

**Lee County Board Of County Commissioners**  
**Agenda Item Summary**

Blue Sheet No. 20061404

**1. REQUESTED MOTION:**

**ACTION REQUESTED:**

Request Board's approval and Chairman's signature on federal and state tax returns for Three "S" Disposal, Incorporated. There is no tax due.

**WHY ACTION IS NECESSARY:**

To file federal and state tax returns.

**WHAT ACTION ACCOMPLISHES:**

File Forms 1120 and F-1120A, federal and state tax returns, for Three "S" Disposal, Incorporated for the year ended August 31, 2006.

**2. DEPARTMENTAL CATEGORY:** 15

**CISA**

**3. MEETING DATE:** November 7, 2006

**4. AGENDA:**

- CONSENT
- ADMINISTRATIVE APPEALS
- PUBLIC WALK ON
- TIME REQUIRED:

**5. REQUIREMENT/PURPOSE:**  
(Specify)

- STATUTE
- ORDINANCE
- ADMIN. CODE
- OTHER
- as above

**6. REQUESTOR OF INFORMATION:**

- A. COMMISSIONER
  - B. DEPARTMENT Clerk of Circuit Court
  - C. DIVISION Finance and Records Department
- BY: Donna G. Harn

**7. BACKGROUND:**

Lee County was appointed Receiver of the Public Service Commission regulated wastewater treatment plant previously operated by Three "S" Disposal, Inc. in July 1991.

Lee County, as receiver, is responsible for filing all federal and state income tax forms.

Tax returns that require signatures are as follows:

- Form 1120 U.S. Corporation Income Tax Return
- Form F-1120A Florida Corporate Short Form Income Tax Return

After approval by the Board and Chairman's signature please return the original forms to Finance for submission. The returns must be mailed on or before November 15, 2006.

**8. MANAGEMENT RECOMMENDATIONS:**

**9. RECOMMENDED APPROVAL:**

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services			G County Manager
<i>df</i>				<i>Andrea Harn</i>	<i>OA</i>	<i>OM</i>	<i>RISK/UP GC</i>	<i>US 10/15/06</i>

**10. COMMISSION ACTION:**

- APPROVED
- DENIED
- DEFERRED
- OTHER

RECEIVED BY  
 COUNTY ADMIN:  
10/16/06 11:28 AM  
 COUNTY ADMIN  
 FORWARDED TO: *JK*  
10/16/06  
*9 AM*

REC'D  
 by CO. ATTY:  
10/16/06  
9:45 AM  
 CO. ATTY.  
 FORWARDED TO:  
*Harn 10/16/06*

	U.S. DOLLARS								CENTS		
1. <b>Federal taxable income</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	
2. <b>Plus (+) Federal NOLD + state income tax</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	
3. <b>Less (-) Florida NOLD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	
4. <b>Less (-) Florida exemption</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	
5. <b>Equals (=) Florida net income</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	
6. <b>Tax due: 5.5% of Line 5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	
7. <b>Less (-) Payment credits</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	
8. <b>Plus (+) Penalty and interest (See instructions)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	
9. <b>Total amount due or overpayment</b> (Complete Line 9a or 9b for overpayments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	
9a CREDIT	<input type="checkbox"/>										
9b REFUND	<input type="checkbox"/>										

**F-1120A**

**Florida Corporate Short Form  
Income Tax Return**  
Mail coupon only.  
Keep upper portion for your records.

**F-1120A  
R. 01/06**

THREE S DISPOSAL INC  
C/O LEE COUNTY FINANCE DIVISION  
PO BOX 2238  
FORT MYERS FL 33902-2238

Name  
Address  
City/ST/ZIP

If Line 5 is zero "0" or less, enter "0" on Line 6.  
If this amount is \$2,500 or greater, you cannot file F-1120A.

DOR USE ONLY

<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	---	--------------------------	--------------------------	---	--------------------------	--------------------------

FEIN 

5	9	-	1	9	4	8	7	9	5
---	---	---	---	---	---	---	---	---	---

Taxable Year Beginning

Taxable Year End

0	9	0	4	0	5
---	---	---	---	---	---

M	0	3	/	0	6	Y	Y
---	---	---	---	---	---	---	---

**REMEMBER TO COMPLETE THE BACK OF THE FORM**

0000 0 20060831 0002005043 4 4000000051 3999 8

**U.S. Corporation Income Tax Return**

For calendar year 2005 or tax year beginning \_\_\_\_\_, 2005, ending \_\_\_\_\_, 20\_\_\_\_  
▶ See separate instructions.

