

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2005



2005 - Sign that was on the original blacksmith shop at 9705 National Turnpike in the 1930s, heavy plate steel. Leaning against whiskey barrel.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.



THE SHEPHERD COMPANY
PROMOTIONAL ADVERTISING

BOX 99478 - 3506 ETHELWOOD DR.
JEFFERSONTOWN, KENTUCKY 40299
24 HOUR PHONE (502) 267-8966

ADVERTISING PRODUCTS - BUSINESS PRINTING

4/16/2005

Received of Mac Sawyers
General Contractors Inc.
\$250 for:
2 house moving banners
1 box (1,000) business cards
per work order

Mac Sawyer General Contr., Inc

Foundation - Raising - Shoring
House & Building Movers - Leveling
Mobile # (502) 551-2807

Page 261-5200

9705 National Turnpike
Fairdale, Kentucky 40118
(502) 368-9935

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2004



2004 - Steel and equipment at 9705 National Turnpike, ready to be delivered to a house moving job.

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Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name DERBY CITY CARPET CLEANING	
Business name, if different from above DERBY CITY, INC	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) 9705 NATIONAL TRPK	Requester's name and address (optional) P-CARD
City, state, and ZIP code FAIRDALE KY 40118	REF
List account number(s) here (optional)	[REDACTED]

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number									
or									

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person

[Handwritten Signature]

Date **12-3-04**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2004



2004 - Freshly painted house moving truck at 9705 National Turnpike.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2004



2004 - Putting a fresh paint job on a house moving truck at 9705 National Turnpike.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2003



2003 - Mac Sawyers House and Building movers was hired to repair this foundation crack that damaged brick and porch.

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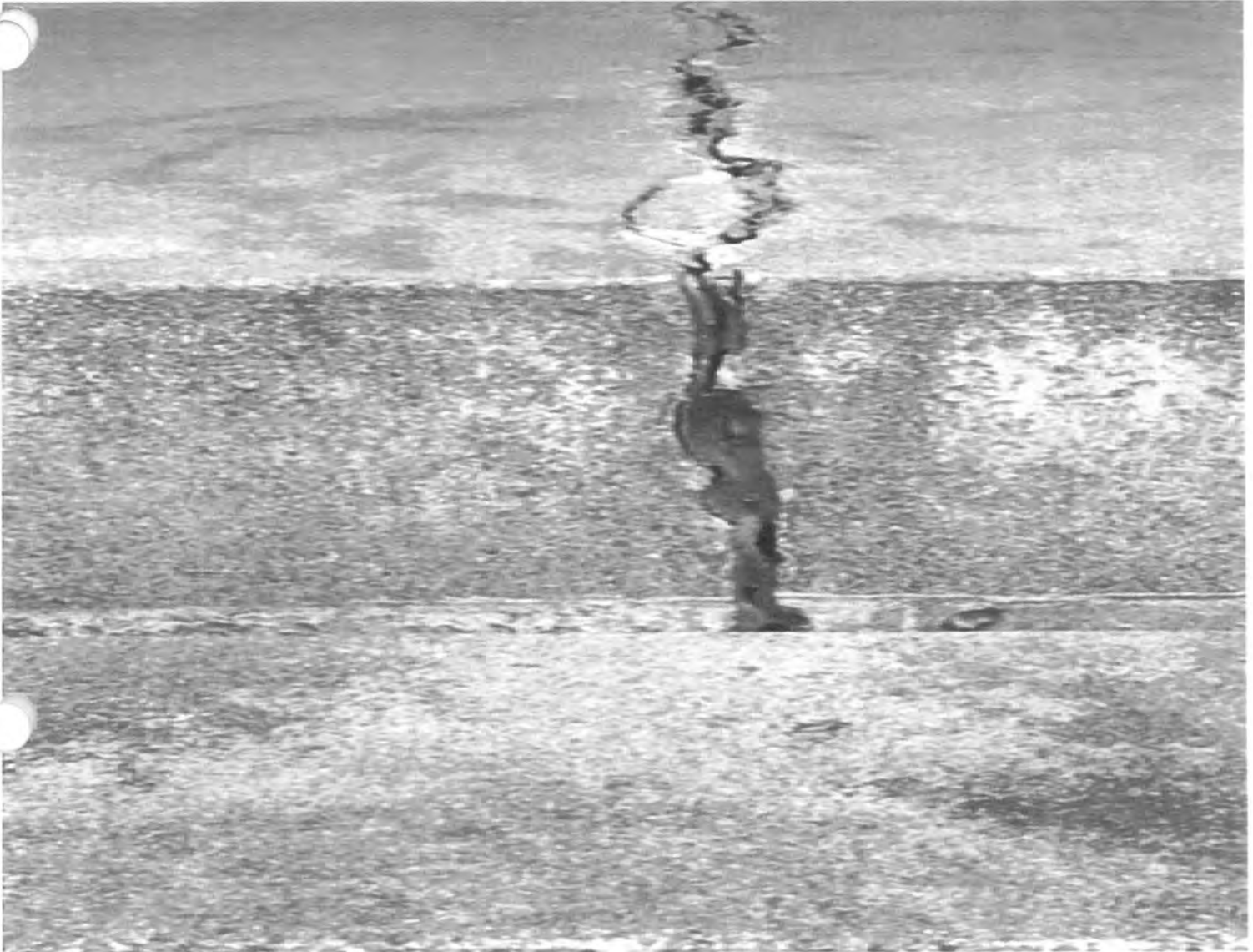
Mac G. Sawyers Commercial/Light Industrial Use Picture from 2003



2003 - Mac Sawyers House and Building movers was hired to repair this foundation crack that damaged brick and porch.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2003



2003 - Mac Sawyers House and Building movers was hired to repair this foundation crack that damaged brick and porch.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2003



2003 - Mac Sawyers House and Building movers was hired to repair this foundation crack that damaged brick and porch.

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Rotovac Corporation18392 Redmond Way
Redmond, WA 98052

Invoice

Customer No.: 11757
Invoice No.: 21678Bill To: **Derby City Carpet Cleaning**
2606 Shiloh Lane
Goshen, KY 40026Ship To: **Derby City Carpet Cleaning**
Mac Sawyer (502) 368-9935
9705 National Turnpike
Fairdale, KY 40118

Date	Ship Via	F.O.B.	Terms
06/27/03	UPS (Ground)	Origin	CC - Credit Card

Purchase Order Number	Order Date	Sales Person	Our Order Number
	06/24/03	MikeJ	1962

Quantity			Item Number	Description	Unit Price	Amount
Required	Shipped	B.O.				
1	1		R-VAC-HP	ROTOVAC POWERWAND HIGH PRESSURE - 110 V	1795.00	1795.00
1	1		RH-BRUSH	Right Rotovac Brush Head	47.50	47.50
1	1		LH-BRUSH	Left Rotovac Brush Head	47.50	47.50

Invoice subtotal	1890.00
Freight charges	39.00
Invoice total	1929.00
Less deposits applied	1929.00
Net balance due	0.00

Thank You

CERTIFICATE TO DO BUSINESS UNDER AN ASSUMED NAME
(KRS 365.015)

TO WHOM IT MAY CONCERN:

This certifies that the business to be known as DERBY CITY COMMERCIAL
CARPET, UPHOLSTERY, AIR DUCT + PRESSURE WASHING CLEANING COMPANY

located in Jefferson County, Commonwealth of Kentucky, is owned and operated by

MAC SAWYER

9705 NATIONAL TURNPIKE FAIRDALE, KY 40118
(name and address)

TYPE OF BUSINESS

Sole Ownership

Mac Sawyer Owner
(signature and title)

(signature and title)

STATE OF KENTUCKY
COUNTY OF JEFFERSON

I, Sam Bailey, Notary Public in and for the State and County indicated above, do hereby certify that the foregoing instrument of writing was this day presented to me by MAC SAWYER who delivered, signed and acknowledged same to be (his/her/their) act and deed.

Witness my hand and seal this 28th day of March, 2003.
My commission expires 8-8-2005

Sam Bailey Notary Public
Notary Public

Doc Type (DBA)

RETURN TO:
JEFFERSON COUNTY
RECORDER OF DEEDS, ROOM 204
527 WEST JEFFERSON STREET
LOUISVILLE, KENTUCKY 40202

Document No.: M2903067322
Lodged by: sawyer
Recorded On: 03/28/2003 02:31:19
Total Fees: 9.00
Transfer Fees: .00
County Clerk: Hobbie Holsclear-JEFF CO KY
Deputy Clerk: YOLLO82

C & J Carpet Brokers

3516 S. Dixie Highway
Dalton, GA 30721
Fax (706) 277-7061
(706) 277-1550

Shipping Manifest

Sold To:

Newby City Carcots
9705 National Idropike
Juniata KY. 40118

Date 6-13-03

Ship To:

TERMS _____

Shipping Date _____

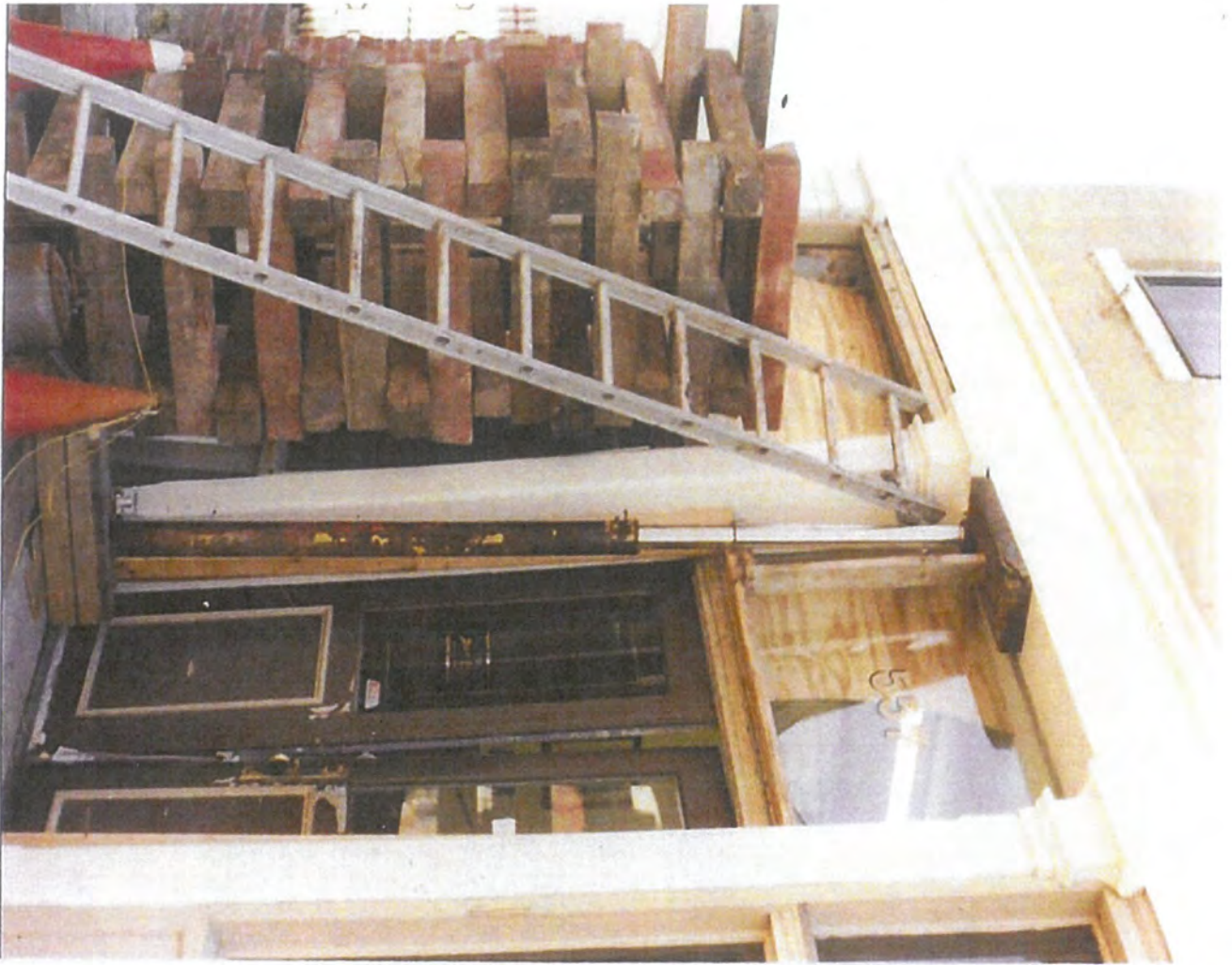
Ship VIA _____

Cust. Order # _____

Order # _____

ROLL #	SIZE	STYLE	COLOR	YARDS	UNIT PRICE	AMOUNT
	12x138	Graphic	Green	170.67	3.50	597.35
	15x79	Berber	Brown	131.67	3.99	525.37
	12x150	Berber		200.00	2.25	450.00
	15x137	Inherited	Woodlot	228.34	4.99	1139.42
	12x97	Plush	Brown	129.34	1.99	257.39
		Kentucky	Print	1084	.35	379.40
			Car			
						<u>\$3348.93</u>
6-13-03						
Print						
# 4473						
OK						
Sams						

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2002



2002 - Repairing commercial building that had been struck by bus.

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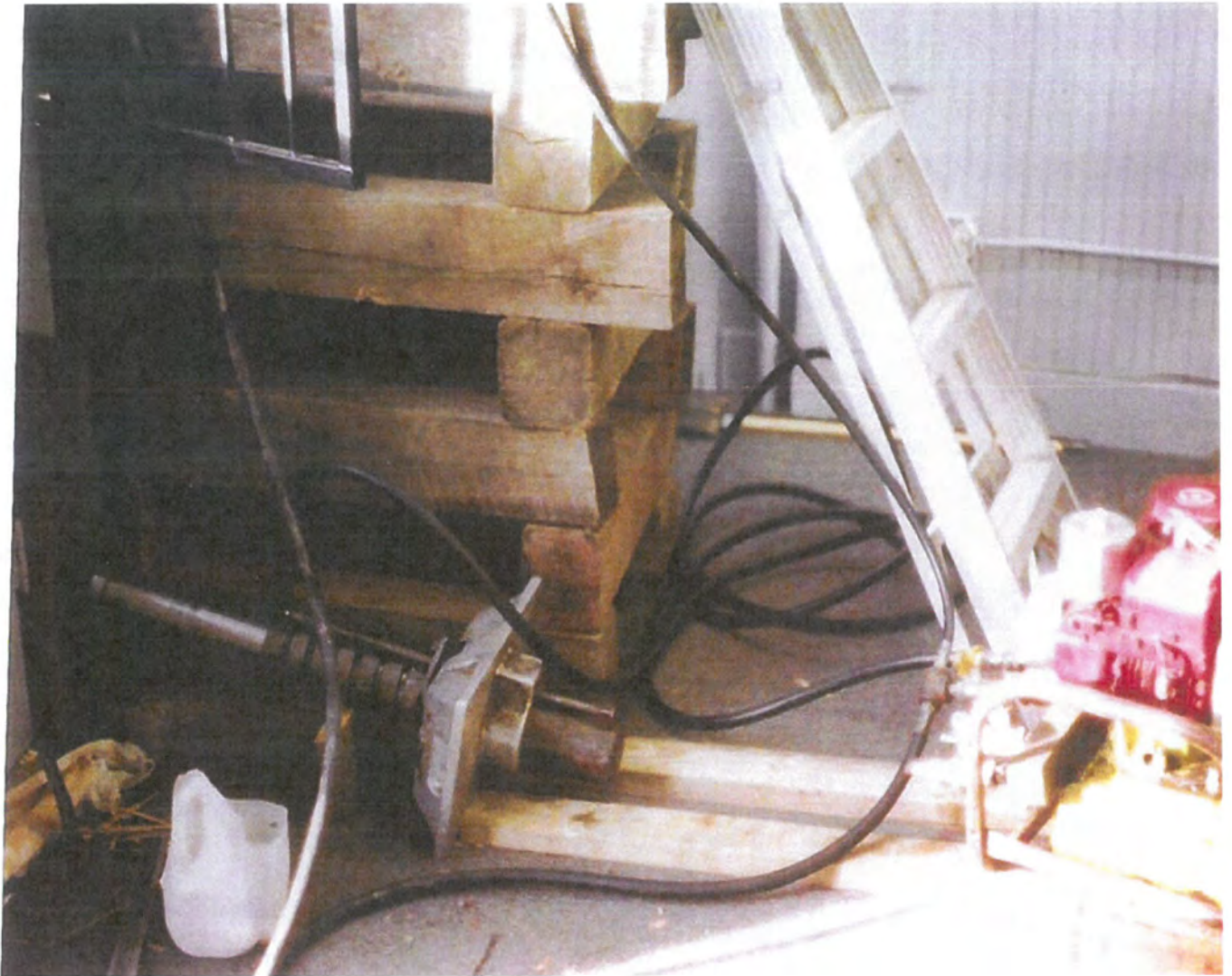
Mac G. Sawyers Commercial/Light Industrial Use Picture from 2002



2002 - Repairing commercial building that had been struck by bus.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2002



2002 - Repairing commercial building that had been hit by a bus.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2002



2002 - Raising a failed house footer with hydraulic jack, and replacing same.

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*** 115500930-001 ***
P.O. BOX 1000
CHESTER, PA 19022

YOUR TRANS UNION FILE NUMBER: [REDACTED]
PAGE 1 OF 7
DATE THIS REPORT PRINTED: 12/13/2002

RETURN SERVICE REQUESTED

SOCIAL SECURITY NUMBER: [REDACTED]
BIRTH DATE: [REDACTED]
YOU HAVE BEEN IN OUR FILES SINCE: 06/1980
PHONE: 368-9935

CONSUMER REPORT FOR:

6256 00000947 0001 D692VW11

SAWYER, MAC, G
9705 NATIONAL TURN PK
LOUISVILLE, KY 40214

FORMER ADDRESSES REPORTED:

4223 SOUTHERN PY, LOUISVILLE, KY 40214

EMPLOYMENT DATA REPORTED:

MAC SAWYER CONT
DATE REPORTED: 10/1994

SELF
DATE REPORTED: 03/1993

MAC SAWYER GENERAL CONTRACTOR
DATE REPORTED: 12/1988

HOUSE BUILDERS MOVERS
DATE REPORTED: 12/1986

YOUR CREDIT INFORMATION

THE FOLLOWING ITEMS OBTAINED FROM PUBLIC RECORDS APPEAR ON YOUR REPORT. YOU MAY BE REQUIRED TO EXPLAIN PUBLIC RECORD ITEMS TO POTENTIAL CREDITORS. ANY BANKRUPTCY INFORMATION WILL REMAIN ON YOUR REPORT FOR 10 YEARS FROM THE DATE OF FILING. UNPAID TAX LIENS MAY GENERALLY BE REPORTED FOR AN INDEFINITE PERIOD OF TIME DEPENDING ON YOUR STATE OF RESIDENCE. PAID TAX LIENS MAY BE REPORTED FOR 7 YEARS FROM DATE OF PAYMENT. ALL OTHER PUBLIC RECORD INFORMATION, INCLUDING DISCHARGED CHAPTER 13 BANKRUPTCY AND ANY ACCOUNTS CONTAINING ADVERSE INFORMATION REMAIN FOR 7 YEARS. ALL OTHER PUBLIC RECORD INFORMATION INCLUDING DISCHARGED CHAPTER 13 BANKRUPTCY, MAY BE REPORTED FOR 7 YEARS.

DOCKET #1996023089 PLAINTIFF:	RECORDER OF DEEDS B450 P918	RELEASE OF TAX LIEN ENTERED: 08/1993 AMOUNT: \$0 PAID: 02/1996
----------------------------------	--------------------------------	---

DOCKET #96C9 PLAINTIFF:	CIRCUIT COURT BULLITT HILLS HOMEOWNE	CIVIL JUDGMENT ENTERED: 09/1996 AMOUNT: \$1139
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DOCKET #SM96000821 PLAINTIFF:	DISTRICT COURT DUKE JERRY DBA DUKE EQUIPMENT	CIVIL JUDGMENT ENTERED: 12/1996 AMOUNT: \$1479
----------------------------------	---	--

Commonwealth of Kentucky
 REVENUE CABINET
 Department of Property Valuation
 Division of State Valuation
 200 Fair Oaks Lane, Station 32
 Frankfort, KY 40620



2002 TANGIBLE PERSONAL PROPERTY TAX RETURN

Property Assessed January 1, 2002

FOR OFFICIAL USE ONLY	
County Code	Locator Number
T	/

File this return with the PVA in the county of _____ ble
 situs or the Department of Property Valuation.

MAY 2002

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
			22	23	24	25
26	27	28	29	30	31	

Due Date:
 Wednesday
 May 15, 2002

15

Social Security No. or [REDACTED]	Name of Business *****ECRLDT**R-001 MAC G SAWYER 9705 NATIONAL TPKE FAIRDALE KY 40118-9766		Telephone Number [REDACTED]	Organization	Type
2nd SSN if joint return	City or Town		ZIP Code	<input type="checkbox"/> Individual	1
NAICS CODE 1 5 22	Property Location (Number and Street or Rural Route, City)			<input type="checkbox"/> Joint (Co-Owners)	2
Type of Business House Moving	Property is Located in 56 County			<input type="checkbox"/> Partnership/LLP	3
Check if applicable Tangible personal property in other KY counties? <input type="checkbox"/>	Enterprise Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, attach certificate.</i>		For Official Use Only	<input type="checkbox"/> Domestic Corp./LLC	4
Alternative method of valuation? <input type="checkbox"/>			District Code	<input type="checkbox"/> Foreign Corp./LLC	5
			Type Return	<input type="checkbox"/> Fiduciary—Bank	6
				<input type="checkbox"/> Fiduciary—Other	7

NOTE: Taxpayers who have property in more than one location must complete a separate form for each location.

FROM SCHEDULE A					FROM SCHEDULE B					
	Class	Original Cost	Reported Value	For Official Use Only		Class	Original Cost	Reported Value	For Official Use Only	
11	I	[REDACTED]	[REDACTED]		21	I				
12	II	[REDACTED]	[REDACTED]		22	II				
13	III	[REDACTED]	[REDACTED]		23	III				
14	IV	[REDACTED]	[REDACTED]		24	IV				
15	V	[REDACTED]	[REDACTED]		25	V				
16	VI	[REDACTED]	[REDACTED]		26	VI				
17	Total	[REDACTED]	[REDACTED]		27	Total				
See pages 3 through 5 for instructions.							Taxpayer's Valuation		For Official Use Only	
31	Merchants Inventory									
32	Manufacturers Finished Goods									
33	Manufacturers Raw Materials/Goods in Process									
34	Motor Vehicles Held for Sale (dealers only) New Farm Machinery Held Under a Floor Plan New Boats and Marine Equipment Held Under a Floor Plan Salvage Titled Vehicles (insurance companies only)									
35	Goods Stored in Warehouse/Distribution Center (see instructions, page 3)									
36	Inventory—In Transit (see instructions, page 3)									
37	Unmanufactured Tobacco Products not at Manufacturers Plant or in Hands of Grower or His Agent									
38	Other Unmanufactured Agricultural Products not at Manufacturers Plant or in Hands of Grower or His Agent									
39	Unmanufactured Agricultural Products at Manufacturers Plant or in Hands of Grower or His Agent/Industrial Revenue Bond Property									
50	Livestock and Farm Machinery/Fluidized Bed Energy Facilities									
	Other Tangible Property (from Schedule C) (page 2)									
70	Foreign Trade Zone									
81	Construction Work in Progress (manufacturing machinery)									
82	Construction Work in Progress (other tangible property)									
90	Recycling Machinery and Equipment									

COMMONWEALTH OF KENTUCKY
JOHN Y. BROWN III, SECRETARY OF STATE
ANNUAL REPORT
(See Reverse Side for Filing Instructions)

Visit
<http://www.kysos.com/arponline>
for instructions on filing this annual
report over the Internet

RECORD #



DUE JUNE 30, 2002

(4) FILING FEE

\$15.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

MAC SAWYER GENERAL CONTRACTORS, INC.
9705 NATIONAL TURNPIKE
FAIRDALE, KY 40118

(5) STATE OR COUNTRY OF INCORPORATION

KY

(2) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

[Empty box for principal office address change]

(6) DATE OF INCORPORATION OR DATE
AUTHORIZED TO TRANSACT BUSINESS

01/26/1987

(3) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Changes made to the registered agent or registered office cannot be made on this form.
Complete (7) to request a form to be mailed or download form from web site

MAC G. SAWYER
9705 NAT. TPKE.
FAIRDALE, KY 40118

(7) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO

[Empty lines for statement of change of agent or office]

(8) PRINCIPAL OFFICERS If the corporation has previously filed an annual report, verify the names & titles of officers listed below. Please note any additions to or changes in the principal officers and give the address for each person listed. If (8) is blank, type or print the names & business addresses of the current principal officers. If sole officer, please note.

Sole officer	Mac G Sawyer	Address
		Address
		Address
		Address
		Address

(9) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors. Nonprofit corporations must list three (3) or more directors.

Name	Address
Name	Address
Name	Address
me	Address

I VERIFY THAT INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

TITLE

DATED

Signature of Officer or Chairman of the Board

HERMAN SLAUGHTER 08/95
502-367-0052
8308 TOLLS LANE
LOUISVILLE, KY 40214

8139

21-5/830 35

DATE 1-16-02

PAY TO THE ORDER OF

Mac Sawyer Annual Cont. \$ 1,200.⁰⁰
One Thousand Two Hundred ⁰⁰/₁₀₀ DOLLARS

National City.

Prestige Club

National City Bank of Kentucky
Louisville, Kentucky

FOR 8308 Tolls

Herman Slaughter

23 815 1598 881P05 1/17/02
Louisville, KY Bank of Lylin
-8830007134

01/17/2002 12:23 31/02 0056

041000124
BK31 01/17/02
NATIONAL CITY CLE, OH

31291755

06448054

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2001



2001 - Freshly painted house moving truck, ready to go from 9705 National Turnpike to move a large barn in Lexington over rough terrain.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2001



2001 - Mac Sawyer House and Building Movers heavy structure moving truck.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2001



2001 - Mac Sawyers House and Building Movers truck hauling dirt from a basement digout.

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720
41A720
Revenue Cabinet

**Kentucky Corporation Income
and License Tax Return**
(S Corporations Use Form 720S)

due 15/Jan

2001
Taxable Year Ending

See separate instructions.

Taxable period beginning _____, 2001, and ending _____, 2001.

A Check applicable box(es):

Income Tax Return

Separate entity

Consolidated
Must attach Form 722

Return not required

Enter code _____

License Tax Return

Separate entity

Consolidated

Return not required

Enter code _____

B Federal Identification Number [REDACTED]

C Kentucky Account Number 07433

Name of Corporation or Affiliated Group (Place preaddressed label here; otherwise print or type.)
*****5-DIGIT 40118

State and Date of Incorporation 1-26-87

Number and S 61-1144650 12 074331
Principal Business Activity in KY House Moving

City MAC SAWYER GENERAL CONTRACTORS INC
9705 NATIONAL TPKE FAIRDALE KY 40118-9766
Kentucky Business Code No.

D Name of Common Parent _____ **Federal Business Code Number** _____

E Check if applicable: LLC Initial return Final return Short-period return Change of name/address

PART I—TAXABLE INCOME COMPUTATION

1. Federal taxable income (Form 1120, line 28; Form 1120A, line 24)	[REDACTED]
ADDITIONS:	
2. Interest income (state and local obligations)	
3. State taxes based on net/gross income	
4. Safe harbor lease adjustment	
5. Deductions attributable to nontaxable income	
6. Other (attach schedule)	
7. Total (add lines 1 through 6)	
SUBTRACTIONS:	
8. Interest income (U.S. obligations)	
9. Dividend income	
10. Federal work opportunity credit	
11. Safe harbor lease adjustment	
12. Other (attach schedule)	
13. Net income (line 7 less lines 8 through 12)	[REDACTED]
14. Taxable net income (attach Sch. A if applicable) ..	[REDACTED]
15. Net operating loss deduction	
16. Taxable net income (after NOLD)	[REDACTED]

16. Income tax overpayment	
17. Credited to 2001 license tax	
18. Credited to 2002	
19. Amount to be refunded	

PART III—LICENSE TAX COMPUTATION

1. Capital stock	[REDACTED]
2. Computation of surplus	
(a) Total assets	[REDACTED]
(b) Less debt	[REDACTED]
(c) Net assets	[REDACTED]
(d) Less capital stock	[REDACTED]
3. Surplus (line 2c minus 2d)	
4. Advances by affiliated companies	
5. Intercompany accounts	
6. Borrowed moneys	
7. Less moneys borrowed for inventory	[REDACTED]
8. Less KRS 136.071 deduction	[REDACTED]
9. Total capital (combine lines 1 and 3 through 8)	[REDACTED]
10. Apportionment fraction (attach Sch. A if applicable)	[REDACTED]
11. Capital employed subject to tax	[REDACTED]
12. Tax before credit (line 11 multiplied by .0021)	[REDACTED]
13. License tax credit (maximum \$490)	[REDACTED]
14. License tax liability (minimum \$30)	[REDACTED]
15. Kentucky investment fund tax credit	[REDACTED]
16. KIRA tax credit (see instructions)	[REDACTED]
17. Coal incentive tax credit	[REDACTED]
18. Net license tax liability	[REDACTED]
19. Extension payment	[REDACTED]
20. Income tax overpayment (Part II, line 17)	[REDACTED]
21. License tax due	[REDACTED]
22. License tax overpayment	[REDACTED]
23. Credited to 2001 income tax	
24. Credited to 2002	
25. Amount to be refunded	

PART II—INCOME TAX COMPUTATION

1. Income tax liability (see instructions)	
2. Economic development tax credits	
3. Unemployment tax credit	
4. Recycling/composting equipment tax credit	
5. Coal conversion tax credit	
6. Enterprise zone tax credit	
7. Kentucky investment fund tax credit	
8. Coal incentive tax credit	
9. GED incentive tax credit	
10. Net income tax liability	
11. Estimated payments	
12. Extension payment	
13. Prior year's credit	
14. License tax overpayment (Part III, line 23)	
15. Income tax due	-0-

Mail return with payment to:
Kentucky Revenue Cabinet, Frankfort, Kentucky 40620.

TAX PAYMENT SUMMARY (Round to Nearest Dollar) Make check(s) payable to Kentucky State Treasurer or check here if EFT payment.

Income	[REDACTED]	Penalty	[REDACTED]
License	030	Interest	[REDACTED]
TOTAL (Including Penalty and Interest)			030

Federal Form 1120, pages 1 and 4, or 1120A, pages 1 and 2, must be attached.

U.S. Corporation Income Tax Return

For calendar year 2001 or tax year beginning 2001, ending 20.....
 ▶ Instructions are separate. See page 20 for Paperwork Reduction Act Notice.

- Check if a:
 - 1 Unincorporated return (attach Form 9511)
 - 2 Personal holding company (attach Sch. Ph)
 - 3 Personal service corporation (attach Form 9511)

Us: NT B1-1144650 DED2001 S17 MP
 IR: MAC SAWYER GENERAL CONTRACTORS INC
 lat: RTSS NATIONAL TPKE
 Ct: FAIRDALE KY 40115-9769
 w:
 pri:
 ty:

Number: [Redacted]
 Date incorporated: 1-26-87
 Total assets (see page 8 of instructions): [Redacted]

E Check appropriate boxes: (1) Initial return (2) Final return (3) Name change (4) Address change

		a	b	c	TC
Income	1a	Gross receipts or sales	Less returns and allowances	Net sales	1c
	2	Cost of goods sold (Schedule A, line 8)			2
	3	Gross profit. Subtract line 2 from line 1c			3
	4	Dividends (Schedule C, line 18)			4
	5	Interest			5
	6	Gross rents			6
	7	Gross royalties			7
	8	Capital gain net income (attach Schedule D (Form 1120))			8
	9	Net gain or loss from Form 4797, Part II, line 12 (attach Form 4797)			9
	10	Other income (see page 8 of instructions—attach schedule)			10
	11	Total income. Add lines 3 through 10			11
Deductions (See instructions for limitations on deductions)	12	Compensation of officers (Schedule E, line 4)			12
	13	Salaries and wages (less employment credits)			13
	14	Repairs and maintenance			14
	15	Bad debts			15
	16	Rents			16
	17	Taxes and licenses			17
	18	Interest			18
	19	Charitable contributions (see page 10 of instructions for 10% limitation)			19
	20	Depreciation (attach Form 4562)	20		
	21	Less depreciation claimed on Schedule A and elsewhere on return	21a		21b
22	Depletion			22	
23	Advertising			23	
24	Pension, profit sharing, etc., plans			24	
25	Employee benefit programs			25	
26	Other deductions (attach schedule)			26	
27	Total deductions. Add lines 12 through 26			27	
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11			28	
29	Less: a Net operating loss (NOL) deduction (see page 13 of instructions)	29a	280.00		
	b Special deductions (Schedule C, line 20)	29b		29c	
30	Taxable income. Subtract line 29c from line 28			30	
31	Total tax (Schedule J, line 11)			31	
Tax and Payments	32	a 2000 overpayment credited to 2001	32a		
		b 2001 estimated tax payments	32b		
		c Less 2001 refund applied for on Form 4466	32c		
	d	Net operating loss deduction (see page 13 of instructions)	32d		
	e	Tax deposited with Form 7004	32e		
	f	Credit for tax paid on undistributed capital gains (attach Form 2439)	32f		
	g	Credit for Federal tax on fuels (attach Form 4136). See instructions	32g		32h
33	Estimated tax penalty (see page 14 of instructions). Check if Form 2220 is attached			33	
34	Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed			34	
35	Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid			35	
36	Enter amount of line 35 you want credited to 2002 estimated tax		Refunded ▶	36	

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

Signature of officer: _____ Date: _____ Title: _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____
 Firm's name (or yours if self-employed), address, and ZIP code: _____
 Check if self-employed EIN: _____
 Phone no. () _____

ONE 15 MAR

OCCUPATIONAL LICENSE RETURN

FORM OL-3

City of Louisville, Jefferson County, Kentucky; Mass Transit; School Boards
Website: Revenue.org Email: taxhelp@revenue.org Phone: 502/574/4860
DUE 15TH DAY OF THE 4TH MONTH FOLLOWING THE CLOSE OF THE FISCAL YEAR

If name change only check box

FOR YEAR ENDED

12	31	01
MONTH	DAY	YEAR

ACCOUNT NUMBER

[REDACTED]

Print Name & Address
 MAC SAWYER GENERAL CONTRACTORS INC
 9705 NATIONAL TPKE
 FAIRDALE, KY 40118-9766

Change If Incorrect

FINAL RETURN (Check only to close account.) Date Operations Ceased:

NO ACTIVITY Check box if there was no activity.

