

TAXPAYER EXHIBIT

B3

December 14, 2010

Douglas Gail Hufnagel and Robyn Hufnagel

510017

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has timely filed Form 2553 to elect to be an S corporation.

1995

Department of the Treasury Internal Revenue Service

See separate instructions.

For the calendar year 1995, or tax year beginning , 1995, ending , 1995, ending

Header section containing: A Date of election as an S corporation (3/11/87), B Business code no. (5010), C Employer identification number, D Date incorporated (12/22/86), E Total assets (\$ 88,662)

F Check applicable boxes: (1) Initial return, (2) Final return, (3) Change in address, (4) Amended return. G Check this box if this S corporation is subject to the consolidated audit procedures... H Enter number of shareholders in the corporation at end of the tax year (1)

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Table with 21 rows for Income and Deductions. Columns include line number, description, and amount. Total income (line 6) is 193,767. Total deductions (line 20) is 206,272. Ordinary income (line 21) is 12,505.

Table with 7 rows for Tax and Payments. Columns include line number, description, and amount. Total tax due (line 25) is 0.

Signature section: Please Sign Here. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Paid Preparer's Use Only section: Preparer's signature (BRENT L HATHAWAY CPA), Date, Check if self-employed, Firm's name (HATHAWAY & KSENZULAK C.P.A.'S), EIN, ZIP code (96002)

ORIGINAL RETURN

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has timely filed Form 2553 to elect to be an S corporation.

1995

Department of the Treasury Internal Revenue Service

See separate instructions.

For the calendar year 1995, or tax year beginning , 1995, ending , 19

Header section containing: A Date of election as an S corporation (3/11/87), B Business code no. (5010), C Employer identification number, D Date incorporated (12/22/86), E Total assets (\$88,662), and Use IRS label.

F Check applicable boxes: (1) Initial return, (2) Final return, (3) Change in address, (4) Amended return. G Check this box if this S corporation is subject to the consolidated audit procedures... H Enter number of shareholders in the corporation at end of the tax year.

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Main table with 27 rows and 4 columns (1a, 14a, 22a, 23a). Rows include: 1 Gross receipts or sales (281,359), 2 Cost of goods sold (171,250), 3 Gross profit (103,755), 4 Net gain (103,755), 7 Compensation of officers (7,500), 8 Salaries and wages (51,919), 11 Rents (6,750), 12 Taxes and licenses (20,846), 13 Interest (14,187), 14a Depreciation (1,847), 15 Depletion, 16 Advertising (22,613), 19 Other deductions (65,352), 20 Total deductions (199,893), 22a Excess net passive income tax, 22b Tax from Schedule D, 22c Total taxes (83,633), 23a Payments, 23b Tax deposited, 23c Credit for Federal tax, 23d Total payments, 24 Estimated tax penalty, 25 Tax due (0), 26 Overpayment, 27 Enter amount of line 26.

Please Sign Here section with signature of officer (DON G WALTERS), date (4/9/95), and title (CEO).

Paid Preparer's Use Only section with preparer's signature (DON G WALTERS), firm's name (Triple Check Income Tax Svc.), address (1330 Hartnell Ave., Redding, CA), EIN, and ZIP code (96002).

1995 AMENDED RETURN

LSC
**California Resident
 Income Tax Return 1995**

APE

540

FEDERAL RETURN ATTACHMENT REQUIRED:
 YES NO

DO NOT
 ATTACH
 LABEL

DOUGLAS HUFNAGEL 95
 ROBYN R HUFNAGEL

Do Not Write In These Spaces
P
AC
A
R
RP

Step 1

Name
 Address

FOR COMPUTERIZED USE ONLY

01	2	30	0	49	0	64	99
06	0	31	0	50	0	65	1
09	0	35	0	51	0	APE	0
10	4	36	0	52	0	3800	0
12	10264	37	7562	53	0	3803	0
14	2683	38	0	54	0	SCHP	1
16	3857	39	5420	55	0	SCHG1	0
17	135652	41	0	56	0	5870A	0
18	16696	43	0	57	0	5805 5805F	1
20	7958	44	0	58	0		
21	396	45	0	59	0		
23	0	46	2142	60	0		
28	0	47	0	61	0		
29	0	48	0	62	2142		

Step 2

Filing Status

Check only one.

- 1 Single
- 2 Married filing joint return (even if only one spouse 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).
If the qualifying person is a child but not your dependent, enter child's name here.
- 5 Qualifying widow(er) with dependent child. Enter year spouse died 19

Step 3

Exemptions

Do not enter
 dollar amounts
 in the boxes.

Attach check
 or money order
 here.

- 6 If someone can claim you (or your spouse, if married) as a dependent on their return, check the box here. If you checked the boxes on line 6 & line 1, skip line 7 through line 10; enter -0- on line 11. If you checked the box on line 6 & any other box, see instructions. ● 6
- 7 Personal: If you checked box 1, 3 or 4 above, enter 1. If you checked box 2 or 5, enter 2. 7 2
- 8 Blind: If you (or if married, your spouse) are visually impaired, enter 1. If both are visually impaired, enter 2 8
- 9 Senior: If you (or if married, your spouse) are 65 or older, enter 1. If both are 65 or older, enter 2 ● 9
- 10 Dependents: Enter name and relationship. Do not include yourself, your spouse or the person listed on line 4.
 GREGORY (SON), HOLLAND (DAUGHTER), MICHAEL (SON),
 DOUGLAS QUINTIN (SON) Enter total number of dependents 10 4
- 11 Total number of exemptions. Add line 7 through line 10 11 6

Step 4

**Taxable
 Income**

Attach copy of
 your form(s)
 W-2, W-2G and
 1099-R here.

12	State wages from your Form(s) W-2, box 17	● 12	10,264
13	Federal AGI from your Form 1040, line 31; your Form 1040A, line 16; or your Form 1040EZ, line 4	● 13	134,478
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), line 31, column B	● 14	2,683
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	● 15	131,795
16	California adjustments - additions. Enter the amount from Schedule CA (540), line 31, column C	● 16	3,857
17	California adjusted gross income. Combine line 15 and line 16	● 17	135,652
18	Enter your CA standard deduction OR your CA itemized deductions	● 18	16,696
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	● 19	118,956

Step 5

Tax

- 20 Tax. Check if from Tax Table Tax Rate Schedule FTB 3800 or FTB 3803 ● 20 7,958
- 21 Exemption credits. Check one:
 Flowchart Worksheet I Worksheet II, III or Schedule P (540) ● 21 396
- 22 Subtract line 21 from line 20. If less than zero, enter -0- ● 22 7,562
- 23 Tax. Check if from Schedule G-1 and from form FTB 5870A ● 23
- 24 Add line 22 and line 23 ● 24 7,562

Step 6	25	Amount from Side 1, line 24	25	7,562
Credits	28	Credit _____ code no. ▶ 28		
	29	Credit _____ code no. ▶ 29		
	30	Credit _____ code no. ▶ 30		
	31	To claim more than three credits, see instructions	● 31	
	33	Add line 28 through line 31. These are your total credits	33	
	34	Subtract line 33 from line 25. If less than zero, enter -0-	34	7,562

Step 7	35	Alternative minimum tax. Attach Schedule P (540)	● 35	
Other Taxes	36	Other taxes and credit recapture from forms FTB 3518, FTB 3501, FTB 3805P, FTB 3805Z or FTB 3806. See instructions	● 36	
	37	Add line 34 through line 36. This is your total tax	● 37	7,562

Step 8	38	CA income tax withheld. Enter total from your 1995 Form(s) W-2, W-2G, 1099-MISC and 1099-R. Also, attach forms to Side 1	■ 38	
Payments	39	1995 California estimated tax and amount applied from your 1994 return. Include the amount from form FTB 3519 or Schedule K-1 (541)	■ 39	5,420
	41	Excess California SDI (or VPI) withheld. See instructions	■ 41	
	42	Add line 38 through line 41. These are your total payments	42	5,420

Step 9	43	If line 42 is larger than line 37, subtract line 37 from line 42. This is your overpaid tax	43	
Overpaid Tax or Tax Due	44	Amount of line 43 you want applied to your 1996 estimated tax	■ 44	
	45	Subtract line 44 from line 43. This is the amount of overpaid tax available this year	■ 45	
	46	If line 42 is less than line 37, subtract line 42 from line 37. This is the tax due	46	2,142

Step 10	47	Contribution to California Seniors Special Fund. See instructions	● 47	
Contributions	You may make a contribution of \$1 or more to:			
	48	Alzheimer's Disease/Related Disorders Fund	● 48	00
	49	California Fund for Senior Citizens	● 49	00
	50	Rare and Endangered Species Preservation Program	● 50	00
	51	State Children's Trust Fund for the Prevention of Child Abuse	● 51	00
	52	California Breast Cancer Research Fund	● 52	00
	53	Veterans Memorial Account	● 53	00
	54	California Firefighters' Memorial Fund	● 54	00
	55	California Public School Library Protection Fund	● 55	00
	56	D.A.R.E. California (Drug Abuse Resistance Education) Fund	● 56	00
	57	California Military Museum Fund	● 57	00
	CA Election } 58 Your party _____ (\$25 max) ▶ 58			00
	Campaign Fund } 59 Spouse's _____ (\$25 max) ▶ 59			00
	60	Total contributions. Add line 47 through line 59	● 60	0

Step 11	61	Subtract line 60 from line 45. You have a REFUND or NO AMOUNT DUE. Mail your return to: IMAGE PROCESSING, FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA, 94240-0009	■ 61	0
Refund or Amount You Owe	62	Add line 46 and line 60. This is the AMOUNT YOU OWE. Make a check or money order payable to "Franchise Tax Board" for the full amount. Write your social security number and "1995 Form 540" on it. Attach it to your Form 540 and mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	■ 62	2,142

Step 12	63	Interest and late return and late payment penalties	63	
Interest and Penalties	64	Underpayment of estimated tax. If form FTB 5805 or 5805F is attached, check here	■ 64	99
	65	If you do not need California income tax forms mailed to you next year, check here	● 65	<input checked="" type="checkbox"/>

Sign Here **IMPORTANT:** See instructions for information on who must attach a copy of their federal income tax return & federal schedules. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

TAXPAYER'S COPY

Your signature	Spouse's signature (if filing joint, both must sign)	Date
X	X	
Signature of paid preparer (declaration of preparer is based on all information of which preparer has any knowledge)		Preparer's SSN/FEIN
BRENT L HATHAWAY CPA		
Firm's Name (or yours if self-employed)	Firm's address	
HATHAWAY & KSENZULAK C.P.A.'S	1681 E. CYPRESS AVE., SUITE A REDDING, CA 96002	

Important: Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

DOUGLAS AND ROBYN R HUFNAGEL

Social security number



Part I Income Adjustment Schedule

Section A – Income		A	B	C
		Federal Amounts (taxable amounts from your federal return)	Subtractions See instructions.	Additions See instructions.
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	10,264		
8	Taxable interest income	6,810		
9	Dividend income	2,513	2,513	500
10	State tax refund. Enter the same amount in column A and column B			
11	Alimony received			
12	Business income or (loss) .DEPRECIATION .ADJ. (3885A)	125,454	268	
13	Capital gain or (loss)	-3,000		1,500
14	Other gains or (losses)			
15	IRA distribution. See instructions. (a)			
16	Pensions and annuities. See instructions. (a)			
17	Rental real estate, royalties, ps hips, S corp, trusts SEE . STATEMENT . 1	-1,857		1,857
18	Farm income or (loss)			
19	Unemployment compensation			
20	Social security benefits (a)			
21	Other income.			
	a California lottery winnings		a	
	b Disaster loss carryover from FTB 3805V		b	
	c Federal NOL (Form 1040, line 21)		c	
	d NOL carryover from FTB 3805V		d	
	e NOL from FTB 3805Z or 3806		e	
	f Other (describe)		f	
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B.	140,184	2,781	3,857

Section B – Adjustments to Income

23a	Your IRA deduction	23a		
b	Spouse's IRA deduction	b		
24	Moving expenses. Enter the same amount in column A and B and complete form FTB 3596	24		
25	One-half of self-employment tax	25	5,118	
26	Self-employed health insurance deduction	26	588	98
27	Keogh and self-employed SEP plans	27		
28	Penalty on early withdrawal of savings	28		
29	Alimony paid. Recipient's: SSN _____ Last name _____	29		
30	Add line 23a through line 29 in columns A, B, and C.	30	5,706	98
31	Total. Subtract line 30 from line 22 in columns A, B, and C. See the instructions for how to transfer the total to Form 540	31	134,478	2,683

Part II Adjustments To Federal Itemized Deductions

33	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27	33	25,517
34	State and local income taxes; foreign taxes and State Disability Insurance (SDI) from federal Schedule A (Form 1040), line 5 (and line 8)	34	6,808
35	Subtract line 34 from line 33.	35	18,709
36	Other adjustments including moving expenses and lottery losses. See instructions. Specify INVESTMENT INTEREST EXPENSE ADJUSTMENT (FORM 3526)	36	-2,013

37	Combine line 35 and line 36.	37	16,696
----	------------------------------	----	--------

38	Is the amount on Form 540, line 13 more than the amount shown below for your filing status?	Is the amount you entered on line 38 more than your standard deduction below?	
Single or married filing separate	\$109,936	Single or married filing separate	\$2,487
Head of household	\$164,904	Married filing joint, head of household or qualifying widow(er)	\$4,974
Married filing joint or qualifying widow(er)	\$219,872	YES. Transfer the amount on line 38 to Form 540, line 18.	
NO. Transfer the amount on line 37 to line 38.		NO. Enter your standard deduction on Form 540, line 18.	
YES. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 38.			38 16,696

(Domestic Mail Only; ~~Normal~~ ~~Price~~ Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

SACRAMENTO CA 94240

\$6.80

\$2.30

\$1.75

Total Postage & Fees \$ 10.00

\$10.85



Douglas G. Hufnagel I

PO

8/19/2005

Franchise Tax Board
PO Box 942840
Sacramento, California 94240-0002

Dear Sirs:

The Tax Returns 1995-2004 included are being filed and refiled as amended due to fraud.

Tax Preparer's Accounting is provided.

Certified Mail #: 7005 0390 0002 5395 7230

Signed under the penalty of perjury,


Douglas G. Hufnagel DDS

cc:

John W. Snow
1500 Pennsylvania N.W.
Washington D.C. 20220

SENDER: COMPLETE THIS SECTION!

