

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

011597-TX

Instructions

- ◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Page 12).
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480

APPLICATION

1. This is an application for $\sqrt{\quad}$ (check one):

- Original certificate** (new company).
- Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.
- Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.
- Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Teletronic's Group Inc

3. Name under which the applicant will do business (fictitious name, etc.):

4. Official mailing address (including street name & number, post office box, city, state, zip code):

P.O. Box 585901
Orlando Fl. 32858

5. Florida address (including street name & number, post office box, city, state, zip code):

P.O. Box 585901
Orlando Fl 32958

6. Structure of organization:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other _____ | |

7. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

8. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

P01000097500

9. If foreign corporation, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

10. If using fictitious name-d/b/a, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) The Florida Secretary of State fictitious name registration number:

11. If a limited liability partnership, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

12. If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: _____

14. Provide F.E.I. Number(if applicable): Pending

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

No

-

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Jeff Weston

Title: Marketing

Address: P.O. Box 585901

City/State/Zip: Orlando Fl. 32858

Telephone No.: 407-532-9206 Fax No.: 407-822-8167

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name: Jeff Weston
Title: Marketing
Address: P.O. Box 585901
City/State/Zip: Orlando FL 32858
Telephone No.: 407-532-9206 Fax No.: 407-822-8167

Internet E-Mail Address: _____
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Winston Neil
Title: President
Address: P.O. Box 585901
City/State/Zip: Orlando FL 32858
Telephone No.: 407-532-9206 Fax No.: 407-822-8167

Internet E-Mail Address: _____
Internet Website Address: _____

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

-

(b) has applications pending to be certificated as an alternative local exchange company.

-

(c) is certificated to operate as an alternative local exchange company.

-

-
(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

-
(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

-
(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

18. **Submit the following:**

A. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

B. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

C. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet:
2. income statement: and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

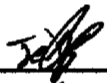
THIS PAGE MUST BE COMPLETED AND SIGNED

APPLICANT ACKNOWLEDGMENT STATEMENT

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50. is required.
- 2. GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
- 3. SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
- 4. APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

JEFF WESTON
Print Name

 Weston
Signature

Marketing
Title

11-13-01
Date

407-532-9206
Telephone No. Fax No.

Address: P.O. Box 585901
Orlando Fl. 32858

THIS PAGE MUST BE COMPLETED AND SIGNED

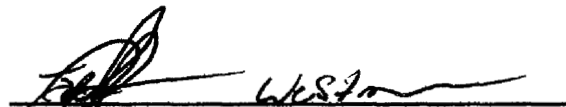
AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

JEFF WESTON
Print Name


Signature

Marketing
Title

11-13-01
Date

407-532-9206
Telephone No. Fax No.

Address: P.O. Box 585901
Orlando FL 32858

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. POP: Addresses where located, and indicate if owned or leased.

1) <u>Pending</u>	2) _____
_____	_____
3) _____	4) _____
_____	_____

2. SWITCHES: Address where located, by type of switch, and indicate if owned or leased.

1) <u>Pending</u>	2) _____
_____	_____
3) _____	4) _____
_____	_____

3. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) <u>Pending</u>	_____
2) _____	_____
3) _____	_____
4) _____	_____

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____
(Title) _____ of (Name of Company)

and current holder of Florida Public Service Commission Certificate Number # _____
_____, have reviewed this application and join in the petitioner's request for a:

- () sale
- () transfer
- () assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

JEFF WESTON
Print Name

Jeff Weston
Signature

Marketing
Title

11-13-01
Date

407-532-9206
Telephone No.

Fax No.

Address: P.O. Box 585901
Orlando FL 32858

Article V

The name and Florida street address of the registered agent is:

JEFF J WESTON
809 RENAISSANCE POINT BLVD
304
ALTIMONTE SPGS, FL. 32714

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: JEFF WESTON

Article VI

The name and address of the incorporator is:

JEFF WESTON
809 RENAISSANCE POINTE BLVD
#304
ALTIMONTE SPGS FL . 32714

Incorporator Signature: JEFF WESTON

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
WINSTON NEIL
P O BOX 585901
ORLANDO, F. 32858

Title: V
AINSLEY NEIL
P O BOX 585901
ORLANDO, FL. 32858

State of Florida



Department of State

I certify from the records of this office that TELETRONIC'S GROUP INC. is a corporation organized under the laws of the State of Florida, filed on September 6, 2001.