ALL LICENSEES MUST ANSWER QUESTIONS BELOW:

A. Principal business activity HOUSE MOVING

B. What is your Social Security # (if any) [REDACTED] Spouse's Social Security # _____

C. Your Federal Identification # (if any) [REDACTED] If New Number Check Box

D. Home Phone 502-368-9935 Business Phone _____

E. During the past year did Federal Authorities change or propose to change net income reported for that year or any prior year?
 Yes (If yes, which year was adjusted?) _____ (Attach statement of changes)
 No _____

F. Principal Corporation Administrative Officer's Name _____
 Address _____ SSN# _____

G. Did you file a consolidated return? (If yes, see instructions)
 Was there a change in ownership in the past year? Date of change _____
 Name and address of new owner _____

Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Jefferson County? (other than an employee)
 Yes No
 If yes, you are required to file Form 1099-F

ALL LICENSEES MUST COMPLETE THIS SECTION

25. Individuals, Partnerships, Corporations enter "Adjusted Net Profit" (from Line 20) →				\$ 280.00
	COLUMN A Louisville Computation	COLUMN B Jefferson County Computation	COLUMN C Mass Transit Computation	COLUMN D School Boards Computation
26. ENTER percentages from Line 24			ENTER ON LINE 27 below the sum of Louisville & Jefferson Co. Columns (Applies to everyone except Ministers & Domestic Employees)	ENTER ON LINE 27 below the sum of Louisville & Jefferson Co. Columns (Applies to all Partnerships, Corporations and Residents)
27. NET PROFITS ALLOCATION Line 26 x Line 25	\$	\$	\$	\$
28. ENTER TOTALS from Line 1e	\$	\$	\$	\$
29. ENTER TOTALS of amounts Line 27 & 28 (Not less than Line 28)	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
30. Occupational License Fees	@ 1.25% 3.50	@ 1.25% 3.50	@ 0.20% 0.55	@ 0.75% [REDACTED]
31. TOTAL FEES DUE (Sum of Columns A, B, C & D Line 30) (IF LINE 31 IS GREATER THAN \$5,000.00 - SEE EXHIBIT A OF SPECIFIC INSTRUCTIONS)				\$ [REDACTED]
32. ENTER ANY CREDIT DUE FROM PREPAYMENT OF TAX 1.		REFUND DUE 2.		CREDIT TO NEXT YEAR
33. BALANCE FEES DUE				\$ [REDACTED]
34. PENALTY AND INTEREST (See Instructions)				\$ [REDACTED]
35. AMOUNT TO BE PAID (Add Lines 33 & 34)				\$ [REDACTED]

RETURN MUST BE SIGNED -- I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

PREPARER'S SIGNATURE _____ DATE _____

SIGNATURE OF LICENSEE _____ DATE _____

NAME _____ PHONE NUMBER _____

PRINT NAME _____ TITLE _____

DRESS _____ SOCIAL SECURITY NUMBER _____

The Louisville/Jefferson County Revenue Commission and the Internal Revenue Service, pursuant to IRS Code Section 6103(d), have entered into a coordination of tax administration agreement which allows exchange of tax information between the two agencies.

MAKE ALL CHECKS PAYABLE AND MAIL TO: LOUISVILLE/JEFFERSON COUNTY REVENUE COMMISSION, P.O. BOX 35410, LOUISVILLE, KENTUCKY 40232-5410
Rev: 11/08/99

HERMAN SLAUGHTER 08/95
502-367-0052
8308 TOLLS LANE
LOUISVILLE, KY 40214

8126

21-5/830 35

DATE 12/13/01

PAY TO THE ORDER OF *Mae-Sauger General Contr Inc* \$1,200.00
One Thousand Two Hundred DOLLARS

National City.
National City Bank of Kentucky
Louisville, Kentucky

Prestige Club

FOR *8308 Tolls*

Herman Slaughter

CHUCK 118 1997

Mae Sauger Contr Inc



0612 16800

01/11/2002 14:02 27/01 0072

24-039-4578 081P05 1/11/02
LOUISVILLE, KY
Bank of KY 18
1803088212

041000124
BK31 01/11/02
NATIONAL CITY CLE, OH
0327/0845

1214

HERMAN SLAUGHTER 08-95
8308 Tolls Ln 502-367-0852
Louisville, Ky 40214

21-5/830 35

Dec 4th 2001

PAY TO THE ORDER OF

Mark Sawyer

\$ 482.59

Four Hundred Eighty Two

and 59/100 DOLLARS

National City Bank *Prestige Club*

National City Bank, Kentucky
Louisville, Kentucky

Herman Slaughter

FOR

[Redacted]

© HARLAND 1993

[Handwritten signature]

[Redacted]

15099

28-827-3358 801P85 12/5/01
Bank of Tolla
Louisville, KY 40201

041000124
R031 12/06/01
NATIONAL CITY OF, OH
38850170

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2000



2000 - House moving job - house in transport, moved for State of Kentucky right of way.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2000



2000 - House in tow on Highway.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2000



2000 - Finished house moving job, several months later after restored and family settled in.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

OCCUPATIONAL LICENSE RETURN

FORM OL-3

City of Louisville; Jefferson County, Kentucky; Mass Transit; School Boards
 Website: Revenue.org Email: txhelp@revenue.org Phone: 502/574/4860
 DUE 15TH DAY OF THE 4TH MONTH FOLLOWING THE CLOSE OF THE FISCAL YEAR

If name change only check box

FOR YEAR ENDED

12	31	00
MONTH	DAY	YEAR

ACCOUNT NUMBER

Print
Name &
Address

SAWYERS, MAC G
9705 NATIONAL TPKE
FAIRDALE KY 40118-9766

Change if Incorrect

FINAL RETURN (Check only to close account.) Date Operations Ceased: _____

NO ACTIVITY Check box if there was no activity.

ALL LICENSEES MUST ANSWER QUESTIONS BELOW:

- A. Principal business activity RENTAL & HOUSE MOVING
- B. What is your Social Security # (if any) _____ Spouse's Social Security # _____
- C. Your Federal Identification # (if any) _____ If New Number Check Box
- D. Home Phone 368-9935 Business Phone _____
- E. During the past year did Federal Authorities change or propose to change net income reported for that year or any prior year?
 Yes No (if yes, which year was adjusted?) _____ (Attach statement of changes)
- F. Principal Corporation Administrative Officer's Name _____ Address _____ SSN# _____
- G. Did you file a consolidated return? (If yes, see instructions)
- H. Was there a change in ownership in the past year? Date of change _____ Name and address of new owner _____

Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Jefferson County? (other than an employee)
 Yes No
 If yes, you are required to file Form 1099-SF

ALL LICENSEES MUST COMPLETE THIS SECTION

Individuals, Partnerships, Corporations enter "Adjusted Net Profit" (from Line 20) →

	COLUMN A Louisville Computation	COLUMN B Jefferson County Computation	COLUMN C Mass Transit Computation	COLUMN D School Boards Computation
26. ENTER percentages from Line 24			ENTER ON LINE 27 below the sum of Louisville & Jefferson Co. Columns (Applies to everyone except Ministers & Domestic Employees)	ENTER ON LINE 27 below the sum of Louisville & Jefferson Co. Columns (Applies to all Partnerships, Corporations and Residents)
27. NET PROFITS ALLOCATION Line 26 x Line 25	%	%		
28. ENTER TOTALS from Line 26	\$	\$	\$	\$
29. ENTER TOTALS of amounts Line 27 & 28 (Not less than Line 28)	\$	\$	\$	\$
30. Occupational License Fees	Ⓢ 1.25%	Ⓢ 1.25%		
31. TOTAL FEES DUE (Sum of Columns A, B, C & D Line 30) (IF LINE 31 IS GREATER THAN ZERO SEE EXHIBIT A OF SPECIFIC INSTRUCTIONS)	\$	\$	\$	\$
32. ENTER ANY CREDIT DUE FROM PREPAYMENT OF TAX 1.		REFUND DUE 2.		CREDIT TO NEXT YEAR 3.
33. BALANCE FEES DUE	\$	\$	\$	\$
34. PENALTY AND INTEREST (See Instructions)	\$	\$	\$	\$
35. AMOUNT TO BE PAID (Add Lines 33 & 34)	\$	\$	\$	\$

RETURN MUST BE SIGNED -- I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete.

PREPARER'S SIGNATURE _____ DATE _____
 NAME _____ PHONE NUMBER _____
 ADDRESS _____ SOCIAL SECURITY NUMBER _____

SIGNATURE OF LICENSEE MAC SAWYER DATE _____
 PRINT NAME _____ TITLE _____

Please write your account number on your check or money order. Registration agreement which allows exchange of tax information between the two agencies.
 ALL CHECKS PAYABLE AND MAIL TO: LOUISVILLE/JEFFERSON COUNTY REVENUE COMMISSION, P.O. BOX 35410, LOUISVILLE, KENTUCKY 40232-5410
 : 11/08/99



THE HOUSE & BUILDING MOVER

THE WHO'S WHO OF HOUSEMOVING • DECEMBER 2000 • VOL. 1. NO. 6

In this issue:

- *Kenneth Jordan House and Building Movers* • *Baxter Cook House & Building Movers*
- *Using MVRs - legally* • *Ronald Hays House Moving*

Towing a 708 Ton Bridge ...
by J.E. Oswalt & Sons - Batesburg, SC



From The Publisher

It's December 2000 ... where has the year gone? As we move into this new year of 2001, and reflect on the past, I know many of us have a lot to be thankful for. Everyday isn't great, but I like to focus on my blessings.

One of my blessings this past year was working with the Edwards. They provided me the opportunity to purchase The House & Building Mover magazine. Now, this is not easy meeting deadlines; but I really enjoy talking with you, the businessman, the family man, the recycler, the entrepreneur, the house mover! I'm learning that every one of you is quite unique and has an exciting story to tell.

So, please send in your stories and pictures to share with all of us.

J.E. Oswalt & Sons, page 4, makes moving a 708 ton bridge from one state to another look easy. Great photos.

A Good Samaritan - I'm sure the article on page 11 is typical of many movers. Baxter Cook needed help, and K. Jordan quickly volunteered.

Ronald Hays, on page 13, shows how many movers make a living using products produced by our advertisers.

The Ft. Myers, Florida convention last year was great fun (remember Jahns turbo jet powered 3 wheeler?). I'm sure H.D. Snow and friends plan to make this next one in February 2001 even more exciting and educational. Information is on the facing page.

Note: please remember to send in for free publication:

1. "Wanted to buy"
2. Letters to the editor
3. Info about movers that all need to know
4. State association minutes and photographs
5. Legislative actions that affect you, the mover (State or Federal)

And thanks again to our new subscribers:

Stephen Park (NV)
Humphrey & Littleton
House Movers (NC)
Unruh House Moving (KS)
Ronald Hays House Moving (KY)
Arizona House Movers (AZ)

Have a safe and prosperous day.

Jim Barger
Publisher

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Building Movers page 13



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Dave Pizur	9	Hevi-Haul	Inside back cover
Edwards Moving & Rigging	12	Emmert International	Back cover
Concord Travel	15		

Delivery Schedule:

Issue	Ad/Story Deadline	Street Date
February	1/1/2001	1st week of February
April	2/1/2001	1st week of April

SPECIAL OFFER: Submit an article before the deadline, and if we print it, you get a free 1/4 page ad in that issue - a \$100 value!

Published by: Mason-Dixon Information Systems, Inc.

2905 Brownsboro Road • Louisville, KY 40206

800-308-9059 • 502-896-1117

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Fax - Fax - Fax

502-896-1113

OUR 24 HOUR FAX LINE IS WAITING
TO RECEIVE YOUR MESSAGES



Ronald Hays House & Building Movers

8203 Minors Lane • Louisville, Kentucky 40219 • Toll Free 1-877-445-6257

Submitted by Ronald Hays

Louisville, KY mover **Ronald Hays** submitted the following photos of a move which took place in 1999 in Hardinsburg, Kentucky. Thank you, Ronald!



Bridles off, before putting in beam



*Jacking - preparing to move off basement 10" beam.
Used Modern Hydraulics Power Pack & Black Jacks.*



Archway support, 6" x 5" oak timbers

Ronald Hays House & Building Movers Louisville, Kentucky



Installing 12" slide beams. Using 6" uphill grade.



Hooked up and ready to roll.



*Hard move around pole and foundation - only 6" clearance.
 Used Terminal Tractor with hydraulic jacking fifth wheel.*



Sliding onto new foundation using Hevi-Haul skates!



Squared over foundation and ready to be lowered onto foundation.



Finished and ready for siding.

CONTRACTORS - PAINTING & GRADING

- ... 241-6093
... 633-2040
... 968-5551
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... 266-9777
... 955-9496
... 955-9545
... 543-8552
... 955-7156
... 552-6069
... 543-9580
... 955-5241
... 267-5176
... 266-6418
... 955-9408
... 955-3411
... 955-9363
... 966-6050
... 267-6615
... 245-2031
... 222-1787
... 222-9906
... 957-4570
... 241-6093
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... 261-9114
... 633-1320
... 241-4609
... 957-4711
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... 543-2596
... 473-1776
... 363-0753
... 231-6557
... 267-4201
... 261-7373
... 964-7042
... 538-6655
... 222-9202
... 241-6130
... 2111
... 241-4471
... 222-1584
... 207
... 543-4596

- Razer Eddie and Brian B... (5 Emps)
Shullisha Trenching Co Leo Shullisha... (16 Emps)
Skaggs Wallace Excavating Wallace Skaggs... (12024 Barnicks Rd)
Stinson James R Excavating 2505 E Highway 22... (3 Emps)
T & C Contracting Brenda Miller... (146 E Emps)
T J Excavating Joseph Thompson... (Somerset Dr)
Three T Construction James Carr... (Winding Hollow Ln)
Tobin Bill Excavating 5720 Lovers Ln... (15 Emps)
Tri County Excavating Jerome Walls... (Humphrey Ln)
Tungate Backhoe Service 11503 Waterford Rd... (3 Emps)
W K C Enterprises Kathy Dillinger... (Arrowshire Dr)
Walls Excavating Ray Walls... (522 Bethel Church Rd)
Webb Wendell Grading Service 3337 Cardinal Ave... (1112 Hollendale Way)
Woolridge Paul Excavating 7300 Oyster L... (Wooly Excavating Wayne Wooly)
Wright's Excavating Thomas H Wright... (6449 Frankfort Rd)

CONTRACTORS - FERTILIZER SPREADING

- A - One Lawn Care David Swillinger Branch Manager 3600 Chamberlan Ln (L) (10 Emps) 423-8411

CONTRACTORS - FIRE & WATER DAMAGE RESTORATION

- R D S Construction Darwin Nowell President 2106 Plantside Dr (L) Ste 3 (3 Emps) 433-9100

CONTRACTORS - GENERAL

- Artistic Homes Gregory Brewer President 3411 Pernaquid Rd (L) 458-1527
Asher Construction Co Keith Spink President 1090 Lakeview Dr (SH) 633-2555
B & T Maintenance 5711 Lovers Ln (L) (3 Emps) 231-9960
Bannister Co Thomas Bannister Owner 307 Forest Park Rd (L) (10 Emps) 244-1481
Barbour Contracting & Design Marcus Barbour President 6404 Fern Crest Rd (L) 239-0930
Black Star Homes Glenn Black President 190 Chateaugay Cir (M W) 538-8807
Blair Homes John Blair Owner 8613 Sunwood Cr (L) 968-2640
Breeding Brothers Construction James L Breeding Partner 8905 Truxtun Ln (L) (10 Emps) 239-9464
Brownsboro Office Park Ben C Parker President 6000 Brownsboro Park Blvd (L) 894-8943
Bryarfield Development 818 Flatlick Rd (M W) (3 Emps) 955-5735
C & R Diversified Robert Richie Principal 90 Smithland Dr (SH) (3 Emps) 647-3468
C T B Charles Barlow Owner 4169 Westport Rd (L) Ste 116 (3 Emps) 899-1469
Carby Glenn Homes 9302 New Lagrange Rd (L) (3 Emps) 429-5664
Chapman Designs W H Chapman Owner 5301 Bexley Cv (BC) 243-9805
Clare Mark Contracting 2817 Six Mile Ln (L) (4 Emps) 491-9124
Cox Builders Buddy Cox President 6410 Marina Dr (P) 228-1264
Deepwood Garden David Kueber President 700 Shady Ln (L) 254-1780
Doster Construction Company David Westfall Branch Manager 4350 Brownsboro Rd (L) Ste 110 585-6327
Downey Trenching Mark Downey President 12504 Rehl Rd (L) 267-5993
Dykes Gary 704 W Jefferson St (L G) 222-0424
Eberenz Richard B 10835 Bluegrass Pkwy (L) (3 Emps) 491-1672
Effective Erosion Control Carol Childers President 1900 Herr Ln (L) (3 Emps) 426-5040
Fidelity International Controls Ray D Panteneude President 2509 Plantside Dr (L) 499-9902
Fire Wind & Water Lou Duchane President 1217 Nightingale Ln (G) 228-3273
Foy - Wagner C W Apt Keenan Foy President 14207 Willow Grove Cir (L) 245-4670

- Greenlumb Scapes Joyce Mc Kinley President 9215 Old Six Mile Ln (L) (3 Emps) 297-0110
Grubby Construction Loren Grubby President 1126 Hoagland Hill Rd (M W) 539-7684
Hardin D M & Co David Hardin President 2401 Willowbrook Cr (P) (7 Emps) 228-1867
Harper Construction David Ford in Charge 4532 Tarda Dr (L) (3 Emps) 361-0208
Hortelandy C L Anita Hortelandy President 1364 Newburg Rd (L) (6 Emps) 455-5552
Highbaugh Construction Mark Highbaugh 8819 Len Station Rd (L) (5 Emps) 499-7744
Holloway Contracting Corp Gary Holloway President 13151 Middletown Industrial Blvd (L) (29 Emps) 244-8475
Invisible Fence Greater Louisville Carol Deckert President 9720 US Highway 42 (P) (6 Emps) 228-9379
Kat Contracting G W Chandler President 4444 Coral Ridge Rd (L) (4) Emps 957-5307
L & M Leigh Roland Principal 3114 Wharna Pt (L) (3 Emps) 375-3674
Landy Services Corp Ralph Jenkins President 2715 Bradford Rd (L) Ste 113 (3 Emps) 264-4417
Levy R No Construction 1408 Fat Park Rd (L) 245-3803
Marina Mark Mc Larry President 6606 Ridge Rd (C) 741-0819
Masterblasters 3701 Bishop Ln (L) (3 Emps) 366-4100
Midwest Contract Furnishings 136 Sant Matthews Ave (L) 4 Emps
National General Contractors Peter Zanich President 1303 Clear Springs Trce (L) 423-7305
Olpham Woods Land Development Lc Pamela B Owens President 2334 Willow Pond Rd (L G) 222-6655
Parkside Associates John Delaney President 9306 New Lagrange Rd (L) (4 Emps) 327-7200
Parish Contracting Corp Thomas Klausung Principal 2908 Leatham Rd (L) (3 Emps) 499-0071
Pearson Homes Chris Pearson President 2604 Antone Pkwy (L) 499-8056
Pinnacle Builders Don Pike President 213 S 1st St (L G) 222-0557
P R C Co Ronald Calhoun President 2705 Truempcher Rd (L) 491-7436
P R S Contracting Robert Sullivan Principal 2915 Chimney Rock Ln (L) (3 Emps) 491-2294
Sawyer Mac House & Building Movers Mac Sawyer Owner 9705 National Trpk (P) 688-9936
Snawder Installation Co B Snawder President 4225 Coral Ridge Rd (P) (3 Emps) 955-8371
Southwest Concept Plan Patricia Previtera PO Box 747 (S) (3 Emps) 545-5318
Spencers Remodeling 3313 Dogwood Dr (L) (3 Emps) 458-8372
Steier Lumber & Supply Charles G Steier Partner 100 Iola Rd (L) 893-8654
Sun Solutions Tubular Skylights Donna Fork Vice - President 6452 W Highway 146 (C) 241-9700
T J C Engineering Timothy J Cup President 3809 River Bluff Rd (P) (12 Emps) 228-7049
Texas Ties Ronnie Myatt Owner 1019 Cooper Ln (SM) (10 Emps) 722-8223
True Grit Service Co Jeffrey T Banks Owner 1300 N Beckley Stat on Rd (L) 254-2934
Vitkov Joseph Joseph L Vitkov Owner 2803 Mile of Sunshine Dr (L) (3 Emps) 664-7145
Wemberley HD 10411 Wemberley Hill Blvd (L) (3 Emps) 327-7656
Westerman J Robert Builder 10232 Shelbyville Rd (L) 245-1591
Wise Contracting Charles Wise Owner 7684 Battletraining Rd (L) (J) (3 Emps) 737-9454
Zwenger Samuel M Samuel Zwenger Owner 7910 Conland Dr (L) 231-3898

CONTRACTORS - GLASS & GLAZING

- Camelot Maintenance Jerry Kyryczuk President 147 Thiemann Ln (L) 895-3647
Central Glass Company Phillip W Lockhart Chairman of the Board 4702 Pinewood Rd (L) (14 Emps) 964-3387
Cole W R & Associates 11300 Decoral Dr (L) (15 Emps) 267-4499
E T G Cabomaborator Joseph Kauffman President 153 Thiemann Ln (L) Ste 106 (4 Emps) 899-5080
Econo Glass Systems Alan H Sutterlin President 8110 Michael Ray Dr (L) 968-9530
Glass & Metal Systems David L Wade President 4700 Old Lagrange Rd (BC) 222-1917
Jett's Glass Repair Greg Jett Owner 8206 Rochelle Rd (L) 968-4632
Turf Engine Repair Hennis Mahm Partner 9000 Iona Ct (L) (3 Emps) 230-7333
Wallace Company Elvin R Wallace President 1055 Brooks Hill Rd (B) (4 Emps) 957-7465
Wood Shack Nace Konnerman Owner 6026 Action Ave (L) 458-8008

CONTRACTORS - PAINTING

- A A A Painting & Remodeling Roger H Reynolds President 1809 Waterford Rd (L) 733-1507

BOWEN CLAUD CONSTRUCTION

• Insured • Bonded • Free Estimates • Remodeling
776 S Grayly 585-3819
Radio Pager 421-8483

- Paint Coatings Company John L Carter President 3934 Parkway Ln (L) (12 Emps) 427-1580
Parrish Ed Owner Painting 4005 Park 965-0977
Perry G L Painting P L & P Perry Owner 3214 Arroyo Dr (L) 4 Emps 391-7250
Pleasure Painting Service Francis Pleasure Owner 6700 Market Washington Rd (L) (3 Emps) 237-3518
Prestige Painting Ron Smith Owner PO Box 481 SM 709-6114
Prestige Painting 7705 Brantford Rd 247-2876
Prestige Painting J J Payne Owner 3118 Waver Ln (L) (3 Emps) 243-1144
Prestige Painting Raymond & David Owner 9025 Fendal Rd (L) (4 Emps) 239-2253
Paint Systems 6602 Farmington Ln (C) (3 Emps) 241-2111
Power Trim Painting G L & Engler Station Rd (L) (5 Emps) 245-8592
Powers David Painting David W Powers Owner 514 Lyndon Ln (L) 425-7702
Prestige Painting Panda G Grest Owner 597 W Madison St (L) (3 Emps) 222-7590
Prestige Painting Tom G Grest Owner 5915 W 17th W Willow Dr (L) (3 Emps) 241-1548
Steinberg H F Co William Steinberg President 3304 Cawson Way (L) (7 Emps) 491-7877
Top Line Painting Stanley A Lee President 11509 Cherry Ct (L) 246-3679
Weld Guy & Son Stephen Weld President 45113 Aster Rd (L) (8 Emps) 269-2239
Wicks Tank Painting Clarence Wicks Owner 6505 Mandeville Rd (L) (3 Emps) 231-9446
Young Patch G Daniel 5912 Chamberlan Ct (L) 967-9016

CONTRACTORS - RAILROAD

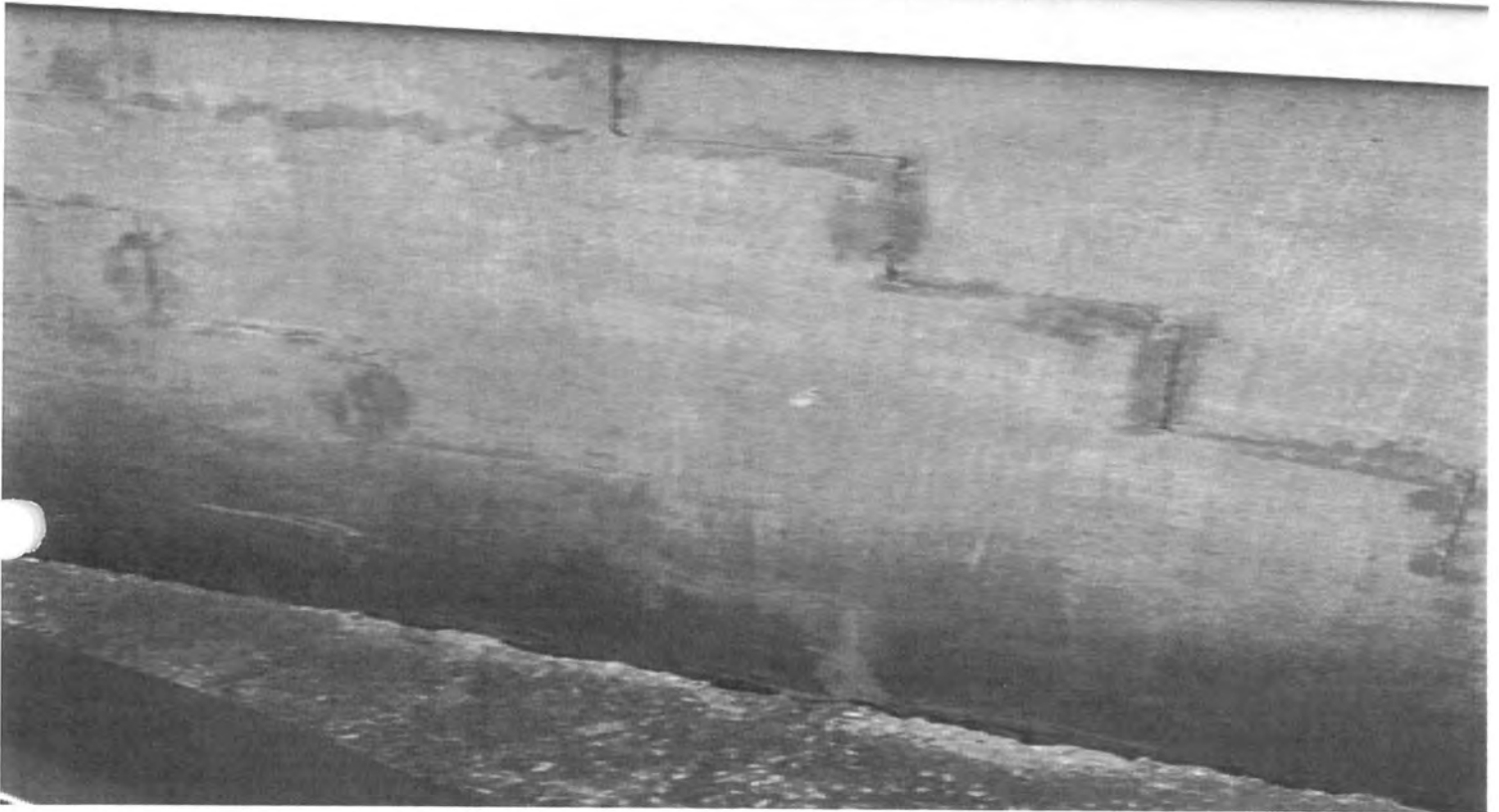
- Associated Railroad Corrs Norma Woods President 4650 Tower Rd (L) (3 Emps) 66-9751
B & B Metals William R Boets President 12319 Suncrest Dr (L) (3 Emps) 649-1044

CONTRACTORS - ROAD

- A A A Shellville Blacktop Pavement Rahn Summit Owner 1335 Old Pine Ln Rd (SH) 5 Emps 943-0025
Allen Asphalt David Allen Owner 420 Prestwood Ln (L) 955-8778
Allied Bld. Mopping Seacoasting 1035 Old Finchville Rd (SH) (3 Emps) 847-1401
Astar Pavement Maintenance Gary Brown Owner 589 Blossom Rd (L) (4 Emps) 957-1899
Barly Ph Asphalt Frank Barly Owner 4114 Sant Charles Ln (L) 458-9570
Cosby David L Construction 4605 Aster Rd (L) (15 Emps) 964-0777
Fisher Construction Stanley Fisher President 1478 Harrington Mill Rd (SH) 633-6011
Leong Enterprises G S Leong President PO Box 19119 (L) (6 Emps) 264-7611
Lloyds Services James Lloyd Owner 3303 Randomwood Ct (L) 239-0088
Maintenance Done Best Co Michael D Bernardi Owner 2006 Lynn Way (L) (3 Emps) 425-8297
Raw Construction Services 45 Hartsdale Dr (L) (3 Emps) 491-0672
Robison Michael W Construction Co Michael W Robison President 556 White Tab Cr (S) (3 Emps) 955-9603
Tingle Grading Co Llc Wendell Tingle Owner 2991 Six Mile Ln (L) (3 Emps) 499-8804
We - EBUR Teresa M Weber President 141 Cherokee Ter (FS) (5 Emps) 477-6090

Ask about infoTYME!

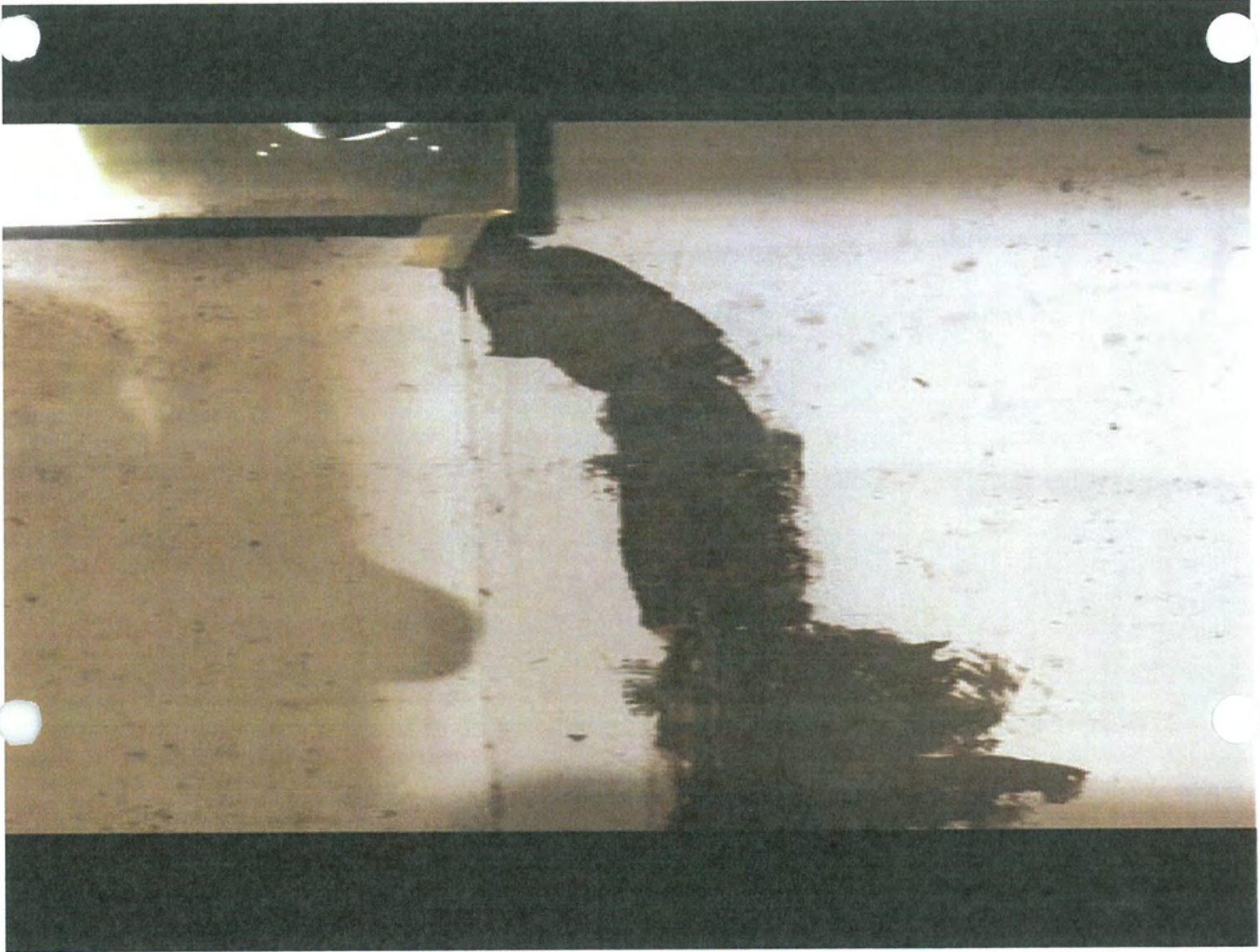
Mac G. Sawyers Commercial/Light Industrial Use Picture from 1999



1999 - Foundation Repair job.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1999



1999 - Cracked basement walls that were repaired by Mac Sawyers.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1999



1999 - Cracked basement walls that were repaired by Mac Sawyers.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 1999



1999 - Foundation repair job.