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FRANCHISE TAX BOARD
P.O. BOX 942840
SACRAMENTO, CA

942840
Franchise Tax Board

2. Article Number

(Transfer only to other mail)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7005 0390 0002 5395 7230
PM

Domestic Return Receipt

102596-02-M-1540

19 95

Amended Individual Income Tax Return

540X

This return is for calendar year or fiscal year ended , 19

[REDACTED] HUFN [REDACTED] 95
 DOUGLAS G HUFNAGEL
 ROBYN R HUFNAGEL

P
 AC
 A
 RP

Daytime telephone number

- a Have you been advised that your original federal return has been, is being or will be audited. Yes No
- b Filing status claimed. (Note: You cannot change from joint to separate returns after the due date of the return has passed.)
 On original return Single Married filing joint return Married filing separate return Head of household Qualifying widow(er)
 On this return Single Married filing joint return Married filing separate return Head of household Qualifying widow(er)
- c If at the time you filed the return you are amending, your parents (or someone else) claimed you as a dependent on their return, check this box.
- d If claiming head of household, enter name and relationship of qualifying person
 on original return _____ amended return _____

Step 1 Federal Adjusted Gross Income (AGI) and California Adjustments

		A. As originally reported or adjusted by Franchise Tax Board	B. Net change: increase(+) or decrease (-) Explain on Side 2	C.
1 Federal AGI from Fm. 540, Fm. 540A, Fm. 540EZ or Fm. 540-ADS.	1	134,478	-104,311	● 1 30,167
2 California adjustments. See specific instructions on Schedule CA:				
a State income tax refund.	2a			2a
b Unemployment compensation.	2b			2b
c Social security benefits	2c			2c
d California nontaxable interest income.	2d			2d
e Other (list) See Statement 1	2e	1,076	2,251	2e 3,327
3 Total California adjustments. Combine line 2a through line 2e. See instr	3	1,076	2,251	● 3 3,327
4 California adjusted gross income. Combine line 1 and line 3. See instr	4	135,554	-102,060	● 4 33,494
5 Itemized deductions or standard deduction. See instructions.	5	16,696	13,743	● 5 30,439
6 Taxable income. Subtract line 5 from line 4. If less than zero enter -0-	● 6	[REDACTED]	-115,803	6 3,055

Step 2 Tax Liability

7 a Tax method used. See instructions.	7a	TT		● 7a TT
b Tax. See instructions.	7b	7,958	-7,927	● 7b 31
8 Exemption credits. See instructions.	8	396		● 8 396
9 Subtract line 8 from line 7b. If less than zero, enter -0-	9	7,562	-7,562	9 0
10 Tax from Schedule G-1 and form FTB 5870A. See instructions.	10			● 10
11 Add line 9 and line 10.	11	7,562	-7,562	11
12 Other credits. See instructions.	12			● 12
13 Subtract line 12 from line 11.	13	7,562	-7,562	13
14 Other taxes (alternative minimum tax, credit recapture, etc.). See instr	14			● 14
15 Total tax. Add line 13 and line 14. If amending Form 540NR, see instr	15	7,562	-7,562	● 15

Step 3 Payments

16 California income tax withheld. See instructions.	16			■ 16
17 Excess California SDI (or VPD) withheld. See instructions.	17			■ 17
18 Renter's credit. Enter -0- for 1993, 1994 and 1995. See instructions.	18			■ 18
19 Estimated tax payments. Include amount paid with form FTB 3502 or form FTB 3519.	19	5,420	-2,519	■ 19 2,901
20 Tax paid with original return plus additional tax paid after it was filed. Complete Side 2, Part I before entering amount here.	20			■ 20 2,142
21 Total payments. Add line 16 through line 20, column C.	21			21 5,043

Step 4 Refund or Amount You Owe

22 Overpaid tax, if any, as shown on original return or as previously adjusted by the Franchise Tax Board. See instructions	22			■ 22
23 Subtract line 22 from line 21. If line 22 is more than line 21, see instructions.	23			23 5,043
24 Voluntary contributions as shown on original return.	24			● 24
25 Subtract line 24 from line 23.	25			25 5,043
26 AMOUNT YOU OWE. If line 15, column C is more than line 25, enter difference. Please Pay In Full With This Return	26			26 0
27 Interest included in payment. See instructions.	27			27 99
28 REFUND. If line 15, column C, is less than line 25, enter the difference. See instructions.	28			28 5,043

1995 AMENDED RETURN

Part I **Payments** Complete this part before completing Side 1, line 20.

1 a Amount paid with the original return. Do not include payments of interest or penalties. 1a 2,142

b Enter the serial number stamped on the face of your cancelled check (if available) 1b

2 Additional payments made after the original return was filed:

Enter in the spaces below the date of the payment(s), the serial number stamped on the face of your cancelled check(s) by the Franchise Tax Board and the amount(s) of additional payment(s). If you did not receive a cancelled check or made any payment(s) with a credit card, enter the payment amount(s) below and attach a copy of the statement from your financial institution showing the:

- check number (if applicable);
- amount of the check or charge;
- date the check or charge posted to your account; and
- name of the payee (Franchise Tax Board).

Payment date	Serial number	Amount of payment
		\$ _____
		\$ _____
		\$ _____
		\$ _____

Total of payments listed above 2 _____

3 Total payments. Add line 1a and line 2. Enter here and on Side 1, line 20. 3 2,142

Part II **Explanation of Changes**

1 Enter name and address as shown on original return below (if same as shown on this return, write "Same"). If changing from separate to joint return, enter names and addresses from original returns. _____
 Same

2 a If you checked "Yes," for question a on Side 1, is this amended return reporting a final federal determination? Yes No

b If the answer to question 2a is "Yes," are you filing this Form 540X to report additional tax due within six months of the final federal determination? Yes No

c If the answer to question 2a is "Yes," what is the date and amount of the final federal determination? Date _____ Tax change amount _____

3 Have you been advised that your original California return has been, is being or will be audited? Yes No

4 Did you file an amended return with the Internal Revenue Service on a similar basis? See instruction E Yes No

Please explain your changes to income, deductions and credits in the space provided below. Enter the line number from Side 1 for each item you are changing. Attach all supporting forms and schedules for items changed. Include federal schedules if you made a change to your federal return. Be sure to include your name and social security number on each attachment. Refer to the tax booklet for the year you are amending.

SEE ATTACHED EXPLANATIONS TO THIS TAX RETURN.

Sign Here

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return including accompanying schedules and statements and to the best of my knowledge and belief, this amended return is true, correct and complete.

Your signature: *[Signature]* Spouse's signature (if filing jointly, both must sign): *[Signature]*

Signature of paid preparer (declaration of preparer is based on all information in which preparer has any knowledge) Preparer's SSN/FEIN: _____

DON G. WALTERS, EA Firm's address: 1530 Hartnell Ave.

Firm's name (or yours if self-employed) Redding, CA

Triple Check Income Tax Svc. Telephone: 530 222-5102

Name of contact person (see instructions) Best time to call: 10am

Do not file a duplicate amended return unless one is requested. This may cause a delay in processing your amended return and any claim for refund.

Where to File Form 540X

If you are due a refund or have no amount due, mail your return to: **FRANCHISE TAX BOARD**
 PO BOX 942840
 SACRAMENTO, CA 94240-0000

If you owe money, mail your return to: **FRANCHISE TAX BOARD**
 PO BOX 942867
 SACRAMENTO, CA 94267-0001

LSG
California Resident
Income Tax Return 1995

(01/12/1995)

540

FEDERAL RETURN ATTACHMENT REQUIRED:
 YES NO

DO NOT
 ATTACH
 LABEL

DOUGLAS HUFNAGEL 95
 ROBYN HUFNAGEL

Do Not Write In These Spaces
P
AC
A
R
RP

Step 1

Name: [Redacted]
 Address: [Redacted] CA [Redacted]

FOR COMPUTERIZED USE ONLY

01	2	30	0	49	0	64	0
06	0	31	0	50	0	65	1
09	0	35	0	51	0	APE	0
10	4	36	0	52	0	3800	0
12	8514	37	0	53	0	3803	0
14	30	38	0	54	0	SCHP	0
16	3357	39	2901	55	0	SCHG1	0
17	33494	41	0	56	0	5870A	0
18	30439	43	2901	57	0	5805 5805F	0
20	31	44	0	58	0		
21	396	45	2901	59	0		
23	0	46	0	60	0		
28	0	47	0	61	2901		
29	0	48	0	62	0		

Step 2

Filing Status

Check only one.

- 1 Single
- 2 Married filing joint return (even if only one spouse had income)
- 3 Married filing separate return.
- 4 Head of household (with qualifying person).
If the qualifying person is a child but not your dependent, enter child's name here.
- 5 Qualifying widow(er) with dependent child. Enter year spouse died 19 _____

Step 3

Exemptions

Do not enter dollar amounts in the boxes.

Attach check or money order here.

If someone can claim you (or your spouse, if married) as a dependent on their return, check the box here. the boxes on line 6 & line 1, skip line 7 through line 10; enter -0- on line 11. If you checked the box on line 6 & any other box, see instructions.

- 7 Personal: If you checked box 1, 3 or 4 above, enter 1. If you checked box 2 or 5, enter 2.
- 8 Blind: If you (or if married, your spouse) are visually impaired, enter 1. If both are visually impaired, enter 2.
- 9 Senior: If you (or if married, your spouse) are 65 or older, enter 1. If both are 65 or older, enter 2.
- 10 Dependents: Enter name and relationship. Do not include yourself, your spouse or the person listed on line 4.

See Statement 2

Enter total number of dependents

11 Total number of exemptions. Add line 7 through line 10.

If you check	6	<input type="checkbox"/>
7	2	
8		
9		
10	4	
11	6	

Step 4

Taxable Income

Attach copy of your form(s) W-2, W-2G and 1099-R here.

12 State wages from your Form(s) W-2, box 17.	12	8,514	
13 Federal AGI from your Form 1040, line 31; your Form 1040A, line 16; or your Form 1040EZ, line 4	13	30,167	
14 California adjustments - subtractions. Enter the amount from Schedule CA (540), line 31, column B	14	30	
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . .	15	30,137	
16 California adjustments - additions. Enter the amount from Schedule CA (540), line 31, column C . .	16	3,357	
17 California adjusted gross income. Combine line 15 and line 16.	17	33,494	
18 Enter your CA standard deduction OR your CA itemized deductions.	18	30,439	
19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-.	19	3,055	
20 Tax. Check if from <input checked="" type="checkbox"/> Table Tax <input type="checkbox"/> Rate Schedule FTB 3800 or FTB 3803	20	31	
21 Exemption credits. Check one: <input checked="" type="checkbox"/> Flowchart <input type="checkbox"/> Worksheet I <input type="checkbox"/> Worksheet II, III or Schedule P (540).	21	396	
22 Subtract line 21 from line 20. If less than zero, enter -0-.	22	0	
23 Tax. Check if from <input type="checkbox"/> Schedule G-1 and from form <input type="checkbox"/> FTB 5870A.	23		
24 Add line 22 and line 23.	24	0	

Step 5

Tax

Step 6	25 Amount from Side 1, line 24	25	0
Credits	28 Credit _____ code no. ▶ 28		
	29 Credit _____ code no. ▶ 29		
	30 Credit _____ code no. ▶ 30		
	31 To claim more than three credits, see instructions ● 31		
	33 Add line 28 through line 31. These are your total credits	33	
	34 Subtract line 33 from line 25. If less than zero, enter -0-	34	0

Step 7	35 Alternative minimum tax. Attach Schedule P (540)	● 35	
Other Taxes	36 Other taxes and credit recapture from forms FTB 3518, FTB 3501, FTB 3805P, FTB 3805Z or FTB 3806. See instructions	● 36	
	37 Add line 34 through line 36. This is your total tax.	● 37	0

Step 8	38 CA income tax withheld. Enter total from your 1995 Form(s) W-2, W-2G, 1099-MISC and 1099-R. Also, attach forms to Side 1	■ 38	
Payments	39 1995 California estimated tax and amount applied from your 1994 return. Include the amount from form FTB 3519 or Schedule K-1 (541)	■ 39	2,901
	41 Excess California SDI (or VPD) withheld. See instructions	■ 41	
	42 Add line 38 through line 41. These are your total payments.	42	2,901

Step 9	43 If line 42 is larger than line 37, subtract line 37 from line 42. This is your overpaid tax	43	2,901
Overpaid Tax or Tax Due	44 Amount of line 43 you want applied to your 1996 estimated tax.	■ 44	
	45 Subtract line 44 from line 43. This is the amount of overpaid tax available this year.	■ 45	2,901
	46 If line 42 is less than line 37, subtract line 42 from line 37. This is the tax due.	46	0

Step 10	47 Contribution to California Seniors Special Fund. See instructions. ...	● 47	
Contributions	You may make a contribution of \$1 or more to:		
	48 Alzheimer's Disease/Related Disorders Fund	● 48	00
	49 California Fund for Senior Citizens	● 49	00
	50 Rare and Endangered Species Preservation Program	● 50	00
	51 State Children's Trust Fund for the Prevention of Child Abuse	● 51	00
	52 California Breast Cancer Research Fund	● 52	00
	53 Veterans Memorial Account	● 53	00
	54 California Firefighters' Memorial Fund	● 54	00
	55 California Public School Library Protection Fund	● 55	00
	56 D.A.R.E. California (Drug Abuse Resistance Education) Fund	● 56	00
	57 California Military Museum Fund	● 57	00
	CA Election <input checked="" type="checkbox"/> Your party (\$25 max) ▶ 58		00
	Campaign Fund <input checked="" type="checkbox"/> Spouse's (\$25 max) ▶ 59		00
60 Total contributions. Add line 47 through line 59.	● 60	0	

Step 11	61 Subtract line 60 from line 45. You have a REFUND or NO AMOUNT DUE. Mail your return to: IMAGE PROCESSING, FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA, 94240-0009	■ 61	2,901
Refund or Amount You Owe	62 Add line 46 and line 60. This is the AMOUNT YOU OWE. Make a check or money order payable to "Franchise Tax Board" for the full amount. Write your social security number and "1995 Form 540" on it. Attach it to your Form 540 and mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	■ 62	0

Step 12	63 Interest and late return and late payment penalties	63	
Interest and Penalties	64 Underpayment of estimated tax. If form FTB 5805 or 5805F is attached, check here	<input type="checkbox"/> ■ 64	
	65 If you do not need California income tax forms mailed to you next year, check here	● 65	<input checked="" type="checkbox"/>

Sign Here **IMPORTANT: See instructions for information on who must attach a copy of their federal income tax return & federal schedules.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Your signature _____ Spouse's signature (if filing joint, both must sign) _____ Date _____

X _____ X _____

Signature of paid preparer (declaration of preparer is based on all information of which preparer has any knowledge) _____ Preparer's _____

DON G. WALTERS, EA _____

Firm's Name (or yours if self-employed) **Triple Check Income Tax Svc.** _____

1330 Hartnell Ave. _____
Redding, CA 96002 _____

1995 California Adjustments - Residents

CA (540)