**2005**

<b>A Check if:</b> 1 Consolidated return (attach Form 851) <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 required (attach Sch. M-3) <input type="checkbox"/>		<b>Use IRS label.</b> <b>Otherwise, print or type.</b> Name <b>Three S Disposal Incorporated</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO Box 2238</b> City or town, state, and ZIP code <b>Fort Myers, FL 33902-2238</b>	<b>B Employer identification number</b> <b>59 1948795</b> <b>C Date incorporated</b> <b>07/26/79</b> <b>D Total assets (see instructions)</b> \$ <b>0 00</b>
--	--	--	---

**E Check if:** (1)  Initial return (2)  Final return (3)  Name change (4)  Address change

<b>Income</b>	<b>1a</b> Gross receipts or sales		<b>b</b> Less returns and allowances		<b>c</b> Bal ▶	<b>1c</b>		
	<b>2</b> Cost of goods sold (Schedule A, line 8)					<b>2</b>		
	<b>3</b> Gross profit. Subtract line 2 from line 1c					<b>3</b>		
	<b>4</b> Dividends (Schedule C, line 19)					<b>4</b>		
	<b>5</b> Interest					<b>5</b>		
	<b>6</b> Gross rents					<b>6</b>		
	<b>7</b> Gross royalties					<b>7</b>		
	<b>8</b> Capital gain net income (attach Schedule D (Form 1120))					<b>8</b>		
	<b>9</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)					<b>9</b>		
	<b>10</b> Other income (see instructions—attach schedule)					<b>10</b>		
	<b>11 Total income.</b> Add lines 3 through 10						<b>11</b>	<b>0 00</b>
<b>Deductions (See instructions for limitations on deductions.)</b>	<b>12</b> Compensation of officers (Schedule E, line 4)					<b>12</b>		
	<b>13</b> Salaries and wages (less employment credits)					<b>13</b>		
	<b>14</b> Repairs and maintenance					<b>14</b>		
	<b>15</b> Bad debts					<b>15</b>		
	<b>16</b> Rents					<b>16</b>		
	<b>17</b> Taxes and licenses					<b>17</b>		
	<b>18</b> Interest					<b>18</b>		
	<b>19</b> Charitable contributions (see instructions for 10% limitation)					<b>19</b>		
	<b>20a</b> Depreciation (attach Form 4562)		<b>20a</b>				<b>20c</b>	
	<b>b</b> Less depreciation claimed on Schedule A and elsewhere on return		<b>20b</b>					
	<b>21</b> Depletion						<b>21</b>	
	<b>22</b> Advertising						<b>22</b>	
	<b>23</b> Pension, profit-sharing, etc., plans						<b>23</b>	
	<b>24</b> Employee benefit programs						<b>24</b>	
<b>25</b> Domestic production activities deduction (attach Form 8903)						<b>25</b>		
<b>26</b> Other deductions (attach schedule)						<b>26</b>		
<b>27 Total deductions.</b> Add lines 12 through 26						<b>27</b>	<b>0 00</b>	
<b>28</b> Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11						<b>28</b>	<b>0 00</b>	
<b>29 Less:</b> <b>a</b> Net operating loss deduction (see instructions)		<b>29a</b>						
<b>b</b> Special deductions (Schedule C, line 20)		<b>29b</b>				<b>29c</b>		
<b>30 Taxable income.</b> Subtract line 29c from line 28 (see instructions if Schedule C, line 12, was completed)						<b>30</b>	<b>0 00</b>	
<b>31 Total tax</b> (Schedule J, line 11)						<b>31</b>	<b>0 00</b>	
<b>Tax and Payments</b>	<b>32</b> Payments: <b>a</b> 2004 overpayment credited to 2005	<b>32a</b>						
	<b>b</b> 2005 estimated tax payments	<b>32b</b>						
	<b>c</b> Less 2005 refund applied for on Form 4466	<b>32c</b>						
	<b>d</b> Tax deposited with Form 7004		<b>32d</b>					
	<b>e</b> Tax deposited with Form 7004		<b>32e</b>					
	<b>f</b> Credits: (1) Form 2439 (2) Form 4136		<b>32f</b>				<b>32g</b>	
	<b>33</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached						<b>33</b>	
<b>34 Tax due.</b> If line 32g is smaller than the total of lines 31 and 33, enter amount owed						<b>34</b>	<b>0 00</b>	
<b>35 Overpayment.</b> If line 32g is larger than the total of lines 31 and 33, enter amount overpaid						<b>35</b>		
<b>36</b> Enter amount of line 35 you want: <b>Credited to 2006 estimated tax</b> ▶ <b>Refunded</b> ▶						<b>36</b>		

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer _____	Date _____	Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	
<b>Paid Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP code _____	EIN _____	Phone no. ( ) _____	

**Schedule A Cost of Goods Sold (see instructions)**

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory:

- (i)  Cost
- (ii)  Lower of cost or market
- (iii)  Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods . . . . .

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . . . . .

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO . . . . . **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? . . . . .  Yes  No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .  Yes  No

**Schedule C Dividends and Special Deductions (see instructions)**

	(a) Dividends received	(b) %	(c) Special deductions (a) × (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 <b>Total.</b> Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members and certain FSCs		100	
12 Dividends from controlled foreign corporations (attach Form 8895)		85	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 <b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4			
20 <b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

**Schedule E Compensation of Officers (see instructions for page 1, line 12)**

Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2	<b>Total compensation of officers</b>				
3	<b>Compensation of officers claimed on Schedule A and elsewhere on return</b>				
4	<b>Subtract line 3 from line 2. Enter the result here and on page 1, line 12</b>				

**Schedule J Tax Computation** (see instructions)

<b>1</b>	Check if the corporation is a member of a controlled group . . . . . <input type="checkbox"/>		
<b>Important:</b> Members of a controlled group, see instructions.			
<b>2a</b>	If the box on line 1 is checked, enter the corporation's share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b>	Enter the corporation's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____		
	(2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>3</b>	Income tax. Check if a qualified personal service corporation (see instructions) . . . . . <input type="checkbox"/>	<b>3</b>	
<b>4</b>	Alternative minimum tax (attach Form 4626) . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	
<b>6a</b>	Foreign tax credit (attach Form 1118) . . . . .	<b>6a</b>	
<b>b</b>	Possessions tax credit (attach Form 5735) . . . . .	<b>6b</b>	
<b>c</b>	Credits from: <input type="checkbox"/> Form 8834 <input type="checkbox"/> Form 8907, line 23 . . . . .	<b>6c</b>	
<b>d</b>	General business credit. Check box(es) and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ _____	<b>6d</b>	
<b>e</b>	Credit for prior year minimum tax (attach Form 8827) . . . . .	<b>6e</b>	
<b>f</b>	Bond credits from: <input type="checkbox"/> Form 8860 <input type="checkbox"/> Form 8912 . . . . .	<b>6f</b>	
<b>7</b>	<b>Total credits.</b> Add lines 6a through 6f . . . . .	<b>7</b>	
<b>8</b>	Subtract line 7 from line 5 . . . . .	<b>8</b>	
<b>9</b>	Personal holding company tax (attach Schedule PH (Form 1120)) . . . . .	<b>9</b>	
<b>10</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (attach schedule) . . . . .	<b>10</b>	
<b>11</b>	<b>Total tax.</b> Add lines 8 through 10. Enter here and on page 1, line 31 . . . . .	<b>11</b>	<b>0 00</b>

**Schedule K Other Information** (see instructions)

	Yes	No		Yes	No
<b>1</b>	Check accounting method: a <input type="checkbox"/> Cash		<b>7</b>	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation? If "Yes," enter: (a) Percentage owned ▶ _____ and (b) Owner's country ▶ _____	
	b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____		<b>c</b>	The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached ▶ _____	<input checked="" type="checkbox"/>
<b>2</b>	See the instructions and enter the:		<b>8</b>	Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.	
<b>a</b>	Business activity code no. ▶ <u>221300</u>		<b>9</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ <u>0.00</u>	
<b>b</b>	Business activity ▶ <u>Sewer Disposal</u>		<b>10</b>	Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ _____	
<b>c</b>	Product or service ▶ <u>Disposal</u>		<b>11</b>	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Temporary Regulations section 1.1502-21T(b)(3) must be attached or the election will not be valid.	
<b>3</b>	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.	<input checked="" type="checkbox"/>	<b>12</b>	Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) ▶ \$ <u>657,238</u>	
<b>4</b>	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . If "Yes," enter name and EIN of the parent corporation ▶ _____	<input checked="" type="checkbox"/>	<b>13</b>	Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? . . . . . If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. ▶ \$ <u>0.00</u>	<input checked="" type="checkbox"/>
<b>5</b>	At the end of the tax year, did any individual, partnership, corporation, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned ▶ _____	<input checked="" type="checkbox"/>			
<b>6</b>	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.	<input checked="" type="checkbox"/>			

**Note:** If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

**Note:** The corporation is not required to complete Schedules L, M-1, and M-2 if Question 13 on Schedule K is answered "Yes."