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OCCUPATIONAL LICENSE RETURN

FORM OL-3

City of Louisville, Jefferson County, Kentucky, Mass Transit, School Boards
 Website: Revenue.org Email: taxhelp@revenue.org
 DUE 15th DAY OF THE 4th MONTH FOLLOWING THE CLOSE OF THE FISCAL YEAR

If name change only check box

Print
Name &
Address

SAWYERS, MAC G
 9705 NATIONAL TPKE
 FAIRDALE, KY 40118-9766

FOR YEAR ENDED

12	31	99
MONTH	DAY	YEAR

ACCOUNT NUMBER

[REDACTED]
[REDACTED]

Change if Incorrect

FINAL RETURN (Check only to close account) Date Operations Ceased _____

NO ACTIVITY Check box if there was no activity

ALL LICENSEES MUST ANSWER QUESTIONS BELOW:

- A. Principal business activity House Mover
- B. What is your Social Security # (if any) [REDACTED] Business's Social Security # _____
- C. Your Federal Identification # (if any) [REDACTED] New Number Check Box
- D. Home Phone 502-368-9935 Business Phone _____
- E. During the past year did Federal Authorities change or propose to change net income reported for that year or any prior year?
 Yes (if yes, which year was adjusted?) _____ (Attach statement of changes)
 No _____
- F. Principal Corporation Administrative Officer's Name _____
 Address N/A SSN# _____
 Did you file a consolidated return? (If yes, see instructions)
- H. Was there a change in ownership in the past year? Date of change _____
 Name and address of new owner _____

Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Jefferson County? (other than an employee)
 Yes No
 If yes, you are required to file Form 1099-SF

ALL LICENSEES MUST COMPLETE THIS SECTION

25. Individuals, Partnerships, Corporations enter "Adjusted Net Profit" (from Line 20) →	COLUMN A Louisville Computation	COLUMN B Jefferson County Computation	COLUMN C Mass Transit Computation	COLUMN D School Boards Computation
26. ENTER percentages from Line 24	%	%	ENTER ON LINE 27 below the sum of Louisville & Jefferson Co Columns (Applies to everyone except Ministers & Domestic Employees)	ENTER ON LINE 27 below the sum of Louisville & Jefferson Co Columns (Applies to all Partnerships, Corporations and Residents)
27. NET PROFITS ALLOCATION Line 26 x Line 25	\$	\$	\$	\$
28. ENTER TOTALS from Line 1e	\$	\$	\$	\$
29. ENTER TOTALS of amounts Line 27 & 28 (Not less than Line 28)	\$	\$	\$	\$
30. Occupational License Fees @ 1.25%	\$	\$	\$	\$
31. TOTAL FEES DUE (Sum of Columns A, B, C & D Line 30) (IF LINE 31 IS GREATER THAN \$5,000.00 - SEE EXHIBIT "A" OF SPECIFIC INSTRUCTIONS)	\$	\$	\$	\$
32. ENTER ANY CREDIT DUE FROM PREPAYMENT OF TAX 1		REFUND DUE 2	CREDIT TO NEXT YEAR 3	1948
33. BALANCE FEES DUE	\$			1948
34. PENALTY AND INTEREST (See Instructions)	\$			
35. AMOUNT TO BE PAID (Add Lines 33 & 34)	\$			1948

RETURN MUST BE SIGNED - I hereby certify under penalty of perjury that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.
 PREPARER'S SIGNATURE Victoria M. Brightwell DATE 4-2000
 NAME Victoria M. Brightwell PHONE NUMBER 502-361-0196
 ADDRESS 539 Schoolway Louisville KY 40214 SOCIAL SECURITY NUMBER [REDACTED]

SIGNATURE OF LICENSEE _____ DATE _____
 PRINT NAME _____ TITLE _____

Please write your account number on your check or money order.



Customer 154308	P A R T S O R D E R	Document L20119	Pg 1
	CASH ON DELIVERY	10/12/99	10:19

Sold To	Ship To
MAG SAWYER GENERAL CONTRACTORS	BRANDEIS WILL CALL
9705 NATIONAL TURNPIKE	1801 WATTERSON TRAIL
LOUISVILLE KY 40116	LOUISVILLE KY 40299
502/368-9935	

Ship Via WILL CALL FOB WILL CALL

Dr.	Trk	Make	Model	Serial	Equipment	Meter	Slr	Customer	P.O.
								@00	

Qdtr	Ship	B/O	Description	Each	Amount
			Taken By Kevin Cranston	Ordered 10/12/99	
1	1		KM 627396D2 *GASKET	13A14 * 5	8.61
1	1		KM 325040R3 *GASKET	13J12 * 1	7.25
1	1		KM 324069R1 *GASKET	15F18 * 3	3.50
5	5		KM 321992R2 GASKET	18A18C* 10	9.85
			KENTUCKY SALES TAX		1.69

Thank you for your business!

Total 29.

The Buyer must inspect the items described hereon upon receipt. Claims for shipping errors or damages must be made at the time of receipt. See reverse side for return policy.



Brandeis

Brandeis Machinery & Supply Company

LOUISVILLE, KY
502-491-4000

LEXINGTON, KY
606-259-3456

CORBIN, KY
606-528-3700

STANVILLE, KY
606-478-9201

PADUCAH, KY
502-444-8390

EVANSVILLE, IN
812-425-4491

INDIANAPOLIS, IN
317-872-8410

FORT WAYNE, IN
219-489-4551

Customer
154508

PARTS ORDER
** BACKORDER RECEIPT **

Document
L19836

Pg
1

CASH ON DELIVERY

10/08/99

6:50

Sold To
MAC SAWYER GENERAL CONTRACTORS
9705 NATIONAL TURNPIKE
LOUISVILLE KY 40118
502/368-9935

Ship To
BRANDEIS WILL CALL
MAC SAWYER GENERAL CONTRACTORS
9705 NATIONAL TURNPIKE
LOUISVILLE KY 40118

ALREADY PAID FOR
10/7/99

ONLY ITEMS CIRCLED, ALL OTHERS WERE
PICKED UP ON 10/7/99

368-9935

BIS 1 BAG

Ship Via BRANDEIS TRUCK

FOB WILL CALL

Dr	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer	P.O.
01							000		

Qdr	Ship	B/O	Description	Each	Amount
Taken By			Kevin Cranston	Ordered	10/07/99
* PREPAID BY CREDIT CARD / SEE KEVIN !!!					
0	0		KM 619279C1 *ELEMENT	***** 0	.00
		Replaces	KM 606390C91		
1	1		KM 321958R1 *O RING	15D14 6	23.36 23.36
1	1		KM 324062R2 *RING	15G15 0	25.97 25.97
2	2		KM 336970R1 *O RING	17A13D+ 4	5.04 10.08
1	1		KM 381256R92 *ELEMENT	22B19 10	8.02 8.02
2	2		KM 338972R1 SHIM	TRANSFR*N 0	1.81 3.62
1	1		KM 619279C1 *ELEMENT	TRANSFR 0	20.72 20.72
		Replaces	KM 606390C91		
		Replaces	KM 606390C91		
KENTUCKY SALES TAX					5.51

CONTINUED

The Buyer must inspect the items described hereon upon receipt. Claims for shipping errors or damages must be made at the time of receipt. See reverse side for return policy.

Customer 154508 P A R T S O R D E R Document L19836 Pg 2
 ** BACKORDER RECEIPT **
 CASH ON DELIVERY 10/08/99 6:50

Sold To
 MAC SAWYER GENERAL CONTRACTORS
 9705 NATIONAL TURNPIKE
 LOUISVILLE KY 40118
 502/368-9935

Ship To
 BRANDEIS WILL CALL
 MAC SAWYER GENERAL CONTRACTORS
 9705 NATIONAL TURNPIKE
 LOUISVILLE KY 40118

Ship Via BRANDEIS TRUCK FOB WILL CALL 368-9935

Br Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer P.O.
01						000	

Qodr	Ship	B/O	Description	Each	Amount

Thank you for your business!

Weight	2.4 lb	Total	97
--------	--------	-------	----

The Buyer must inspect the items described hereon upon receipt. Claims for shipping errors or damages must be made at the time of receipt. See reverse side for return policy.

Customer
152759

PARTS ORDER
** BACKORDER **

Document
L19836

Pg
1

CASH ON DELIVERY

10/07/99

16:02

Sold To
MISCELLANEOUS CARD
ATTN: BOB MORRIS
LOUISVILLE KY 40232

Ship To
BRANDEIS WILL CALL
MAC SAWYER GENERAL CONTRACTORS
9705 NATIONAL TURNPIKE
LOUISVILLE KY 40118

368-9935

Ship Via BRANDEIS TRUCK FOB WILL CALL

Br Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer	P.O.
01						000	SAWYER	

Qdtr	Ship	B/O	Description	Each	Amount
			Taken By Kevin Cranston SHIP COMPLETE	Ordered 10/07/99	
0	0		KM 619279C1 *ELEMENT	0	.00
			Replaces KM 606390C91		
1	1		KM 321988R1 *O RING	6	23.38
1	1		KM 324062R2 *RING	0	25.97
2	2		KM 336970R1 *O RING	4	5.04
1	1		KM 381256R92 *ELEMENT	10	8.02
2	2	2	KM 338972R1 SHIM	0	1.81
1	0	1	KM 619279C1 *ELEMENT	0	20.78
			Replaces KM 606390C91		
			Replaces KM 606390C91		

KENTUCKY SALES TAX 4.00

CONTINUED

250 1st gift.

The Buyer must inspect the items described hereon upon receipt. Claims for shipping errors or damages must be made at the time of receipt. See reverse side for return policy.

Customer 152759 P A R T S O R D E R Document L19836 Pg 1

CASH ON DELIVERY 10/07/99 15:54

Sold To
 MISCELLANEOUS CARD
 ATTN: BOB MORRIS
 LOUISVILLE KY 40232

Ship To
 BRANDEIS WILL CALL
 1801 WATTERSON TRAIL
 LOUISVILLE KY 40299

Ship Via BRANDEIS TRUCK FOB WILL CALL

Br Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer	P.O.
01						000	SAWYER	

Order	Ship	B/O	Description	Each	Amount
Taken By			Kevin Cranston	Ordered	10/07/99
1	1		KM 619279C1 *ELEMENT	15A17	20.72
Replaces			KM 606390C91		
1	1	1	KM 321988R1 *O RING	15D14	23.36
1	1	1	KM 324062R2 *RING	15G15 *	25.97
2	2	2	KM 336970R1 *O RING	17A13D*	5.04
1	1	1	KM 301256R92 *ELEMENT	22B19	8.02
2	2		KM 338972R1 SHIM	NONSTKTN	1.81
KENTUCKY SALES TAX					5.51

CREDIT CARD Sale

Thank you for your business!

Weight 2.4 lb Total 97.00

250 Hydft'



CUSTOMER COPY
 LOUISVILLE, KY 502-491-4000 LEXINGTON, KY 606-259-3456 CORBIN, KY 606-528-3700 STANVILLE, KY 606-478-9201 PADUCAH, KY 502-444-8390

EVANSVILLE, IN 812-425-4491 INDIANAPOLIS, IN 317-872-8410 FORT WAYNE, IN 219-489-4551

Customer 152759 P A R T S O R D E R Document L19836 Pg 2
 ** BACKORDER **
 CASH ON DELIVERY 10/07/99 16:02

Sold To
 MISCELLANEOUS CARD
 ATTN: BOB MORRIS
 LOUISVILLE KY 40232

Ship To
 BRANDEIS WILL CALL
 MAC SAWYER GENERAL CONTRACTORS
 9705 NATIONAL TURNPIKE
 LOUISVILLE KY 40118

Ship Via BRANDEIS TRUCK FOB WILL CALL 368-9935

Br Trk	Make	Model	Serial	Equipment	Meter	Sl#	Customer P.O.
01						000	SAWYER

Order	Ship	B/O	Description	Each	Amount

Thank you for your business!

Weight	1.1 lb	Total	71.48
--------	--------	-------	-------

The Buyer must inspect the items described hereon upon receipt. Claims for shipping errors or damages must be made at the time of receipt. See reverse side for return policy.

NATALIE WAY to NEDA WAY

NATALIE WAY (L)

- 10101 Reed David W
10104 Break Robert K
10105 Williams Joseph
10105 Crumble Jan E
10106 Duke Michele R
10106 Richards Charles W
10107 R...
10108...
10109...
10110...
10111...
10112...
10113...
10114...
10115...
10116...
10117...
10200...
10203...
10204...
10205...
10206...

NATIONAL TPKE (FAIRDALE)

- 8510 SUPERAMERICA gas stations
8602 Pulham Anna
8610 Mazariz Paul M
8612 Richardson William H Jr
8614 Scroggins James
8702 MCOBY DICK SEAFOOD eating prices
8704 SAVE-A-LOT STORE grocery stores
8803 Dorsey Lisa C
8803 Paulam Anna
8804 FURNITURE LIQUIDATORS
8808 GIBSON'S WHITE LIGHTING
8809 BAIRD'S AUTO PARTS mtr vchrl prts used
8814 B & R SPEED SHOP auto rpr
8910 O P CHILD DEVELOPMENT child day care svcs
9208 GEORGE'S TV electronics
1208 a KUSTOM KUTS beauty shops
210 CUSTOM COLORS pnt & body rpr
300 Hobbs Joseph K
3 BLUEGRASS SIDING & TRIM
Dunn Garnett R
Dunn Tina M
3 SPENCER CONCRETE SERVICES
1 Alton David L Sr
1 EVANS FURNITURE CO furniture stores
1 Starr Chris B
1208 a KUSTOM KUTS beauty shops
210 CUSTOM COLORS pnt & body rpr
300 Hobbs Joseph K
3 BLUEGRASS SIDING & TRIM
Dunn Garnett R
Dunn Tina M
3 SPENCER CONCRETE SERVICES
1 Alton David L Sr
1 EVANS FURNITURE CO furniture stores
1 Starr Chris B
1208 a KUSTOM KUTS beauty shops
210 CUSTOM COLORS pnt & body rpr
300 Hobbs Joseph K
3 BLUEGRASS SIDING & TRIM
Dunn Garnett R
Dunn Tina M
3 SPENCER CONCRETE SERVICES
1 Alton David L Sr
1 EVANS FURNITURE CO furniture stores
1 Starr Chris B

NATIONAL TPKE (F)

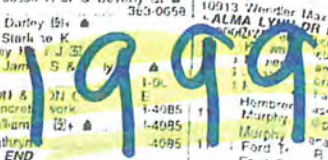
- Poone James W
Poone Carolyn J
Wilkins Joseph C
French Larry W
French Carolyn M
Kettler Lawrence J
SAYYER MAC HOUSE & BUILDING MOVERS
M...
Thomas Amanda G
Fisher Stephen R
Young David M
Young Barbara E
Mudd Junior D
Mudd Sherry S
Goff Gregory M
Holtzman Kathy R
Graves Monica P
Ostersbach Lucy E
Ostersbach Irvin J
Chitwood Elita F
BROWN'S TREE SERVICE
McDaniel Irma T
Fisher Verlon C
Fisher Lake M
Ferguson Herman R
Ferguson Linda S
Murphy James H
Murphy Edna R
Schmidt John H & Elita
Spade Jesse L Jr
McDaniel Ray L
Carty Russell D & Roberta
Hickerson Eugene A
Hickerson Helen
Carty James L
Riley Wanda C
Turner James F
Turner Theresa
Brown Beulah B
Brown Manuel L Sr
Abrams Timothy H & Margie
Childress Michael K
Childress Kimberly R
Chrisman William R
Chrisman Katherine A
Foster Tony R & Deborah
Paulley Belinda J
Holbert Jay
Farris Donald R
Allen Murray
Farmer Eh
Farmer Janice M
Passehl Harry
Singh Balbakh
George Donald A
Wedding Donald
Wedding Elizabeth F
Schoenagel Charlotte B
Lawrence Mary B
Pence Suzanne R
Pence Mary B
Brooks Ben E & Betty
Williams Robert E
Williams Terry L
Keith Doris J
Ansert Camilla P
Ansert William C
Champion Ruth
Wagoner Diane
Wagoner Diane
Younger Ted
Fogor Will L
Feger Deborah L
Jager William A
Armes William R
Thompson Lana J
Sweeney Norma J
Sweeney Theodore J
Hoagland Raymond B & Clara
Gatos Arthur G
Younger Elisha J Jr
Younger Buck
Millner Patrick
Schultz Benjamin H
SCHULTZ W T CO concrete work
Gillock Wesley R
Gillock Vickie L
Gillock-Smith Zanda L

NATIONAL TPKE

- Smith Jason G
SPECIAL BAILIFF bailiffs
Habach Richard G
Haben Frank S Sr
Edwards H
Foster Jason Jr & Beverly
Hesby Darley B
Hesby Stark to K
Moberly J
Rogers James
MORTON & COH concrete work
Riley William
Riley Kathryn
HOLLY AVE END
Lentworth R
Long Denise
Hazel B
Garza Ramona S
Ritchey Scott A
Ritchey Marcella V
K R SERVICE repair svcs
Robertson R A
Jenkins Ray
Jenkins Sibly
Riley Samuel
Riley Kimberly D
Bergstrom Edna H Sr
Bergstrom Joyce L
Marquart Jerome M
Adkins Loyald L
Adkins Pauline A
Boggs Doris J
Boggs Wayne T
Ferguson Gordon D & Mary
Mok Robert L
Mudd Leonard G
Fulter Kohn W
Moble Joyce A
Moble George H
POOLE LN BEGINS
Pooie Mary L
Thomasson Timothy J
Thomasson P A
Gerkins Mack
Allon Richard
MOUNT HOLLY RD ENDS
Virgin Furge Jr
Toohy Gary W
Fuller Leah P
CORAL RIDGE AUTO SALES new used car dirs
Hsiao Tsushun
Weatherington Rev Harry E
ANGLES ARE US CHILD CARE child day care svcs
Ransye Suzanne
CORAL RIDGE ELEMENTARY SCHOOL elemtry scndry sch
Broadhurst Billie J
Myers Sue
Burks Minnie G
Yonis Greta P
HARRISON LN BEGINS
McGraw Donna K
COOLE LN BEGINS
Dennis Stephen G
Bonn Thomas L & Martha
Johnson Gary A
Jonsson Robert J
Key Robert V & Jeanenne
Kelly Robert E
McCue Billy R
McCue Robin
Piggs Melissa M
Weber Jeannette M
Crick Jerry
Crick Peggy J
Alesi Stephen
Alesi Kolya
Simpson Jerry L Sr
U S A ROOFING CO rlng sdng
Boit Metra D
Boit Michael W
Gallina Anthony P
Judd Morris G Jr
Judd Carol S
Combs B
Ford Harley W
Ford Brenda G
Spears John C
Dunn Gary A
Judd June C
Littelman Ronald G
Whimer Clifton S
Whimer Tara L
Huff Norma E
Pirman Mike D
Pirman Milzi
Karcher Susie M
Higdon Charlotte L
Higdon Angela D
Brown Thomas W
Underwood Nelco C
Underwood David
Judd Darla L
James Robert W
James Doris I

NATIONAL TPKE

- Morris John M & Carolyn
Larson Dan
Wheeler Max G
ALMA LYNN DR ENDS
Hombrook Murphy
Ford T
Smith L
Mason Charles
Trotter Thomas
Ston Franklin
Gaug William L
RAILROAD CROSSES + S PARK RD INTERSECTS BUSINESSES 31
NAVAHO RD (SHELBYVILLE)-FROM 99 CHEROKEE RD NORTH ZIP CODE 40065 CAR-RT C004
501 Schooner Glenn R
Schooner Deborah L
Zawora Emi P
Conlon Daniel H & Amanda
Hexlett Nancy I
Hexlett Mark E
Matthews Hugh E Jr
Price Tony E
PRICE DRYWALL painting
Pumphrey Dwight E
MARY KAY COSMETICS DISTRIBUTOR misc rli dirs
Weaver Joseph M Sr & June
Conley Linda C
Gish Lawrence E
Gish Annette H
Ito Masao
Kelly John R Sr
Dornholt Joseph E & Diane
Stanbery Betty L
Akkesson Thomas L & Pamela
Lafair Michael R & Jennifer
Schwab Carrie L
Hays James E
Hays Judith R
Lowden Daniel H
Lowden Virginia P
Tipton James C
Tipton Christine
SHAWNEE RD BEGINS + SENECA RD INTERSECTS BUSINESSES 2
NAVAJO CT (LOUISVILLE)-FROM 5501 TECUMSEH CIR ZIP CODE 40207 CAR-RT C007
1201 Markus Howard J
1203 Dudgeon Henry
Dudgeon Leanne E
Meyer John A
Meyer Beverly D
Fuller Thomas R & Jeanette
Ferguson J M
Wohleb Gregory A
Wohleb Shelley F
Smith Fred B
Smith Carole S
Foy Garrett R & Mary
Kelley Margaret A
Gould Sara F
Gould Richard A
Durham Jane P & Joseph
Arnold Harry R & Rosalind
Nixon Theodore H
Nixon Houghton
Porter Edwn J & Kay
Smith Sherry
Smith Sharon E
Brothers Frank
Sheen Samuel R Jr & Elizabeth
Bloom Hannah W
TRI-CITY REALTY nrsntnl clog oprs
Lyle Fred
THIS LITTLE PIGGY shoe stores
Vandertoll Jay J Sr
Vandertoll Joan E
Morris V T
Morris Elizabeth M
Fulton Gerry H
FULTON & ASSOC scrtl crt rplng
Silhanek Frederick J & Peggy
Jessop Robert E
Kimmel Carl W
Kimmel Adeline M



File 309/10B

Form 1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 1999

(99) IRS use only - Do not write or staple in this space.

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

OMB No. 1545-0074

Label (See instructions.)

Your First Name MI Last Name MAC G SAWYER

Your Social Security Number

If a Joint Return, Spouse's First Name MI Last Name

Spouse's Social Security Number

Use the IRS label. Otherwise, please print or type.

Home Address (number and street). If You Have a P.O. Box, See Instructions. 9705 NATIONAL TURNPIKE

Apartment No.

City, Town or Post Office. If You Have a Foreign Address, See Instructions. FAIRDALE

State ZIP Code KY 40118

Important! You must enter your social security number(s) above.

Presidential Election Campaign (See instructions.)

Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund?

Yes No

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

Filing Status

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

Check only one box.

Exemptions

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

No. of boxes checked on 6a and 6b

1

b Spouse

c Dependents:

(1) First name Last name MAC G SAWYER

(2) Dependent's social security number

(3) Dependent's relationship to you Son

(4) if qualifying child for child tax credit (see instructions) X

No. of your child on 6c who: a lived with you b did not live with you due to divorce or separation (see instructions)

1

Dependents on 6c not entered above

d Total number of exemptions claimed

Add numbers entered on lines above

2

Income

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

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

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

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

Adjusted Gross Income

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

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

Tax and Credits

Standard Deduction for Most People

Single: \$4,300

Head of household: \$5,350

Married filing jointly or Qualifying widow(er): \$7,200

Married filing separately: \$3,600

34 Amount from line 33 (adjusted gross income) 34

35a Check if: You were 65/older, Blind; Spouse was 65/older, Blind. Add the number of boxes checked above and enter the total here 35a

b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here 35b

36 Enter your itemized deductions from Schedule A, line 28, Or standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent IE 36

37 Subtract line 36 from line 34 37

38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet in the instructions for the amount to enter 38

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39

40 Tax (see instrs). Check if any tax is from a Form(s) 8814 b Form 4972 40

41 Credit for child and dependent care expenses. Attach Form 2441 41

42 Credit for the elderly or the disabled. Attach Schedule R 42

43 Child tax credit (see instructions) 43

44 Education credits. Attach Form 8863 44

45 Adoption credit. Attach Form 8839 45

46 Foreign tax credit. Attach Form 1116 if required 46

47 Other. Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify) 47

48 Add lines 41 through 47. These are your total credits 48

49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- 49

Other Taxes

50 Self-employment tax. Attach Schedule SE 50

51 Alternative minimum tax. Attach Form 6251 51

52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 52

53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required 53

54 Advance earned income credit payments from Form(s) W-2 54

55 Household employment taxes. Attach Schedule H 55

56 Add lines 49-55. This is your total tax 56

Payments

57 Federal income tax withheld from Forms W-2 and 1099 57

58 1998 estimated tax payments and amount applied from 1998 return 58

59a Earned income credit. Attach Schedule EIC if you have a qualifying child. b Nontaxable earned income: amount and type 59a

60 Additional child tax credit. Attach Form 8812 60

61 Amount paid with request for extension to file (see instructions) 61

62 Excess social security and RRTA tax withheld (see instrs) 62

63 Other payments. Check if from a Form 2439 b Form 4136 63

64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments 64

Refund

Have it directly deposited! See instructions and fill in 66b, 66c, and 66d.

65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you Overpaid 65

66a Amount of line 65 you want Refunded to You 66a

b Routing number c Type: Checking Savings

d Account number

67 Amount of line 65 you want Applied to Your 2000 Estimated Tax 67

Amount You Owe

68 If line 56 is more than line 64, subtract line 64 from line 56. This is the Amount You Owe. For details on how to pay, see instructions 68

69 Estimated tax penalty. Also include on line 68 69

Sign Here

Joint return? See instructions. Keep a copy for your records.

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

Your Signature _____ Date _____ Your Occupation HOUSE MOVER EQUIP RENTAL Daytime Telephone Number (optional) _____

Spouse's Signature If a Joint Return, Both Must Sign. _____ Date _____ Spouse's Occupation _____

Paid Preparer's Use Only

Preparer's Signature *Victoria M. Brightwell* Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's Name (or yours if self-employed) and Address Self-prepared EIN _____ ZIP Code _____

Schedule C
(Form 1040)

Profit or Loss from Business
(Sole Proprietorship)

OMB No. 1545-0074

1999
09

Department of the Treasury
Internal Revenue Service (99)

Partnerships, joint ventures, etc. must file Form 1065 or Form 1065-B.
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of Proprietor

MAC G SAWYER

Social Security Number (SSN) [REDACTED]

A Principal Business or Profession, Including Product or Service (see instructions)

HOUSE MOVER EQUIPMENT RENTAL

B Enter Code from instructions

C Business Name, If No Separate Business Name, Leave Blank

MAC G SAWYER HOUSE MOVER / RENTAL

D Employer ID Number (EIN), If Any

E Business Address (include suite or room no., City, Town or Post Office, State, & ZIP Code) 9705 NATIONAL TURNPIKE
FAAIRDALE, KY 40118

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you 'materially participate' in the operation of this business during 1999? If 'No,' see instructions for limit on losses Yes No

H If you started or acquired this business during 1999, check here

Part I Income

1 Gross receipts or sales. **Caution:** If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here

2 Returns and allowances

3 Subtract line 2 from line 1

4 Cost of goods sold (from line 42 on page 2)

5 Gross profit. Subtract line 4 from line 3

6 Other income, including federal and state gasoline or fuel tax credit or refund

7 Gross income. Add lines 5 and 6

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising

9 Bad debts from sales or services (see instructions)

10 Car and truck expenses (see instrs)

11 Commissions and fees

12 Depletion

13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)

14 Employee benefit programs (other than on line 19)

15 Insurance (other than health)

16 Interest:

a Mortgage (paid to banks, etc)

b Other

17 Legal & professional services

18 Office expense

19 Pension and profit-sharing plans

20 Rent or lease (see instructions):

a Vehicles, machinery, and equipment

b Other business property

21 Repairs and maintenance

22 Supplies (not included in Part III)

23 Taxes and licenses

24 Travel, meals, and entertainment:

a Travel

b Meals and entertainment

c Enter nondeductible amount included on line 24b (see instructions)

d Subtract line 24c from line 24b

25 Utilities

26 Wages (less employment credits)

27 Other expenses (from line 48 on page 2)

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns

29 Tentative profit (loss). Subtract line 28 from line 7

30 Expenses for business use of your home. Attach Form 8829

31 Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go on to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

A For Paperwork Reduction Act Notice, see Form 1040 instructions.

32 a All investment is at risk.

32 b Some investment is not at risk.

Schedule C (Form 1040) 1999



OFFICE OF
R. DAVID STENGEL
COMMONWEALTH'S ATTORNEY
514 WEST LIBERTY
LOUISVILLE, KENTUCKY 40202-2887

HARRY J. ROTHGERBER, JR.
FIRST ASSISTANT

(502) 595-2300
FAX (502) 595-4650

March 5, 1999

Mr. Mac Sawyer
9705 National Turnpike
Fairdale, Kentucky 40118

RE: Commonwealth v. Jonathon Smith
Indictment No. 98CR1543

Dear Mr. Sawyer:

After you left court on March 3rd, the defendant decided to go ahead and enter a guilty plea in the above case and two other cases. The judge sentenced him to 5 years in the penitentiary.

As we have discussed before, as long as the defendant is serving time in prison, we cannot force him to make restitution to you. However, if he is granted shock probation at some point in the future, then the court can require him to make restitution. As a matter of fact, I included in the plea agreement a section which states that, if defendant is granted shock probation, we would ask the Court to order him to make \$5,000 in restitution to you.

I will let you know when defendant files a Motion for Shock Probation, and you may attend the hearing. If you have any questions, please feel free to contact me.

Sincerely,

W. DOUGLAS KEMPER
Assistant Commonwealth's Attorney

WDK/cq



Mac G. Sawyers Commercial/Light Industrial Use Picture from 1998



1998 - Steel beams under house at house moving job.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1998



1998 - Steel beams with eyelets, manufactured and delivered to job site.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 1998



1998 - Steel beams with eyelets, manufactured and delivered to job site.

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Jefferson County

CODE ENFORCEMENT OFFICE

531 Court Place Suite 301 • Louisville, KY 40202-3391

502/574-5950

PERMIT TYPE	Moving	PERMIT NO.		ISSUE DATE	11/17/1998
LOCATION	5007 E HANSLICK RD			LOT/BLK	0000000
APPLICANT	ADAMS NATHAN OHIO VALLEY MOVERS 1540 LUCAS ROAD SMITHFIELD, KY 40068			LICENSE NO.	0197
				PHONE	502-845-7687
				INSPECTOR	STINSON, SARAH
				OFFICE	502-574-5950
CENSUS TRACT		DIST.		ZIP CODE	
PERMIT FEE	0.00	ESTIMATED COST			
OWNER	SMITH CHARLES 5007 E HANSLICK ROAD LOUISVILLE KY 40219			APPL NO 9824717 PHONE 502-964-1935 PAGE 1	

PERMIT INFORMATION

TYPE OF MOVE: OVER A PUBLIC WAY

TYPE OF MOVE: CITY TO CITY OR COUNTY TO COUNTY

FOUNDATION PERMIT NUMBER:

REMARKS: MOVING HOUSE FROM 2917 FERGUSON LANE TO ABOVE ADDRESS. SHALL COMPLY WITH CABO 1995 CODE. STRUCTURAL SYSTEM RESPONSIBILITY OF CONTRACTOR. SHALL COMPLY WITH R-4 ZONE SETBACKS. NO COMMERCIAL USE ALLOWED.
B-SARAH, E-SHOFFERDORVILLE PG 64 MOVE HOUSE

[Handwritten Signature]

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

MAC SAWYER GENERAL CONTR, INC.
9705 NATIONAL TURNPIKE, FAIRDALE, KY. 40118 (502)-368-9935

AGREEMENT

THIS AGREEMENT MADE THIS 29TH DAY OF APRIL, 1998 BETWEEN
MAC SAWYER AND MAC SAWYER GENERAL CONTR, INC. AND
NATHAN ADAMS AND ADAMS CONTRACTING AND ADAMS
HOUSE MOVING.

IT IS AGREED THAT MAC SAWYER GENERAL CONTR, INC. GETS
MORE JOBS THAN HE IS WILLING TO DO AT THE PRESENT TIME
AND NATHAN ADAMS AND COMPANIES ARE NOT STAYING AS
BUSY AS HE WOULD LIKE TO BE, SO AN AGREEMENT HAS BEEN
MADE THAT MAC SAWYER GENERAL CONTR, INC. WILL GIVE
NATHAN ADAMS AND OR HIS COMPANIES, JOBS FOR 10 PERCENT
OFF THE TOP OF THE TOTAL BID PRICE. (THIS INCLUDES ALL MONEY
RECEIVED FROM ANY JOBS ARISING FROM THIS LEAD AND INCLUDES
ALL WORK DONE BY ADAMS OR COMPANIES FOR PERSON OR
COMPANY THAT MAC SAWYER GENERAL CONTR, INC. GIVES
MR. ADAMS OR COMPANIES.)

NATHAN ADAMS AGREES TO, NOT DO ANY JOBS GIVEN TO HIM
BY MAC SAWYER GENERAL CONTR, INC. WITHOUT GIVING HIM
THE AGREED 10 % PERCENT, NOR WILL HE GIVE THESE JOBS TO
ANYONE ELSE OR WORK ON THESE JOBS WITH ANYONE ELSE OR
ALLOW ANY OF HIS EQUIPMENT TO BE USED ON ANY OF THESE
JOBS WITHOUT GIVING MAC SAWYER GENERAL CONTR., INC.
10 PERCENT AS AGREED HEREIN.

TO BE PAID AS FOLLOWS:

HALF OR FIVE PERCENT WHEN JOB IS SIGNED UP OR STARTED
AND THE BALANCE OF THE FIVE PERCENT WHEN JOB IS COMPLETED
OR WHEN FULL PAYMENT IS RECEIVED.

TIMELY PAYMENT IS OF THE ESSENCE AND A FIVE PERCENT
ADDITIONAL PENALTY RAISING THE TOTAL TO 15 PERCENT OF THE
TOTAL JOB AND A REASONABLE ATTORNEYS FEE IS ADDED ONTO
THE ABOVE 10 PERCENT IF PAYMENTS ARE NOT MADE WITHIN
10 DAYS OF THE ABOVE AGREED DATES AND TIMES.

AGREED: _____ DATE _____
MAC SAWYER GENERAL CONTR, INC.

AGREED: _____ DATE _____
NATHAN ADAMS AND COMPANIES

END OF DOCUMENT



ADAM'S CONTRACTORS
 NATHAN J. ADAMS
 1540 LUCAS RD. PH. 222-2366
 SMITHFIELD, KY 40068

73-161/833
 0169978

3500

DATE 6/5/98

PAY TO THE
 ORDER OF

Mac Sawyer

\$ 1,250.00

*Twelve - Hundred * Fifty*

DOLLARS



SHELBY COUNTY TRUST BANK

P.O. Box 249
 Shelbyville, KY 40066-0249

MEMO

*5% on Monsted Job * In Job*

[Signature]

THIS AGREEMENT IS MADE THIS 5th DAY OF JUNE 1998
 BETWEEN NATHAN ADAMS AND MAC SAWYER GENERAL CONTRACTING AND ADAMS
 INC. ADAMS INC. IS HEREBY GRANTING TO MAC SAWYER GENERAL CONTRACTING
 INC. THE RIGHT TO DO ALL THE WORK AND TO BE RESPONSIBLE FOR THE
 COSTS OF THE WORK TO BE DONE UNDER THIS AGREEMENT. THIS
 AGREEMENT INCLUDES ALL MATERIALS AND LABOR NEEDED TO COMPLETE
 THE WORK. THE TOTAL PRICE OF THE WORK IS \$1,250.00. THIS
 AGREEMENT IS NOT TO BE USED FOR ANY OTHER WORK OR FOR ANY
 OTHER COMPANY. THE WORK IS TO BE COMPLETED BY 6/5/98.
 ADAMS INC. AGREES TO NOT DO ANY OTHER WORK FOR THIS COMPANY
 OR FOR ANY OTHER COMPANY. ADAMS INC. AGREES TO PROVIDE ALL
 MATERIALS AND LABOR NEEDED TO COMPLETE THE WORK. ADAMS
 INC. AGREES TO BE RESPONSIBLE FOR THE COSTS OF THE WORK TO BE
 DONE UNDER THIS AGREEMENT. THIS AGREEMENT INCLUDES ALL
 MATERIALS AND LABOR NEEDED TO COMPLETE THE WORK. THE TOTAL
 PRICE OF THE WORK IS \$1,250.00. THIS AGREEMENT IS NOT TO BE
 USED FOR ANY OTHER WORK OR FOR ANY OTHER COMPANY. THE WORK
 IS TO BE COMPLETED BY 6/5/98. ADAMS INC. AGREES TO PROVIDE
 ALL MATERIALS AND LABOR NEEDED TO COMPLETE THE WORK. ADAMS
 INC. AGREES TO BE RESPONSIBLE FOR THE COSTS OF THE WORK TO BE
 DONE UNDER THIS AGREEMENT. THIS AGREEMENT INCLUDES ALL
 MATERIALS AND LABOR NEEDED TO COMPLETE THE WORK. THE TOTAL
 PRICE OF THE WORK IS \$1,250.00.