The document number of this corporation is P01000097500.

I further certify that said corporation has paid all fees due this office through December 31, 2001, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Eighth day of October, 2001



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

Label (see page 18.)

LABEL HERE	Your first name and initial JEFFREY	Last name WESTON	Your social security number 594-73-6828	
	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 19. 2200 LE HAVER BLVD		Apt. no.	IMPORTANT! You must enter your SSN(s) above.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. ORLANDO FL 32808-0000			

Presidential Election Campaign Fund (See page 19.)

Do you want \$3 to go to this fund? Yes No

If a joint return, does your spouse want \$3 to go to this fund? Yes No

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate return. Enter spouse's social security number above and full name here. ▶ _____

4 Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____

5 Qualifying widow(er) with dependent child (year spouse died ▶ **19**). (See page 21.)

Exemptions

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.

b Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if qualified child for child tax credit (see page 17)	No. of boxes checked on 6a and 6b	No. of your children on 6c who:
GAMALIEL J	CINEUS	589-84-9419	FOSTERCHILD	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> lived with you 1
				<input type="checkbox"/>		<input type="checkbox"/> did not live with you due to divorce or separation (see page 23) 0
				<input type="checkbox"/>		Dependents on 6c not entered above 0
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

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

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 **12690**

8a Taxable interest. Attach Schedule 1 if required. 8a

b Tax-exempt interest. DO NOT include on line 8a. 8b

9 Ordinary dividends. Attach Schedule 1 if required. 9

10a Total IRA distributions.	10a	10b Taxable amount (see page 24).	10b
11a Total pensions and annuities.	11a	11b Taxable amount (see page 25).	11b
12 Unemployment compensation.			12
13a Social security benefits.	13a	13b Taxable amount (see page 27).	13b

14 Add lines 7 through 13b (far right column). This is your total income. 14 **12690**

15 IRA deduction (see page 28). 15

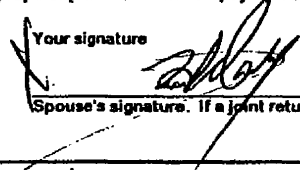
16 Student loan interest deduction (see page 28). 16

17 Add lines 15 and 16. These are your total adjustments. 17

18 Subtract line 17 from line 14. This is your adjusted gross income. If under \$30,095 (under \$10,030 if a child did not live with you), see the EIC instructions on page 36. 18 **12690**

19	Enter the amount from line 18.	19	12690
20a	Check <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind if: <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind	Enter number of boxes checked ▶ 20a	<input type="checkbox"/>
b	If you are married filing separately and your spouse itemizes deductions, see page 23 and check here	▶ 20b	<input type="checkbox"/>
21	Enter the standard deduction for your filing status. But see page 31 if you checked any box on line 20a or 20b OR if someone can claim you as a dependent. • Single - \$4,250 • Married filing jointly or Qualifying widow(er) - \$7,100 • Head of household - \$6,250 • Married filing separately - \$3,550	21	6250
22	Subtract line 21 from line 19. If line 21 is more than line 19, enter -0-	22	6440
23	Multiply \$2,700 by the total number of exemptions claimed on line 6d.	23	5400
24	Subtract line 23 from line 22. If line 23 is more than line 22, enter -0-. This is your taxable income.	▶ 24	1040
25	Find the tax on the amount on line 24 (see page 24).	25	156
26	Credit for child and dependent care expenses. Attach Schedule 2.	26	
27	Credit for the elderly or the disabled. Attach Schedule 3.	27	
28	Child tax credit (see Page 32).	28	156
29	Education credits. Attach Form 8863.	29	
30	Adoption credit. Attach Form 8839.	30	
31	Add lines 26 through 30. These are your total credits.	31	156
32	Subtract line 31 from line 25. If line 31 is more than line 25, enter -0-	▶ 32	
33	Advance earned income credit payments from Forms W-2.	33	
34	Add lines 32 and 33. This is your total tax.	34	
35	Total Federal income tax withheld from Forms W-2 and 1099.	35	1014
36	1998 estimated tax payments and amount applied from 1997 return.	36	
37a	Earned income credit. Attach Schedule EIC if you have a qualifying child.	37a	2205
b	Nontaxable earned income: amount ▶ and type ▶		
38	Additional child tax credit. Attach Form 8812.	38	
39	Add lines 35, 36, 37a, and 38. These are your total payments.	39	3219
40	If line 39 is more than line 34, subtract line 34 from line 39. This is the amount you overpaid.	40	3219
41a	Amount of line 40 you want refunded to you.	41a	3219
b	Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="text"/>		
42	Amount of line 40 you want applied to your 1999 estimated tax.	42	
43	If line 34 is more than line 39, subtract line 39 from line 34. This is the amount you owe. For details on how to pay, see page 44.	43	
44	Estimated tax penalty (see page 44).	44	