Important: Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

DOUGLAS G AND ROBYN R HUFNAGEL

Social security

Part I Income Adjustment Schedule

	A	B	C
Section A - Income		Federal Amounts (taxable amounts from your federal return)	Subtractions See instructions.
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7 8,514		
8 Taxable interest income	8 8,828		
9 Dividend income	9 3,013		
10 State tax refund. Enter the same amount in column A and column B.	10		
11 Alimony received.	11		
12 Business income or (loss).	12 122,630	268	
13 Capital gain or (loss).	13 -3,000		1,500
14 Other gains or (losses)	14		
15 IRA distribution. See instructions. (a)	(b)		
16 Pensions and annuities. See instructions. (a)	(b)		
17 Rental real estate, royalties, pschips, S corp, trusts. See Statement 3	17 -103,274		1,857
18 Farm income or (loss).	18		
19 Unemployment compensation	19		
20 Social security benefits (a)	(b)		
21 Other income.			
a California lottery winnings	NO from FTB 3805Z or 3806	a	
b Disaster loss carryover from FTB 3805V	Other (describe)	b	
c Federal NOL (Form 1040, line 21)		c	
d NOL carryover from FTB 3805V		d	
e		e	
f		f	
22 Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B.	22 36,711	268	3,357

Section B - Adjustments to Income

23a Your IRA deduction	23a		
b Spouse's IRA deduction	b		
24 Moving expenses. Enter the same amount in column A and B and complete form FTB 3596	24		
25 One-half of self-employment tax	25 5,118		
26 Self-employed health insurance deduction	26 1,426	238	
27 Keogh and self-employed SEP plans	27		
28 Penalty on early withdrawal of savings	28		
29 Alimony paid. Recipient's: SSN	29		
Last name			
30 Add line 23a through line 29 in columns A, B, and C.	30 6,544	238	
31 Total. Subtract line 30 from line 22 in columns A, B, and C. See the instructions for how to transfer the total to Form 540.	31 30,167	30	3,357

Part II Adjustments To Federal Itemized Deductions

33 Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27	33	34,323
34 State and local income taxes; foreign taxes and State Disability Insurance (SDI) from federal Schedule A (Form 1040), line 5 (and line 8)	34	4,271
35 Subtract line 34 from line 33	35	30,052
36 Other adjustments including moving expenses and lottery losses. See instructions. Specify	36	387
Investment Interest Expense Adjustment (Form 3526)		149
Medical insurance premiums		238
37 Combine line 35 and line 36	37	30,439
38 Is the amount on Form 540, line 13 more than the amount shown below for your filing status?	38	30,439
Single or married filing separate. \$109,936		
Head of household. \$164,904		
Married filing joint or qualifying widow(er). \$219,872		
NO. Transfer the amount on line 37 to line 38.		
YES. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 38.		
Is the amount you entered on line 38 more than your standard deduction below?		
Single or married filing separate. \$2,487		
Married filing joint, head of household or qualifying widow(er). \$4,974		
YES. Transfer the amount on line 38 to Form 540, line 18.		
NO. Enter your standard deduction on Form 540, line 18.		

1995

Investment Interest Expense Deduction

3526

Attach to Form 540, Form 540NR or Form 541.

Name(s) as shown on return

Social security numb

DOUGLAS G AND ROBYN R HUFNAGEL



1	Investment interest expense paid or accrued in 1995. See instructions	8,080
2	Disallowed investment interest expense from 1994 form FTB 3526, line 5. If zero or less, enter -0-	795
3	Total investment interest expense. Add line 1 and line 2	8,875
4	Net investment income. See instructions	9,835
5	Disallowed investment interest expense to be carried forward to 1996. Subtract line 4 from line 3. If zero or less, enter -0-	0
6	Investment interest expense deduction. Enter the smaller of line 3 or line 4. Form 541 filers, stop here and see instructions. All other filers, go to line 7	8,875
7	Enter the amount from federal Form 4952, line 8	8,726
8	Enter the difference between line 7 and line 6. See instructions	149

DOUGLAS G HUFNAGEL

SS # [REDACTED]

EXPLANATION TO AMENDED RETURNS

THERE HAVE BEEN MANY CHANGES TO THE ATTACHED TAX RETURNS. WE HAVE ADDED SCHEDULE K-1'S FROM BUS BOYS INC., AND VISTA. WE HAVE CORRECTED THE INTEREST INCOME AND DIVIDEND INCOME AND HAVE REPORTED ALL NECESSARY AND MATERIAL ITEMS TO PROPERLY REPORT THIS TAX RETURN. WE HAVE REPORTED THE EXPENSES NOW AS WE HAVE IDENTIFIED THEM.

ALONG WITH THIS INFORMATION, WE WANT IT TO BE A PART OF THE RECORD, THAT IN THE YEARS OF 1994-1997. WE HAVE HAD EMPLOYEES, SPOUSES, CPA'S, AND BOOKKEEPERS THAT HAVE MADE THESE STATEMENTS NEXT TO IMPOSSIBLE TO PUT TOGETHER. IN THESE YEARS, WE HAVE HAD INVENTORY TAKEN, CASH TAKEN, TRANSFER FROM WRONG BANK ACCOUNTS AND CASH DRAWS FROM CREDIT CARD TO SATISFY PERSONAL GREED.

P.O. BOX 537, PALO CEDRO, CA. 96073
Office - 530-547-4418
Fax - 530-547-5333

**DOUGLAS
HUFNAGEL, D.D.S.**

Fax

To: *Dale Hopper* From: *Carol Lynn*
Fax: [REDACTED] Pages: *5*
Phone: Date:
Re: CC:
 Urgent For Review Please Comment Please Reply Please Recycle

● Comments:

Sheriff's report filed 7-25-97

[REDACTED]

The information contained in this fax message and any attachments are confidential and intended only for the addressee(s). If you are not an addressee, you may not copy or disclose the information, or act upon it, and you should destroy it entirely. Please also notify the sender that you received this fax in error.

9-20-07 Carol 9-20-07

Narrative; include all Property and Its Description: S = Stolen; R = Recovered; L = Lost; F = Found; H = Held/Evidence K = Safe Keeping

7-26-97 e 1015 HAS DOUGLAS HUFNAGEL RPTS THE POSSIBLE THEFT OF MONEY FROM TWO OF HIS EMPLOYEES, BOTH EMPLOYEES WORKED AT HUFNAGEL'S VOLKSWAGEN BUSINESS CALLED BUS BOYS INC. LOCATED @ BLACK MARBLE WAY & LAKE BLVD. HUFNAGEL SAID W¹ PIERSON, AND W² THOMPSON BOTH WORKED FOR HIM UNTIL RECENTLY. DURING THERE EMPLOYMENT THEY WERE IN CHARGE OF SHIPPING AND ORDERING OF V.W. ITEMS - CASH SALES, UPS DELIVERIES AND CUSTOMER BILLINGS, THE CURRENT MONETARY LOSS IS NOT KNOWN EXACTLY HOWEVER HUFNAGEL SAID APPROX \$33,500 IS UNACCOUNTED FOR ALONG WITH MISSING BILLING STATEMENTS, C.O.D'S, UPS DELIVERY BOOK, AND CASH. HUFNAGEL HAS HIRED WIT STACY LYDIE TO ASSIST IN TRYING TO ACCOUNT FOR LOSSES, CURRENTLY NO EVIDENCE HAS BEEN GATHERED TO CONDUCT A INVESTIGATION. CASE PENDING; INVESTIGATIVE LEADS

- SUSPECT ACTIONS: 1 Indication Mult. Suspects, 2 Vandalized, 3 Ransacked, 4 Neal, 5 Smoked on Prem., 6 Ate/Drank on Prem., 7 Used Matches for Light, 8 Alarm Disabled/Bypassed, 9 Knew Location of Hidden Cash, 10 Selective in Loot, 11 Took TV/Stereo, 12 Took Money, 13 Took Jewelry, 14 Used Vic. Tools, 15 Vehicle Needed to Remove Property, 16 Unoccupied Bldg., 17 Occupied Bldg., 18 Prepared Exit, 19 Inflicted Injury, 20 Forced Victim to Move, 21 Used Lookout/Driver, 22 Threatened Retaliation, 23 Took Victim's Veh, 24 Disabled Phone, 25 Suspect Armed, 26 Shut Off Power, 27 Bound/Gagged Victim, 28 Used Demand Note, 29 Placed Property in Sack/Pocket, 30 Ripped/Cut Clothing, 31 Used Victim's Name, 32 Molested Victim, 33 Unusual Odors, 34 Masked Face, 35 Struck Victim, 36 Disrobed Fully, 37 Disrobed Partially, 38 Blindfolded, 39 Made Threats, 40 HBD, 41 UID, 42 Demanded \$, 43 Fired Weapon, 44 Stashed Loot, 46 Hideout Technique, 47 Impersonated Other, 48 Mask, 49 Gloves, 50 Other

CONTROLLED DOCUMENT RESTRICTED CONFIDENTIAL INFORMATION TO BE USED BY ORIGINAL JUSTICE AGENCIES ONLY

MISDEMEANOR NON-RELEASE 853.6(i) P.C. - CHECK EACH REASON FOR NOT RELEASING THE SUBJECT FROM WRITTEN NOTICE TO APPEAR

- 1. The person arrested was so intoxicated that he or she could have been a danger to himself or herself or to others.
2. The person arrested required medical examination or medical care or was otherwise unable to care for his or her own safety.
3. The person was arrested under one or more of the circumstances listed in sections 40302 and 40303 of the Vehicle Code.
4. There were one or more outstanding arrest warrants for the person.
5. The person could not provide satisfactory evidence of personal identification.
6. The prosecution of the offense or offenses for which the person was arrested, or the prosecution of any other offense committed by the person, is precluded by immediate release of the person arrested.
7. There was a reasonable likelihood that the offense or offenses would continue or resume, or that the safety of persons or property would be imminently endangered by release of the person arrested.
8. The person arrested demanded to be taken before a magistrate or refused to sign the notice to appear.
9. There is reason to believe that the person would not appear at the time and place specified in the notice.

SEP 19 2007

DISTRIBUTION TO UNAUTHORIZED PERSONS IS PROHIBITED SHASTA COUNTY SHERIFF'S OFFICE

Form with sections: SOLVABILITY FACTORS, 1-POINT OF ENTRY, 2-METHOD OF ENTRY, 3-TARGET, 4-TYPE OF STRUCTURE, 5-WEAPON, 6-SPEC CIRCUMSTANCES, DV Calls Only, PROPERTY table with columns: PROPERTY, STOLEN VALUE, RECOVERED VALUE.

DATE AND TIME OCCURRED
MARCH 1995 - PRESENT

CRIME CODE(S)
503 PC EMBEZZLEMENT

CRIME CODE(S)

DATE AND TIME REPORTED SAME
7-25-97 1000

F / M DV Class Code

F / M DV Class Code

REPORT NO. [REDACTED]

Assoc. Case No. _____

Total Face Pages 1 No: 1

DAY **WED** WA **DAY** GBID **979** BEAT **4**

LOCATION OF OCCURRENCE
BUSBOYS INC 18595 E. LAKE BLVD. RD6

DV/SEX ASSAULT FORM PROVIDED

HATE CRIME

4P	NAME (Last, First, Middle) HUFNAGEL, DOUGLAS	Q RP Same as Victim	Race WM	Sex M	DOB/Age 8-20-46 50	[REDACTED]
	ADDRESS (Street, City, State)	Q Same as location	[REDACTED]			
W1	NAME (Last, First, Middle) LYDIE, STACY	Q RP Same as Victim	Race WF	Sex F	DOB/Age ADULT	[REDACTED]
	ADDRESS (Street, City, State)	Q Same as location	UNKNOWN			
	NAME (Last, First, Middle)	Q RP Same as Victim	Race	Sex	DOB/Age	
	ADDRESS (Street, City, State)	Q Same as location	BUS TELEPHONE			

Codes: **D = Defendant; MP = Missing Persons; R = Runaway; J = Juvenile**

NAME (Last, First, Middle)	Race	Sex	DL NO.	ST	Key No.
ADDRESS (Street, City, State)	DOB/Age	Soc. Sec. #	Mug No <input type="checkbox"/> SAME		
PHONE	Hgt	Wgt	Hair	Eyes	Charges / OR FCN (Missing Persons) / Runaways
Clothing Description & Other Descriptive Remarks					Same as Above
Tattoos/Scars/Marks					POB
FBI No					CIJ No
NAME (Last, First, Middle)	Race	Sex	DL NO.	ST	Key No.
ADDRESS (Street, City, State)	DOB/Age	Soc. Sec. #	Mug No <input type="checkbox"/> SAME		
PHONE	Hgt	Wgt	Hair	Eyes	Charges / OR FCN (Missing Persons) / Runaways
Clothing Description & Other Descriptive Remarks					Same as Above
Tattoos/Scars/Marks					POB
FBI No					CIJ No

CONTROLLED DOCUMENT
RESTRICTED CONFIDENTIAL
INFORMATION TO BE USED BY
CRIMINAL JUSTICE AGENCIES ONLY

SEP 19 2007

DEFENDANT NAME NO	DOCKET #	CHARGES	COURT	AGENCY WARRANT #	AGENCY CASE #
DISTRIBUTION TO UNAUTHORIZED PERSONS IS PROHIBITED SHASTA COUNTY SHERIFF'S OFFICE					

Vehicle Info: **SV = Suspect Vehicle; O = OTHER (e.g., vic, vehicle, DUI vehicle, etc.) (explain)**

License Number	License State	License Year	VIN	VALUE
Year	Make	Model	Style	Color
Vehicle Remarks / Towed To				
License Number	License State	License Year	VIN	VALUE
Year	Make	Model	Style	Color
Vehicle Remarks / Towed To				

DET. MONTGOMERY
 ROUTING:
 Juv Off
 Invest **229 X**
 Patrol
 D.A./Court
 DOJ
 Probation
 Crime Prev
 Stats
 Parole

I, the undersigned, hereby arrest the above defendant on the charges indicated and request that a police officer take this defendant into custody. I will appear as directed and sign a complaint against the defendant if I have arrested.

I, the undersigned, hereby certify that to the best of my knowledge the information given in this report is true and accurate.

Status: OPN I/O IHA

Clearances: ARR/DA F/U INFO ONLY

ARR EXC/CLR CIT/REL UNF

Officer **C. Blankenship** ID No **223** Date **7-26-97**

Approved **A. K. [Signature]** Rank **S122** Date **08/10/97**

Signature **[Signature]** Date **08/10/97**

Address **[Address]** Phone No. **[Phone]**

F-0054 Rev 7-96

RECEIVED
AUG 1 1997
SHASTA CO. SHERIFF
97-23528

503 PC EMBEZZLEMENT/Felony
HUFNAGEL, Douglas

Supplement
Montgomery

I have talked to Douglas HUFNAGEL several times about his case. He has hired an attorney for the civil lawsuit he has pending over the people he believes are the responsible for the theft of money and property from his business.