ADDITIONAL

MAC SAWYER GENERAL CONTRACTING INC
 625 NATIONAL AVENUE KENTON KY 40181

file

OCCUPATIONAL LICENSE RETURN

FORM OL-3

City of Louisville; Jefferson County, Kentucky; Mass Transit; School Boards
DUE 15TH OF THE 4TH MONTH FOLLOWING THE CLOSE OF THE FISCAL YEAR

If name change only check box

Print Name & Address

SAWYER MARGARET
9705 NATI TRAIL
FAIRDALE Ky 40118-9709

FOR YEAR ENDED 12 31 98
MONTH DAY YEAR

ACCOUNT NUMBER

FOR OFFICE USE ONLY
REV. BY ENTRY
FLAG
NON PPVER. FINAL
OL W1 CL A/R DONE
E.D. 1 1

Change if incorrect (Note: Only 1 address can be maintained per account. If the address shown is the mailing address for your payroll department, no change will be made.)

FINAL RETURN (Check only to close account.) Date Operations Ceased: NO ACTIVITY Check box if there was no activity.

ALL LICENSEES MUST ANSWER QUESTIONS BELOW:

A. Principal business activity HOUSE MAINTENANCE
B. What is your Social Security # (if any)
C. Your Federal Identification # (if any)
D. Home Phone Business Phone
E. During the past year did Federal Authorities change or propose to change net income reported for that year or any prior year?
F. Principal Corporation Administrative Officer's Name
G. Did you file a consolidated return?
H. Was there a change in ownership in the past year?

RTA
BY CODE CKD
F O D

Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Jefferson County? (other than an employee)
Yes No
If yes, you are required to file Form 1099-SF

ALL LICENSEES MUST COMPLETE THIS SECTION

Table with 4 columns: COLUMN A Louisville Computation, COLUMN B Jefferson County Computation, COLUMN C Mass Transit Computation, COLUMN D School Boards Computation. Rows include percentages, net profits allocation, totals, and fees due.

PREPARER'S SIGNATURE DATE
NAME PHONE NUMBER
ADDRESS SOCIAL SECURITY NUMBER
SIGNATURE OF LICENSEE DATE
PRINT NAME TITLE

Please write your account number on your check or money order.

Schedule C
(Form 1040)

Profit or Loss from Business
(Sole Proprietorship)

OMB No. 1545-0074

1998
09

Department of the Treasury
Internal Revenue Service (99)
Owner or Proprietor

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule C (Form 1040).

MAC G SAWYER

A Principal Business or Profession, Including Product or Service (see instructions)
HOUSE MOVER EQUIPMENT RENTAL

C Business Name. If No Separate Business Name, Leave Blank.
MAC SAWYER HOUSE MOVER / RENTAL

E Business Address (include suite or room no.) ▶ **9705 NATIONAL TURNPIKE**
City, Town or Post Office, State, & ZIP Code **FAIRDALE KY 40118**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you 'materially participate' in the operation of this business during 1998? If 'No,' see instructions for limit on losses ... Yes No

H If you started or acquired this business during 1998, check here ▶

Social Security Number (SSN)
[REDACTED]

▶ Enter new code from instructions
▶ **235900**

D Employer ID Number (EIN), if Any
[REDACTED]

Part I Income

1	Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here	1	[REDACTED]
2	Returns and allowances	2	[REDACTED]
3	Subtract line 2 from line 1	3	[REDACTED]
4	Cost of goods sold (from line 42 on page 2)	4	[REDACTED]
5	Gross profit. Subtract line 4 from line 3	5	[REDACTED]
6	Other income, including federal and state gasoline or fuel tax credit or refund	6	[REDACTED]
7	Gross income. Add lines 5 and 6	7	[REDACTED]

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	[REDACTED]	19	Pension and profit-sharing plans	19	[REDACTED]
9	Bad debts from sales or services (see instructions)	9	[REDACTED]	20	Rent or lease (see instructions):	20a	[REDACTED]
	Car and truck expenses (see instrs)	10	[REDACTED]		a Vehicles, machinery, and equipment	20b	[REDACTED]
11	Commissions and fees	11	[REDACTED]	21	Repairs and maintenance	21	[REDACTED]
12	Depletion	12	[REDACTED]	22	Supplies (not included in Part III)	22	[REDACTED]
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	[REDACTED]	23	Taxes and licenses	23	[REDACTED]
14	Employee benefit programs (other than on line 19)	14	[REDACTED]	24	Travel, meals, and entertainment:	24a	[REDACTED]
15	Insurance (other than health)	15	[REDACTED]		a Travel	24a	[REDACTED]
16	Interest:	16a	[REDACTED]		b Meals and entertainment	970.	[REDACTED]
	a Mortgage (paid to banks, etc)	16a	[REDACTED]		c Enter 50% of line 24b subject to limitations (see instructions)	485.	[REDACTED]
	b Other	16b	[REDACTED]		d Subtract line 24c from line 24b	24d	[REDACTED]
17	Legal & professional services	17	[REDACTED]	25	Utilities	25	[REDACTED]
18	Office expense	18	[REDACTED]	26	Wages (less employment credits)	26	[REDACTED]
27	Other expenses (from line 48 on page 2)	27	[REDACTED]	27	Other expenses (from line 48 on page 2)	27	[REDACTED]
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	[REDACTED]	28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	[REDACTED]
29	Tentative profit (loss). Subtract line 28 from line 7	29	[REDACTED]	29	Tentative profit (loss). Subtract line 28 from line 7	29	[REDACTED]
30	Expenses for business use of your home. Attach Form 8829	30	[REDACTED]	30	Expenses for business use of your home. Attach Form 8829	30	[REDACTED]
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go on to line 32.	31	[REDACTED]	31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go on to line 32.	31	[REDACTED]
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198.	32a	<input checked="" type="checkbox"/>	32a	All investment is at risk.	32a	<input checked="" type="checkbox"/>
		32b	<input type="checkbox"/>	32b	Some investment is not at risk.	32b	<input type="checkbox"/>

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1998

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (5)

▶ See separate instructions. ▶ Attach this form to your return.

Attachment
Sequence No. **67**

Name(s) shown on return

MAC G. SAWYER

Business or activity to which this form relates

SCH.C HOUSE MOVERS & RENTALS

Identifying number

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1997. See page 3 of the instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1999. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1998 Tax Year (Do Not Include Listed Property.)

Section A—General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions

Section B—General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Alternative Depreciation System (ADS) (See page 5 of the instructions.)

16a Class life						
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See page 6 of the instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1998	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See page 6 of the instructions.)

20	Listed property. Enter amount from line 26.	20	
21	Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	21	
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

1998

- ALIE WAY
969 Sharon M 267-5592
970 Rickey L & Laura 267-5592
971 Not Verified (2 Hses)
972 Rigby Darrell E 266-6740
973 Gladys F 266-6740
974 James Kenneth E 267-3096
975 Thomas J 267-3096
976 Susan 266-7808
977 Johnson Steven L 266-7808
978 Johnson Pamela H & Cheryl 267-4815
979 Not Verified
980 Johnson Richard J & Frances 267-5603
981 Edwards Jeffrey S 266-5825
982 Edwards Jeffrey S 266-5825
983 Edwards Lealey M 267-3086
984 Carroll Michael A 267-3086
985 Carroll Lisa A 267-3086

HOUSEHOLDS 28

NATIONAL TPKE (CARDALE)

ZIP CODE 40118 CAR-RT R002

- 902 Fullum Warren L 367-7373
903 Fullum Reuben H Sr 367-7373
904 Muzzey Paul M 367-7373
905 Humphrey Jack L 363-5091
906 HUMPHREY GARDENS lawn garden svcs
907 HUMPHREY NURSERY & GARDEN CNTR lawn garden svcs
908 Richardson William H Jr 363-5045

ZIP CODE 40118 CAR-RT R002

- 909 Richardson Yvonne E 366-7664
910 Srogons L J 366-7664
911 GLENGARRY DR INTERSECTS
912 ZIP CODE 40118 CAR-RT R005
913 STEP-IN-OUT shoe stores 367-6545
914 SAVE A LOT STORE grocery stores 367-4352
915 SINCLEAR ST ENDS

ZIP CODE 40118 CAR-RT R002

- 916 Dorsey Lisa C 361-2147
917 GANP LEASING CO eqpt rntl leasing
918 PAULIN ELECTRIC COMPANY elec work
919 FURNITURE LIQUIDATORS furniture stores 367-0236
920 NEAL'S DELIVERY SERVICE lcl trkng 375-4187

ZIP CODE 40118 CAR-RT R002

- 921 Williamson David L 367-7519
922 BAIRD'S AUTO PARTS mtr vchl prts used 361-2629
923 B & R WAY SPEED SHOP auto rpr 361-3536

ZIP CODE 40118 CAR-RT R002

- 924 JORDAN KATHY 473-8748
925 ZIP CODE 40118 CAR-RT R005
926 TAPP CO OP CHILD DEVELOPMENT SO child day care svcs

ZIP CODE 40118 CAR-RT R002

- 927 Barry Roger H 368-6339
928 GEORGE'S TV electronics 363-6864
929 A KUSTOM KUTS beauty shops 363-6864
930 CUSTOM COLORS pnl & body rpr 368-4287
931 HOBBS LOUIS E CONSTRUCTION sngl-fam hsgng cnstr 361-5615
932 D HOLMES PROTECTION msc nt str 367-9999

ZIP CODE 40118 CAR-RT R002

- 933 Dunn Garnett R 368-1037
934 ZIP CODE 40118 CAR-RT R005
935 SPENCER CONCRETE SERVICES ready-mix concrete 368-7477
936 ZIP CODE 40118 CAR-RT R002
937 Allen David L 363-6161
938 ZIP CODE 40118 CAR-RT R005
939 EVANS FURNITURE CO furniture stores 368-3100

ZIP CODE 40118 CAR-RT R001

- 940 Not Verified
941 Clemons Dorothy F 367-4078
942 Clemons James E 367-4078
943 Myers Deborah S 367-0474

NATIONAL TPKE

- 9609 ALUMINUM COMPONENT vchl prts used 366-4321
9610-9700 Not Verified (2 Hses)
9703 Kettler Lawrence E
9704 Kettler Pierrette M
9705 Oaks Archie W
9706 Oaks Christine
9707 MASCANYER HOUSE & BLDG MOVERS

- 9706 Corum Frances Y 367-2121
9707 Fisher Christopher H 368-5222
9709 Fulmer D 306-2434
9710 Mudd Junior D D 368-3711
9711 Fulmer Mark D 368-3711
9712 Harris William A & Bonnie 366-4257

- 9713 Not Verified
9800 Montgomery Phyllis J 368-5247
9801 Not Verified
9802 Heinzman Kathy R 368-5247
9804 Godey Bruce D & Marcia 367-0419

- 9805-9807 Not Verified (2 Hses)
9808 Chitwood Elta F
9809 Not Verified
9811 BROWN'S TREE SERVICE ornmntl tree svcs 396-6486
McDaniel Irma T 375-4510

+SLICKER AVE BEGINS

- 9813 Fisher Vernon L 367-8823
9815 Fisher Lakie M 367-8823
9815 Ferguson Herman R 367-7488
9816 Murphy James H 368-5075
9817 Schmittler John H & Elta 366-6173

+DORIS DR BEGINS

- 9900 Not Verified
9902 McDaniel Willie K 363-0444
9903 Carty Russell D 361-1608
9904 Not Verified
9908 Hickerson Eugene A 361-1608
Hickerson Helen D 361-1608
9909 Carty James L 363-0247
9913 Riley Paul B 368-4462
Riley Wanda C 368-4462
9914 Turner James F 368-4602
10000 Brown Beulah B 368-4602

- 10004 Browns Manuel L Sr 368-4602
10004 Abrams Timothy H & Margie 363-1662
10007 Childress Michael K 375-1409
Childress Kimberly R 375-1409
10008 Not Verified
10009 Foster Tony R & Debora 363-4436

- 10010 Not Verified
10011 Holbert Jay 367-9991
10012 Farris Donald R 367-9991
10014 Berry Bruno H 367-9221
Berry Donna L 367-9221
10016 Farmer Eli D 367-9221
10021 Not Verified
10022 Lawrence Mary B 367-1830

- Pence Suzanne R 361-8186
Pence Mary 361-8186
Robinson Kelly 367-0978
10023 Brooks Ben E & Betty 366-4835
10027 Williams Robert E 367-1619
Williams Terry L 367-1619
10029 Keith Robert L 366-9336
Keith Doris J 366-9336

+FARMERS LN ENDS

- 10102 Ansert Camilla P 366-0569
Ansert William C 366-0569
10104 Champion Eula H 366-0569
Champion Ruth C
10106 Cash Robert J
Cash Teresa J
10108 Younger Edward J 363-0416
Younger Ted 363-0416
10110 Humphress Elmer D 366-5040
10112 Feger Wilbur L Jr 366-5040
10115 Jager William III & Judy 368-9250
10116 Armes William R 368-1914
Thompson Lana J 368-1914
10117 Sweeney Norma 367-8637
10118 Hoagland Raymond B & Clara 368-7779
10120 Gates Arthur G 366-0236
10200 Younger Elisha J Jr 363-3261
Younger Buck 363-3261
10201 Millner Patricia L 368-5045
Schultz Patrick W 363-2059
SCHULTZ W T CO concrete work 363-2059

- 10202 Not Verified
10209 Habich Richard C 368-6130
Habich Frank S Sr
10213 Hicks Edward H 368-6130

NATIONAL TPKE

- 10400 Holly Ave Ends
10401 Wenthworth Richard A 368-4092
10402 Long Darrel 368-4152
Long Hazel B 368-4152
10403 Garcia Ramona G 368-4174
10404 Richley Charles M 363-9873
Marcolta 363-9873
10405 R K SERVICE repair svcs 375-4126
Robertson Robert A & Nancy 366-3274
10407 Jenkins Ray H 368-9774
Jenkins Silvy I 368-6793
10408 Riley Kimberly D 368-6793
Riley Samuel M II
10409 Steale Kimberly D 368-2259
Bargstrom Edw H Sr 368-2259
Marquart Jerome H 368-2259
Marquart Anthony J 368-2259
10411 Adams Pauline A 368-6732
10500 Boggs Wayne T 368-6732
10501 Ferguson Gordon D & Mary 368-4050
10502 Brewer Gene M 368-8717
Brewer Eugene R 368-8717
10503 Comstock Wesley 366-0179
Comstock James W 366-0179
10504 Fuller Kevin W 363-6732
Fuller Leah P 363-6732
10505 Mobley George H 366-7325

+CHERRY LN BEGINS

- 10506 Thomasson Timothy J 366-6173
Thomasson Patricia A 366-6173
10507 Sulthan Patrick J & Shirley 363-4510
10509 Not Verified
10510 Carikins Mack 363-0304
10511 Allen Sandra K 361-7577
+MOUNT HOLLY DR ENDS
10512 CORAL RIDGE LIQUORS mtr vchl spls prts 361-7577
10513 Toohy Gary
Toohy Theresa L
10600 Not Verified
10601 Weatherington Harry E 375-2417
10603 Weatherington Rev Gene 375-2417
Weatherington Harry E
10607 Not Verified
10608 CORAL RIDGE ELEMENTARY SCHOOL elemtry scndry sch 473-8234
10609 Not Verified
10611 Owen Philip R 366-8144
Owen Teresa W 366-8144
10615 Not Verified
10619 Burks Minnie G 361-0583
10621 Yonts Greta P 366-6354

+HARRISON LN BEGINS

- 10701 Roy James E Jr 361-9432
+COOGLE LN BEGINS
10704 Dennis Stephen G 367-7239
10705 Not Verified
10707 Johnson Gary A Jr 367-8505
10713 Key Robert V & Jeanenne 367-8505
10714 Kelly Betty J 367-8505
Kelly Robert E 367-8505
10716 McCue Billy R 366-5285
10717 Crick Peggy J
Crick Jerry W
10720 Alex Stephen J 368-1452
Alexi Kotya K 368-1452
10721 Simpson Jerry L 368-7308
U S A ROOFING CO ring sdng shi mtl 361-2862
10722 Bolt David W 366-3070
10723 Basham Rev James B 366-3070
Basham Louise B 366-3070
10723 1/2 Not Verified
10800 Galina Anthony P Sr & Judy 367-4706
10801 Judd Morris G Jr 367-4706
Judd Carol S 366-2052
10804 Grisselt C 367-0514
10805 Untelman Ronald G 367-0514
10806 Chapman Richard M 367-0514
10807 Dunn Terry B 367-0514
Dunn Gary A
10808 Pitman Michael
Pitman Perry M 367-0849
10810 Karcher Susie M 368-1089
10812 Higdon Charlotte L 381-3056
Higdon Angela D 381-3056
10816 Brown Thomas W 381-3056
10818 Underwood Nelca C 381-3056
10820 Judd Darla L 363-6644
10901 Not Verified
10903 James Robert W 363-6644
10907 Morris Lillard H & Carolyn 363-6627
10909 Morris John M & Stephanie 363-6627
10912 Not Verified
10913 Wendler Max O 361-2873

+ALMA LYNN DR ENDS

- 10911 Keown Angela L 367-2232
368-7971

NAVAJO RD

- 11015 Not Verified
11016 Not Verified
+RAILROAD CROSSES +PARK RD INTERSECTS
11018 Not Verified
11019 Not Verified
11020 Not Verified

FROM IN SHELBYVILLE

- ZIP CODE 40005 CAR-RT R004
501 Scheduler Glenn R 533-2624
502 Not Verified
503 Gordon Dale R & Joseph 533-2624
505 Hewlett Mark E & Nancy 533-2624
509 Matthews Ed 533-2624
Matthews Hugh E 533-2624
511 Not Verified
512 Pumphrey Dwight E 533-2624
515 MARY KAY COSMETICS DISTRIBUTOR mtr svcs 533-2624
Newaver Joseph M & Julie 533-2624
516 Conley Linda C 533-9964
517 Casony Fred A 533-9964
Casony Jacqueline S 533-9964
520 Kelly Jack I 533-9964
Kelly John R 533-9964
521 Donnell Joseph E 533-1832
Donnell Diane M 533-1832
524 Stanbery Betty L 533-2624
525 Adgerson Thomas L & Pamela 533-2624
528 Later Michael R & Jennifer 533-7045
529 Hays Judith R 533-7045
532 Lowden Daniel H 533-4035
Lowden Virginia P 533-4035
533 Tipton Joe C 533-4661
Tipton James C 533-4661
537 Carson Stan 533-4070

+SHAWNEE RD BEGINS

- +SENECA RD INTERSECTS
BUSINESSES 1 HOUSEHOLDS 19
40120 4100
4101
4102
410
410
41
4

NAVAJO CT (LOUISVILLE)-FROM

- 5501 TECUMSEH CIR
ZIP CODE 40207 CAR-RT C007
1203 Dudgeon Beverly L 4101
Dudgeon Leanne M 4102
1205 Fowler Thomas R & Jeannette 894-0612
1207 Ferguson Scott C & Jane 897-7400
1209 Not Verified
1211 Foy Garrett R 895-4571
1213 Kelley Margaret A 895-3575
1215 Goude Sara F 895-0339
1217 Durham Jane P & Joseph 895-0339
1219 Arnold Harry R & Rosalind 894-8360
1221 Hamilton Ethel H 893-3693
1223 Porter Edwin J & Kay 893-3693
1225 Smith Sherry D 895-6556
Smith Sharon E 895-6556
1227 Miles Ann B 895-6556
Miles Algene S Jr 895-6556
1301 Schean Samuel R & Elizabeth 897-7782
1303 Bloom Hannah W 895-7400

TRI-CITY REALTY

- 1305 THIS LITTLE PIGGY shoe stores 897-3100
1307 Vanderbilt Jay J & Joan 895-9
1309 Morris Victor H & Elizabeth 899-7
1310 Fulton Gerry H 897-7
FULTON & ASSOCIATES scrtl cr rpbng 583
1311 Sihanek Frederick J & 897-7
1312 Kimmel Carl W 897-7
Kimmel Adeline M 85
1314 Frazer Herbert H & 85
1316 McGiffen John W & Ce 85
1318 Simpson William T & I 897-7
1320 Senn Matthew T 897-7
Senn Alice T
1322 Doll Elinora M 897-7
1324 Recevoir William J 897-7
1326 Warren Franklin E 897-7
1328 Sullivan Nancy B 897-7
1330 Not Verified
1332 Keeling Charles H 897-7
1334 Stone Robert B 897-7
1336 Not Verified
+TECUMSEH CIR ENI
+NAVAJO RD INTER:
BUSINESSES 3 HK
NAVAJO RD (LOUISVILLE)
5357 PUEBLO
368-7971

(L) (5 Emps) 458-3767
 5th Equipment Larry
 65 Roberts Ln (L) (3 Emps)
 458-3767

**TORS' EQUIPMENT
 SUPPLIES**

Mat Inc Stacy Armstrong
 formerly Hollow Rd (L) (3)
 543-2987
 s Bud Hardy Insurance James
 110 W 2nd St (S) (4 Emps)
 955-6065

UPPLY COMPANY

Whyano Jr Chairman Of The
 am Pullen President, 1400
 Box 35900 (40232-5900), Tel
 1 (420 amps)

**TORS' EQUIPMENT
 ES - WHOL & MFRS**

n Asphalt Walter Price
 Barbara Ann Blvd (C) (3)
 241-7563
 y Inc Bill Cross President 7700
 C) (3 Emps) 241-6299
 nc La't K Sarin President PO
 Box 60 (Emps) 633-2040
 3 Company Leonard Loesch
 30 Shelbyville Rd (L) (4)
 245-1977

**TRACTORS -
 TING & GRADING**

n Inc Eleanor L Irwin President
 Co (L) (G) 222-8800
 J Co Irvin Marilla President
 3 Rd (L) (10 Emps) 966-5551
 on Co C F Ashford Owner
 Chapel Rd (L) (3 Emps)
 239-8284
 g David Bright President 10001
 I (L) 266-9777
 Jnling Inc Fred L Robinson
 Cooper Run (S) (10 Emps)
 955-9496
 Charles Boggs Owner 4404
 955-9545
 Pitts Point Rd (S) (3 Emps)
 543-8552
 ry O Brien Owner 3818 Mount
 955-7156
 Co Royce White President
 n (L) (G) (13 Emps) 552-8089
 s Clarks Income Tax Service
 President 277 Delk Rd (L) (J)
 543-9580
 valg Mike Cotner Owner 120
 (S) 955-5241
 Frank C Greshaw President
 (L) (6 Emps) 267-5176
 Box 99506 (L) 266-6418
 ction Dwayne Robison
 Fox Chase Dr (S) (6 Emps)
 955-9363
 & Plumbing Joe Downs Owner
 dy Rd (L) 267-6515
 8000 Thuxton Ln (L) 955-7150
 illiam Evridge Owner 5411 18
 (WS) 222-1787
 Froman Excavating Terrell
 r 12500 Hotsclaw Hill Rd (B)
 957-4570
 Gowan Jack Excavating
 wn Owner 2032 Burks Branch
 ps) 633-2690
 ner 11311 Taylorsville Rd (L)
 261-9114
 lng Ray E Gunn Owner 559
 nge (SH) 633-1320
 ruction Co 12310 Spring
) (3 Emps) 594-6036
 l 3308 Mount Elmira Rd (S) (3)
 957-4711
 struction Co Shannon H
 ident 11710 Shelbyville Rd (L)
 245-9509
 Gradin 2520 Spotswood Ln
 244-5100
 ractors 3603 Green Meadows
 S) 451-3713
 Inc Louis Powell President
 rks Rd (L) (G) (3 Emps)
 222-9940
 vating Larry Watson Owner
 / Station Rd (L) (4 Emps)
 589-4842
 s Inc William H Lee President
 an St (S) (5 Emps) 543-2596

Owner 10108 Mitchell Hill Rd (F) 353-0753
 Memilan Landscap ng Joseph McMillan
 President PO Box 97 (FS) (8 Emps)
 267-4201
 Meredith David L 4400 Renaissance Dr (L) (3)
 Emps) 261-7373
 Milton Contracting Philip Milton President 5003
 Rosette Blvd (L) (3 Emps) 964-7042
 Murphy Excavating David Murphy Owner 980
 Cupio Ln (L) (P) 922-4244
 Nutt & Peavle Construction Inc
 2418 Strickland Ln (W) (S) (S) 39-55
 Oldson Porter Parson (S) (S) 82-2216
 Fendley Rd (L) (S) 2216
 Pack Karen J Gregory (S) (S) 19-8
 Gregory (S) (S) 19-8
 Perkins Law & Landscaping Co John E Perkins
 President 3112 Winchester Acres Rd (L)
 241-6131
 Pizza Express Charles T Mullins President 2111
 Long Run Rd (L) (9 Emps) 241-4471
 Popham Darlene 6811 Reelfoot Lake Ct (L) (3)
 Emps) 239-3276
 Powell Hobert Excavating Inc Hobert Powell
 President 416 Hoffman Ln (L) (G) 242-1584
 Razer Eddie and Brian Eddie Razer Partner
 87 Clay Village Rd (SH) (5 Emps) 633-2341
 Rayhill Excavating Co Roseveth Rayhill Owner
 11515 Michele Hill Rd (F) 367-1642
 Reeds Septic Tank Services David Reed Owner
 190 Hartford Dr (M) (W) 348-4234
 Robinson Wilma Excavating 10289 Browns Ct (L)
 (3 Emps) 267-4423
 Schmeing E A Construction Co Edwin A
 Schmeing Owner 13411 Aiken Rd (L) (4)
 Emps) 245-2001
 Schmitt Andrew J & Co Douglas Schmitt
 President 568 N English Station Rd (L) (7)
 Emps) 245-0844
 Shadwens Excavating Co Ann Riggs President
 1055 Brookhill Rd (L) (3 Emps) 957-2581
 Shulthase Trenching Co Lee Shulthase Owner
 5802 E Manslick Rd (L) (6 Emps) 955-9397
 Skaggs Wallace Excavating Wallace Skaggs
 Owner 72024 Barrucks Rd (L) 957-2813
 Stunson James R Excavating James R Stunson
 Owner 2505 E Highway 22 (C) 222-0051
 Three T Construction James Capps Owner 159
 Winding Hollow Ln (L) (J) 543-9849
 Tobe Bill Excavating 5720 Lockers Ln (L)
 239-8996
 Tri County Excavating 165 Humphrey Ln (S) (3)
 Emps) 543-4533
 W C Fendley Bankline Sub Inc William C Fendley
 President 1890 Fendley Mill Rd (L) (G)
 222-9099
 Walls Excavating Ray Walls Owner PO Box 2019
 (S) 543-5094
 Wathen Construction Co Inc Robert M Wathen
 President 522 Bethel Church Rd (M) (W) (6)
 Emps) 534-6808
 We Bur Inc Teresa Weber Principal 171 High
 Ridge Dr (S) (3 Emps) 543-9637
 Webb Wendell Grading Service Wendell Webb
 President 3337 Cardina Ave (S) (6 Emps)
 955-7792
 Wehr Construction Co Kendall Wehr Principal
 1112 Hollen Jafe Way (G) (3 Emps) 208-4764
 Wkc Enterprises Llc Kathy Orlinger Principal
 5312 Arrowshire Dr (L) (G) (3 Emps) 222-1122
 Woolfbridge Paul Excavating 7330 Outer Loop (L)
 249-3340
 Woosley Excavating Inc Wayne Woosley
 President 602 Jencho Rd (L) (G) (3 Emps)
 222-7901
 Wrights Excavating Inc Thomas H Wright
 President 6449 Franklin Rd (SH) (6 Emps)
 829-5259

**CONTRACTORS -
 FERTILIZER SPREADING**

Complete Kill Del Gilpin Owner PO Box 18142
 (L) 383-1234

**CONTRACTORS - FIRE &
 WATER DAMAGE
 RESTORATION**

R D S Construction Darwin Newell President
 2106 Plantside Dr (L) (3 Emps) 499-8100

CONTRACTORS - GENERAL

Advanced Construction Co Tom Stewart
 President 704 W Jefferson St (L) (G) 222-8133
 Artistic Homes Gregory Brewer President 3411
 Pemaquid Rd (L) 458-1529
 Asher Construction Inc Keith Spink President
 1000 Lakeview Dr (SH) 633-2855
 Barbour Contracting & Design Marcus Barbour
 President 6404 Fern Crest Rd (L) 239-0930

Blair Homes John Blair Owner 8511 Sunwood Dr
 (L) 968-2640

**BORNSTEIN BUILDING CO INC Donald
 Bornstein Vice President, 1217 Logan St,
 Louisville (40204), Tel (502) 634-3705, FAX
 (502) 635-1103**

Breeding Brothers Construction James L
 Breeding Partner 8955 Truitt Ln (L) (10)
 Emps) 239-5474
 Bryarfield Development Inc 816 Flat Top Rd (W)
 (3 Emps) 955-5735
 C & R on Site Cleaning Inc Donald Subert
 Principal PO Box 1215 (SH) (3 Emps)
 633-2743

T B Charles Barlow Owner 4169 Westport Rd
 (L) (3 Emps) 899-1469
 Kirby Glenn Homes 9302 New Lagrange Rd (L)
 (3 Emps) 429-5264

Countrywide Builders Thomas Brooks President
 3415 Bardstown Rd (L) (5 Emps) 451-6715
 Countryside Builders 8400 Oxford Way (6 C) (3)
 (3 Emps) 427-6768

Cox Builders Barfield Cox President 1190 Main
 Dr (P) 228-1044
 Cross Country Builders Rick Cooper President
 16203 Taylorsville Rd (L) 261-1134
 P & M Productions 9431 Westport Rd (L)
 Emps) 351-1400

Shaney Trenching Mark Shaney President
 12504 Rehl Rd (L) 275-5790
 Dykes Gary Gary Dykes Owner 714 W Jefferson
 St (L) (G) 242-0124

Eberenz Richard Owner 1935 Blandford Pkwy
 (L) (3 Emps) 421-1673
 Effective Earth Control Inc Douglas Eberenz
 1906 Herr Ln (L) (3 Emps) 424-6749
 Edeby International Controls Ray Edeby President
 President 2510 Plantade Dr (L) (10 Emps)
 429-1113

Ero Wind & Water Inc Leo D'Alagni President
 1217 Nightingale Ln (G) 228-0213
 Roy Wagner C W Apts Keenan Roy President
 14207 Willow Grove Dr (L) (3 Emps)
 242-4970

General S Systems Inc Ken Anderson President
 3418 Colman Ln (L) (7 Emps) 241-1156
 Harding Construction Services 2518 Parkside Dr
 (L) 445-1041
 Harmony Homes John Caster Owner 425 S
 Hubbards Ln (L) 453-0993
 Harter Construction 4537 Galtys Dr (L) (3 Emps)
 421-1119

Hesterfeld, C L Owner 3764 Newbury Rd (L)
 460-8562
 Hochbaugh Construction Mark Hochbaugh
 Lynn Station Rd (L) (6 Emps) 422-7744

Holloway Contracting Corp Gary Holloway
 President 19151 Mountain View Blvd
 (L) (23 Emps) 344-8410
 Joseph Contracting Mark Joseph President 338
 Greenham Rd (L) 425-4611

Justice Fence Carol Deckard Owner 9519 US
 Highway 42 (P) (3 Emps) 228-9309
 Linc Corp Daniel Broadstone President 704
 Pickens Dam Rd (SH) (5 Emps) 934-9969

Loddy Services Corp Ralph Loddy President
 3715 Bardstown Rd (L) (3 Emps) 464-4445
 Lively R Neil Construction 1418 Park Rd (L)
 245-3893

Mac Sawyer House & Blog Movers Mac Sawyer
 Owner 9705 National Tpke (F) 368-9935
 Management James W Coleman Partner 8073
 Blackford Dr (L) (3 Emps) 420-5616

Manning Mark McLeary President 5636 Rapp
 Rd (C) 241-1818
 Mastercrafters 3731 Bishop Ln (L) (3 Emps)
 955-4130

Matsuda Inc Kat Contracting G W Chandler
 President 4444 Cora Ridge Rd (B) (4)
 Emps) 957-6361

Midwest Contract Furnishings 136 Sarr
 Matthews Ave (L) (4 Emps)
 Municipal Water & Sewer C B Bryant Manager
 450 Kentucky St (SH) (3 Emps) 633-4548

Myatt Construction Ronnie Myatt Owner PO Box
 925 (SH) (10 Emps) 722-8223
 National General Consultants Peter Carlett
 President 1303 Clearsprings Trce (L)
 423-7315

Parkside Associates John Delaney President
 9306 New Lagrange Rd (L) (4 Emps)
 327-7200
 Peabody Works 311 Tucker Station Rd (L) (3)
 Emps) 244-6056

Pearson Homes Chris Pearson President 2604
 Antone Pkwy (L) 499-8096
 Pinnacle Builders Inc Don Pike President 4716
 Grand Dell Dr (C) 222-0391

Premier Properties East Daniel Patton Owner
 9225 US Highway 42 (P) (3 Emps) 228-4237
 Ras Construction Dennis Schrecker Owner 8314
 Croydon Cir (L) 423-1294

Skaggs Jim Inc 3201 Coral Ridge Rd (B) (3)
 Emps) 957-1934
 Southwest Concept Llc Ron Florence President
 PO Box 747 (S) 543-5315

Spencers Remodeling 3313 Dogwood Dr (L) (3)
 Emps) 458-8372

Department of the Treasury
Internal Revenue Service

Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of Proprietor

MAC G SAWYER

Social Security Number (SSN)

Principal Business or Profession, Including Product or Service (see instructions)

HOUSE MOVER EQUIPMENT RENTAL

Enter New Code from Instructions

Business Name. If No Separate Business Name, Leave Blank.