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  Spouse's signature. If a joint return, BOTH must sign.	Date	Your occupation
	Date	WELDER Spouse's occupation
Preparer's signature	Date 2/13/1999	Check if self-employed <input checked="" type="checkbox"/>
Firm's name (or yours if self-employed) and address	Preparer's social security no. 104-66-9695	EIN 59-3418242
AKBAR ALLAN ALI A A ALI, CPA 1322 NORTH PINE HILLS ROAD ORLANDO FL 32808-0000		

Print return? See page 19. Keep a copy of this return for your records.

aid preparer's use only

(99)

Name(s) shown on return

JEFFREY WESTON

Your social security number

594-73-6828

Before You Begin . . .

- See the instructions for Form 1040A, lines 37a and 37b, or Form 1040, lines 59a and 59b, to find out if you can take this credit.
- If you can take the credit, fill in the Earned Income Credit Worksheet in the Form 1040A or Form 1040 instructions to figure your credit.

Then, you must complete and attach Schedule EIC only if you have a qualifying child.

Information About Your Qualifying Child or Children

If you have more than two qualifying children, you only have to list two to get the maximum credit.

Caution: If you do not attach Schedule EIC and fill in all the lines that apply, it will take us longer to process your return and issue your refund.

	Child 1		Child 2	
	First name	Last name	First name	Last name
1 Child's name	GAMALIEL J CINEUS			
2 Child's year of birth	1989			
3 If the child was born before 1980 AND –				
a was under age 24 at the end of 1998 and a student, check "Yes," OR	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
b was permanently and totally disabled, check "Yes"	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
4 Enter the child's social security number	589-84-9419			
5 Child's relationship to you (for example, son, grandchild, etc.)	FOSTERCHILD			
6 Number of months child lived with you in the United States in 1998	12 months		months	



Do you want the earned income credit added to your take-home pay in 1999? To see if you qualify, get Form W-5 from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

0 U.S. Individual Income Tax Return 1999

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

For the year Jan. 1-Dec. 31, 1999, or other tax year beginning

,1999, ending

OMB No. 1545-0074

LABEL HERE	Your first name and initial JEFFREY J	Last name WESTON	Your social security number 594-73-6828	
	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 18. 52 NORTH OBT		Apt. no.	▲ IMPORTANT! ▲ You must enter your SSN(s) above.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. ORLANDO FL 32810-0000			
Do you want \$3 to go to this fund?		Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.
If a joint return, does your spouse want \$3 to go to this fund?			<input checked="" type="checkbox"/>	

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate return. Enter spouse's SSN above and full name here ▶

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

5 Qualifying widow(er) with dependent child (year spouse died ▶).

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a } No. of boxes checked on 6a and 6b **1**

b Spouse } No. of your children on 6c who: **2**

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit.
KELLY A	MCCALL	590-42-7714	FOSTERCHILD	<input checked="" type="checkbox"/>
GAMALIEL J	CINEUS	589-84-9419	FOSTERCHILD	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

● did not live with you due to divorce or separation (see page 19) **0**

Dependents on 6c not entered above **0**

Add numbers entered on lines above ▶ **3**

d Total number of exemptions claimed **3**

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	19638
8a Taxable interest. Attach Schedule B if required	8a	58
b Tax-exempt interest. DO NOT include on line 8a	8b	
9 Ordinary dividends. Attach Schedule B if required	9	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a Total IRA distributions	15a	
b Taxable amount	15b	
16a Total pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount	20b	
21 Other income. List type and amount	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	19696

23 IRA deduction	23	
24 Student loan interest deduction	24	
25 Medical savings account deduction. Attach Form 8853	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed health insurance deduction	28	
29 Keogh and self-employed SEP and SIMPLE plans	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN ▶	31a	
32 Add lines 23 through 31a	32	
33 Subtract line 32 from line 22. This is your adjusted gross income	33	19696