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash . . . . .				
2a	Trade notes and accounts receivable . . . . .				
b	Less allowance for bad debts . . . . .	( )		( )	
3	Inventories . . . . .				
4	U.S. government obligations . . . . .				
5	Tax-exempt securities (see instructions) . . . . .				
6	Other current assets (attach schedule) . . . . .				
7	Loans to shareholders . . . . .				
8	Mortgage and real estate loans . . . . .				
9	Other investments (attach schedule) . . . . .				
10a	Buildings and other depreciable assets . . . . .				
b	Less accumulated depreciation . . . . .	( )		( )	
11a	Depletable assets . . . . .				
b	Less accumulated depletion . . . . .	( )		( )	
12	Land (net of any amortization) . . . . .				
13a	Intangible assets (amortizable only) . . . . .				
b	Less accumulated amortization . . . . .	( )		( )	
14	Other assets (attach schedule) . . . . .				
15	<b>Total assets</b> . . . . .				
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable . . . . .				
17	Mortgages, notes, bonds payable in less than 1 year . . . . .				
18	Other current liabilities (attach schedule) . . . . .				
19	Loans from shareholders . . . . .				
20	Mortgages, notes, bonds payable in 1 year or more . . . . .				
21	Other liabilities (attach schedule) . . . . .				
22	Capital stock: a Preferred stock . . . . .				
	b Common stock . . . . .				
23	Additional paid-in capital . . . . .				
24	Retained earnings—Appropriated (attach schedule) . . . . .				
25	Retained earnings—Unappropriated . . . . .				
26	Adjustments to shareholders' equity (attach schedule) . . . . .				
27	Less cost of treasury stock . . . . .	( )		( )	
28	<b>Total liabilities and shareholders' equity</b> . . . . .				

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return (see instructions)**

1	Net income (loss) per books . . . . .		7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books . . . . .			Tax-exempt interest \$ . . . . .	
3	Excess of capital losses over capital gains . . . . .			.....	
4	Income subject to tax not recorded on books this year (itemize): . . . . .			.....	
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation . . . . . \$ . . . . .		a	Depreciation . . . . . \$ . . . . .	
b	Charitable contributions \$ . . . . .		b	Charitable contributions \$ . . . . .	
c	Travel and entertainment \$ . . . . .			.....	
6	Add lines 1 through 5 . . . . .		9	Add lines 7 and 8 . . . . .	
			10	Income (page 1, line 28)—line 6 less line 9	

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1	Balance at beginning of year . . . . .		5	Distributions: a Cash . . . . .	
2	Net income (loss) per books . . . . .			b Stock . . . . .	
3	Other increases (itemize): . . . . .			c Property . . . . .	
	.....		6	Other decreases (itemize): . . . . .	
	.....		7	Add lines 5 and 6 . . . . .	
4	Add lines 1, 2, and 3 . . . . .		8	Balance at end of year (line 4 less line 7)	

**THREE "S" DISPOSAL INCORPORATED**  
**FORM - 1120**  
**F.E.I.N. 59-1948795**  
**FY SEPTEMBER 1, 2005 TO AUGUST 31, 2006**  
**TAX YEAR 2005**

Page 1 - Line 29a- Net operating loss deduction

NOL YE 8/31/85	18,786
NOL YE 8/31/88	44,976
NOL YE 8/31/89	16,497
NOL YE 8/31/90	54,669
NOL YE 8/31/91	85,901
NOL YE 8/31/92	174,306
NOL YE 8/31/93	179,800
NOL YE 8/31/94	54,827
Net operating gain	
NOG YE 8/31/95	(1,366)
NOG YE 8/31/96	(2,656)
NOG YE 8/31/97	(1,863)
NOG YE 8/31/98	(2,237)
Net operating loss deduction	
NOL YE 8/31/99	40,990
Net operating gain	
NOG YE 8/31/00	(620)
NOG YE 8/31/01	(2,363)
NOG YE 8/31/02	(1,243)
NOG YE 8/31/03	(1,071)
NOG YE 8/31/04	(95)
NOG YE 8/31/05	-
NOG YE 8/31/06	-
<b>TOTAL</b>	<b><u>657,238</u></b>