Douglas HUFNAGEL said he is the owner of the Bus Boys, Inc. He believes two employees stole several thousand dollars, ordered automotive parts through his business, and charged it to the company. I asked him if he had any records of these transactions or showing the loss of money. He said no. He has requested all business records from Aaron PIERSON and James THOMPSON. Neither subjects have given him any information for the business. They have said they do not have them. They were left with the business.

I told Douglas HUFNAGEL, I could not do anything with this case if there is no evidence to show there was a crime. Douglas HUFNAGEL said he can not account for over \$33,000.00. I asked again if he had any documentation for this. He said no.

I said I was going to inactivate this case, until he was able to obtain this information. If he was able to obtain this information, I would activate this case again.

CASE PENDING INACTIVATE

Terrisa Montgomery, Detective #227
112197 1335 hours

**CONTROLLED DOCUMENT
RESTRICTED CONFIDENTIAL
INFORMATION TO BE USED BY
CRIMINAL JUSTICE AGENCIES ONLY**

SEP 19 2007

**DISTRIBUTION TO UNAUTHORIZED
PERSONS IS PROHIBITED
SHASTA COUNTY SHERIFF'S OFFICE**

AF

RECEIVED

NOV 26 1997

SHASTA CO. SHERIFF

HATHAWAY & KSENZULAKCERTIFIED PUBLIC ACCOUNTANTS
1681 E. CYPRESS AVE., SUITE A
REDDING, CA 96002BRENT HATHAWAY, CPA
JOHN KSENZULAK, CPANICHOLE E. GREENWELL, CPA
KARIMAH APP, CPA
JAMES VIOLA, JR., CPATELEPHONE (916) 222-2898
FAX (916) 222-2980

June 19, 1997

Subject: Bus Boys accounting records.

To whom it may concern

We have been the accountants of record for Bus Boys, Inc. for the past five plus years. As such, we prepared the federal and state corporate tax returns and financial statements when requested. We were also asked to consult with the stockholder occasionally regarding the accounting procedures and the actual accounting system needed. All of the above has been impossible to do for the last three years, since the corporation has been managed by a new person.

Our office, on a regular basis, has tried to obtain information to prepare reports, tax returns and analyze the profitability of the company. Each time information was requested, we were given data that was not usable. We were always assured that the information was available but it was never produced.

In order to file returns and get necessary accounting data, we had Mr. Hufnagel, the stockholder, hire a bookkeeper who has done special work for our clients in the past. She started looking at the records of the company and has found them to be a mess. It is her opinion as well as my own, that it will take two or three months to supply me the data needed to file returns for 1995 and 1996.

Sincerely yours


Brent L. Hathaway CPA

STACY LIDIE BOOKKEEPING

STACY LIDIE
FULL CHARGE BOOKKEEPER
19888 OLD OREGON TRL N
REDDING, CA 96003

Telephone 916-275-6646
FAX SAME

7-24-97

Bus Boys, Inc.
18595 E. Lake Blvd
Redding, CA 96003

Per our conversation this letter serves as written notice as to what has been discussed in length about the Book work for Bus Boys, Inc.

1. 1995 & 1996 The records for these 2 years are in many boxes. Each box contains many items of paper work (orders, quotes, invoices, po's etc etc etc.) . Many of the boxes also contain lots of unopened mail. To sum up what I am saying is that it is a mess. In order for the books to be reconstructed each piece of paperwork would have to be handled individually as it would have been that day. Now at this point that is virtually impossible unless you hired a large data entry staff for several months. I will reconstruct the books by using your bank statements and canceled checks.

2. The computer at Bus Boys has apparently been messed with and now the records for 1997 are also messed up. This leaves me with no way to do current work.

3. The records for the EDD will be finished very soon. I am presently working with Quarterly's that have to be done by the end of this month.

4. As far as I can tell from speaking with you and with some of your employees there is no good inventory. So once again I can not stress how important it is to get a good inventory or at least a figure to work to.

Concerning Jim the records he kept for you are so incomplete that it is virtually impossible to say what happened and when it happened. Once I have finished the 95 & 96 & now 97 at that point you will be able to tell what kind of discrepancy you have in your inventory. This process is a slow, tedious one. I hope to have 95 & 96 done by the end of August without any interruptions.

I would like to clarify my position again (per my contract) I am a bookkeeper. I have said in the past and I will put it in writing I do not wish to be involved with any legal matters concerning Bus Boys.

Thank you
Stacy Lidie
Full Charge Bookkeeper

Name and Address of Court:

REDDING BRANCH
1500 COURT ST
REDDING, CA 96001

(530) 225-5703

SC-100

SMALL CLAIMS CASE NO.: CVCL990000037

NOTICE TO DEFENDANT
YOU ARE BEING SUED BY PLAINTIFF

To protect your rights, you must appear in this court on the trial date shown in the table below. You may lose the case if you do not appear. The court may award the plaintiff the amount of the claim and the costs. Your wages, money, and property may be taken without further warning from the court.

AVISO AL DEMANDADO
A USTED LO ESTAN DEMANDANDO

Para proteger sus derechos, usted debe presentarse ante esta corte en la fecha del juicio indicada en el cuadro que aparece a continuación. Si no se presenta, puede perder el caso. La corte puede decidir en favor del demandante por la cantidad del reclamo y los costos. A usted le pueden quitar su salario, su dinero, y otras cosas de su propiedad, sin aviso adicional por parte de esta corte.

PLAINTIFF/DEMANDANTE (Name, street address, and telephone number of each):
BUS BOYS INC
WALTER SIZEMORE - AGENT
18595 E LAKE BLVD
REDDING, CA 96003

Telephone No. [REDACTED]

DEFENDANT/DEMANDADO (Name, street address, and telephone number of each):
LIDIE, STACIE
 [REDACTED ADDRESS]
 [REDACTED ADDRESS]

Telephone No. [REDACTED]

Wrona II

Fict. Bus. Name Stmt. No. Expires: **0/00/00** See attached sheet for additional plaintiffs and defendants.

PLAINTIFFS CLAIM

- Defendant owes me the sum of \$ **2,742.91** not including court costs, because (describe claim and date):
FOR SERVICES CONTRACTED FOR BUT NOT COMPLETED.
UNAUTHORIZED SHIPPING EXPENSES PAID
 - I have had an arbitration of an attorney-client fee dispute. (Attach Attorney-Client Fee Dispute form (see form SC-101).)
 - This claim is against a government agency, and I filed a claim with the agency. My claim was denied by the agency, or the agency did not act on my claim before the legal deadline. (See form SC-150.)
 - I have asked defendant to pay this money, but it has not been paid.
 b. I have NOT asked defendant to pay this money because (explain):
 - This court is the proper court for the trial because (In the box at the left, insert one of the letters from the list called "Venue Table" on the back of this sheet. If you select D, E, or F, specify additional facts in this space):
 - I have have not filed more than one other small claims action anywhere in California during this calendar year in which the amount demanded is more than \$2,500.
 - I have have not filed more than 12 small claims, including this claim, during the previous 12 months.
 - I understand that
 - I may talk to an attorney about this claim, but I cannot be represented by an attorney at the trial in the small claims court.
 - I must appear at the time and place of trial and bring all witnesses, books, receipts, and other papers or things to prove my case.
 - I have no right of appeal on my claim, but I may appeal a claim filed by the defendant in this case.
 - If I cannot afford to pay the fees for filing or service by a sheriff, marshal, or constable, I may ask that the fees be waived.
 - I have received and read the information sheet explaining some important rights of plaintiffs in the small claims court.
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: **Friday, January 8th, 1999**

(TYPE OR PRINT NAME)

Signature of Plaintiff Application

ORDER TO DEFENDANT

You must appear in this court on the trial date and at the time LAST SHOWN IN THE BOX BELOW if you do not agree with the plaintiff's claim. Bring all witnesses, books, receipts, and other papers or things with you to support your case.

TRIAL DATE	DATE	DAY	TIME	PLACE	COURT USE
FECHA DEL JUICIO	1. 2/17/99	Wed	1:30 PM		
	2.				
	3.				

Filed on (date): **Friday, January 8th, 1999** Clerk, by **MZPCC**, Deputy

The county provides small claims advisor services free of charge. Read the information on the reverse.

**Bus Boys Inc.
18595 East Lake Blvd.
Redding, California 96003
Ph: (530) 244-1616
Fax: (530) 244-0933**

February 5, 1999

**Redding Branch
1500 Court St.
Redding, Ca 96001**

Re: Case # [REDACTED]

Your Honor:

Costs associated with this case:

- | | |
|---|-------------|
| 1) Legal Photocopy Service | \$ 25.50 |
| 2) Court filing fee | \$ 20.00 |
| 3) Brent Hathaway court time - Hourly rate | \$? |
| 4) Brent Hathaway billings 9/30/97 9/18 9/22 9/25 9/26 -4 3/4 hrs | \$450.00 |
| 5) Invoice # 81540 Contracted Services Incomplete | \$2,500.00 |
| 6) Invoice # 81450 Records return costs | \$ 242.91 |
| 7) Sam Cone book keeping - 1995 record missing & reconciliation | \$ 250.00 |
| 8) Federal & State Interest & penalties in filing delay-95,96,97-Est. | \$ 4,000.00 |

Sincerely,

Douglas G. Hufnagel CEO

HATHAWAY & KSENZULAK, LLP
CERTIFIED PUBLIC ACCOUNTANTS

REDDING, CALIFORNIA 96002

INVOICE

1681 E. CYPRESS AVENUE SUITE A
PHONE (530) 222-2898
FAX (530) 222-2980

8-12-99
142974
482.00
Jrc

DOUG HUFNAGEL
BUS BOYS, INC.
18595 LAKE BLVD.
REDDING, CA 96003

INVOICE NO: 0100427-IN
DATE: 04/30/99
CLIENT [REDACTED] [REDACTED]

TO ENSURE PROPER CREDIT TO YOUR ACCOUNTS
PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT.

AMOUNT
ENCLOSED \$ 324.00

FOR PROFESSIONAL SERVICES RENDERED:

CLIENT CONFERENCE/COURT APPEARANCES

4/07/99	COURT APPEARANCE	2 HOUR	\$216.00
4/19/99	COURT APPEARANCE	1 HOUR	\$108.00

\$ 324.00

TOTAL AMOUNT

\$ 324.00

Bus Boys Inc.
18595 East Lake Blvd.
Redding, California 96003
Ph: (530) 244-1616
Fax: (530) 244-0933
E-Mail: busboys@c-zone.net

September 15, 1999

Pickering Law Corporation
Jonz Norine
1915 Placer Street
P.O. Box 992200
Redding, Ca 96099-2200

Re: Stacey Lidie vs. Bus Boys Inc.

Dear Jonz,

The following is the list of the initial questions we have regarding Stacey Lidie.

1) Mrs. Lidie represented herself as having and knowing the computer accounting program Real World and that her work for BBI would be done on this Program. This program can be obtained through Real World Corp. or Synchronics Corp. Neither of these companies have Mrs. Lidie as a registered owner of these programs. We feel that there is a possibility her software for Real World was obtained from Jim Thompson that had been purchased by BBI.

- 1) We need to see her original software diskettes.
- 2) We would like to make copies of these diskettes to determine their registration and origin which should be determined by Real World Corp and Synchronics Corp.
- 3) We would like to see proof of purchase, registration and source of these diskettes.

2) We would like to see any and all hard copies that she is able to produce of all her work that were created by her for BBI using Real World Accounting.

1) We would also like to see all hard copies of any and all work that she performed for BBI using any other additional computer programs.

3) We would like a complete list of clients that she has used Real World Accounting for other than BBI from Jan. 1995 to the present.

4) We need a chronological list of all Mrs. Lidie's clients that she has had since Jan 1995 to the present. This list is to include all start dates and end dates for her services to them. This list should also include all computer programs that were utilized for this work for them.

5) We need a chronological record of all payments or any remuneration of any kind for her services from any source that would have been received by her to the present from the following list.

- 1) Any and all BBI employees, agents or affiliates to include BBI vendors.

6) We would like to have a chronological list of all Mrs. Lidie's travels , trips to other residences that she has made out of the State of California from Jan. 1995 until the present and proof of and sources for verification. This list to include the following.

1) Dates of each departure from and subsequent return to California.

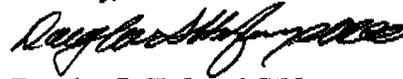
7) We would like a list of her knowledge of any of her acquaintances or affiliates who gave incorrect information regarding her whereabouts from Jan. 1995 until the present.

8) We would like to have a chronological list of all services performed for BBI from her first service performed (Date: ? - 9/25/97).

9) We would like to obtain all current and future residence addresses contemplated by Mrs. Lidie to enable us to make a timely contact with her about court proceedings.

10) We would like copies of all phone records, billings records, changes or additions of phone services and a chronological list of Stacey Lidie Bookeeping's active and inactive phone services from Jan 1995 until the present.

Sincerely,



Douglas G. Hufnagel CEO

Bus Boys Inc.
18595 East Lake Blvd.
Redding, California 96003
Ph: (916) 244-1616
Fax: (916) 244-0933

May 16, 1999

To:
Terry Oddenbach

Re: Missing Bus Boys Inc. records, equipment, fixtures and inventory.

Dear Terry,

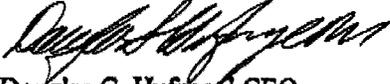
We have had numerous conversations since 1998 about your rented storage units containing items that belong to Bus Boys Inc. You have assured us that you were pursuing resolving legally your liability for opening these 2 units through a legal process. As of this date, there appears to be no actions on your part to assist us in removing our properties from within your premises. We have been advised by the sheriff's office that we should take legal actions against you for lack of due diligence in resolving this dispute. Unless I receive written notice from you within 7 days from this date as to when and how we will be able to retrieve our property, we will pursue this course.

The properties listed below are and may be present in your storage units. Our companies not having these properties has caused and is causing Bus Boys Inc. and its associates increasing losses. Among others with interest in these properties, the taxing authorities are now asking for them.