34	Amount from line 33 (adjusted gross income)		34	19696
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here		35a	
b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, check here	<input type="checkbox"/>	35b	
36	Enter your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent		36	6350
37	Subtract line 36 from line 34		37	13346
38	If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter		38	8250
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		39	5096
40	Tax. Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		40	761
41	Credit for child and dependent care expenses. Attach Form 2441	41		
42	Credit for the elderly or the disabled. Attach Schedule R	42		
43	Child tax credit	43	761	
44	Education credits. Attach Form 8863	44		
45	Adoption credit. Attach Form 8839	45		
46	Foreign tax credit. Attach Form 1116 if required	46		
47	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	47		
48	Add lines 41 through 47. These are your total credits	48	761	
49	Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-	49		
50	Self-employment tax. Attach Schedule SE	50		
51	Alternative minimum tax. Attach Form 6251	51		
52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	52		
53	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	53		
54	Advance earned income credit payments from Form(s) W-2	54		
55	Household employment taxes. Attach Schedule H	55		
56	Add lines 49 through 55. This is your total tax	56		
57	Federal income tax withheld from Forms W-2 and 1099	57	1566	
58	1999 estimated tax payments and amount applied from 1998 return	58		
59a	Earned income credit. Attach Schedule EIC if you have a qualifying child	59a	2297	
b	Nontaxable earned income: amount and type			
60	Additional child tax credit. Attach Form 8812	60		
61	Amount paid with request for extension to file	61		
62	Excess social security and RRTA tax withheld	62		
63	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	63		
64	Add lines 57, 58, 59a, and 60 through 63. These are your total payments	64	3863	
65	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID	65	3863	
66a	Amount of line 65 you want REFUNDED TO YOU	66a	3863	
b	Routing number			
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number			
67	Amount of line 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX	67		
68	If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE. For details on how to pay, see page 49	68		
69	Estimated tax penalty. Also include on line 68	69		

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime telephone number (optional)
Spouse's signature If a joint return, BOTH must sign	Date	Spouse's occupation	

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
----------------------	------	---	------------------------

Firm's name (or yours if self-employed) and address	EIN	ZIP code
---	-----	----------

LE EIC
(A or 1040)

Earned Income Credit

Qualifying Child Information

OMB No. 1545-0074

1999

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

Attachment
Sequence No. **43**

(99)

shown on return

Your social security number

KEY J WESTON

594-73-6828

you begin: See the instructions for Form 1040A, lines 37a and 37b, or Form 1040, lines 59a and 59b, to make sure that (1) you can take the EIC and (2) you have a qualifying child.

- ▶ If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years.
- ▶ It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- ▶ If you do not enter the child's correct social security number on line 4, at the time we process your return, we may reduce or disallow your EIC.

	Child 1	Child 2								
Child's name <small>Have more than two qualifying children, you have to list two to get the maximum credit.</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">First name</th> <th style="width: 50%;">Last name</th> </tr> <tr> <td style="text-align: center;">KELLY A</td> <td style="text-align: center;">MCCALL</td> </tr> </table>	First name	Last name	KELLY A	MCCALL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">First name</th> <th style="width: 50%;">Last name</th> </tr> <tr> <td style="text-align: center;">GAMALIEL J</td> <td style="text-align: center;">CINEUS</td> </tr> </table>	First name	Last name	GAMALIEL J	CINEUS
First name	Last name									
KELLY A	MCCALL									
First name	Last name									
GAMALIEL J	CINEUS									
Child's year of birth	Year <u>1984</u> <small>If born after 1980, skip lines 3a and 3b; go to line 4.</small>	Year <u>1989</u> <small>If born after 1980, skip lines 3a and 3b; go to line 4.</small>								
Was child born before 1981 - a child under age 24 at the end of 1999 and a student?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 4. Continue</small>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 4. Continue</small>								
Did child die permanently and totally during any part of 1999?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Continue The child is not a qualifying child</small>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Continue The child is not a qualifying child.</small>								
Child's social security number (SSN) <small>Child must have an SSN as defined on page 42 of Form 1040A instructions or page 41 of the Form 1040 instructions unless the child was born and died in 1999. If your child was born and died in 1999 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.</small>	590-42-7714	589-84-9419								
Child's relationship to you <small>(Example, son, daughter, grandchild, foster child, etc.)</small>	FOSTERCHILD	FOSTERCHILD								
Number of months child lived with you in the United States during 1999 <small>If child lived with you for more than half of 1999 but less than 7 months, enter "7". If child was born or died in 1999 and your home was the child's home for the entire time he or she was alive during 1999, enter "12".</small>	<u>12</u> months <small>Do not enter more than 12 months</small>	<u>12</u> months <small>Do not enter more than 12 months.</small>								