MAC SAWYER HOUSE MOVER / RENTAL

Employer ID Number (EIN) If Any

Business Address (include suite or room no., City, Town or Post Office, State, & ZIP Code)
9705 NATIONAL TURNPIKE
FAIRDALE KY 40118

Accounting method: (1) Cash (2) Accrual (3) Other (specify)

Did you 'materially participate' in the operation of this business during 1998? If No, see instructions for limit on losses Yes No

If you started or acquired this business during 1998, check here

Part I Income

1	Gross receipts or sales. <i>Caution: If this income was reported to you on Form W-2 and the 'statutory employee' tax on that form was checked, see the instructions and check here.</i>	
2	Returns and allowances	
3	Subtract line 2 from line 1	
4	Cost of goods sold (from line 42 on page 2)	
5	Gross profit. Subtract line 4 from line 3	
6	Other income, including federal and state gasoline or fuel tax credit or refund	
7	Gross income. Add lines 5 and 6	

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		19	Pension and profit-sharing plans	
9	Bad debts from sales or services (see instructions)	9	1,800	20	Rent or lease (see instructions):	
10	Car and truck expenses (see instrs)	10		20a	Vehicles, machinery, and equipment	
	Commissions and fees	11		20b	Other business property	
	Depletion	12		21	Repairs and maintenance	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	
15	Insurance (other than health)	15		24	Travel, meals, and entertainment:	
16	Interest:			24a	a Travel	
a	Mortgage (paid to banks, etc)	16a			b Meals and entertainment	
b	Other	16b			c Enter 50% of line 24b subject to limitations (see instructions)	
17	Legal & professional services	17		970	d Subtract line 24c from line 24b	
18	Office expense	18		485	25	Utilities
25					26	Wages (less employment credits)
26					27	Other expenses (from line 43 on page 2)
27					28	Total expenses before expenses for business use of home (lines 8 through 27 in columns)
28					29	Tentative profit (loss). Subtract line 28 from line 7
29					30	Expenses for business use of your home. Attach Form 8829
30					31	Net profit or (loss). Subtract line 30 from line 29.

If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
If a loss, you must go on to line 32.

If you have a loss, check the box that describes your investment in this activity (see instructions).

If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

If you checked 32b, you must attach Form 6196.

32a All investment is at risk.
32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

file
copy
JB

Form **1040**

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 1998

(99) IRS use only — Do not write or staple in this space.

For the year Jan 1-Dec 31, 1998, or other tax year beginning , 1998, ending , 19 OMB No. 1545-0074

See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See instructions.)

Your First Name MAC	MI G	Last Name SAWYER	Your Social Security Number [REDACTED]
If a Joint Return, Spouse's First Name MI Last Name			Spouse's Social Security Number
Home Address (number and street). If You Have a P.O. Box, See Instructions. 9705 NATIONAL TURNPIKE		Apartment No.	▲ Important! ▲ You must enter your social security number(s) above.
City, Town or Post Office. If You Have a Foreign Address, See Instructions. FAIRDALE		State ZIP Code KY 40118	

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.
	<input checked="" type="checkbox"/>	

Filing Status

Check only one box.

1 Single

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

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

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

5 Qualifying widow(er) with dependent child (year spouse died 19). (See instructions.)

Exemptions

If more than six dependents, see instructions.

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

b Spouse

(1) First name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)	No. of boxes checked on 6a and 6b	No. of your children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)	Dependents on 6c not entered above	Add numbers entered on lines above
[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	1	1	1	3

d Total number of exemptions claimed

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

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

Enclose, but do not staple, any payment. Also, please use Form 1040-Y.

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

Adjusted Gross Income

If line 33 is under \$30,095 under \$10,030 if child did not (with you), see EIC in the instructions.

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

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

Tax and Credits

Standard Deduction for Most People

Single: \$4,250

Head of household: \$6,250

Married filing jointly or Qualifying widow(er): \$7,100

Married filing separately: \$3,550

34 Amount from line 33 (adjusted gross income)
35a Check if: You were 65/older, Blind; Spouse was 65/older, Blind.
35b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here
36 Enter the larger of your itemized deductions from Schedule A, line 28, Or standard deduction shown on the left.
37 Subtract line 36 from line 34
38 If line 34 is \$93,400 or less, multiply \$2,700 by the total number of exemptions claimed on line 6d.
39 Taxable income. Subtract line 38 from line 37.
40 Tax. See instructions. Check if any tax from a Form(s) 8814 b Form 4972
41 Credit for child and dependent care expenses.
42 Credit for the elderly or the disabled.
43 Child tax credit.
44 Education credits.
45 Adoption credit.
46 Foreign tax credit.
47 Other. Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify)
48 Add lines 41 through 47. These are your total credits
49 Subtract line 48 from line 40.

Other Taxes

50 Self-employment tax. Attach Schedule SE
51 Alternative minimum tax. Attach Form 6251
52 Social security and Medicare tax on tip income not reported to employer.
53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required
54 Advance earned income credit payments from Form(s) W-2
55 Household employment taxes. Attach Schedule H
56 Add lines 49-55. This is your total tax

Payments

Attach Forms W-2 and W-2G to page 1. Also attach Form 1099-R if tax was withheld.

57 Federal income tax withheld from Forms W-2 and 1099
58 1998 estimated tax payments and amount applied from 1997 return
59a Earned income credit. Attach Schedule EIC if you have a qualifying child.
60 Additional child tax credit. Attach Form 8812
61 Amount paid with Form 4868 (request for extension)
62 Excess social security and RRTA tax withheld (see instrs)
63 Other payments. Check if from a Form 2439 b Form 4136
64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments

Refund

Have it directly deposited! See instructions and fill in 66b, 66c, and 66d.

65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you Overpaid
66a Amount of line 65 you want Refunded to You
66b Routing number
66c Type: Checking Savings
66d Account number
67 Amount of line 65 you want Applied to Your 1999 Estimated Tax

Amount You Owe

68 If line 56 is more than line 64, subtract line 64 from line 56. This is the Amount You Owe. For details on how to pay, see instructions
69 Estimated tax penalty. Also include on line 68

Sign Here

Joint return? See instructions.
Keep a copy or your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your Signature Date Your Occupation
Spouse's Signature. If a Joint Return, Both Must Sign. Date Spouse's Occupation

Preparer's Use Only

Preparer's Signature Date Preparer's Social Security No.
Firm's Name (or yours if self-employed) and Address Self-prepared Check if self-employed
EIN ZIP Code

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1997



1997 - Mac Sawyers House and Building Movers moving a house.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1997



1997 - House moving job, clearing and cleaning lot.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930-

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1997



1997 - House moving job.

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ADDRESS SERVICE REQUESTED
P.O. BOX 403
SPRINGFIELD, PA 19064-0403

YOUR TRANS UNION FILE NUMBER: 97MI8687-00
PAGE 1 OF 4 (INTL USE: DR Z5251 08LU 03
DATE THIS REPORT PRINTED: 12/23/97

SOCIAL SECURITY NUMBER: [REDACTED]
BIRTH DATE: [REDACTED]
YOU HAVE BEEN IN OUR FILES SINCE: 06/80
PHONE: 368-1123

CONSUMER REPORT FOR:

SAWYER, MAC, G
9705 NATIONAL TP
FAIRDALE, KY 40118

FORMER ADDRESSES REPORTED:

4223 SOUTHERN PY, LOUISVILLE, KY 40214

EMPLOYMENT DATA REPORTED:

MAC SAWYER CONT
DATE REPORTED: 10/94

SELF
DATE REPORTED: 03/93

MAC SAWYER GENERAL CONTRACTOR
DATE REPORTED: 12/88

HOUSE BUILDERS MOVERS
DATE REPORTED: 12/86

YOUR CREDIT INFORMATION

THE FOLLOWING ITEMS OBTAINED FROM PUBLIC RECORDS APPEAR ON YOUR REPORT. YOU MAY BE REQUIRED TO EXPLAIN PUBLIC RECORD ITEMS TO POTENTIAL CREDITORS. ANY BANKRUPTCY INFORMATION WILL REMAIN ON YOUR REPORT FOR 10 YEARS FROM THE DATE OF FILING. UNPAID TAX LIENS ARE REPORTED INDEFINITELY. ALL OTHER PUBLIC RECORD INFORMATION, INCLUDING DISCHARGED CHAPTER 13 BANKRUPTCY AND ANY ACCOUNTS CONTAINING ADVERSE INFORMATION, REMAIN FOR 7 YEARS.

DOCKET #622041056 COUNTY CLERK
PLAINTIFF ATTORNEY: BK358 PG978

STATE TAX LIEN
ENTERED: 09/93

DOCKET #1996023089 RECORDER OF DEEDS
PLAINTIFF: B450 P918

RELEASE OF TAX LIEN
ENTERED: 08/93
AMOUNT: \$0
PAID: 02/96

THE FOLLOWING ACCOUNTS CONTAIN INFORMATION WHICH SOME CREDITORS MAY CONSIDER TO BE ADVERSE. THE ADVERSE INFORMATION IN THESE ACCOUNTS HAS BEEN PRINTED IN >BRACKETS< FOR YOUR CONVENIENCE, TO HELP YOU UNDERSTAND YOUR REPORT. THEY ARE NOT BRACKETED THIS WAY FOR CREDITORS. (NOTE: THE ACCOUNT # MAY BE SCRAMBLED BY THE CREDITOR FOR YOUR PROTECTION).

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-00

1997

Attachment
Sequence No. 0

Department of the Treasury
Internal Revenue Service

Partnerships, joint ventures, etc., must file Form 1065.

Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of proprietor

MAC G. SAWYER

A Principal business or profession, including product or service (see page C-1)
HOUSE MOVER & EQUIPMENT RENTAL

B Enter principal business code (see page C-6) 8 8 8

C Business name. If no separate business name, leave blank.
MAC SAWYER HOUSE MOVERS & RENTAL

D Employer ID number (EIN), if any

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 1997? If "No," see page C-2 for limit on losses. Yes No

H If you started or acquired this business during 1997, check here

Part I Income

1	Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here		1
2	Returns and allowances		2
3	Subtract line 2 from line 1		3
4	Cost of goods sold (from line 42 on page 2)		4
5	Gross profit. Subtract line 4 from line 3		5
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)		6
7	Gross income. Add lines 5 and 6		7

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		19	Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see page C-2)	9		20a	20	Rent or lease (see page C-4):	
10	Car and truck expenses (see page C-3)	10		20b	21	a Vehicle, machinery, and equipment	
11	Commissions and fees	11		21	22	b Other business property	
12	Depletion	12		22	23	21 Repairs and maintenance	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13		23	24	22 Supplies (not included in Part III)	
14	Employee benefit programs (other than on line 19)	14		24a	24	23 Taxes and licenses	
15	Insurance (other than health)	15		24b	24	24 Travel, meals, and entertainment:	
16	Interest:	16a		24c	25	a Travel	
	a Mortgage (paid to banks, etc.)	16a		25	26	b Meals and entertainment	
	b Other	16b		26	27	c Enter 50% of line 24b subject to limitations (see page C-4)	
17	Legal and professional services	17		27	28	d Subtract line 24c from line 24b	
18	Office expense	18		28	29	25 Utilities	
19				29	30	26 Wages (employment credits)	
20				30	31	27 Other (from line 4b on page 2)	
21				31			
22							
23							
24							
25							
26							
27							
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28					
29	Tentative profit (loss). Subtract line 28 from line 7	29					
30	Expenses for business use of your home. Attach Form 8829	30					
31	Net profit or (loss). Subtract line 30 from line 29.	31					

- If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.
 - If a loss, you MUST go on to line 32.
- 32** If you have a loss, check the box that describes your investment in this activity (see page C-5).
- If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.
 - If you checked 32b, you MUST attach Form 6198.

32a All investment is at risk.
32b Some investment is not at risk.

TANGIBLE PERSONAL PROPERTY TAX RETURN

Commonwealth of Kentucky
 REVENUE CABINET
 Department of Property Taxation
 Division of State Valuation
 Frankfort, KY 40620

Property Assessed January 1, 1997

(Taxpayers Other Than Manufacturers)

FOR OFFICIAL USE ONLY

County Code Locator Number

T _____ / _____

This return must be filed with the PVA in the county of taxable situs or the Department of Property Taxation between January 1 and May 15.

Social Security No. or Federal ID No. 	Name of Business		Organization	Type
2nd SSN if joint return	Name of Taxpayer	Telephone Number	<input checked="" type="checkbox"/> Individual	1
SIC CODE	Number	City or	<input type="checkbox"/> Joint (Co-Owners)	2
Type of Business	SAWYER MARC 9705 NATIONAL TURNPIKE FAIRDALE KY 40118	ZIP Code	<input type="checkbox"/> Partnership	3
House moving	Property Location (Number and Street or Rural Route, City)		<input type="checkbox"/> Domestic Corp.	4
Did you list tangible personal property in other KY counties?	Property is Located in	County	<input type="checkbox"/> Foreign Corp.	5
(check one)	SB		<input type="checkbox"/> Fiduciary—Bank	6
	Enterprise Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Fiduciary—Other	7
	If yes, attach certificate.	For Official Use Only	District Code	Type Return
			15	15

NOTE: Taxpayers who have property in more than one location must complete a separate form for each location.

FROM SCHEDULE A

	Class	Original Cost	Reported Value	For Office Use Only
11	I			
12	II			
13	III			
14	IV			
15	V			
16	VI			
17	Total			

INVENTORIES

	Taxpayer's Valuation	For Office Use Only
1 Merchants Inventory		
2 Motor Vehicles Held for Sale (dealers only)		
4 New Farm Machinery Held Under a Floor Plan		
5 Goods Stored in Public Warehouse (see instructions, page 4)		
6 Goods Stored in Public Warehouse—in Transit/Foreign Trade Zone		
7 Unmanufactured Tobacco Products not at Manufacturers Plant or in Hands of Grower or His Agent		
8 Other Unmanufactured Agricultural Products not at Manufacturers Plant or in Hands of Grower or His Agent		
9 Unmanufactured Agricultural Products at Manufacturers Plant or in Hands of Grower or His Agent/Industrial Revenue Bond Property		
0 Livestock and Farm Machinery		
1 Other Tangible Personalty (from Schedule D) (on reverse)		

CONSTRUCTION WORK IN PROGRESS

	Taxpayer's Valuation	For Office Use Only
Other Tangible Property (fair cash value)		
Recycling Machinery and Equipment		

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1996



1996 - Moving truck being assisted with steel rope pulled by large wrecker.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1996



1996 - Installing storm drain plumbing after house move.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930-

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1996



1996 - Finished product several months after house moved and rented.

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City of Louisville

DEPARTMENT OF

INSPECTIONS, PERMITS & LICENSES

617 West Jefferson Street ♦ Louisville, Kentucky 40202-2714
(502) 574-3361

JERRY E. ABRAMSON
MAYOR

WILLIAM P. SCHRECK
DIRECTOR

March 02, 1996

Sawyer, Mac General Contractors, Inc.
9705 National Turnpike

Fairdale Ky, 40118

In Re: Registration Number [REDACTED]

Your Moving Contractor registration license will expire on April 30, 1996. To renew your registration through April 30, 1997, please remit payment in the amount of \$50.00 along with this letter to the Department of Inspections, Permits & Licenses, 617 W. Jefferson Street, Louisville, Ky 40202, by April 30, 1996.

Please make your check payable to the City of Louisville.

Thank you,

Department of Inspections, Permits & Licenses
Division of Red Tape Reduction



OFFICE OF THE SECRETARY OF STATE

DOMESTIC CORPORATION
CERTIFICATE OF EXISTENCE

I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State, MAC SAWYER GENERAL CONTRACTORS, INC. is a corporation duly organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is JANUARY 26, 1987 and whose period of duration is PERPETUAL.

I further certify that all fees and penalties owed to the Secretary of State have been paid to date; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS Chapter 271B.16-220 or 273.3671 has been delivered to the Secretary of State on behalf of said corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at Frankfort, Kentucky, this 29TH day of FEBRUARY, 1996.

JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky

RA

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Partnerships, joint ventures, etc., must file Form 1065.

1996

Attachment
Sequence No. **09**

▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule C (Form 1040).

Name of proprietor
MAC G. SAWYER

Social security number (SSN)
[REDACTED]

A Principal business or profession, including product or service (see page C-1)
HOUSE MOVER & EQUIPMENT RENTALS

B Enter principal business code (from page C-6) ▶ [REDACTED]

C Business name. If no separate business name, leave blank.
MAC SAWYER HOUSE MOVERS & RENTAL

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶ _____
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶ _____

G Did you "materially participate" in the operation of this business during 1996? If "No," see page C-2 for limit on losses Yes No

H If you started or acquired this business during 1996, check here

Part I Income		
1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here	<input type="checkbox"/>	1
2 Returns and allowances		2
3 Subtract line 2 from line 1		3
4 Cost of goods sold (from line 42 on page 2)		4
5 Gross profit. Subtract line 4 from line 3		5
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)		6
7 Gross income. Add lines 5 and 6		7

Part II Expenses. Enter expenses for business use of your home only on line 30.		
8 Advertising	8	19 Pension and profit-sharing plans
9 Bad debts from sales or services (see page C-3)	9	20 Rent or lease (see page C-4):
10 Car and truck expenses (see page C-3)	10	a Vehicles, machinery & equipment
11 Commissions and fees	11	b Other business property
12 Depletion	12	21 Repairs and maintenance
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	22 Supplies (not included in Part III)
14 Employee benefit programs (other than on line 19)	14	23 Taxes and licenses
15 Insurance (other than health)	15	24 Travel, meals, and entertainment:
16 Interest:		a Travel
a Mortgage (paid to banks, etc.)	16a	b Meals and entertainment
b Other	16b	c Enter 50% of line 24b subject to limitations (see page C-4)
17 Legal and professional services	17	d Subtract line 24c from line 24b
18 Office expense	18	25 Utilities
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	26 Wages (less employment credits)
29 Tentative profit (loss). Subtract line 28 from line 7	29	27 Other expenses (from line 48 on page 2)
30 Expenses for business use of your home. Attach Form 8829	30	
31 Net profit or (loss). Subtract line 30 from line 29.		31
• If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.		
• If a loss, you MUST go on to line 32.		
32 If you have a loss, check the box that describes your investment in this activity (see page C-5).		
• If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.		32a <input checked="" type="checkbox"/> All investment is at risk.
• If you checked 32b, you MUST attach Form 6198.		32b <input type="checkbox"/> Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1996

U. S. Corporation Income Tax Return

1996

Department of the Treasury
Internal Revenue Service

For calendar year 1996 or tax year beginning _____ ending _____
Instructions are separate. See page 1 for Paperwork Reduction Act Notice.

A Check if a:	<input type="checkbox"/> Name			
1 Consolidated return	<input type="checkbox"/> MAC SAWYER GENERAL CONTRACTORS, INC	B	[REDACTED] number	
2 Personal holding co. (attach Sch. PH)	<input type="checkbox"/> Number, street, and room or suite no. (If a P. O. box, see p. 6.)	C		
3 Personal service corporation	<input type="checkbox"/> City or town State ZIP code	D		
	FAIRDALE, KY 40118		Total assets (see instructions)	

E Check applicable boxes: Initial return Final return Change of address

			c	Balance	1c	\$
1a Gross receipts or sales	24,621	b Less returns				
2 Cost of goods sold (Schedule A, line 8)					2	
3 Gross profit. Subtract line 2 from line 1c					3	
4 Dividends (Schedule C, line 19)					4	
5 Interest					5	
6 Gross rents					6	
7 Gross royalties					7	
8 Capital gain net income (attach Schedule D (Form 1120))					8	
9 Net gain or (loss) from Form 4797, Part II, line 20 (attach Form 4797)					9	
10 Other income (see page 7 of instructions - attach schedule)					10	
11 Total income. Add lines 3 through 10					11	
12 Compensation of officers (Schedule E, line 4)					12	
13 Salaries and wages (less employment credits)					13	
14 Repairs and maintenance					14	
15 Bad debts					15	
16 Rents					16	
17 Taxes and licenses					17	
18 Interest					18	
19 Charitable contributions (see page 8 of instructions for 10% limitation)					19	
20 Depreciation (attach Form 4562)					20	0
21 Less depreciation claimed on Schedule A and elsewhere on return			20	0		
22 Depletion			21a	0	21b	
23 Advertising					22	
24 Pension, profit-sharing, etc., plans					23	
25 Employee benefit programs					24	
26 Other deductions (attach schedule)					25	
27 Total deductions. Add lines 12 through 26					26	
28 Taxable income before NOL deduction and special deductions. Subtract line 27 from line 11					27	
29 Less: a Net operating loss deduction (see page 10 of instructions)			29a	0		
b Special deductions (Schedule C, line 20)			29b	0	29c	
30 Taxable income. Subtract line 29c from line 28					30	
31 Total tax (Schedule J, line 10)					31	
32 Payments:						
a 1995 overpayment credited to 1996	32a					
b 1996 estimated tax payments	32b					
c Less 1996 refund applied for on Form 4466	32c	0				
d Balance			32d	0		
e Tax deposited with Form 7004			32e	0		
f Credit from regulated investment companies (attach Form 2439)			32f			
g Credit for Federal tax on fuels (attach Form 4136). See instructions			32g	0	32h	0
33 Estimated tax penalty (see p. 11 of instructions). Check if Form 2220 is attached					33	0
34 Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed					34	0
35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid					35	0
36 Enter amount of line 35 you want: Credited to 1997 estimated tax					36	0

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.

Signature of officer _____ Date _____ Title _____

Paid Preparer Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN
Firm's name (or yours) and address	9/24/97	<input type="checkbox"/>	[REDACTED]
ROSS & SCOTT, PSC 800 EMBASSY SQUARE BLVD LOUISVILLE		<input type="checkbox"/>	
State KY		EIN	
		Phone	
		ZIP code	

Schedule J Tax Computation (See page 14 of instructions.)

1 Check if the corporation is a member of a controlled group (see sections 1561 and 1563)

Important: Members of a controlled group, see instructions on page 14.

2a 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 Enter the corporation's share of:

(1) Additional 5% tax (not more than \$11,750) \$ _____

(2) Additional 3% tax (not more than \$100,000) \$ _____

3 Income tax. Check this box if the corporation is a qualified personal service corporation as defined in section 448(d)(2) (see instructions on page 15).

4a	Foreign tax credit (attach Form 1118)	
b	Possessions tax credit (attach Form 5735)	
c	Check: <input type="checkbox"/> Nonconventional source fuel credit <input type="checkbox"/> QEV credit (attach Form 8834)	
d	General business credit. Enter here and check which forms are attached: <input type="checkbox"/> 3800 <input type="checkbox"/> 3468 <input type="checkbox"/> 5884 <input type="checkbox"/> 6478 <input type="checkbox"/> 6765 <input type="checkbox"/> 8586 <input type="checkbox"/> 8830 <input type="checkbox"/> 8826 <input type="checkbox"/> 8835 <input type="checkbox"/> 8844 <input type="checkbox"/> 8845 <input type="checkbox"/> 8846 <input type="checkbox"/> 8847	
e	Credit for prior year minimum tax (attach Form 8827)	
5	Total credits. Add lines 4a through 4e	3
6	Subtract line 5 from line 3	
7	Personal holding company tax (attach Schedule PH (Form 1120))	
8	Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611	
9a	Alternative minimum tax (attach Form 4626)	
b	Environmental tax (attach Form 4626)	
10	Total tax. Add lines 6 through 9b. Enter here and on line 31, page 1	

Schedule K Other Information (See page 17 of instructions.)

	Yes	No
1 Check method of accounting: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____		
2 See page 19 of the instructions and state the principal:		
a Business activity code no. <u>8980</u>		
b Business activity <u>1120</u>		
c Product or service <u>1120</u>		
3 Did the corporation at the end of the tax year own, directly or indirectly, more than 50% of the total voting power of all classes of stock of any other corporation? (See section 1503.)	<input checked="" type="checkbox"/>	
If "Yes," enter name and identifying number of each corporation and the percentage owned of each corporation for the tax year ending with or within your tax year.		
4 Did the corporation at any time during the tax year own, directly or indirectly, more than 50% of the total voting power of all classes of stock of any other corporation? (See section 1503.)	<input checked="" type="checkbox"/>	
If "Yes," enter employer identification number and name of the parent corporation _____		
5 Did any individual, partnership, corporation, estate or trust own, directly or indirectly, more than 50% of the total voting power of all classes of stock of the corporation at any time during the tax year? (See section 1503.)	<input checked="" type="checkbox"/>	
If "Yes," enter name and identifying number of each owner and the percentage owned of each owner for the tax year ending with or within your tax year.		
6 During this tax year, did the corporation pay dividends (other than stock dividends) to its shareholders in exchange for stock?	<input checked="" type="checkbox"/>	
If "Yes," enter the amount of dividends paid to each shareholder and the date of payment.		
7 Was the corporation a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957.)		<input checked="" type="checkbox"/>
If "Yes," attach Form 5471 for each such corporation. Enter number of Forms 5471 attached _____		
8 At any time during the 1995 calendar year, did the corporation have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
If "Yes," the corporation may have to file Form TD F 90-22.1. If "Yes," enter name of foreign country _____		
9 Was the corporation the grantor of, or transferor to, a foreign trust that existed during the current tax year, whether or not the corporation has any beneficial interest in it? If "Yes," the corporation may have to file Forms 926, 3520, or 3520-A.		<input checked="" type="checkbox"/>
10 Did one foreign person at any time during the tax year 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?		<input checked="" type="checkbox"/>
a Enter percentage owned _____		
b Enter owner's country _____		
11 Did the corporation at any time during the tax year have to file Form 5472?		<input checked="" type="checkbox"/>
If "Yes," enter number of Forms 5472 attached _____		
12 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/>		
If so, the corporation may have to file Form 8281.		
13 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
14 If there were 35 or fewer shareholders at the end of the tax year, enter the number _____		
15 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/>		
16 Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 15.) \$ <u>7750</u>		

Kentucky Corporation Income and License Tax Return

(S Corporations Use Form 720S)

1996

Commonwealth of Kentucky
REVENUE CABINET

Taxable period beginning _____, 1996, and ending _____, 1996

See separate instructions.

A Check applicable
 Sole proprietorship
 Separate entity
 Consolidated
 Partnership
 S Corporation
 Separate entity

Name of Corporation or Affiliated Group (Use preaddressed label; otherwise print or type.)
ROSS & SCOTT, P.C.
GENERAL CONTRACTORS INC
8705 NATIONAL TURNPIKE
FRYDALE KY 40118

Number and State
01-1144050 **12** **074331** **U**

State and Date
 _____, 1996

C Kentucky Account Number _____
D Federal Identification Number _____
E Federal Business Code Number _____
F Kentucky Business Code No. _____

F Check if applicable: Initial return Final return Short period return

PART I—TAXABLE INCOME COMPUTATION

1. Federal taxable income (Form 1120, line 28)	(8982)
ADDITIONS:	
2. Interest income (state and local obligations)	
3. State taxes based on net gross income	
4. Transition amount (income)	
5. Safe harbor lease adjustment	
6. Deductions attributable to nonpayable income	
7. Other (attach schedule)	
8. Total (add lines 1 through 7)	
SUBTRACTIONS:	
9. Interest income (U.S. obligations)	
10. Dividend income	
11. Transition amount (deduction)	
12. Federal jobs credit	
13. Safe harbor lease adjustment	
14. Other (attach schedule)	
15. Net income (line 8 less lines 9 through 14)	
16. Taxable net income (attach Sch. A if applicable)	
17. Net operating loss deduction	
18. Taxable net income (after NOLD)	

10. Extension payment	
11. Prior year's credit	
12. License tax overpayment (Part III, line 23)	
13. Income tax due	
14. Income tax overpayment	
15. Credited to 1996 license tax	
16. Claimed on 1997 estimate	
17. Refunded	

PART III—LICENSE TAX COMPUTATION

1. Capital stock	
2. Paid-in or capital surplus	
3. Retained earnings—appropriated	
4. Retained earnings—unappropriated	
5. Mortgages, notes payable in less than 1 year	
6. Advances by affiliated companies	
7. Mortgages, notes payable in 1 year or more	
8. Other liabilities	
9. Intercompany accounts	
10. Other capital accounts	
11. Less monies borrowed for inventory	
12. Less KRS 136.071 deduction	
13. Total capital (combine lines 1 through 12)	
14. Apportionment fraction (attach Sch. A if applicable)	
15. Capital employed subject to tax	
16. Tax before credit (line 15 multiplied by .0021)	
17. License tax credit	
18. License tax liability	
19. Extension payment	
20. Income tax overpayment (Part II, line 15)	
21. License tax due	
22. License tax overpayment	
23. Credited to 1996 income tax	
24. Credited to 1997	
25. Refunded	

PART II—INCOME TAX COMPUTATION

Taxable Net Income		Rate
1. (a) First \$25,000		x 4%
(b) Next \$25,000		x 5%
(c) Next \$50,000		x 6%
(d) Next \$150,000		x 7%
(e) All over \$250,000		x 8.25%
2. Income tax liability (add lines 1(a) through (e))		
3. Health insurance credit		
4. Unemployment tax credit		
5. Recycling/composting equipment tax credit		
6. Coal conversion tax credit		
7. Enterprise zone tax credit		
8. Net income tax liability		

TAX PAYMENT SUMMARY Income _____ License 30
 Interest _____ Penalty _____ **TOTAL** 30

Make check(s) payable to Kentucky State Treasurer. Mail return with payment to Kentucky Revenue Cabinet, Frankfort, Kentucky 40620.
 I, the undersigned, declare under the penalties of perjury, that I have examined these returns, including all accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

Signature of principal officer or chief accounting officer _____ Date _____
 Name and Social Security or Federal Identification Number of _____
ROSS & SCOTT, P.C.
Certified Public Accountants
"Soar with the Eagles"
800 Embassy Square, Louisville, KY 40298

OCCUPATIONAL LICENSE RETURN FORM 01-0

City of Louisville; Jefferson County, Kentucky; Mass Transit; School Boards

DUE 15TH DAY OF THE 4TH MONTH FOLLOWING THE CLOSE OF THE FISCAL YEAR

If name changes only check here

MAC SARTER GENERAL CONTRACTORS INC

9705 NATIONAL TPKE

FAIRDALE KY 40118

Address

FOR YEAR ENDED

12	31	78
MONTH	DAY	YEAR

ACCOUNT NUMBER



REV BY	ENTRY

5023689935

329

Change if incorrect (Note: Only 1 address can be maintained per license. If the address shown is the mailing address for your license, check the appropriate box.)

FINAL RETURN (Check only to close account.) Late Operations Ceased

Place check mark in box if there was no activity

ALL LICENSEES MUST ANSWER QUESTIONS BELOW:

- A. Previous business owner
- B. What is your Social Security # (if any) _____ Service's Social Security # _____
- C. Your Federal Identification # (if any) _____ New Number Check Box
- D. Home Phone _____ Business Phone _____
- E. Did you make payments in the sum of \$500.00 or more in any individual tax sources reported in Jefferson County? (other than an employee) Yes No (if yes, which year was reported? _____) (Attach statement of changes)
- F. Did you file a consolidated return? (If yes, see instructions)
- G. Was there a change in ownership in the past year? Date of change _____ Name and address of new owner _____

Did you make payments in the sum of \$500.00 or more in any individual tax sources reported in Jefferson County? (other than an employee) Yes No (if yes, you are required to file Form 1099-SP)

ALL LICENSEES MUST COMPLETE THIS SECTION

	COLUMN A Louisville Computation	COLUMN B Jefferson County Computation	COLUMN C Mass Transit Computation	COLUMN D School Boards Computation
24. ENTER PAYMENTS			ENTER PAYMENTS	ENTER PAYMENTS
25. ENTER TOTALS from Line 24				
26. TOTALS				
27. TOTALS				
28. TOTALS				
29. TOTALS				
30. TOTALS				
31. TOTALS				
32. TOTALS				

35. AMOUNT TO BE PAID (Add Lines 33 x 2)

PREPARED BY: **ROSS & ...**
 PREPARED BY SIGNATURE: _____ DATE: _____
 NAME: **300 Embassy Square Boulevard Louisville, KY 40298** PHONE NUMBER: _____
 SIGNATURE OF LICENSEE: _____ DATE: _____
 PRINT NAME: _____ TITLE: _____

The Louisville/Jefferson County Revenue Commission and the Internal Revenue Service, pursuant to IRS Code Section 6103(d), have entered into a coordination of tax administration agreement which allows exchange of tax information between the two agencies.

MAKES CHECKS PAYABLE AND MAIL TO: LOUISVILLE/JEFFERSON COUNTY REVENUE COMMISSION P.O. BOX 36416, LOUISVILLE, KENTUCKY 40222-6416.

REF	REGISTRATION	RET PROCESSED	RECEIVED STAMP
AMOUNT			
APPROVED BY			
DATE			

Label (See page 11.)

For the year Jan. 1 - Dec. 31, 1996, or other tax year beginning

, 1996, ending

, 19

OMB No. 1545-0074

Your first name and initial

Last name

MAC G. SAWYER

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

Last name

Home address (number and street). If you have a P.O. box, see page 11.

Apt. no.

9705 NATIONAL TURNPIKE

City, town or post office, state, and ZIP code. If you have a foreign address, see page 11.

FAIRDALE, KY 40118

For help finding line instructions, see pages 2 and 3 in the booklet.

Presidential Election Campaign (See page 11.)

Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund?

Yes No X

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

Filing Status

- 1 Single
2 Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's soc. sec. no. above & full name here
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 Qualifying widow(er) with dependent child (year spouse died 19). (See instructions.)

Check only one box.

Exemptions

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

b Spouse

c Dependents:

(2) Dependent's social

No. of boxes checked on lines 6a and 6b

1

(4) No. of mos. lived in your home in 1996

No. of your children on line 6c who:

2

lived with you
did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

d Total number of exemptions claimed

Add numbers entered on lines above

3

Income

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2.
8a Taxable interest. Attach Schedule B if over \$400.
8b Tax-exempt interest. DO NOT include on line 8a
9 Dividend income. Attach Schedule B if over \$400
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ.
13 Capital gain or (loss). If required, attach Schedule D.
14 Other gains or (losses). Attach Form 4797
15a Total IRA distributions
15b Taxable amount (see inst.)
16a Total pensions and annuities
16b Taxable amount (see inst.)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits
20b Taxable amount (see inst.)
21 Other income
22 Add the amounts in the far right column for lines 7 through 21. This is your total income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see the instr. for line 7.

Enclose, but do not attach, any payment. Also, please enclose Form 1040-V (see the instructions for line 62).

Adjusted Gross Income

- 23a Your IRA deduction (see instructions)
23b Spouse's IRA deduction (see instructions)
24 Moving expenses. Attach Form 3903 or 3903-F
25 One-half of self-employment tax. Attach Schedule SE
26 Self-employed health insurance deduction (see inst.)
27 Keogh & self-employed SEP plans. If SEP, check
28 Penalty on early withdrawal of savings
29 Alimony paid. Recipient's SSN
30 Add lines 23a through 29
31 Subtract line 30 from line 22. This is your adjusted gross income

If line 31 is under \$28,495 under \$8,500 if a child did not live with you, see instr. for line 54.

Tax Computation

32 Amount from line 31 (adjusted gross income) 32

33 a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.
Add the number of boxes checked above and enter the total here 33a

b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here 33b

34 Enter the larger of your:
 { Itemized deductions from Schedule A, line 28, OR
 Standard deduction shown below for your filing status. But see the instructions if you checked any box on line 33a or b or someone can claim you as a dependent.
 • Single - \$4,000 • Married filing jointly or Qualifying widow(er) - \$6,700
 • Head of household - \$5,900 • Married filing separately - \$3,350 } 34

35 Subtract line 34 from line 32 35

36 If line 32 is \$88,475 or less, multiply \$2,550 by the total number of exemptions claimed on line 6d. If line 32 is over \$88,475, see the worksheet in the inst. for the amount to enter 36

37 **Taxable income.** Subtract line 36 from line 35. If line 36 is more than line 35, enter -0- 37

38 **Tax.** See instructions. Check if total includes any tax from a Form(s) 8814 b Form 4972 38

If you want the IRS to figure your tax, see the instructions for line 37.

