 22 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 6b 26 16,500.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income 27 47,308.

28 Tax, including any alternative minimum tax (see instructions). 28 6,344.

29 Credit for child and dependent care expenses. Attach Schedule 2 29

30 Credit for the elderly or the disabled. Attach Schedule 3 30

31 Education credits. Attach Form 8863 31

32 Retirement savings contributions credit. Attach Form 8880 32

33 Child tax credit (see instructions). Attach Form 8901 if required 33 3,000.

34 Add lines 29 through 33. These are your total credits 34 3,000.

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0- 35 3,344.

36 Advance earned income credit payments from Form(s) W-2, box 9 36

37 Add lines 35 and 36. This is your total tax 37 3,344.

38 Federal income tax withheld from Forms W-2 and 1099 38 9,974.

39 2006 estimated tax payments and amount applied from 2005 return 39

40 a Earned income credit (EIC) 40 a

b Nontaxable combat pay election. Attach Form 400 40 b

41 Additional child tax credit. Attach Form 8812 41

42 Credit for federal telephone excise tax. Attach Form 913 if required 42 60.

43 Add lines 38, 39, 40a, 41, and 42. These are your total payments 43 10,034.

44 If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you overpaid 44 6,690.

45 a Amount of line 44 you want refunded to you. If Form 8888 is attached, check here 45 a 6,690.

b Routing number ☐ Type: ☒ Checking ☐ Savings

c Account number

46 Amount of line 44 you want applied to your 2007 estimated tax 46

47 Amount you owe. Subtract line 43 from line 37. For details on how to pay, see instructions 47

48 Estimated tax penalty (see instructions) 48

Refund

Direct deposit? See instructions and fill in 45b, 45c, and 45d or Form 8888.

Amount you owe

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ NoDesignee 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature ☐ Date ☐ Your occupation ☐ Daytime phone number ☐Spouse's signature. If a joint return, both must sign. ☐ Date ☐ Spouse's occupation ☐

sr. tax clerk

Date ☐ Check if self-employed ☐ Preparer's SSN or PTIN ☐

Paid preparer's use only

Firm's name (or yours if self-employed), address, and ZIP code ☐ Self-Prepared ☐EIN ☐Phone no. ☐

► Keep for your records

Name(s) Shown on Return

ryan C & kimmi C judy

Social Security Number

Estimated Tax Payments for 2006 (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
04/17/06		04/17/06			04/17/06		
06/15/06		06/15/06			06/15/06		
09/15/06		09/15/06			09/15/06		
01/16/07		01/16/07			01/16/07		
Tot Estimated Payments . . .							

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2006 . . .					
7	Credited by estates and trusts . . .					
8	Totals Lines 1 through 7 . . .					
9	2006 extensions . . .					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			9,974.	4,028.	
11	Forms W-2G					
12	Forms 1099-R					
13	Forms 1099-MISC and 1099-G					
14	Schedules K-1					
15	Forms 1099-INT, DIV and OID					
16	Social Security and Railroad Benefits					
17	Form 1099-E	St				
18a	Other withholding	St				
b	Other withholding	St				
c	Other withholding	St				
19	Total Withholding Lines 10 through 18c.			9,974.	4,028.	
20	Total Tax Payments for 2006			9,974.	4,028.	

Prior Year Taxes Paid In 2006 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2005 extensions				
22	2005 estimated tax paid after 12/31/05				
23	Balance due paid with 2005 return				
24	Other (amended returns, installment payments, etc) . .				

2006

Name(s) Shown on Return

Social Security Number

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) ~~Total Over- payment~~	(g) Applied Amount
Totals . .						

1	Filing status	1	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2	
3	Itemized deductions after limitation	3	4,026
4	Check box if required to itemize deductions	4	☐
5	Adjusted gross income	5	74,108
6	Tax liability for Form 2210 or Form 2210-1	6	3,344
7	Alternative minimum tax	7	
8	Federal overpayment applied to next year estimated tax	8	

Excess Contributions		2005	2006
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a	
b	Spouse's excess Archer MSA contributions as of 12/31	b	
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . .	10 a	
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . .	b	
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a	
b	Spouse's excess HSA contributions as of 12/31	b	

12 a	Short-term capital loss	12 a	
b	AMT Short-term capital loss	b	
13 a	Long-term capital loss	13 a	
b	AMT Long-term capital loss	b	
14 a	Net operating loss available to carry forward	14 a	
b	AMT Net operating loss available to carry forward	b	
15 a	Investment interest expense disallowed	15 a	
b	AMT Investment interest expense disallowed	b	
16	Nonrecaptured net Section 1231 losses from:	16 a	
a	2006	a	
b	2005	b	
c	2004	c	
d	2003	d	
e	2002	e	
f	2001	f	

INT

Do not write in this space — OFFICE USE

SC1040

(Rev 8/24/06)

2006

SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN

For the year January 1 - December 31, 2006, or fiscal tax year beginning

2006 and ending 2007

Print Your first name and Initial (Sr, Jr, 2nd, 3rd, 4th)	Last name	Check If Deceased	Your Social Security number
ryan C	judy	☒	[REDACTED]
Spouse's first name and Initial, if married filing jointly	Spouse's last name	Check If Deceased	Spouse's Social Security number
kimmi C	judy	☒	[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
☐	122 kayla dr		
City, state and ZIP code	Area code and home telephone		
st george	SC 29477-0000		

If you do not wish to receive a booklet next year, but need a name and address label for your 2007 return, check here ☒ XCheck 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? ☐ 0Enter the number of taxpayers age 65 or older, as of December 31, 2006. ☐

		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.	
2	TOTAL ADDITIONS. Enter amount from line 36	00
3	Add lines 1 and 2. Enter total here	47,308.00
4	TOTAL SUBTRACTIONS. Enter amount from line 53	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 5. If less than zero, enter zero	47,308.00
6	TAX: Enter tax from SOUTH CAROLINA tax tables	2,942.00
7	TAX on Lump Sum Distribution (Attach SC4972)	00
8	TAX on Active Trade or Business Income (Attach I-330)	00
9	TOTAL SC tax. Add lines 6, 7 and 8. Enter the total	2,942.00
10	Child and Dependent Care (See instructions)	00
11	Two Wage Earner Credit (See Instructions)	124.00
12	Other Non-refundable Credits (Attach SC1040TC)	00
13	TOTAL Non-refundable Credits. Add lines 10 through 12 and enter the total	124.00
14	SUBTRACT line 13 from line 9. Enter the difference BUT NOT LESS THAN ZERO	2,818.00
15	SC INCOME TAX WITHHELD (Attach W-2 or SC41)	4,028.00
16	2006 Estimated Tax Payments	00
17	Amount Paid with extension	00
18	NR sale of real estate	00
19	Other SC Withholding (Attach Form 1099)	00
20	Tuition Tax Credit (Attach I-319)	00
21	Other Refundable Credit (Attach I-333 or I-334)	00
22	ADD lines 15 through 21 and enter the total	4,028.00
23	If line 22 is LARGER than line 14, subtract line 14 from line 22 and enter the OVERPAYMENT	1,210.00
24	If line 22 is LARGER than line 14, subtract line 22 from line 14 and enter the AMOUNT DUE	00
25	USE TAX (one on out-of-state purchases. See instructions)	00
26	Amount of line 25 to be credited to your 2007 ESTIMATED TAX	00
27	Total Contributions to Check-offs (Attach I-330)	00
28	ADD lines 25 through 27 and enter the total	00
29	NET REFUND: If line 28 is larger than line 23, go to line 30. Otherwise, subtract line 23 from line 28 and enter the AMOUNT TO BE REFUNDED TO YOU	1,210.00
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: \$		
BALANCE DUE		00

Tip — Make sure lines 15-21 are completed.

REFUND

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

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 SC Schedule NR, SC1040TC, I-319 or I-335.

SCIA0112 11/02/06

STOI 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
State tax addback, if itemizing on federal return	31	00	
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 4	36	00	

PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

37 State tax refund, if included on line 10, on your federal Form 1040	37	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	00	
41 Volunteer Firefighter/Rescue Squad Worker/Volunteer HAZMAT Team Member/Police Officer/DNR Deputy Enforcement Officer/State Guard Member deduction (See instructions)	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	47 a	00	
b Spouse: Date of Birth	47 b	00	
c Surviving Spouse: Date of Birth of Deceased Spouse	47 c	00	
48 Age 65 and older deduction — (See instructions)			
Taxpayer: Date of Birth	48 a	00	
Spouse: Date of Birth	48 b	00	
49 Negative amount of federal taxable income	49	00	
50 Subsistence Allowance _____ days @ \$5,000	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)	52	00	
53 TOTAL SUBTRACTIONS — add lines 37 through 52 and enter the total here and on line 4	53	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.		Preparer's Printed Name _____

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Paid _____	Prepared by _____	Date _____	Preparer's Name and Address _____
Preparer's _____	Use Only _____	Phone Number _____	Self prepared _____

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, SC1040-C 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

Two Wage Earner Credit (Married Couple) Worksheet

2006

► Keep for your records

Name as Shown on Return

ryan C & kimmi C judy

Social Security Number

Your filing status must be married filing jointly to claim this credit.

Step 1 – Compute Your Earned Income

	(a) You	(b) Your Spouse
1 Wages, salaries, tips, etc., taxed to South Carolina from South Carolina Schedule NR, column B; line 1, federal Form 1040, line 7; 1040A, line 7 or 1040EZ, line 1. (Do not include pensions or annuities)	56,334.	17,774.
2 Net profit or (loss) from self-employment (from Schedule C and on Schedule K-1 of Form 1065) and any other earned income taxed to South Carolina		
3 Add lines 1 and 2. This is your total earned income taxed to South Carolina	56,334.	17,774.

Step 2 – Compute Your Qualified Earned Income

4 Add amounts entered on federal Form 1040, lines 27 and 29 and 32. If filing South Carolina Schedule NR, enter amounts from lines 21, 22, 23, and 26, and any repayment of supplemental unemployment benefits (sub-pay) allocable to South Carolina income		
5 Subtract line 4 from line 3. This is your qualified earned income taxed to South Carolina. If the amount in column (a) or (b) is zero (-0-) or less, stop here. You may not take this credit	56,334.	17,774.

Step 3 – Compute Your Credit

6 Enter the smaller of 6(a) or 6(b). Do not enter more than \$30,000	6	17,774.
7 Multiply the amount on line 6 by .007. Do not enter more than \$210. Enter the amount here and on form SC1040, line 10.	7	124.

SCIW0701.SCR 11/20/06

Two Wage Earner Credit (Married Couple) Worksheet

► Keep for your records

2007

Name as Shown on Return

ryan C & kimmi C judy

Social Security Number

Your filing status must be married filing jointly to claim this credit.

Step 1 — Compute Your Earned Income

	(a) You	(b) Your Spouse
1 Wages, salaries, tips, etc., taxed to South Carolina from South Carolina Schedule NR, column B; line 1, federal Form 1040, line 7; 1040A, line 7 or 1040EZ, line 1. (Do not include pensions or annuities)	59,630.	23,858.
2 Net profit or (loss) from self-employment (from Schedules C and on Schedule K-1 of Form 1065) and any other earned income taxed to South Carolina		
3 Add lines 1 and 2. This is your total earned income taxed to South Carolina	59,630.	23,858.

Step 2 — Compute Your Qualified Earned Income

	You	Your Spouse
A Federal Form 1040, lines 27 thru 29 and 32, or filing South Carolina Schedule NR, lines 21, 22, 23, and 26		
B Repayment of sub-pay allocable to South Carolina income	0.	
4 Add amounts entered on line A from Form 1040, lines 27 thru 29 and 32. If filing South Carolina Schedule NR, enter amounts from lines 21, 22, 23, and 26, and any repayment of supplemental unemployment benefits (sub-pay) allocable to South Carolina income	0.	
5 Subtract line 4 from line 3. This is your qualified earned income taxed to South Carolina. If the amount in column (a) or (b) is zero, stop here. You may not take this credit	59,630.	23,858.

Step 3 — Compute Your Credit

6 Enter the smaller of 5(a) or 5(b). Do not enter more than \$30,000	6	23,858.
7 Multiply the amount on line 6 by .007. Do not enter more than \$210. Enter the result here and on Form SC1040, line 12.	7	167.

SC1W0701.SC 1/07

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

32	State tax addback, if itemizing on federal return. (See instructions)	32	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	00

PART 2 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

38	State tax refund, if included on line 10, on your federal Form 1040	38	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	00
42	Volunteer Firefighter/Rescue Squad Worker/Volunteer HAZMAT Team Member/Reserve Police Officer/DNR Deputy Enforcement Officer/State Guard Member deduction. (See instructions)	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 65 — (See instructions)		
	Date of Birth: Social Security Number:	52	00
	Date of Birth: Social Security Number:	52	00
53	Other subtractions. (See instructions)	53	00
54	TOTAL SUBTRACTIONS — add lines 38 through 53 and enter the total here and on line 4	54	00

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Preparer's Signature	Date	Spouse's Signature (if jointly, CO-VR 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 ☐

If preparer is a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Prepared by	Date	Preparer's Name and Address
Prepared by	Date	Preparer's Name and Address

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, SC1040, I-319 or I-335.

MAIL RETURN TO THE PROPER ADDRESS

REFUNDS OR ZERO TAX:
SC1040 PROCESSING CENTER
P.O. BOX 101100
COLUMBIA, SC 29244-0100

BALANCE DUE:
TAXABLE PROCESSING CENTER
P.O. BOX 101100
COLUMBIA, SC 29244-0100

SC1040112 12/99/00

30752018

1330

Do not write in this space - OFFICE USE

SC-1040

(Rev. 9/27/05)

2007

SOUTH CAROLINA INDIVIDUAL INCOME TAX RETURN

1040EZ (2007)

For the year January 1 - December 31, 2007, or fiscal tax year beginning

2007

2008

Print Your Name and Initial

(Print or type last, first, last name)

Check if

Your Social Security number

ryan C

judy

Spouse's first name and initial, if married (last, first)

Spouse's last name

kimmi C

judy

Present mailing address (number and street, Apt. No. or P.O. Box)

122 kayla dr

City, state and ZIP+4

st george

SC 29477-0000

18

Area Code Daytime telephone

Do not write in this space - OFFICE USE

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 partnership or 'S' corporation

CHECK YOUR FEDERAL FILING STATUS (1) Single (3) Married filing separately. Enter spouse's Social Security number here:

FEDERAL FILING STATUS (2) X Married filing jointly (4) Head of household (5) Widow(er) with dependent child

Federal Exemptions: Enter the number of exemptions from line 6(d) for 2007 federal return

How many of the exemptions listed above were under the age of 6 years on December 31, 2007?

Enter the number of taxpayers age 65 or older, as of December 31, 2007.

STAPLE PAYMENT		Dollars	
1	Enter Federal taxable income from your federal Form 1040, line 43; or 1040EZ, line 6. If zero or less, enter zero here.	1	55,788.00
2	TOTAL ADDITIONS. Enter amount from line 37	2	00
3	TOTAL SUBTRACTIONS. Enter amount from line 54	3	55,788.00
4	South Carolina INCOME SUBJECT TO TAX. Residents subtract line 3 from line 2 and enter the difference. Nonresidents enter amount from Schedule NR, line 49. If less than zero, enter zero	4	00
5	TAX: Enter tax from SOUTH CAROLINA tax table	5	3,455.00
6	TAX on Lump Sum Distribution (Attach Form 1972)	6	00
7	TAX on Active Trade or Business Income (Attach I-335)	7	00
8	TAX on Excess Withdrawals from Catastrophic Illness Accounts	8	00
9	SC tax. Add lines 6, 7, 8 and 9. Enter the total	9	3,455.00
10	Child and Dependent Care (See instructions)	10	00
11	Two Wage Earner Credit (See instructions)	11	167.00
12	Other Non-refundable Credits (Attach Form 1040TC)	12	00
13	Non-refundable Credits. Add lines 10 through 12 and enter the total	13	167.00
14	SUBTRACT line 13 from line 9. Enter the difference BUT NOT LESS THAN ZERO	14	3,288.00
15	SC INCOME TAX WITHHELD (Attach W-2 or SC41)	15	4,704.00
16	2007 Estimated Tax Payments	16	00
17	Amount paid with extension	17	00
18	NR sale of real estate	18	00
19	Other SC Withholding (Attach Form 1099)	19	00
20	Tuition Tax Credit (Attach I-319)	20	00
21	Other Tax Credits (Attach Form 1040TC)	21	00
22	ADD lines 15 through 21 and enter the total	22	4,704.00
23	If line 23 is LARGER than line 22, subtract line 15 from line 23 and enter the OVERPAYMENT	23	1,416.00
24	If line 23 is LARGER than line 22, subtract line 23 from line 15 and enter the AMOUNT DUE	24	00
25	Out-of-state Purchases. See instructions	25	00
26	Amount of line 25 to be credited to your 2008 ESTIMATED TAX	26	00
27	Total Contribution to Check-offs (Attach I-330)	27	00
28	ADD lines 26 through 27 and enter the total	28	00
29	REFUND: If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 24 from line 29 and enter the AMOUNT TO BE REFUNDED TO YOU	29	1,416.00
30	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. (See instructions.)	30	00

Signatures and dates for the filer and spouse (if filing jointly) are required for the refund of the estimated tax. If the refund is for the year 2007, the refund will be paid by check. If the refund is for the year 2008, the refund will be paid by direct deposit.

DO NOT PRINT OR REPRODUCE THIS INFORMATION
Without the express written permission of the publisher. Your copies are not intended for sale or distribution.

TurboTax ✓

NAME: W. J. HARRIS, JR.
1111 HARRIS DR.

ST GEORGE, SC 29477-0000

YOUR RETURN : Your South Carolina state tax return (SC 1040) shows a refund due to
YOU : you in the amount of \$1,416.00. Your tax refund should be direct
REVENUE : deposited into your account within 10 to 14 days after your return is
accepted: Account Number: 4528514 Routing Transit Number: 053207339.

BEFORE YOU CALL : Before you call the South Carolina Department of Revenue with
THE DEPARTMENT : questions about your refund, give them 90 days processing time
OF REVENUE : from the date your return is accepted. If then you have not received
your refund, or the amount is not what you expected, contact the
South Carolina Department of Revenue directly at 803-898-5300.

TOTAL	Taxable Income	\$	55,788.00
TOTAL TAX	Total Tax	\$	3,455.00
TOTAL PAYMENTS/CREDITS	Total Payments/Credits	\$	4,704.00
AMOUNT TO BE REFUNDED	Amount to be Refunded	\$	1,416.00

FORM 1040-SC
INSTRUCTIONS : South Carolina Individual Income Tax Return

ryan C & kimmi C judy

Enter the amount from line 21 (adjusted gross income).

83,488.

Total boxes
checked

23a

If you are married filing separately and your spouse itemizes deductions,
see instructions and check here

23b

10,700.

Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-

72,788.

If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed
on line 6d. If line 22 is over \$117,300, see the instructions

26

17,000.

Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your
taxable income

55,788.

(see instructions).

7,584.

Credit for the elderly or the disabled. Attach Schedule 3

29

30

Retirement savings contributions credit. Attach Form 8880

31

32

3,000.

Retirement savings contributions credit. Attach Form 8880

33

34

Add lines 29 through 33. These are your total credits

3,000.

Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-

4,584.

Advance earned income credit payments from Form(s) W-2, box 9

35

36

Add lines 35 and 36. This is your total advance credit

4,584.

Federal income tax withheld (from Forms W-2, box 16, 1999)

37

38

10,670.

2007 estimated tax payments and amount applied from

39

40

Earned Income credit (EIC)

41

42

Nontaxable combat pay election. Attach Form 8888

43

44

Additional child tax credit. Attach Form 8888

45

46

Add lines 38, 39, 40a, and 41. This is your total payments

10,670.

If line 42 is more than line 37, subtract line 37 from line 42.

6,086.

This is the amount you overpaid.

Amount of line 42 you want refunded to you. If Form 8888 is attached, check here

6,086.

45 Amount of line 43 you want applied to your 2008
estimated tax

Amount you owe. Subtract line 42 from line 37. For details on how to pay,
see instructions

Estimated tax liability (see instructions)

You want to allow another person to discuss this return with the IRS (see instructions)?

X

Debit
name

Phone
no.

Sign
here

Joint return?
See instructions.

Keep a copy
for your records

You are here

Spouse's signature. If a joint return, both must sign.

solid fuel handler

sr. tax clerk

Paid
preparer's
use only

Self-Prepared

1040A U.S. Individual Income Tax Return 2007

IRS Use Only — Do not write in this space.

ryan C judy

kimmi C judy

122 kayla dr

st george

State ZIP+4[®]
SC 29477-0000

OMB No. 1545-0074

Your social security number

Spouse's social security number

You must enter your SSN(s) above

Check here if you, or your spouse if filing jointly, want \$3,000 of this form (see instructions) ☐ ☐

☐
☒

Married filing separately. Enter spouse's SSN above and full name here ▶

5 ☐ Qualifying widow(er) with dependent child

☒

If someone can claim you as a dependent, do not check box 6a.

2

☒

(2) Dependent's social security number

(4) ✓

with you 2

Last name

garrett A judy

Son

☒

kayla L mitchell

Daughter

☒

michael R mitchell

Son

☒

1

Total number of exemptions claimed 5

Wages, salaries, tips, etc. (attach Form W-2) 83,488.

Taxable interest (see instructions) Schedule 1 if required

Tax-exempt interest. Do not include on line 8a.

Ordinary dividends. Attach Schedule 1 if required

Qualified dividends (see instructions).

10 Capital gain distributions (see instructions).

11 Dividends from foreign corporations

Pensions and annuities

Unemployment compensation and Alaska Permanent Fund dividends

12 Social security benefits

Enclose, but do not attach, any payment.

15 Attachments through 14b (far right column). This is your total income 83,488.

Adjusted gross income

16 Educator expenses (see instructions)

17 Student loan interest deduction (see instructions)

18 Gift tax and estate tax credit (see instructions)

19 Charitable and other deductions. Attach Form 8917

20 Add lines 16 through 19. These are your total adjustments

Subtract line 20 from line 15. This is your adjusted gross income 83,488.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.



Nov 16th 1998

Received from J. Todd Judy & Ryan C. Judy
Five dollars & other Considerations Dollars

All Farm Equipments including Combines, Tractors,
Trucks and all equipment related to Farming

\$5.00 Cash Ronnie F. Judy

#39

RONNIE F JUDY '2 SANDRIDGE RD CHESTER SC 29437	THE CITIZENS BANK PO BOX 737 ST GEORGE, SC 29477	BJB/WMU Loan Number 8002389 Date 08/31/06 Maturity Date 10/15/09 Loan Amount \$ 100,000.00 Renewal Of 8001781 8001484
BORROWER'S NAME AND ADDRESS "I" includes each borrower above, jointly and severally.	LENDER'S NAME AND ADDRESS "You" means the lender, its successors and assigns.	

For value received, I promise to pay to you, or your order, at your address listed above the **PRINCIPAL** sum of One hundred thousand & no/100 Dollars \$ **100,000.00**

☒ **Single Advance:** I will receive all of this principal sum on 08/31/06. No additional advances are contemplated under this note.
☐ **Multiple Advance:** The principal sum shown above is the maximum amount of principal I can borrow under this note. On _____ I will receive the amount of \$ _____ and future principal advances are contemplated.

Conditions: The conditions for future advances are _____

☐ **Open End Credit:** You and I agree that I may borrow up to the maximum principal sum more than one time. This feature is subject to all other conditions and expires on _____

☒ **Closed End Credit:** You and I agree that I may borrow (subject to all other conditions) up to the maximum principal sum only one time.

INTEREST: I agree to pay interest on the outstanding principal balance from AUGUST 31, 2006 at the rate of 8.00 % per year until OCTOBER 15, 2009

☐ **Variable Rate:** This rate may then change as stated below.

☐ **Index Rate:** The future rate will be _____ the following index rate: _____

☐ **No Index:** The future rate will not be subject to any internal or external index. It will be entirely in your control.

☐ **Frequency and Timing:** The rate on this note may change as often as _____
 A change in the interest rate will take effect _____

☐ **Limitations:** During the term of this loan, the applicable annual interest rate will not be more than _____ % or less than _____ % each _____

Effect of Variable Rate: A change in the interest rate will have the following effect on the payments:

☐ The amount of each scheduled payment will change. ☐ The amount of the final payment will change.

ACCURAL METHOD: Interest will be calculated on a Actual/360 basis.

POST MATURITY RATE: I agree to pay interest on the unpaid balance of this note owing after maturity, and until paid in full, as stated below:

☒ on the same fixed or variable rate basis in effect before maturity (as indicated above).

☐ at a rate equal to _____

LATE CHARGE: If a payment is not made within 10 days after it is due, I agree to pay a late charge of _____
 5.000% of the unpaid amount with a minimum of \$5.50 and a maximum of \$100.00

☒ **ADDITIONAL CHARGES:** In addition to interest, I agree to pay the following charges which ☒ are ☐ are not included in the principal amount above: SEE SEPERATE ITEMIZATION

PAYMENTS: I agree to pay this note as follows:

☐ **Interest:** I agree to pay accrued interest _____

☐ **Principal:** I agree to pay the principal _____

☒ **Installments:** I agree to pay this note in 3 payments. The first payment will be in the amount of \$ 10,000.00 and will be due OCTOBER 15, 2007. A payment of \$ 10,000.00 will be due on the 15th day of each OCTOBER thereafter. The final payment of the entire unpaid balance of principal and interest will be due OCTOBER 15, 2009

PURPOSE: The purpose of this loan is CONSOLIDATE FARM DEBT UNDER MORTGAGE

SECURITY: You have certain rights that may affect my property as explained on page 2. In addition to these rights, this agreement is separately secured by a ☐ preexisting ☒ contemporaneous agreement described as 1872 SANDRIDGE RD DORCHESTER

ADDITIONAL TERMS:



[Handwritten signature]

SECURITY

SECURITY INTEREST: I give you a security interest in all of the Property described below that I own or have sufficient rights in which to transfer interest, now or in the future, wherever the Property is or will be located, and all proceeds and products of the Property. "Property" includes parts, accessories, repairs, replacements, improvements, and accessions to the Property; any original evidence of title or ownership; obligations that support the payment or performance of the Property; "Proceeds" includes anything acquired upon the sale, lease, exchange, or other disposition of the Property; any rights and claims arising from the Property; and any collections and distributions on account of the Property.

- ☐ **Accounts and Other Rights to Payment:** All rights to payment, whether or not earned by performance, including, but not limited to, payments for property or services sold, leased, rented, licensed, or assigned. This includes any rights and interests (including all liens) which I have by agreement against any account debtor or obligor.
- ☐ **Inventory:** All inventory held for ultimate sale or lease, or which has been or will be supplied under contracts of service, or which materials, work in process, or materials used or consumed in my business.
- ☐ **Equipment:** All equipment including, but not limited to, machinery, vehicles, furniture, fixtures, manufacturing equipment, farm machinery, equipment, shop equipment, office and record keeping equipment, parts, and tools. The Property includes any equipment described in schedule I give to you, but such a list is not necessary to create a valid security interest in all of my equipment.
- ☐ **Instruments and Chattel Paper:** All instruments, including negotiable instruments and promissory notes and any other writings or records evidence the right to payment of a monetary obligation, and tangible and electronic chattel paper.
- ☐ **General Intangibles:** All general intangibles including, but not limited to, tax refunds, patents and applications for patents, copyrights, trademarks, trade secrets, goodwill, trade names, customer lists, permits and franchises, payment intangibles, computer programs supporting information provided in connection with a transaction relating to computer programs, and the right to use my name.
- ☐ **Documents:** All documents of title including, but not limited to, bills of lading, dock warrants and receipts, and warehouse receipts.
- ☐ **Farm Products and Supplies:** All farm products including, but not limited to, all poultry and livestock and their young, along with their products, and replacements; all crops, annual or perennial, and all products of the crops; and all feed, seed, fertilizer, medicines, and supplies used or produced in my farming operations.
- ☐ **Government Payments and Programs:** All payments, accounts, general intangibles, and benefits including, but not limited to, payments of deficiency payments, letters of entitlement, warehouse receipts, storage payments, emergency assistance and diversion payments, and flexibility contracts, and conservation reserve payments under any preexisting, current, or future federal or state government program.
- ☐ **Investment Property:** All investment property including, but not limited to, certificated securities, uncertificated securities, and entitlements, securities accounts, commodity contracts, commodity accounts, and financial assets.
- ☒ **Deposit Accounts:** All deposit accounts including, but not limited to, demand, time, savings, passbook, and similar accounts.
- ☒ **Specific Property Description:** The Property includes, but is not limited by, the following:
 1ST REM DATED 8/31/06 COVERING RESIDENTIAL REAL ESTATE LOCATED AT 1872 SANDRIDGE RD DORCHESTER SC 29437

If applicable, enter real estate description and record owner information: _____

Property will be used for: ☐ personal ☒ business ☐ agricultural ☐ _____ p
 Borrower/Owner State of organization/registration (if applicable) SC

ADDITIONAL TERMS OF THE SECURITY AGREEMENT

GENERALLY - This agreement secures this note and any other debt I have with you, now or later. However, it will not secure other debts if you fail with respect to such other debts, to make any required disclosure about this security agreement or if you fail to give any required notice of the right of rescission. If property described in this agreement is located in another state, this agreement may also, in some circumstances, be governed by the law of the state in which the Property is located.

NAME AND LOCATION - My name indicated on page 1 is my exact legal name. If I am an individual, my address is my principal residence. If I am not an individual, my address is the location of my chief executive offices or sole place of business. If I am an entity organized and registered under state law, my address is located in the state in which I am registered, unless otherwise indicated on page 2. I will provide verification of registration and location upon your request. I will provide you with at least 30 days notice prior to any change in my name, address, or state of organization or registration.

OWNERSHIP AND DUTIES TOWARD PROPERTY - I represent that I own all of the Property, or to the extent this is a purchase money security interest I will acquire ownership of the Property with the proceeds of the loan. I will defend it against any other claim. Your claim to the Property is ahead of the claims of any other creditor. I agree to do whatever you require to protect your security interest and to keep your claim in the Property ahead of the claims of other creditors. I will not do anything to harm your position. I will not use the Property for a purpose that will violate any laws or subject the Property to forfeiture or seizure.

I will keep books, records and accounts about the Property and my business in general. I will let you examine these records at any reasonable time. I will prepare any report or accounting you request, which deals with the Property.

I will keep the Property in my possession and will keep it in good repair and use it only for the purpose(s) described on page 1 of this agreement. I will not change this specified use without your express written permission. I represent that I am the original owner of the Property and, if I am not, that I have provided you with a list of prior owners of the Property.

I will keep the Property at my address listed on page 1 of this agreement, unless we agree I may keep it at another location. If the Property is to be used in another state, I will give you a list of those states. I will not try to sell the Property unless it is inventory or I receive your written permission to do so. If I sell the Property I will have the payment made payable to the order of you and me.

You may demand immediate payment of the debt(s) if the debtor is not a natural person and without your prior written consent; (1) a beneficial interest in the debtor is sold or transferred, or (2) there is a change in either the identity or number of members of a partnership, or (3) there is a change in ownership of more than 25 percent of the voting stock of a corporation.

I will pay all taxes and charges on the Property as they become due. You have the right of reasonable access in order to inspect the Property. I will immediately inform you of any loss or damage to the Property.

If I fail to perform any of my duties under this security agreement, or any mortgage, deed of trust, lien or other security interest, you may without notice to me perform the duties or cause them to be performed. Your right to perform for me shall not create an obligation to perform and

your failure to perform will not preclude you from exercising any other rights under the law or this security agreement.

PURCHASE MONEY SECURITY INTEREST - For the sole purpose of determining the extent of a purchase money security interest under this security agreement: (a) payments on any nonpurchase loan also secured by this agreement will not be deemed to apply to the Purchase Money Loan, and (b) payments on the Purchase Money Loan will be deemed to apply first to the nonpurchase money portion of the loan, if any, and then to the purchase money obligations in the order selected by you. No security interest will be taken by application of this formula. "Purchase Money Loan" means a loan the proceeds of which, in whole or in part, are used to acquire collateral securing the loan and all extensions, renewals, and refinancing of such loan.

PAYMENTS BY LENDER - You are authorized to pay, on my behalf, any charges I am or may become obligated to pay to preserve or protect secured property (such as property insurance premiums). You may make those payments as advances and add them to the unpaid principal of the note secured by this agreement or you may demand immediate payment of the amount advanced.

INSURANCE - I agree to buy insurance on the Property against fire and for the amounts you require and to furnish you continuing coverage. I will have the insurance company name you as loss payee on any such policy. You may require added security if you agree to buy insurance from a firm licensed to do business in the state where the Property is located. The firm will be reasonably acceptable to you. The firm will last until the Property is released from this agreement. If I fail to maintain the insurance (or fail to name you as loss payee) you may purchase it yourself.

WARRANTIES AND REPRESENTATIONS - If this agreement is secured by accounts, I will not settle any account for less than its full value without your written permission. I will collect all accounts until you otherwise. I will keep the proceeds from all the accounts and any which are returned to me or which I take back in trust for you. I will mix them with any other property of mine. I will deliver them to you upon request. If you ask me to pay you the full price on any item or items retained by myself, I will do so. You may exercise rights with respect to obligations of any account debtors, or persons obligated on the Property, to pay or perform, and you may enforce any security interest that secures such obligations.

Any person who signs within this box does so to give you a security interest in the Property described on this page. This person does not promise to pay the note. "I" as used in this security agreement includes the borrower and any person who signs within this box.

Date 8-31-06

Signed *[Signature]*
[Signature]

If this agreement covers inventory, I will not dispose of it except in my ordinary course of business at the fair market value for the Property, or at minimum price established between you and me.

This agreement covers farm products. I will provide you, at your request, a written list of the buyers, commission merchants or selling agents to or through whom I may sell my farm products. In addition to those parties named on this written list, I authorize you to notify at your sole discretion any additional parties regarding your security interest in my farm products. I remain subject to all applicable penalties for selling my farm products in violation of my agreement with you and the Food Security Act. In this paragraph the terms farm products, buyers, commission merchants and selling agents have the meanings given to them in the Federal Food Security Act of 1985.

If this agreement covers chattel paper or instruments, either as original collateral or proceeds of the Property, I will note your interest on the face of the chattel paper or instrument.

REMEDIES - I will be in default on this security agreement if I am in default on any note this agreement secures or if I fail to keep any promise contained in the terms of this agreement. If I default, you have all of the rights and remedies provided in the note and under the Uniform Commercial Code. You may require me to make the secured property available to you at a place which is reasonably convenient. You may take possession of the secured property and sell it as provided by law. The proceeds will be applied first to your expenses and then to the debt. I agree that 10 days written notice sent to my last known address by first class mail will be reasonable notice under the Uniform Commercial Code. My current address is on page 1.

PERFECTION OF SECURITY INTEREST - I authorize you to file a financing statement covering the Property. I will comply with, facilitate, and otherwise assist you in connection with obtaining possession of or control over the Property for purposes of perfecting your security interest under the Uniform Commercial Code.