Do you want part of the EIC added to your take home pay in 2000? To see if you qualify, get Form W-5, from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

Earned Income Credit
Qualifying Child Information

OMB No. 1545-0074

1999

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

Attachment
Sequence No. 43

(99)

as shown on return

Your social security number

WESTON JEFFREY J

594-73-6828

Where you begin: See the instructions for Form 1040A, lines 37a and 37b, or Form 1040, lines 59a and 59b, to make sure that (1) you can take the EIC and (2) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- If you do not enter the child's correct social security number on line 4, at the time we process your return, we may reduce or disallow your EIC.

	Child 1	Child 2
Child's name	First name: KELLY A Last name: MCCALL	First name: GAMALIEL J Last name: CINEUS
Child's year of birth	Year: <u>1984</u> If born after 1980, skip lines 3a and 3b; go to line 4.	Year: <u>1989</u> If born after 1980, skip lines 3a and 3b; go to line 4.
Was the child born before 1981 - was the child under age 24 at the end of 1999 and a student?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 4. Continue	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 4. Continue
Was the child permanently and totally disabled during any part of 1999?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue The child is not a qualifying child.
Child's social security number (SSN) Each child must have an SSN as defined on page 42 of the Form 1040A instructions or page 41 of the Form 1040 instructions unless the child was born and died in 1999. If your child was born and died in 1999 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	590-42-7714	589-84-9419
Child's relationship to you (for example, son, daughter, grandchild, or child, etc.)	FOSTERCHILD	FOSTERCHILD
Number of months child lived with you in the United States during 1999 If the child lived with you for more than half of 1999 but less than 7 months, enter "7". If the child was born or died in 1999 and your home was the child's home for the entire time he or she was alive during 1999, enter "12".	<u>12</u> months Do not enter more than 12 months.	<u>12</u> months Do not enter more than 12 months.

Do you want part of the EIC added to your take home pay in 2000? To see if you qualify, get Form W-5, from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

1 Wages, tips, other comp. 19638.21		2 Federal income tax withheld 1565.78	
3 Social security wages 19638.21		4 Social security tax withheld 1217.57	
5 Medicare wages and tips 19638.21		6 Medicare tax withheld 284.75	
a Control Number 3391 RCL	Dept. 001010	Comp. AABB	Employer use only A 482
c Employer's name, address, and ZIP code INCOR INDUSTRIES INC 01 N ORANGE BLOSSOM TR ORLANDO FL 32810			
Employer's FED ID number 9-0933147		d Employee's SSA number 594-73-6828	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12 Benefits included in box 1	
		14 Other	
15 Stat emp.	16 Deceased	17 Pension plan	18 Legal rep.
19 Deferred comp.			
e/f Employee's name, address and ZIP code FFREY WESTON JR 00 LEHAVE BLVD ORLANDO, FL 32808			
20 State	21 Employer's state ID no.	22 State wages, tips, etc.	
23 State income tax		24 Locality name	
25 Local wages, tips, etc.		26 Local income tax	

FL State Reference Copy
N-2 Wage and Tax **1999**
 Statement
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 19638.21		2 Federal income tax withheld 1565.78	
3 Social security wages 19638.21		4 Social security tax withheld 1217.57	
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c Employer's name, address, and ZIP code GENCOR INDUSTRIES INC 5201 N ORANGE BLOSSOM TR ORLANDO FL 32810			
b Employer's FED ID number 9-0933147		d Employee's SSA number 594-73-6828	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12 Benefits included in box 1	
		14 Other	
15 Stat emp.	16 Deceased	17 Pension plan	18 Legal rep.
19 Deferred comp.			
e/f Employee's name, address and ZIP code JEFFREY WESTON JR 2200 LEHAVE BLVD ORLANDO, FL 32808			
20 State	21 Employer's state ID no.	22 State wages, tips, etc.	
23 State income tax		24 Locality name	
25 Local wages, tips, etc.		26 Local income tax	

FL State Reference Copy
W-2 Wage and Tax **1999**
 Statement
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

FOLD AND DETACH HERE

FOLD AND DETACH HERE