Credits

39 Credit for child and dependent care expenses. Att. Form 2441 39

40 Credit for the elderly or the disabled. Attach Schedule R 40

41 Foreign tax credit. Attach Form 1116 41

42 Other. Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify) 42

43 Add lines 39 through 42 43

44 Subtract line 43 from line 38. If line 43 is more than line 38, enter -0- 44

Other Taxes

45 Self-employment tax. Att. Sch. SE 45

46 Alternative minimum tax. Attach Form 6251 46

47 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 47

48 Tax on qualified retirement plans, including IRAs. If required, attach Form 5329 48

49 Advance earned income credit payments from Form(s) W-2 49

50 Household employment taxes. Attach Schedule H 50

51 Add lines 44 through 50. This is your **total tax** 51

Payments

52 Federal income tax withheld from Forms W-2 and 1099. 52

53 1996 estimated tax payments and amount applied from 1995 return .. 53

54 **Earned income credit.** Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount and type 54

55 Amount paid with Form 4868 (request for extension) 55

56 Excess social security and RRTA tax withheld (see inst.) 56

57 Other payments. Check if from a Form 2439 b Form 4136 ... 57

58 Add lines 52 through 57. These are your **total payments** 58

Attach Forms W-2, W-2G, and 1099-R on the front.

Refund

59 If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you **OVERPAID** 59

60a Amount of line 59 you want **REFUNDED TO YOU** 60a

b Routing number c Type: Checking Savings

d Account number

61 Amount of line 59 you want **APPLIED TO 1997 ESTIMATED TAX** 61 955

Amount You Owe

62 If line 51 is more than line 58, subtract line 58 from line 51. This is the **AMOUNT YOU OWE**. For details on how to pay and use Form 1040-V, see instructions. 62

63 Estimated tax penalty. Also include on line 62. 63 28

Sign Here

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

Your signature _____ Spouse's signature. If a joint return, BOTH must sign. _____	Date _____ Date _____	Your occupation HOUSE MOVER Spouse's occupation _____
--	--------------------------------	--

Paid Preparer's Use Only

Preparer's signature: **BOB ROSS** *[Signature]* Date: **9/25/97** Check if self-employed Preparer's social security no. [Redacted]

Firm's name (or yours if self-employed) and address: **ROSS & SCOTT, CPA'S**
800 EMBASSY SQUARE BLVD.
LOUISVILLE, KY EIN: [Redacted] ZIP code: **40299-1837**



1996 FEDERAL DEPRECIATION SCHEDULE

MAC G. SAWYER



NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CURRENT 179/ BONUS	PRIOR 179/ BONUS	DEC. BAL. DEPR.	BASIS REDUCTN	SALVAGE VALUE	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
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SCHEDULE C - MAC SAWYER HOUSE MOVERS & RENTAL

19	EQUIPMENT	12/06/90		3,732			3,732				0		S/L	5	.20000	0
20	EQUIPMENT	12/10/90		4,716			4,716				0		S/L	5	.20000	0
21	BACKHOE #1	1/01/82		9,500							9,500	9,500	S/L	10		0
22	BACKHOE #2	2/02/83		12,500							12,500	12,500	S/L	10		0
23	STEEL BEAMS	1/01/88		1,790							1,790	1,790	S/L	6		0
24	DOLLIES	1/01/88		845							845	845	S/L	6		0
34	LOW-RIDER TRAILER	3/03/91		3,000							3,000	1,450	S/L	6		0
35	'88 F150 FORD PICKUP	7/31/92		12,500							12,500	7,825	S/L	10		300
36	BOBCAT & TRAILER	7/24/92		4,950			4,950						HY	5	.20000	1,575
37	VCR S640	5/11/92		200			200				0		HY	5		0
38	VLLSO CAM RECORDER	5/11/92		870			870				0		HY	5		0
39	FILE CABINET	10/02/92		161			161				0		HY	5		0
40	XEROX COPIER	11/09/92		793			793				0		HY	5		0
46	PROJECTOR	2/11/93		1,953			1,953				0		HY	5		0
47	93 MUSTANG	2/19/93		21,502							0		HY	7		0
51	COMPUTER, PRINTER, FAX MACH	7/29/95		3,232							21,502	9,200	HY	5	.20000	1,675
52	SEARS CHAIN SAW	11/17/95		504							3,232	323	HY	5	.20000	646
53	BUSH HOG	8/22/95		550							504	84	HY	3	.33330	168
54	STOVE GARAGE	11/12/95		218							550	55	HY	5	.20000	110
55	HQ ROOTER	2/23/95		901							218	22	HY	5	.20000	44
56	LOU LADDER24 FOOT WALKBD	6/05/95		346							901	90	HY	5	.20000	180
57	TAPCO BRAKE SIDING	5/30/95		820							346	17	HY	10	.10000	35
TOTAL DEPRECIATION																
				85,583			17,375	0	0	0	68,208	43,742				4,815

SCHEDULE E - 3725 CENTER ST. HOUSE

1	3725 CENTER ST	1/01/84		10,000						1,000	9,000	6,198	S/L	15	.06667	600
2	3725 DRIVEWAY	6/01/87		446						446	288	288	S/L	15	.06667	30

Depreciation and Amortization (Including Information on Listed Property)

1996

Attachment
Sequence No. 67

▶ See separate instructions.

▶ Attach this form to your return.

Identifying number

SAWYER

Part I Election To Expense Certain Tangible Property (Section 179)

(Note: If you have any "listed property," complete Part V before you

Business dollar limitation. If an enterprise zone business, see page 2 of the instructions.	1
Total cost of section 179 property placed in service. See page 2 of the instructions.	2
Threshold cost of section 179 property before reduction in limitation.	3
Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions.	5

(a) Description of property	(b) Cost (business use only)	(c) Elected cost

Listed property. Enter amount from line 27	7
Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8
Tentative deduction. Enter the smaller of line 5 or line 8	9
Carryover of disallowed deduction from 1995. See page 2 of the instructions	10
Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11
Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12
Carryover of disallowed deduction to 1997. Add lines 9 and 10, less line 12	13

Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed In Service ONLY During Your 1996 Tax Year (Do Not Include Listed Property.)

Section A - General Asset Account Election

are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 2 of the instructions.

Section B - General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) De
3-year property						
5-year property						
7-year property						
10-year property						
15-year property						
20-year property						
25-year property			25 yrs		S/L	
Residential rental property			27.5 yrs	MM	S/L	
Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Alternative Depreciation System (ADS): (See page 4 of the instructions.)

Class life					S/L	
10-year			12 yrs		S/L	
40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See page 4 of the instructions.)

MACRS and ADS deductions for assets placed in service in tax years beginning before 1996	17
Property subject to section 168(f)(1) election	18
ADP and other depreciation	19

Part IV Summary (See page 4 of the instructions.)

Listed property. Enter amount from line 26	20
Total deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships & S corporations - see instructions.	21
For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1995



1995 - Foundation failed, being repaired by Mac Sawyers house and building movers.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1995



1995 - Foundation failed, being repaired by Mac Sawyers house and building movers.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 1995



1995 - Specialty house moving equipment manufactured at the Blacksmith shop at 9705 National Turnpike, local hardware store just didn't have it.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

See separate instructions. Attach this form to your return.

Identifying number

MAC G. SAWYER

Business or activity to which this form relates

SCHEDULE C - MAC SAWYER HOUSE MOVERS & RENTAL

Part I Election To Expense Certain Tangible Property (Section 179)

(Note: If you have any "Listed Property," complete Part V before you complete Part I.)

Form with lines 1-13 for Section 179 election, including a table for property description, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1995 Tax Year (Don't Incl. Listed Property)

Section A - General Asset Account Election

14 If you are making the election under section 168(l)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box.

Table with columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section B - General Depreciation System (GDS) (See page 2 of the instructions.)

Table with rows 15a-h for GDS property types: 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, Residential rental, Nonresidential real.

Section C - Alternative Depreciation System (ADS): (See page 4 of the instructions.)

Table with rows 16a-c for ADS class life: 12-year, 40-year.

Part III Other Depreciation (Do Not Include Listed Property.) (See page 4 of the instructions.)

Table with rows 17-19 for Other Depreciation: GDS and ADS deductions, Property subject to section 168(f)(1) election, ACRS and other depreciation.

Part IV Summary (See page 4 of the instructions.)

Table with rows 20-22 for Summary: Listed property, Total deductions, For assets shown above and placed in service during the current year.

U. S. Corporation Income Tax Return

1995

Department of the Treasury
Internal Revenue Service

For calendar year 1995 or tax year beginning ending
Instructions are separate. See page 1 for Paperwork Reduction Act Notice.

A Check if a: 1 Consolidated return 2 Personal holding co. (attach Sch. PH) 3 Personal service corporation	<input type="checkbox"/> Name MAC SAWYER GENERAL CONTRACTORS, INC	B Employer identification number
	<input type="checkbox"/> Number, street, and room or suite no. (If a P. O. box, see p. 6.) 9705 NAT'L TURNPIKE	C Date incorporated 1/26/87
	<input type="checkbox"/> City or town, state, and ZIP code FAIRDALE, KY 40118	D Total assets (see instructions)

E Check applicable boxes: Initial return Final return Change of address

				\$
	1a Gross receipts or sales	30,633	b Less returns	
	2 Cost of goods sold (Schedule A, line 8)		c Balance	1c
Income	3 Gross profit. Subtract line 2 from line 1c			2
	4 Dividends (Schedule C, line 19)			3
	5 Interest			4
	6 Gross rents			5
	7 Gross royalties			6
	8 Capital gain net income (attach Schedule D (Form 1120))			7
	9 Net gain or (loss) from Form 4797, Part II, line 20 (attach Form 4797)			8
	10 Other income (see page 7 of instructions - attach schedule)			9
	11 Total income. Add lines 3 through 10			10
				11
	Deductions	12 Compensation of officers (Schedule E, line 4)		
13 Salaries and wages (less employment credits)				13
14 Repairs and maintenance				14
15 Bad debts				15
16 Rents				16
17 Taxes and licenses				17
18 Interest				18
19 Charitable contributions (see page 9 of instructions for 10% limitation)				19
20 Depreciation (attach Form 4562)				20
21 Less depreciation claimed on Schedule A and elsewhere on return			20	21b
22 Depletion			21a	21b
23 Advertising				22
24 Pension, profit-sharing, etc., plans				23
25 Employee benefit programs				24
26 Other deductions (attach schedule)				25
27 Total deductions. Add lines 12 through 26				26
28 Taxable income before NOL deduction and special deductions. Subtract line 27 from line 11				27
29 Less: a Net operating loss deduction (see page 11 of instructions)			29a	28
b Special deductions (Schedule C, line 20)			29b	29c
30 Taxable income. Subtract line 29c from line 28			29	
31 Total tax (Schedule J, line 10)			30	
Tax Payments	32 Payments:			31
	a 1994 overpayment credited to 1995	32a		
	b 1995 estimated tax payments	32b		
	c Less 1995 refund applied for on Form 4466	32c		
	d Balance	32d		
	e Credit from regulated investment companies (attach Form 2439)	32e		
	f Credit for Federal tax on fuels (attach Form 4136). See instructions	32f		
	g	32g		32h
33 Estimated tax penalty (see p. 12 of instructions). Check if Form 2220 is attached			33	
34 Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed			34	
35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid			35	
36 Enter amount of line 35 you want: Credited to 1996 estimated tax			36	

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.

Sign Here

Signature of officer _____ Date _____ Title _____

Paid Preparer

Preparer's signature _____ Date **4/2/96** Check if self-employed

Use Only

Firm's name **ROSS & SCOTT, PSC** EIN _____
 (or yours) **800 EMBASSY SQUARE BLVD** Phone _____
 and address **LOUISVILLE** State **KY** ZIP code _____

41A720

Commonwealth of Kentucky
REVENUE CABINET

Taxable period beginning _____, 1995, and ending _____, 199

IMPORTANT: Failure to enter taxable period above may result in a request for a delinquent return.

Check if applicable: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Short period return	Name of Corporation (If no preaddressed label, otherwise print or type)		Kentucky Account N	
	61-1144650 12 074331 0		_____	
	MAC SAWYER GENERAL CONTRACTORS INC		Federal Identification No.	
	9705 NATIONAL TURNPIKE FAIRDALE KY 40118		_____	
City		Telephone Number	Federal Business Code No.	
State and Date of Incorporation		Principal Business Activity in Kentucky	_____	
		Kentucky Business Code No.	_____	

... to be completed. Federal schedules may be used.

INCOME	1. Gross receipts and/or sales	Less: Returns and allowances	1	_____	
	2. Less: Cost of goods sold and/or operations (attach schedule)		2	_____	
	4. Interest on loans, notes, mortgages, bonds, bank deposits, etc. (attach schedule)		4	_____	
	5. Interest from obligations of other states and their political subdivisions (see instructions)		5	70-1111	
	7. Gross royalties		7	1200	
	8. Capital gain net income from federal Schedule D (Form 1120) (attach federal Schedule D)		8	1120	
	9. Net gain or loss from federal Form 4797 (attach federal Form 4797)		9	1120	
	11. Transition amount (income) reported in 1994 on Form 7621S, line 5 (attach copy of 1994 Form 7621S)		11	1120	
	12. TOTAL income (add lines 3 through 11)		12	1120	
	DEDUCTIONS	14. Salaries and wages (not deducted elsewhere) including jobs credit from federal Form 6884		14	_____
		15. Repairs (do not include cost of improvements or capital expenditures)		15	_____
		17. Rents		17	_____
18. Taxes excluding federal and state taxes measured by net/gross income (attach schedule)			18	_____	
20. Contributions (attach schedule)			20	_____	
21. Special deduction for property donated for housing for a homeless family (attach Schedule HH)			21	_____	
22. Charitable (attach federal Form 4502)			22	_____	
23. Loss depreciation deducted elsewhere (attach schedule)			23	_____	
24. Depletion (attach schedule)			24	_____	
25. Advertising			25	_____	
26. Pension, profit-sharing, etc. plans		26	_____		
27. Employee benefit programs		27	_____		
28. Other deductions (attach schedule)		28	_____		
30. TOTAL deductions (add lines 13 through 29)		30	_____		
31. Income (loss) before adjustment (line 12 less line 30)		31	_____		
33. Net income (loss) (add lines 31 and 32)		33	_____		
34. Kentucky taxable net income before NOL deduction (enter amount from line 33 above or amount from Schedule A, Section II, line 8)		34	_____		
35. Less: Kentucky not operating loss deduction (see instructions) (attach schedule)		35	_____		
36. Kentucky taxable net income after NOL deduction		36	_____		
TAX PAYMENT	Income	License	30	_____	
	Interest	Penalty		_____	
		Total		30	

... with payment to Kentucky Revenue Cabinet, Frankfort, Kentucky 40620.

To the best of my knowledge and belief, they are true, correct and complete.

ROSS & SCOTT, P.C.
Certified Public Accountants
"Start with the End in Mind"

1000 ...
Louisville, KY 40298

IMPORTANT: If refund reflected on Form 720, page 2, Section II, Line 12(c) or 17(c), check block.

KENTUCKY CORPORATION LICENSE TAX RETURN

1995

41A720L

Commonwealth of Kentucky

REVENUE CABINET

Taxable period beginning

1995, and ending

199

Name of Corporation	Federal Identification Number	Kentucky Account Number

Additional lines must be completed. Complete balance sheet or attach copy of financial balance sheet for book purposes.

1. Capital stock (less cost of treasury stock)	1		
2. Paid-in or capital surplus	2		
3. Retained earnings (attach schedule)	3		
4. Dividends in arrears	4		
5. Mortgages, notes, bonds payable in less than 1 year	5		
6. Mortgages, notes, bonds payable in 1 year or more	6		
7. Other liabilities (attach schedule)	7		
8. Accounts/notes payable to affiliated companies	8		
9. Other capital accounts (attach schedule)	9		
10. Total capital (add lines 1 through 10)	10		
11. Apportionment factor from Schedule A, Section I, line 12 (wholly Kentucky corporations enter 100%)	11	1000	
12. Total employees subject to license tax (line 11 multiplied by line 12)	12	x	%
13. Total tax before credit (line 12 multiplied by 100%)	13		1000
14. Total tax before credit (line 13 multiplied by 100%)	14		
15. Less credit, if applicable (see instructions)	15		

BALANCE SHEET

	Beginning of Taxable Year	End of Taxable Year
1. Cash and cash equivalents		
2. Trade notes and accounts receivable		
3. Inventories		
4. Gov't. obligations (a) U.S. and institutional (b) State, subdivisions thereof, etc.	1000	
5. Loans to stockholders		
6. Mortgage and real estate loans	1100	
7. Securities and other investments		
8. Land (net of any amortization)		
9. Other assets (attach schedule)		
10. Total assets		
11. Liabilities		
12. Mortgages, notes, bonds payable in 1 year or more		
13. Capital stock (a) preferred stock (b) common stock		
14. Total liabilities		

OCCUPATIONAL LICENSE RETURN FORM OL-3
 City of Louisville; Jefferson County, Kentucky; Mass Transit; School Boards
 DUE 15TH DAY OF THE 4TH MONTH FOLLOWING THE CLOSE OF THE FISCAL YEAR

If name change only check box

MAC SAWYER GENERAL CONTRACTORS INC

Print
 ne &
 Address **9705 NATIONAL TPKE**
FAIROALE KY

40118

FOR YEAR ENDED

12 MONTH
31 DAY
95 YEAR

ACCOUNT NUMBER

[REDACTED]

REV. BY	ENTRY
FLAG	
NON PPVER	FINAL
OL	WT
E.D.	CLASS DONE

9512

329

Address for your payroll department, no change will be made

NO ACTIVITY

Place check mark in box if there was no activity

FINAL RETURN (Check only to close account.) Date Operations Ceased: _____

6. What is your social security # (if any) _____ spouse's social security # _____

7. Your Federal Identification # (if any) _____ If New Number Check Box

8. Home Phone _____ Business Phone _____

9. Yes No (if yes, which year was adjusted? _____) (Attach statement or changes)

10. Principal Corporation Administrative Officer _____

11. Did you file a consolidated return? (If yes, see instructions)

12. Was there a change in ownership in the last year? (Date of change) _____

Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Jefferson County, Kentucky, during the reporting period? Yes No
 If yes, you are required to file Form 1099-SF

ALL LICENSEES MUST COMPLETE THIS SECTION

	COLUMN A Louisville Computation	COLUMN B Jefferson County Computation	COLUMN C Mass Transit Computation	COLUMN D School Boards Computation
27. NET PROFITS			ENTER ON LINE 27 below the sum of	ENTER ON LINE 27 below the sum
Line 20 x Line 23	\$	\$ 4700	(Applies to everyone except Partners & Domestic Entrepreneurs)	(Applies to all Partnerships, Corporations and Residents)
28. ENTER TOTALS from Line 1a	\$	\$		
29. (Not less than Line 28)	\$	\$		\$
30. (Not less than Line 28)	\$	\$		\$
31. (Not less than Line 28)	\$	\$		\$
32. (Not less than Line 28)	\$	\$		\$
33. (Not less than Line 28)	\$	\$		\$
34. (Not less than Line 28)	\$	\$		\$
35. (Not less than Line 28)	\$	\$		\$
36. (Not less than Line 28)	\$	\$		\$
37. (Not less than Line 28)	\$	\$		\$
38. (Not less than Line 28)	\$	\$		\$
39. (Not less than Line 28)	\$	\$		\$
40. (Not less than Line 28)	\$	\$		\$
41. (Not less than Line 28)	\$	\$		\$
42. (Not less than Line 28)	\$	\$		\$
43. (Not less than Line 28)	\$	\$		\$
44. (Not less than Line 28)	\$	\$		\$
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51. (Not less than Line 28)	\$	\$		\$
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71. (Not less than Line 28)	\$	\$		\$
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96. (Not less than Line 28)	\$	\$		\$
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117. (Not less than Line 28)	\$	\$		\$
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143. (Not less than Line 28)	\$	\$		\$
144. (Not less than Line 28)	\$	\$		\$
145. (Not less than Line 28)	\$	\$		\$
146. (Not less than Line 28)	\$	\$		\$
147. (Not less than Line 28)	\$	\$		\$
148. (Not less than Line 28)	\$	\$		\$
149. (Not less than Line 28)	\$	\$		\$
150. (Not less than Line 28)	\$	\$		\$
151. (Not less than Line 28)	\$	\$		\$
152. (Not less than Line 28)	\$	\$		\$
153. (Not less than Line 28)	\$	\$		\$
154. (Not less than Line 28)	\$	\$		\$
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156. (Not less than Line 28)	\$	\$		\$
157. (Not less than Line 28)	\$	\$		\$
158. (Not less than Line 28)	\$	\$		\$
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164. (Not less than Line 28)	\$	\$		\$
165. (Not less than Line 28)	\$	\$		\$
166. (Not less than Line 28)	\$	\$		\$
167. (Not less than Line 28)	\$	\$		\$
168. (Not less than Line 28)	\$	\$		\$
169. (Not less than Line 28)	\$	\$		\$
170. (Not less than Line 28)	\$	\$		\$
171. (Not less than Line 28)	\$	\$		\$
172. (Not less than Line 28)	\$	\$		\$
173. (Not less than Line 28)	\$	\$		\$
174. (Not less than Line 28)	\$	\$		\$
175. (Not less than Line 28)	\$	\$		\$
176. (Not less than Line 28)	\$	\$		\$
177. (Not less than Line 28)	\$	\$		\$
178. (Not less than Line 28)	\$	\$		\$
179. (Not less than Line 28)	\$	\$		\$
180. (Not less than Line 28)	\$	\$		\$
181. (Not less than Line 28)	\$	\$		\$
182. (Not less than Line 28)	\$	\$		\$
183. (Not less than Line 28)	\$	\$		\$
184. (Not less than Line 28)	\$	\$		\$
185. (Not less than Line 28)	\$	\$		\$
186. (Not less than Line 28)	\$	\$		\$
187. (Not less than Line 28)	\$	\$		\$
188. (Not less than Line 28)	\$	\$		\$
189. (Not less than Line 28)	\$	\$		\$
190. (Not less than Line 28)	\$	\$		\$
191. (Not less than Line 28)	\$	\$		\$
192. (Not less than Line 28)	\$	\$		\$
193. (Not less than Line 28)	\$	\$		\$
194. (Not less than Line 28)	\$	\$		\$
195. (Not less than Line 28)	\$	\$		\$
196. (Not less than Line 28)	\$	\$		\$
197. (Not less than Line 28)	\$	\$		\$
198. (Not less than Line 28)	\$	\$		\$
199. (Not less than Line 28)	\$	\$		\$
200. (Not less than Line 28)	\$	\$		\$

13. AMOUNT TO BE PAID (Ann Line 51.0.00) _____
 MUST BE SIGNED (Indorsably certify, under penalty of perjury, that the statements made herein and all supporting schedules are true, correct, and complete to the best of my knowledge)

 SIGNATURE OF LICENSEE
 DATE

The Louisville/Jefferson County Revenue Commission and the Internal Revenue Service, pursuant to IRS Code Section 6103(d), have entered into a coordination of tax

REF	REGISTRATION	RET PROCESSED	RECEIVED STAMP
AT			
APPROVED BY			
DATE			

For the year Jan. 1 - Dec. 31, 1995, or other tax year beginning

1995, ending

19

OMB No. 1545-0074

Label

(See instructions page 11.) the IRS. Otherwise, please print or type.

LABEL HERE

MAC G. SAWYER 9705 NATIONAL TURNPIKE FAIRDALE, KY 40118

Your social security number [redacted] Spouse's social security number [redacted]

For Privacy Act and Paperwork Reduction Act Notice, see page 7.

Presidential Election Campaign

Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund?

Table with Yes/No columns and a checked 'X' in the 'No' column.

Filing Status

(See page 11.) Check only one box.

- 1 Single
2 Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's soc. sec. no. above & full name here
4 Head of household (with qualifying person). (See page 12.) If the qualifying person is a child but not your dependent, enter this child's name here
5 Qualifying widow(er) with dependent child (year spouse died 19)

Exemptions

(See page 12.)

6a [X] Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
6b [] Spouse.

Table for dependents with columns for First Name, Social Security Number, and No. of mos. lived in your home in 1995.

No. of boxes checked on 6a and 6b: 1
No. of your children on 6c who: 2
- lived with you
- didn't live with you due to divorce or separation (see page 14)

d If your child didn't live with you but is claimed as your dep. under pre-1985 agreement, check...
e Total number of exemptions claimed: 3

Income

Attach Copy B of your Forms W-2, N-2G, and 1099-R here.

If you did not get a W-2, see page 14.

Enclose, but do not attach, your payment and payment voucher, see page 33.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2.
8a Taxable interest income (see page 15). Attach Schedule B if over \$400.
8b Tax-exempt interest (see page 15). DON'T include on line 8a.
9 Dividend income. Attach Schedule B if over \$400.
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 15).
11 Alimony received.
12 Business income or (loss). Attach Schedule C or C-EZ.
13 Capital gain or (loss). If required, attach Schedule D.
14 Other gains or (losses). Attach Form 4797.
15a Total IRA distributions.
15b Taxable amount (pg. 16).
16a Total pensions and annuities.
16b Taxable amount (pg. 16).
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.
18 Farm income or (loss). Attach Schedule F.
19 Unemployment compensation (see page 17).
20a Social security benefits.
20b Taxable amount (pg. 18).
21 Other income.

Adjustments to Income

- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income.
23a Your IRA deduction (see page 19).
23b Spouse's IRA deduction (see page 19).
24 Moving expenses. Attach Form 3903 or 3903-F.
25 One-half of self-employment tax.
26 Self-employed health insurance deduction (see page 21).
27 Keogh & self-employed SEP plans. If SEP, check.
28 Penalty on early withdrawal of savings.
29 Alimony paid. Recipient's SSN.
30 Add lines 23a through 29. These are your total adjustments.

Adjusted Gross Income

31 Subtract line 30 from line 22. This is your adjusted gross income. If less than \$26,673 and a child lived with you (less than \$9,230 if child didn't live with you), see "Earned Income Credit" on pg. 27.

Tax Computation

(See page 23.)

- 33 a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.
 Add the number of boxes checked above and enter the total here ▶ 33a
 b If your parent (or someone else) can claim you as a dependent, check here. ▶ 33b
 c If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here. ▶ 33c

34 Enter the larger of: **Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero.**
 • Single - \$3,900 • Married filing jointly or Qualifying widow(er) - \$6,550
 • Head of household - \$5,750 • Married filing separately - \$3,275

- 35 Subtract line 34 from line 32
 36 If line 32 is \$86,025 or less, multiply \$2,500 by the total number of exemptions claimed on line 6e. If line 32 is over \$86,025, see the worksheet on page 24 for the amount to enter
 37 **Taxable income.** Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-
 38 Tax. Check if from a Tax Table, b Tax Rate Schedules, c Capital Gain Tax Worksheet, or d Form 8615 (see page 24). Amount from Form(s) 8814 ▶ e
 39 Additional taxes. Check if from a Form 4970 b Form 4972
 40 Add lines 38 and 39

If you want the IRS to figure your tax, see page 35.

Credits

(See page 24.)

- 41 Credit for child and dependent care expenses. Att. Form 2441. 41
 42 Credit for the elderly or the disabled. Attach Schedule R 42
 43 Foreign tax credit. Attach Form 1116 43
 44 Other credits (see page 25). Check if from a Form 3800 b Form 8396 c Form 8801 d Form 44
 45 Add lines 41 through 44 45
 46 Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶ 46

Other Taxes

(See page 25.)

- 47 Self-employment tax. Att. Sch. SE 47
 48 Alternative minimum tax. Attach Form 6251 48
 49 Recapture taxes. Check if from a Form 4255 b Form 8611 c Form 8828 49
 50 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 50
 51 Tax on qualified retirement plans, including IRAs. If required, attach Form 5329 51
 52 Advance earned income credit payments from Form W-2 52
 53 Household employment taxes. Attach Schedule H 53
 54 Add lines 46 through 53. This is your **total tax** ▶ 54

Payments

Attach Forms W-2, W-2G, and 1099-R on the front.

- 55 Federal income tax withheld. If any is from Form(s) 1099, check 55
 56 1995 estimated tax payments and amount applied from 1994 return 56
 57 **Earned income credit.** Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount. ▶ and type ▶ NO 57
 58 Amount paid with Form 4868 (extension request) 58
 59 Excess social security and RRTA tax withheld (see page 32) 59
 60 Other payments. Check if from a Form 2439 b Form 4136 60
 61 Add lines 55 through 60. These are your **total payments** ▶ 61

Refund or Amount You Owe

- 62 If line 61 is more than line 54, subtract line 54 from line 61. This is the amount you **OVERPAID** 62
 63 Amount of line 62 you want **REFUNDED TO YOU** ▶ 63
 64 Amount of line 62 you want **APPLIED TO 1996 ESTIMATED TAX** .. ▶ 64
 65 If line 54 is more than line 61, subtract line 61 from line 54. This is the **AMOUNT YOU OWE**. For details on how to pay and use Form 1040-V, Payment Voucher, see page 33 ▶ 65
 66 Estimated tax penalty (see page 33). Also include on line 65 66 2

Sign Here

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

▶ Your signature	Date	Your occupation HOUSE MOVER
▶ Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation

Paid Preparer's Us Only

Preparer's signature ▶ BOB ROSS	Date ▶ 4/02/96	Check if self-employed <input type="checkbox"/>	Preparer's social security no. [REDACTED]
Firm's name (or yours if self-employed) and address ▶ ROSS & SCOTT, CPA'S 800 EMBASSY SQUARE BLVD. LOUISVILLE, KY	E.I. No. 6	ZIP code 40299-1837	

1995 FEDERAL DEPRECIATION SCHEDULE

CLIENT 2041

MAC G. SAWYER

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	SEC 179	BASIS REDUCTN	BONUS DEPR.	DB DEPREC.	SALVAGE VALUE	DEPR. BASIS	PRIOR DEPREC.	METHOD	LIFE	RATE	DEPR.
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SCHEDULE C - MAC SAWYER HOUSE MOVERS & RENTAL

19	EQUIPMENT	12/06/90		3,732		3,732					0		S/L	5	.20000	0
20	EQUIPMENT	12/10/90		4,716		4,716					0		S/L	5	.20000	0
21	BACKHOE #1	1/01/82		9,500							9,500		S/L	10		0
22	BACKHOE #2	2/02/83		12,500							12,500		S/L	10		0
23	STEEL BEAMS	1/01/88		1,790							1,790		S/L	6		0
24	DOLLIES	1/01/88		845							845		S/L	6		0
34	LOW-RIDER TRAILER	3/03/91		3,000							3,000		S/L	6		0
35	'88 F150 FORD PICKUP	7/31/92		12,500							12,500		S/L	10		0
36	BOBCAT & TRAILER	7/24/92		4,950		4,950					6,250		HY	5	.20000	300
37	VCR S640	5/11/92		200		200					0		S/L	5		1,575
38	VLLSO CAM RECORDER	5/11/92		870		870					0		S/L	5		0
39	FILE CABINET	10/02/92		161		161					0		S/L	5		0
40	XEROX COPIER	11/09/92		793		793					0		S/L	5		0
46	PROJECTOR	2/11/93		1,953		1,953					0		S/L	5		0
47	93 MUSTANG	2/19/93		21,502							0		S/L	7		0
51	COMPUTER, PRINTER, FAX MACH	7/29/95		3,232							21,502	6,450	HY	5	.20000	2,750
52	SEARS CHAIN SAW	11/17/95		504							3,232		HY	5	.10000	323
53	BUSH HOG	8/22/95		550							504		HY	3	.16670	84
54	STOVE GARAGE	11/12/95		218							550		HY	5	.10000	55
55	HQ ROOTER	2/23/95		901							218		HY	5	.10000	22
56	LOU LADDER 24 FOOT WALKBD	6/05/95		346							901		HY	5	.10000	90
57	TAPCO BRAKE SIDING	5/30/95		820							346		HY	10	.05000	17
TOTAL DEPRECIATION																
				85,583		17,375	0	0	0	0	68,208	38,485				5,257

SCHEDULE E - 3725 CENTER ST. HOUSE

1	3725 CENTER ST	1/01/84		10,000						1,000	9,000	5,598	S/L	15	.06667	600
2	3725 DRIVEWAY	6/01/87		446							446	258	S/L	15	.06667	30
3	3725 FURN & A/C	1/01/88		917							917	598	S/L	10	.10000	92

Mac Sawyer General Contr., Inc.

Foundation-Raising-Shoring House & Building Movers-Leveling

9705 NATIONAL TURNPIKE
FAIRDALE, KENTUCKY 40118

502-368-9935

RELOCATING AND MOVING CONTRACT

To Jeff Jones

Location 2390 Beat Ramp Rd.

I propose to do the following work in connection with moving and relocating your building,
located at _____ County, Austin 42123 Kentucky

Full move back operations specified below. Only items filled in on specifications are included in estimate.
Work to be done by Mover, is marked by Mover. Work to be done by Owner is marked by Owner.

HOUSE,	<u>HOUSE</u>
HAS BASEMENT OR CRAWL SPACE	<u>Open</u>
GOES OVER BASEMENT OR CRAWL SPACE	<u>Open Space</u>
NEW FOOTER & FOUNDATION WALLS	<u>Owner</u>
STONE, BRICK OR FRAME	<u>Frame</u>
REMOVE STONE OR BRICK	<u>N/A</u>
FURNACE	<u>N/A</u>
PLUMBING	<u>N/A</u>
CHIMNEY	<u>N/A</u>
FIREPLACE	<u>N/A</u>
CUTTING TREES FOR RIGHT OF WAY	<u>N/A</u>
PORCH ROOF	<u>N/A</u>
PORCH FLOOR	<u>Owner</u>
AWNINGS	<u>N/A</u>
ELECTRIC WIRES	<u>owner</u>
BUILDING PERMIT	<u>owner</u>
STATE HIGHWAY PERMIT	<u>N/A</u>
CITY PERMIT	<u>N/A</u>
COUNTY PERMIT	<u>N/A</u>
CROSS SOME ONE ELSE GROUND	<u>N/A</u>
MOVE HOUSE FROM	<u>Present above location</u>
MOVE HOUSE TO	<u>approximately 9' out 4' over as directed</u>
CHANGED LOCATION	<u>N/A</u>
OTHER BUILDINGS	<u>no</u>

owner
(owner) Is to obtain and maintain rightway, such as: easements, telephone lines, wires, railroads, trees, fire alarm, signs and mail boxes and pay for same.