Partial list of missing items:

- 1) Shelving units-wood
- 2) Safari frames-metal
- 3) Computer Software-related manuals
 - A) Real World - Version 6.5
 - B) Real World - Version 6.6
 - C) Synchronics -Version 6.5
- 4) Computer backup tapes
- 5) BBI records 1993,1994,1995,1996,1997.
- 6) BBI Inventory

Sincerely,



Douglas G. Hufnagel CEO

DOUGLAS G. HUFNAGEL
 Schedule of State Income Taxes
 Years 1995 through 2003

SCHEDULE I

<u>Tax Year</u>		<u>Original Total Tax</u>	<u>Decreases In Tax</u>	<u>Increases In Tax</u>	<u>Amended Total Tax</u>	<u>Amount of Overpayment As of 7/30/07</u>	<u>Estimated & Other Tax Payments</u>
1995		7,562	7,562		-	8,496.88	8,761.16
* 1996		11,812	7,565		4,247	14,131.43*	21,165.60
* 1997		11,079	6,449		4,630	8,668.22*	15,695.00
1998	(A)	-		6,555	6,555	-	5,175.00
1999	(A)	-		4,506	4,506	1,234.00	5,740.00
2000	(A)	-		1,098	1,098	5,311.00	5,900.00
2001	(B)	0		6,557	6,557	-	7,378.00
2002	(B)	0		6,290	6,290	-	16,856.11
2003		7,199	2,247		4,952	-	9,026.21
Total		37,652.00	23,823.00	25,006.00	38,835.00	37,841.53	95,697.39

A) Original returns were not filed until 2005, after all accounting records had been reconstructed to correctly report Mr Hufnagel's income.

(B) Original Returns Filed by due dates and showed tax liability of \$ 0.

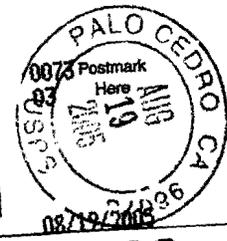
* REFUNDS ISSUED

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

SACRAMENTO, CA 94240	
Certified Fee	\$6.80
Return Receipt Fee (Endorsement Required)	\$2.50
Restricted Delivery Fee (Endorsement Required)	\$1.75
Total Postage & Fees	\$10.85



Douglas G. Hufnagel
 PO Box [redacted]
 Ph: [redacted]

Sent To: **FRANCHISE TAX BOARD**
 Street, Apt. No. or PO Box No.: **P.O. BOX 942840**
 City, State, ZIP+4: **SACRAMENTO, CA 942840**
 PS Form 3800, June 2002 See Reverse for Instructions

8/19/2005

Franchise Tax Board
 PO Box 942840
 Sacramento, California 94240-0002

Dear Sirs:
 The Tax Returns 1995-2004 included are being filed and refiled as amended due to fraud.

Tax Preparer's Accounting is provided.

Certified Mail #: 7005 0390 0002 5395 7230

Signed under the penalty of perjury,

[Signature]
 Douglas G. Hufnagel BDS



SENDER: COMPLETE THIS SECTION!

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
FRANCHISE TAX BOARD
P.O. BOX 942840
SACRAMENTO, CA
942840
 Franchise Tax Board

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer to envelope)
7005 0390 0002 5395 7230

PS Form 3811, February 2004 Domestic Return Receipt



Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 11-09-2007

Response Date: 11-09-2007

IRS Employee Number: [REDACTED]

Tracking Number: 100020520724

Account Transcript

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 1995

TAXPAYER IDENTIFICATION NUMBER: [REDACTED]

SPOUSE TAXPAYER IDENTIFICATION NUMBER: [REDACTED]

DOUGLAS G & ROBYN R HUFNAGEL

<<<<POWER OF ATTORNEY/TAX INFORMATION AUTHORIZATION (POA/TIA) ON FILE>>>>

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE: 0.00
 ACCRUED INTEREST: 0.00 AS OF: Jun. 18, 2007
 ACCRUED PENALTY: 0.00 AS OF: Jun. 18, 2007

ACCOUNT BALANCE
 PLUS ACCRUALS: 0.00

** INFORMATION FROM THE RETURN OR AS ADJUSTED **

EXEMPTIONS: 06 FILING STATUS: Married Filing Joint

ADJUSTED

GROSS INCOME: 134,478.00

TAXABLE INCOME: 94,554.00

TAX PER RETURN: 31,186.00

SE TAXABLE

INCOME TAXPAYER: 55,450.00

SE TAXABLE

INCOME SPOUSE: 0.00

TOTAL SELF

EMPLOYMENT TAX: 10,236.00

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Oct. 21, 1996

PROCESSING DATE Nov. 25, 1996

TRANSACTIONS

CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT
150	RETURN FILED AND TAX ASSESSED	19964608	11-25-1996	\$31,186.00
	29221-307-31515-6			

806	WITHHOLDING CREDIT		04-15-1996	-\$4.00
430	ESTIMATED TAX DECLARATION		04-19-1995	-\$5,380.00
460	EXTENSION OF TIME TO FILE EXT. DATE 08-15-1996		04-15-1996	\$0.00
670	SUBSEQUENT PAYMENT		04-15-1996	-\$5,400.00
460	EXTENSION OF TIME TO FILE EXT. DATE 10-15-1996		08-15-1996	\$0.00
176	ESTIMATED TAX PENALTY	19964608	11-25-1996	\$1,136.36
276	FAILURE TO PAY TAX PENALTY	19964608	11-25-1996	\$816.08
196	INTEREST ASSESSED	19964608	11-25-1996	\$1,110.45
673	SUBSEQUENT PAYMENT		03-14-1997	-\$6,000.00
671	DISHONORED SUBSEQUENT PAYMENT		03-14-1997	\$6,000.00
670	SUBSEQUENT PAYMENT LEVY		08-07-1997	-\$4,853.07
960	RECEIVED POA/TIA		09-25-1997	\$0.00
670	SUBSEQUENT PAYMENT LEVY		11-03-1997	-\$251.08
670	SUBSEQUENT PAYMENT MISCELLANEOUS PAYMENT		10-23-1998	-\$25,370.54
196	INTEREST ASSESSED	19984408	11-16-1998	\$3,687.49
276	FAILURE TO PAY TAX PENALTY	19984408	11-16-1998	\$3,322.31
961	REMOVED POA/TIA		01-17-2000	\$0.00
960	RECEIVED POA/TIA		02-28-2000	\$0.00
977	AMENDED RETURN FILED		08-22-2005	\$0.00
	89277-662-00357-5			
290	CLAIM DISALLOWED		20062308 06-19-2006	\$0.00
	89254-550-98105-6			
962	UPDATED POA/TIA		09-28-2006	\$0.00
962	UPDATED POA/TIA		01-18-2007	\$0.00

*DO LETTER.
NOT KNOWN UNTIL 4/2007*

This Product Contains Sensitive Taxpayer Data

To continue, select one of the following:

- Select **Previous** to navigate back to the previous page.
- Select **Print** to go to a printer friendly page.
- Select **Done** to return to the TDS main menu.

Previous Print Done

Internal Revenue Service
 United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Account Transcript

Request Date: 11-09-2007

Response Date: 11-09-2007

IRS Employee [REDACTED]

Tracking Number: 100020520724

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 1996

TAXPAYER IDENTIFICATION NUMBER: [REDACTED]

SPOUSE TAXPAYER IDENTIFICATION NUMBER: [REDACTED]

DOUGLAS G & ROBYN R HUFNAGEL

<<<<POWER OF ATTORNEY/TAX INFORMATION AUTHORIZATION (POA/TIA) ON FILE>>>>

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE: 0.00
 ACCRUED INTEREST: 0.00 AS OF: Jun. 18, 2007
 ACCRUED PENALTY: 0.00 AS OF: Jun. 18, 2007

ACCOUNT BALANCE
 PLUS ACCRUALS: 0.00

** INFORMATION FROM THE RETURN OR AS ADJUSTED **

EXEMPTIONS: 06 FILING STATUS: Married Filing Joint

ADJUSTED
 GROSS INCOME: 105,052.00
 TAXABLE INCOME: 66,348.00
 TAX PER RETURN: 48,796.00
 SE TAXABLE
 INCOME TAXPAYER: 48,792.00
 SE TAXABLE
 INCOME SPOUSE: 0.00
 TOTAL SELF
 EMPLOYMENT TAX: 11,625.00

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Oct. 20, 1997

PROCESSING DATE Nov. 17, 1997

TRANSACTIONS

CODE	EXPLANATION OF TRANSACTION	CYCLE DATE	AMOUNT
150	RETURN FILED AND TAX ASSESSED	19974508 11-17-1997	\$48,796.00
	89221-298-57033-7		

450	ESTIMATED TAX DECLARATION		06-20-1996	-\$5,380.00
460	EXTENSION OF TIME TO FILE EXT. DATE 08-15-1997		04-15-1997	\$0.00
460	EXTENSION OF TIME TO FILE EXT. DATE 10-15-1997		08-15-1997	\$0.00
960	RECEIVED POA/TIA		09-25-1997	\$0.00
176	ESTIMATED TAX PENALTY	19974508	11-17-1997	\$1,443.97
276	FAILURE TO PAY TAX PENALTY	19974508	11-17-1997	\$1,736.64
196	INTEREST ASSESSED	19974508	11-17-1997	\$2,374.73
670	SUBSEQUENT PAYMENT MISCELLANEOUS PAYMENT		10-23-1998	-\$4,629.46
582	FEDERAL TAX LIEN		12-04-1998	\$0.00
360	FEES AND COLLECTION COSTS		01-04-1999	\$10.00
670	SUBSEQUENT PAYMENT LEVY		01-04-1999	-\$90.00
670	SUBSEQUENT PAYMENT MISCELLANEOUS PAYMENT		03-29-1999	-\$1,000.00
670	SUBSEQUENT PAYMENT MISCELLANEOUS PAYMENT		04-28-1999	-\$1,000.00
670	SUBSEQUENT PAYMENT MISCELLANEOUS PAYMENT		06-01-1999	-\$1,000.00
670	SUBSEQUENT PAYMENT MISCELLANEOUS PAYMENT		07-07-1999	-\$1,000.00
670	SUBSEQUENT PAYMENT MISCELLANEOUS PAYMENT		08-09-1999	-\$1,000.00
670	SUBSEQUENT PAYMENT		09-12-1999	-\$957.00
670	SUBSEQUENT PAYMENT		10-15-1999	-\$957.00
670	SUBSEQUENT PAYMENT		11-04-1999	-\$1,000.00
670	SUBSEQUENT PAYMENT		10-15-1999	-\$43.00
670	SUBSEQUENT PAYMENT		12-11-1999	-\$1,000.00
961	REMOVED POA/TIA		01-17-2000	\$0.00
670	SUBSEQUENT PAYMENT		01-14-2000	-\$1,000.00
960	RECEIVED POA/TIA		02-28-2000	\$0.00
670	SUBSEQUENT PAYMENT		02-13-2000	-\$1,000.00
670	SUBSEQUENT PAYMENT		03-10-2000	-\$1,000.00
670	SUBSEQUENT PAYMENT		04-21-2000	-\$1,000.00
670	SUBSEQUENT PAYMENT		05-12-2000	-\$1,000.00
670	SUBSEQUENT PAYMENT		06-09-2000	-\$1,000.00
670	SUBSEQUENT PAYMENT		07-29-2000	-\$1,000.00
670	SUBSEQUENT PAYMENT		08-16-2000	-\$1,000.00
670	SUBSEQUENT PAYMENT		09-23-2000	-\$1,000.00
670	SUBSEQUENT PAYMENT		10-18-2000	-\$1,000.00
670	SUBSEQUENT PAYMENT		11-22-2000	-\$1,000.00
670	SUBSEQUENT PAYMENT		12-21-2000	-\$1,000.00
670	SUBSEQUENT PAYMENT		01-25-2001	-\$1,000.00
670	SUBSEQUENT PAYMENT		02-23-2001	-\$1,000.00

670	SUBSEQUENT PAYMENT		04-25-2001	-\$1,000.00
670	SUBSEQUENT PAYMENT		06-24-2001	-\$2,000.00
670	SUBSEQUENT PAYMENT		07-19-2001	-\$976.00
670	SUBSEQUENT PAYMENT		08-22-2001	-\$1,000.00
670	SUBSEQUENT PAYMENT		09-23-2001	-\$1,000.00
670	SUBSEQUENT PAYMENT		10-21-2001	-\$1,000.00
670	SUBSEQUENT PAYMENT		11-21-2001	-\$1,000.00
670	SUBSEQUENT PAYMENT		12-26-2001	-\$1,000.00
670	SUBSEQUENT PAYMENT		01-26-2002	-\$1,000.00
670	SUBSEQUENT PAYMENT		02-25-2002	-\$1,000.00
670	SUBSEQUENT PAYMENT		03-25-2002	-\$1,000.00
670	SUBSEQUENT PAYMENT		04-22-2002	-\$1,000.00
670	SUBSEQUENT PAYMENT		05-22-2002	-\$1,000.00
670	SUBSEQUENT PAYMENT		06-17-2002	-\$1,000.00
670	SUBSEQUENT PAYMENT		07-18-2002	-\$1,000.00
670	SUBSEQUENT PAYMENT		08-23-2002	-\$1,000.00
670	SUBSEQUENT PAYMENT		09-15-2002	-\$1,000.00
670	SUBSEQUENT PAYMENT		09-23-2002	-\$1,000.00
670	SUBSEQUENT PAYMENT		10-23-2002	-\$1,000.00
670	SUBSEQUENT PAYMENT		11-20-2002	-\$1,000.00
670	SUBSEQUENT PAYMENT		12-23-2002	-\$1,000.00
276	FAILURE TO PAY TAX PENALTY	20030408	02-03-2003	\$671.12
670	SUBSEQUENT PAYMENT		01-26-2003	-\$1,000.00
276	FAILURE TO PAY TAX PENALTY	20030608	02-17-2003	\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 200112		04-15-2002	-\$3,230.00
276	FAILURE TO PAY TAX PENALTY	20030908	03-10-2003	\$3,230.00
670	SUBSEQUENT PAYMENT		02-24-2003	-\$1,000.00
276	FAILURE TO PAY TAX PENALTY	20031008	03-17-2003	\$1,000.00
670	SUBSEQUENT PAYMENT		03-20-2003	-\$1,000.00
196	INTEREST ASSESSED	20031408	04-14-2003	\$875.96
276	FAILURE TO PAY TAX PENALTY	20031408	04-14-2003	\$124.04
670	SUBSEQUENT PAYMENT		04-22-2003	-\$1,000.00
196	INTEREST ASSESSED	20031808	05-12-2003	\$1,000.00
670	SUBSEQUENT PAYMENT		05-21-2003	-\$1,000.00
196	INTEREST ASSESSED	20032208	06-09-2003	\$1,000.00
670	SUBSEQUENT PAYMENT		06-23-2003	-\$1,000.00
196	INTEREST ASSESSED	20032708	07-14-2003	\$1,000.00
670	SUBSEQUENT PAYMENT		07-23-2003	-\$1,000.00
196	INTEREST ASSESSED	20033108	08-11-2003	\$1,000.00
670	SUBSEQUENT PAYMENT		08-22-2003	-\$1,000.00
196	INTEREST ASSESSED	20033608	09-15-2003	\$1,000.00