ADDITIONAL TERMS OF THE NOTE

DEFINITIONS - As used on pages 1 and 2, "I" means the terms that apply to this loan. "me" or "my" means each Borrower who signs this note and each other person or legal entity (including guarantors, endorsers, and sureties) who agree to pay this note (together referred to as "us"). "You" or "your" means the Lender and its successors and assigns.

APPLICABLE LAW - The law of the state of South Carolina in which you are located will govern this agreement. Any term of this agreement which is contrary to applicable law will not be effective, unless the law permits you and me to agree to such a variation. If any provision of this agreement cannot be enforced according to its terms, this fact will not affect the enforceability of the remainder of this agreement. No modification of this agreement may be made without your express written consent. Time is of the essence in this agreement.

PAYMENTS - Each payment I make on this note will first reduce the amount I owe you for charges which are neither interest nor principal. The remainder of each payment will then reduce accrued unpaid interest, and then unpaid principal. If you and I agree to a different application of payments, we will describe our agreement on this note. I may prepay a part of, or the entire balance of this loan without penalty, unless we specify to the contrary on this note. Any partial prepayment will not be used to reduce any later scheduled payment until this note is paid in full. I agree, when I make the prepayment, you and I agree in writing to the contrary.

INTEREST - Interest accrues on the principal remaining unpaid from time to time, until paid in full. If I receive the principal in more than one advance, each advance will start to earn interest only when I receive the advance. The interest rate in effect on this note at any given time will apply to the entire principal sum outstanding at that time. Notwithstanding anything to the contrary, I do not agree to pay and you do not intend to charge any rate of interest that is higher than the maximum rate of interest you could charge under applicable law for the extension of credit that is agreed to in this note (either before or after maturity). If any notice of interest accrual is sent and is in error, we mutually agree to correct it, and if you actually collect more interest than allowed by law and this agreement, you agree to refund it to me.

INDEX RATE - The Index will serve only as a device for setting the interest rate on this note. You do not guarantee by selecting this index, or the margin, that the interest rate on this note will be the same rate you charge on any other loans or class of loans you make to me or other borrowers.

POST MATURITY RATE - For purposes of deciding when the "Post Maturity Rate" (shown on page 1) applies, the term "maturity" means the date of the last scheduled payment indicated on page 1 of this note or the date you accelerate payment on the note, whichever is earlier.

SINGLE ADVANCE LOANS - If this is a single advance loan, you and I expect that you will make only one advance of principal. However, you may add other amounts to the principal if you make any payments described in the "PAYMENTS BY LENDER" paragraph on page 2.

MULTIPLE ADVANCE LOANS - If this is a multiple advance loan, you and I expect that you will make more than one advance of principal. If this is closed end credit, repaying a part of the principal will not entitle me to additional credit.

SET-OFF - I agree that you may set off any amount due and payable under this note against any right I have to receive money from you.

"Right to receive money from you" means:

- (1) any deposit account balance I have with you;
- (2) any money owed to me on an item presented to you or in your possession for collection or exchange; and
- (3) any repurchase agreement or other nondeposit obligation.

"Any amount due and payable under this note" means the total amount of which you are entitled to demand payment under the terms of this note at the time you set off. This total includes any balance the due date for which you properly accelerate under this note.

If my right to receive money from you is also owned by someone who has not agreed to pay this note, your right of set-off will apply to my interest in the obligation and to any other amounts I could withdraw on my sole request or endorsement. Your right of set-off does not apply to an account or other obligation where my rights are only as a representative. It also does not apply to any Individual Retirement Account or other tax-deferred retirement account.

You will not be liable for the dishonor of any check when the dishonor occurs because you set off this debt against any of my accounts. I agree to hold you harmless from any such claims arising as a result of your exercise of your right to set-off.

SECURITY - References to agreements securing this loan on page 1 shall not be considered an exclusive list of all such agreements. Other agreements you and I have executed or execute in the future which are not referenced on page 1 may secure this loan.

DEFAULT - I will be in default if any one or more of the following occur: (1) I fail to make a payment on time or in the amount due; (2) I fail to keep the Property insured, if required; (3) I fail to pay, or keep any promise, on any debt or agreement I have with you; (4) any other creditor of mine attempts to collect any debt I owe him through court proceedings; (5) I die, am declared incompetent, make an assignment for the benefit of creditors, or become insolvent (either because my liabilities exceed my assets or I am unable to pay my debts as they become due); (6) I make any written statement or provide any financial information that is untrue or inaccurate at the time it was provided; (7) I do or fail to do something which causes you to believe you will have difficulty collecting the amount I owe you; (8) any collateral securing this note is used in a manner or for a purpose which threatens confiscation by a legal authority; (9) I change my name or assume an additional name without first notifying you before making such a change; (10) I fail to plant, cultivate and harvest crops in due season; (11) any loan proceeds are used for a purpose that will contribute to excessive erosion of highly erodible land or to the conversion of wetlands to produce an agricultural commodity, as further explained in 7 C.F.R. Part 1940, Subpart G, Exhibit M.

REMEDIES - If I am in default on this note you have, but are not limited to, the following remedies:

- (1) You may demand immediate payment of all I owe you under this note (principal, accrued unpaid interest and other accrued unpaid charges).
- (2) You may set off this debt against any right I have to the payment of money from you, subject to the terms of the "SET-OFF" paragraph herein.
- (3) You may demand security, additional security, or additional parties to be obligated to pay this note as a condition for not using any other remedy.
- (4) You may refuse to make advances to me or allow purchases on credit by me.
- (5) You may use any remedy you have under state or federal law.
- (6) You may make use of any remedy given to you in any agreement securing this note.

By selecting any one or more of these remedies you do not give up your right to use later any other remedy. By waiving your right to declare an event to be a default, you do not waive your right to consider later the event a default if it continues or happens again.

COLLECTION COSTS AND ATTORNEY'S FEES - I agree to pay all costs of collection, recovery or any other or similar type of cost if I am in default. In addition, if you hire an attorney to collect this note, I also agree to pay any fee you incur with such attorney plus court costs (except where prohibited by law). To the extent permitted by the United States Bankruptcy Code, I also agree to pay the reasonable attorney's fees and costs you incur to collect this debt as awarded by any court exercising jurisdiction under the Bankruptcy Code.

WAIVER - I give up my rights to require you to do certain things. I will not require you to:

- (1) demand payment of amounts due (presentment);
- (2) obtain official certification of nonpayment (protest); or
- (3) give notice that amounts due have not been paid (notice of dishonor).

I waive any defenses I have based on suretyship or impairment of collateral.

OBLIGATIONS INDEPENDENT - I understand that I must pay this note even if someone else has also agreed to pay it (by, for example, signing this form or a separate guarantee or endorsement). You may sue me alone, or anyone else who is obligated on this note, or any number of us together, to collect this note. You may without notice release any party to this agreement without releasing any other party. If you give up any of your rights, with or without notice, it will not affect my duty to pay this note. Any extension of new credit to any of us, or renewal of this note by all or less than all of us will not release me from my duty to pay it. (Of course, you are entitled to only one payment in full.) I agree that you may at your option extend this note or the debt represented by this note, or any portion of the note or debt, from time to time without limit or notice and for any term without affecting my liability for payment of the note. I will not assign my obligation under this agreement without your prior written approval. You may, without notice, fail to perfect your security interest in, impair, or release any security and I will still be obligated to pay this loan.

FINANCIAL INFORMATION - I agree to provide you, upon request, any financial statement or information you may deem necessary. I warrant that the financial statements and information I provide to you are or will be accurate, correct and complete.

WAIVER OF HEARING PRIOR TO IMMEDIATE POSSESSION: If this loan is for a business purpose I agree to waive the right to five days' notice and a pre-seizure hearing prior to seizure of any personal property which may secure this transaction.

SIGNATURES: I AGREE TO THE TERMS OF THIS NOTE (INCLUDING THOSE ON PAGES 1 AND 2). I have received a copy on today's date.

Ronnie F. Judy
RONNIE F JUDY

SIGNATURE FOR LENDER:

R. M. Utsey
WILLIAM M UTSEY
VICE PRESIDENT

COMMERCIAL LOAN APPLICATION/APPROVAL FORM



The Citizens Bank

RISK RATING: 3	RATE: 8.00%	FEE: \$ 100.00	DATE: July 24, 2006
CIF #: J0295820	SOC. SEC. #: 249-72-5237	OFFICER: Utsey (Wmu)	OFFICE: St. George (08)
BORROWER: Ronnie F. Judy 843-563-3630		NATURE OF BUSINESS: Farmer / R.E. Investments	
ADDRESS: 1872 Sandridge Rd. Dorchester, S.C. 29437			CUSTOMER SINCE: 3-10-03
AMOUNT OF REQUEST: \$ 100,000.00		GUARANTORS:	
PURPOSE: Consolidate Farm Debt Under Mortgage		COLLATERAL: REM - Residential Real Estate 1872 Sandridge Rd. Dorchester, S.C. 29437	
MATURITY: 3 years		VALUE OF COLLATERAL: \$ 122,600.00	
REPAYMENT TERMS: Annual Payments @ \$10,000.00		BASIS OF VALUATION: R.E. Evaluation	
REPAYMENT SOURCE: Farm Income		EXCEPTIONS (Describe & Justify):	
TOTAL BORROWINGS (Include This Request)	ACCOUNT BALANCES	Other Services Recommended:	
Direct: \$ 158 M.	Avg. DDA: \$ 1 M.		
Indirect: \$	Savings: \$		
Related	CD: \$		
Acct. Bal. \$			

SCHEDULE OF TOTAL DIRECT AND INDIRECT DEBT WITH TCB

Loan Type	Date Open	Rate	High Credit	Terms	Balance	Collateral/Value
8001484	1-24-05	PT 1.0%	\$ 50,076.00	Due 8-1-06	\$ 50,076.00	Equipment / \$94M.
8001781	7-14-05	8.00%	\$ 48,460.00	Due 8-1-06	\$ 48,460.00	Equipment / \$32M.
8001882	9-8-05	PT 1.0%	\$ 12,030.00	Due 9-1-06	\$ 12,030.00	Unsecured
			\$		\$	

FINANCIAL INFORMATION

Borrowers/Guarantors	Fin. Statement Date	Tax Return Date	Income	T/A	T/L	Net Worth
Name: Ronnie F. Judy	1-20-06	12-31-04	\$ 8 M.	\$ 1436M.	\$ 126M.	\$ 1310M.
Name:			\$	\$	\$	\$
Name:			\$	\$	\$	\$

COMMENTS: The loan officer should address character, cash flow, capital (liquidity and financed leverage), industry conditions and collateral. List Strengths/Weaknesses. Attach additional sheet if needed.

CBI	8001484	8001781
BNI - 262	Farm Operating Line of Credit	2 notes combined in July, 2005
BEACON - None	No reduction to date.	(\$27M for equipment purchase #8001547)
LIENS - 8 medical	Was fully advanced on	+ \$22M for farm expenses #8001308)
OPEN ACCTS - None	May 17, 2005.	Revised full balance in January 2006
HISTORY - Excellent	Removed (full balance) on	for 6 months
	January of 2006 for	Partially secured by equipment (\$32M)
	6 months	

The undersigned applicant(s) warrants that the information on this application is true, accurate and complete and affirms that it is given with the intention that it be relied upon by The Citizens Bank in extending credit to the undersigned. The applicant has not knowingly withheld any information which might affect his credit, and agrees to notify the bank in writing of any material change therein. The applicant hereby authorizes the bank to obtain from his employer or any other source such information as may be desired in connection with this application and authorizes such sources to provide the same.

By Bonnie F. Judy 7-24-06
Applicant's Signature Date

By _____
Co-Applicant's Signature Date

Loan Approval: Approve _____ Decline _____ Date _____
Loan Officer Utsey
Supervisor _____
(Rev. 7/12/2001)

Loan Administration: Approve _____ Decline _____ Date _____
Executive Committee _____
Board _____

Ronnie F. Judy has been involved in farming for most of his lifetime. The last several years have been the most difficult as his crop productions have been very poor and he has had some problems with two of his brothers claiming rights to equipment and joint owned property.

Property settlements have now been made. He has purchased equipment over the last several years and now has no claims (other than bank li) on any of his equipment.

To compound his problem, he sold soybeans and has yet to receive his full payment as the purchaser is now in court with monetary litigations. Ronnie Judy's only debts at this time are with TCB and the ASCS office for his 2006 crops. Total debts with TCB are a little over \$100 M.

Ronnie Judy has agreed to give TCB a real estate mortgage on approx 9.29 Acres, which includes his home, located at 1872 Sandridge Rd, De SC 29437. I have agreed to consolidate debts up to \$100 M. under the mortgage (Total County Assessed Value = \$122.6 M and 8.15% LTV) with a term for 3 years and annual payments of \$10 M. This will be only nominal red annually, but he is in hopes of having additional farm income for debt reduction.

I have also agreed to keep (renew) the farm operating line for one year. Performance of the line (payoff) will determine any further continuance.

Financial Review	Tax Returns	2003	2004	Debts
PFS 1-20-06	AGI -	\$9M.	\$8M.	TCB - \$106M
Liquid Assets - \$14M.	Deprec. -	5M	3M	ASCS - 20M
Total Assets - \$1,436M.	Interest -	-	-	Annual Reduct. both.
Total Debts - \$126M	Total	\$14M.	\$11M.	
Net Worth - \$1,309M.				

Credit info limited due to lack of borrowings.

BNI - 262 Beacon - None ; 8 medical liens on record (\$4400 to \$3350)
No open accounts ; history is excellent.

Primary farm focus - cows + crops

Caution is noted due to limited reported income.

Addition of mortgage moves bank into a well collateralized position.

Customer of TCB since 2003.

IN-HOUSE EVALUATION



The Citizens Bank

DATE: July 27, 2006

BORROWER NAME: Ronnie F. Judy

PROPERTY LOCATION: 1872 Sandridge Rd.
Dorchester, S.C. 29437

PROPERTY DESCRIPTION: 9.29 Acres with residential dwelling
TMS# 104-00-00-045

USE OF PROPERTY: Residential

COMMERCIAL APPRAISAL:
(copy attached)

Land Value	<u>\$ 8,000.⁰⁰</u>
Improvements	<u>\$ 114,600.⁰⁰</u>
TOTAL VALUE:	<u>\$ 122,600.⁰⁰</u>

Comments: _____

I certify that I have inspected the above described property.

E. M. M.
Loan Officer Signature

7-27-06
Date

Loan Administration (Required on loans over \$100,000)

Date

This form may be used for loans in the amount of \$100,000 or less, provided a copy of the assessment by the County Assessor's Office is attached along with a picture of the subject property. The loan officer must visit and inspect the property. The terms of the loan are not to exceed the Bank's guidelines for real estate transactions. No other approval or checklist is required if these conditions are met.

(Rev. 11/14/00)

Property Report for Parcel
Number:

1040000045

Inquiry Date: 7/27/2006

Geographic Information

Owner

Owner Name: JUDY RONNIE F
Mailing Address: 1872 SANDRIDGE ROAD
City: DORCHESTER
State: SC
Zip Code: 29437

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, Dorchester County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User. The information is NOTIONAL and not intended for engineering or land conveyance.

Property Information

Parcel Number: 1040000045
Property Address: SANDRIDGE ROAD 1872
Legal Description:
Lot Designator: (Subdiv #)
Subdivision code: 000
Tax District: (First number is school district) 413
Deed Book: 4324
Deed Page: 286
Plat Book: K

Dorchester County, SC - Parcel iMAP

Page 2 of 2

Plat Page: 009
Parent Tax Map number: 1040000001
Previous Owner: JUDY WANDA B

Assessment Information

Last Year Assessed:	04
Current or Future Year:	C
Assessed Value:	4950
Sale Price:	\$0
Date of Last Recorded Sale: (YYMMDD)	040910
Acreage: (0 or 1 - may mean one lot)	9.29
Lot Count:	0
Residential Rate:	0.04
Land Value - RES:	\$8,000
Building Value - RES:	\$114,600
Land Value - AG:	\$1,130
Building Value - AG:	\$0
Land Value - AG MARKET:	\$29,200
Building Value - AG MARKET:	\$0
Land Value - AG CORP:	\$0
Building Value - AG CORP:	\$0
Land Value - OTHER:	\$0
Building Value - OTHER:	\$0

- End of Report -

[Click Here to Exit and Return to Map](#)

AMERICAN LAND TITLE ASSOCIATION
LOAN POLICY
(10-17-92)

Loan #
8002389

Policy No. SC2850-46-06-275-2006.7210740-72292409

CHICAGO TITLE INSURANCE COMPANY

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B AND THE CONDITIONS, AND STIPULATIONS, CHICAGO TITLE INSURANCE COMPANY, a Missouri corporation, herein called the Company, insures, as of Date of Policy shown in Schedule A, against loss or damage, not exceeding the Amount of Insurance stated in Schedule A, sustained or incurred by the insured by reason of:

1. Title to the estate or interest described in Schedule A being vested other than as stated therein;
2. Any defect in or lien or encumbrance on the title;
3. Unmarketability of the title;
4. Lack of a right of access to and from the land;
5. The invalidity or unenforceability of the lien of the insured mortgage upon the title;
6. The priority of any lien or encumbrance over the lien of the insured mortgage;
7. Lack of priority of the lien of the insured mortgage over any statutory lien for services, labor or material:
 - a. arising from an improvement or work related to the land which is contracted for or commenced prior to Date of Policy; or
 - b. arising from an improvement or work related to the land which is contracted for or commenced subsequent to Date of Policy and which is financed in whole or in part by proceeds of the indebtedness secured by the insured mortgage which at Date of Policy the insured has advanced or is obligated to advance;
8. The invalidity or unenforceability of any assignment of the insured mortgage, provided the assignment is shown in Schedule A, or the failure of the assignment shown in Schedule A to vest title to the insured mortgage in the named insured assignee free and clear of all liens.

The Company will also pay the costs, attorneys' fees and expenses incurred in defense of the title, as insured, but only to the extent provided in the Conditions and Stipulations.

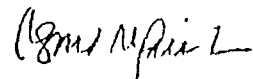
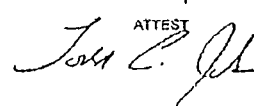
In Witness Whereof, CHICAGO TITLE INSURANCE COMPANY has caused this policy to be signed and sealed as of Date of Policy shown in Schedule A, the policy to become valid when countersigned by an authorized signatory.

NOTICE IS HEREBY GIVEN THAT THIS POLICY IS SUBJECT TO ARBITRATION PURSUANT TO THE PROVISIONS OF CHAPTER 48 OF TITLE 15 (SEC. 15-48-10 ET SEQ.) OF THE SOUTH CAROLINA CODE OF LAWS, 1976, AS AMENDED.

SC2850 06-275
John B. Witherspoon, Jr., Attorney, PA
129 North Parler Avenue, 2nd Floor
St. George, SC 29477
Tel: (843) 563-8000
Fax: (843) 563-8001



CHICAGO TITLE INSURANCE COMPANY

By: 
President
ATTEST

Secretary

EXCLUSIONS FROM COVERAGE

The following matters are expressly excluded from the coverage of this policy and the Company will not pay loss or damage, costs, attorneys' fees or expenses which arise by reason of:

1. (a) Any law, ordinance or governmental regulation (including but not limited to building and zoning laws, ordinances, or regulations) restricting, regulating, prohibiting or relating to (i) the occupancy, use, or enjoyment of the land; (ii) the character, dimensions or location of any improvement now or hereafter erected on the land; (iii) a separation in ownership or a change in the dimensions or area of the land or any parcel of which the land is or was a part; or (iv) environmental protection, or the effect of any violation of these laws, ordinances or governmental regulations, except to the extent that a notice of the enforcement thereof or a notice of a defect, lien or encumbrance resulting from a violation or alleged violation affecting the land has been recorded in the public records at Date of Policy.
- (b) Any governmental police power not excluded by (a) above, except to the extent that a notice of the exercise thereof or a notice of a defect, lien or encumbrance resulting from a violation or alleged violation affecting the land has been recorded in the public records at Date of Policy.
2. Rights of eminent domain unless notice of the exercise thereof has been recorded in the public records at Date of Policy, but not excluding from coverage any taking which has occurred prior to Date of Policy which would be binding on the rights of a purchaser for value without knowledge.
3. Defects, liens, encumbrances, adverse claims or other matters:
 - (a) created, suffered, assumed or agreed to by the insured claimant;
 - (b) not known to the Company, not recorded in the public records at Date of Policy, but known to the insured claimant and not disclosed in writing to the Company by the insured claimant prior to the date the insured claimant became an insured under this policy;
 - (c) resulting in no loss or damage to the insured claimant;
 - (d) attaching or created subsequent to Date of Policy (except to the extent that this policy insures the priority of the lien of the insured mortgage over any statutory lien for services, labor or material); or
 - (e) resulting in loss or damage which would not have been sustained if the insured claimant had paid value for the insured mortgage.
4. Unenforceability of the lien of the insured mortgage because of the inability or failure of the insured at Date of Policy, or the inability or failure of any subsequent owner of the indebtedness, to comply with applicable doing business laws of the state in which the land is situated.
5. Invalidity or unenforceability of the lien of the insured mortgage, or claim thereof, which arises out of the transaction evidenced by the insured mortgage and is based upon usury or any consumer credit protection or truth in lending law.
6. Any statutory lien for services, labor or materials (or the claim of priority of any statutory lien for services, labor or materials over the lien of the insured mortgage) arising from an improvement or work related to the land which is contracted for and commenced subsequent to Date of Policy and is not financed in whole or in part by proceeds of the indebtedness secured by the insured mortgage which at Date of Policy the insured has advanced or is obligated to advance.
7. Any claim which arises out of the transaction creating the interest of the mortgagee insured by this policy, by reason of the operation of federal bankruptcy, state insolvency, or similar creditors' rights laws, that is based on:
 - (i) the transaction creating the interest of the insured mortgagee being deemed a fraudulent conveyance or fraudulent transfer; or
 - (ii) the subordination of the interest of the insured mortgagee as a result of the application of the doctrine of equitable subordination; or
 - (iii) the transaction creating the interest of the insured mortgagee being deemed a preferential transfer except where the preferential transfer results from the failure:
 - (a) to timely record the instrument of transfer; or
 - (b) of such recordation to impart notice to a purchaser for value or a judgment or lien creditor.

CONDITIONS AND STIPULATIONS

1. DEFINITION OF TERMS

The following terms when used in this policy mean:

(a) "insured": the insured named in Schedule A. The term "insured" also includes:

(i) the owner of the indebtedness secured by the insured mortgage and each successor in ownership of the indebtedness except a successor who is an obligor under the provisions of Section 12(c) of these Conditions and Stipulations (reserving, however, all rights and defenses as to any successor that the Company would have had against any predecessor insured, unless the successor acquired the indebtedness as a purchaser for value without knowledge of the asserted defect, lien, encumbrance, adverse claim or other matter insured against by this policy as affecting title to the estate or interest in the land);

(ii) any governmental agency or governmental instrumentality which is an insurer or guarantor under an insurance contract or guaranty insuring or guaranteeing the indebtedness secured by the insured mortgage, or any part thereof, whether named as an insured herein or not;

(iii) the parties designated in Section 2(a) of these Conditions and Stipulations.

(b) "insured claimant": an insured claiming loss or damage.

(c) "knowledge" or "known": actual knowledge, not constructive knowledge or notice which may be imputed to an insured by reason of the public records as defined in this policy or any other records which impart constructive notice of matters affecting the land.

(d) "land": the land described or referred to in Schedule A, and improvements affixed thereto which by law constitute real property. The term "land" does not include any property beyond the lines of the area described or referred to in Schedule A, nor any right, title, interest, estate or easement in abutting streets, roads, avenues, alleys, lanes, ways or waterways, but nothing herein shall modify or limit the extent to which a right of access to and from the land is insured by this policy.

(e) "mortgage": mortgage, deed of trust, trust deed, or other security instrument.

(f) "public records": records established under state statutes at Date of Policy for the purpose of imparting constructive notice of matters relating to real property to purchasers for value and without knowledge. With respect to Section 1(a)(iv) of the Exclusions From Coverage, "public records" shall also include environmental protection liens filed in the records of the clerk of the United States district court for the district in which the land is located.

(g) "unmarketability of the title": an alleged or apparent matter affecting the title to the land, not excluded or excepted from coverage, which would entitle a purchaser of the estate or interest described in Schedule A or the insured mortgage to be released from the obligation to purchase by virtue of a contractual condition requiring the delivery of marketable title.

2. CONTINUATION OF INSURANCE

(a) **After Acquisition of Title.** The coverage of this policy shall continue in force as of Date of Policy in favor of (i) an insured who acquires all or any part of the estate or interest in the land by foreclosure, trustee's sale, conveyance in lieu of foreclosure, or other legal manner which discharges the lien of the insured mortgage; (ii) a transferee of the estate or interest so acquired from an insured corporation, provided the transferee is the parent or wholly-owned subsidiary of the insured corporation, and their corporate successors by operation of law and not by purchase, subject to any rights or defenses the Company may have against any predecessor insureds; and (iii) any governmental agency or governmental instrumentality which acquires all or any part of the estate or interest pursuant to a contract of insurance or guaranty insuring or guaranteeing the indebtedness secured by the insured mortgage.

(b) **After Conveyance of Title.** The coverage of this policy shall continue in force as of Date of Policy in favor of an insured only so long as the insured retains an estate or interest in the land, or holds an indebtedness secured by a purchase money mortgage given by a purchaser from the insured, or only so long as the insured shall have liability by reason of covenants of warranty made by the insured in any transfer or conveyance of the estate or interest. This policy shall not continue in force in favor of any

purchaser from the insured of either (i) an estate or interest in the land, or (ii) an indebtedness secured by a purchase money mortgage given to the insured.

(c) Amount of Insurance. The amount of insurance after the acquisition or after the conveyance shall in neither event exceed the least of:

- (i) the Amount of Insurance stated in Schedule A;
- (ii) the amount of the principal of the indebtedness secured by the insured mortgage as of Date of Policy, interest thereon, expenses of foreclosure, amounts advanced pursuant to the insured mortgage to assure compliance with laws or to protect the lien of the insured mortgage prior to the time of acquisition of the estate or interest in the land and secured thereby and reasonable amounts expended to prevent deterioration of improvements, but reduced by the amount of all payments made; or

(iii) the amount paid by any governmental agency or governmental instrumentality, if the agency or instrumentality is the insured claimant, in the acquisition of the estate or interest in satisfaction of its insurance contract or guaranty.

3. NOTICE OF CLAIM TO BE GIVEN BY INSURED CLAIMANT

The insured shall notify the Company promptly in writing (i) in case of any litigation as set forth in Section 4(a) below, (ii) in case knowledge shall come to an insured hereunder of any claim of title or interest which is adverse to the title to the estate or interest or the lien of the insured mortgage, as insured, and which might cause loss or damage for which the Company may be liable by virtue of this policy, or (iii) if title to the estate or interest or the lien of the insured mortgage, as insured, is rejected as unmarketable. If prompt notice shall not be given to the Company, then as to the insured all liability of the Company shall terminate with regard to the matter or matters for which prompt notice is required; provided, however, that failure to notify the Company shall in no case prejudice the rights of any insured under this policy unless the Company shall be prejudiced by the failure and then only to the extent of the prejudice.

4. DEFENSE AND PROSECUTION OF ACTIONS; DUTY OF INSURED CLAIMANT TO COOPERATE

(a) Upon written request by the insured and subject to the options contained in Section 6 of these Conditions and Stipulations, the Company, at its own cost and without unreasonable delay, shall provide for the defense of an insured in litigation in which any third party asserts a claim adverse to the title or interest as insured, but only as to those stated causes of action alleging a defect, lien or encumbrance or other matter insured against by this policy. The Company shall have the right to select counsel of its choice (subject to the right of the insured to object for reasonable cause) to represent the insured as to those stated causes of action and shall not be liable for and will not pay the fees of any other counsel. The Company will not pay any fees, costs or expenses incurred by the insured in the defense of those causes of action which allege matters not insured against by this policy.

(b) The Company shall have the right, at its own cost, to institute and prosecute any action or proceeding or to do any other act which in its opinion may be necessary or desirable to establish the title to the estate or interest or the lien of the insured mortgage, as insured, or to prevent or reduce loss or damage to the insured. The Company may take any appropriate action under the term of this policy, whether or not it shall be liable hereunder, and shall not thereby concede liability or waive any provision of this policy. If the Company shall exercise its rights under this paragraph, it shall do so diligently.

(c) Whenever the Company shall have brought an action or interposed a defense as required or permitted by the provisions of this policy, the Company may pursue any litigation to final determination by a court of competent jurisdiction and expressly reserves the right, in its sole discretion, to appeal from any adverse judgment or order.

(d) In all cases where this policy permits or requires the Company to prosecute or provide for the defense of any action or proceeding, the insured shall secure to the Company the right to so prosecute or provide defense in the action or proceeding, and all appeals therein, and permit the Company to use, at its option, the name of the insured for this purpose. Whenever requested by the Company, the insured, at the Company's expense, shall give the Company all reasonable aid (i) in any action or proceeding, securing evidence, obtaining witnesses, prosecuting or defending the action or proceeding, or effecting settlement, and (ii) in any other lawful act which in the opinion of the Company may be necessary or desirable to establish the title to the estate or interest or the lien of the insured mortgage, as insured. If the Company is prejudiced by the failure of the insured to furnish the required cooperation, the Company's obligations to the insured under the policy shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, with regard to the matter or matters requiring such cooperation.

5. PROOF OF LOSS OR DAMAGE

In addition to and after the notices required under Section 3 of these Conditions and Stipulations have been provided the Company, a proof of loss or damage signed and sworn to by the insured claimant shall be furnished to the Company within 90 days after the insured claimant shall ascertain the facts giving rise to the loss or damage. The proof of loss or damage shall describe the defect in, or lien or encumbrance on the title, or other matter insured against by this policy which constitutes the basis of loss or damage and shall state, to the extent possible, the basis of calculating the amount of the loss or damage. If the Company is prejudiced by the failure of the insured claimant to provide the required proof of loss or damage, the Company's obligations to the insured under the policy shall terminate, including any liability or obligation to

defend, prosecute, or continue any litigation, with regard to the matter or matters requiring such proof of loss or damage.

In addition, the insured claimant may reasonably be required to submit to examination under oath by any authorized representative of the Company and shall produce for examination, inspection and copying, at such reasonable times and places as may be designated by any authorized representative of the Company, all records, books, ledgers, checks, correspondence and memoranda, whether bearing a date before or after Date of Policy, which reasonably pertain to the loss or damage. Further, if requested by any authorized representative of the Company, the insured claimant shall grant its permission, in writing, for any authorized representative of the Company to examine, inspect and copy all records, books, ledgers, checks, correspondence and memoranda in the custody or control of a third party, which reasonably pertain to the loss or damage. All information designated as confidential by the insured claimant provided to the Company pursuant to this Section shall not be disclosed to others unless, in the reasonable judgment of the Company, it is necessary in the administration of the claim. Failure of the insured claimant to submit for examination under oath, produce other reasonably requested information or grant permission to secure reasonably necessary information from third parties as required in the above paragraph, unless prohibited by law or governmental regulation, shall terminate any liability of the Company under this policy as to that claim.

6. OPTIONS TO PAY OR OTHERWISE SETTLE CLAIMS; TERMINATION OF LIABILITY

In case of a claim under this policy, the Company shall have the following additional options:

(a) To Pay or Tender Payment of the Amount of Insurance or to Purchase the Indebtedness.

(i) to pay or tender payment of the amount of insurance under this policy together with any costs, attorneys' fees and expenses incurred by the insured claimant, which were authorized by the Company, up to the time of payment or tender of payment and which the Company is obligated to pay; or

(ii) to purchase the indebtedness secured by the insured mortgage for the amount owing thereon together with any costs, attorneys' fees and expenses incurred by the insured claimant which were authorized by the Company up to the time of purchase and which the Company is obligated to pay.

If the Company offers to purchase the indebtedness as herein provided, the owner of the indebtedness shall transfer, assign, and convey the indebtedness and the insured mortgage, together with any collateral security, to the Company upon payment therefore.

Upon the exercise by the Company of either of the options provided for in paragraphs a (i) or (ii), all liability and obligations to the insured under this policy, other than to make the payment required in those paragraphs, shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, and the policy shall be surrendered to the Company for cancellation.

(b) To Pay or Otherwise Settle With Parties Other than the Insured or With the Insured Claimant.

(i) to pay or otherwise settle with other parties for or in the name of an insured claimant any claim insured against under this policy, together with any costs, attorneys' fees and expenses incurred by the insured claimant which were authorized by the Company up to the time of payment and which the Company is obligated to pay; or

(ii) to pay or otherwise settle with the insured claimant the loss or damage provided for under this policy, together with any costs, attorneys' fees and expenses incurred by the insured claimant which were authorized by the Company up to the time of payment and which the Company is obligated to pay.

Upon the exercise by the Company of either of the options provided for in paragraphs b(i) or (ii), the Company's obligations to the insured under this policy for the claimed loss or damage, other than the payments required to be made, shall terminate, including any liability or obligation to defend, prosecute or continue any litigation.

7. DETERMINATION AND EXTENT OF LIABILITY

This policy is a contract of indemnity against actual monetary loss or damage sustained or incurred by the insured claimant who has suffered loss or damage by reason of matters insured against by this policy and only to the extent herein described.

(a) The liability of the Company under this policy shall not exceed the least of:

(i) the Amount of Insurance stated in Schedule A, or, if applicable, the amount of insurance as defined in Section 2 (c) of these Conditions and Stipulations;

(ii) the amount of the unpaid principal indebtedness secured by the insured mortgage as limited or provided under Section 8 of these Conditions and Stipulations or as reduced under Section 9 of these Conditions and Stipulations, at the time the loss or damage insured against by this policy occurs, together with interest thereon; or

(iii) the difference between the value of the insured estate or interest as insured and the value of the insured estate or interest subject to the defect, lien or encumbrance insured against by this policy.

(b) In the event the insured has acquired the estate or interest in the manner described in Section 2(a) of these Conditions and Stipulations or has

conveyed the title, then the liability of the Company shall continue as set forth in Section 7(a) of these Conditions and Stipulations.

(c) The Company will pay only those costs, attorneys' fees and expenses incurred in accordance with Section 4 of these Conditions and Stipulations.

8. LIMITATION OF LIABILITY

(a) If the Company establishes the title, or removes the alleged defect, lien or encumbrance, or cures the lack of a right of access to or from the land, or cures the claim of unmarketability of title, or otherwise establishes the lien of the insured mortgage, all as insured, in a reasonably diligent manner by any method, including litigation and the completion of any appeals therefrom, it shall have fully performed its obligations with respect to that matter and shall not be liable for any loss or damage caused thereby.