ANY OTHER WORK NOT IN SPECIFICATIONS TO BE OUTLINED HERE:

The undersigned agrees to be responsible for and to replace or repair any damage to said dwelling house and out-buildings (cracks in brick, plastering and interior decorating not considered), plastering that falls off walls will be replaced, occasioned by or occurring while said buildings are in process of being moved and reset, except when house has been partially dismantled, or cut in sections.

No sills, timbers or other work is to be replaced which have rotted out or been destroyed by termites. Guttering and shingles damaged by tree limbs (owner is to cut right away big enough) is not considered damage.

It is understood and agreed that all work to be performed as stated above and that no verbal agreements or promises are binding. The undersigned agrees to furnish Workmen's Compensation and Public Liability Insurance. Owner agrees to furnish land description and title No. of lot. Declared value of house by

owner is NA

As consideration for the performance of the work of this contract, the undersigned is to be paid, by your acceptance of this contract the sum of \$ 3,000.00 + 2 - 10" Beams - 35' long each which sum shall be due and payable when work specified above shall have been completed.

Except _____ when house or building is delivered to new location.

There will be a charge of \$1.00 per day per steel and \$1.00 per day per hundred for cribbing and \$1.00 per day for use of jacks, after _____ 15 days.

There will be additional charges if owner fails to maintain right of way. Crawl space must be four blocks, basement must be 11 blocks, anything under or over will be extra.

OTHER REMARKS:

Basically mover agrees to slide house over approximately 9' out and 4' over, crib house up and hold up while owners carpenter + mason build the support footer and pier and then set house down and remove steel. Owner already has extensive damage and mover is not responsible for any damage.

CONTRACT IS VOID IF COUNTY, CITY OR STATE PERMITS ARE REFUSED.

Permits will be provided by contractor to foundation repair building 7/24/95

Executed in Duplicate and dated this 7th day of April, 1995

Accepted [Signature]
Owner

Signed [Signature]
Contractor

04/07 day of 1995, 1995

Contract must be accepted within 15 days.

ANN A. OR JEFF JONES 11-93
SSN 407-82-4950 SSN 406-08-8120
2380 BOAT RAMP RD. 622-3010
AUSTIN, KY 42123

73-73/839

942

04/08 1098

Pay to the Order of

Mae Sawyer

\$ 1,500.00

one thousand five hundred & 00/100

Dollars



TRANS FINANCIAL BANK NA
GLASGOW, KY 42141

TRANSCLUB

SE/ Sawyer on horse raising



FERGUSON • HARBOUR

INCORPORATED

Home (502) 622-3010 JEFF JONES
Mobile (502) 746-3275 Program Manager
Pager (800) 822-3295 # 074830

340 Rockland Road • Hendersonville, Tennessee 37075

Phone 615-822-3295 • Fax 615-264-2435

24 Hour Emergency Response 1-800-338-1514

ENVIRONMENTAL • INDUSTRIAL • MARINE

800 822 3295

Tony Addison (502) 864-3145
864-1218

TO LEAVE A VOICE MAIL MESSAGE

- 1) Dial 1-800-877-1000
- 2) At the prompt, 'Enter ID Number', key in 936-8171
- 3) Record your message, then press *

NASHVILLE • MEMPHIS • JOHNSON CITY • OAK RIDGE
JACKSON • MOBILE, AL

Jennifer Add 328000

mae help with 9 mach 1000

150 hr each plus 1500 equipment
up to 4 people

502-746-3275

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1994



1994 - Time to pick up more cribbing! Cribbing under house and wet, muddy job site.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1994



1994 - Cribbing stored at 9705 National Turnpike, awaiting a job.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1994



1994 - Cribbing at job site, cribbing is being used to hold up house on a muddy move.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (T)

Partnerships, joint ventures, etc., must file Form 1065. Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

1994 Attachment Sequence No. 09

Name of proprietor MAC G. SAWYER

Principal business or profession, including product or service (see page C-1)

HOUSE MOVER & EQUIPMENT RENTALS

Business name. If no separate business name, leave blank.

MAC SAWYER HOUSE MOVERS & RENTAL

Employer ID number (EIN), if any

Business address (including suite or room no.)

City, town or post office, state, and ZIP code

Accounting method: (1) [X] Cash (2) [] Accrual (3) [] Other (specify)

Method(s) used to value closing inventory: (1) [] Cost (2) [] Lower of cost or market (3) [] Other (attach explanation) (4) [X] Does not apply (if checked, skip line H)

Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation

Did you "materially participate" in the operation of this business during 1994? If "No," see page C-2 for limit on losses

If you started or acquired this business during 1994, check here

Yes No table with 'X' in the 'No' column for the materially participate question.

Part I Income

Table for Part I Income with lines 1-7. Line 1: Gross receipts or sales. Line 2: Returns and allowances. Line 3: Subtract line 2 from line 1. Line 4: Cost of goods sold. Line 5: Gross profit. Line 6: Other income. Line 7: Gross income.

Part II Expenses Enter expenses for business use of your home only on line 30.

Table for Part II Expenses with lines 8-31. Lines 8-18: Advertising, bad debts, car and truck, commissions, depletion, depreciation, employee benefit, insurance, interest, legal, office. Lines 19-27: Pension, rent, repairs, supplies, taxes, travel, meals, utilities, wages, other. Lines 28-31: Total expenses, tentative profit, expenses for home use, net profit.

If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.

If a loss, you MUST go on to line 32.

If you have a loss, check the box that describes your investment in this activity (see page C-5).

If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.

If you checked 32b, you MUST attach Form 6198.

- 32a [] All investment is at risk. 32b [] Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (T)

Name(s) shown on return

See separate instructions.

Attach this form to your return.

AC G. SAWYER

Business or activity to which this form relates

Schedule C - MAC SAWYER HOUSE MOVERS & RENTAL

Part I Election To Expense Certain Tangible Property (Section 179)

(Note: If you have any "Listed Property," complete Part V before you complete Part I.)

Table with 13 rows for Section 179 election. Columns include description of property, cost, elected cost, and various limitation calculations.

Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1994 Tax Year (Do Not Include Listed Property)

Table for MACRS depreciation with columns for classification, month/year placed in service, basis, recovery period, convention, method, and depreciation deduction. Includes Section A (General Depreciation System) and Section B (Alternative Depreciation System).

Part III Other Depreciation (Do Not Include Listed Property)

Table with 3 rows for other depreciation: GDS and ADS deductions for assets placed in service before 1994, property subject to section 168(f)(1) election, and ACRS and other depreciation.

Part IV Summary

Table with 3 rows for summary: listed property amount, total deductions, and basis attributable to section 263A costs.

H884 For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

1994 TANGIBLE PERSONAL PROPERTY TAX RETURN

Property Assessed January 1, 1994

FOR OFFICIAL USE ONLY	
County Code	Locator Number
T	/

This return must be filed with the PV, the county of taxable situs or the Department of Property Taxation between January 1 and April 15.

Social Security No. or 	Name of Business		Organization	Type
	Name of Taxpayer(s) <i>MAC SAWYER</i>	Telephone Number ()		
SIC CODE	Number and Street or Rural Route <i>9705 NAT'L TURNPIKE</i>		<input type="checkbox"/> Joint (Co-Owners) 2	
Type of Business <i>House moving</i>	City or Town <i>FAIRDALE</i>	State <i>Ky</i>	ZIP Code <i>40118</i>	<input type="checkbox"/> Partnership 3
Did you list tangible personal property in other KY counties? (check one)	Property Location (Number and Street or Rural Route, City) <i>SAME</i>		<input type="checkbox"/> Domestic Corp. 4	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Property is Located in <i>56</i> County	For Official Use Only		
	Enterprise Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, attach certificate.</i>	District Code	<input type="checkbox"/> Fiduciary—Bank 6	
		Type Return	<input type="checkbox"/> Fiduciary—Other 7	

NOTE: Taxpayers who have property in more than one location must complete a separate form for each location.

FROM SCHEDULE A					FROM SCHEDULE B				
	Class	Original Cost	Reported Value	For Office Use Only		Class	Original Cost	Reported Value	For Office Use Only
11	I				21	I			
12	II				22	II			
	III				23	III			
14	IV				24	IV			
15	V				25	V			
16	VI				26	VI			
17	Total				27	Total			
INVENTORIES							Taxpayer's Valuation	For Office Use Only	
31	Merchants Inventory								
32	Manufacturers Finished Goods								
33	Manufacturers Raw Materials/Goods in Process								
34	Motor Vehicles Held for Sale (dealers only)/ New Farm Machinery Held Under a Floor Plan								
35	Goods Stored in Public Warehouse (see instructions, page 4)								
36	Goods Stored in Public Warehouse—in Transit (see instructions, page 4)								
37	Unmanufactured Tobacco Products not at Manufacturers Plant or in Hands of Grower or His Agent								
38	Other Unmanufactured Agricultural Products not at Manufacturers Plant or in Hands of Grower or His Agent								
39	Unmanufactured Agricultural Products at Manufacturers Plant or in Hands of Grower or His Agent/Industrial Revenue Bond Property								
40	Aircraft and Non-Kentucky Registered Watercraft (from Schedule C) (on reverse)								
50	Livestock and Farm Machinery								
60	Other Tangible Personalty (from Schedule D) (on reverse)								
CONSTRUCTION WORK IN PROGRESS							Taxpayer's Valuation	For Office Use Only	
81	Manufacturing Machinery (fair cash value)								
82	Other Tangible Property (fair cash value)								
90	Recycling Machinery and Equipment								

Form 1040 (1994) **MAC G. SAWYER**

Tax Computation

32 Amount from line 31 (adjusted gross income) 32

33 a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.
 Add the number of boxes checked above and enter the total here 33a

b If your parent (or someone else) can claim you as a dependent, check here. 33b

c If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here. 33c

34 Enter the larger of your: 34

Itemized deductions from Schedule A, line 29, OR
 Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 23 to find your standard deduction.
 If you checked box 33c, your standard deduction is zero.

- Single - \$3,800
- Married filing jointly or Qualifying widow(er) - \$6,350
- Married filing separately - \$3,175

35 Subtract line 34 from line 32 35

36 If line 32 is \$83,850 or less, multiply \$2,450 by the total number of exemptions claimed on line 6e. If line 32 is over \$83,850, see the worksheet on page 24 for the amount to enter 36

37 Taxable Income. Subtract line 36 from line 35. 37

38 Tax. Check if from a Tax Table, b Tax Rate Schedules, c Capital Gain Tax Worksheet, or d Form 8615 (see page 24). Amount from Form(s) 8814. 38

39 Additional taxes. Check if from a Form 4970 b Form 4972 39

40 Add lines 38 and 39. 40

Credits 41

41 Credit for child and dependent care expenses. Att. Form 2441. 41

42 Credit for the elderly or the disabled. Attach Schedule R 42

43 Foreign tax credit. Attach Form 1116 43

44 Other credits (see page 25). Check if from a Form 3800 b Form 8396 c Form 8801 d Form 44

45 Add lines 41 through 44 45

46 Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- 46

Other taxes 47

47 Self-employment tax. Att. Sch. SE 47

48 Alternative minimum tax. Attach Form 6251. 48

49 Recapture taxes. Check if from a Form 4255 b Form 8611 c Form 8828 49

50 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137. 50

51 Tax on qualified retirement plans, including IRAs. If required, attach Form 5329. 51

52 Advance earned income credit payments from Form W-2 52

53 Add lines 48 through 52. This is your total tax. 53

Payments 54

54 Federal income tax withheld. If any is from Form(s) 1099, check 54

55 1994 estimated tax payments and amount applied from 1993 return 55

56 Earned Income credit. If required, attach Schedule EIC (see page 27). Nontaxable earned income: amount. 56

and type NO 56

57 Amount paid with Form 4868 (extension request). 57

58 Excess social security and RRTA tax withheld (see page 32) 58

59 Other payments. Check if from a Form 2439 b Form 4136 59

60 Add lines 54 through 59. These are your total payments 60

Refund or Amount You Owe 61

61 If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID 61

62 Amount of line 61 you want REFUNDED TO YOU 62

63 Amount of line 61 you want APPLIED TO 1995 ESTIMATED TAX 63 549

64 If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE. For details on how to pay, including what to write on your payment, see page 32 64

65 Estimated tax penalty (see page 33). Also include on line 64 65 34

Sign Here

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

Your signature _____ Date _____	Your occupation HOUSE MOVER
Spouse's signature, if a joint return, BOTH must sign. _____ Date _____	Spouse's occupation _____

Paid Preparer's Use Only

Preparer's signature: **BOB ROSS** *[Signature]* Date: **7/29/95** Check if self-employed:

Firm's name (or yours if self-employed) and address: **Ross & Scott, CPA's**
800 Embassy Square Blvd.
Louisville, KY

1994 Federal Depreciation Schedule

Client

MAC G. SAWYER

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Sec 179	Basis Reductn	Bonus Depr.	DB Deprec.	Salvage Value	Depr. Basis	Prior Deprec.	Method	Life	Rate	Depr.
-----	-------------	---------------	-----------	----------------	--------------	------------	------------------	----------------	---------------	------------------	----------------	------------------	--------	------	------	-------

Schedule C - MAC SAWYER HOUSE MOVERS & RENTAL

19	EQUIPMENT	12/06/90		3,732							0		S/L	5		0
20	EQUIPMENT	12/10/90		4,716							0		S/L	5		0
21	50 X 100 STORAGE BLD	1/01/87		16,700							16,700	4,123	S/L MM	31	.03226	270
22	BACKHOE #1	1/01/82		9,500							9,500	9,500	S/L	10		0
23	BACKHOE #2	2/02/83		12,500							12,500	12,500	S/L	10		0
24	STEEL BEAMS	1/01/88		1,790							1,790	1,790	S/L	6		0
25	DOLLIES	1/01/88		845							845	845	S/L	6		0
35	LOW-RIDER TRAILER	3/03/91		3,000							3,000	850	S/L	10		0
36	'88 F150 FORD PICKUP	7/31/92		12,500							12,500	3,750	S/L HY	5	.20000	300
38	BOBCAT & TRAILER	7/24/92		4,950							4,950	0	S/L HY	5		2,500
39	VCR S640	5/11/92		200							0	0	S/L HY	5		0
40	VLLSO CAM RECORDER	5/11/92		870							0	0	S/L HY	5		0
41	FILE CABINET	10/02/92		161							0	0	S/L HY	5		0
42	XEROX COPIER	11/09/92		793							0	0	S/L HY	5		0
48	PROJECTOR	2/11/93		1,953							0	0	S/L HY	5		0
50	93 MUSTANG	2/19/93		21,502							21,502	2,150	S/L HY	7	.20000	0
Total Depreciation																
				95,712		17,375	0	0	0	0	78,337	35,508				7,370

Schedule E - 3725 CENTER ST. HOUSE

1	3725 CENTER ST	1/01/84		10,000							9,000	4,998	S/L	15	.06667	600
2	3725 DRIVEWAY	6/01/87		446						1,000	446	228	S/L	15	.06667	30
3	3725 FURN & A/C	1/01/88		917							917	506	S/L	10		92
4	3725 REF & STOVE	8/12/90		1,009							1,009	504	S/L HY	7	.14290	144
17	3725 COMMON PROPERTI	1/01/84		2,049							2,049	2,003	S/L	10		46
Total Depreciation																
				14,421		0	0	0	0	1,000	13,421	8,239				912

OCCUPATIONAL LICENSE RETURN FORM OL-3
 City of Louisville; Jefferson County, Kentucky; Mass Transit; School Boards

DUE 15TH DAY OF THE 4TH MONTH FOLLOWING THE CLOSE OF FISCAL YEAR

FOR OFFICE USE ONLY		
REV BY	ENTRY	
FLAG		
NON PPVER.	CH REC DONE	FINAL
OL	W1	CL A R DONE

FOR YEAR ENDED

MONTH	DAY	YEAR
-------	-----	------

ACCOUNT NUMBER

82

E.D.

1 1

Print Name: **MAC SAWYER**
 Address: **9705 NAT'L TURNPIKE FAIRDALE, KY 40118**

Change If Incorrect

**Check applicable boxes: (1) Final Return (Check only to make account inactive. Complete questions H & I.)

ALL LICENSEES MUST ANSWER QUESTIONS BELOW:

A Principle business activity _____

B What is your Social Security # (if any) _____

C Your Federal Identification # (if any) _____

D Home Phone _____ Business Phone _____

E During the past year did Federal Authorities change or propose to change net income reported for that year or any prior year?
 (If Yes, attach statement of changes) YES NO (If yes, which year was adjusted _____)

F Principal Corporation Administrative Officer _____
 Address _____ S.S. # _____

G Did you file a Consolidated Federal Return _____ If yes, see instructions.

H Was there a change in ownership during the past year? Date of change of ownership _____
 Name and Address of New Owner _____

I Did you cease doing business within the City of Louisville and Jefferson County during the last year and anticipate no further operations?
 If yes, check the box "Final Return" and provide date operations ceased _____

NO ACTIVITY
 PLACE CHECK MARK IN BOX IF THERE WAS NO ACTIVITY

LEGAL CODE _____ DATE _____ INITIALS _____

BY _____ CODE _____ CKD _____ PAID _____ INITIALS _____

F _____ O _____ TX _____

ALL LICENSEES MUST COMPLETE THIS SECTION

25. Individuals, Partnerships, Corporations enter "Adjusted Net Profit" (from Line 20)	COLUMN A Louisville Computation	COLUMN B Jefferson County Computation	COLUMN C Mass Transit Computation	\$
26. DIVIDEND percentages from Line 24	%	%	ENTER ON LINE 27 below the sum of Louisville & Jefferson Co. columns	
27. NET PROFITS ALLOCATION Line 26 x Line 25	\$	\$	\$	\$
28. ENTER TOTALS from Line 1e	\$	\$	\$	\$
29. ENTER TOTALS of amounts Line 27 & 28 (Not less than Line 28)	\$	\$	\$	\$
30. Occupational License Fees	1.25%	1.25%	0.20% 131	\$
31. TOTAL FEES DUE (Sum of Columns A, B, C & D Line 30)				\$
32. ENTER ANY CREDIT DUE FROM PREPAYMENT OF TAX 1		REFUND DUE 2		\$
33. BALANCE FEES DUE				\$
34. PENALTY AND INTEREST (See Instructions)				\$
35. AMOUNT TO BE PAID (Add Lines 33 & 34)				\$

RETURN MUST BE SIGNED - I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

SIGNATURE OF INDIVIDUAL PREPARER: **ROSS & SCOTT, psc** Certified Public Accountants
 "Go with the Eagles"
 800 Embassy Square Boulevard
 Louisville, KY 40299

DATE: 4/14/94

SIGNATURE OF LICENSEE: **MAC SAWYER**
 DATE: 4/15/94

PRINT NAME: _____ PHONE NUMBER: _____

HAVE YOU ATTACHED ALL APPLICABLE FORMS/OR SCHEDULES?
 The Commissioners of the Sinking Fund and the Internal Revenue Service, pursuant to IRS Code Section 6103(d), have entered into a coordination of tax administration agreement which allows exchange of tax information between the two agencies.

MAKE ALL CHECKS PAYABLE AND MAIL TO: COMMISSIONERS OF THE SINKING FUND, P.O. BOX 35410, LOUISVILLE, KENTUCKY 40232-5410

REF	RET PROCESSED	RECEIVED STAMP
CRD		
PREPARED BY		
APPROVED BY		
DATE		

Jefferson County Code Enforcement Office
Fiscal Court Building
531 Court Place Suite 301
Louisville, Kentucky 40402-3391
502/574-5950

NOVEMBER 22, 1994

SAWYER, MAC, GENERAL CONTRACTOR, INC
9705 NATIONAL TPKE

LOUISVILLE, KY 40118

RE: OFFICIAL RECEIPT FOR REGISTRATION AND/OR LICENSE RENEWAL

TRANSACTION NUMBER: [REDACTED]

THE FOLLOWING REGISTRATION AND/OR LICENSE(S) HAVE BEEN RENEWED FOR 1995.

LICENSE TYPE	NBR	LICENSEE/REGISTRATION	AMOUNT
MOVE CONTRACTOR	0103	SAWYER, MAC, GENERAL CONTRACTOR, INC	\$50.00
		AMOUNT DUE	\$50.00
		AMOUNT TENDERED	\$50.00
		* BALANCE DUE	\$0.00
		* OVER PAYMENT	\$0.00
		(* INVOICE / REFUND TO FOLLOW)	

THANK YOU FOR YOUR PAYMENT, IF YOU HAVE ANY QUESTIONS PLEASE CALL
BETWEEN 8:00 AM AND 4:00 PM.

THANK YOU,

M.C. Hentz

DESIGNATED REPRESENTATIVE OF THE DIRECTOR OF THE
Jefferson County Code Enforcement Office

U.S. Corporation Short-Form Income Tax Return
 See separate instructions to make sure the corporation qualifies to file Form 1120-A.
 For calendar year 1994 or tax year beginning _____, 1994, ending _____, 19_____

1994

A Check this box if the corp. is a personal service corp. (as defined in Temporary Regs. section 1.441-4T—see instructions)

Use IRS label. Otherwise, please print or type.
 Name: **MAC SAWYER GENERAL CONTRACTORS INC**
 Number, street, and room or suite no. (if a P.O. box, see page 6 of instructions.): **9705 NATIONAL TURNPIKE**
 City or town, state, and ZIP code: **FAIRFAX KY 40118**

Date incorporated: **7-26-87**
 Total assets (see Specific Instructions): \$ [REDACTED]

E Check applicable boxes: (1) Initial return (2) Change of address
 F Check method of accounting: (1) Cash (2) Accrual (3) Other (specify) _____

Income	1a	Gross receipts or sales	27282	b	Less returns and allowances		c	Balance	1c
	2	Cost of goods sold (see instructions)							2
	3	Gross profit. Subtract line 2 from line 1c							3
	4	Domestic corporation dividends subject to the 70% deduction							4
	5	Interest							5
	6	Gross rents							6
	7	Gross royalties							7
	8	Capital gain net income (attach Schedule D (Form 1120))							8
	9	Net gain or (loss) from Form 4797, Part II, line 20 (attach Form 4797)							9
	10	Other income (see instructions)							10
	11	Total income. Add lines 3 through 10.							11
Deductions <small>(See instructions for limitations on deductions.)</small>	12	Compensation of officers (see instructions)							12
	13	Salaries and wages (less employment credits)							13
	14	Repairs and maintenance							14
	15	Bad debts							15
	16	Rents							16
	17	Taxes and licenses							17
	18	Interest							18
	19	Charitable contributions (see instructions for 10% limitation)							19
	20	Depreciation (attach Form 4562)		20					
	21	Less depreciation claimed elsewhere on return		21a					21b
22	Other deductions (attach schedule)							22	
23	Total deductions. Add lines 12 through 22.							23	
24	Taxable income before net operating loss deduction and special deductions. Subtract line 23 from line 11							24	
25	Less: a Net operating loss deduction (see instructions).		25a						
	b Special deductions (see instructions).		25b					25c	
26	Taxable income. Subtract line 25c from line 24.							26	
27	Total tax (from page 2, Part I, line 7)							27	
Tax and Payments	28	Payments:							
	a	1993 overpayment credited to 1994	28a						
	b	1994 estimated tax payments	28b						
	c	Less 1994 refund applied for on Form 4466	28c	()	Bal	▶	28d
	e	Tax deposited with Form 7004							28e
	f	Credit from regulated investment companies (attach Form 2439)							28f
	g	Credit for Federal tax on fuels (attach Form 4136). See instructions							28g
	h	Total payments. Add lines 28d through 28g.							28h
29	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>							29	
30	Tax due. If line 28h is smaller than the total of lines 27 and 29, enter amount owed.							30	
31	Overpayment. If line 28h is larger than the total of lines 27 and 29, enter amount overpaid.							31	
32	Enter amount of line 31 you want: Credited to 1995 estimated tax ▶							32	
								Refunded ▶	

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

Signature of officer: _____ Date: _____ Title: _____

Preparer's signature: *[Signature]* Date: **7-15-95** Check if self-employed

Firm's name (or yours if self-employed) and address: **ROSS & SCOTT, p.c.**
Certified Public Accountants
"Soar with the Eagles"
800 Embassy Square Boulevard
LOUISVILLE, KY 40298

E.I. No. _____ ZIP code _____

Part I Tax Computation (See instructions.)

- 1 Income tax. If the corporation is a qualified personal service corporation (see page 14) check
- 2a General business credit. Check if from:
 - Form 6478 Form 6765 Form 8586 Form 8830 Form 8826 Form 8835
 - Form 8844 Form 8845 Form 8846 Form 8847
- 2b Credit for prior year minimum tax (attach Form 6627)
- 3 Total credits. Add lines 2a and 2b
- 4 Subtract line 3 from line 1
- 5 Recapture taxes. Check if from: Form 4255 Form 6811
- 6 Alternative minimum tax (attach Form 6626)
- 7 Total tax. Add lines 4 through 6. Enter here and on line 27, page 1

2a				
2b				
3				
4				
5				
6				
7				

Part II Other Information (See instructions.)

- 1 Refer to page 10 of the instructions for details.
 - a Business activity code no. 8900
 - b Business activity RELOCATING
 - c Product or service PROPERTY
- 2 Did any individual, partnership, estate, or trust at the end of the tax year own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).)
 - Yes No
- 3 Enter the amount of tax-exempt interest received or accrued during the tax year 18
- 4 Enter the amount of cash distributions and the book value of property (other than cash) distributions made in this tax year 0

- 5 If an amount is entered on line 2, page 1, see the worksheet on page 12 for amounts to enter below:
 - (1) Purchases
 - (2) Additional sec. 263A costs (see instructions—attach schedule)
 - (3) Other costs (attach schedule)
- 6 Do the rules of section 263A (for property produced or acquired for resale) apply to the corporation? Yes No
- 7 At any time during the 1994 calendar year, did the corporation have a foreign bank account, securities account, or other financial account? If "Yes," the corporation may have to file Form TD F 90-22.1. If "Yes," enter the amount of interest, dividends, or other income received from the account.

Part III Balance Sheets

		(a) Beginning of tax year	(b) End of tax year
Assets	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 stockholders		
	8 Mortgage and real estate loans		
	9a Depreciable, depletable, and intangible assets		
	b Less accumulated depreciation, depletion, and amortization		
	10 Land (net of any amortization)		
11 Other assets (attach schedule)			
12 Total assets			
Liabilities and Stockholders' Equity	13 Accounts payable		
	14 Other current liabilities (attach schedule)		
	15 Loans from stockholders		
	16 Mortgages, notes, bonds payable		
	17 Other liabilities (attach schedule)		
	18 Capital stock (preferred and common stock)		
	19 Paid-in or capital surplus		
	20 Retained earnings		
	21 Less cost of treasury stock		
	22 Total liabilities and stockholders' equity		

Part IV Reconciliation of Income (Loss) per Books With Income per Return (You are not required to file Part IV if the total assets on line 12, column (b), Part III are less than \$25,000.)

1 Net income (loss) per books		6 Income recorded on books this year not included on this return (itemize)	
2 Federal income tax		7 Deductions on this return not charged against book income this year (itemize)	
3 Less of capital losses over capital gains		8 Income (line 24, page 1). Enter the sum of lines 1 through 5 less the sum of lines 6 and 7	
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)			

KENTUCKY CORPORATION INCOME TAX RETURN

(S Corporations Use Form 720S)

1994

Commonwealth of Kentucky

WARNING: Failure to enter taxable period above may result in a request for a delinquent return.

Check if: Name of Corporation (Use near-abbreviated labels where appropriate)
Initial return: Number and Street
State and Date of Incorporation: KY 40118
Principal Business Activity in Kentucky: NATIONAL TRADING
Kentucky Business Code (no.)

All lines on this page must be completed. Federal schedules may be used.

Table with 3 columns: Line Number, Description, and Amount. Rows include: 1. Gross receipts and/or sales, 2. Less: Returns and allowances, 3. Gross profit, 4. Interest on loans, notes, mortgages, bonds, bank deposits, etc., 5. Interest from obligations of other states and territories, 6. Gross rents, 7. Gross royalties, 8. Capital gain net income from federal Schedule D, 9. Other income, 10. Transition amount, 11. Compensation of officers, 12. Salaries and wages, 13. Bad debts, 14. Rents, 15. Taxes excluding federal and state taxes, 16. Contributions, 17. Special deduction for property donated for housing, 18. Less depreciation deducted elsewhere on return, 19. Depreciation, 20. Pension, profit-sharing, etc., plans, 21. Employee benefit programs, 22. Charitable contribution deduction, 23. TOTAL deductions, 24. Net income (loss), 25. Less: Kentucky net operating loss deduction.

SUMMARY Interest Penalty TOTAL

Make checks payable to Kentucky State Treasurer. Mail return with...
I, the undersigned, declare under the penalties of perjury, that I have examined these returns, including all accompanying schedules to the best of my knowledge and belief, they are true, correct and complete.

Signature of principal officer or chief accounting officer Date Name and Social Security of preparer

OCCUPATIONAL LICENSE RETURN FORM OL-3

City of Louisville; Jefferson County, Kentucky; Mass Transit; School Boards
 DUE 15TH DAY OF THE 4TH MONTH FOR THE YEAR ENDING THE LAST DAY OF THE MONTH PREVIOUS

FOR OFFICE USE ONLY		
FILED BY	DATE	
NON PAYER	FINAL	
UL	WT	CLAR CODE
E.D.		

FOR YEAR ENDED

12	31	94
----	----	----

ACCOUNT NUMBER

[REDACTED]

If name change only check box

NAL JANTER GENERAL CONTRACTORS INC

PTIME
Name &
Address 2705 NATIONAL TRUNK
SAIGRALE KY

Change of address for your employer department, no change will be made.

FINAL RETURN (Check only to close account) Date Operations Ceased: _____

NO ACTIVITY
 Please check mark in box if there has been no activity

- A. Principal business activity _____
- B. What is your Social Security # (Main) _____
- C. Your Federal Identification # (if any) _____
- D. Home Phone _____ Business Phone _____
- E. During the past year did Federal Authorities change or propose to change net income reported for that year or any prior year? _____
- F. Principal Corporation Administrative Officer
 Address _____
- H. Was there a change in ownership in the past year? Date of change _____
 Name and address of new owner _____

RTA

to any individual for services rendered in Jefferson County (other than an employee) for less than \$1,000 in any calendar year.

PLEASE PRINT COMPLETE THIS SECTION

	COLUMN A Louisville Computation	COLUMN B Jefferson County Computation	COLUMN C Mass Transit Computation	COLUMN D School Boards
26. ENTER percentages			ENTER ON LINE 27 below the rate of _____ (Applies to everyone except Minors & Domestic Employees)	(Applies to all Partnerships, Corporations and Residents)
27. NET PROFITS ALLOCATION LINE 20 & LINE 25	\$ _____ %	\$ _____ %	\$ _____	\$ _____
28. ENTER TOTALS from line 26	\$ _____	\$ _____	\$ _____	\$ _____
32. ENTER ANY CREDIT DUE FROM PREPAYMENT OF TAX				

[Signature]
 PREPARER'S SIGNATURE
MOSS & SCOTT, Inc.
 Certified Public Accountants
"Soar with the Eagles"
 800 Embassy Square, Suite 200
 Louisville, KY 40299

NAME _____ SOCIAL SECURITY NUMBER _____

Please write your account number on your check or money order.

Louisville/Jefferson County Revenue Commission and the Internal Revenue Service, pursuant to IRS Code Section 6103(d), have entered into a coordination of tax information agreement which allows exchange of tax information between the two agencies.

MAKE ALL CHECKS PAYABLE AND MAIL TO: LOUISVILLE/JEFFERSON COUNTY REVENUE COMMISSION (formerly Commissioners of the Sinking Fund) P.O. BOX 25416, LOUISVILLE, KENTUCKY 40223-6416.

REF	REGISTRATION	RET PROCESSED	RECEIVED STAMP
AMOUNT			
APPROVED BY			
DATE			

For the year Jan. 1 - Dec. 31, 1994, or other tax year beginning , 1994, ending , 19 OMB No. 1545-0074

Label
(See instructions on page 12.)
Use the IRS label. Otherwise, please print or type.

Label
MAC G. SAWYER
9705 NATIONAL TURNPIKE
FAIRDALE, KY 40118

Your social security number
[REDACTED]
Spouse's social security number
[REDACTED]
For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Presidential Election Campaign
(See page 12.)

Do you want \$3 to go to this fund?
If a joint return, does your spouse want \$3 to go to this fund?

Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.
	X	

Filing Status
(See page 12.)
Check only one box.

- 1 Single
- 2 Married filing joint return (even if only one had income)
- 3 Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶
- 4 Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
- 5 Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 13.)

Exemptions
(See page 13.)

- 6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2. . . . } No. of boxes checked on 6a and 6b **1**
- b Spouse.
- | c Dependents:
(1) Name (first, initial, and last name) | (2) Check if under age 1 | (3) If age 1 or older, dependent's social security number | (4) Dependent's relationship to you | (5) No. of mos. lived in home in '94 | No. of your children on 6c who: |
|---|--------------------------|---|-------------------------------------|--------------------------------------|--|
| [REDACTED] | | | | 12 | <input checked="" type="checkbox"/> lived with you 2 |
| [REDACTED] | | | | 12 | <input type="checkbox"/> didn't live with you due to divorce or separation (see page 14) |
| | | | | | Dependents on 6c not entered above |
- d If your child didn't live with you but is claimed as your dep. under pre-1985 agreement, check . . .
- e Total number of exemptions claimed. **?**

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.
If you did not get a W-2, see page 15.
Enclose, but do not attach, any payment with your return.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	[REDACTED]
8a Taxable interest income (see page 15). Attach Schedule B if over \$400	8a	[REDACTED]
b Tax-exempt interest (see page 16). DON'T include on line 8a.	8b	[REDACTED]
9 Dividend income. Attach Schedule B if over \$400	9	[REDACTED]
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 16).	10	[REDACTED]
11 Alimony received	11	[REDACTED]
12 Business income or (loss). Attach Schedule C or C-EZ.	12	[REDACTED]
13 Capital gain or (loss). If required, attach Schedule D	13	[REDACTED]
14 Other gains or (losses). Attach Form 4797	14	[REDACTED]
15a Total IRA distributions	15a	[REDACTED]
b Taxable amount (pg. 17)	15b	[REDACTED]
16a Total pensions and annuities.	16a	[REDACTED]
b Taxable amount (pg. 17)	16b	[REDACTED]
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	17	[REDACTED]
18 Farm income or (loss). Attach Schedule F	18	[REDACTED]
19 Unemployment compensation (see page 18).	19	[REDACTED]
20a Social security benefits	20a	[REDACTED]
b Taxable amount (pg. 18)	20b	[REDACTED]
21 Other income.	21	[REDACTED]
22 Add the amounts in the far right column for lines 7 through 21. This is your total income.	22	[REDACTED]

Adjustments to Income

Caution: See instructions

23a Your IRA deduction (see page 19).	23a	[REDACTED]
b Spouse's IRA deduction (see page 19)	23b	[REDACTED]
24 Moving expenses. Attach Form 3903 or 3903-F	24	[REDACTED]
25 One-half of self-employment tax.	25	[REDACTED]
26 Self-employed health insurance deduction (see page 21).	26	[REDACTED]
27 Keogh retirement plan and self-employed SEP deduction	27	[REDACTED]
28 Penalty on early withdrawal of savings	28	[REDACTED]
29 Alimony paid. Recipient's SSN ▶	29	[REDACTED]
30 Add lines 23a through 29. These are your total adjustments.	30	[REDACTED]

Adjusted Gross Income

31 Subtract line 30 from line 22. This is your adjusted gross income. If less than \$25,296 and a child lived with you (less than \$9,000 if child didn't live with you), see "Earned Income Credit" on pg. 27. ▶ **31**

Tax Computation

(See page 23.)