670	SUBSEQUENT PAYMENT		09-24-2003	-\$1,000.00
196	INTEREST ASSESSED	20034008	10-13-2003	\$1,000.00
670	SUBSEQUENT PAYMENT		10-23-2003	-\$1,000.00
196	INTEREST ASSESSED	20034508	11-17-2003	\$1,000.00
670	SUBSEQUENT PAYMENT		11-28-2003	-\$1,000.00
196	INTEREST ASSESSED	20035008	12-22-2003	\$1,000.00
670	SUBSEQUENT PAYMENT		12-23-2003	-\$1,000.00
670	SUBSEQUENT PAYMENT		01-20-2004	-\$1,000.00
196	INTEREST ASSESSED	20040408	02-09-2004	\$2,000.00
706	OVERPAID CREDIT APPLIED 1040 200212		04-15-2003	-\$4,900.25
196	INTEREST ASSESSED	20040408	02-09-2004	\$4,900.25
583	FEDERAL TAX LIEN RELEASED		01-30-2004	\$0.00
670	SUBSEQUENT PAYMENT		02-20-2004	-\$1,000.00
196	INTEREST ASSESSED	20040908	03-15-2004	\$7.02
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		02-20-2004	\$992.98
291	PRIOR TAX ABATED 89254-698-05970-5		11-14-2005	-\$24,381.00
277	FAILURE TO PAY TAX PENALTY ABATED		11-14-2005	-\$5,142.64
197	INTEREST ABATED		11-14-2005	-\$13,388.62
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		06-24-2001	\$1,806.01
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		07-19-2001	\$976.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		08-22-2001	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		09-23-2001	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		10-21-2001	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		11-21-2001	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		12-26-2001	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		01-26-2002	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		02-25-2002	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		03-25-2002	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		04-15-2002	\$3,230.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		04-22-2002	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		05-22-2002	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		06-17-2002	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712		07-18-2002	\$1,000.00

826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	08-23-2002	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	09-15-2002	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	09-23-2002	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	10-23-2002	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	11-20-2002	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	12-23-2002	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	01-26-2003	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	02-24-2003	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	03-20-2003	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	04-15-2003	\$4,900.25
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	04-22-2003	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	05-21-2003	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	06-23-2003	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	07-23-2003	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199712	08-22-2003	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200112	09-24-2003	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200112	10-23-2003	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200112	11-28-2003	\$1,000.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200112	12-23-2003	\$1,000.00
776	INTEREST DUE TAXPAYER	06-20-2005	-\$101.31
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200112	01-20-2004	\$595.40
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200112	01-20-2004	\$404.60
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200112	02-20-2004	\$879.39
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212	02-20-2004	\$120.61
856	OVERPAYMENT INTEREST TRANSFERRED 1040 200212	06-20-2005	\$101.31
962	UPDATED POA/TIA	09-28-2006	\$0.00
962	UPDATED POA/TIA	01-18-2007	\$0.00
421	RENUMBERED RETURN	04-03-2007	\$0.00

49247-495-60043-7

This Product Contains Sensitive Taxpayer Data

To continue, select one of the following:



This Product Contains Sensitive Taxpayer Data

Account Transcript

Request Date: 11-09-2007

Response Date: 11-09-2007

IRS Employee Number: [REDACTED]

Tracking Number: 100020520724

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 1997

TAXPAYER IDENTIFICATION NUMBER: [REDACTED]

SPOUSE TAXPAYER IDENTIFICATION NUMBER: [REDACTED]

DOUGLAS HUFNAGEL

<<<<POWER OF ATTORNEY/TAX INFORMATION AUTHORIZATION (POA/TIA) ON FILE>>>>

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE:	-1,000.00	
ACCRUED INTEREST:	0.00	AS OF: Nov. 05, 2007
ACCRUED PENALTY:	0.00	AS OF: Nov. 05, 2007

ACCOUNT BALANCE	
PLUS ACCRUALS:	-1,000.00

** INFORMATION FROM THE RETURN OR AS ADJUSTED **

EXEMPTIONS: 05 FILING STATUS: Married Filing Separate

ADJUSTED

GROSS INCOME: 192,598.00

TAXABLE INCOME: 207,625.00

TAX PER RETURN: 51,810.00

SE TAXABLE

INCOME TAXPAYER: 27,825.00

SE TAXABLE

INCOME SPOUSE: 0.00

TOTAL SELF

EMPLOYMENT TAX: 11,777.00

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Oct. 20, 1998

PROCESSING DATE Nov. 23, 1998

TRANSACTIONS

CODE	EXPLANATION OF TRANSACTION	CYCLE DATE	AMOUNT
150	RETURN FILED AND TAX ASSESSED	19984508 11-23-1998	\$51,810.00
	29221-298-60921-8		

KS User Short Form Request

460	EXTENSION OF TIME TO FILE EXT. DATE 08-15-1998		04-15-1998	\$0.00
460	EXTENSION OF TIME TO FILE EXT. DATE 10-15-1998		08-15-1998	\$0.00
170	ESTIMATED TAX PENALTY	19984508	11-23-1998	\$2,791.00
276	FAILURE TO PAY TAX PENALTY	19984508	11-23-1998	\$2,072.40
196	INTEREST ASSESSED	19984508	11-23-1998	\$2,583.00
960	RECEIVED POA/TIA		06-20-2002	\$0.00
962	UPDATED POA/TIA		06-25-2002	\$0.00
706	OVERPAID CREDIT APPLIED 1040 200212		04-15-2003	-\$2,679.75
706	OVERPAID CREDIT APPLIED 1040 199612		02-20-2004	-\$992.98
670	SUBSEQUENT PAYMENT		03-18-2004	-\$1,000.00
670	SUBSEQUENT PAYMENT		04-17-2004	-\$1,000.00
670	SUBSEQUENT PAYMENT		05-17-2004	-\$1,000.00
670	SUBSEQUENT PAYMENT		06-01-2004	-\$1,000.00
670	SUBSEQUENT PAYMENT		06-17-2004	-\$1,000.00
670	SUBSEQUENT PAYMENT		07-15-2004	-\$1,000.00
670	SUBSEQUENT PAYMENT		08-23-2004	-\$1,000.00
670	SUBSEQUENT PAYMENT		09-17-2004	-\$1,000.00
670	SUBSEQUENT PAYMENT		10-15-2004	-\$1,000.00
670	SUBSEQUENT PAYMENT		11-17-2004	-\$1,000.00
670	SUBSEQUENT PAYMENT		12-17-2004	-\$1,000.00
670	SUBSEQUENT PAYMENT		01-17-2005	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 200312		04-15-2004	-\$6,386.00
670	SUBSEQUENT PAYMENT		02-17-2005	-\$1,000.00
670	SUBSEQUENT PAYMENT		03-18-2005	-\$1,000.00
670	SUBSEQUENT PAYMENT		04-17-2005	-\$1,000.00
670	SUBSEQUENT PAYMENT		05-19-2005	-\$1,000.00
670	SUBSEQUENT PAYMENT		07-01-2005	-\$1,000.00
670	SUBSEQUENT PAYMENT		07-14-2005	-\$1,000.00
670	SUBSEQUENT PAYMENT		08-22-2005	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 200412		04-15-2005	-\$4,806.00
977	AMENDED RETURN FILED 89277-662-01119-5		08-22-2005	\$0.00
670	SUBSEQUENT PAYMENT		09-23-2005	-\$1,000.00
670	SUBSEQUENT PAYMENT		10-17-2005	-\$1,000.00
290	ADDITIONAL TAX ASSESSED 17254-700-18116-5	20054408	11-14-2005	\$0.00
706	OVERPAID CREDIT APPLIED 1040 199612		06-24-2001	-\$1,806.01
706	OVERPAID CREDIT APPLIED 1040 199612		07-19-2001	-\$976.00

706	OVERPAID CREDIT APPLIED 1040 199612	08-22-2001	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	09-23-2001	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	10-21-2001	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	11-21-2001	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	12-26-2001	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	01-26-2002	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	02-25-2002	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	03-25-2002	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	04-15-2002	-\$3,230.00
706	OVERPAID CREDIT APPLIED 1040 199612	04-22-2002	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	05-22-2002	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	06-17-2002	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	07-18-2002	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	08-23-2002	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	09-15-2002	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	09-23-2002	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	10-23-2002	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	11-20-2002	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	12-23-2002	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	01-26-2003	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	02-24-2003	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	03-20-2003	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	04-15-2003	-\$4,900.25
706	OVERPAID CREDIT APPLIED 1040 199612	04-22-2003	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	05-21-2003	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	06-23-2003	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	07-23-2003	-\$1,000.00
706	OVERPAID CREDIT APPLIED 1040 199612	08-22-2003	-\$1,000.00
276	FAILURE TO PAY TAX PENALTY	20054408 11-14-2005	\$10,880.10

196	INTEREST ASSESSED	20054408	11-14-2005	\$2,640.49	
291	PRIOR TAX ABATED			\$26,140.00	—
	89254-701-05867-5				
277	FAILURE TO PAY TAX PENALTY ABATED		11-21-2005	-\$6,535.00	—
196	INTEREST ASSESSED	20054508	11-21-2005	\$5,976.26	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		04-15-2004	\$1,892.74	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		04-17-2004	\$1,000.00	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		05-17-2004	\$1,000.00	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		06-01-2004	\$1,000.00	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		06-17-2004	\$1,000.00	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		07-15-2004	\$1,000.00	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		08-23-2004	\$1,000.00	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		09-17-2004	\$1,000.00	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		10-15-2004	\$1,000.00	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		11-17-2004	\$1,000.00	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		12-17-2004	\$1,000.00	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		01-17-2005	\$1,000.00	
776	INTEREST DUE TAXPAYER		11-07-2005	-\$38.87	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		02-17-2005	\$749.66	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		02-17-2005	\$250.34	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200212		03-18-2005	\$132.15	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200312		03-18-2005	\$867.85	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200312		04-15-2005	\$4,806.00	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200312		04-17-2005	\$1,000.00	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200312		05-19-2005	\$1,000.00	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200312		07-01-2005	\$1,000.00	
776	INTEREST DUE TAXPAYER		11-07-2005	-\$12.03	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200312		07-14-2005	\$27.65	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200312		07-14-2005	\$972.35	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 200312		08-22-2005	\$470.57	
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199912		08-22-2005	\$529.43	

826	OVERPAYMENT CREDIT TRANSFERRED 1040 199912	09-23-2005	\$205.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199912	09-23-2005	\$62.00
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199912	09-23-2005	\$257.93
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199912	09-23-2005	\$475.07
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199912	10-17-2005	\$131.01
826	OVERPAYMENT CREDIT TRANSFERRED 1040 199812	10-17-2005	\$868.99
856	OVERPAYMENT INTEREST TRANSFERRED 1040 199812	11-07-2005	\$38.87
856	OVERPAYMENT INTEREST TRANSFERRED 1040 199812	11-07-2005	\$12.03
670	SUBSEQUENT PAYMENT	11-10-2005	-\$1,000.00
962	UPDATED POA/TIA	09-28-2006	\$0.00
962	UPDATED POA/TIA	01-18-2007	\$0.00
421	RENUMBERED RETURN	04-03-2007	\$0.00

49247-495-60044-7

This Product Contains Sensitive Taxpayer Data

To continue, select one of the following:

- Select **Previous** to navigate back to the previous page.
- Select **Print** to go to a printer friendly page.
- Select **Done** to return to the TDS main menu.

Credit

TO

*NEXT
YEAR.*

Previous

Print

Done



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Account Transcript

Request Date: 11-09-2007

Response Date: 11-09-2007

IRS Employee Number: [REDACTED]

Tracking Number: 100020520724

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 1998

TAXPAYER IDENTIFICATION NUMBER: [REDACTED]

DOUGLAS G HUFNAGEL

[REDACTED]
[REDACTED] 2007 0177 775

<<<<POWER OF ATTORNEY/TAX INFORMATION AUTHORIZATION (POA/TIA) ON FILE>>>>

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE:	0.00	
ACCRUED INTEREST:	-0.78	AS OF: Nov. 05, 2007
ACCRUED PENALTY:	0.00	AS OF: Nov. 05, 2007

ACCOUNT BALANCE	
PLUS ACCRUALS:	-0.78

** INFORMATION FROM THE RETURN OR AS ADJUSTED **

EXEMPTIONS:	04	FILING STATUS:	Head of Household
ADJUSTED			
GROSS INCOME:	120,290.00		
TAXABLE INCOME:	89,480.00		
TAX PER RETURN:	32,221.00		
SE TAXABLE			
INCOME TAXPAYER:	84,900.00		
SE TAXABLE			
INCOME SPOUSE:	0.00		
TOTAL SELF			
EMPLOYMENT TAX:	12,488.00		

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER)	Aug. 22, 2005
PROCESSING DATE	Nov. 14, 2005

TRANSACTIONS

CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT
------	----------------------------	-------	------	--------

Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Account Transcript

Request Date: 11-09-2007

Response Date: 11-09-2007

IRS Employee Number: [REDACTED]

Tracking Number: 100020520724

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 1999

TAXPAYER IDENTIFICATION NUMBER: [REDACTED]

DOUGLAS G HUFNAGEL

[REDACTED]
[REDACTED]

<<<<POWER OF ATTORNEY/TAX INFORMATION AUTHORIZATION (POA/TIA) ON FILE>>>>

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE:	0.00	
ACCRUED INTEREST:	0.00	AS OF: Nov. 05, 2007
ACCRUED PENALTY:	0.00	AS OF: Nov. 05, 2007

ACCOUNT BALANCE	
PLUS ACCRUALS:	0.00

** INFORMATION FROM THE RETURN OR AS ADJUSTED **

EXEMPTIONS:	04	FILING STATUS:	Head of Household
ADJUSTED			
GROSS INCOME:	91,994.00		
TAXABLE INCOME:	69,250.00		
TAX PER RETURN:	25,960.00		
SE TAXABLE			
INCOME TAXPAYER:	84,900.00		
SE TAXABLE			
INCOME SPOUSE:	0.00		
TOTAL SELF			
EMPLOYMENT TAX:	12,062.00		

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER)	Aug. 22, 2005
PROCESSING DATE	Nov. 07, 2005

TRANSACTIONS

CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT
------	----------------------------	-------	------	--------



This Product Contains Sensitive Taxpayer Data

Account Transcript

Request Date: 11-09-2007

Response Date: 11-09-2007

IRS Employee Number: [REDACTED]