(b) In the event of any litigation, including litigation by the Company or with the Company's consent, the Company shall have no liability for loss or damage until there has been a final determination by a court of competent jurisdiction, and disposition of all appeals therefrom, adverse to the title or to the lien of the insured mortgage, as insured.

(c) The Company shall not be liable for loss or damage to any insured for liability voluntarily assumed by the Insured in settling any claim or suit without the prior written consent of the Company.

(d) The Company shall not be liable for: (i) any indebtedness created subsequent to Date of Policy except for advances made to protect the lien of the insured mortgage and secured thereby and reasonable amounts expended to prevent deterioration of improvements; or (ii) construction loan advances made subsequent to Date of Policy, except construction loan advances made subsequent to Date of Policy for the purpose of financing in whole or in part the construction of an improvement to the land which at Date of Policy were secured by the insured mortgage and which the insured was and continued to be obligated to advance at and after Date of Policy.

9. REDUCTION OF INSURANCE; REDUCTION OR TERMINATION OF LIABILITY

(a) All payments under this policy, except payments made for costs, attorneys' fees and expenses, shall reduce the amount of the insurance pro tanto. However, any payments made prior to the acquisition of title to the estate or interest as provided in Section 2(a) of these Conditions and Stipulations shall not reduce pro tanto the amount of the insurance afforded under this policy except to the extent that the payments reduce the amount of the indebtedness secured by the insured mortgage.

(b) Payment in part by any person of the principal of the indebtedness, or any other obligation secured by the insured mortgage, or any voluntary partial satisfaction or release of the insured mortgage, to the extent of the payment, satisfaction or release, shall reduce the amount of insurance pro tanto. The amount of insurance may thereafter be increased by accruing interest and advances made to protect the lien of the insured mortgage and secured thereby, with interest thereon, provided in no event shall the amount of insurance be greater than the Amount of Insurance stated in Schedule A.

(c) Payment in full by any person or the voluntary satisfaction or release of the insured mortgage shall terminate all liability of the Company except as provided in Section 2(a) of these Conditions and Stipulations.

10. LIABILITY NONCUMULATIVE

If the insured acquires title to the estate or interest in satisfaction of the indebtedness secured by the insured mortgage, or any part thereof, it is expressly understood that the amount of insurance under this policy shall be reduced by any amount the Company may pay under any policy insuring a mortgage to which exception is taken in Schedule B or to which the insured has agreed, assumed, or taken subject, or which is hereafter executed by an insured and which is a charge or lien on the estate or interest described or referred to in Schedule A, and the amount so paid shall be deemed a payment under this policy.

11. PAYMENT OF LOSS

(a) No payment shall be made without producing this policy for endorsement of the payment unless the policy has been lost or destroyed, in which case proof of loss or destruction shall be furnished to the satisfaction of the Company.

(b) When liability and the extent of loss or damage has been definitely fixed in accordance with these Conditions and Stipulations, the loss or damage shall be payable within 30 days thereafter.

12. SUBROGATION UPON PAYMENT OR SETTLEMENT

(a) The Company's Right of Subrogation.

Whenever the Company shall have settled and paid a claim under this policy, all right of subrogation shall vest in the Company unaffected by any act of the insured claimant.

The Company shall be subrogated to and be entitled to all rights and remedies which the insured claimant would have had against any person or property in respect to the claim had this policy not been issued. If requested by the Company, the insured claimant shall transfer to the Company all rights and remedies against any person or property necessary in order to perfect this right of subrogation. The insured claimant shall permit the Company to sue, compromise or settle in the name of the insured claimant and to use the name of the insured claimant in any transaction or litigation involving these rights or remedies.

If a payment on account of a claim does not fully cover the loss of the insured claimant, the Company shall be subrogated to all rights and remedies of the insured claimant after the insured claimant shall have recovered its principal, interest, and costs of collection.

(b) The Insured's Rights and Limitations.

Notwithstanding the foregoing, the owner of the indebtedness secured by the insured mortgage, provided the priority of the lien of the insured mortgage or its enforceability is not affected, may release or substitute the personal liability of any debtor or guarantor, or extend or otherwise modify the terms of payment, or release a portion of the estate or interest from the lien of the insured mortgage, or release any collateral security for the indebtedness.

When the permitted acts of the insured claimant occur and the insured has knowledge of any claim of title or interest adverse to the title to the estate or interest or the priority or enforceability of the lien of the insured mortgage, as insured, the Company shall be required to pay only that part of any losses insured against by this policy which shall exceed the amount, if any, lost to the Company by reason of the impairment by the insured claimant of the Company's right of subrogation.

(c) The Company's Rights Against Non-Insured Obligor.

The Company's right of subrogation against non-insured obligors shall exist and shall include, without limitation, the rights of the insured to indemnities, guarantees, other policies of insurance or bonds, notwithstanding any terms or conditions contained in those instruments which provide for subrogation rights by reason of this policy.

The Company's right of subrogation shall not be avoided by acquisition of the insured mortgage by an obligor (except an obligor described in Section 1(a)(ii) of these Conditions and Stipulations) who acquires the insured mortgage as a result of an indemnity, guarantee, other policy of insurance, or bond and the obligor will not be an insured under this policy, notwithstanding Section 1(a)(i) of these Conditions and Stipulations.

13. ARBITRATION

Unless prohibited by applicable law, either the Company or the Insured may demand arbitration pursuant to the Title Insurance Arbitration Rules of the American Arbitration Association. Arbitrable matters may include, but are not limited to, any controversy or claim between the Company and the insured arising out of or relating to this policy, any service of the Company in connection with its issuance or the breach of a policy provision or other obligation. All arbitrable matters when the Amount of Insurance is \$1,000,000 or less shall be arbitrated at the option of either the Company or the insured. All arbitrable matters when the Amount of Insurance is in excess of \$1,000,000 shall be arbitrated only when agreed to by both the Company and the insured. Arbitration pursuant to this policy and under the Rules in effect on the date the demand for arbitration is made or, at the option of the insured, the Rules in effect at Date of Policy shall be binding upon the parties. The award may include attorneys' fees only if the laws of the state in which the land is located permit a court to award attorneys' fees to a prevailing party. Judgment upon the award rendered by the Arbitrator(s) may be entered in any court having jurisdiction thereof.

The law of the situs of the land shall apply to an arbitration under the Title Insurance Arbitration Rules.

A copy of the Rules may be obtained from the Company upon request.

14. LIABILITY LIMITED TO THIS POLICY; POLICY ENTIRE CONTRACT

(a) This policy together with all endorsements, if any, attached hereto by the Company is the entire policy and contract between the insured and the Company. In interpreting any provision of this policy, this policy shall be construed as a whole.

(b) Any claim of loss or damage, whether or not based on negligence, and which arises out of the status of the lien of the insured mortgage or of the title to the estate or interest covered hereby or by any action asserting such claim, shall be restricted to this policy.

(c) No amendment of or endorsement to this policy can be made except by a writing endorsed hereon or attached hereto signed by either the President, a Vice President, the Secretary, an Assistant Secretary, or validating officer or authorized signatory of the Company.

15. SEVERABILITY

In the event any provision of this policy is held invalid or unenforceable under applicable law, the policy shall be deemed not to include that provision and all other provisions shall remain in full force and effect.

16. NOTICES, WHERE SENT

All notices required to be given the Company and any statement in writing required to be furnished the Company shall include the number of this policy and shall be addressed to the Company at: the issuing office or to:

Claims Department
P.O. Box 45023
Jacksonville, FL 32232-5023

LOAN FORM
CHICAGO TITLE INSURANCE COMPANY
3700 Forest Drive, Suite 201, Columbia, SC 29204

Issued by: John B. Witherspoon, Jr., Attorney, PA, 129 N. Parler Avenue, Suite 2A, St. George, SC 29477

SCHEDULE A

OFFICE FILE NUMBER: 06-275
POLICY NUMBER: 7210740-72292409
DATE OF POLICY: 09/05/06 at 12:09 PM
AMOUNT OF INSURANCE: \$100,000.00

1. Name of Insured:

The Citizens Bank, its successors and/or assigns as their respective interests may appear.

2. The estate or interest in the land which is encumbered by the insured mortgage is:

Fee Simple

3. Title to the estate or interest in the land is vested in:

Ronnie F. Judy

4. The insured mortgage and assignments thereof, if any, are described as follows:

Mortgage from Ronnie F. Judy and J. Todd Judy to The Citizens Bank dated 08/31/06, in the original principal amount of \$100,000.00, recorded on 09/05/06, at 12:09 PM in Mortgage Book 5571 at Page 263, Dorchester County Records.

5. The land referred to in this Policy is described as follows:

All that certain piece, parcel or tract of land, with the buildings and improvements thereon, if any, measuring and containing 9.29 Acres, more or less, formerly being a part of 143 Acres, more or less, situate, lying and being in School District No. 4, County of Dorchester, State of South Carolina, and butting and bounding now or formerly as follows, to-wit: bounded on the East by Sandridge Road; on the North by lands now or formerly of Ronnie F. Judy and James T. Judy, on the West by lands now or formerly of Ronnie F. Judy and James T. Judy, and on the South by S-18-19 a/k/a Wire Road.

The above described property is more fully shown and delineated on a plat prepared by Albert R. Judy, PLS (S.C.P.L.S. No. 17570) dated November 20, 1999 entitled "Plat Showing Property of Vesta J. Brown Rumph Estate About to be Conveyed to Ronnie F. Judy Located South of Pregnall, Dorchester Co. SC", and recorded on November 21, 2001, in Plat Cabinet K. Slide 9, Office of the ROD for Dorchester County.

SCHEDULE A
Loan Form (Rev. 1/89)

This Policy valid only if Schedule B is attached.

**LOAN FORM
CHICAGO TITLE INSURANCE COMPANY
SCHEDULE B**

Policy Number: 7210740-72292409

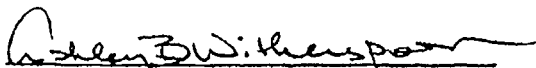
EXCEPTIONS FROM COVERAGE

This policy does not insure against loss or damage (and the Company will not pay costs, attorneys' fees or expenses) which arise by reason of:

Special Exceptions:

1. Taxes and assessments for the year 2006, and subsequent years, which are a lien, but are not yet due and payable.
2. Judgment against Ronnie Judy in favor of Phillip Martin filed in JR42116, Dorchester County ROD.
3. Judgment against Ronnie F. Judy in favor of James T. Judy as Personal Representative for the Estate of Vesta B. Rumph and assigned to Mary Judy, filed in 2004CP18-244, Dorchester County ROD.

Countersigned


Authorized Signatory

Schedule B of this Policy consists of 1 page(s).

SCHEDULE B(EXTENDED COVERAGE)

Loan Form - 1987 (Rev. 1/89)

ENDORSEMENT

Attached to and forming a part of
Title Insurance Policy No.

7210740-72292409

Issued by
CHICAGO TITLE INSURANCE COMPANY
3700 Forest Drive, Suite 201, Columbia, SC 29204

The insurance afforded by this endorsement is only effective if the land is used or is to be used primarily for residential purposes.

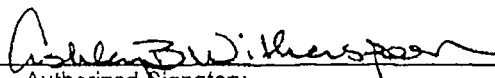
The Company insures the insured against loss or damage sustained by reason of lack of priority of the lien of the insured mortgage over:

- (a) any environmental protection lien which, at Date of Policy, is recorded in those records established under state statutes at Date of Policy for the purpose of imparting constructive notice of matters relating to real property to purchasers for value and without knowledge, or filed in the records of the clerk of the United States district court for the district in which the land is located, except as set forth in Schedule B; or
- (b) any environmental protection lien provided for by any state statute in effect at Date of Policy, except environmental protection liens provided for by the following state statutes:

This endorsement is issued as part of the policy. Except as it expressly states, it does not (i) modify any of the terms and provisions of the policy, (ii) modify any prior endorsements, (iii) extend the Date of Policy, or (iv) increase the Amount of Insurance. To the extent a provision of the policy or a previous endorsement is inconsistent with an express provision of this endorsement, this endorsement controls. Otherwise, this endorsement is subject to all of the terms and provisions of the policy and of any prior endorsements.

IN WITNESS WHEREOF, the Company has caused its corporate name and seal to be affixed hereto by its duly authorized officers.

CHICAGO TITLE INSURANCE COMPANY

BY: 
Authorized Signatory

Note: This endorsement shall not be valid or binding until signed by an authorized signatory.

ALTA Endorsement - Form 8.1 (Environmental Protection Lien) (3/12/88)

HUD-1A OMB NO. 2502-0491


**A. U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT
SETTLEMENT STATEMENT**
Optional Form for Transactions without Sellers

NAME AND ADDRESS OF BORROWER:

 Ronnie F. Judy
 1872 Sandridge Road
 Dorchester, SC 29437

NAME AND ADDRESS OF LENDER:

 The Citizens Bank
 5730 Memorial Blvd.
 St. George, SC 29477

PROPERTY LOCATION:

 9.29 Acres on Wire Road
 Dorchester, SC 29437
 Dorchester County, South Carolina
 9.29 Acres on Wire Road
 TMS# 104-00-00-045

SETTLEMENT AGENT: The Witherspoon Law Firm

 PLACE OF SETTLEMENT: 129 N. Parker Avenue, Suite 2A
 St. George, SC 29477

SETTLEMENT DATE: August 31, 2008

LOAN NUMBER:

L. SETTLEMENT CHARGES**800. ITEMS PAYABLE IN CONNECTION WITH LOAN**

801. Loan Origination Fee 0.1000% to The Citizens Bank

100.00

802. Loan Discount % to

803. Application Fee to The Citizens Bank

30.00

804. Flood Cert. Fee to Stewart Mortgage

19.00

805. Lender's Inspection Fee to

806. Mortgage Ins. App. Fee to

807. Mortgage Broker Fee to

808.

809.

810.

811.

812.

813.

814.

815.

816.

817.

818.

819.

820.

900. ITEMS REQUIRED BY LENDER TO BE PAID IN ADVANCE

901. Interest 08/31/08 to 09/01/08 @ \$ /day

902. Mortgage Insurance Prem for months to

903. Hazard Insurance Prem for 1.0 yr to

904.

905.

1000. RESERVES DEPOSITED WITH LENDER

1001. Hazard Insurance months @ \$ per month

1002. Mortgage Insurance months @ \$ per month

1003. City/Town Taxes months @ \$ per month

1004. County Taxes months @ \$ per month

1005. Assessments months @ \$ per month

1006. months @ \$ per month

1007. months @ \$ per month

1008. Aggregate Adjustment months @ \$ per month

0.00

1100. TITLE CHARGES

1101. Settlement Fee to

1102. Title Search to Midland Abstractors

200.00

1103. Title Examination to

1104. Title Ins. Binder to John B. Witherspoon, Jr., Attny, PA

75.00

1105. Document Prep. to

1106. Wire Transfer Fee to

1107. Attorney's Fees to The Witherspoon Law Firm

300.00

1108. Title Insurance to John B. Witherspoon, Jr., Attny, PA /Chicago Title

275.00

1109. Lender's Coverage \$ 100,000.00 275.00

1110. Owner's Coverage \$

1111. Electronic Package Fee

1112. Satisfaction Processing Fee to The Witherspoon Law Firm

5.00

1113.

1114.

1115.

1116.

1117.

1118.

1200. GOVERNMENT RECORDING AND TRANSFER CHARGES

1201. Recording fees: Mortgage \$ 11.00 ; Releases \$

11.00

1202. City/County Tax/Slamps: Mortgage \$

1203. State Tax/Slamps: Mortgage \$

1204.

1205.

1300. ADDITIONAL SETTLEMENT CHARGES

1301. Survey

1302. Pest Inspection

1303. Courier Fee

1304.

1305.

1400. TOTAL SETTLEMENT CHARGES (enter on line 1602)

1,015.00

M. DISBURSEMENT TO OTHERS

1501. Account Payoff to

The Citizens Bank Loan #800178

1502. Partial Account Payoff to

The Citizens Bank Loan #800146

1503.

1504.

1505.

1506.

1507.

1508.

1509.

1510.

1511.

1512.

1513.

1514.

1515.

1516.

1517.

1518.

1519.

1520. TOTAL DISBURSED

(enter on line 1603)

98,985.00

1521.

1522.

1523.

1524.

1525.

1526.

1527.

1528.

1529.

1530.

1531.

1532.

1533.

1534.

1535.

1536.

1537.

1538.

1539.

1540.

1541.

1542.

1543.

1544.

1545.

1546.

1547.

1548.

1549.

1550.

1551.

1552.

1553.

1554.

1555.

1556.

1557.

1558.

1559.

1560.

1561.

1562.

1563.

1564.

1565.

1566.

1567.

1568.

1569.

1570.

1571.

1572.

1573.

1574.

1575.

1576.

1577.

1578.

1579.

1580.

The undersigned hereby acknowledges receipt of a completed copy of this statement and any attachments referred to herein.

Borrower

 Ronnie F. Judy
 Ronnie F. Judy

 The Witherspoon Law Firm
 Settlement Agent

Certified to be a true copy.

RENEWAL _____

CASH _____

CHECK ON US _____

CHECK OTHER _____

RECEIVED OF _____

St. George SC 8-31 20 06
BRANCH DATE

\$ 50,779.35

NOTE BALANCE (AFTER PAYMENT)	INSURANCE	NOTE NUMBER	INTEREST	PRINCIPAL
<u>-0-</u>		<u>8001781</u>	<u>2,319.35</u>	<u>48,460.00</u>

THE CITIZENS BANK - BY: R. M. H.

White-Bank Copy/Yellow-Receipt

RENEWAL _____

CASH _____

CHECK ON US _____

CHECK OTHER _____

RECEIVED OF _____

St. George SC August 31 20 06
BRANCH DATE

\$ 48,205.65

NOTE BALANCE (AFTER PAYMENT)	INSURANCE	NOTE NUMBER	INTEREST	PRINCIPAL
<u>6685.93</u>		<u>8001484</u>	<u>4,715.58</u>	<u>43,390.07</u>
			<u>Late Chrg. \$100.00</u>	

THE CITIZENS BANK - BY: R. M. W.

White-Bank Copy/Yellow-Receipt

1100
The Witherspoon Law Firm
P.O. Box 698 • 129 N. Parler Ave.
St. George, SC 29477

BK 5571PG263

FILED-RECORDED
RMC / R00

2006 SEP -5 PM12:09

MARGARET L. BAILEY
DORCHESTER COUNTY, SC

This document was prepared by

State of South Carolina

Splice Above This Line For Recording Data

MORTGAGE
(With Future Advance Clause)

1. **DATE AND PARTIES.** The date of this Mortgage (Security Instrument) is August 31, 2006 and the parties, their addresses and tax identification numbers, if required, are as follows:

MORTGAGOR: Ronnie F. Judy and J. Todd Judy
1872 Sandridge Road
Dorchester, SC 29437

☐ If checked, refer to the attached Addendum incorporated herein, for additional Mortgagors, their signatures and acknowledgments.

LENDER: The Citizens Bank
5730 Memorial Blvd.
St. George, SC 29477

2. **CONVEYANCE.** For good and valuable consideration, the receipt and sufficiency of which is acknowledged, and to secure the Secured Debt (defined below) and Mortgagor's performance under this Security Instrument, Mortgagor grants, bargains, conveys and mortgages to Lender the following described property:

SEE EXHIBIT "A"

The property is located in Dorchester at 1872 Sandridge Road
(County) (City) Dorchester, South Carolina 29437
(Address) (ZIP Code)

Together with all rights, easements, appurtenances, royalties, mineral rights, oil and gas rights, all water and riparian rights, ditches, and water stock and all existing and future improvements, structures, fixtures, and replacements that may now, or at any time in the future, be part of the real estate described above (all referred to as "Property").

3. **MAXIMUM OBLIGATION LIMIT.** The total principal amount secured by this Security Instrument at any one time shall not exceed \$100,000.00. This limitation of amount does not include interest and other fees and charges validly made pursuant to this Security Instrument. Also, this limitation does not apply to advances made under the terms of this Security Instrument to protect Lender's security and to perform any of the covenants contained in this Security Instrument. Interest under the Note will be deferred, accrued or capitalized; however, Mortgagee shall not be required to defer, accrue or capitalize any interest except as provided in the Note.

4. **SECURED DEBT AND FUTURE ADVANCES.** The term "Secured Debt" is defined as follows:

A. Debt incurred under the terms of all promissory note(s), contract(s), guaranty(s) or other evidence of debt described below and all their extensions, renewals, modifications or substitutions. (When referencing the debts below it is suggested that you include items such as borrowers' names, note amounts, interest rates, maturity dates, etc.)

Promissory Note dated August 31, 2006 for the principal sum
of \$100,000.00 maturing on 10/15/2009.

20. **ESCROW FOR TAXES AND INSURANCE.** Unless otherwise provided in a separate agreement, Mortgagor will not be required to pay to Lender funds for taxes and insurance in escrow.
21. **FINANCIAL REPORTS AND ADDITIONAL DOCUMENTS.** Mortgagor will provide to Lender upon request, any financial statement or information Lender may deem reasonably necessary. Mortgagor agrees to sign, deliver, and file any additional documents or certifications that Lender may consider necessary to perfect, continue, and preserve Mortgagor's obligations under this Security Instrument and Lender's lien status on the Property.
22. **JOINT AND INDIVIDUAL LIABILITY; CO-SIGNERS; SUCCESSORS AND ASSIGNS BOUND.** All duties under this Security Instrument are joint and individual. If Mortgagor signs this Security Instrument but does not sign an evidence of debt, Mortgagor does so only to mortgage Mortgagor's interest in the Property to secure payment of the Secured Debt and Mortgagor does not agree to be personally liable on the Secured Debt. If this Security Instrument secures a guaranty between Lender and Mortgagor, Mortgagor agrees to waive any rights that may prevent Lender from bringing any action or claim against Mortgagor or any party indebted under the obligation. These rights may include, but are not limited to, any anti-deficiency or one-action laws. Mortgagor agrees that Lender and any party to this Security Instrument may extend, modify or make any change in the terms of this Security Instrument or any evidence of debt without Mortgagor's consent. Such a change will not release Mortgagor from the terms of this Security Instrument. The duties and benefits of this Security Instrument shall bind and benefit the successors and assigns of Mortgagor and Lender.
23. **APPLICABLE LAW; SEVERABILITY; INTERPRETATION.** This Security Instrument is governed by the laws of the jurisdiction in which Lender is located, except to the extent otherwise required by the laws of the jurisdiction where the Property is located. This Security Instrument is complete and fully integrated. This Security Instrument may not be amended or modified by oral agreement. Any section in this Security Instrument, attachments, or any agreement related to the Secured Debt that conflicts with applicable law will not be effective, unless that law expressly or impliedly permits the variations by written agreement. If any section of this Security Instrument cannot be enforced according to its terms, that section will be severed and will not affect the enforceability of the remainder of this Security Instrument. Whenever used, the singular shall include the plural and the plural the singular. The captions and headings of the sections of this Security Instrument are for convenience only and are not to be used to interpret or define the terms of this Security Instrument. Time is of the essence in this Security Instrument.
24. **NOTICE.** Unless otherwise required by law, any notice shall be given by delivering it or by mailing it by first class mail to the appropriate party's address on page 1 of this Security Instrument, or to any other address designated in writing. Notice to one mortgagor will be deemed to be notice to all mortgagors.
25. **WAIVERS.** Except to the extent prohibited by law, Mortgagor waives all homestead exemption rights relating to the Property.
26. **OTHER TERMS.** If checked, the following are applicable to this Security Instrument:
- ☐ **Line of Credit.** The Secured Debt includes a revolving line of credit provision. Although the Secured Debt may be reduced to a zero balance, this Security Instrument will remain in effect until released.
 - ☐ **Construction Loan.** This Security Instrument secures an obligation incurred for the construction of an improvement on the Property.
 - ☐ **Fixture Filing.** Mortgagor grants to Lender a security interest in all goods that Mortgagor owns now or in the future and that are or will become fixtures related to the Property. This Security Instrument suffices as a financing statement and any carbon, photographic or other reproduction may be filed of record for purposes of Article 9 of the Uniform Commercial Code.
 - ☐ **Riders.** The covenants and agreements of each of the riders checked below are incorporated into and supplement and amend the terms of this Security Instrument. [Check all applicable boxes]
 - ☐ Condominium Rider
 - ☐ Planned Unit Development Rider
 - ☐ Other
 - ☐ **Additional Terms.**

SIGNATURES: By signing below, Mortgagor agrees to the terms and covenants contained in this Security Instrument and in any attachments. Mortgagor also acknowledges receipt of a copy of this Security Instrument on the date stated on page 1.

x Ronnie F. Judy (Seal) J. Todd Judy (Seal)
 (Signature) (Date) (Signature) (Date)
 Ronnie F. Judy J. Todd Judy

Signed, sealed and delivered in the presence of:

Ashley B. W. Thompson (Witness) R. A. H. (Witness)
 (Witness) (Witness)

PROBATE:

STATE OF SOUTH CAROLINA COUNTY OF DORCHESTER ss.
 Personally appeared before me the undersigned witness who, being duly sworn, deposed and said that (s)he saw the Mortgagor (and each Mortgagor if more than one) sign, seal and deliver the foregoing Mortgage and that (s)he, together with the other witness whose name appears as a witness, witnessed the execution thereof.

Sworn to and subscribed before me this 31st day
 of AUGUST, 2006.

Ashley B. W. Thompson (Seal) R. A. H.
 Notary Public for South Carolina (Witness)
 My commission expires: 12/07/08

EXHIBIT "A"

All that certain piece, parcel or tract of land, with the buildings and improvements thereon, if any, measuring and containing 9.29 Acres, more or less, formerly being a part of 143 Acres, more or less, situate, lying and being in School District No. 4, County of Dorchester, State of South Carolina, and butting and bounding now or formerly as follows, to-wit: bounded on the East by Sandridge Road; on the North by lands now or formerly of Ronnie F. Judy and James T. Judy, on the West by lands now or formerly of Ronnie F. Judy and James T. Judy, and on the South by S-18-19 a/k/a Wire Road.

The above described property is more fully shown and delineated on a plat prepared by Albert R. Judy, PLS (S.C.P.L.S. No. 17570) dated November 20, 1999 entitled "Plat Showing Property of Vesta I. Brown Rumph Estate About to be Conveyed to Ronnie F. Judy Located South of Pregnall, Dorchester Co. SC", and recorded on November 21, 2001, in Plat Cabinet K. Slide 9, Office of the ROD for Dorchester County.

The above described property is portion of that property inherited by Ronnie F. Judy from the Estate of Vesta B. Rumph, which Estate is of record in Probate Package 83ES18-00261, Office of the Probate Court for Dorchester County and the identical property conveyed to Ronnie F. Judy by Deed of Tiffany Provence, Judge of Probate dated September 10, 2004 and recorded September 10, 2004 in Record Book 4324 at Page 286, Office of the ROD for Dorchester County.

TMS# 104-00-00-045

R. F. J.

PERSONAL FINANCIAL STATEMENT

Answer all questions using "no" or "none" where necessary.
Please begin by completing schedules on reverse side.



THE CITIZENS BANK
OLANTA • TURBEVILLE • LYNCHBURG • LAKE CITY • SUMTER
PAWLEYS ISLAND • SCRANTON • TIMMONSVILLE

PERSONAL INFORMATION			Date of statement January 20, 2006
Name (first, middle, last) Ronnie F. Judy	Birthdate 01-15-43	Phone number (843) 563-3630	Social security number 249-72-5237
Home address (include apt.) 1872 Sandridge Rd.	City, state, zip Dorchester, SC 29437	How long 23yrs.	
Business/Employer Farmer (Self Employed)	Title/Position	How long 40yrs	
Business address Same as Home	City, state, zip	Phone number ()	
Do you have any dependents? If yes, list ages No		Do you have a will? If yes, name of executor Yes-Wanda B. Judy	
Have you ever taken bankruptcy? If yes, explain No		Are you a defendant in any suits or legal actions?	

If joint statement, list names of individuals whose assets, liabilities and income are included

ASSETS		LIABILITIES	
Cash, on hand and unrestricted in banks From below	\$ 4,000.00	Notes payable to banks Schedule 1	\$ 126,460.00
Accounts/Notes-receivable Schedule 2	\$	Notes and accounts due others Schedule 1	\$
Cash surrender value life insurance, (Do not deduct loans) Schedule 3	\$ 10,000.00	Loans against life insurance Schedule 3	\$
Listed (AMEX, NYSE) stocks, bonds, US Govt. Securities Schedule 4	\$ -	Brokers margins accounts	\$
Other stocks and bonds Schedule 4	\$ -	Taxes accrued but unpaid	\$
Real estate at cost or market value Schedule 5	\$ 1,075,000.00	Mortgages payable on real estate Schedule 5	\$
Automobiles	\$		
1996 Ford F250	\$ 10,000.00		
1997 Ford 250	\$ 12,000.00		
1988 Mack Trk. ~~1988 Mack Trk.~~	\$ 15,000.00 ~~10,000.00~~	Other liabilities - itemize	\$
Farm equipment	300,000.00		
Total assets	= \$ 1,436,000.00	Total liabilities	= \$ 126,460.00

PLAINTIFF'S
EXHIBIT
39-A 1/18/11

NET WORTH Subtract your total liabilities from total assets and enter figure at right
\$ 1,309,540.00

CONTINGENT LIABILITIES As guarantor or co-maker, Legal claims on leases or contracts

INCOME INFORMATION ☐ Monthly ☒ Annual		BANKING RELATIONSHIPS	
Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation			
Salary (Gross)	\$	Name and address of bank	Cash Balance
Bonus and commissions, dividends, interest	\$	TCB	\$ 4,000.00
Rental income	\$		\$
Other - itemize	\$		\$
			\$
Total income	\$ 30,000.00	Total cash (take to assets above)	\$

I warrant that there is no judgement against me nor lien unsatisfied upon my property except as shown, nor prior suit pending against me in any court, that no assets are pledged in any manner not shown herein, and that this statement is true and complete and is offered for the purpose of obtaining and maintaining credit. With joint credit, all applicants must sign.

1-20-06 Ronnie F. Judy (Seal) Date _____ Signature _____ (Seal)

Received By _____ Through _____ Office _____

Please Complete Schedules on Reverse Side.

SUPPLEMENTARY SCHEDULE (TAKE TOTALS TO FRONT) Attach additional pages if necessary

SCHEDULE 1 DEBTS/CREDIT LINES (Include home equity and any other open-end revolving credit, even if unused)

Name and address of bank	Endorsement or collateral (describe)	Credit line	Original amount	Unpaid balance	Monthly payment
TCB	Equipment	\$50,000.00	\$ 50,000.00	\$ 50,000.00	\$ -
TCB	Equipment	\$	\$ 48,430.00	\$ 48,430.00	\$ -
TCB	- Total	\$	\$ 12,030.00	\$ 8,030.00	\$
Name and address of others					
Farm Service Agency	Crops	\$	\$	\$ 20,000.00	\$
		\$	\$	\$	\$
	Total	\$	\$	\$	\$

SCHEDULE 2 ACCOUNTS, LOANS, AND NOTES RECEIVABLE

Name and address of debtor	Maturity date	Amount owing	Description or nature of debt	Description of security held	Repayment terms
		\$			
		\$			
	Total	\$			

SCHEDULE 3 LIFE INSURANCE

Name of Insured	Beneficiary	Insurance co.	Face amount of policy	Surrender value	Loans against policy	Yearly premium	Type of policy	Is policy assigned?
Ronnie F. Judy	Todd & Ryan Judy		\$30,000.	\$ 5,000.	\$	\$		
Ronnie F. Judy	Wanda & Nick Judy		\$50,000.	\$ 5,000.	\$	\$		

SCHEDULE 4 STOCKS, BONDS, AND US GOVERNMENT SECURITIES

Description of Security	Registered in name of	Face value (bonds) No. of shares (stocks)	Market value/share	Total market value	Pledged Yes/No	Listed (L) on NYSE, AMEX Unlisted (U) Government Security (G)
			\$	\$		
			\$	\$		
			\$	\$		
		Total Listed		\$		
		Total Unlisted		\$		

SCHEDULE 5 REAL ESTATE

Description or address to include city and state	Title in name of	Date acquired	Cost	Market value	Original mortgage	Unpaid balance	Monthly payment	Mortgage holder
1872 Sandridge Rd, Dorchester			\$	\$650,000	\$	\$	\$	None
(143 Acres with Home)	Ronnie F. Judy		\$	\$	\$	\$	\$	
	Jeffrey T. Judy		\$	\$	\$	\$	\$	
257 Acres & 168 Acres (1/2 Interst)			\$	\$425,000	\$	\$	\$	
			\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	
	Total		\$	\$1,075,000	\$	\$	\$	

OTHER CREDIT REFERENCES (Give names of banks, finance companies or other concerns where credit has been obtained)

Name and address	Date	Account number	Type of account	High credit
			\$	
			\$	
			\$	

PERSONAL FINANCIAL STATEMENT

Answer all questions using "no" or "none" where necessary.
Please begin by completing schedules on reverse side.



THE CITIZENS BANK

OLANTA • TURBEVILLE • LYNCHBURG • LAKE CITY • SUMTER
PAWLEYS ISLAND • SCRANTON • TIMMONSVILLE

PERSONAL INFORMATION			Date of statement
Name (first, middle, last) Ronnie F. Judy	Birthdate 01-15-43	Phone number (843) 563-3630	January 20, 2006
Home address (include apt.) 1872 Sandridge Rd.	City, state, zip Dorchester, SC 29437	Social security number 249-72-5237	
Business/Employer Farmer (Self Employed)	Title/Position	How long 43yrs./	
Business address Same as Home	City, state, zip	How long 40yrs	
Do you have any dependents? If yes, list ages No	Do you have a will? If yes, name of executor Yes-Wanda B. Judy		Phone number ()
Have you ever taken bankruptcy? If yes, explain No	Are you a defendant in any suits or legal actions?		
If joint statement, list names of individuals whose assets, liabilities and income are included			
ASSETS		LIABILITIES	
Cash, on hand and unrestricted in banks From below	\$ 4,000.00	Notes payable to banks Schedule 1	\$ 126,460.00
Accounts/Notes-receivable Schedule 2	\$	Notes and accounts due others Schedule 1	\$
Cash surrender value life insurance, (Do not deduct loans) Schedule 3	\$ 10,000.00	Loans against life insurance Schedule 3	\$
Listed (AMEX, NYSE) stocks, bonds, US Govt. Securities Schedule 4	\$ -	Brokers margins accounts	\$
Other stocks and bonds Schedule 4	\$ -	Taxes accrued but unpaid	\$
Real estate at cost or market value Schedule 5	\$ 1,075,000.00	Mortgages payable on real estate Schedule 5	\$
Automobiles	\$		
1996 Ford F250	\$ 10,000.00		
1997 Ford 250	\$ 12,000.00		
1988 Mack Trk. ~~1988 Mack Trk.~~	\$ 15,000.00 ~~10,000.00~~		
Farm equipment	\$ 300,000.00	Other liabilities - itemize	\$
Total assets	\$ 1,436,000.00	Total liabilities	\$ 126,460.00
NET WORTH Subtract your total liabilities from total assets and enter figure at right		\$ 1,309,540.00	
CONTINGENT LIABILITIES As guarantor or co-maker, Legal claims on leases or contracts			
INCOME INFORMATION ☐ Monthly ☒ Annual Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation		BANKING RELATIONSHIPS	
Salary (Gross)	\$	Name and address of bank	Single(S) Joint (J) Trust (T) Cash Balance
Bonus and commissions, dividends, interest	\$	TCB	\$ 4,000.00
Rental income	\$		\$
Other - itemize	\$		\$
Total income	\$ 30,000.00	Total cash (take to assets above)	\$

I warrant that there is no judgement against me nor lien unsatisfied upon my property except as shown, nor prior suit pending against me in any court, that no assets are pledged in any manner not shown herein, and that this statement is true and complete and is offered for the purpose of obtaining and maintaining credit. With joint credit, all applicants must sign.

1-20-06 *Ronnie F. Judy*
Date Signature

(Seal)

Date

Signature

(Seal)

Received By

Through

Office

Please Complete Schedules on Reverse Side.

SUPPLEMENTARY SCHEDULE (TAKE TOTALS TO FRONT) Attach additional pages if necessary

SCHEDULE 1 DEBTS/CREDIT LINES (Include home equity and any other open-end revolving credit, even if unused)					
Name and address of bank	Endorsement or collateral (describe)	Credit line	Original amount	Unpaid balance	Monthly payment
TCB	Equipment	\$50,000.00	\$ 50,000.00	\$ 50,000.00	\$ -
TCB	Equipment	\$	\$ 48,430.00	\$ 48,430.00	\$ -
TCB	-	Total	\$	\$ 12,030.00	\$ 8,030.00
Name and address of others					
Farm Service Agency	Crops	\$	\$	\$ 20,000.00	\$
		\$	\$	\$	\$
	Total	\$	\$	\$	\$

SCHEDULE 2 ACCOUNTS, LOANS, AND NOTES RECEIVABLE					
Name and address of debtor	Maturity date	Amount owing	Description or nature of debt	Description of security held	Repayment terms
		\$			
		\$			
	Total	\$			

SCHEDULE 3 LIFE INSURANCE								
Name of insured	Beneficiary	Insurance co.	Face amount of policy	Surrender value	Loans against policy	Yearly premium	Type of policy	Is policy assigned?
Ronnie F. Judy	Todd & Ryan Judy		\$30,000.	\$ 5,000.	\$	\$		
Ronnie F. Judy	Wanda & Nick Judy		\$50,000.	\$ 5,000.	\$	\$		

SCHEDULE 4 STOCKS, BONDS, AND US GOVERNMENT SECURITIES						
Description of Security	Registered in name of	Face value (bonds) No. of shares (stocks)	Market value/share	Total market value	Pledged Yes/No	Listed (L) on NYSE, AMEX Unlisted (U) Government Security (G)
			\$	\$		
			\$	\$		
			\$	\$		
		Total Listed		\$		
		Total Unlisted		\$		

SCHEDULE 5 REAL ESTATE									
Description or address to include city and state	Title in name of	Date acquired	Cost	Market value	Original mortgage	Unpaid balance	Monthly payment	Mortgage holder	
1872 Sandridge Rd, Dorchester			\$	\$650,000	\$	\$	\$	None	
(143 Acres with Home)	Ronnie F. Judy		\$	\$	\$	\$	\$	\$	
	Jeffrey T. Judy		\$	\$	\$	\$	\$	\$	
257 Acres & 168 Acres (1/2 Interest)			\$	\$425,000	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
	Total		\$	\$1,075,000	\$	\$	\$	\$	

OTHER CREDIT REFERENCES (Give names of banks, finance companies or other concerns where credit has been obtained)					Date	Account number	Type of account	High credit
Name and address								
								\$
								\$
								\$

PERSONAL FINANCIAL STATEMENT

Answer all questions using "no" or "none" where necessary.
Please begin by completing schedules on reverse side.



THE CITIZENS BANK

OLANTA • TURBEVILLE • LYNCHBURG • LAKE CITY • SUMTER
PAWLEYS ISLAND • SCRANTON • TIMMONSVILLE

PERSONAL INFORMATION			Date of statement January 20, 2006
Name (first, middle, last) Ronnie F. Judy	Birthdate 01-15-43	Phone number (843) 563-3630	Social security number 249-72-5237
Home address (include apt.) 1872 Sandridge Rd.	City, state, zip Borchester, SC 29437	How long 43yrs./	
Business/Employer Farmer (Self Employed)	Title/Position	How long 40yrs	
Business address Same as Home	City, state, zip	Phone number ()	
Do you have any dependents? If yes, list ages No	Do you have a will? If yes, name of executor Yes-Wanda B. Judy		
Have you ever taken bankruptcy? If yes, explain No	Are you a defendant in any suits or legal actions?		
If joint statement, list names of individuals whose assets, liabilities and income are included			
ASSETS		LIABILITIES	
Cash, on hand and unrestricted in banks From below	\$ 4,000.00	Notes payable to banks Schedule 1	\$ 126,460.00
Accounts/Notes-receivable Schedule 2	\$	Notes and accounts due others Schedule 1	\$
Cash surrender value life insurance, (Do not deduct loans) Schedule 3	\$ 10,000.00	Loans against life insurance Schedule 3	\$
Listed (AMEX, NYSE) stocks, bonds, US Govt. Securities Schedule 4	\$ -	Brokers margins accounts	\$
Other stocks and bonds Schedule 4	\$ -	Taxes accrued but unpaid	\$
Real estate at cost or market value Schedule 5	\$ 1,075,000.00	Mortgages payable on real estate Schedule 5	\$
Automobiles	\$		
1996 Ford F250	\$ 10,000.00		
1997 Ford 250	\$ 12,000.00		
1988 Mack Trk. ~~1988 Mack Trk.~~	\$ 15,000.00 ~~10,000.00~~		
Farm equipment	300,000.00	Other liabilities - itemize	\$
Total assets	\$ 1,436,000.00	Total liabilities	\$ 126,460.00
NET WORTH Subtract your total liabilities from total assets and enter figure at right		\$ 1,309,540.00	
CONTINGENT LIABILITIES As guarantor or co-maker, Legal claims on leases or contracts			
INCOME INFORMATION ☐ Monthly ☒ Annual Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation		BANKING RELATIONSHIPS	
Salary (Gross)	\$	Name and address of bank	Single(S) Joint (J) Trust (T) Cash Balance
Bonus and commissions, dividends, interest	\$	TCB	\$ 4,000.00
Rental income	\$		\$
Other - itemize	\$		\$
Total income	\$ 30,000.00	Total cash (take to assets above)	\$

I warrant that there is no judgement against me nor lien unsatisfied upon my property except as shown, nor prior suit pending against me in any court, that no assets are pledged in any manner not shown herein, and that this statement is true and complete and is offered for the purpose of obtaining and maintaining credit. With joint credit, all applicants must sign.

1-2006 *Ronnie F. Judy* (Seal) Date Signature

Received By _____ Through _____ Office _____

Please Complete Schedules on Reverse Side. **16231**

SUPPLEMENTARY SCHEDULE (TAKE TOTALS TO FRONT) Attach additional pages if necessary

SCHEDULE 1 DEBTS/CREDIT LINES (Include home equity and any other open-end revolving credit, even if unused)					
Name and address of bank	Endorsement or collateral (describe)	Credit line	Original amount	Unpaid balance	Monthly payment
TCB	Equipment	\$50,000.00	\$ 50,000.00	\$ 50,000.00	\$ -
TCB	Equipment	\$	\$ 48,430.00	\$ 48,430.00	\$ -
TCB	-	Total	\$	\$ 12,030.00	\$ 8,030.00
Name and address of others					
Farm Service Agency	Crops	\$	\$	\$ 20,000.00	\$
		\$	\$	\$	\$
	Total	\$	\$	\$	\$

SCHEDULE 2 ACCOUNTS, LOANS, AND NOTES RECEIVABLE					
Name and address of debtor	Maturity date	Amount owing	Description or nature of debt	Description of security held	Repayment terms
		\$			
		\$			
	Total	\$			

SCHEDULE 3 LIFE INSURANCE								
Name of insured	Beneficiary	Insurance co.	Face amount of policy	Surrender value	Loans against policy	Yearly premium	Type of policy	Is policy assigned?
Ronnie F. Judy	Todd & Ryan Judy		\$30,000.	\$ 5,000.	\$	\$		
Ronnie F. Judy	Wanda & Nick Judy		\$50,000.	\$ 5,000.	\$	\$		

SCHEDULE 4 STOCKS, BONDS, AND US GOVERNMENT SECURITIES						
Description of Security	Registered in name of	Face value (bonds) No. of shares (stocks)	Market value/share	Total market value	Pledged Yes/No	Listed (L) on NYSE, AMEX Unlisted (U) Government Security (G)
			\$	\$		
			\$	\$		
			\$	\$		
		Total Listed		\$		
		Total Unlisted		\$		

SCHEDULE 5 REAL ESTATE									
Description or address to include city and state	Title in name of	Date acquired	Cost	Market value	Original mortgage	Unpaid balance	Monthly payment	Mortgage holder	
1872 Sandridge Rd, Dorchester	Ronnie F. Judy		\$	\$650,000	\$	\$	\$	None	
(143 Acres with Home)	Jeffrey T. Judy		\$	\$	\$	\$	\$	\$	
257 Acres & 168 Acres (1/2 Interst)			\$	\$425,000	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
	Total		\$	\$1,075,000	\$	\$	\$	\$	

OTHER CREDIT REFERENCES (Give names of banks, finance companies or other concerns where credit has been obtained)				
Name and address	Date	Account number	Type of account	High credit
				\$
				\$
				\$

PERSONAL FINANCIAL STATEMENT

Answer all questions using "no" or "none" where necessary.
Please begin by completing schedules on reverse side.



THE CITIZENS BANK

OLANTA • TURBEVILLE • LYNCHBURG • LAKE CITY • SUMTER
PAWLEYS ISLAND • SCRANTON • TIMMONSVILLE

PERSONAL INFORMATION		Date of statement January 20, 2006
Name (first, middle, last) Ronnie F. Judy	Birthdate 01-15-43	Phone number (843) 563-3630
Home address (include apt.) 1872 Sandridge Rd.	City, state, zip Dorchester, SC 29437	Social security number 249-72-5237
Business/Employer Farmer (Self Employed)	Title/Position	How long 43yrs./
Business address Same as Home	City, state, zip	How long 40yrs
Do you have any dependents? If yes, list ages No	Do you have a will? If yes, name of executor Yes-Wanda R. Judy	
Have you ever taken bankruptcy? If yes, explain No	Are you a defendant in any suits or legal actions?	
If joint statement, list names of individuals whose assets, liabilities and income are included		
ASSETS		LIABILITIES
Cash, on hand and unrestricted in banks From below	\$ 4,000.00	Notes payable to banks Schedule 1
Accounts/Notes-receivable Schedule 2	\$	Notes and accounts due others Schedule 1
Cash surrender value life insurance, (Do not deduct loans) Schedule 3	\$ 10,000.00	Loans against life insurance Schedule 3
Listed (AMEX, NYSE) stocks, bonds, US Govt. Securities Schedule 4	\$ -	Brokers margins accounts
Other stocks and bonds Schedule 4	\$ -	Taxes accrued but unpaid
Real estate at cost or market value Schedule 5	\$ 1,075,000.00	Mortgages payable on real estate Schedule 5
Automobiles	\$	
1996 Ford F250	\$ 10,000.00	
1997 Ford 250	\$ 12,000.00	
1988 Mack Trk.	\$ 15,000.00	
1988 Mack Trk.	\$ 10,000.00	Other liabilities - itemize
Farm equipment	300,000.00	
Total assets	\$ 1,436,000.00	Total liabilities
		\$ 126,460.00
NET WORTH Subtract your total liabilities from total assets and enter figure at right		\$ 1,309,540.00
CONTINGENT LIABILITIES As guarantor or co-maker, Legal claims on leases or contracts		
INCOME INFORMATION ☐ Monthly ☒ Annual Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation		BANKING RELATIONSHIPS
Salary (Gross)	\$	Name and address of bank Single(S) Joint (J) Trust (T) Cash Balance
Bonus and commissions, dividends, interest	\$	TCB \$ 4,000.00
Rental income	\$	
Other - itemize	\$	
Total income	\$ 30,000.00	Total cash (take to assets above)
		\$

I warrant that there is no judgement against me nor lien unsatisfied upon my property except as shown, nor prior suit pending against me in any court, that no assets are pledged in any manner not shown herein, and that this statement is true and complete and is offered for the purpose of obtaining and maintaining credit. With joint credit, all applicants must sign.

1-20-06 *Ronnie F. Judy*
Date Signature

(Seal)

Date

Signature

(Seal)

Received By _____ Through _____ Office _____

Please Complete Schedules on Reverse Side.

SUPPLEMENTARY SCHEDULE (TAKE TOTALS TO FRONT) Attach additional pages if necessary

SCHEDULE 1 DEBTS/CREDIT LINES (Include home equity and any other open-end revolving credit, even if unused)					
Name and address of bank	Endorsement or collateral (describe)	Credit line	Original amount	Unpaid balance	Monthly payment
TCB	Equipment	\$50,000.00	\$ 50,000.00	\$ 50,000.00	\$ -
TCB	Equipment	\$	\$ 48,430.00	\$ 48,430.00	\$ -
TCB	- Total	\$	\$ 12,030.00	\$ 8,030.00	\$
Name and address of others					
Farm Service Agency	Crops	\$	\$	\$ 20,000.00	\$
		\$	\$	\$	\$
	Total	\$	\$	\$	\$

SCHEDULE 2 ACCOUNTS, LOANS, AND NOTES RECEIVABLE					
Name and address of debtor	Maturity date	Amount owing	Description or nature of debt	Description of security held	Repayment terms
		\$			
		\$			
	Total	\$			

SCHEDULE 3 LIFE INSURANCE								
Name of insured	Beneficiary	Insurance co.	Face amount of policy	Surrender value	Loans against policy	Yearly premium	Type of policy	Is policy assigned?
Ronnie F. Judy	Todd & Ryan	Judy	\$30,000.	\$ 5,000.	\$	\$		
Ronnie F. Judy	Wanda & Nick	Judy	\$50,000.	\$ 5,000.	\$	\$		

SCHEDULE 4 STOCKS, BONDS, AND US GOVERNMENT SECURITIES						
Description of Security	Registered in name of	Face value (bonds) No. of shares (stocks)	Market value/share	Total market value	Pledged Yes/No	Listed (L) on NYSE, AMEX Unlisted (U) Government Security (G)
			\$	\$		
			\$	\$		
			\$	\$		
		Total Listed		\$		
		Total Unlisted		\$		

SCHEDULE 5 REAL ESTATE								
Description or address to include city and state	Title in name of	Date acquired	Cost	Market value	Original mortgage	Unpaid balance	Monthly payment	Mortgage holder
1872 Sanderidge Rd, Dorchester			\$	\$650,000	\$	\$	\$	None
(143 Acres with Home)	Ronnie F. Judy		\$	\$	\$	\$	\$	\$
	Jeffrey T. Judy		\$	\$	\$	\$	\$	\$
257 Acres & 168 Acres (1/2 Interst)			\$	\$425,000	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
	Total		\$	\$1,075,000	\$	\$	\$	\$

OTHER CREDIT REFERENCES (Give names of banks, finance companies or other concerns where credit has been obtained)				
Name and address	Date	Account number	Type of account	High credit
				\$
				\$
				\$

SUPPLEMENTARY SCHEDULE (TAKE TOTALS TO FRONT) Attach additional pages if necessary

SCHEDULE 1 DEBTS/CREDIT LINES (Include home equity and any other open-end revolving credit, even if unused)					
Name and address of bank	Endorsement or collateral (describe)	Credit line	Original amount	Unpaid balance	Monthly payment
TCB	Equipment	\$50,000.00	\$ 50,000.00	\$ 50,000.00	\$ -
TCB	Equipment	\$	\$ 48,430.00	\$ 48,430.00	\$ -
TCB	-	Total	\$	\$ 12,030.00	\$ 8,030.00
Name and address of others					
Farm Service Agency	Crops	\$	\$	\$ 20,000.00	\$
		\$	\$	\$	\$
	Total	\$	\$	\$	\$

SCHEDULE 2 ACCOUNTS, LOANS, AND NOTES RECEIVABLE					
Name and address of debtor	Maturity date	Amount owing	Description or nature of debt	Description of security held	Repayment terms
		\$			
		\$			
	Total	\$			

SCHEDULE 3 LIFE INSURANCE								
Name of insured	Beneficiary	Insurance co.	Face amount of policy	Surrender value	Loans against policy	Yearly premium	Type of policy	Is policy assigned?
Ronnie F. Judy	Todd & Ryan Judy		\$30,000.	\$ 5,000.	\$	\$		
Ronnie F. Judy	Wanda & Nick Judy		\$50,000.	\$ 5,000.	\$	\$		

SCHEDULE 4 STOCKS, BONDS, AND US GOVERNMENT SECURITIES							
Description of Security	Registered in name of	Face value (bonds) No. of shares (stocks)	Market value/share	Total market value	Pledged Yes/No	Listed (L) on NYSE, AMEX Unlisted (U) Government Security (G)	
			\$	\$			
			\$	\$			
			\$	\$			
		Total Listed		\$			
		Total Unlisted		\$			

SCHEDULE 5 REAL ESTATE									
Description or address to include city and state	Title in name of	Date acquired	Cost	Market value	Original mortgage	Unpaid balance	Monthly payment	Mortgage holder	
15472 Sandridge Rd, Dorchester	Ronnie F. Judy		\$	\$650,000	\$	\$	\$	None	
(143 Acres with Home)	Jeffrey T. Judy		\$	\$	\$	\$	\$	\$	
257 Acres & 168 Acres (1/2 Interest)			\$	\$425,000	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
			\$	\$	\$	\$	\$	\$	
	Total		\$	\$1,075,000	\$	\$	\$	\$	

OTHER CREDIT REFERENCES (Give names of banks, finance companies or other concerns where credit has been obtained)				
Name and address	Date	Account number	Type of account	High credit
				\$
				\$
				\$

PERSONAL FINANCIAL STATEMENT

Answer all questions using "no" or "none" where necessary.
Please begin by completing schedules on reverse side.



THE CITIZENS BANK

OLANTA • TURBEVILLE • LYNCHBURG • LAKE CITY • SUMTER
PAWLEYS ISLAND • SCRANTON • TIMMONSVILLE

PERSONAL INFORMATION			Date of statement
Name (first, middle, last) Ronnie F. Judy	Birthdate 01-15-43	Phone number (843) 563-3630	January 20, 2006
Home address (include apt.) 1872 Sandridge Rd.	City, state, zip Borchester, SC 29437	Social security number 249-72-5237	How long 23yrs./
Business/Employer Farmer (Self Employed)	Title/Position	How long 40yrs	Phone number ()
Business address Same as Home	City, state, zip		
Do you have any dependents? If yes, list ages No	Do you have a will? If yes, name of executor Yes-Wanda B. Judy		
Have you ever taken bankruptcy? If yes, explain No	Are you a defendant in any suits or legal actions?		
If joint statement, list names of individuals whose assets, liabilities and income are included			
ASSETS		LIABILITIES	
Cash, on hand and unrestricted in banks		Notes payable to banks	
From below	\$ 4,000.00	Schedule 1	\$ 126,460.00
Accounts/Notes-receivable	\$	Notes and accounts due others	
Schedule 2	\$	Schedule 1	\$
Cash surrender value life insurance, (Do not deduct loans)		Loans against life insurance	
Schedule 3	\$ 10,000.00	Schedule 3	\$
Listed (AMEX, NYSE) stocks, bonds, US Govt. Securities		Brokers margins accounts	\$
Schedule 4	\$ -	Taxes accrued but unpaid	\$
Other stocks and bonds		Mortgages payable on real estate	
Schedule 4	\$	Schedule 5	\$
Real estate at cost or market value			
Schedule 5	\$ 1,075,000.00		
Automobiles			
1996 Ford F250	\$ 10,000.00		
1997 Ford 250	\$ 12,000.00		
1988 Mack Trk.	\$ 15,000.00	Other liabilities - itemize	\$
1988 Mack Trk.	\$ 10,000.00		
Farm equipment	300,000.00		
Total assets	\$ 1,436,000.00	Total liabilities	\$ 126,460.00
NET WORTH Subtract your total liabilities from total assets and enter figure at right		\$ 1,309,540.00	
CONTINGENT LIABILITIES As guarantor or co-maker, Legal claims on leases or contracts			
INCOME INFORMATION ☐ Monthly ☒ Annual Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation		BANKING RELATIONSHIPS	
Salary (Gross)	\$	Name and address of bank	Single(S) Joint (J) Trust (T)
Bonus and commissions, dividends, interest	\$	TCB	Cash Balance
Rental income	\$		\$ 4,000.00
Other - itemize	\$		\$
	\$		\$
Total income	\$ 30,000.00	Total cash (take to assets above)	\$



I warrant that there is no judgement against me nor lien unsatisfied upon my property except as shown, nor prior suit pending against me in any court, that no assets are pledged in any manner not shown herein, and that this statement is true and complete and is offered for the purpose of obtaining and maintaining credit. With joint credit, all applicants must sign.

1-20-06 Ronnie F. Judy (Seal) Date Signature Date Signature (Seal)

Received By _____ Through _____ Office _____

Please Complete Schedules on Reverse Side.

Larry Thomas Mills

2426 Pageland Hwy.
Monroe N.C. 28112

Case # 95-C.P. 18-924

Ms. Marjorie McKissick
Clerk Of Court, Dorchester Cty.
P.O. Box 158
St. George, S.C. 29477

LARRY THOMAS MILLS
VS.
RONNIE JUDY

Dear Ms. McKissick:

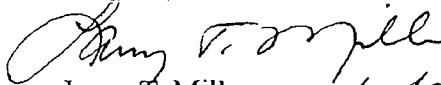
gja
I am hereby requesting that you file a summons and complaint for me on Mr. Ronnie Judy for fraudulent misrepresentation of cattle. Mr. Judy advertised 20 purebred Santa Gertrudis cows with 12 calves and balance springing plus a registered Gelbvieh bull in the March '95 issue of the S.C. Market Bulletin. My wife and I visited his farm on Sand Ridge Rd. near St. George and purchased the cattle. Mr. Judy told us that he now had 15 calves and that the cows were 3 to 8 years old and that he had papers for about 12 of the cows and the rest were purebred stock. He also stated that he would register the Gelbvieh bull in my name. He had another young Santa Gertrudis / Limousin cross cow with a calf that we negotiated into my purchase for a total of 21 cows, a yearling bull and 15 calves at \$16,000. In a separate transaction my son also purchased 3 heifers for \$1500. My son is satisfied with his purchase because the heifers were as represented, but I am very unhappy since my purchase was grossly misrepresented by Mr. Judy.

It took three trips to get all the cattle and when I got down to pick up the final load I was expecting to get 7 calves and the balance of the cows but he had only 1 for me. I talked to him for well over an hour trying to resolve the missing calves and his only explanation was that he had miscounted them and said that all the cows would calve by May. He did finally agree to deduct \$200. from the \$16,000. price since the calves were not there. I very reluctantly agreed to this but told him that he was treating me unfairly on this point and that I should have gotten at least \$200. each for the 6 missing calves. Since I was not sure that I had the correct females already hauled for the calves that were at the farm I went ahead and took the final load, but there was no question about the fact that I felt I had been cheated. After I got home I had my cousin who is studying to be a veterinarian to look the cows over and give me his evaluation. The cows had been represented as 3 to 8 years old but my cousin said several of them appeared to be over 15 years old. He said that 7 of the cows were not purebred at all. I called Mr. Judy about my dissatisfaction and told him that I would like to return them all for a refund since he had not produced the registration papers for the 12 cows, 7 cows were not purebred, and the cows were older than he had represented them as, plus the missing calves. He said that he did not have the cash to refund my money. I then made an agreement with him to return 5 cows and a calf in exchange for 7 bred heifers. He kept putting me off on making the exchange due to various farming activities that he said kept him from having the time to catch the



heifers. We finally set a firm date of July 29 to make the exchange and I had the cows loaded and was ready to pull out when he called to say he had not put the heifers up. I told him I wanted to come anyway and either get the 7 heifers or a check for \$3810. He then said he was not going to let me have 7 heifers as he had agreed to do but would only let me have 5 and then only when he got around to catching them. At that point I got upset with his constant lies and delay tactics trying to wear me down and told him I would seek relief through the court. I have been reluctant to do this since I have never gone to court before, but when the fifth cow died yesterday I decided that I was not going to let him get away with cheating me through fraudulent misrepresentation of the cattle. I am enclosing a check for \$55. to file my claim. I am aware of the long docket, but I do want to pursue my claim for the \$15800. I will be ready to return the 17 cows that are left plus the value of the 9 calves I picked up at such time as directed by the court. I only got 13 total calves from the 21 cows instead of the 20 that I had expected. One cow lost a calf after I traded with him but before I picked them up in April of 1995. I estimated the value of the 9 calves received to be \$1800. at the time of purchase. If you need to contact me I can be reached at the above address or by phone at (704)289-6344.

Sincerely Yours,


Larry T. Mills 12/18/95

so - so
\$121,000
lose 4500
hiring
mountain

Request for Summons and Complaint based on the following facts.

- The Seller never never furnished the 12 registration certificates on the Clarendon Cows as promised. In fact he never furnished even 1 certificate for the cattle I received. The certificates would have shown the age of the cattle and would have proved that he lied about the age of the cows. Unregistered cows would not have been worth the price I paid Judy for these cows.
- Seller represented the cows as 3 to 8 years of age. There are several cows which are 12 to 15 years of age and 3 cows have died due to age, 1 due to calving problems, and 1 calf was smashed by large cows due to improper loading for which I must accept my share of the blame since I assisted in the loading.
- Seller represented that 20 of the cows were purebred Santa Gertrudis. In fact there are at least 6 of those 20 that are mixed breed.
- Seller represented that 15 calves would be included plus the young half breed cow that he included in the sale had a calf so I should have received 16 calves. I only picked up 9 calves total.
- Seller represented that all cows were springing to calve by May. 8 cows never dropped a calf.
- Buyer is suing to recover \$15,800. paid to seller less the \$1800. value of the 9 calves received and would expect to return all living cows or settle as directed by judge hearing the case.

Judy T. Jella
12/18/95

Larry T. Mills
2426 Pageland Hwy.
Monroe, N.C. 28112
Tel. (704) 289-6344

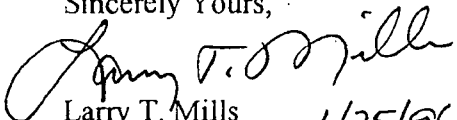
Ronnie Judy
Rt. 1, Box 74B
Reevesville, S.C.

Dear Ronnie:

I am writing to advise you of my plans to sell the Santa Gertrudis Cows I purchased from you. I have tried to sell them at private treaty but although I have been able to get quite a few lookers I have not gotten a reasonable offer. As of this date 5 of the cows have died and I am now taking them all to the diagnostic laboratory to get a report on cause of death. The last two have both shown signs of stomach damage from severe worm infestations in the past. You must not have wormed them on a regular basis. Both of the last to die have been cows I tried to work out an equitable trade with you on but after you agreed to trade 7 springing heifers for the 5 cows you reneged on the deal after several weeks of put offs and then letting me load the cows up and start pulling out of the yard before you called to say you did not have the heifers up and would not honor what you had agreed to. It has always been my practice to honor any agreement I make regardless of the financial consequences to me. That is what I expected of you, just as I expected you to furnish the 12 registration certificates on the Clarendon cows. Then later you say you didn't get papers on the Clarendon cows after previously telling me that you got 20 registered heifers from Clarendon. I've always heard that if you lie it would catch up with you because you would forget what you had told. That certainly seems to be the case with you.

I am offering you a chance to get the remaining cows back, 16 head plus calves, for \$12000. and I will drop my pending lawsuit that is filed in district court for Dorchester County. Most of the oldest cows have died but there are still 3 that I am concerned about. I have wormed the cows, fed them well, and provided minerals for them. I have worked with cows for many years and have not experienced excessive problems with any breed until I got these cows. They are much older than you represented them as and the vets have seen loose teeth in both of the last 2 cows to die and neither of them had calves last year and were not bred when they died. They were obviously too old to breed. If you have any different ideas on ways to resolve our dispute I will try to be reasonable in settling the matter with you.

Sincerely Yours,


Larry T. Mills
1/25/96

2010 FEB 19 PM 12:07
CLERK OF COURT
EMERSON COUNTY

State of South Carolina;
County of Dorchester;

In the Court of Common Pleas
Case # 95-CP-18-924

Larry Thomas Mills;

-vs-

Ronnie Judy;

Answer
(Defendant Ronnie Judy)
(Request Jury Trial)

The Defendant, Ronnie Judy denies each and every allegation of the Plaintiff's claim not herein specifically admitted, qualified or explained.

Paragraph 1. Deny
Paragraph 2. Deny
Paragraph 3. Deny
Paragraph 4. Deny
Paragraph 5. Deny
Paragraph 6. Deny

Dorchester, SC
Annular 26. 1996

Ronnie Judy
Ronnie Judy

IN THE COURT OF COMMON PLEAS

CASE NO.

Larry Mills

95-CP-18-924

Donnie Judy
97 JUL 22 PM 2:30

CLERK OF COURT
CORCHESSE COUNTY

2018 FEB 19 PM 2:07
CLERK OF COURT
CORCHESSE COUNTY

PLAINTIFF(S)

DEFENDANT(S)

CHECK ONE:

- ☒ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☐ **DECISION BY THE COURT.** This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.
- ☐ **ACTION DISMISSED (CHECK REASON):** ☐ Rule 12(b), SCRPC; ☐ Rule 41(a), SCRPC (Vol. Nonsuit); ☐ Rule 43(k), SCRPC (Settled); ☐ Other- _____
- ☐ **ACTION STRICKEN (CHECK REASON):** ☐ Rule 40(j) SCRPC; ☐ Bankruptcy; ☐ Other- _____

IT IS ORDERED AND ADJUDGED: ☐ See attached order; ☐ Statement of Judgment by the Court

(\$9,424.00) Nine thousand four hundred and twenty four dollars Actual Damages for Plaintiff

Dated at *St. George*, South Carolina, this *22* day of *July*, 19 *97*

Donnie Judy
PRESIDING JUDGE

This judgment was entered on the _____ day of _____, 19____, and a copy mailed first class this _____ day of _____, 19____ to attorneys of record or to parties (when appearing pro se) as follows:

Larry Mills

Donnie Judy
and delivered

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

SC P FORM 4
(R 2/96)

CLERK OF COURT

STATE OF SOUTH CAROLINA

IN THE COURT OF COMMON PLEAS
95-CP-18-924

COUNTY OF DORCHESTER

LARRY THOMAS MILLS,
PLAINTIFF,

VERDICT

VS

RONNIE JUDY,
DEFENDANT.

CERTIFIED BY
2010 FEB 19 PM 12:07
Clerk of Court
DORCHESTER COUNTY

1.

WE FIND FOR THE PLAINTIFF THE SUM OF

Nine thousand
four hundred and twenty four DOLLARS ACTUAL DAMAGES.

2.

WE FIND FOR THE DEFENDANT " "

Norman D. Stogor
FOREMAN

NOTE: IF #1 USED, WRITE AMOUNT IN BLANK SPACE, IN WORDS, NOT FIGURES.

IF #2 USED, PLACE CHECK MARK IN SPACE PROVIDED.

July 22, 1997

STATE OF SOUTH CAROLINA
COUNTY OF Hampton Dorchester

JUDGMENT IN A CIVIL CASE

IN THE COURT OF COMMON PLEAS

CASE NO. 95-CP-18-72

W. My Mills, Jr.
-vs-

Ronnie Judy, Def.
PLAINTIFF(S)

DEFENDANT(S)

CHECK ONE:

- ☐ JURY VERDICT: This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☐ DECISION BY THE COURT: This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.
- ☐ ACTION DISMISSED (CHECK REASON): ☐ Rule 12(b), SCRC?; ☐ Rule 41(a), SCRC? (Vol. Nonsuit); ☐ Rule 43(k), SCRC? (Settled); ☐ Other-_____
- ☐ ACTION STRICKEN (CHECK REASON): ☐ Rule 40(j) SCRC?; ☐ Bankruptcy; ☐ Other-_____

IT IS ORDERED AND ADJUDGED: ☐ See attached order; ☐ Statement of Judgment by the Court:

on motion by Defendant to reconsider
trial of motions of Defendant at end
of jury trial July 23, 1997 - motion denied
see attached exhibits
dated at Hampton, S.C. South Carolina, this Aug. 26, 1997 day of 19
P. W. B.
PRESIDING JUDGE

is judgment was entered on the _____ day of _____, 19____, and a copy mailed first class this _____ day of _____, 19____ to attorneys of record or to parties (when appearing pro se) as follows:

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

CLERK OF COURT

RCB 9-24

Revised 1-96

N.C. DEPARTMENT OF AGRICULTURE
VETERINARY DIVISION
DIAGNOSTIC LABORATORY

4598-96 NRR Mills, Larry
02-05-06 4y
BOVINE F
Santa Gertrudis
REC

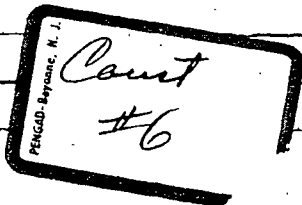
2010 FEB 19 PM 12:07

3-18-96

: Necropsy
: Bacteriology
: Chemistry
: Cytology
: EM
: Hematology
: Histopathology
: Mycology
: Parasitology
: Rabies
: Referred
: Serology
: Virology

LABORATORY RECORD

2/5/96 Date
Bovine Species
Mixed Breed
F Sex
4 yrs. Age
Veterinarian
Address
Owner Larry Mills
Address 2406 Pageland Hwy.
Morse, NC 28113
Telephone 289-6344
Submitted by self
Farm No. (QBSP)
County Union



REMARKS:

Died Saturday
10 days old calf
Symptoms: pneumonia? Went down Thursday, lethargic. Some mucus from nose. Fever? - nose was dry.
Treatment: Friday gave 50 cc LA200, 10 cc Vitamin B
Habitat: same pasture
Diet: Coastal hay, ground feed occasionally, Hi-Mag Minerals
Vaccinations: None
Wound: Week ago w/ Safeguard block free-choice
Rested herd was in poor condition
G: 30
A: 3rd cow to die in ~ 2 months; last cow was brought to lab 2 weeks ago

NECROPSY DIAGNOSIS

PRELIMINARY REPORT

DATE:

Veterinarian

IF YOU HAVE ANY QUESTION RELATING TO THIS DIAGNOSIS PLEASE CALL THE ABOVE VETERINARIAN AT: (919) 733-3986

N.C. DEPARTMENT OF AGRICULTURE
VETERINARY DIVISION
DIAGNOSTIC LABORATORY

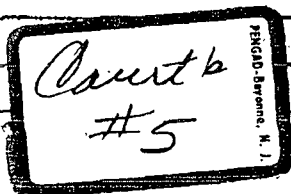
7741-96 NCP Mills, Larry
02-26-96 15y
BOVINE F
Santa Gertrudis
NEC

CERTIFIED
4-1-96
2010 FEB 19 PM 12:07

☐ Necropsy
☐ Bacteriology
☐ Chemistry
☐ Cytology
☐ EM
☐ Hematology
☐ Histopathology
☐ Mycology
☐ Parasitology
☐ Rabies
☐ Referred
☐ Serology
☐ Virology

LABORATORY RECORD

2/26/96 Date Bovine Species Santa Gertrudis Breed F Sex 15yrs Age
Veterinarian _____ Owner Larry Mills
Address _____ Address 2426 Told Hwy.
Monroe, LA 70511
Telephone 289-6344
Submitted by self Farm No. _____ County Monroe
(QBSP)



REMARKS:

Died last night
Symptoms: Little mucus in nose; got down Saturday am
wouldn't get back up. Gradually stopped eating.
No Medication given
Habitat: Fence pasture
Diet: Coastal Bermuda hay, Cottonseed meal, Protein block,
Hi-Mag Minerals
Vaccinations: Not by this owner - Purchased in 4/95
Wormed: ~ month ago w/ Safeguard
Wants to know if she was bred
G: 30 cows plus their calves.
A: This is only one in past month, had lost some previously.