Tracking Number: 100020520724

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 2000

TAXPAYER IDENTIFICATION NUMBER: [REDACTED]

DOUGLAS G HUFNAGEL

[REDACTED]

[REDACTED]

<<<<POWER OF ATTORNEY/TAX INFORMATION AUTHORIZATION (POA/TIA) ON FILE>>>>

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE:	0.00	
ACCRUED INTEREST:	0.00	AS OF: Nov. 05, 2007
ACCRUED PENALTY:	0.00	AS OF: Nov. 05, 2007

ACCOUNT BALANCE	
PLUS ACCRUALS:	0.00

** INFORMATION FROM THE RETURN OR AS ADJUSTED **

EXEMPTIONS: 04 FILING STATUS: Head of Household

ADJUSTED

GROSS INCOME: 58,658.00

TAXABLE INCOME: 32,165.00

TAX PER RETURN: 14,951.00

SE TAXABLE

INCOME TAXPAYER: 84,900.00

SE TAXABLE

INCOME SPOUSE: 0.00

TOTAL SELF

EMPLOYMENT TAX: 12,085.00

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Aug. 22, 2005

PROCESSING DATE Oct. 31, 2005

TRANSACTIONS

CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT
------	----------------------------	-------	------	--------

150	RETURN FILED AND TAX ASSESSED 89221-246-43118-5	20054208 10-31-2005	\$14,951.00	—
430	ESTIMATED TAX DECLARATION	04-22-2000	-\$5,500.00	
430	ESTIMATED TAX DECLARATION	06-18-2000	-\$5,500.00	
430	ESTIMATED TAX DECLARATION	09-19-2000	-\$3,951.00	
460	EXTENSION OF TIME TO FILE EXT. DATE 08-15-2001	04-15-2001	\$0.00	
673	SUBSEQUENT PAYMENT	04-15-2001	-\$500.00	
960	RECEIVED POA/TIA	06-20-2002	\$0.00	
962	UPDATED POA/TIA	06-25-2002	\$0.00	
290	CLAIM DISALLOWED 89254-721-98234-5	20054708 12-05-2005	\$0.00	—
662	CORRECTION OF ESTIMATED TAX PAYMENT	09-19-2000	\$1,549.00	
663	ESTIMATED TAX/FEDERAL TAX DEPOSIT	09-19-2000	-\$1,549.00	
662	CORRECTION OF ESTIMATED TAX PAYMENT	01-18-2001	\$6,000.00	
663	ESTIMATED TAX/FEDERAL TAX DEPOSIT	01-18-2001	-\$6,000.00	
672	SUBSEQUENT PAYMENT CORRECTED	04-15-2001	\$500.00	
962	UPDATED POA/TIA	09-28-2006	\$0.00	
560	ASSESSMENT STATUTE EXPIRATION DATE EXTEND TO 08-22-2008	01-09-2007	\$0.00	
962	UPDATED POA/TIA	01-18-2007	\$0.00	

This Product Contains Sensitive Taxpayer Data

To continue, select one of the following:

- Select **Previous** to navigate back to the previous page.
- Select **Print** to go to a printer friendly page.
- Select **Done** to return to the TDS main menu.

Previous

Print

Done



STATE OF CALIFORNIA

ET 601633092807
Franchise Tax Board
PO Box 2952
Sacramento CA 95812-2952

PAYMENT ARRANGEMENT
ELECTRONIC FUNDS
TRANSFER AUTHORIZATION

Douglas Hufnagel

Date: 3-26-99
Tax Year(s): 96, 97
Balance Due: \$ 29,608.96
Account Num: [REDACTED]

We have approved your account for a payment of \$850.00 each month. After your Electronic Funds Transfer Authorization is processed, we will send you a State Income Tax Payment Arrangement Acknowledgement letter.

IMPORTANT: The person who authorizes the Electronic Funds Transfer from his/her account must complete and sign this form. Please write the word "void" on the front of a blank check or deposit slip and attach it to this form. Mail both items in the enclosed envelope within 15 days of the date of this letter. If you do not do so, the Franchise Tax Board will proceed with collection action.

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

I, (print name) Douglas G. Hufnagel, hereby authorize the Franchise Tax Board to initiate and process debit entries to the account identified below. This authorization will remain in effect until the balance due has been paid in full, or until the Franchise Tax Board cancels the Payment Arrangement, or until the Franchise Tax Board has received and processed a written notification from me.

I request that \$850.00 be debited from my account on the 15th (please specify) day of each month. If this day falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. ~~FOR YOUR RECORDS AND AMENDED RETURNS.~~

If the Franchise Tax Board cannot debit the monthly payment from my account because of insufficient funds or because my account is closed, the Franchise Tax Board will cancel my Payment Arrangement. The Franchise Tax Board will charge me a dishonored payment penalty and possibly a collection fee. I will be responsible for any overdraft fees charged by my financial institution.

Name AND Branch of Financial Institution: North Valley Bank - Palo Cedro Ca.

Bank Routing and Transit Number: [REDACTED]
This is the eight digit number at the bottom left of your check or deposit slip.
Your financial institution can tell you what your routing number is.

Account Number: [REDACTED] Check one: Checking Savings
This account MUST be a regular checking or a regular savings account.

Douglas G. Hufnagel 3/29/99 Douglas G. Hufnagel
Authorized Signature Date Signer's name - Please Print

Daytime Telephone Number. Area Code [REDACTED] Number [REDACTED]

If you have questions about your Payment Arrangement, please call us at (916) 845-4470. Our Interactive Voice Response System is available seven days a week, 24 hours a day. Our representatives are available Monday through Friday, 8 a.m. to 5 p.m. If you are hearing impaired with TDD call (800) 822-6268. If you are calling from outside the U.S., call (916) 845-6500.

Bus Boys Inc.
20460 Der Kinder Rd.
Redding, California 96003
Ph: (530) 221-3697
Fax: (530) 223-3386

December 8, 2002

Franchise Tax Board
PO Box 942857
Sacramento, California 94257-0540

RE: Entity ID: 1549836

To Whom It May Concern:

Since May of 1997, corporate records for the tax returns of Bus Boys Inc. have been collected, reassembled, retrieved or recreated as best as physically and legally possible.

Substantial Accounting Journal adjustments were made by one of the corporations previous CPAs when filing previous years returns that were unknown by the shareholders that masked substantial improprieties by previous officers and employees of the corporation which allowed and subsequently resulted in substantial discrepancies in missing records, erased records, altered records, stolen property, stolen inventory and substantial monies not properly accounted for. As late as January of 2002, more banking records, receivables records, computer records, and programs have been further retrieved and compiled.

At this point the records for the returns in question have been recreated as best as possible are being reviewed by Don Walters, our current accountant, who will be providing returns that reflect the best estimate for the proper returns to be filed for 1995-2001.

Bus Boys Inc. is a Subchapter S Corporation that has needed to provide K-1s for taxes to it's shareholders for the years in question. The compiling and recreation of the correct records for the corporation will be accomplished and completed within the next four months, and filed with the State Franchise Tax Board and Federal agencies thus allowing the shareholders to file their correct returns for these periods.

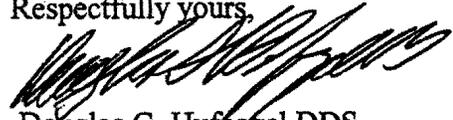
Howard Schweitzer is our tax attorney and is to review the returns prior to their being filed.

We are asking that you allow these returns to be filed and their contents to be taken into consideration during this period of time.

~~Could you please advise me at your earliest convenience of workable time limits for these returns~~

~~to be filed~~. A detailed history of what is now known which has resulted in the inability to file accurate returns is becoming available for all the entities involved in these non-filing of these corporate and personal returns.

Respectfully yours,



Douglas G. Hufnagel DDS

contracts address 1995, 1996, 1997 submissions. Returns will be refiled for 1995, 1996, 1997, 1998, 1999, 2000. Due to fraud & previous documentation and contracts with you, all balances due or owed since 1995 should be carried forward. If any questions - call [redacted]

Income Tax Amnesty Application



State of California
Franchise Tax Board



For Individuals

If you missed filing a California Income tax return, underreported your tax liability, or did not pay on time, this application could help you correct those errors - and you may not have to pay the related penalties and fees.

After you complete your application process, we will waive most of the unpaid penalties and fees you would otherwise owe, and we will not bring any criminal action against you based on the information you provide with your application.

You must apply for amnesty between February 1 and March 31, 2005. You have until May 31, 2005, to file missing or amended returns and pay your tax and interest. You can find instructions and additional information on the back of this application.

Applicant's name

DOUGLAS HUFNAGEL

Social Security Number or FEIN

Spouse's name (if joint application)

Spouse's Social Security Number

Address

City

State

Check the years you want included in amnesty.

Liabilities for tax years 2003, 2004, and later do not qualify for tax amnesty.

- | | | |
|--|--|--------------------------------|
| <input checked="" type="checkbox"/> 2002 | <input checked="" type="checkbox"/> 1998 | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> 2001 | <input checked="" type="checkbox"/> 1997 | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> 2000 | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> 1999 | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Amnesty Application Agreement

I understand that by signing this application and completing amnesty, I give up my right to protest, appeal, or file a claim for refund or credit on those amounts for which I have selected amnesty. My amnesty will be cancelled if I do not file my income tax returns and pay any resulting income taxes for taxable years 2005 and 2006. I am signing this document under penalty of perjury. *This is not applicable in this case due to fraud.*

Applicant's name (Print)

DOUGLAS HUFNAGEL

3-31-05

Applicant's signature

Date

Daytime telephone number

Spouse's signature (if joint return)

Date

Daytime telephone number

Douglas G. Hufnagel, DDS

Date: October 7, 2005

State of California
Franchise Tax Board
P.O. Box 942867
Sacramento, CA 94267-0011

Ref: Social Security account No. [REDACTED]

This is a formal Notice to State of California, Franchise Tax Board and those officers therein;
Attn: State Treasurer's Office Attn: Mr. Phil Angelides
915 Capitol Mall, Suite 110
Sacramento, CA 95814

Dear Sir,

This is my formal written request, for copies of any and all assessments made against the above referenced name. Douglas Gail Hufnagel.

To be paid the assessment must show the date of the assessment, the amount of the assessment and the character of the liability.

The purpose of this request is to ascertain just what debt, if any there may be, I owe to the Franchise Tax Board. I require that you document and certify all assessments. Please provide proof of any tax liability as attested to, by all persons with first hand knowledge of this liability.

If no such assessment exists, please so state.

Please respond within 30 days or I will consider this request denied.

Thank You for your Consideration,

Dated this 6 day of OCTOBER 2005


Douglas G. Hufnagel, Seal.

9442 2ET 7442 000 0152 4007

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com.

OFFICIAL USE

SACRAMENTO, CA 95814

Postage	\$ 0.37
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.42

0073 03 Postmark
SACRAMENTO, CA
OCT 10/06/2005

Sent To: STATE OF CALIFORNIA FRANCHISE TAX BOARD P.O. BOX 942867
Street, Apt. No. or PO Box No.
City, State, ZIP+4
SACRAMENTO, CA 94267-0011

PS Form 3800, June 2002 See Reverse for Instructions



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
 Disclosure Section
 PO Box 1468, MS A181
 Sacramento CA 95812-1468
 Telephone (916) 845-3226 Fax (916) 845-4849

STEVE WESTLY
 Chair
 JOHN CHIANG
 Member
 TOM CAMPBELL
 Member

11-18-05

November 9, 2005

Douglas G. Hufnagel



Re: Request dated 10/6/05, certified mail #: 7004 2510 0002 3137 7446

I am responding to your above-referenced correspondence under the Information Practices Act, Civil Code Section 1798 et seq.

The Information Practices Act (IPA) provides that agencies are obligated to allow individuals to inspect their "personal information" with exceptions, in certain "records containing personal information" (Civil Code section 1798.34).

You requested copies of any and all assessments made against you.

Enclosed please find copies of your 1992 and 2002 Notice of Proposed Assessments. These are the only assessments that were issued to you.

Sincerely,

Steve Su

Steve Su
 Disclosure Specialist
 Telephone No: (916) 845-7082

Enclosures

Post-it® Fax Note 7671		Date	11-18-05	# of pages	4
To	<i>Jim Walton</i>				
From	<i>Carol K...</i>				
Co.	[Redacted]				
[Redacted]					
[Redacted]					

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
P.O. BOX 942867
SACRAMENTO, CA 94267-0041
(800) 852-2753

NOTICE OF
PROPOSED ASSESSMENT

DOUGLAS HUFNAGEL
ROBYN R HUFNAGEL

[REDACTED] D
[REDACTED]

SP SSN [REDACTED]
SP ID 881327961
08/14/96
9340309422
1992
04763447
[REDACTED]
3439012EFE072501

INCOME AS REPORTED OR REVISED	\$	95,746.00
ITEMIZED DEDUCTIONS		4,615.00
REVISED TAXABLE INCOME		100,361.00
FILING STATUS - MARRIED FILING JOINT		
TAX - TABLE		6,408.00
EXEMPTIONS: PERSONAL	124.00	
DEPENDENT	248.00	372.00
CREDITS: CHILD AND DEPENDENT CARE		74.00
TOTAL TAX LIABILITY		5,962.00
LESS PREVIOUSLY ASSESSED		5,533.00
ADDITIONAL TAX		429.00
INTEREST TO 08/14/96		128.94
TOTAL ADDITIONAL TAX AND INTEREST	\$	557.94

We have made an adjustment to your California taxable income for the reason stated below. As a result we have recomputed your tax liability based on your revised taxable income.

We have disallowed the addition to itemized deductions claimed on your Schedule CA. This amount was either included in your itemized deductions on the federal Schedule A attached to your state tax return, or is not allowed by California Personal Income Tax Law.

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
P.O. BOX 942867
SACRAMENTO, CA 94267-0041
(800) 852-2753

NOTICE OF
PROPOSED ASSESSMENT

DOUGLAS G HUFNAGEL
[REDACTED]

05/26/05
2002
[REDACTED] HUFN
05872942
3486710STRO00000
0310616483
6,910.37
07/25/05

INCOME AS REPORTED OR REVISED	\$	-6,007.00
ADJUSTED GROSS INCOME		111,541.00
REVISED TAXABLE INCOME		105,534.00
FILING STATUS - HEAD OF HOUSEHOLD		
TAX - TABLE		6,872.00
EXEMPTIONS: PERSONAL	80.00	
DEPENDENT	502.00	582.00
TOTAL TAX LIABILITY		6,290.00
LESS PREVIOUSLY ASSESSED		0.00
ADDITIONAL TAX		6,290.00
INTEREST FROM 04/15/03 TO 04/14/05		620.37
TOTAL ADDITIONAL TAX AND INTEREST	\$	6,910.37

We issued this notice based upon information we received from the Internal Revenue Service (IRS). The adjusted gross income (AGI) you reported on your California income tax return is different from the amount reported to, or adjusted by, the IRS.

California law requires the federal AGI amount and the California federal AGI amount be the same.

We do not accept a copy of your federal return as evidence the IRS accepted your federal AGI amount.

If you believe this notice is incorrect, please follow the protest procedure described on the enclosed Personal Income Tax Notice of Proposed Assessment Information (form FTB 7275). Be sure to provide the information requested in the protest procedure.

You may be subject to a penalty when you owe new or additional amounts on a tax year that qualified for amnesty. The penalty is equal to 50 percent of the interest that accrued on the assessment from the original due date of the return to March 31, 2005. If that penalty is applicable, we will assess it on a separate notice at a later date. (California Revenue and Taxation Code Section 19777.5(a)(2))

DOUGLAS G HUFNAGEL



YOUR PROTEST MUST BE MAILED BY 07/25/2005.

We stopped charging interest beginning 18 months from the later of:

- The original due date of the tax return (without extensions).
- The date on which you filed the tax return.

If a balance remains on your account, we will not begin charging interest again until 15 days after the date of the notice. At that point, normal interest accrual will resume. (California Revenue and Taxation Code Section 19116)

Douglas G. Hufnagel

Cert. Mail No. _____

Date: ~~October 25, 2005~~

State of California
Franchise Tax Board
P.O. Box 942867
Sacramento CA 94267-0011

Re: Formal Notice September 13, 2005 (copy enclosed) and Reply of FTB , Notice Date 10/06/2005 (copy enclosed).

This is my Second Formal Notice to the State of California, Franchise Tax Board and those officers therein; I demand a real person/employee (name and contact information) of the FTB respond to this, and not a computer generated unsigned form.

General objections:

1. This letter is a timely and a sufficient response to the FRANCHISE TAX BOARD (hereafter FTB) letter of 10/06/05 identified as FTB 4744A (REV 08-1999) , which was apparently mailed through the mistake or error of the California FTB. **If it is supposed to be a Notice, so far as I can tell, on-its-face it Notices nothing.**
2. The said Document is not a Response/Answer under the ADMINISTRATIVE PROCEDURE ACT to my Formal Notice of September 13, 2005.
3. The said Document purports to be a FTB standard Form, but is unresponsive to the issues I raised in my Formal Notice of September 13, 2005 and is unsigned, leaving no party for me to contact, regarding said response from FTB.
4. The said Document does not appear to constitute any valid Claim or Cause of Action and does not seem to state any Demand that I may act on.
5. I specifically object to the first paragraph through ninth paragraph of Form FTB 4744A (REV 08-1999); I do not know enough to admit or deny those statements made.

Furthermore, said Document has absolutely nothing to do with FTB addressing the issues and demands I have raised in the September 13, 2005 Notice , in which I requested a copy of the assessments made against my name and social security number [REDACTED], for the years 1998 and 2002.

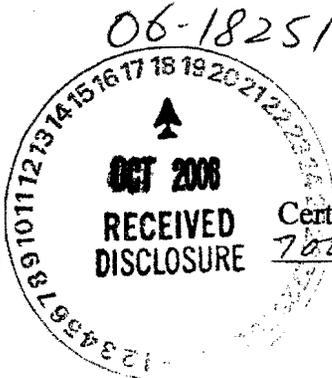
At this time I am formally requesting a certified copy of **all assessments** that the FTB has against my name and social security number listed above, for the years of **1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004** (1998 and 2002 were previously requested). I will pay a normal fee for the copying of all Documents in my record.

I further request a full formal Administrative Hearing before the FTB to determine the status of any Installment Agreement and Electronic Fund Transfer Agreement.

Thank You for your attention to this matter.


Douglas G. Hufnagel, DDS Seal.

Douglas G. Hufnagel



Cert. Mail No.

7006 0100 0706 2705 8899

Date: October 2, 2006

State of California
Franchise Tax Board
P.O. Box 942867
Sacramento CA 94267-0011

Re: ORDER TO WITHHOLD (copy enclosed), sent to Operating Engineers Health and Welfare Fund.

This is my third Formal Notice to the State of California, Franchise Tax Board and those officers therein; I demand a real person/employee (name and contact information) of the FTB to respond to this, and not a computer generated unsigned form.

General objections:

1. This letter is a timely and a sufficient response to the FRANCHISE TAX BOARD (hereafter FTB) notice; ORDER TO WITHHOLD dated 9/15/06 and identified as FTB 2910 ARCS (REV 12-2005), which was apparently mailed through the mistake or error of the California FTB.
The ORDER shows no evidence of an assessment attached, nor a determination of an administrative hearing, nor a lien, certificate or court order.
2. The ORDER TO WITHHOLD (copy enclosed) is void of Due Process of Law, as I have Formally requested an Administrative Hearing for over one year and have been denied by the FTB. On September 13, 2005, I requested a Full Formal Hearing before the FTB.
3. There has been NO 'assessment' created by the FTB against my name or SS Number.
4. On September 13, 2005, I mailed to FTB, at the above address, a Formal Notice requesting a certified copy of **all assessments** that the FTB had assessed against my name and social security number for the years of **1994 thru 2004** (1998 and 2002 were previously requested). I offered to pay a normal fee for the copying of all Documents in my record.
5. To this date, I have received neither the assessments or the Administrative Hearing. The FTB has failed to provide me with the name of an employee, who will stick to my case and follow it through until this matter is solved. Each FTB employee that I have made contact with in the past, has failed to follow thru with what they said they would do.
6. After hundreds of hours of accounting, my Enrolled Agent corrected the mathematical errors, figured out the amounts that I have already paid into FTB for the years mentioned, and the amounts that were overcharged, for the years mentioned. My currently filed 2005 statement reflect the correct assessments. As you can see by my 2005 filing, the FTB owes to me a substantial amount of money, due back to me, for overpayment.

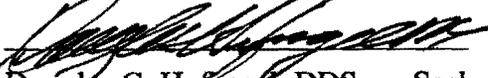
7. I am expecting you to take immediate action on this and correct your error, by cancelling the ORDER TO WITHHOLD, sent to Operating Engineers Health and Welfare Fund, dated 09/15/06.

8. I am also expecting the FTB to appoint **one individual** from FTB, that will become familiar with my case and to set up a **Administrative Hearing** on this matter once and for all.

At this time I am again formally requesting a certified copy of **all assessments** that the FTB has, against my name and social security number listed above, for the years of **1994 thru 2005**. I will pay a normal fee for the copying of all Documents in my record.

Thank You for your attention to this matter.

Dated this October 2, 2006.



Douglas G. Hyfnagel, DDS Seal.



Notice Date: 10/03/06

TAXPAYER RESPONSE

Account Number: [REDACTED]

Tax Year(s): 2003,2002

Balance Due: **\$11,864.40**

DOUGLAS G HUFNAGEL
[REDACTED]

We received your demand for a formal hearing. Please note the two types of hearings we offer.

The first is an oral hearing. California Revenue and Taxation Code (R&TC) Section 19044 only provides for an oral hearing if the request is made within the time period allowed for filing a protest pursuant to R&TC section 19041. This hearing may be an undocketed hearing conducted by a hearing officer authorized by the Franchise Tax Board to conduct such hearings.

The second type of hearing is a garnishment hearing. This type of hearing is held, when requested by the taxpayer, due to a wage garnishment that has caused an extreme hardship.

The Franchise Tax Board does not hold hearings on the constitutionality of taxes.

You may also pay the amount due and file a claim for refund.

You may contact us directly at (916) 845-7790.
Authorized Representative

TELEPHONE AND INTERNET ASSISTANCE

From within the United States, call(800) 852-5711
From outside the United States, call (not toll-free)(916) 845-6500

Website at: www.ftb.ca.gov

Assistance for persons with disabilities: We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call TTY/TDD (800) 822-6268.



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
P O Box 2966
Rancho Cordova CA 95741-2966
Telephone (916) 845-7790
Website: www.ftb.ca.gov

HUFNAGEL, DOUGLAS G.
PO E [REDACTED]
[REDACTED]

Date: October 16, 2006
Case: 18660308940241586
Case Unit: 18660308940241783
In reply refer to: 622:A455

Regarding: Your hearing request
Account Number: [REDACTED]
Taxpayer's Name: Hufnagel, Douglas G.
Taxable Year(s): 2003, 2002

We are responding to your letter dated October 2, 2006.

To address your request for a hearing, we offer two types. The first is an oral hearing. California Revenue and Taxation Code (R&TC) Section 19044 only provides for an oral hearing if the request is made within the time period allowed for filing a protest pursuant to R&TC Section 19041. This hearing may be an undocketed hearing conducted by a hearing officer authorized by the Franchise Tax Board to conduct such hearings.

The second type of hearing is a garnishment hearing. This type of hearing is held, when requested by the taxpayer, due to a wage garnishment that has caused an extreme hardship.

The Franchise Tax Board does not hold hearings on the constitutionality of taxes.

You may pay the amount due and file a claim for refund. If your claim is denied, you will be provided further appeal rights.

Please allow additional time for the processing of your formal request for copies of all assessments we have on you.

Please use the following mailing address:

FRANCHISE TAX BOARD
Accounts Receivable Management Division, Mail Stop A-455
PO Box 2966
Rancho Cordova CA 95741-2966

Douglas G. Hufnagel

P

Social Security

Cert. Mail No.

7076 0100 2705 8875

Date: October 17, 2006

State of California
Franchise Tax Board
P.O. Box 2966
Rancho Cordova, CA 95741-2966

Re: TAXPAYER RESPONSE, Account Number 1108108671

I, Douglas G. Hufnagel am in receipt of your TAXPAYER RESPONSE, notice date 10/03/06.

I demand a real living person from the FTB to communicate with me, regarding this important matter. This is the fourth time I have requested a real contact person and a meaningful hearing on this matter from the FTB. I have been ignored.

The FTB has mailed to Operating Engineers Health and Welfare Fund, an 'Order to Withhold' along and notices of a levy, that alleges, I owe a liability of \$11,864.40 to the State of California. No liability has been determined on this debt. I do not owe this debt. I have notified the FTB this is incorrect and erroneous. In fact, I am due a return for overpayment from the FTB.

I have never been informed of a determination hearing on this matter. I am not in receipt of a determination of liability of debt on this matter, from anyone at the FTB.

Will someone from the FTB please answer these important questions so that I can promptly and properly take care of this matter, before anymore hardship is caused to me.

1. When was the determination hearing held?
2. Why was I not informed of a determination hearing regarding this matter?
3. Who is authorized to performed the determination?
4. How did they reach this determination?
5. Is there a statutory requirement to notify me of a determination hearing or a determination?
6. Can I attend a determination hearing and is there an opportunity afforded me to refute?
7. Who verifies/certifies a determination has been correctly done?
8. Is there a certificate of determination?
9. Did the FTB send verified or certified documentation of a determination along with the 'Order to Withhold' and the 'notice of levy' that they mailed to Operating Engineers Health and Welfare Fund?

Furthermore, please stop insulting my intelligence with frivolous arguments and comments in your correspondence to me. Example; The FTB does not hold hearings on the constitutionality of taxes.

Such comment is totally off point, here. I have '**meaningful requests and demands**' that the FTB needs to address and must address, now, on this matter. I expect someone (a real live person) who has the authority from FTB to contact me and to solve this problem.

It is not now nor has it ever been my intention to avoid paying any debt that I lawfully owe. It is in that spirit that all my correspondence with FTB has been to ascertain any debt, liability or obligation that I may owe as the result of an assessment or determination. I have never been presented with either which could be payed, on this matter.

I, Douglas G. Hufnagel, do here by declare and depose; That I am competent to state the matters set forth herein; That I have personal knowledge of the facts stated herein; That all the facts stated herein are true, correct and certain, admissible as evidence, and if called upon as a witness I will testify to their Veracity; I swear under the penalty of perjury the foregoing is true, correct and certain to the best of my knowledge.

Dated this 17th of October, 2006.


Douglas G. Hufnagel, DDS Seal.



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
Disclosure Section
PO Box 1468, MS A-181
Sacramento CA 95812-1468
Telephone (916) 845-3226 Fax (916) 845-4849

STEVE WESTLY
Chair

JOHN CHIANG
Member

MICHAEL C. GENEST
Member

November 29, 2006

Douglas G Hufnagel

PO [REDACTED]
[REDACTED]

Re: Certified Mail Number 7006 0100 0006 2705 8899

I am responding to your above referenced correspondence (copy enclosed) under the Information Practices Act, Civil Code section 1798 et seq. and the Public Records Act, Government Code section 6250 et seq. Please accept my apology for our delay in responding to your request.

The Order to Withhold was issued through our automated non-filer system known as INC (Integrated Non-Filer Compliance System) to enforce payment due for California Personal Income Tax for tax years 2003 and 2002. The Withholding Order is a result of your self-assessed tax returns filed and the 2002 Notice of Proposed Assessment (NPA), which is based upon information we received from the Internal Revenue Service.

According to our records, a self-assessed tax return was filed for tax years 1995 through 2005, however your 2005 tax return has not been processed at this time. There are no records for tax year 1994. Please find copies of the return information display and accepted values available through the Taxpayer Information (TI) System for tax years 1995 through 2004. I have also enclosed a copy of your 2002 Income Tax Return filed on October 15, 2003 and as well as a copy of the 2002 NPA.

The FTB does not offer Administrative Hearings, however the FTB does offer two types of hearings. The first is an oral hearing. California Revenue and Taxation Code (R&TC) Section 19044 only provides for an oral hearing if the request is made within the time period allowed for filing a protest pursuant to R&TC Section 19041. The second type, a garnishment hearing is held, when requested by the taxpayer, due to a wage garnishment that has caused an extreme hardship.

The FTB no longer assigns collection accounts as it has proven to be more cost effective and beneficial to the taxpayer providing better customer service. Therefore, I am unable to provide you with an employee who can help your with your account exclusively. For assistance, please contact the Account Receivable Management Division (ARM) at 916-845-7790 to resolve this matter.

December 7, 2006
Douglas G Hufnagel
Page 2

For additional information or questions regarding your account, you may wish visit our website at www.ftb.ca.gov or one of our Sacramento Field Office located at 3321 Power Inn Road, Suite 250
Sacramento, CA 95826-3893

Sincerely,

A handwritten signature in cursive script that reads "Jeanette Carlson". The signature is written in black ink and is positioned above the typed name.

Jeanette Carlson
Disclosure Specialist
Telephone: (916) 845-6455

Enclosures