PRELIMINARY REPORT

DATE: _____

Veterinarian _____

IF YOU HAVE ANY QUESTION RELATING TO THIS DIAGNOSIS PLEASE CALL THE ABOVE VETERINARIAN AT: (919) 733-3986

LF 36 (3/91)

N.C. DEPARTMENT OF AGRICULTURE
VETERINARY DIVISION
DIAGNOSTIC LABORATORY

2794-96 NCQ Mills, Larry
01-23-96 15y
BOVINE F
Santa Gertrudis
NEC

2010 FEB 19 PM 12:07

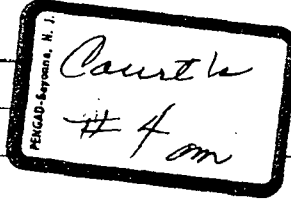
LABORATORY RECORD

1/23/96 Date
Bovine Species
Santa Gertrudis Breed
F Sex
15yr. Age

☐ Necropsy
☐ Bacteriology
☐ Chemistry
☐ Cytology
☐ EM
☐ Hematology
☐ Histopathology
☐ Mycology
☐ Parasitology
☐ Rabies
☐ Referred
☐ Serology
☐ Virology

Veterinarian

Address



Owner

Address

Telephone

Farm No.
(QBSP)

County Union

Submitted by self

REMARKS:

Died last night (thinka may be pregnant)
Noticed was staying off to herself; noticed yesterday that she was
laying down & seemed weak. Not head hung under sliding her
down yesterday evening. This a.m. when found dead, a lot of
drainage came from nose but had not noticed any heavy
breathing or pneumonia-like symptoms.

Treatment: None

Habitat: 1 acre pasture, volunteer grass

Diet: Coastal Bermuda hay, Trace & Hi-Mag minerals free choice

Vaccinations: None

Wormed: Dyanthic liquid $\approx$ 6-8 weeks ago

G: 24

A: This one; another died $\approx$ 3 weeks ago; had another w/calving problem
still alive

NECROPSY DIAGNOSIS

PRELIMINARY REPORT

DATE:

Veterinarian

IF YOU HAVE ANY QUESTION RELATING TO THIS DIAGNOSIS PLEASE CALL THE ABOVE VETERINARIAN AT: (919) 733-3986

LF 36 (3/91)

PAGE 02

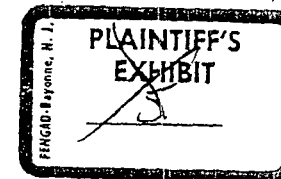
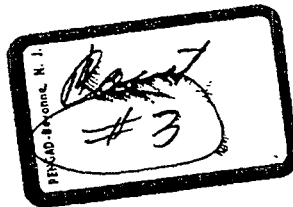
ROLLINS LAB

[639]

9575550494

5017 1001/100/100

[640]



CLERK OF COURT
MONROE COUNTY

2010 FEB 19 PM 12:07

 MOUNTAIN OAKS FARM
4116 PAGELAND HWY.
MONROE, NC 28112

66-1172/531 1015
010027506

DATE Feb. 28, 1996

PAY TO THE ORDER OF Larry T. Mills \$ 6000.00

Six Thousand and no 100 DOLLARS

 BANK OF UNION P.O. BOX 1459
MONROE, NC 28111-1459

MEMO Judy Cows - 16 Sals Gals Earl Rape MP

⑆053111726⑆ 010027506⑆ 1015

Pam 289-1235

Judy Stalling (angie)
Mandy 289-9555

704-289-4655 - Chm
- 282-1777 -

1-704-555-1212
764-3166

1-704-764-3166 (H)
1-704-221-1801 CP.

The South Carolina Court of Appeals

Larry Mills,

Respondent,

v.

Ronnie Judy,

Appellant.

The Honorable Luke N. Brown, Jr.
Dorchester County
Trial Court Case No. 95-CP-18-924

ORDER of DISMISSAL

The Notice of Appeal in the case noted above has been transferred to the Court of Appeals by the South Carolina Supreme Court. The Notice of Appeal was not filed in the above matter due to the failure of Appellant to timely serve and file the Notice of Appeal, as provided for in Rule 203(b)(1) of the South Carolina Appellate Court Rules.

IT IS ORDERED that the above captioned appeal be and hereby is dismissed. Pursuant to Rule 221(b) of the South Carolina Appellate Court Rules, the remittitur in this case will be sent to the Clerk of Court for Dorchester County after (15) days, exclusive of the date of filing this Order.

BY Ida R. Carson, Deputy Clerk
For The Court

Columbia, South Carolina
September 10, 1997

cc: Mr. Ronnie F. Judy (Certified #Z 362 929 963)
Mr. Larry T. Mills
The Honorable Margie K. Carn McKissick

The South Carolina Court of Appeals

Larry Mills,

Respondent,

Ronnie Judy,

Appellant.

The Honorable Luke N. Brown, Jr.
Dorchester County
Trial Court Case No. 95-CP-18-924

REMITTITUR

No Petition for Reinstatement having been filed in the above matter since issuance of this Court's Order dated September 10, 1997,

IT IS SO ORDERED that the above appeal be and hereby is remitted to the Clerk of Court for Dorchester County.

BY Kenneth A. Nechastel, Clerk
For The Court

Columbia, South Carolina

September 26, 1997

Original to: The Honorable Margie K. Carn McKissick

cc: Mr. Ronnie F. Judy
Mr. Larry T. Mills

The South Carolina Court of Appeals

Larry Mills,

Respondent,

v.

Ronnie Judy,

Appellant.

34764

The Honorable Luke N. Brown, Jr.
Dorchester County
Trial Court Case No. 95-CP-18-924

ORDER of DISMISSAL

CERTIFIED
2010 FEB 19 PM 12:08
CLERK OF COURT
DORCHESTER COUNTY

The above entitled case is pending on appeal in this Court. Due to the failure of appellant to provide proof of service for the Record on Appeal in the above matter, as provided for in Rule 209 of the South Carolina Appellate Court Rules,

IT IS ORDERED that the above captioned appeal be and hereby is dismissed. Pursuant to Rule 221(b) of the South Carolina Appellate Court Rules, the remittitur in the case will be sent to the Clerk of Court for Dorchester County after (15) days, exclusive of the date of filing this Order.

BY *Wm. H. A. Nichols*, Clerk
For The Court

Columbia, South Carolina

May 15, 1998

cc: M. Baron Stanton, Esquire
Mr. Larry T. Mills
The Honorable Margie K. Carn McKissick

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

Larry T. Mills,
Respondent,

v.

Ronnie F. Judy,
Appellant.

Appeal From Dorchester County
Luke N. Brown, Jr., Circuit Court Judge

Unpublished Opinion No. 99-UP-208
Submitted February 9, 1999 - Filed March 24, 1999

AFFIRMED

M. Baron Stanton, of Stanton Law Offices, of Columbia, for
appellant.

Larry T. Mills, of Monroe, NC, pro se.

PER CURIAM: Larry T. Mills sued Ronnie F. Judy for breach of contract in connection with Mills's purchase of Judy's cows. The jury awarded Mills \$9,424, the difference between the amount Mills paid for the cows and the amount he received when he later sold the cows. Judy appeals the trial court's denial of his new trial motion based on after-discovered evidence. We affirm.

Mills bought twenty-five cows from Judy, most of them described by Judy as Clarendon-bred Santa Gertrudis Cows. Soon thereafter, Mills became dissatisfied with his purchase, claiming the cows he purchased were not as promised. After negotiations failed, Mills brought this suit in December 1995.

On January 25, 1996, Mills advised Judy of his intent to sell the Santa Gertrudis cows. On February 28, 1996, Mills sold some cows to Earl Rape for a total

CLERK OF COURT
DORCHESTER COUNTY
2010 FEB 19 PM 12:08
99 AUG 20 PM 2:24
FILED-RECORDED

MILLS v. JUDY

of \$12,800.00. Rape wrote two checks: one for \$6,000, and the other for \$6,800. At trial, Mills produced only the \$6,000 check.

On August 26, 1997, at the hearing on Judy's new trial motion, Judy argued that, based on Mills's failure to produce the \$6,800 check, the trial court should reconsider its earlier denials of Judy's new trial motions. According to Judy, the \$6,800 check established that Mills did not lose as much money on the transaction as he claimed at trial. The trial court denied the motion.

On appeal, Judy contends that the trial court erred by denying his motion for a new trial based on after-discovered evidence. We disagree.

"[A] motion for a new trial based on after-discovered evidence is addressed to the sound discretion of the trial court and its refusal to grant the motion will not be overturned on appeal unless an abuse of discretion amounting to an error of law is shown." Bettis v. Busbee, 283 S.C. 502, 505, 323 S.E.2d 536, 538 (Ct. App. 1984). To warrant a new trial on the ground of after-discovered evidence, an appellant must demonstrate that "the evidence has been discovered since the trial; that it is not merely cumulative or impeaching, but is material to the issue and such as would probably change the result; and that it could not have been discovered before the trial by the exercise of due diligence." Mutual Sav. & Loan Ass'n v. Monarch Ins. Co. of Ohio, 248 S.C. 272, 282, 149 S.E.2d 633, 638 (1966); accord Ortowski v. Ortowski, 237 S.C. 499, 504, 117 S.E.2d 860, 862 (1961).

In this case, Judy knew well more than a year before trial that Mills planned to sell the cattle, and the cows were sold at a livestock auction, not a private sale. Given these circumstances, we conclude that, through the exercise of due diligence, Judy could have discovered to whom Mills sold the cows and the terms of the sale. Judy thus could have presented the second check at trial to dispute the damages claimed by Mills. The trial court, therefore, properly denied Judy's motion for a new trial.¹ Accordingly, for the foregoing reasons, the decision of the trial court is hereby

AFFIRMED.

HOWELL, C.J., GOOLSBY and CONNOR, JJ., concur.

¹ Judy also contends the trial court applied the wrong standard to his motion, pointing to the court's statement at the hearing that Judy was asking the court "to reconsider your denial for a verdict non obstante verdicto." Because the trial court also stated that "this is information that should have been presented at the trial," we believe that the trial court applied the proper standard to Judy's motion. Moreover, given our conclusion that Judy could have discovered the \$6,800 check through the exercise of due diligence, any error by the trial court is harmless.

The Supreme Court of South Carolina

Ronnie F. Judy, ————— Petitioner,

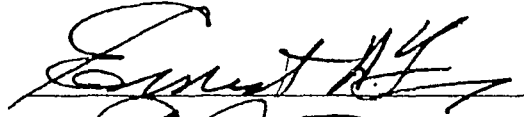
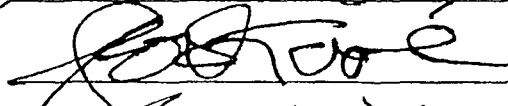
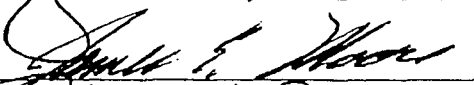
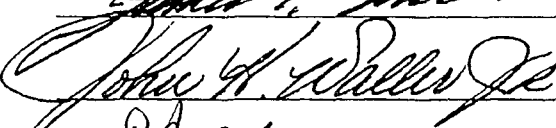
v.

Larry T. Mills, ————— Respondent.

ORDER

Petitioner seeks a writ of certiorari to review the Court of Appeals' decision in Judy v. Mills, Op. No. 99-UP-208 (S.C. Ct. App. filed March 24, 1999). The petition for a writ of certiorari as well as all motions filed by the parties are hereby denied.

IT IS SO ORDERED.

 C.J.
 A.J.
 A.J.
 A.J.
 A.J.

Columbia, South Carolina

August 18, 1999

34764

STATE OF SOUTH CAROLINA)
COUNTY OF DORCHESTER)

IN THE COURT OF COMMON PLEAS

CASE NO. 95-CP-124

LARRY T. MILLS,)
Plaintiff,)

PROOF OF SERVICE

-v-

RONNIE F. JUDY,)
Defendant..)

CLERK OF COURT
DORCHESTER COUNTY

2010 FEB 19 PM 12:12 ED-RECORDED

SEP - 8 AM 9:24

Enclosed please find the Notice of Intent to Appeal to the South Carolina Supreme Court in the above noted matter. I have this day hand carried your copy, mailed said copy to the Plaintiff at 2426 Pageland Highway, Monroe, N. C. 28112 and forwarded the original to Honorable Clyde N. Davis, Jr., Clerk of the South Carolina Supreme Court, Post Office Box 11330, Columbia, South Carolina 29211, in postage prepaid envelope, on September 8, 1977.

Ronnie F. Judy

Ronnie F. Judy
Appellant
1872 Sandridge Road
Dorchester, S.C. 29437
(803)563-3630

September 8, 1997

STATE OF SOUTH CAROLINA)
COUNTY OF DORCHESTER)

IN THE COURT OF COMMON PLEAS

CASE NO. 95-CP-18-

LARRY T. MILLS,)
Plaintiff)
-v-)
RONNIE F. JUDY,)
Defendant.)

34764

M O T I O N

CLERK OF COURT
DORCHESTER COUNTY

CERTIFIED
2010 FEB 19 PM 12:12
97 JUL 31 PM 12:53
FILED-RECORDED

This case was heard before the Honorable Luke Brown on July 22, 1997.

Pursuant to South Carolina Rule 60-B-3, the Defendant, herein mentioned, begs the court to re-open this case and/or reconsider the Court's denial for a new trial due to the Plaintiff's blatant misconduct and fraud against the Court whereby he tampered with evidence he presented to the Court and lied to the Court in regards to said evidence.

The Defendant uncovered evidence that could not have been presented to the Court before said trial with reasonable diligence and begs the Court for the opportunity to present this evidence.

The Defendant, Ronnie F. Judy, pursuant to Rule 60-B-3 also asks the Court to set aside the Judgement in the above mentioned case on the above noted grounds.

July 30, 1997

Ronnie F. Judy

Ronnie F. Judy
Defendant
1872 Sandridge Road
Dorchester, S. C. 29437
(803) 563-3630

STATE OF SOUTH CAROLINA)
COUNTY OF DORCHESTER)

LARRY T. MILLS,)
Plaintiff,)
-v-)
RONNIE F. JUDY,)
Defendant.)

IN THE COURT OF COMMON PLEAS

CASE NO. 95-CR-924

NOTICE OF INTENT TO APPEAL

2010 FEB 19 PM 12:28 RECORDED
FILED
CLERK OF COURT
DORCHESTER COUNTY
SOUTH CAROLINA
97-10-31 PM 1:09

Ronnie F. Judy appeals the order (Judgement) of the Honorable Luke Brown dated July 22, 1997. Defendant received written notice of entry of this order (Judgement) on July 22, 1997.

Ronnie F. Judy

Ronnie F. Judy
1872 Sandridge Road
Dorchester, S. C. 29437

Other Counsel of Record:

Larry T. Mills
2426 Pageland Hwy.
Monroe, N. C. 28112

July 30, 1997

STATE OF SOUTH CAROLINA)
COUNTY OF DORCHESTER)

LARRY T. MILLS,)
Plaintiff,)

-v-

RONNIE F. JUDY,)
Defendant.)

IN THE COURT OF COMMON PLEAS

CASE NO. 95-C-18-92

PROOF OF SERVICE

2010 FEB 19 PM 12:12
FILED - RECORDED
91 JUL 31 PM 1:13
CLERK OF DISTRICT COURT
DORCHESTER COUNTY
MISSISSIPPI

Enclosed please find Motion and Notice of Intent to Appeal with the Dorchester Court. I have this day deposited the above in the United States Mail, postage prepaid, on July 31, 1997 to your address, 2426 Pageland Highway, Monroe, N. C. 28112.

Ronnie F. Judy

Ronnie F. Judy
Defendant
1872 Sandridge Road
Dorchester, S. C. 29437

July 31, 1997

The Honorable Margie Carn McKissick
Clerk of Court for Dorchester County
Post Office Box 158
St. George, S. C. 29477

2010 FEB 19 PM 12:12
CLERK OF COURT
DORCHESTER COUNTY

RE: Larry T. Mills, Plaintiff
v. Ronnie F. Judy, Defendant - Case No. 95-CP-18-924

Dear Mrs. McKissick,

Enclosed for filing is a Motion and a Notice of Intent to
Appeal in the above case.

Respectfully,

Ronnie F. Judy

Ronnie F. Judy
Defendant
1872 Sandridge Road
Dorchester, S. C. 29437

cc: Larry T. Mills
2426 Pageland Hwy.
Monroe, N. C. 28112

July 30, 1997

STATE OF SOUTH CAROLINA)
COUNTY OF DORCHESTER)

IN THE COURT OF COMMON PLEAS

CASE NO. 95-CP-18-924

LARRY T. MILLS,)
Plaintiff,)
-vs-)
RONNIE F. JUDY,)
Defendant.)

34764
MOTION FOR STAY OF EXECUTION
AND NULLIFICATION OF JUDGEMENT

SCRCP
Defendant, pursuant to ~~SCRCR~~ Rule 62(a) seeks a Motion for Stay of Execution
and Nullification of Judgement pursuant to ~~SCRCR~~ Rule 60(b) {exception taken to time
limitation] regarding the verdict handed down in the Court of Common Pleas, County of
Dorchester, S.C., in the above mentioned matter before the court dated July 22, 1997.

The Defendant moves to cease any efforts of the Sheriff's Departments' seizing
Judy's personal and/or real property, due to the ongoing criminal investigation by State
Law Enforcement Division (SLED) regarding the Plaintiff, Mill's, evidence
presented to the Court in this matter.

THEREFORE THE DEFENDANT PRAYS FOR A STAY OF EXECUTION
AND NULLIFICATION OF JUDGEMENT IN THE ABOVE MATTER.

Respectfully submitted,

Ronnie F. Judy

Ronnie F. Judy, Pro Se
1872 Sandridge Road
Dorchester, S.C. 29488
843-563-3630

Other Counsel of Record:

Mr. Larry T. Mills, Pro Se
128 Holly Drive
Hartsville, S.C. 29550

January 26, 2000

CERTIFIED
2010 FEB 19 PM 12:09
Clayton J. [illegible]
CLERK OF COURT
DORCHESTER COUNTY

(2)

STATE OF SOUTH CAROLINA

JUDGMENT ON TRIAL OR ORDER BY THE COURT

Dorchester)
COUNTY OF ORANGEBURG)
COURT OF COMMON PLEAS)

FILED-RECORDED CASE NO. 95-CP-18-924

2000 FEB 16 PM 3:03

VS. LARRY THOMAS MILLS
CLERK OF COURT RONNIE JUDY
DORCHESTER COUNTY

Larry Thomas Mills

PLAINTIFF(S)

DEFENDANT(S)

- () JURY VERDICT. THIS ACTION CAME BEFORE THE COURT FOR A TRIAL BY JURY. THE ISSUES HAVE BEEN TRIED AND THE JURY HAS RENDERED ITS VERDICT.
- (✓) DECISION BY COURT. THIS ACTION CAME TO TRIAL OR HEARING BEFORE THE COURT. THE ISSUES HAVE BEEN TRIED OR HEARD AND A DECISION HAS BEEN RENDERED.
- () ACTION DISMISSED. () RULE 40 (J) OF SCRPC, () RULE 12 (B) OF SCRPC,
() SETTLED. () VOL. NONSUIT. () OTHER

IT IS ORDERED AND ADJUDGED: () SEE ATTACHED ORDER, () STATEMENT OF JUDGMENT BY COURT

At a hearing with both parties present, this Court denies defendant Judy's motion for stay of execution and nullification of judgment. Received into evidence were Court's Exhibits #1 and #2 as submitted by Defendant Judy.

DATED AT ORANGEBURG, SOUTH CAROLINA, THIS 15th DAY OF February, 19 2000.

Jackson V. Gregory
JUDGE/CLERK OF COURT

THIS JUDGMENT WAS ENTERED ON THE _____ DAY OF _____, 19____
AND A COPY MAILED FIRST CLASS THIS 18 DAY OF Feb, 19 2000.
TO ATTORNEYS OF RECORD OR TO PARTIES (WHEN APPEARING PRO SE) AS FOLLOWS:

Pro-se

Pro-se

ATTORNEY(S) OR PLAINTIFF(S)

ATTORNEY(S) FOR DEFENDANT(S)

STATE OF SOUTH CAROLINA
COUNTY OF DORCHESTER

)
) IN THE COURT OF COMMON PLEAS
)

CASE NO. 95-CP-18-924

34764

LARRY T. MILLS,

Plaintiff,)

-V-

RONNIE F. JUDY, Defendant.)

MOTION TO RECONSIDER

FILED-RECORDED
2000 FEB 25 AM 8:31
CLERK OF COURT
DORCHESTER COUNTY

The Defendant asks the Honorable Judge Jackson V. Gregory for
Reconsideration of his order on the motion for Stay of Execution and
Nullification of Judgement in the above mentioned matter dated February
15, 2000.

Ronnie F. Judy

Ronnie F. Judy
Defendant

1872 Sandridge Road
Dorchester, S.C. 29437

February 25, 2000

2000 FEB 19 PM 12:09
CLERK OF COURT
DORCHESTER COUNTY

COUNTY OF Dorchester

JUDGMENT IN A CIVIL CASE

IN THE COURT OF COMMON PLEAS

CASE NO. 95 -CP-18- 924

Larry T. Mills

Ronnie F. Judy

FILED-RECORDED
2000 MAY -4 PM 2:04

PLAINTIFF(S)

CLERK OF COURT
DORCHESTER COUNTY

DEFENDANT(S)

CHECK ONE:

- ☐ JURY VERDICT. This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☒ DECISION BY THE COURT. This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered
- ☐ ACTION DISMISSED (CHECK ONE): ☐ Rule 12(b), SCRCP; ☐ Rule 41(a), SCRCP (Vol. Nonsuit); ☐ Rule 43(k), SCRCP (Settled); ☐ Other-
- ☐ ACTION STRICKEN (CHECK ONE): ☐ Rule 40(j) SCRCP; ☐ Bankruptcy; ☐ Other-

IT IS ORDERED AND ADJUDGED: ☐ See attached order;
☐ Statement of Judgment by the Court:

Defendants Motion to Reconsider Courts order denying Stay of Execution and Nullification of judgment is denied.

Dated at Florence, South Carolina, this 3rd day of May, 1999.
2000.

Jackie L. Gregory
PRESIDING JUDGE

This judgment was entered on the ___ day of ___, 1999, and a copy mailed first class this ___ day of ___, 1999 to attorneys of record or to parties (when appearing pro se) as follows:

pro se

pro se

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

SCRCP FORM 4
(Rev. 2/96)

CLERK OF COURT FOR FLORENCE COUNTY

Forest City, N.C.
2804

FILED-RECORDED

2000 MAY 15 AM 10:59

34764

Dear Cheryl,

I just received the latest denial of
Ronnie Judge's motion on Case 95-CP-18-924
Dated 5-4-2000 and wanted to write to you and
give you my new address and daytime phone #.
My mailing address is above and I can be reached at
(828) 247-1125 or 1-800-266-3914.

I do not know where Sergeant Weathers is
on the case now, but at last contact he was ready
to advertise the sale of a piece of land that Ronnie
owns jointly with his brother. I think Ronnie
may have assigned his portion to his son but it
was done after the judgement so its invalid.
I would be most appreciative if you would give
my new address and phone # to Sgt. Weathers
as I can't find him since I've moved up here.
He said I probably should not bid my judgement on
the first sale offering since I could always do
it on an upset bid if he didn't get enough to
cover the judgement plus interest. I think
the parcel has about 80 acres and Ronnie owns half.

Cheryl I feel like I've got friends in St.
George and that it must be a pretty neat place
with folks like you living there. If you see
Judge Brown please give him my regards.

Sincerely

Army

2000 FEB 19 PM 12:09

STATE OF SOUTH CAROLINA

COUNTY OF DORCHESTER

FILED-RECORDED
2000 SEP 19 PM 3:55
CLERK OF COURT
DORCHESTER COUNTY

IN THE COURT OF COMMON PLEAS

CASE NO. 00-CP-18-852

CASE NO. 95-CP-18-924

RONNIE F. JUDY

Plaintiff,

-vs-

RAY NASH, SHERIFF OF

DORCHESTER COUNTY

Defendant.

LARRY T. MILLS

Plaintiff,

-vs-

RONNIE F. JUDY,

Defendant.

STAY ON MOTION FOR JUDGEMENT

CERTIFIED
2010 FEB 19 PM 12:09
CLERK OF COURT
DORCHESTER COUNTY

Plaintiff alleges as follows:

1. Plaintiff Ronnie Judy is a citizen and resident of the State of South Carolina, County of Dorchester.
2. Defendant Ray Nash is the sheriff of Dorchester County, State of South Carolina.
3. That Plaintiff has filed an action in the Dorchester Court of Common Pleas to force Walter Bailey, Solicitor of Dorchester County to prosecute Larry T. Mills for perjury and set aside the judgment of July 22, 1997.
4. The Sheriff has advertised Plaintiff's property for sale on October 2, 2000.
5. That on information and belief, the Sheriff should not be allowed to sell Plaintiff's property until this court receives the disposition of the proceedings to force prosecution of the perjury charge against Larry T. Mills.
6. That the sale of the property should be enjoined because it would cause irreparable harm to the Plaintiff.
7. That the judgment against Plaintiff was a result of Larry T. Mills' erroneous statements to the Court as to the price he actually received for the cattle in question.

8. That evidence presented to Solicitor Walter Bailey is enough to set aside the judgment when Larry T. Mills is prosecuted.

WHEREFORE, Plaintiff prays:

- a. An Order Staying the Sale of Plaintiff's property by a Sheriff's Sale pending the proceedings in the Court of Common Pleas.
- b. For such other further relief as this Court deems just and proper.

Ronnie F. Judy

Ronnie F. Judy, Pro se
1872 Sandridge Road
Dorchester, S.C. 29437
843-563-3630

September 18, 2000

Ray Nash, Sheriff
100 Sears Street
St. George, South Carolina 29477

State of South Carolina
County Of Dorchester

Case Number: 95-CP-18-924

Plaintiff: LARRY MILLS

- VS -

Defendant: RONNIE JUDY

CERTIFIED
2010 FEB 19 PM 12:09
CLERK OF COURT
DORCHESTER COUNTY

SATISFACTION OF JUDGEMENT

JUDGMENT entered upon the 22nd day of July, 1997, afterwards, to-wit: on the 29th day of December, 2000 come the said LARRY MILLS the Plaintiff above named, and acknowledge to have received of and from the said RONNIE JUDY full satisfaction of the debt and Damages, Costs, and Charges aforesaid:

THEREFORE, be the said Sheriff of Dorchester County therefrom henceforth forever discharged, and so forth.

JUDGEMENT INFORMATION:

Judgement Amount:	\$9,449.00
Interest:	\$4,546.72
Sheriffs Comm:	\$578.77
Judgement Total:	\$14,574.49
Amount Collected:	\$14,574.49
Ending Balance:	\$0.00

SATISFIED

12/29/2000

Ray Nash, Sheriff

Notary Statement

SWORN to before me on this the 29th day of December, 2000.

Ronnie M. Judy }
Notary Public For The State of South Carolina }

My Commission Expires 3/24/2009 }

Joseph B. Weather
Joseph B. Weather

STATE OF SOUTH CAROLINA

COUNTY OF DORCHESTER

PLAINTIFF

Larry Mills
Post Office Box 969
Forest City, NC 28043

VS.

DEFENDANT

Ronnie Judy
1872 Sandridge Road
Dorchester, SC 29437

FILED-RECORDED IN THE COURT OF COMMON PLEAS
2001 JAN 18 PM 2:43

CLERK OF COURT
DORCHESTER COUNTY

95-CP-18-924

SATISFACTION OF JUDGMENT

CERTIFIED
2018 FEB 19 PM 12:09
CLERK OF COURT
DORCHESTER COUNTY

HAVING RECEIVED FULL PAYMENT AND SATISFACTION, FROM THE DEFENDANT

Ronnie Judy (THROUGH THE SHERIFF OF DORCHESTER
COUNTY) THIS 29th DAY OF December, 2000, THE PLAINTIFF RELEASES
ALL CLAIMS UNDER DOCKET NO. 95-CP-18-924, DOCKETED THE
22nd DAY OF July, 1997, AND REQUEST THE CLERK OF COURT,
COUNTY OF DORCHESTER, STATE OF SOUTH CAROLINA ENTER THE SATISFACTION ON THE
JUDGMENT ROLL.

BY Larry T. Mills
PLAINTIFF
(PLAINTIFF'S ATTORNEY)

SWORN TO BEFORE ME THIS 10th

DAY OF January, 2001

NOTARY PUBLIC FOR NORTH CAROLINA

MY COMMISSION EXPIRES: _____

SATISFIED
12/29/2000
Ray Nash, Sheriff

STATE OF SOUTH CAROLINA

COUNTY OF DORCHESTER

EXECUTION OF JUDGMENT

PLAINTIFF

~~LARRY MILLS~~
~~2426 PAGELAND HWY~~
~~MONROE, NC 28112~~

128 Holly Drive
Hartsville SC 29552
P.O. Box 969
Forest City, SC 28043

VS.

FILED JULY 22, 1997

AMOUNT \$ 9,424.00

FEES & COSTS \$ 25.00

TOTAL \$ 9,449.00

RONNIE JUDY

~~ST. GEORGE, SC 29477~~

1872 Sandridge Rd
Dorchester SC 29437

DEFENDANT

CLERK OF COUNTY
DORCHESTER COUNTY

2010 FEB 19 PM 12:09

CERTIFIED

SATISFIED

12/29/2000

Ray Nash, Sheriff

TO THE SHERIFF OF DORCHESTER COUNTY:

WHEREAS, JUDGMENT WAS RENDERED IN THE ABOVE CAPTIONED ACTION BETWEEN PLAINTIFF AND
D. DANT IN FAVOR OF PLAINTIFF FOR THE ABOVE AMOUNT, AS APPEARS BY THE JUDGMENT
ROLLS, FILED IN THIS OFFICE OF THE CLERK OF COURT, COUNTY OF DORCHESTER, AND:

THEREFORE, WE REQUEST THAT YOU EXECUTE DULY SAID JUDGMENT OUT OF THE PERSONAL PROPERTY
OF THE SAID JUDGMENT DEBTOR WITHIN YOUR COUNTY, OR IF SUFFICIENT PERSONAL PROPERTY
CANNOT BE FOUND, THEN OUT OF THE REAL PROPERTY IN YOUR COUNTY BELONGING TO SUCH
JUDGMENT DEBTOR ON THE DAY WHEN SAID JUDGMENT WAS SO DOCKETED IN YOUR COUNTY OR AT
ANYTIME THEREAFTER IN WHOSE HANDS SO EVER THIS DAY MAY BE, AND DULY RETURN THIS
EXECUTION TO THE CLERK OF COURT OF THIS COUNTY.

DATED THIS 23RD DAY OF AUGUST, 19 1999.

Margie Carn McKissick
MARGIE CARN MCKISSICK

CLERK OF COURT, DORCHESTER COUNTY

DORCHESTER COUNTY SHERIFF'S OFFICE

Date Received *9/9/99* Page No *1558*

34764

Larry T. Mills
2426 Pageland Hwy.
Monroe, N.C. 28112

August 8, 1997

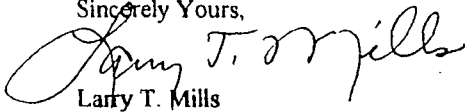
Honorable Luke Brown, Circuit Judge
Dorchester County Courthouse
St. George, S.C. 29477

Dear Judge Brown:

I am in receipt of Ronnie Judy's motion for a new trial on the grounds that evidence was tampered with. This is absolutely ridiculous and obviously an attempt by him to get out of the payment of the judgment I won on July 22nd on case 95-CP-18-924. The vet reports had notes that I made while talking to the vet 18 months ago and I changed the age on one of the reports because the vet said she was at least 10 years older than the 4 to 5 which I had told the clerk at the Griffin Clinic, but I certainly made no effort to modify the report. Everything official was typed and my notations were all hand written. The reports did not become evidence until July 22, 1997 when I asked that they be entered as such so that the jury could see them. I stated in court exactly what I had written in and why. I brought the action against Mr. Judy because he misrepresented the cows and gave me six cull cows instead of the registered Clarendon cows that I had traded for, he gave me nine calves when he had told me I would be getting 16 including the one half blood, and he failed to ever give registration papers for the Clarendon cows or the bull. He stated several times under oath that he gave \$2200. each for the Clarendon cows and that they were not registered. I'm sure from your experience that you know that unregistered cows have never brought even close to that kind of money. I feel like he never gave me the papers because the cows were much older than the 3 to 8 span that he represented them to be, plus he had kept six of the cows that were included in the sale. That is consistent with the shortage of calves.

He wants to make a case about the hauling and the weight loss which I see as irrelevant because the case was about failure to perform on the contract and failure to make any good faith effort to resolve the problem. I tried to get refund from the start and later tried to get him to trade other cows for the old cows he switched and he would never do anything even after he agreed to do the trade. He does not deserve a new trial to take up more of the courts time in a frivolous action. He even lied about the amount you told him I would settle for before the trial saying you told him \$7500. instead of the \$5000. I offered to accept. Now he wants to pay me \$5000. instead of the \$9424. award the jury decided on and is trying these delay tactics to pressure me to cave into him, but I feel I deserve the full amount and then some for all the losses I incurred because of his misrepresentation. I asked for nothing for the use of my land, my labor, my feed cost, my hauling expenses, or my health care costs for the year that the cows were here. I never tampered with any evidence, committed any fraud against the court, or committed any blatant misconduct. I told the truth and my wife who was a witness to the misrepresentation told the truth and we do not want to go through this trial again and trust that you will uphold your denial of his motion.

Sincerely Yours,


Larry T. Mills

copy to Margie Cairn McKissick, Clerk of Court

THE STATE OF SOUTH CAROLINA
In The Supreme Court

FILED
97 SEP 26 PM12:10

APPEAL FROM DORCHESTER COUNTY
Court of Common Pleas

CLERK OF COURT
DORCHESTER COUNTY

LUKE N. BROWN, Circuit Court Judge

Case No. 95-CP-18-924

Larry T. Mills, ... Respondent

v.

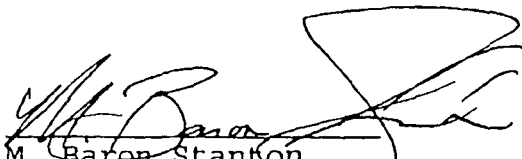
Ronnie F. Judy, ... Appellant.

CERTIFIED
2010 FEB 19 PM12:00

CLERK OF COURT
DORCHESTER COUNTY

NOTICE OF APPEAL

Ronnie F. Judy appeals the orders of the Honorable Luke N. Brown dated July 22, 1997 and August 26, 1997. Appellant received written notice of entry of the latter order on or after September 2, 1997.


M. Baron Stanton
Attorney for the Appellant
Stanton Law Offices, P. A.
1728 Main Street, Fourth Floor
Post Office Box 245
Columbia, South Carolina 29202
(803) 929-1484

Columbia, South Carolina
September 25, 1997

Other Counsel of Record:

Mr. Larry T. Mills
Pro Se
2426 Pageland Hwy.
Monroe, North Carolina 28112

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM DORCHESTER COUNTY
Court of Common Pleas

Luke N. Brown, Circuit Court Judge

Case No. 95-CP-18-924

Larry T. Mills, ... Respondent,

v.

Ronnie F Judy, ... Appellant.

CERTIFICATE OF SERVICE

I, M. Baron Stanton, do hereby certify that I have, on September 25, 1997, served the foregoing Notice of Appeal upon the Respondents or the attorney(s) for the Respondents by causing a copy thereof to be mailed to them with proper postage at the address(es) indicated below:

Mr. Larry T. Mills
Pro Se
2426 Pageland Hwy.
Monroe, North Carolina 28112


M. Baron Stanton

34764

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM DORCHESTER COUNTY
Court of Common Pleas

Luke Brown, Circuit Court Judge

Case No. 95-CP-18-924

Larry T. Mills Respondent

Bonnie F. Judy Appellant.

NOTICE OF INTENT TO APPEAL

Ronnie F. Judy appeals the order (Judgement) of the Honorable Luke Brown dated July 22, 1997. Appellant received written notice of entry of this order (Judgement) on July 22, 1997.

SEPTEMBER 7, 1997

Ronnie F. Judy
Bonnie F. Judy
1872 Sandridge Road
Dorchester, S. C. 29437
(803) 563-8660

Other Counsel of Record:

Larry T. Mills
2426 Pagerland Hwy.
Monroe, N. C. 28112

91 SEP 10 AM 9:25
DORCHESTER COUNTY

RECEIVED
2010 FEB 19 PM 12:08
CLERK OF COURT
DORCHESTER COUNTY

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

34764

APPEAL FROM DORCHESTER COUNTY
Court of Common Pleas

The Honorable Luke N. Brown, Circuit Judge

Case Number 95-CP-18-924

Larry T. Mills

Respondent,

Vs.

Ronnie F. Judy

Appellant

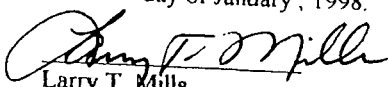
PROOF OF SERVICE

I, Larry T. Mills, Respondent, certify that I have served a copy of my response to the Initial Brief of the Appellant, Ronnie F. Judy by mailing a copy thereof to M. Baron Stanton, Attorney for the Appellant with proper postage at the address indicated below:

Mr. M. Baron Stanton
Stanton Law Offices, P.A.
1728 Main Street
Columbia, S.C. 29202

I further certify that I have sent copy to Judge Brown at the Dorchester County Courthouse.

This 20th day of January, 1998.


Larry T. Mills
2426 Pageland Hwy.
Montoe, N.C. 28112
(704) 289-6344

The State Of South Carolina
In the Court of Appeals

Appeal From Dorchester County
Court of Common Pleas

The Honorable Luke N. Brown, Circuit Judge

Case Number 95-CP-18-924

Larry T. Mills, ... Respondent.

V.

Ronnie F. Judy, ... Appellant.

CERTIFIED
2019 FEB 19 PM 12:00
CLERK OF COURT
DORCHESTER COUNTY

Designation Of Matter To Be Included In The Record On Appeal

Respondent proposes the following to be included in the Record on Appeal:

- (1) Respondents answer to Initial Brief of Appellant.
- (2) Statement from Mr. Earl Rape Concerning Payments for Mills Herd
- (3) Statement from Mr. Frank Watson Concerning Santa Gertrudis Cattle sold to Mills
- (4) Statement from Mr. Ron Long Concerning Simmental Cattle sold to Mills
- (5) Statement from Mr. Ronnie Mills Concerning Pasturing Cattle for Larry Mills

I certify that this designation contains no matter which is irrelevant to this appeal.


Larry T. Mills
2426 Pageland Hwy.
Monroe, N.C. 28112
(704)289-6344

Respondent

January 15, 1998

Statement Of The Respondent

On December 20, 1995 Larry T. Mills (Mills) sued Ronnie F. Judy (Judy) seeking damages in the amount of \$14000. Less the value of the cows Mills offered to return to Judy for breach of a contract involving a sale of cows to Mills. Mills filed the action pro se (complaint). Judy, also pro se, denied all allegations in the complaint. (answer).

Judy requested a jury trial and jury trial was conducted on July 22, 1997 before the Honorable Luke N. Brown. Both parties proceeded pro se. The jury reached a verdict in favor of Mills for \$9424. Actual damages. Judy has since made motions for a new trial and motions were denied.

Judy's request for a new trial was supposedly based on new evidence, a second check that Mills received from Mr. Earl Rape when he disposed of the cattle in February of 1996. That is not evidence at all since the check had no relation to the Judy cattle. The second check in the amount of \$12800. Was for 10 Simmental cows that were purchased from Ron Long in a community called Midway near Lexington, N.C. in June of 1994, for 6 Santa Gertrudis cows purchased from Frank Watson in Waxhaw, N. C. and for veterinary supplies, ear tags, and cattle handling equipment worth \$800. Judy was advised of the reason for the two checks and what the second check was for several months ago and is using the appeal process as a delaying tactic to keep from paying the award. He begged and pleaded with Mills after the trial to accept \$5000. Or a lesser amount than the Jury awarded, after the trial; but Mills refused because Judy had been uncooperative with him at every opportunity to resolve the matter before the complaint was filed and after it was filed. When Judge Brown conferred with each party prior to the trial Mills offered to settle for \$5000. But Judy would not pay anything. Then after the trial Judy said he would have paid the \$5000., but that Judge Brown had told him it would take \$7500. That is just another of Judy's lies in this matter. Mills had Judge Brown to look at his notes in the courtroom and state again to Judy that the offer to settle was for \$5000. Judge Brown also called both parties to a joint meeting prior to the trial where the \$5000. Offer was made in the presence of both Mills and Judy and Judy again refused to pay anything.

On page 2 of the appeal it states that Judy was selling cows he had raised. This is also a lie. In the trial transcript on Pages 22 and 23 Judy stated that he had purchased the cattle from Clarendon Plantation, Martin Davey in Abbeville, S.C. and Riley Lumber Co. Just another example of Judy's problem with making a truthful statement. When Mills and his wife visited the Judy farm to look at the cows Judy represented them to be only Clarendon Plantation stock and their offspring. Judy said he had registration papers for 12 of the Santa Gertrudis cows which he would provide to Mills when the cows were picked up and assured Mills that the cows were from 3 to 8 years of age. Mills asked about the papers on each trip and Judy advised Mills each time that the papers were in his safe at another farm in Reevesville and that he would have them ready next trip. When he did not have them at the third trip he said he would mail them. After calling him several times he finally produced two registration certificates that were not for any of the cows Mills purchased and not for Clarendon bred cattle. It then became obvious to Mills that the cows were older than Judy had represented them to be because registration certificates show the birth date of the cow. Judy would have been caught in a lie about the ages he represented the cows to be if he had produced the papers. Judy stated at the trial that he had paid \$2200. Each for the Clarendon cows when they were young heifers. Anyone who is knowledgeable at all about cattle prices would know that the Clarendon cows would have had to have been registered and of a very exclusive pedigree to have ever sold for \$2200. Each as he stated on page 20 of the trial transcript. Judy advertised the cattle to have 12 calves with them. When Mills and his wife visited he stated that 3 additional Santa Gertrudis cows had calved for a total of 15 calves. Mills also decided to buy a

Santa Gertrudis - Limousin cross young cow that had a calf for a total of 16 calves. When Mills arrived to get the final load of cows and calves Judy only provided 9 total calves which was 7 short of the contract. A long argument ensued and the final result was a \$200. Reduction which was not suitable to Mills, but was reluctantly accepted because of the loads already transported and not knowing for sure which calves went with which cows. It was either go on Judy's terms or return all the cattle and I had already paid him \$5500. Which would have been a problem to get returned. After getting the cows all home Mills realized that several of the cows were not cows he had seen in the pasture when he made the contract to buy the herd. Mills called Judy and advised him of the different cows and the fact that these cows were far older than the 3 to 8 year range that the cows were sold to be and that they were not purebred Santa Gertrudis as he had advertised. Mills did not notice the switch when the cows were being loaded because he had been attacked by one of the Simmental cows on his farm and gotten some ribs cracked and severe contusions a couple months prior to making the Judy purchase and did not want to get closely involved with loading nervous cattle. When Mills described the brindle coloration of the cattle then Judy named the source he had bought them from. Mills told him that he was certain that he had not seen these cows and that Judy had switched these cows for the purebred cows and calves that Mills had contracted for because the cows Mills purchased were supposedly Clarendon or the offspring of Clarendon cows. This theory is consistent with the 7 missing calves that obviously were from the cows Judy switched and replaced with old cull cows from another source that were infertile. The switch was not acceptable to Mills and Mills wanted to return the entire herd less the calf that was killed in transport and Mills offered to take responsibility for the dead calf and deduct the value of that calf from the refund. Judy would not cooperate, so Mills in trying to work out some more settlement of the dispute offered to return the 5 oldest mixed brindle cows to Judy in exchange for 7 bred Santa Gertrudis - Limousin crossed heifers that Judy had advertised in the S.C. Market Bulletin. This amounted to a \$ for \$ trade of paid vs advertised prices and Judy agreed to make the trade and a date for the exchange was established. When the Mills' loaded the cows and were pulling out of the driveway Judy called and the Mills' son ran out and stopped them to talk to Judy on the phone. Judy said he did not have the heifers caught and reneged on the trade of 5 cows for 7 heifers and said he would only trade 5 for 5 and would only catch them at Judy's convenience. Mills said I'll just bring the 5 cows on down for a refund of \$3810. The actual price Mills paid Judy for the cows. Judy refused to give a refund, so Mills told him that he would take the matter to court for a settlement and then filed later with the Dorchester County Clerk. See pages 55, 13, 14, 15, & 16 of trial transcript.

After filing the complaint with the court Mills again tried to work out a settlement with Judy on January 25, 1996 offering to return the 16 surviving cows and any suckling calves for a refund of only \$12000. Mills had never been involved in a civil court case and was attempting to avoid it by resolving the matter at considerable loss to him. The \$12000. would have been \$5700. Less than Mills paid Judy for the herd less than a year earlier. Judy would not respond to this settlement offer, so Mills sold the cows to Mr. Earl Rape for \$6000. after 2 more had died on February 1, 1996. See page 31 and 32 of trial transcript. By this time Mills was so sick over the problems he had experienced with these cows that he decided to liquidate the Judy cows plus a group of Santa Gertrudis cows purchased from Frank Watson of Waxhaw, N.C. and a group of Simmentals purchased from Ron Long of Midway, N.C. hence the 2 checks from Earl Rape. Mills no longer wanted to be in the cattle business and also sold Mr. Earl Rape all his veterinary supplies of medicines, wormers, halters, veterinary instruments for administering medicines, cattle identification tags and installation equipment, cattle handling equipment etc. which Mr. Rape valued to be worth \$800. Mr. Rape made the best of 3 offers which Mills solicited from cattle buyers paying \$375. Each for the cows and bull. No special price consideration was given to the calves he received along with the cows because they were young suckling calves not large enough

to market separately. Mills felt that Mr. Rapes offer was fair and was more than he would expect to get at the livestock auction. Mr. Judy would not take the cows back and Mills had been advised by the clerks office that they were so far behind that it could be two years before the case would be heard, so he accepted what he felt was the best offer he would be able to get. Mills had spent so much time trying to keep the cows alive working on them in the cold and rain that he felt he was jeopardizing his own health and sanity to continue trying to keep them in hopes of a better price later. It was a year and a half later before the matter came before the court on July 22, 1997.

At the bottom of page 3 and on page 4 of the appeal Judy says that he was not advised of the sale of the cattle but in plaintiffs exhibit 9 Mills advised him that the cattle were going to be disposed of and gave him the option to take them back for \$5700. Less than Mills paid for them. Mills was not aware of any need to amend the complaint to reflect the sale of the cattle and no mention was made of the need to do so by the clerks office or by Judge Brown at the trial.

Judy had no basis for requesting a new trial because he knew the \$12,800. Check was not for cattle he had formerly owned and simply used this as another delaying tactic to keep from paying the judgment or hoping to find some error that could possibly prevent him from paying the award from the jury for \$9424. Actual damages. In the trial Mills did not ask for damages for time, feed costs, veterinary expenses or use of a very valuable farm with depreciation costs for lots of buildings and machinery used in the cattle operation at Spring Lake Farms. The jury questioned this and wanted to make the award higher to cover these costs, but Judge Brown advised them that since Mills had not sought compensation for those expenses that it could not be awarded. That was a mistake on Mills part because of his inexperience, but it was a very costly experience and Mills will not make that mistake again if the occasion arises to use this lesson.

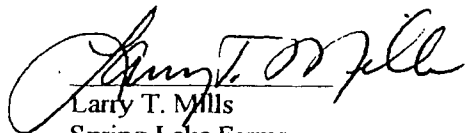
On page 3 of the appeal Judy claims to have sold Mills 24 cows and a bull. Judy actually sold 21 cows, 3 unbred heifer calves, and a yearling bull. The trial transcript has a error calling the 3 heifers, three Herefords which is another breed of cattle not in this transaction. Its a typo and is in the transcript in several places on page 20 & 21. Anywhere you see Hereford read it as heifer. Also on page 3 of the appeal Judy says he tried to appease Mills by offering to trade some other cows. He never tried to appease Mills in any way and the idea for the trade came from Mills, not Judy after Judy had refused to give Mills a refund either for the entire herd or for the 5 oldest cows that were obviously not purebred Santa Gertrudis as advertised and not the cows observed on Judy's farm by the Mills'. Judy owned a large number of cows in many pastures and locations.

On page 4 of the appeal the reference to plaintiffs exhibit 5 (check for \$6000.) and plaintiffs exhibit 10 the Chester livestock auction statement showing \$2275.60 for 12 head of cattle. Only 9 head of those cattle technically should have been used in calculating the actual damages because one of the other 3 head was a Simmental bull purchased from Ron Long that was larger than the little Gelbvieh bull purchased from Judy and 2 calves that were born after the cows were purchased by Mills. If there was an error in the total number that died these 3 head would far more than cover the error to Judy's favor. On page 5 of the appeal Judy says that check 1016 which had nothing to do with the Judy cows was evidence that Mills had recovered \$15075. This is a lie and Judy knows it. Mills recovered only \$6000. (check 1015) plus the 9 calves that came with the cows which were sold at the Chester Livestock auction and only about 70% of that \$2275.60 was for cattle received from Judy and Mills had the expense of feeding and caring for them from very young suckling stage to weaning age. Based on the \$200. Credit Judy gave Mills for the 7 missing calves, Judy should only have received \$257. Of the \$2275.60 Mills got for the calves and the award should have been for \$11443. Plus several additional thousand dollars for time and

expenses during the time Mills cared for the cattle. Mills lost \$45211.26 in his beef cattle farming operation in 1995 and the Judy cows were the largest group on the farms.

Again on page 6 of the appeal Judy refers to the after discovered evidence knowing that the second check from Mr. Earl Rape was for a different group of cattle. With Judy's experience as a cattle trader there is no conceivable way that he could really believe that a trader of Earl Rapes experience would have paid \$750. Each for old unregistered cows in February of 1996. The market for old cows at that time was .15 to .18 per pound and none of the cows would have weighed over 1200 pounds and most would not have weighed over 1100 pounds each. If Mills had sold the cattle by the pound the most he could have recovered would have been \$215. Each and you couldn't hardly give a baby calf away at that time. Mr. Rape had to feed the cattle on through the summer and sell them off in small groups as stocker cattle to come out on them. The Judy cows would have brought less than \$3500. At the auction and Judy is certainly savvy enough to know that. Mr. Rape's only hope was to add pounds to the cows, grow the 10 calves out and hope to get more calves soon after the purchase. Mr. Rape said the cows all calved for him and he did in fact do O. K. on them after he added weight, the market got higher for beef, and he was able to sell some of them to other farmers as breeding stock. The old cull cows had died and the fact that the cows conceived and delivered calves is proof they were not starved to death on Mills farm as Judy tried to imply. If Judy had wanted to try to cut his losses he had the opportunity to take them back from Mills for \$5700. less than Mills paid Judy, but obviously he did not think they were worth \$12000. And felt that he had a chance to beat Mills who lives in North Carolina before a jury of his peers in Dorchester County, S.C. As it worked out the jury of his peers judged him to be a liar also and found a verdict in favor of Mills who had obviously worked very hard to settle the matter with Judy outside of the court at a substantial loss to Mills. Judy would not deal in a fair and forthright manner with Mills outside the court and even after a jury of his peers found in favor of Mills he continues to try to wrangle out of his responsibility to pay the damages awarded. Judy also points out on page 9 of the appeal that Mills intentionally falsified material evidence which is another lie. The change made on the autopsy report of one of the cows was notes made in hand writing while Mills was talking to the vet who did the autopsy. The vet said the cow was a good 10 years older than the 4 years Mills gave the clerk at the clinic when Mills took the cow in to be tested. Mills added a 1 to the left of the 4 that was typed in by the clerk prior to the autopsy. Mills also changed the 15 on the \$6000. Check to 16 because Mills forgot to add the Gelbvieh bull that had been a part of the Judy herd Mills purchased when Mills was making the check out for Mr. Rape to sign. When Mills realized the mistake he changed the number to reflect the 16 that came from Judy. Mills was not thinking of either document as evidence at the time the changes were made because he had never been involved in a civil suit before and had no idea what would occur in court. Mills was always in hopes that the case could be settled out of court and made every effort to do so. Please review the evidence and find in favor of what is right by upholding the jury verdict in favor of Mills.

Respectfully Submitted,



Larry T. Mills
Spring Lake Farms
2426 Pageland Hwy.
Monroe, N.C. 28112
January 15, 1998

Statement From Mr. Earl Rape In The Matter of Mills Vs Judy Appeal

On February 1, 1996 I purchased the remaining cows and calves from the Spring Lake Farm herd from Mr. Larry Mills There were 31 cows, a Gelbvieh bull and about 10 calves. Some of the cows were Santa Gertrudis , some were Simmental and some were mixed. Mr. Mills asked that I pay him in two checks because he did not want to mix the Judy cows with the cows he had purchased from two other sources. There were 16 of the Judy cows ,but the check only reflected 15 due to a mistake made by Mr. Mills when he filled it out for me in my pickup at the time of loading. I purchase approximately 300 head of cows annually and I do not keep accurate records, but the 32 grown head are firm in my mind because that is what I was basing the price upon. I also got about \$800. worth of vet supplies, ear tags, and equipment. I was figuring the grown cows and the bull at \$375. per head and not putting a valuation on the calves since a number of the cows were ready to calve at the time of purchase and the calves I got were all very young suckling calves. I disposed of the cows in several different ways, some went to neighbors to be used as breeding stock, some went as feeders and some went to the cattle auctions. I do not keep individual record of sales on each group of cattle I buy, but to the best of my memory the above is an accurate account of what I purchased from Larry Mills. The \$6000. check was for the Judy cows and a separate check for \$6800. covered the other 16 cows and the supplies.

Earl Rape

Signature

1-14-96

Date

Frank E. Watson, Jr.

6012 Jeanne Drive Waxhaw, NC 28173

1-15-98

Statement

On Nov. 2, 1995 Larry Mills furnished
6 Santa Paulinas Cows from me
in the amount of \$2500.⁰⁰

F. E. Watson

CORNERSTONE INSURANCE AGENCY

315 SOUTH TALBERT BLVD • P.O. BOX 1894

LEXINGTON, NC 27293

(910) 249-6867 • FAX (910) 249-6860

Larry Mills
2426 Pageland Hwy
Monroe, N.C. 28112

1-14-98

This is verification that in June of 1994
Larry Mills purchased 11 Seminal cows
from me for \$6,300.

Randy

TO WHOM IT MAY CONCERN:

DURING THE FALL OF 1995 &
JAN. 1996 I HEREBY AFFIRM I
PASTURED A GROUP OF TWELVE
SIMMENTAL & SANTA GERTRUDIS
CATTLE FOR LARRY MILLS AT MY
FARM EAST OF PAGELAND S.C.

Donald V. Mills

JAN 15, 1996

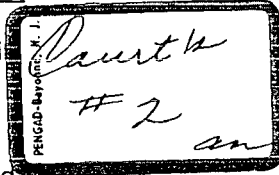
STATE OF SOUTH CAROLINA

ISSUED BY THE Common Pleas COURT IN THE COUNTY OF Dorchester

Larry T. Mills

Plaintiff

v.



SUBPOENA IN A CIVIL CASE

Ronnie F. Judy

Defendant

Case Number: 95-C.P.-18-924

Pending in Dorchester County

TO: Bank of Union, P.O. Box 1459, Monroe, N.C. 28111-1459

☐ YOU ARE COMMANDED to appear in the above named court at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM

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):

Legible copies, front and back, of All checks made out to Larry Mills or other persons named Mills (last name) from February 27, 1996 to February 29, 1996 by EARL Rape, 4116 Pageland Hwy, Monroe, N.C. 28112 (to be included are checks #1015 and #1016 A/K/A Mountain Oaks Farm (053111726 - 010027506)).

PLACE RONNIE F. JUDY, 1872 SANDRIDGE ROAD,
DORCHESTER, SC 29437

DATE AND TIME
10 Days from receipt of
Subpoena

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES

DATE AND TIME

ANY SUBPOENAED ORGANIZATION NOT A PARTY TO THIS SUIT IS HEREBY DIRECTED PURSUANT TO RULE 30 (b) (6), SOUTH CAROLINA RULES OF CIVIL PROCEDURE, TO FILE A DESIGNATION WITH THE COURT SPECIFYING ONE OR MORE OFFICERS, DIRECTORS, OR MANAGING AGENTS, OR OTHER PERSONS WHO CONSENT TO TESTIFY ON ITS BEHALF, AND SHALL SET FORTH, FOR EACH PERSON DESIGNATED, THE MATTERS ON WHICH HE WILL TESTIFY OR PRODUCE DOCUMENTS OR THINGS. THE PERSON SO DESIGNATED SHALL TESTIFY AS TO MATTERS KNOWN OR REASONABLY AVAILABLE TO THE ORGANIZATION.

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

Margie Ann McIsaac

I CERTIFY THAT THE SUBPOENA IS ISSUED IN COMPLIANCE WITH RULE 45 (c) (1) AND THAT NOTICE AS REQUIRED BY RULE 45 (b) (1) HAS BEEN GIVEN TO ALL PARTIES.

Ronnie F. Judy (Defendant)

DATE

8-8-97

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

SCCA FORM 254 (7/193)

(See Rule 45, South Carolina Rules of Civil Procedure, Parts (c) & (d) on Reverse)

Larry T. Mills
2426 Pageland Hwy.
Monroe, N.C. 28112
March 29, 1999

Honorable Margie C. McKissick
Clerk Of Court
P.O. Box 158
St. George, S.C. 29477

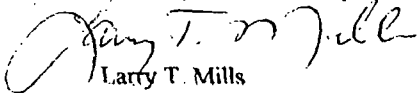
Dear Ms. McKissick:

I have received an order from the SC Court Of Appeals which was submitted February 9, 1999 and filed March 24, 1999 as Opinion 99-UP-208 which Affirms Judge Browns rulings in the trial and subsequent rulings in regard to Ronnie Judy's Motions for a new trial. The Judgment awarded by the court to me in case 95-CP-18-924 was for \$9424. Plus interest at 14% since July 22, 1997. Judy has used every angle possible to avoid paying this judgment and I feel that the only way for me to get paid is to serve papers on him for attachment of his real property to be sold at auction to cover the amount he has owed for almost 2 years now.

I understand that a \$25. Filing fee is required to attach his property and have therefore enclosed a check for that amount which should be added to the judgment amount since it is a cost of collection of debt he owes.

Thank you for handling this and if you need me I may be contacted at (704) 289-6344 or at the address at top of this letter. I shall look forward to hearing from you and hope that this case can be resolved without further delay.

Sincerely Yours,


Larry T. Mills

8-23-99 Done execution
Had to wait on Order from
Court of Appeals

STATE OF SOUTH CAROLINA

COUNTY OF DORCHESTER

EXECUTION OF JUDGMENT

PLAINTIFF

LARRY MILLS
2426 PAGELAND HWY
MONROE, NC 28112

VS.

RONNIE JUDY
ST. GEORGE, SC 29477

FILED JULY 22, 1997

AMOUNT \$ 9,424.00

FEES & COSTS \$ 25.00

TOTAL \$ 9,449.00

CLERK OF COURT
DORCHESTER COUNTY

2010 FEB 19 PM 12:08

CERTIFIED

DEFENDANT

TO THE SHERIFF OF DORCHESTER COUNTY:

WHEREAS, JUDGMENT WAS RENDERED IN THE ABOVE CAPTIONED ACTION BETWEEN PLAINTIFF AND

DEFENDANT IN FAVOR OF PLAINTIFF FOR THE ABOVE AMOUNT, AS APPEARS BY THE JUDGMENT

ROLLS, FILED IN THIS OFFICE OF THE CLERK OF COURT, COUNTY OF DORCHESTER, AND:

THEREFORE, WE REQUEST THAT YOU EXECUTE DULY SAID JUDGMENT OUT OF THE PERSONAL PROPERTY

OF THE SAID JUDGMENT DEBTOR WITHIN YOUR COUNTY, OR IF SUFFICIENT PERSONAL PROPERTY

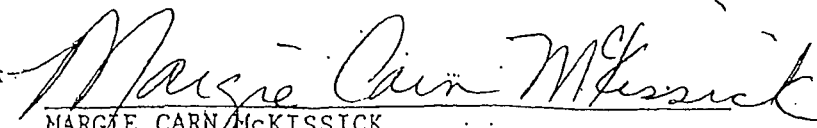
CANNOT BE FOUND, THEN OUT OF THE REAL PROPERTY IN YOUR COUNTY BELONGING TO SUCH

JUDGMENT DEBTOR ON THE DAY WHEN SAID JUDGMENT WAS SO DOCKETED IN YOUR COUNTY OR AT

ANYTIME THEREAFTER IN WHOSE HANDS SO EVER THIS DAY MAY BE, AND DULY RETURN THIS

EXECUTION TO THE CLERK OF COURT OF THIS COUNTY.

DATED THIS 23RD DAY OF AUGUST, 19 1999.


MARGIE CARN McKISSICK

CLERK OF COURT, DORCHESTER COUNTY

Larry T. Mills
128 Holly Drive
Hartsville, S.C. 29556
August 24, 1999

FILED-RECORDED

26 AM 10:40

CLERK OF COURT
CORNHILL COUNTY

95-924
34764

Honorable Margie C. McKissick
Clerk Of Court
P.O. Box 158
St. George, S. C. 29477

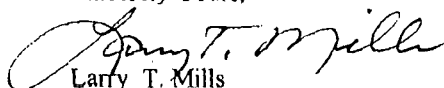
Dear Ms. McKissick:

I received an Order today from The Supreme Court Of South Carolina, which denies Ronnie Judy's petition for a writ of certiorari and upholds the original judgment awarded to me by Judge Luke Brown on July 22, 1997 of \$9424. Plus interest at 14% since that date. I am also filing herewith a request for \$750. for my costs involved in answering all the various filings through the Appeals Court and the Supreme Court over the past two years. I feel that this is a very conservative estimate considering the many hours spent, materials used and postage paid for all the letters and briefs filed.

I sent you a check for \$25. To cover the costs for serving Ronnie Judy with the necessary papers to force the sale of whatever assets that may be required to cover the judgment and related costs for interest and the appeals costs which I expect to be reimbursed for. If he does not make immediate payment of the money he owes me I want him served and I am ready to do whatever is required on my end to put this into action.

Please note my new address in Hartsville, S.C. and my new phone number is (843) 332-6058. I see that you were sent a copy of the order dated August 18, 1999 with the signatures of the Chief Justice and four Associate Justices by Daniel Shearhouse, Clerk of The Supreme Court of South Carolina. Thank you for handling this matter for me.

Sincerely Yours,


Larry T. Mills

cc: The Honorable Kenneth Richstad, Clerk of South Carolina Court of Appeals

2010 FEB 19 PM 12:09

CERTIFIED COPY

CERTIFIED COPY

FORM 4

2010 MAR 29 AM 11:16

STATE OF SOUTH CAROLINA JUDGMENT IN A CIVIL CASE
COUNTY OF DORCHESTER 2005CP1801821
IN THE COURT OF COMMON PLEAS COURT
DORCHESTER COUNTY

WHITES SALES AND SERVICES

RONNIE F. JUDY

PLAINTIFF(S)

DEFENDANT(S)

CHECK ONE

☒

JURY VERDICT. THIS ACTION CAME BEFORE THE COURT FOR A TRIAL BY JURY. THE ISSUES HAVE BEEN TRIED AND A VERDICT RENDERED.

☐

DECISION BY THE COURT. THIS ACTION CAME TO TRIAL OR HEARING BEFORE THE COURT. THE ISSUES HAVE BEEN TRIED OR HEARD AND A DECISION RENDERED.

☐

ACTION DISMISSED (CHECK REASON): ☐ RULE 12b, SCRPC; ☐ RULE 41a SCRPC (VOL NONSUIT); ☐ RULE 43k, SCRPC (SETTLED) ☐ OTHER

☐

ACTION STRICKEN (CHECK REASON): ☐ RULE 40(j) SCRPC; ☐ BANKRUPTCY ☐ BINDING ARBITRATION, SUBJECT TO RIGHT TO RESTORE TO CONFIRM VACATE OR MODIFY ARBITRATION AWARD; ☐ OTHER

IT IS ORDERED AND ADJUDGED: ☐ See Attached order; ☐ Statement of Judgment by the court.

*Jury verdict for Plaintiff against Defendant Ronnie Judy
in the amount of \$9,996.00*

DATED AT ST. GEORGE, S.C. THIS 26TH DAY OF FEBRUARY, 2007.

HON. ROGER M. YOUNG, SR.
PRESIDING JUDGE

THIS JUDGMENT WAS ENTERED ON THE 27th DAY OF Feb, 2007 AND A COPY WAS MAILED FIRST CLASS THIS 27th DAY OF Feb, 2007 TO ATTORNEYS OF RECORD OR TO PARTIES WHEN APPEARING PRO SE AS FOLLOWS;
HELEN MCFADDIN PRO SE



IN THE STATE OF SOUTH CAROLINA)
COUNTY OF DORCHESTER)

IN THE COURT OF COMMON PLEAS
FIRST JUDICIAL CIRCUIT
Case No.: 2005-CP-18-1821

White's Sales and Service, Inc.)
a South Carolina Corporation,)
Plaintiff,)

vs.)

Ronnie F. Judy, d/b/a Judy Farms,)
Defendant.)

VERDICT FORM

2010 MAR 29 AM 11:16
CLERK OF COURT
DORCHESTER COUNTY
Judy F. Judy

VERDICT



We, the Jury, find for the **Plaintiff** against the **Defendant** in the amount of
\$ \$9996.00 actual damages.

Jesse Hruszky
FOREPERSON

2-27-07
DATE



We, the Jury, find for the **Defendant** against the **Plaintiff**.

FOREPERSON

DATE

STATE OF SOUTH CAROLINA

COUNTY OF DORCHESTER

WHITE'S SALES & SERVICE, INC.

IN THE COURT OF COMMON PLEAS

CERTIFIED COPY

CIVIL ACTION COVERSHEET

Plaintiff(s) AM 11:15

2005 - CP - 18 - 1821

COMPLAINT

vs.

RONNIE F. JUDY, D/B/A JUDY FARMS

Defendant(s)

(Please Print)

Submitted By: HELEN T. MCFADDEN

Address: P O BOX 1114

KINGSTREE, S. C. 29556

SC Bar #: 03805

Telephone #: 843-355-5200

Fax #: 843-355-7658

Other:

E-mail: htmcf@ftc-i.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of docketing. It must be filled out completely, signed, and dated. A copy of this cover sheet must be served on the defendant(s) along with the Summons and Complaint.

DOCKETING INFORMATION (Check all that apply)

*If Action is Judgment/Settlement do not complete

- ☐ JURY TRIAL demanded in complaint. ☒ NON-JURY TRIAL demanded in complaint.
☐ This case is subject to ARBITRATION pursuant to the Circuit Court Alternative Dispute Resolution Rules.
☐ This case is subject to MEDIATION pursuant to the Circuit Court Alternative Dispute Resolution Rules.
☐ This case is exempt from ADR (certificate attached).

NATURE OF ACTION (Check One Box Below)

Contracts

- ☐ Constructions (100)
☐ Debt Collection (110)
☐ Employment (120)
☐ General (130)
☐ Breach of Contract (140)
☐ Other (199)

Torts - Professional Malpractice

- ☐ Dental Malpractice (200)
☐ Legal Malpractice (210)
☐ Medical Malpractice (220)
☐ Other (299)

Torts - Personal Injury

- ☐ Assault/Slander/Libel (300)
☐ Conversion (310)
☐ Motor Vehicle Accident (320)
☐ Premises Liability (330)
☐ Products Liability (340)
☒ Personal Injury (350)
☐ Other (399)

Real Property

- ☐ Claim & Delivery (400)
☐ Condemnation (410)
☐ Foreclosure (420)
☐ Mechanic's Lien (430)
☐ Partition (440)
☐ Possession (450)
☐ Building Code Violation (460)
☐ Other (499)

Inmate Petitions

- ☐ PCR (500)
☐ Sexual Predator (510)
☐ Mandamus (520)
☐ Habeas Corpus (530)
☐ Other (599)

Judgments/Settlements

- ☐ Death Settlement (700)
☐ Foreign Judgment (710)
☐ Magistrate's Judgment (720)
☐ Minor Settlement (730)
☐ Transcript Judgment (740)
☐ Lis Pendens (750)
☐ Other (799)

Administrative Law/Relief

- ☐ Reinstate Driver's License (800)
☐ Judicial Review (810)
☐ Relief (820)
☐ Permanent Injunction (830)
☐ Forfeiture (840)
☐ Other (899)

Appeals

- ☐ Arbitration (900)
☐ Magistrate-Civil (910)
☐ Magistrate-Criminal (920)
☐ Municipal (930)
☐ Probate Court (940)
☐ SCDOT (950)
☐ Worker's Comp (960)
☐ Zoning Board (970)
☐ Administrative Law Judge (980)
☐ Public Service Commission (990)
☐ Employment Security Comm (991)
☐ Other (999)

Special/Complex /Other

- ☐ Environmental (600) ☐ Pharmaceuticals (630)
☐ Automobile Arb. (610) ☐ Unfair Trade Practices (640)
☐ Medical (620) ☐ Other (699)

Submitting Party Signature:

Helen T. McFadden

Date:

11/29/05

Note: Frivolous civil proceedings may be subject to sanctions pursuant to SCRPC, Rule 11, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §15-36-10 et. seq.

CERTIFIED COPY

2005 MAR 29 AM 11:15

IN THE COURT OF COMMON PLEAS

STATE OF SOUTH CAROLINA

COUNTY OF DORCHESTER

WHITE'S SALES & SERVICE, INC.
a South Carolina corporation,
Plaintiff

v.
RONNIE F. JUDY, D/B/A JUDY
FARMS, Defendant

Cathy McFadden
05-CP-18-1821
CLERK OF COURT
DORCHESTER COUNTY

SUMMONS

FILED - RECORDED
2005 DEC -5 AM 10:52
CLERK OF COURT
DORCHESTER COUNTY

TO THE DEFENDANT ABOVE NAMED:

YOU ARE HEREBY SUMMONED and required to answer the Complaint in this action, of which a copy is herewith served upon you, and to serve a copy of your Answer to said Complaint on the subscribed, P.O. Box 1114 Kingstree, S.C. 29556, within THIRTY (30) DAYS after the service hereof, exclusive of the date of such service; and if you fail to answer the Complaint within the time aforesaid, judgement by default will be rendered against you for the relief demanded in the Complaint.

BY:

Helen T. McFadden

Helen T. McFadden
ATTORNEYS FOR THE PLAINTIFF
Post Office Box 1114
Kingstree, South Carolina 29556

Kingstree, South Carolina
November 29, 2005

CERTIFIED COPY

2010 MAR 29 AM 11:15

STATE OF SOUTH CAROLINA

IN THE COURT OF COMMON PLEAS

Cheryl Runk 05-CP-18-

COUNTY OF DORCHESTER

CLERK OF COURT
DORCHESTER COUNTY

WHITE'S SALES & SERVICE, INC.)

a South Carolina corporation,)

Plaintiff)

v.)

RONNIE F. JUDY, D/B/A JUDY)

FARMS, Defendant)

COMPLAINT

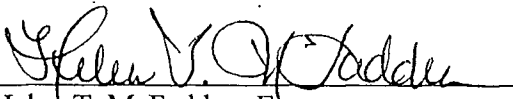
FILED-RECORDED
2005 DEC -5 AM 10:52
CLERK OF COURT
DORCHESTER COUNTY

Come now the Plaintiff and does allege as follows:

1. That each of the Plaintiff is a corporation duly organized and operating under the laws of the State of South Carolina, with its principal place of business in Andrews, S. C.
2. That the Defendant is a natural person operating under the name Judy Farms and that he resides at 1872 Sandridge Rd., Dorchester, S. C. , in Dorchester County, State of South Carolina.
3. That prior to August 10, 2005, the Defendant contracted with the Plaintiff, to have the Plaintiff improve a piece of the Defendant's equipment a lowboy.
4. That as a result of that contract, the Plaintiff picked up the Defendant's lowboy from McDaniel Welding, where Plaintiff had purchased the lowboy.
5. That prior to beginning the work, Plaintiff informed Defendant that the cost of the work would be \$8000.00 and Defendant approved the work and the price.
6. That prior to August 10, 2005, that the work agreed upon was completed by the Plaintiff, in that the Plaintiff fabricated a gooseneck assembly and placed a 10 HP Briggs and Stratton motor and lights on the lowboy.

7. That on August 10, 2005, the Defendant Judy had been notified that the work was completed and that he had been notified of the again of price of the work and asked to bring the payment when he picked up the lowboy.
8. That on August 12, 2005, the Defendant Judy came to the place of business of the Plaintiff in Andrews, S. C., and picked up the lowboy without paying for the improvements to the lowboy.
9. That the Plaintiff has requested that the Defendant pay the agreed upon price for the work and the equipment which is \$8400.00.
10. That the Defendant has tendered payment in the amount of \$3200.00 and refuses to pay in full the amount owed.
11. That the Plaintiff has not accepted the tender of \$3200.00
12. That the Plaintiff demands payment of the full amount owed or return of the lowboy.
13. That the account is now past due.
14. That the Plaintiff is due monthly charges of 2% until the full amount is paid.

WHEREFORE, Plaintiff prays this Court to inquire into the facts and circumstances of this account and to render judgement in favor of the Plaintiff in the principal sum of \$8400.00 with interest at the rate of 2% per month from 8-8-05.


Helen T. McFadden, Esq.
Attorney for Plaintiff
P. O. Box 1114
Kingstree, S. C. 29556
843-355-5200

Kingstree, S. C.
November 29, 2005

STATEMENT OF ACCOUNT

RONALD JUDY, D/B/A JUDY FARMS

CONTRACTED FOR REPAIRS TO LOW BOY ON July 11, 2005.

AGREED PRICE \$8000.00 plus applicable taxes of \$400.00

REPAIRS COMPLETED on August 8, 2005.

BILL SUBMITTED TO JUDY, 8-8-05 IN THE AMOUNT OF \$8400.00

NOTICE OF INTEREST ON OVERDUE ACCOUNTS AT 2% PER MONTH

MONTHLY CHARGE OF \$168.00 on balance of \$8400.00

AMOUNT DUE ON 9-9-05 \$8568.00

AMOUNT DUE ON 10-12-05 \$8736.00

AMOUNT DUE ON 11-12-05 \$8904.00

FILED - RECORDED
2005 DEC -5 AM 10:52
CLERK OF COURT
DORCHESTER COUNTY

This account reviewed and sworn to this 28 day of November, 2005, by Edward L. White Sr
on behalf of White's Sales & Service, Inc.

White's Sales & Service - Edward L. White
Officer of White's Sales & Service, Inc. President

Sworn to before me this 28th day of

November, 2005

Aubrey C. Barron

Notary Public for South Carolina

My Commission expires: 3-1-2011

HELEN T. MCFADDEN, ESQ.

P.O. BOX 1114

411 Martin Luther King Blvd.
Kingstree, South Carolina 29556

Telephone
843-355-5200

Facsimile
843-355-7658

November 30, 2005

Clerk of Court
Dorchester County
101 Ridge St.
St. George, S. C. 29477

RE: White's Sales v. Ron Judy, 05-CP-18-

Dear Madame Clerk,

Please find enclosed for filing, the original summons, complaint and coversheet with the filing fee of \$150.00. Please file these and return the two certified copies to me for service.

Thank you for your attention to this matter.
With best wishes,

Sincerely,



Helen T. McFadden, Esq.

Enclosure: original Summons, Complaint, coversheet and two copies; \$150.00; stamped return envelope
cc: Whites' Sales and Service

STATE OF SOUTH CAROLINA (F)IFIED COPY

COUNTY OF DORCHESTER

2010 MAR 29 AM 11:15

IN THE COURT OF
COMMON PLEAS

Whites Sales & Service, Inc.
a S.E. Corp Plaintiff,

CASE NO. *05-CP-18-1821*

CLERK OF COURT
DORCHESTER COUNTY

-vs-

PROOF OF SERVICE

Ronnie F. Judy D/B/A
Judy Farms Defendant.

I, Ronnie F. Judy, Pro Se, certify I have served the herein

Answer to Complaint on *Helen T. Mc Fadden*
Att by causing a copy thereof to be mailed to him
with the proper postage at the address indicated below.

Helen T. Mc Fadden Atty
P.O. Box 1114
Kingstree S.C. 29556

I further certify that all other parties required by rule have been
served copies of the above mentioned matter.

Ronnie F. Judy, Pro Se
1872 Sandridge Road
Dorchester, S.C. 29437
843-563-3630

Dated *24th January 2006*

HELEN T. MCFADDEN, ESQ.

P.O. BOX 1114

Kingstree, South Carolina 29556

Telephone
843-355-5200

April 26, 2007

Facsimile
843-355-7658

Clerk of Court
Dorchester County
101 Ridge St.
St. George, S. C. 29477

RECEIVED
APR 30 PM 1:05
CLERK OF COURT
DORCHESTER COUNTY

RE: White's Sales v. Ron Judy, 05-CP-18-01821

Dear Madame Clerk,

I have received a call from the defendant Ron Judy, that he intended to appeal the verdict rendered against him in the trial of this case. The time for appeal has expired, as well as the additional 10 days for service of the notice of intent to appeal. To date, I have not received any notice of intent to appeal from Mr. Judy.

Would you please examine the file of this case and write to me, letting me know if there has been filed a notice of intent to appeal and whether such filing reflects that I have been served with same?

Thank you for your attention to this matter.

With best wishes,

Sincerely,



Helen T. McFadden, Esq.

cc: Whites' Sales and Service

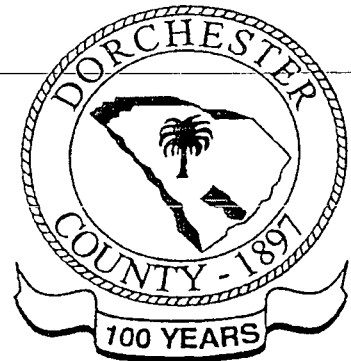
RECEIVED COPY
2007 APR 29 AM 11:16
CLERK OF COURT
DORCHESTER COUNTY

DORCHESTER COUNTY CLERK OF COURT

Cheryl Graham, Clerk of Court

**101 Ridge Street
St. George, SC 29477**

**Carolyn Ayer
Civil Court Coordinator
Dorchester County
843-832-0108**



May 4, 2007

**Helen T. McFadden
Attorney at Law
P. O Box 1114
Kingstree, S.C. 29556**

**Re: White's Sales vs. Ronnie Judy
2005CP1801821**

CERTIFIED COPY
2010 MAR 29 AM 11:16
Cheryl Graham
CLERK OF COURT
DORCHESTER COUNTY

Dear Ms. McFadden:

Pursuant to your letter dated April 26, 2007, this is to advise you that the Court file does not reflect an Appeal of the Verdict on the above case.

Sincerely,

Carolyn Ayer

**Carolyn Ayer
Civil Court Coordinator
Dorchester County**

State of South Carolina } On the Court of Common Pleas
County of Dorchester } For The First Judicial Circuit
(Case No 05-CP-18-1821)

Whites Sales & Service, Inc. }
a S. C. Corporation }
Plaintiff }

Answers to Complaint
(Defendant)

- VS -

Ronnie F. Judy, D/B/A }
Judy Farms }
Defendant }

Jury Trial Requested

The Defendant respectfully answers the
Plaintiff Complaint as follows:

- . Admit (1)
- . Admit (2)
- . Admit (3)
- . Admit 1st Part; Denies 2nd Part (4)
- . Denies (5)
- . Admit (6) Poor Workmanship, Botch job!!
- . Admit 1st Part; Denies 2nd Part (7)
- . Admit 1st Part; Denies 2nd Part (8)
- . Denies (9)
- . Admit 1st Part; Denies 2nd Part (10)
- . Admit (11)
- . Denies (12)
- . Denies (13)
- . Denies (14)

Wherefore the Defendant prays that
this Complaint be dismissed.

Respectfully Submitted
Ronnie F. Judy

RONNIE F. Judy (Prox
Defendant

1872 Sandridge Rd.
Dorchester SE. 29437
Ph: 843-563-3630

Date 24th January 2006

Answer to Complaint (Defendant)

STATE OF SOUTH CAROLINA

JUDGMENT IN A CIVIL CASE

COUNTY OF DORCHESTER

CASE NO: 2006CP1801251

IN THE COURT OF COMMON PLEAS

2009 MAR 29 AM 11:41

Meherrin agricultural and chem vs. Ronnie F Judy

CHECK ONE:

- ☒ JURY VERDICT. This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☐ DECISION BY THE COURT. This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.
- ☐ ACTION DISMISSED (CHECK REASON): ☐ Rule 12(b), SCRPC; ☐ Rule 41(a), SCRPC (Vol. Nonsuit); ☐ Rule 43(k), SCRPC (Settled); ☐ Other:
- ☐ ACTION STRICKEN (CHECK REASON): ☐ Rule 40(j) SCRPC; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other:
- ☐ DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX): ☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other
- NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order; ☐ Statement of Judgment by the Court:

JUDGMENT ENTERED AGAINST THE DEFENDANT IN THE AMOUNT OF \$27,295.33

Dated at St. George, South Carolina, this 17th day of December, 2008.

Court Reporter:

J. C. Nicholson
PRESIDING JUDGE - J. C. Nicholson, Presiding

This judgment was entered on the 17th day of December, 2008, and a copy mailed first class this 17th day of December, 2008. to attorneys of record or to parties (when appearing pro se).

2008 DEC 17 PM 3:52
CLERK OF COURT
DORCHESTER COUNTY

[695]

STATE OF SOUTH CAROLINA)
COUNTY OF DORCHESTER)
CERTIFIED COPY)
2010 MAR 29 AM 11:41)
IN THE COURT OF COMMON PLEAS

Meherrin Agricultural & Chemical Co.)
Plaintiff.)
v.)
Clerk of Court
DORCHESTER COUNTY

Ronnie F. Judy,)
Defendant.)

VERDICT FORM:

C.A. No. 2006-CP-18-1251

FILED
CLERK OF COURT
DORCHESTER COUNTY
2008 DEC 17 PM 3:52

We, the jury in the above-entitled action, unanimously find for the Plaintiff, Meherrin
Agricultural & Chemical Co., in the amount of \$ 27,295.33

December 17, 2008
St. George, South Carolina

Maria J. Whitte
Foreperson

STATE OF SOUTH CAROLINA

COUNTY OF DORCHESTER

IN THE COURT OF COMMON PLEAS

Meherrin Agricultural & Chemical Co.,

VERIFIED COPY

CIVIL ACTION COVERSHEET

Plaintiff(s) A111: 41

2006 - CP - 18 - 1251

vs.

Ronnie F. Judy,

Defendant(s)

(Please Print)

Submitted By: Michael S. Hopewell

Address: Post Office Box 5478

Florence, South Carolina 29502

SC Bar #: 065335

Telephone #: 843-662-9008

Fax #: 843-667-0828

Other:

E-mail: mhopewell@turnerpadget.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of docketing. It must be filled out completely, signed, and dated. A copy of this cover sheet must be served on the defendant(s) along with the Summons and Complaint.

DOCKETING INFORMATION (Check all that apply)

*If Action is Judgment/Settlement do not complete

- ☐ JURY TRIAL demanded in complaint. ☒ NON-JURY TRIAL demanded in complaint.
☒ This case is subject to ARBITRATION pursuant to the Circuit Court Alternative Dispute Resolution Rules.
☐ This case is subject to MEDIATION pursuant to the Circuit Court Alternative Dispute Resolution Rules.
☐ This case is exempt from ADR (certificate attached).

NATURE OF ACTION (Check One Box Below)

- | | | | |
|---|---|---|--|
| Contracts | Torts - Professional Malpractice | Torts - Personal Injury | Real Property |
| ☐ Constructions (100) | ☐ Dental Malpractice (200) | ☐ Assault/Slander/Libel (300) | ☐ Claim & Delivery (400) |
| ☒ Debt Collection (110) | ☐ Legal Malpractice (210) | ☐ Conversion (310) | ☐ Condemnation (410) |
| ☐ Employment (120) | ☐ Medical Malpractice (220) | ☐ Motor Vehicle Accident (320) | ☐ Foreclosure (420) |
| ☐ General (130) | ☐ Notice/ File Med Mal (230) | ☐ Premises Liability (330) | ☐ Mechanic's Lien (430) |
| ☐ Breach of Contract (140) | ☐ Other (299) | ☐ Products Liability (340) | ☐ Partition (440) |
| ☐ Other (199) | | ☐ Personal Injury (350) | ☐ Possession (450) |
| | | ☐ Other (399) | ☐ Building Code Violation (460) |
| | | | ☐ Other (499) |
-
- | | | | |
|--|--|---|---|
| Inmate Petitions | Judgments/Settlements | Administrative Law/Relief | Appeals |
| ☐ PCR (500) | ☐ Death Settlement (700) | ☐ Reinstate Driver's License (800) | ☐ Arbitration (900) |
| ☐ Sexual Predator (510) | ☐ Foreign Judgment (710) | ☐ Judicial Review (810) | ☐ Magistrate-Civil (910) |
| ☐ Mandamus (520) | ☐ Magistrate's Judgment (720) | ☐ Relief (820) | ☐ Magistrate-Criminal (920) |
| ☐ Habeas Corpus (530) | ☐ Minor Settlement (730) | ☐ Permanent Injunction (830) | ☐ Municipal (930) |
| ☐ Other (599) | ☐ Transcript Judgment (740) | ☐ Forfeiture (840) | ☐ Probate Court (940) |
| | ☐ Lis Pendens (750) | ☐ Other (899) | ☐ SCDOT (950) |
| | ☐ Other (799) | | ☐ Worker's Comp (960) |
| | | | ☐ Zoning Board (970) |
| | | | ☐ Administrative Law Judge (980) |

[697]

STATE OF SOUTH CAROLINA)
COUNTY OF DORCHESTER)
Meherrin Agricultural & Chemical)
Company, d/b/a Meherrin Fertilizer,)
Inc.,)
Plaintiff,)
-vs-)
Ronnie F. Judy,)
Defendant.)

IN THE COURT OF COMMON PLEAS

DOCKET NO: 2006-CP- 18-1251

SUMMONS

FILED COPY
JUL 29 AM 11:41
CLERK OF COURT
DORCHESTER COUNTY

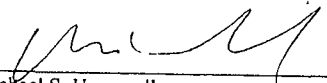
TO: THE DEFENDANT ABOVE NAMED:

YOU ARE HEREBY SUMMONED AND REQUIRED to answer the Complaint in this action, a copy of which is herewith served upon you, and to serve a copy of your Answer to the said Complaint on the subscribers at their address at 1831 West Evans Street, Fourth Floor, Post Office Box 5478, Florence, South Carolina, 29502-2478, within thirty (30) days after the service thereof, exclusive of the date of such service; and if you fail to answer the Complaint within the time aforesaid, the Plaintiff in this action will apply to the Court for judgment by default for the relief demanded in the Complaint.

Florence, South Carolina

July 3rd, 2006

TURNER, PADGET, GRAHAM & LANEY, P. A.

BY: 

Michael S. Hopewell
1831 West Evans Street
Fourth Floor
Post Office Box 5478
Florence, South Carolina 29502
(843) 662-9008

ATTORNEYS FOR THE PLAINTIFF.

STATE OF SOUTH CAROLINA)
COUNTY OF DORCHESTER)
Meherrin Agricultural & Chemical)
Company, d/b/a Meherrin Fertilizer,)
Inc.,)
Plaintiff,)
-vs-)
Ronnie F. Judy,)
Defendant.)

IN THE COURT OF COMMON PLEAS

DOCKET NO: 2006-CP- 18-1251

COMPLAINT
(NON-JURY)

CERTIFIED COPY
2006 MAR 29 PM 11:41
CLERK OF COURT
JUDY

The Plaintiff, Meherrin Agricultural & Chemical Company, complaining of the Defendant herein, would respectfully show unto this Court the following:

1. The Plaintiff is a corporation organized and existing pursuant to the laws of a state other than South Carolina, with its principal place of business in a state other than South Carolina, and which is authorized to transact business and transacts business within the State of South Carolina, County of Dorchester.

2. The Defendant is, upon information and belief, a citizen and resident of Dorchester County who owns property and transacts business with the Plaintiff in Dorchester County, South Carolina.

4. Heretofore, from January 31, 2005, through September 9, 2005, the Defendant entered into purchase contracts with the Plaintiff, whereby the Defendant agreed to purchase and did purchase various supplies from the Plaintiff. A copy of a statement summarizing Defendant's purchases and the amounts due and owing therefrom is attached hereto and incorporated herein as Exhibit B.

5. The Plaintiff fully complied with the terms of the purchase contracts and Defendant took delivery of all supplies.

6. Despite repeated demand for payment under the terms of the contracts, the Defendant has failed and refused to make payments when due and is in default.

7. As of June 30, 2006, the Defendant was indebted to the Plaintiff in the total sum of Twenty Four Thousand Two Hundred Thirty Nine and 63/100 (\$24,239.63) Dollars, said sum representing unpaid charges on said unpaid account, all pursuant to the terms of the above-referenced purchase contracts and Credit Application, plus interest at the rate of Eighteen (18%) percent and reasonable attorneys' fees.

8. The Plaintiff has declared the entire balance due and payable, and has demanded and does hereby demand payment of the same, but the Defendant has continually refused to pay said balance due, and there is presently due and owing to the Plaintiff by the Defendant the sum of Twenty Four Thousand Two Hundred Thirty Nine and 63/100 (\$24,239.63) Dollars, which amount represents principal as of June 30, 2006, as verified by the Affidavit of Jeffery T. Vinson

WHEREFORE, the Plaintiff prays for judgment against the Defendant in the sum of Twenty Four Thousand Two Hundred Thirty Nine and 63/100 (\$24,239.63) Dollars, plus all costs and expenses of this action, pre-judgment interest at the rate of Eighteen (18%) percent, attorneys' fees in the amount of Fifteen (15%) percent, and for such other and further relief as this Court may deem just and proper.

Florence, South Carolina

TURNER, PADGET, GRAHAM & LANEY, P. A.

July 31, 2006

BY: 

Michael S. Hopewell
1831 West Evans Street
Fourth Floor
Post Office Box 5478
Florence, South Carolina 29502
(843) 662-9008

ATTORNEYS FOR THE PLAINTIFF.

STATE OF SOUTH CAROLINA)
)
COUNTY OF DORCHESTER)
)
Meherrin Agricultural & Chemical)
Company, d/b/a Meherrin Fertilizer,)
Inc.,)

Plaintiff,)

-vs-)

Ronnie F. Judy,)

Defendant.)

IN THE COURT OF COMMON PLEAS

DOCKET NO: 2006-CP- 18- 1251

AFFIDAVIT AND VERIFIED
STATEMENT OF ACCOUNT

FILED COPY
JAN 11 41
CLERK OF COURT

PERSONALLY APPEARED BEFORE ME, Jeffery T. Vinson, who being duly sworn
deposes and says as follows:

1. He is a duly authorized representative of the Plaintiff corporation, and is authorized to make this Affidavit on behalf of the said corporation;
2. He is familiar with the account forming the basis for the within action, that all the matters alleged therein are true of his own knowledge or upon the records of the corporation, except for those allegations upon information and belief, and as to those, he believes them to be true;
3. That the Defendant contracted with the Plaintiff from January 31, 2005, through September 9, 2005.

4. The total outstanding account balance of the Defendant, past due and payable to the Plaintiff pursuant to the above-described contract is the sum of Twenty Four Thousand Two Hundred Thirty Nine and 63/100 (\$24,239.63) Dollars, as of June 30, 2006, said sum including all just credits given.

SWORN TO AND SUBSCRIBED BEFORE ME)

this 26th day of July, 2006)

Keith Neil Rich)
Notary Public for North Carolina)

(L.S.)

Jeffery T. Vinson

My Commission Expires: July 17, 2010

07/06/2006 02:33
YE: 07/06/06
ER: JTV T20

2522150870
ARRIN AGRICULTURE & CHEM.
CUSTOMER LEDGERCARDS

JEFF VINSON MCERRIN

ARR750 PAGE: 1
TIME: 11:57 AM

PAGE 02

STOMER 10003980 TO 10003980
7
10 OLDEST

CUSTOMER NAME	DATE	TRANSACTION	DEBIT	CREDIT	BALANCE	DOCUMENT	REG#
10003980 RONNIE JUDY	06/30/06	SVC CHARGE REG	305.57		24239.63	SC6005	0174
	05/31/06	SVC CHARGE REG	305.57		23934.06	SC7527	0172
	05/09/06	SVC CHARGE REG	305.57		23628.49	SC7188	0170
	03/31/06	SVC CHARGE REG	305.57		23322.92	SC6941	0168
	02/28/06	SVC CHARGE REG	305.57		23017.35	SC6772	0166
	01/31/06	SVC CHARGE REG	305.57		22711.78	SC6591	0164
	12/30/05	SVC CHARGE REG	305.57		22406.21	SC6357	0162
	11/30/05	SVC CHARGE REG	305.57		22100.64	SC6030	0160
	10/31/05	SVC CHARGE REG	305.57		21795.07	SC5609	0158
	09/30/05	SVC CHARGE REG	271.77		21489.50	SC5118	0156
	09/09/05	SO SALES REG	2001.01		21217.73	345644	1575
	09/09/05	SO SALES REG	172.00		19136.72	345611	1575
	08/31/05	SVC CHARGE REG	215.71		18964.72	SC4594	0153
	08/23/05	SO SALES REG	720.00		18749.01	344354	1569
	08/23/05	SO SALES REG	330.00		18029.01	344342	1569
	08/13/05	SO SALES REG		-233.00	17699.01	343399	1566
	08/05/05	CASH RECEIPTS		-11000.00	17932.01	CS1767	7362
	08/04/05	SO SALES REG	2507.39		20932.01	342364	1560
	07/30/05	SVC CHARGE REG	263.01		20624.62	SC4048	0154
	07/30/05	SVC CHARGE REG	61.86		20975.61	SC4047	0154
	07/27/05	SO SALES REG	807.10		25913.75	341344	1557
	07/21/05	SO SALES REG	892.00		25026.65	340145	1553
	07/20/05	SO SALES REG	593.44		24134.65	339999	1552
	07/13/05	SO SALES REG	207.24		23541.21	338012	1547
	07/07/05	SO SALES REG	892.30		23253.97	337982	1545
	06/30/05	SVC CHARGE REG	157.66		22361.47	SC3517	0153
	06/30/05	SVC CHARGE REG	61.86		22193.01	SC3516	0153
	06/30/05	SO SALES REG	1402.50		22131.95	337378	1544
	06/27/05	SO SALES REG	1040.00		20729.45	335956	1541
	06/22/05	SO SALES REG	3506.17		10001.45	335276	1539
	05/31/05	SVC CHARGE REG	71.22		15375.28	SC3030	0151
	05/27/05	SO SALES REG	2124.00		15304.06	331308	1530
	05/18/05	SO SALES REG	2414.06		13100.06	328529	1524
	05/16/05	SO SALES REG	1255.94		10766.00	328233	1523
	05/12/05	SO SALES REG	635.00		9510.06	327563	1521
	05/12/05	SO SALES REG		-552.19	8075.06	327229	1521
	05/09/05	SO SALES REG	4124.25		9427.25	326400	1519
	04/28/05	SO SALES REG	2600.03		5303.00	324542	1515
	04/26/05	SO SALES REG	777.00		2694.17	323963	1513
	04/26/05	SO SALES REG	23.11		123.11		

COPIED COPY
JUN 29 2011 4:41

[705]

CREDIT SALES AGREEMENT

IN CONSIDERATION of being extended credit for purchases of products from Meherrin Fertilizer Co. (hereafter), a NC corporation, the undersigned purchaser RONNIE L. SHAW having his (its) principal place of residence or business at 300 OLD MILL POND Rd agrees as follows:

- To assume responsibility for payment of all purchases of products made by the undersigned or his (its) agents for which credit is extended by Meherrin Fertilizer, Inc.
- Full payment for each item of product is due upon the date of Meherrin's first monthly statement reflecting such purchase.
- In the event the purchase price of each product item is not paid in full within thirty (30) days from the due date noted in Paragraph 2, a time price differential (FINANCE CHARGE), computed at the rate shown in the following schedule, will be assessed and due on the unpaid balance from the date of the first monthly statement reflecting such purchase until payment is received in full by Meherrin Fertilizer, Inc. and credited to purchaser's account.

FINANCE CHARGE SCHEDULE

☐ A. A periodic rate of 1.5% per month which is an ANNUAL PERCENTAGE RATE OF 18%, or the maximum rate allowed by law, whichever is less.

(SECTION CHECKED OR COMPLETED IS APPLICABLE RATE)

- All payments made by the undersigned will be applied first to any outstanding FINANCE CHARGE and the remainder to the unpaid balance of product purchased.
- In the event the undersigned fails to make payments as required under Paragraphs (2) and (3) of this Agreement, the account may be considered by Meherrin, at its option, to be in default, and the undersigned shall be responsible for the payment of all costs of collection, including reasonable attorney's fees.
- Meherrin may, at any time, revoke the privilege of extending credit to the undersigned for future purchases of products.
- Meherrin may, at any time, amend the provisions of this Credit Sales Agreement upon notice mailed to the undersigned at his (its) last known address, and the purchase of product subsequent to the effective date of such amendment shall constitute an acknowledgment and acceptance of the amendment by the undersigned.
- Meherrin or its designee is expressly authorized to investigate any references and other information furnished by the undersigned or by any other person or entity pertaining to the undersigned's creditworthiness.

9. CONDITIONS OF SALE - LIMITED WARRANTY AND LIMITATION OF LIABILITY AND REMEDIES.

It is understood and agreed that the following Conditions of Sale and Limitations of Warranty, Liability, and Remedies apply to purchases made by the undersigned. The only warranty of Meherrin regarding products of other manufacturers sold by Meherrin is that the products conform to the chemical description on the label.

1. LIMITATION OF WARRANTY, LIABILITY, AND REMEDIES.

MEHERRIN MAKES NO OTHER WARRANTY OR REPRESENTATION OF ANY KIND, EXPRESS OR IMPLIED, CONCERNING THE ABOVE GOODS, INCLUDING NO IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS OF THE GOODS FOR ANY PARTICULAR PURPOSE, AND NO SUCH WARRANTIES SHALL BE IMPLIED BY LAW.

THE EXCLUSIVE REMEDY AGAINST MEHERRIN FOR ANY CAUSE OF ACTION RELATING TO THE HANDLING OR USE OF THE ABOVE GOODS IS A CLAIM FOR DAMAGES AND IN NO EVENT SHALL DAMAGES OR ANY OTHER RECOVERY OF ANY KIND AGAINST MEHERRIN EXCEED THE PRICE OF THE SPECIFIC GOODS WHICH CAUSE THE ALLEGED LOSS, DAMAGE, INJURY, OR OTHER CLAIM. MEHERRIN SHALL NOT BE LIABLE AND ANY AND ALL CLAIMS AGAINST MEHERRIN ARE WAIVED, FOR SPECIAL, INDIRECT, INCIDENTAL, OR CONSEQUENTIAL DAMAGES OR EXPENSES, OF ANY NATURE, INCLUDING, BUT NOT LIMITED TO, LOSS OF PROFITS OR INCOME, AND CROP OR PROPERTY LOSS OR DAMAGE, WHETHER OR NOT BASED ON MEHERRIN NEGLIGENCE, BREACH OF WARRANTY, STRICT LIABILITY IN TORT OR ANY OTHER CAUSE OF ACTION.

10. If any clause or provision of this Credit Sales Agreement is found to be invalid or is incapable of being enforced by any rule of law or public policy, all other clauses and provisions shall, nevertheless, remain in full force and effect.

THE FOREGOING CONDITIONS OF SALE AND LIMITATIONS OF WARRANTY, LIABILITY, AND REMEDIES MAY BE VARIED ONLY BY AGREEMENT IN WRITING SIGNED BY A DULY AUTHORIZED REPRESENTATIVE OF MEHERRIN.

NOTICE OF UNDERSIGNED PURCHASER.

- DO NOT SIGN THIS CREDIT SALES AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS BLANK SPACES.
- YOU ARE ENTITLED TO AN EXACT COPY OF THIS CREDIT SALES AGREEMENT AT THE TIME YOU SIGN IT. SAVE IT TO PROTECT YOUR LEGAL RIGHTS.
- BUYER HEREBY ACKNOWLEDGES RECEIPT OF A TRUE EXECUTED COPY OF THIS AGREEMENT.

[MFI]MEHERRIN FERTILIZER, INC.
CREDIT APPLICATION

Location # Judy Farms
 Salesman # FRANK WEST
 Farmer Name RONNIE E. JUDY
 Billing Address 1872 SANDRIDGE RD. NORCHESTER, SE.
 Shipping Locations REXEVILLE, SE.
 Principal Contact's Name/Position RONNIE JUDY (FARMER)
 Telephone Number 843-563-3630 Years in business here _____
 Sales Tax Exemption Number _____
 Substantial changes in operations made in last 12 months, or planned for next 12 months, describe, NONE

Check one
Corporation _____
Partnership _____
Proprietorship ☒

Signed Credit Sales Agreement must be attached to all applications and Financial Statement required on credit limit request exceeding \$25,000.00.

Acres Owned 554 FARMER
 Acres Farmed 250
 Approximate crop mix:

1. <u>CORN</u>	<u>50</u>	%
2. <u>SOY BEANS</u>	<u>50</u>	%
3. <u>WATS</u>	<u>90</u>	%
4. <u>HAY (Pos)</u>	<u>150A</u>	%

DEALER
 Total Sales _____
 Warehousing Sq. Ft. _____
 1. Owned _____ %
 2. Leased _____ %
 Full Time Employees _____

2000 MAR 29
 RECEIVED COPY
 11:11:41
 JUDY
 1872 SANDRIDGE RD.
 NORCHESTER, SE.
 31218

CURRENT OR MOST RECENT SUPPLIER
 Estimated total annual pesticide needs (farmers) or sales (dealers) \$4,500

Banking references FIRST NAT'L BANK
 Contact Name _____
 *Major suppliers for:
 Seed Wimberly Farm Supply & Weathers Farm Supply
 Pesticides _____
 Fertilizer _____
 Fuel Mims Oil Co.
 *Major Institutional Creditor NONE
 Operating Loans NONE
 Contact Name RONNIE JUDY

*"Major" means supplier/creditor providing at least 50% of customer's needs. List more than one in each category if necessary. Provide at least city/state for each listing. If answer is Meherrin Fertilizer, Inc., so indicate.

CUSTOMER SIGNATURE Ronnie E. Judy DATE 2-7-2000
 -GUARANTEE-

In consideration of the extension of credit Meherrin Fertilizer, Inc. to the above listed company, the undersigned, jointly and severally, personally guarantee the payment to "MFI" of all sums owed to it at any time by said company, including FINANCE CHARGES, attorney's and collection fees. The undersigned understand(s) that said company has, or will, enter into a written Credit Sales Agreement with "MFI" that will govern the rights and obligations of said company and

[707]

Office of the Sheriff
Dorchester County, South Carolina
Ray Nash, Sheriff



State of South Carolina) Case # 2006CP18-1251
 County Of Dorchester)
 MEHERRIN AGRICULTURAL & CHEMICA)
 Plaintiff) Affidavit Of:
 Vs.) Service
 RONNIE F JUDY) or
 Defendant) Non-Service

RECORDED
 2006 OCT 19 AM 10:51
 CLERK OF COURT
 DORCHESTER COUNTY

PERSONALLY appeared before me the undersigned, who says under oath that he/she served the: COVERSHEET, SUMMONS, COMPLAINT, AFFIDAVIT and VERIFIED STATEMENT of ACCOUNT, INTERROGATORIES, REQUESTS for PRODUCTION

- ☐ by delivering to _____ personally;
- ☐ by delivering to Wanda Judy Wife a person of age and discretion residing at the residence of the DEFENDANT/RESPONDENT, and being at said residence at time of service;
- ☐ by delivering to _____, _____ (person served if corporate defendant) at its place of business.
- ☐ IS ☒ IS NOT A MEMBER OF THE UNITED STATES ARMED FORCES.

RECEIVED COPY
 2006 OCT 29 AM 11:42
 CLERK OF COURT
 DORCHESTER COUNTY

Place of Service 1872 Sand Ridge Rd. Dorchester SC 29437

DATE 10/17/06 3:17pm

☐ was not served for the following reason:

STATE OF SOUTH CAROLINA

COUNTY OF DORCHESTER

Meherrin Agricultural & Chemical Co.,

Plaintiff,

-VS-

Ronnie F. Judy,

Defendant.

IN THE COURT OF COMMON PLEAS

2006 - CP - 18-1251

ANSWER TO SUMMONS & COMPLAINT

Defendant request Jury Trial

The Defendant, Ronnie F. Judy, answering the Plaintiff on the aforementioned Summons and Complaint respectfully answers this Court as follows:

1. Admit
2. Admit
3. Admit in part.
4. Admit in part.
5. Admit in part.
6. Admits with prejudice due to monies not being available.
7. Deny
8. Deny

WHEREFORE, the Defendant prays for justice in the above matter.

St. George, South Carolina

October 30, 2006

RONNIE F. JUDY, Defendant, Pro Se

BY: *Ronnie F. Judy*

1872 Sandridge Road
Dorchester, SC 29437
843.562.2670

RECORDED
2006 OCT 30 AM 11:37
CLERK OF COURT
DORCHESTER COUNTY

FILED COPY
2006 OCT 29 AM 11:42
CLERK OF COURT
DORCHESTER COUNTY

[607]

MFI**MEHERRIN FERTILIZER, INC.
CREDIT APPLICATION**

Location # Judy Farms
 Salesman # FRANK WEST
 Customer Name RONNIE F. JUDY
 Billing Address 1872 SANDRIDGE Rd., Worcester, SE.
 Shipping Locations REGGERSVILLE, S.C.
 Principal Contact's Name/Position RONNIE JUDY (FARMER)
 Telephone Number 843-563-3630 Years in business here _____
 Sales Tax Exemption Number _____
 Substantial changes in operations made in last 12 months, or planned for next 12 months, describe, NONE

Check one
 Corporation _____
 Partnership _____
 Proprietorship ✓

Signed Credit Sales Agreement must be attached to all applications and Financial Statement required on credit limit request exceeding \$25,000.00.

Acres Owned 554 FARMER
 Acres Farmed 250
 Approximate crop mix:

1. CORN 50 %
 2. SOYBEANS 50 %
 3. WATS 90 %
 4. HAY (Cos) 150 H. %

DEALER
 Total Sales _____
 Warehousing Sq. Ft. _____
 1. Owned _____ %
 2. Leased _____ %
 Full Time Employees _____

CURRENT OR MOST RECENT SUPPLIER

Estimated total annual pesticide needs (farmers) or sales (dealers) \$4,500
 *Major banking references FIRST NAT'L BANK
 Contact Name _____
 *Major suppliers for: Royce Clark
 Seed Wimperly Farm Supply & Weathers Farm Supply
 Pesticides "
 Fertilizer "
 Fuel MIMS OIL CO.
 *Major Institutional Creditor NONE
 Operating Loans NONE
 Contact Name Reduced OK by \$15,000.

"Major" means supplier/creditor providing at least 50% of customer's needs. List more than one in each category if necessary. Provide at least city/state for each listing. If answer is Meherrin Fertilizer, Inc., so indicate.

CUSTOMER SIGNATURE Ronnie F. Judy DATE 2-7-2000
 -GUARANTEE-

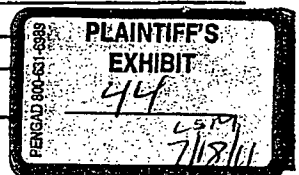
In consideration of the extension of credit Meherrin Fertilizer, Inc. to the above listed company, the undersigned, jointly and severally, personally guarantee the payment to "MFI" of all sums owed to it at any time by said company, including FINANCE CHARGES, attorney's and collection fees. The undersigned understand(s) that said company has, or will, enter into a written Credit Sales Agreement with "MFI" that will govern the rights and obligations of said company and "MFI" with respect to credit extended by "MFI" to said company.

Signed Ronnie F. Judy Date 2-7-2000
 Signed _____ Date _____
 Signed _____ Date _____

Meherrin Fertilizer, Inc. Credit Limits \$ 10,000 - 15,000
 Customer's estimate of his credit limit needs \$ 10,000
 Credit limit proposed by salesman \$ _____
 Credit Limit approved \$ _____ Comments, _____

CREDIT MANAGER _____ DATE _____

Original - Credit Department • Duplicate - Location Copy • Triplicate - Customer Copy



CREDIT SALES AGREEMENT

IN CONSIDERATION of being extended credit for purchases of products from Meherrin Fertilizer Inc. (hereafter), a NC corporation, the undersigned purchaser RONNIE F. JUDY having his (its) principal place of residence or business at 300 OLD MILL ROAD RD agrees as follows:

1. To assume responsibility for payment of all purchases of products made by the undersigned or his (its) agents for which credit is extended by Meherrin Fertilizer, Inc.
2. Full payment for each item of product is due upon the date of Meherrin's first monthly statement reflecting such purchase.
3. In the event the purchase price of each product item is not paid in full within thirty (30) days from the due date noted in Paragraph 2, a time price differential (FINANCE CHARGE), computed at the rate shown in the following schedule, will be assessed and due on the unpaid balance from the date of the first monthly statement reflecting such purchase until payment is received in full by Meherrin Fertilizer, Inc. and credited to purchaser's account.

FINANCE CHARGE SCHEDULE

☐ A. A periodic rate of 1.5% per month which is an ANNUAL PERCENTAGE RATE OF 18%, or the maximum rate allowed by law, whichever is less.

(SECTION CHECKED OR COMPLETED IS APPLICABLE RATE)

4. All payments made by the undersigned will be applied first to any outstanding FINANCE CHARGE and the remainder to the unpaid balance of product purchased.
5. In the event the undersigned fails to make payments as required under Paragraphs (2) and (3) of this Agreement, the account may be considered by Meherrin, at its option, to be in default, and the undersigned shall be responsible for the payment of all costs of collection, including reasonable attorney's fees.
6. Meherrin may, at any time, revoke the privilege of extending credit to the undersigned for future purchases of products.
7. Meherrin may, at any time, amend the provisions of this Credit Sales Agreement upon notice mailed to the undersigned at his (its) last known address, and the purchase of product subsequent to the effective date of such amendment shall constitute an acknowledgment and acceptance of the amendment by the undersigned.
8. Meherrin or its designee is expressly authorized to investigate any references and other information furnished by the undersigned or by any other person or entity pertaining to the undersigned's creditworthiness.

9. CONDITIONS OF SALE - LIMITED WARRANTY AND LIMITATION OF LIABILITY AND REMEDIES.

It is understood and agreed that the following Conditions of Sale and Limitations of Warranty, Liability, and Remedies apply to purchases made by the undersigned. The only warranty of Meherrin regarding products of other manufacturers sold by Meherrin is that the products conform to the chemical description on the label.

D. LIMITATION OF WARRANTY, LIABILITY, AND REMEDIES.

MEHERRIN MAKES NO OTHER WARRANTY OR REPRESENTATION OF ANY KIND, EXPRESS OR IMPLIED, CONCERNING THE ABOVE GOODS, INCLUDING NO IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS OF THE GOODS FOR ANY PARTICULAR PURPOSE, AND NO SUCH WARRANTIES SHALL BE IMPLIED BY LAW.

THE EXCLUSIVE REMEDY AGAINST MEHERRIN FOR ANY CAUSE OF ACTION RELATING TO THE HANDLING OR USE OF THE ABOVE GOODS IS A CLAIM FOR DAMAGES AND IN NO EVENT SHALL DAMAGES OR ANY OTHER RECOVERY OF ANY KIND AGAINST MEHERRIN EXCEED THE PRICE OF THE SPECIFIC GOODS WHICH CAUSE THE ALLEGED LOSS, DAMAGE, INJURY, OR OTHER CLAIM. MEHERRIN SHALL NOT BE LIABLE AND ANY AND ALL CLAIMS AGAINST MEHERRIN ARE WAIVED, FOR SPECIAL, INDIRECT, INCIDENTAL, OR CONSEQUENTIAL DAMAGES OR EXPENSES, OF ANY NATURE, INCLUDING, BUT NOT LIMITED TO, LOSS OF PROFITS OR INCOME, AND CROP OR PROPERTY LOSS OR DAMAGE, WHETHER OR NOT BASED ON MEHERRIN NEGLIGENCE, BREACH OF WARRANTY, STRICT LIABILITY IN TORT OR ANY OTHER CAUSE OF ACTION.

10. If any clause or provision of this Credit Sales Agreement is found to be invalid or is incapable of being enforced by any rule of law or public policy, all other clauses and provisions shall, nevertheless, remain in full force and effect.

THE FOREGOING CONDITIONS OF SALE AND LIMITATIONS OF WARRANTY, LIABILITY, AND REMEDIES MAY BE VARIED ONLY BY AGREEMENT IN WRITING SIGNED BY A DULY AUTHORIZED REPRESENTATIVE OF MEHERRIN.

NOTICE OF UNDERSIGNED PURCHASER.

- (1) DO NOT SIGN THIS CREDIT SALES AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS BLANK SPACES.
- (2) YOU ARE ENTITLED TO AN EXACT COPY OF THIS CREDIT SALES AGREEMENT AT THE TIME YOU SIGN IT: SAVE IT TO PROTECT YOUR LEGAL RIGHTS.
- (3) BUYER HEREBY ACKNOWLEDGES RECEIPT OF A TRUE EXECUTED COPY OF THIS AGREEMENT.

PURCHASER

By: Ronnie F. Judy
 Title: Farmer

Date: 2-7-2000

MEHERRIN FERTILIZER INC.

By:

 Chief Financial Officer

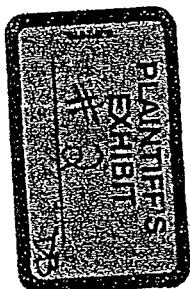
DATE: 07/09/08
USER: AM TEO

MEHERRIN AGRICULTURE & CHEM.
CUSTOMER LEDGER CARDS

008750 PAGE 1
TIME: 12105 PM

CUSTOMER 10003900 TO 10003900 %
DATE FIRST TO LAST
OLDEST TO NEWEST

CUSTOMER NAME	DATE	TRANSACTION	DEBIT	CREDIT	BALANCE	DOCUMENT	REG#
10003900 RONNIE JUDY	02/23/00	BEGIN BALANCE	.00		.00	NEW 0000	
	02/23/00	SO SALES REG	817.70		817.70	173136 0048	
	02/28/00	SO SALES REG	4032.20		4909.90	173333 0049	
	02/29/00	SO SALES REG	1864.80		6774.70	173533 0050	
	03/30/00	CASH RECEIPTS		-4274.70	2500.00	126 3707	
	03/30/00	CASH RECEIPTS		-2500.00	.00	43513 3707	
	05/30/00	SO SALES REG	2267.78		2267.78	183779 0086	
	05/30/00	SO SALES REG	419.80		2687.58	183780 0086	
	06/30/00	SO SALES REG	1057.50		3745.08	188653 0086	
	06/30/00	SVC CHARGE REG	40.32		3785.40	SC2057 0064	
	07/05/00	CASH RECEIPTS		-2687.58	1097.82	43868 3919	
	07/19/00	SO SALES REG	972.50		2070.32	191492 0902	
	07/31/00	CASH RECEIPTS		-1097.82	972.50	138 3994	
	08/25/00	CASH RECEIPTS		-972.50	.00	144 4051	
	09/21/00	SO SALES REG	962.00		962.00	197853 0923	
	10/06/00	SO SALES REG		-232.00	730.00	198600 0928	
	10/11/00	SO SALES REG	257.00		987.00	198858 0929	
	10/31/00	SVC CHARGE REG	10.95		997.95	SC2551 0068	
	11/30/00	SVC CHARGE REG	14.81		1012.76	SC3839 0069	
	12/29/00	SVC CHARGE REG	14.81		1027.57	SC4072 0070	
	01/31/01	SVC CHARGE REG	14.81		1042.38	SC4267 0071	
	02/06/01	CASH RECEIPTS		-1027.57	14.81	280 4387	
	03/08/01	SO SALES REG	48.00		62.81	202223 0963	
	03/26/01	CASH RECEIPTS		-14.81	48.00	JV 4454	
	04/26/01	SO SALES REG	12.00		60.00	206002 0988	
	04/30/01	SVC CHARGE REG	.72		60.72	SC4791 0074	
	05/08/01	SO SALES REG	505.80		646.52	208370 0993	
	05/31/01	SVC CHARGE REG	.90		647.42	SC5090 0075	
	06/07/01	SO SALES REG	2949.12		3596.54	213316 1009	
	06/07/01	SO SALES REG	1346.40		4942.94	213382 1009	
	06/13/01	SO SALES REG	357.12		5300.06	214263 1013	
	06/21/01	SO SALES REG	1242.75		6542.81	215293 1018	
	06/22/01	CASH RECEIPTS		-2095.97	4446.84	050400 4626	
	06/22/01	CASH RECEIPTS		-3204.09	1242.75	CS6959 4626	
	06/29/01	SO SALES REG	1337.00		2579.75	217242 1024	
	07/25/01	SO SALES REG	17.13		2596.88	220374 1036	
	07/31/01	CASH RECEIPTS		-1080.00	1516.88	451 4734	
	07/31/01	CASH RECEIPTS		-1516.88	.00	CS7071 4734	
	08/08/01	SO SALES REG	424.25		424.25	221557 1041	
	08/10/01	SO SALES REG	424.25		848.50	222047 1043	
	08/13/01	SO SALES REG	653.50		1502.00	222244 1044	
	08/27/01	SO SALES REG		-229.25	1272.75	223754 1052	
	09/25/01	CASH RECEIPTS		-1272.75	.00	CS7160 4820	
	01/24/02	SO SALES REG	275.00		275.00	228651 1089	
	02/19/02	CASH RECEIPTS		-275.00	.00	CS7333 5086	
	02/19/02	SO SALES REG	675.26		675.26	229126 1093	
	03/15/02	SO SALES REG	2100.79		2776.05	230328 1099	
	03/19/02	SO SALES REG	2008.95		4785.00	230706 1101	
	03/27/02	CASH RECEIPTS		-675.26	4109.74	266 5136	



DATE: 07/09/05
USER: AM Ted

MEHERRIN AGRICULTURE & CHEM.
CUSTOMER LEDGERCARDS

ARR750 PAGE: 2
TIME: 12:05 PM

CUSTOMER NAME	DATE	TRANSACTION	DEBIT	CREDIT	BALANCE	DOCUMENT	REG#
10003900 RONNIE JUDY	04/08/02	SO SALES REG	1145.85		5255.59	232406	1110
	04/11/02	SO SALES REG	1202.43		6458.02	232833	1112
	04/12/02	SO SALES REG	2346.73		8804.75	232926	1113
	04/12/02	SO SALES REG	343.00		9147.75	232976	1113
	04/26/02	SO SALES REG		-49.00	9098.75	234868	1118
	04/29/02	CASH RECEIPTS		-1721.46	7377.29	3387	5180
	04/29/02	CASH RECEIPTS		-2286.38	5090.91	51900	5180
	04/29/02	CASH RECEIPTS		-101.90	4989.01	CS7522	5180
	05/08/02	SO SALES REG	2357.83		7346.84	236546	1121
	05/15/02	SO SALES REG	1122.48		8469.32	237443	1123
	05/15/02	SO SALES REG	236.57		8705.89	237511	1123
	05/29/02	CASH RECEIPTS		-4989.01	3716.88	CS7657	5217
	06/28/02	CASH RECEIPTS		-3716.88	.00	CS7751	5279
	02/14/03	SO SALES REG	143.00		143.00	256937	1187
	03/31/03	SVC CHARGE REG	2.15		145.15	SC3030	0106
	04/29/03	CASH RECEIPTS		-143.00	2.15	382	5837
	04/30/03	CASH RECEIPTS		-2.15	.00	JVG	5843
	05/19/03	SO SALES REG	1981.05		1981.05	264783	1221
	06/30/03	SVC CHARGE REG	29.72		2010.77	SC3981	0112
	07/31/03	SVC CHARGE REG	29.72		2040.49	SC4489	0113
	08/31/03	SVC CHARGE REG	29.72		2070.21	SC4968	0114
	09/30/03	SVC CHARGE REG	29.72		2099.93	SC5456	0115
	10/30/03	CASH RECEIPTS		-2099.93	.00	561	6062
	03/25/04	SO SALES REG	2016.80		2016.80	286835	1347
	03/31/04	SO SALES REG	1111.33		3128.13	287847	1351
	04/08/04	SO SALES REG	330.00		3458.13	288322	1352
	04/12/04	SO SALES REG	2878.36		6336.49	289018	1354
	04/22/04	SO SALES REG		-468.09	5868.40	290530	1361
	04/27/04	CASH RECEIPTS		-3128.13	2740.27	197	6318
	05/17/04	SO SALES REG	3585.56		6325.83	294998	1371
	05/25/04	SO SALES REG	.00		6325.83	297344	1377
	05/26/04	CASH RECEIPTS		-2740.27	3585.56	260	6381
	05/27/04	SO SALES REG	.00		3585.56	297810	1378
	05/27/04	SO SALES REG	1324.62		4910.18	297825	1378
	06/07/04	SO SALES REG	3213.00		8123.18	299617	1380
	06/10/04	SO SALES REG		-943.50	7179.68	300123	1382
	06/16/04	SO SALES REG	1725.94		8905.62	301278	1385
	06/21/04	SO SALES REG	870.00		9775.62	302177	1388
	06/30/04	SVC CHARGE REG	53.78		9829.40	SC8929	0133
	06/30/04	SVC CHARGE REG	19.87		9849.27	SC8930	0133
	07/31/04	SVC CHARGE REG	53.78		9903.05	SC9475	0134
	07/31/04	SVC CHARGE REG	92.85		9995.90	SC9476	0134
	08/31/04	SVC CHARGE REG	53.78		10049.68	SC0058	0135
	08/31/04	SVC CHARGE REG	92.85		10142.53	SC0059	0135
	09/30/04	SVC CHARGE REG	53.78		10196.31	SC0625	0136
	09/30/04	SVC CHARGE REG	92.85		10289.16	SC0626	0136
	10/21/04	CASH RECEIPTS		-10289.16	.00	2226	6752
	01/31/05	SO SALES REG	2313.03		2313.03	317003	1486
	02/28/05	CASH RECEIPTS		-2063.03	250.00	CS1019	7007
	02/28/05	SO SALES REG		-250.00	.00	318161	1493
	02/28/05	SO SALES REG	218.75		218.75	318241	1493
	03/31/05	SVC CHARGE REG	3.28		222.03	SC2464	0147
	04/18/05	CASH RECEIPTS		-218.75	3.28	616	7086

DATE: 07/09/08
USER: AM Te0

MEHERRIN AGRICULTURE & CHEM.
CUSTOMER LEDGERCARDS

ARR750 PAGE: 3
TIME: 12:05 PM

CUSTOMER NAME	DATE	TRANSACTION	DEBIT	CREDIT	BALANCE	DOCUMENT	REG#
10003980 RONNIE JUDY	04/22/05	SO SALES REG	1424.69		1427.97	323196	1511
	04/22/05	SO SALES REG	395.76		1023.73	323236	1511
	04/26/05	SO SALES REG	93.44		1917.17	323955	1513
	04/26/05	SO SALES REG	777.00		2694.17	323963	1513
	04/28/05	SO SALES REG	2608.83		5303.00	324542	1515
	05/09/05	SO SALES REG	4124.25		9427.25	326480	1519
	05/12/05	SO SALES REG		-552.19	8875.06	327229	1521
	05/12/05	SO SALES REG	635.00		9510.06	327563	1521
	05/16/05	SO SALES REG	1255.94		10766.00	328233	1523
	05/18/05	SO SALES REG	2414.06		13180.06	328529	1524
	05/27/05	SO SALES REG	2124.00		15304.06	331300	1530
	05/31/05	SVC CHARGE REG	71.22		15375.28	SC3030	0151
	06/22/05	SO SALES REG	3506.17		18881.45	335276	1539
	06/27/05	SO SALES REG	1848.00		20729.45	335956	1541
	06/30/05	SO SALES REG	1402.50		22131.95	337378	1544
	06/30/05	SVC CHARGE REG	61.86		22193.81	SC3516	0153
	06/30/05	SVC CHARGE REG	167.66		22361.47	SC3517	0153
	07/07/05	SO SALES REG	892.50		23253.97	337982	1545
	07/13/05	SO SALES REG	287.24		23541.21	338812	1547
	07/20/05	SO SALES REG	593.44		24134.65	339999	1552
	07/21/05	SO SALES REG	892.00		25026.65	340145	1553
	07/27/05	SO SALES REG	887.10		25913.75	341344	1557
	07/30/05	SVC CHARGE REG	61.86		25975.61	SC4047	0154
	07/30/05	SVC CHARGE REG	269.01		26244.62	SC4048	0154
	08/04/05	SO SALES REG	2687.39		28932.01	342364	1560
	08/05/05	CASH RECEIPTS		-11000.00	17932.01	CS1767	7362
	08/15/05	SO SALES REG		-233.00	17699.01	343399	1566
	08/23/05	SO SALES REG	330.00		18029.01	344342	1569
	08/23/05	SO SALES REG	720.00		18749.01	344354	1569
	08/31/05	SVC CHARGE REG	215.71		18964.72	SC4594	0155
	09/09/05	SO SALES REG	172.00		19136.72	345611	1575
	09/09/05	SO SALES REG	2081.01		21217.73	345644	1575
	09/30/05	SVC CHARGE REG	271.77		21489.50	SC5118	0156
	10/31/05	SVC CHARGE REG	305.57		21795.07	SC5609	0158
	11/30/05	SVC CHARGE REG	305.57		22100.64	SC6030	0160
	12/30/05	SVC CHARGE REG	305.57		22406.21	SC6357	0162
	01/31/06	SVC CHARGE REG	305.57		22711.78	SC6591	0164
	02/28/06	SVC CHARGE REG	305.57		23017.35	SC6772	0166
	03/31/06	SVC CHARGE REG	305.57		23322.92	SC6941	0168
	05/09/06	SVC CHARGE REG	305.57		23628.49	SC7180	0170
	05/31/06	SVC CHARGE REG	305.57		23934.06	SC7527	0172
	06/30/06	SVC CHARGE REG	305.57		24239.63	SC8005	0174
	07/31/06	SVC CHARGE REG	305.57		24545.20	SC8521	0175
	08/31/06	SVC CHARGE REG	305.57		24850.77	SC9066	0176
	09/29/06	SVC CHARGE REG	305.57		25156.34	SC9580	0177
	10/31/06	SVC CHARGE REG	305.57		25461.91	SC0079	0178
	11/30/06	SVC CHARGE REG	305.57		25767.48	SC0528	0180
	12/29/06	SVC CHARGE REG	305.57		26073.05	SC0926	0182
	01/31/07	SVC CHARGE REG	305.57		26378.62	SC1226	0184
	02/28/07	SVC CHARGE REG	305.57		26684.19	SC1475	0186
	03/31/07	SVC CHARGE REG	305.57		26989.76	SC1730	0188
	04/30/07	SVC CHARGE REG	305.57		27295.33	SC2050	0190

CUSTOMERS: 1

PO BOX 1088
HOLLY HILL, SC 29059
803-496-5000
803-496-5001

HOLLY HILL FARM CENTER

Fax

To: Catheline From: Lisa Grooms
Fax: 843-723-9039 Pages: 9 (including cover sheet)
Phone: Date: 1-30-09
Re: CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

I will continue to
look at records and
fax to you on Monday

Thank you,
Lisa Grooms



HOLLY HILL FARM CENTER, INC.

PO BOX 1088

HOLLY HILL, SC 29059-1088

INVOICE

Invoice Number: 118701

Invoice Date: Mar 13, 2008

Page: 1

Duplicate

Voice: 803-498-5000

Fax:

Bill To:
RONNIE JUDY 1872 SANDRIDGE RD DORCHESTER, SC 29437

Ship to:

Customer ID	Customer PO	Payment Terms	
JUD101		Net 1st of Next Month	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		4/1/08

Quantity	Item	Description	Unit Price	Amount
17.80	FER105	FERTILIZER BULK	468.13	8,332.72
20.00	AMI110	AGRI-STAR AMINE 2X2.5	22.50	450.00
4.00	SUR105	SURFAC 820 4X1GAL	13.50	54.00
17.80	TON105	TONNAGE TAX	0.50	8.90
Subtotal				8,845.62
Sales Tax				
Total Invoice Amount				8,845.62
Payment/Credit Applied				8,845.62
TOTAL				0.00

Check/Credit Memo No: 120217

Overdue invoices are subject to late charges.

HOLLY HILL FARM CENTER, INC.PO BOX 1088
HOLLY HILL, SC 29059-1088**INVOICE**

Invoice Number: 118758

Invoice Date: Mar 14, 2008

Page: 1

Duplicate

Voice: 803-496-5000

Fax:

Bill to
RONNIE JUDY 1872 SANDRIDGE RD DORCHESTER, SC 29437

Ship to

Customer ID	Customer PO	Payment Terms	
JUD101		Net 1st of Next Month	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		4/1/08

Quantity	Item	Description	Unit Price	Amount
17.88	FER105	FERTILIZER BULK	468.13	8,370.17
150.00	SPR150	SPREADING FEE	6.00	900.00
17.88	TON105	TONNAGE TAX	0.50	8.94
Subtotal				9,279.11
Sales Tax				
Total Invoice Amount				9,279.11
Payment/Credit Applied				9,279.11
TOTAL				0.00

Check/Credit Memo No: 120217

Overdue invoices are subject to late charges.

HOLLY HILL FARM CENTER, INC.

PO BOX 1088

HOLLY HILL, SC 29059-1088

Voice: 803-498-5000

Fax:

INVOICE

Invoice Number: 118862

Invoice Date: Mar 18, 2008

Page: 1

Duplicate

Bill To:
RONNIE JUDY 1872 SANDRIDGE RD DORCHESTER, SC 29437

Ship to:

Customer ID	Customer PO	Payment Terms	
JUD101		Net 1st of Next Month	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		4/1/08

Quantity	Item	Description	Unit Price	Amount
10.00	RIV105	24DAMINE 2X2.5 WEEDAR 64	15.00	150.00
4.00	SUR105	SURFAC 820 4X1GAL	13.50	54.00
Subtotal				204.00
Sales Tax				
Total Invoice Amount				204.00
Payment/Credit Applied				204.00
TOTAL				0.00

Check/Credit Memo No: 120217

Overdue invoices are subject to late charges.

Customer Name: RONNIE JUDY
Customer ID: JUD101

Receipt Number: 120217
Date: 4/18/08
Reference: 120217

<u>ITEM / INVOICE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
118701				8,845.62
118756				9,279.11
118862				204.00

Payment Method: Cash

Subtotal: 18,328.73
Sales Tax: 0.00
18,328.73

Receipt Number: 120217
Date: 4/18/08
Reference: 120217

<u>ITEM / INVOICE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
118701				8,845.62
118756				9,279.11
118862				204.00

Payment Method: Cash

Subtotal: 18,328.73
Sales Tax: 0.00
18,328.73

HOLLY HILL FARM CENTER, INC.

PO BOX 1088

HOLLY HILL, SC 29059-1088

Voice: 803-496-5000

Fax:

INVOICE

Invoice Number: 120851

Invoice Date: May 2, 2008

Page: 1

Duplicate

Bill to:
RONNIE JUDY 1872 SANDRIDGE RD DORCHESTER, SC 29437

Ship to:

Customer ID	Customer PO	Payment Terms	
JUD101		Net 20th of Next Month	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		6/20/08

Quantity	Item	Description	Unit Price	Amount
200.00	SBP112	97M50 PNR SOYBEANS	36.95	7,390.00
Subtotal				7,390.00
Sales Tax				
Total Invoice Amount				7,390.00
Payment/Credit Applied				7,390.00
TOTAL				0.00

Check/Credit Memo No: 122608

Overdue invoices are subject to late charges.

Customer Name: RONNIE JUDY
Customer ID: JUD101

Receipt Number: 122606
Date: 6/13/08
Reference: 122606

<u>ITEM / INVOICE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
120851				7,390.00

Payment Method: Check

Subtotal: 7,390.00
Sales Tax: 0.00
7,390.00

Receipt Number: 122606
Date: 6/13/08
Reference: 122606

<u>ITEM / INVOICE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
120851				7,390.00

Payment Method: Check

Subtotal: 7,390.00
Sales Tax: 0.00
7,390.00

HOLLY HILL FARM CENTER, INC.

PO BOX 1088

HOLLY HILL, SC 29058-1088

INVOICE

Invoice Number: 124812

Invoice Date: Aug 25, 2008

Page: 1

Duplicate

Voice: 803-496-5000

Fax:

Bill to:
RONNIE JUDY 1872 SANDRIDGE RD DORCHESTER, SC 29437

Ship to:

Customer ID	Customer PO	Payment Terms	
JUD101		Net 20th of Next Month	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		9/20/08

Quantity	Item	Description	Unit Price	Amount
		CREDIT ON REPLANT		-1,294.20
Subtotal				-1,294.20
Sales Tax				
Total Invoice Amount				-1,294.20
Payment/Credit Applied				
TOTAL				-1,294.20

Check/Credit Memo No:

Overdue invoices are subject to late charges.

HOLLY HILL FARM CENTER, INC.

PO BOX 1088

HOLLY HILL, SC 29059-1088

INVOICE

Invoice Number: 125991

Invoice Date: Nov 12, 2008

Page: 1

Duplicate

Voice: 803-496-5000

Fax:

Bill To:
RONNIE JUDY 1872 SANDRIDGE RD DORCHESTER, SC 29437

Ship To:

Customer ID	Customer PO	Payment Terms	
JUD101		Net 20th of Next Month	
Sales Rep. ID	Shipping Method	Ship Date	Due Date
	Airborne		12/20/08

Quantity	Item	Description	Unit Price	Amount
1.00	MIS100	ISSUED HIM A CHECK FOR HIS CR. BAL.	1,294.20	1,294.20
Subtotal				1,294.20
Sales Tax				
Total Invoice Amount				1,294.20
Payment/Credit Applied				
TOTAL				1,294.20

Check/Credit Memo No:

Overdue invoices are subject to late charges.

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM DORCHESTER COUNTY
Court of Common Pleas

Martin R. Banks, Special Referee

Case No. 2007-CP-18-1794

James T. Judy, Bobby R. Judy
and Kevin Judy,

Respondents,

v.

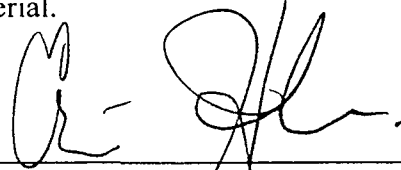
Ronnie F. Judy, J. Todd Judy,
Ryan C. Judy and Wanda B.
Judy, Defendants,

of whom Ronnie F. Judy is,

Appellant.

CERTIFICATE OF COUNSEL

The undersigned certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.



Eric C. Hale, S.C. Bar # 71768
Post Office Box 1605
Irmo, SC 29063
(803) 250-5252 (Tel)
(866) 543-3040 (Fax)
Email: eric@erichalelaw.com
Attorney for Appellant

June 20th, 2012

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM DORCHESTER COUNTY
Court of Common Pleas

Martin R. Banks, Special Referee

Case No. 2007-CP-18-1794

James T. Judy, Bobby R. Judy
and Kevin Judy,

Respondents,

v.

Ronnie F. Judy, J. Todd Judy,
Ryan C. Judy and Wanda B.
Judy, Defendants,

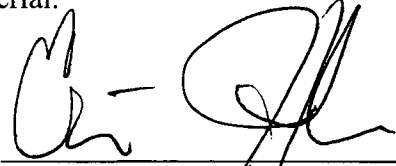
of whom Ronnie F. Judy is,

Appellant.

RECEIVED
OCT 16 2012
SC Court of Appeals

CERTIFICATE OF COUNSEL

The undersigned certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.



Eric C. Hale, S.C. Bar # 71768
Post Office Box 1605
Irmo, SC 29063
(803) 250-5252 (Tel)
(866) 543-3040 (Fax)
Email: eric@erichalelaw.com
Attorney for Appellant

October 15, 2012

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM DORCHESTER COUNTY
Court of Common Pleas

Martin R. Banks, Special Referee

Case No. 2007-CP-18-1794

James T. Judy, Bobby R. Judy
and Kevin Judy,

Respondents,

v.

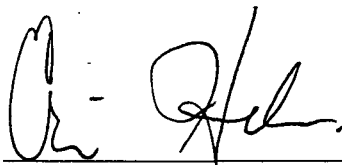
Ronnie F. Judy, J. Todd Judy,
Ryan C. Judy and Wanda B.
Judy, Defendants,

of whom Ronnie F. Judy is,

Appellant.

PROOF OF SERVICE

I certify that I have served the Record on Appeal on Respondents by depositing a copy of it in the United States Mail, postage prepaid, on June 21, 2012, addressed to their attorney of record, Capers G. Barr, III, 11 Broad Street, Charleston, South Carolina 29401.



Eric C. Hale, S.C. Bar # 71768
Post Office Box 1605
Irmo, SC 29063
(803) 250-5252 (Tel)
(866) 543-3040 (Fax)
Email: eric@erichalelaw.com
Attorney for Appellant

June 21st, 2012

RECEIVED
JUN 22 2012
SC Court of Appeals