32 Amount from line 31 (adjusted gross income) 32

33 a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.
 Add the number of boxes checked above and enter the total here 33a

b If your parent (or someone else) can claim you as a dependent, check here 33b

c If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here 33c

34 Enter the larger of your:
 Itemized deductions from Schedule A, line 29, OR
 Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 23 to find your standard deduction.
 If you checked box 33c, your standard deduction is zero.
 • Single - \$3,800 • Head of household - \$5,600
 • Married filing jointly or Qualifying widow(er) - \$6,350
 • Married filing separately - \$3,175 34

35 Subtract line 34 from line 32 35

36 If line 32 is \$83,850 or less, multiply \$2,450 by the total number of exemptions claimed on line 6e.
 If line 32 is over \$83,850, see the worksheet on page 24 for the amount to enter 36

37 Taxable income. Subtract line 36 from line 35.
 If line 36 is more than line 35, enter -0- 37

38 Tax. Check if from a Tax Table, b Tax Rate Schedules, c Capital Gain Tax Worksheet, or d Form 8615 (see page 24). Amount from Form(s) 8814 e

39 Additional taxes. Check if from a Form 4970 b Form 4972 39

40 Add lines 38 and 39 40

Credits

(See page 24.)

41 Credit for child and dependent care expenses. Att. Form 2441 41

42 Credit for the elderly or the disabled. Attach Schedule R 42

43 Foreign tax credit. Attach Form 1116 43

44 Other credits (see page 25). Check if from a Form 3800
 b Form 8396 c Form 8801 d Form 44

45 Add lines 41 through 44 45

46 Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- 46

Other Taxes

(See page 25.)

47 Self-employment tax. Att. Sch. SE 47

48 Alternative minimum tax. Attach Form 6251 48

49 Recapture taxes. Check if from a Form 4255 b Form 8611 c Form 8828 49

50 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 50

51 Tax on qualified retirement plans, including IRAs. If required, attach Form 5329 51

52 Advance earned income credit payments from Form W-2 52

53 Add lines 46 through 52. This is your total tax 53

Payments

Attach Forms W-2, W-2G, and 1099-R on the front.

54 Federal income tax withheld. If any is from Form(s) 1099, check 54

55 1994 estimated tax payments and amount applied from 1993 return 55

56 Earned income credit. If required, attach Schedule EIC (see page 27).
 Nontaxable earned income: amount
 and type **NO** 56

57 Amount paid with Form 4868 (extension request) 57

58 Excess social security and RRTA tax withheld (see page 32) 58

59 Other payments. Check if from a Form 2439 b Form 4136 59

60 Add lines 54 through 59. These are your total payments 60

Refund or Amount you Owe

61 If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID 61

62 Amount of line 61 you want REFUNDED TO YOU 62

63 Amount of line 61 you want APPLIED TO 1995 ESTIMATED TAX 63

64 If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE.
 For details on how to pay, including what to write on your payment, see page 32 64

65 Estimated tax penalty (see page 33). Also include on line 64 65

Sign here

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

Your signature _____ Date _____ Your occupation
 HOUSE MOVER

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

Preparer's signature **BOB ROSS** _____ Date **7/29/95** Check if self-employed

Firm's name (or yours if self-employed) and address **Ross & Scott, CPA's**
800 Embassy Square Blvd.
Louisville, KY E.I. No. _____ ZIP code **40299-1837**

Keep a copy of this return or your records.

Preparer's only

OTHER DEDUCTIONS

Accounting fees
 Outside Services
 Misc
 Relocating Homes
 Meals + ENTERTAINMENT (365 x 50%)
 Supplies
 Telephone
 CITY TAX



Part II - H2

MAC SAWYER 404-62-2041
 9705 NAT'L TURPIKE
 FAIRBANK KY 40118

OF STOCK

NOL CARRYOVER

1993 C/F
 1994 C/F

SAWYER
 1996

Mac Sawyer General Contr., Inc.

Foundation-Raising-Shoring
House & Building Movers-Leveling

9705 NATIONAL TURNPIKE
FAIRDALE, KENTUCKY 40118

502-368-9935

STATEMENT

Attn: Toni Mayfield
Department of Public Works
601 West Jefferson Room 215
Louisville, Ky. 40202

January 25, 1994
REF: Snow Removal City of
Louisville, Ky. per
Bill Herron

1 FRONT END LOADER	63.5 HRS @ \$75.00 PER HOUR.	\$ 4,762.50
BACKHOE #1	62.5 HRS @ \$75.00 PER HOUR.	\$ 4,687.50
BACKHOE #2	53.0 HRS @ \$75.00 PER HOUR.	\$ 3,975.00
1 F-150 4 WHEEL DRIVE TWO MAN SUPPORT VEHICLE FOR FUEL AND RELIEF, DRIVERS EQUIP WITH SNOW PLOW FOR INTERSECTIONS ONLY.		
F-150 FORD	63.5 HRS @ \$25.00 PER HOUR.	\$ 1,587.50
TOTAL AMOUNT DUE		<u>\$15,012.50</u>

THANK YOU

IF WE CAN BE OF FURTHER ASSISTANCE IN THE FUTURE, PLEASE DON'T
HESITATE TO CALL US.

FEDERAL ID# [REDACTED]

Birdogs Michelle Hshby 222-10-0000

TOWN & COUNTRY FORD, INC.
6015 PRESTON HIGHWAY
LOUISVILLE, KY 40219 ("Seller")

PHONE # (502) 964-8131
FAX # (502) 964-0268

VEHICLE PURCHASE AGREEMENT

D.O.B. 4-27-46 Date: 2/19/93

SALESMAN: Robson

BUYER: Mac Sawyer

ADDRESS: 9705 National Turnpike Louisville, KY 40118 PHONE: 368-9935

BUYER AND SELLER AGREE THAT BUYER SHALL PURCHASE FROM SELLER AND SELLER SHALL SELL TO BUYER THE FOLLOWING DESCRIBE VEHICLE ON THE TERMS AND CONDITIONS LISTED BELOW:

VEHICLE: NEW / USED / DEMO YR. 1993 MAKE Ford TYPE Mustang COLOR Green STOCK NO. P-354

MOTOR NO. 11FACP45F2PE131139 LIC. NO. Temp

DISCLAIMER OF WARRANTIES
SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESSED OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THE VEHICLE.

I have read and received a copy of this Agreement, and (if applicable) the Buyer's Guide. I fully understand and have no questions about their contents.

CASH ON DELIVERY	<input type="checkbox"/> cash / <input type="checkbox"/> check / <input checked="" type="checkbox"/> other	16,002.24 - CASH	21,002.24
TRADE-IN ALLOWANCE \$			
BAL. OWED TO	N/A		500.00
YR.	MAKE	TYPE	COLOR
LICENSE NO.	SERIAL NO.		
TOTAL DOWN PAYMENT			BAL. DUE
UNPAID BALANCE \$			

A) With regard to the vehicle traded by Buyer. For and in consideration of the sum of \$ 5,000 - CASH (which has this day been credited to Buyer's account with Seller) and for other valuable consideration, the receipt of which is hereby acknowledged. Buyer does hereby bargain, sell and deliver unto Seller, one automobile. Model N/A Motor (VIN) Number: N/A. Buyer warrants: that title to said automobile is in Buyer; that said title is free from all encumbrances and debts, except \$ 0 due N/A. amount Seller hereby assumes: that Buyer has good right to sell and deliver said automobile; and that Buyer will defend title and possession of said automobile against all claims of all parties whatsoever, except as above specified. Buyer agrees that if the actual loan payoff on Buyer's trade-in vehicle is greater than the amount stated herein by Buyer, or if there are any other debts or encumbrances attaching to Buyer's trade-in vehicle not herein disclosed by Buyer, that Buyer will immediately reimburse Seller for all said additional sums paid by Seller to clear title to Buyer's trade-in.

B) With regard to the vehicle purchased hereunder by Buyer from Seller. 1. Buyer understands and hereby acknowledges that THERE ARE NO WARRANTIES WHICH EXTEND BEYOND THE DESCRIPTION ON THE FACE HEREOF, EXCEPT THE MANUFACTURER'S WARRANTY IF THIS SALE IS OF A NEW CAR; AND THAT USED CARS ARE SOLD 'AS IS' WITH ALL DEFECTS. ALL WARRANTIES OF MERCHANTABILITY ARE HEREBY EXPRESSLY EXCLUDED.

2. FOR ALL VEHICLES ORDERED FROM THE MANUFACTURER: In the event of an increase in price by manufacturer prior to delivery. Buyer agrees to pay the difference in price. Seller shall not be liable for manufacturer's delays in delivery, nor for manufacturer's changes to the vehicle package as ordered by Buyer.

3. DELIVERY AND SALE OF THE SUBJECT VEHICLE TO BUYER ARE SOLELY ON A CASH BASIS. Buyer acknowledges that neither this agreement, delivery of said vehicle, nor efforts by Seller to assist the Buyer in securing financing for the purchase price, constitute either an extension of credit or an agreement to extend credit to the Buyer by Seller. Seller makes no warranty or representation as to Buyer's creditworthiness or ability to secure financing, nor does Seller warrant that it will secure financing for the Buyer. This agreement is not subject to or in any way contingent upon Buyer's securing financing for this purchase.

4. Buyer agrees that pending cash payment in full of the purchase price and any promissory notes to Seller, delivery and usage of said vehicle shall be at the absolute discretion of Seller. Buyer, and/or Buyer's Insurance Company, shall be liable for all damages caused to or by said vehicle while in Buyer's possession.

5. IF BOX IS CHECKMARKED THE FOLLOWING APPLIES: THE INFORMATION YOU SEE ON THE WINDOW FORM FOR THIS VEHICLE IS PART OF THIS AGREEMENT. INFORMATION ON THE WINDOW FORM OVERRIDES ANY CONTRARY PROVISIONS IN THIS AGREEMENT.

6. If a Manufacturer's special purchase/pricing plan discount applies to this purchase, the Buyer agrees to provide the Seller with all applicable qualifying documents and to satisfy all of the Manufacturer's conditions, within five days of the execution of this agreement unless otherwise extended by mutual consent of the parties. In the event that Buyer fails to satisfy this condition, Buyer's eligibility for the special purchase/pricing plan discount shall terminate, and Buyer shall immediately pay the difference in price to the Seller.

7. Seller does not provide a rental or loaner car program for used vehicle servicing.

C) All sums due the Seller by the Buyer shall be due and payable upon demand. Unpaid sums due the Seller by the Buyer shall bear interest at a rate of eighteen per cent (18%) per annum. In the event of any dispute between the parties hereto resulting in litigation, the prevailing party shall be entitled to recover its reasonable attorney's fees, including those associated with appellate proceedings. Time is of the essence in this agreement.

D) This VEHICLE PURCHASE AGREEMENT constitutes the entire agreement between the parties and cannot be changed by an oral promise or representation, or modified in any manner unless in writing and signed by both parties. Buyer hereby certifies that he (she/they) is (are) over the age of 18 years, and has (have) read, understand(s), and agree(s) to the above terms. Executed this year and day first above written. BUYER ACKNOWLEDGES THAT NO ORAL PROMISES OR REPRESENTATIONS HAVE BEEN MADE PRIOR TO THE EXECUTION OF THIS AGREEMENT WHICH HAVE NOT BEEN INCORPORATED HEREIN IN WRITING. MS

SELLER: TOWN & COUNTRY FORD, INC.

BUYER: Mac Sawyer

Referred by:
 TV Newspaper
 Radio Other

By: [Signature] Not valid unless signed and accepted by Seller.

CO-BUYER:

Date:

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1993



1993 - Mac Sawyers House and Building movers adding supports to sagging foundation.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1993



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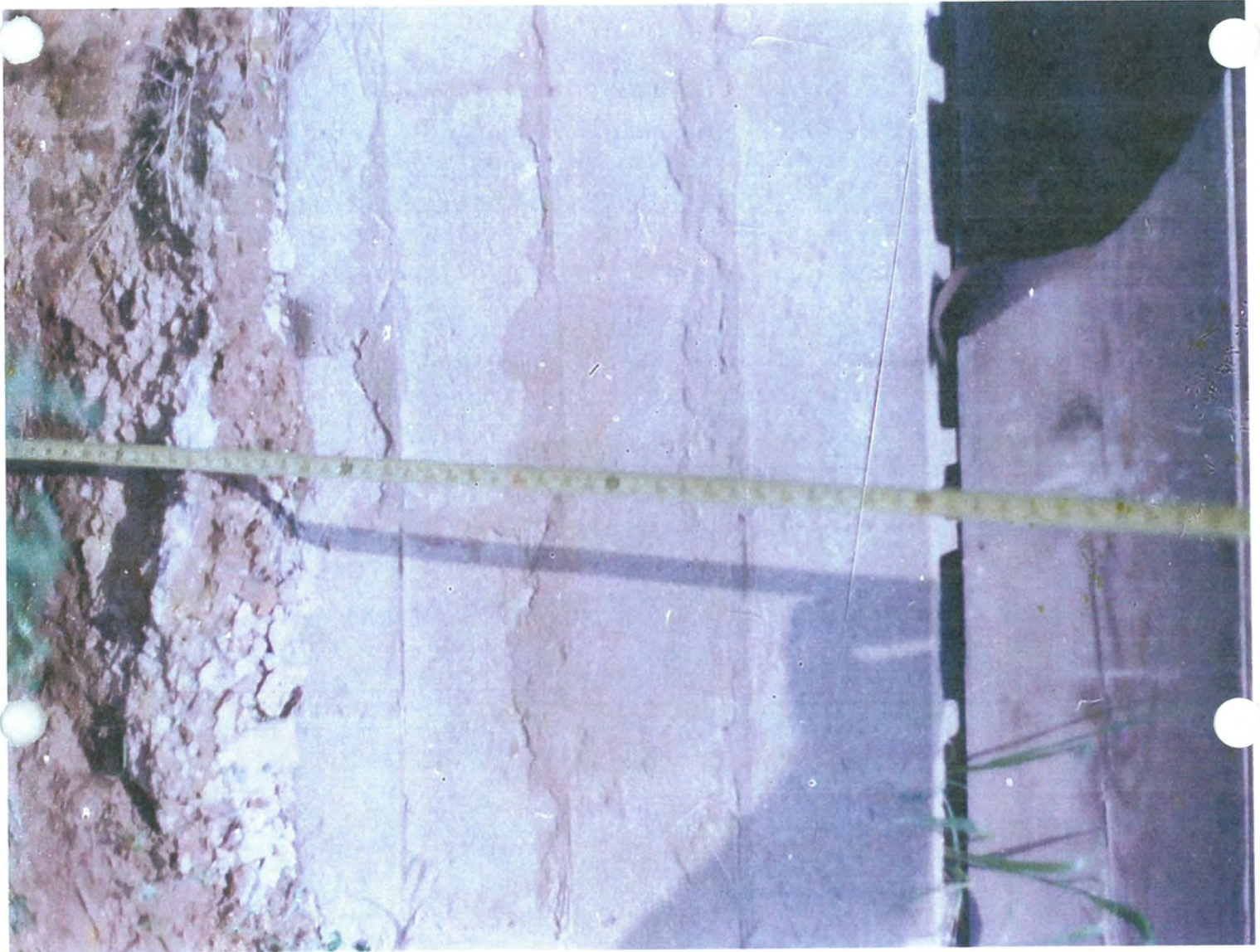
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Tax Computation

(See page 22.)

32 Amount from line 31 (adjusted gross income) 32

33a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind. Add the number of boxes checked above and enter the total here ▶ 33a

b If your parent (or someone else) can claim you as a dependent, check here ▶ 33b

c If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 22 and check here ▶ 33c

34 Enter the larger of your: 34

Itemized deductions from Schedule A, line 26, OR
 Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 22 to find your standard deduction. If you checked box 33c, your standard deduction is zero.

- Single - \$3,600
- Married filing jointly or Qualifying widow(er) - \$6,000
- Head of household - \$5,250
- Married filing separately - \$3,000

35 Subtract line 34 from line 32. 35

36 If line 32 is \$78,950 or less, multiply \$2,300 by the total number of exemptions claimed on line 6e. If line 32 is over \$78,950, see the worksheet on page 23 for the amount to enter 36

37 **Taxable income.** Subtract line 36 from line 35. If line 36 is more than line 35, enter -0- 37

If you want the IRS to figure your tax, see page 23.

38 Enter tax. Check if from a Tax Table, b Tax Rate Schedules, c Schedule D, or d Form 8615 (see page 23). Amount, if any, from Form(s) 8814 ▶ e 38

39 Additional taxes (see page 23). Check if from a Form 4970 b Form 4972 39

40 Add lines 38 and 39 40

Credits
(See page 23.)

41 Credit for child and dependent care expenses. Att. Form 2441. 41

42 Credit for the elderly or the disabled. Attach Schedule R 42

43 Foreign tax credit. Attach Form 1116 43

44 Other credits (see page 24). Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify) 44

45 Add lines 41 through 44. 45

46 Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- 46

Other Taxes

47 Self-employment tax. Att. Sch. SE ▶ 47

48 Alternative minimum tax. Attach Form 6251 48

49 Recapture taxes (see page 25). Check if from a Form 4255 b Form 8611 c Form 8828. 49

50 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 50

51 Tax on qualified retirement plans, including IRAs. Attach Form 5329 51

52 Advance earned income credit payments from Form W-2 52

53 Add lines 46 through 52. This is your **total tax** 53

Payments

Attach Forms W-2, W-2G, and 1099-R on the front.

54 Federal income tax withheld. If any is from Form(s) 1099, check 54

55 1992 estimated tax payments and amount applied from 1991 return 55

56 **Earned income credit.** Att. Schedule EIC NQ 56

57 Amount paid with Form 4868 (extension request) 57

58 Excess social security, Medicare, and RRTA tax withheld (see page 26) 58

59 Other payments (see page 26). Check if from a Form 2439 b Form 4136. 59

60 Add lines 54 through 59. These are your **total payments** 60

Refund or Amount You Owe

Attach check or money order on top of Form(s) W-2, etc., on the front.

61 If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you **OVERPAID**. ▶ 61

62 Amount of line 61 you want **REFUNDED TO YOU** ▶ 62

63 Amount of line 61 you want **APPLIED TO YOUR 1993 ESTIMATED TAX** ▶ 63

64 If line 53 is more than line 60, subtract line 60 from line 53. This is the **AMOUNT YOU OWE**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1992 Form 1040" on it. 64

65 **Est. tax penalty** (see pg. 27). Also incl. on ln. 64. 65 25

Sign Here

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

Your signature _____ Date _____ Your occupation **HOUSE MOVER**

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

Preparer's signature **BOB ROSS** *[Signature]* Date **8-13-93** Check if self-employed

Firm's name (or yours if self-employed) and address **Ross & Scott, CPA's**
800 Embassy Square Blvd.
Louisville, KY E.I. No. _____ ZIP code _____

Keep a copy of this return for your records.

Depreciation and Amortization (Including Information on Listed Property)

1993

Attachment Sequence No. 67

Department of the Treasury Internal Revenue Service (T)

See separate instructions. Attach this form to your return.

Name(s) shown on return

Identifying number

G. SAWYER

Business or activity to which this form relates

Schedule C - MAC SAWYER HOUSE MOVERS & RENTAL

Part I Election To Expense Certain Tangible Property (Section 179)

(Note: If you have any "Listed Property," complete Part V before you complete Part I.)

Table with 5 columns: Line number, Description, Amount, and two small boxes. Rows include: 1 Maximum dollar limitation, 2 Total cost of section 179 property, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation for tax year, 6-7 Description of property (PROJECTOR, KEN BAR YARD CART), 8 Total elected cost, 9-10 Tentative deduction, 11 Taxable income limitation, 12 Section 179 expense deduction, 13 Carryover of disallowed deduction.

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1993 Tax Year (Do Not Include Listed Property)

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include: 14 General Depreciation System (GDS) and 15 Alternative Depreciation System (ADS).

Part III Other Depreciation (Do Not Include Listed Property)

Table with 2 columns: Line number and Description. Rows include: 16 GDS and ADS deductions for assets placed in service in tax years beginning before 1993, 17 Property subject to section 168(f)(1) election, 18 ACRS and other depreciation.

Part IV Summary

Table with 2 columns: Line number and Description. Rows include: 19 Listed property, 20 Total, 21 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Client

MAC G. SAWYER

0 94

11:12 a

Statement 1

Form 762, Line 2(b)

Property Placed in Service After July 31, 1985 & Before Jan. 1, 1990

Description	Date	KY Basis	Prior Dep	Meth	Life	Deprec
3725 DRIVEWAY	6/01/87	446	198		15	30
3725 FURN & A/C	1/01/88	917	414		10	92
4223 SOUTHERN PKWY	11/14/86	17,850	5,655		19	946
4223 ROOF & REPAIRS	1/01/88	1,432	644		10	143
4223 CARPET, CONCRETE	1/01/87	873	752		10	87
8314 WOODSMAN CT	1/01/89	9,884	1,281		27	366
8314 FURN & A/C	1/01/89	2,009	1,004		7	287
8406 ARCHWOOD -LAND	1/01/87	8,000	480		18	480
50 X 100 STORAGE BLD	1/01/87	16,700	3,584		31	539
STEEL BEAMS	1/01/88	1,790	1,502	SL	6	288
DOLLIES	1/01/88	845	713	SL	6	132
TOTAL						3,390

1993

Diagnostics

Client 2041

MAC G. SAWYER

02/14/94

11:47 am

Wages Taxpayer - Employer	Federal W/H	FICA	Medi Care	State W/H	Local W/H
MAC SAWYERS CONTRACTORS	450			181	66
Totals	450	0	0	181	66

Form **W-2** Wage and Tax Statement **1993**
 Copy C For EMPLOYER'S RECORDS (See Notice on back.)

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0008

a Control number [Redacted]		<input type="checkbox"/> Void This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer's identification number [Redacted]		c Employer's name, address, and ZIP code MAC SAWYERS CONTRACTORS, INC. 7705 NATIONAL BOULEVARD BALTIMORE, MD 21213	
d Employer's state I.D. No. 004180		e Employee's name, address, and ZIP code [Redacted]	
16 State wages, tips, etc. 3,000.00		17 State income tax 122.55	
18 Statutory employee <input type="checkbox"/>		19 Decedent pension plan <input type="checkbox"/>	
19 Local income tax 50.00		20 Local wages, tips, etc. 3,000.00	
21 Local income tax 50.00		22 Local income tax 50.00	
1 Wages, tips, other compensation 3,000.00		2 Federal income tax withheld 181.00	
3 Social security wages 3,000.00		4 Social security tax withheld 181.00	
5 Medicare wages and tips 3,000.00		6 Medicare tax withheld 45.00	
7 Social security tips 0.00		8 Allocated tips 0.00	
9 Advance EIC payment 0.00		10 Dependent care benefits 0.00	
11 Nonqualified plans 0.00		12 Benefits included in Box 1 0.00	
13 See Instrs. for Box 13 0.00		14 Other 0.00	

7000 Younger Elisha J Jr 901+
10201 SCHULTZ W T CO planning
10202 Not Verified
10203 Habich Frank G 901+
10204 Hicks Edw H 901+
10205 Gillett Willy 901+
10206 Not Verified
10207 Arnold L John 901+
10208 Riley Kathryn E 901+
10209 Not Verified
10210 Wentworth Richd A 901+
10211 Long Hazel B 901+
10212 Garcia Ramona S 901+
10213 Richey Charles M & Marcella V 901+
10214 Richey Scott A 901+
10215 R K SERVICE 901+
10216 Not Verified
10217 Robinson Robert A & Nancy F 901+
10218 Jenkins Ray & Silvy I 901+
10219 Riley Saml M 901+
10220 Bergstrom Edwin V & Joyce L 901+
10221 Marquet Helen S 901+
10222 Jenkins Lonnie R 901+
10223 Boggs Wayne T & J Jeannie 901+
10224 No Return
10225 Brewer Eug E & Patsy 901+
10226 Nichols Ella L 901+
10227 Raftery Curtis pngt contr 901+
10228 Mobbey Geo H & Alice J 901+
10229 Not Verified
10230 Not Verified
10231 Not Verified
10232 Not Verified
10233 Not Verified
10234 Not Verified
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10260 Not Verified
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10264 Not Verified
10265 Not Verified
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10296 Not Verified
10297 Not Verified
10298 Not Verified
10299 Not Verified
10300 Not Verified


FAIRDALE RD INTERSECTS
9509 Not Verified
9511 Clemens Lawrence F & Dorothy F 901+
9513 Franke Betty 901+
9515 Myers Mary A 901+
9516 Myers Deborah S 901+
9501 Gentry Vivian H & Mary E 901+
9502 Not Verified
9504 Churchman Chas R 901+
9506 Davis Arnold 901+
9508 Whittaker Roy K 901+
9509 Vacant
9510 Century Rose M 901+
9510 Cox Howard 901+
9513 Nelson Lenial H 901+
9513 Nelson Virgil 901+
9513 Ketter Lawrence 901+
9513 Ketter Thelma M 901+
9704 Oakes Archie W & Christine H 901+
SAWYER MAC GENERAL CONTRACTORS
Sawyer Mac 901+
Sawyer Laura 901+
9706 Corum Francis W 901+
9707 Fisher Chris W 901+
9708 Parker Jerry & Nicole 901+
9710 Bolton Charles A 901+
9710 Mudd Junior D & Shirley A 901+
9711 Mudd Larry D 901+
9711 Strange Estel M 901+
9712 Harris Wm A & Bonnie M 901+
9713 Smith Chester L & Betty J 901+
9900 Montgomery Phyllis J 901+
9901 Vacant
9902 Not Verified
9904 Godsey Bruce D & Marra A 901+
9905 Oltenshach Irvin J & Norma J 901+
9906 Otterbach Annetta M 901+
9908 Chitwood Donald R 901+
9909 Logsdon Maran F 901+
9910 LIBERTY MISSIONARY BAPTIST CHURCH
9911 Mc Daniel Irma 901+
9912 Fisher Vernon L & Lacie L 901+
9913 Fisher Robt L 901+
9915 Ferguson Pete R 901+
9916 Murphy Ethel 901+
9917 Ferguson Michl W 901+
9918 Schmitter John H & Ella M 901+
9900 Ferguson Minnie E 901+
9900 Ferguson Debbie C 901+
9902 Mays Jas 901+
9903 Cary Russell D & Roberta F 901+
9904 Vacant
9909 Hickerson Eugene & Helen D 901+
9909 Cary Zella E 901+
9913 Riley Paul B & Wanda C 901+
9914 Turner James 901+
10000 Brown Beulah B 901+
10000 Brown Melinda J 901+
10003 Bohannon Millard A & Norene V 901+
10004 Ernsperger Jos S & Donna M 901+
10006 OAK GROVE BAPTIST CHURCH
10007 Tillich Frank J & Lu Lu F 901+
10008 Simpson Steve 901+
10009 Foster Tony R & Deborah L 901+
10010 N S A 1/2-water filter 901+
10011 Paulley Joseph T & Beulah Pauline 901+
10011 Holston Jay 901+
10012 Tralford Alvin L & Georgia B 901+
10014 Allen Murray D & Donna L 901+
10016 Farmer Eth D 901+
10017 Whitney Billy D & Ada R 901+
10018 Underwood Nelce C 901+
10019 Judd Anna M 901+
10020 ALMA LYNN DR BEGINS
10021 James M Andrew 901+
10023 Brooks Ben E & Betty J 901+
10027 Williams Robt E & Terry L 901+
10029 Vacant
10029 FARMERS LA ENDS
10102 Ancipen Camilla P 901+
10104 Champert Zelle H & Ruth C 901+
10105 Vacant
10106 Foreman Tony 901+
10108 Younger Edw J & Madeline D 901+
10110 Humphres Elnor & Maysie C 901+
10112 Feger Wilbur L 901+
10115 Leger Wm & Julia A 901+
10116 Lavelly Wm E & Irene 901+
10116 Midl Courtney 901+
10116 Midl Andrew 901+
10116 Midl Dana 901+
10117 Sweeney Thelma 901+
10118 Duller Florence M 901+
10118 Hoagland Raymond B 901+
10118 Clara M 901+
10120 Oates Arthur C 901+

3000 Younger Elisha J Jr 901+
10201 SCHULTZ W T CO planning
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NAVAJO CT (IND)
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DEAD END 80
SEMI-CIR TO 64
- ZIP CODE 4027
1201-36 INDIAN HILLY
1201 Not Verified
1203 Watson 1201
1206 Fuller Thos R I
1207 Ferguson Scott
1209 Smith Fred J &
1211 Foy Garrett B
1212 Kelly Margt
1215 Garlove Gail K
1217 Durham Joseph
1219 Arnold H Robt
1221-1225 Vacant (3)
1227 Milts A Steven
1301 Scheen S Rando
1303 Bloom Jerome &
1305 Swope Saml G
1307 Vandertol Jay C
1309 Russ Joan C
1310 Fulton Gertr
1311-1314 Hansen Fred &
1312 Franzen Raymond
1314 Harold Micht J I
1316 Mc Giffen John
1318 Simpson Wm T
1320 Senn M Brooks I
1322 Dall Jessie L & I
1324 Recerver Wm J
1326 Warren F Everet
1328 Sullivan Nancy I
1330 Not Verified
1332 Keeling Chas H I
1334 Stone Ross B & I
1335 Selden Wm M
1336 NAVAJO RD INTEI
13 HOUSEHOLDS
NAVAJO RD (INDIA)
CHEROKEE SECTI
5400 PUEBLO RD
IN A SEMI-CIR
- ZIP CODE 40207
5402 Logsdon Marion T
5403 Donahue Terrence
5404 (M) 893-7477
5404 Hendricks Michl J
5405 Wagner David H
5406 Simrall Jas H
5407 Sandman Paul E
5408 Not Verified
5411 Hill Ed
5412 Lucchese F Paul I
5413 Clark Michl R & i
5414 Cook Bill S & Deb
5415 Potts Grover C
5416 Not Verified
5418 Chandler Wm F Jr
5420 Seitz Jan H & Jo
5420 Pueblo Rd Inter:
15 HOUSEHOLDS
NEAGLI CT (OKOLO)
SQUIRE NEAGLI CT
WEST
- ZIP CODE 40228
4000 Smith Richd A
4001 Middleton Carl
4002 Feger Ronald A
4003 Lucy Jewell M
4004 De Vaaler Jas L
4005 Not Verified
4006 Graham Edw M &
4007 Not Verified
4008 Booth Doris
4009 Danilo Anthony
4010 Ritter Edith M
4011 Cross Lawrence J
4012 Not Verified
4013 SQUIRE NEAGLI CT
4100 Richey Charles M
4101 Shulthess Phillip &
4102 Althaus Robt L
4103 Gray Robt
4104 Murphy Donald L
4105 Murphy Denise
4106 Hardin Robt V & M
4107 Not Verified
4108 Johnson Bernadette
4109 Craig Wm B
4111 AFTER HOURS INSI
4112 Larry G & Ma
41 HOUSEHOLDS
23 HOUSEHOLDS

3000 Younger Elisha J Jr 901+
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Account No. 

Date 11/15/93
3319





MAC SAWYER GENERAL CONTRACTOR, INC.
9705 NATIONAL TURNPIKE
LOUISVILLE KY 40214

Handwritten signature/initials

no PH #
Reves Ins Agency
no ph #

Amount Paid \$ 

STATEMENT OF ACCOUNT

BILLED	INVOICE	POLICY NUMBER*	TRANSACTION	AMOUNT
07/15/93	0006	WC1 351 477056 022	AUDIT 11/01-02/01	
07/15/93	0006	WC1 351 477056 022	ASSESSMENT	
10/06/93	0009	WC1 351 477056 022	EST. FINAL AUDIT	
10/06/93	0009	WC1 351 477056 022	ASSESSMENT	

BALANCE DUE



FOR SERVICE CALL OR WRITE YOUR LIBERTY MUTUAL OFFICE AT:
PLEASE CONTACT YOUR PRODUCER OF RECORD
* THE FIRST LETTER OF THE POLICY NUMBER INDICATES THE LINE OF INSURANCE - SEE REVERSE SIDE

Liberty Mutual
Insurance Group/Bos

U.S. Corporation Income Tax Return

1993

For calendar year 1993 or tax year beginning 1993, ending 19

▶ Instructions are separate. See page 1 for Paperwork Reduction Act Notice.

- A Check if a:
- 1 Consolidated return (attach Form 851)
 - 2 Personal holding co. (attach Sch. PH)
 - 3 Personal service corp. (as defined in Temporary Regs. sec. 1.441-4T—see instructions)

Use IRS ***** 5-DIGIT 40118
 label. NT 61-1144650 DEC93 S17 8980 M
 Other MAC SAWYER GENERAL CONTRACTORS INC
 wise, please 7705 NATIONAL TURNPIKE 428 S
 print FAIRDALE KY 40118
 type.

B Employer identification number

C Date incorporated
 01/26/87

D Total assets (see Specific Instructions)

E Check applicable boxes: (1) Initial return (2) Final return (3) Change of address

Income	1a	Gross receipts or sales		b	Less returns and allowances		c Bal ▶	1c
	2	Cost of goods sold (Schedule A, line 8)		2				2
	3	Gross profit. Subtract line 2 from line 1c		3				3
	4	Dividends (Schedule C, line 19)		4				4
	5	Interest		5				5
	6	Gross rents		6				6
	7	Gross royalties		7				7
	8	Capital gain net income (attach Schedule D (Form 1120))		8				8
	9	Net gain or (loss) from Form 4797, Part II, line 20 (attach Form 4797)		9				9
	10	Other income (see instructions—attach schedule)		10				10
	11	Total income. Add lines 3 through 10		11				11
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (Schedule E, line 4)		12				12
	13a	Salaries and wages		b	Less employment credits		c Bal ▶	13c
	14	Repairs and maintenance		14				14
	15	Bad debts		15				15
	16	Rents		16				16
	17	Taxes and licenses		17				17
	18	Interest		18				18
	19	Charitable contributions (see instructions for 10% limitation)		19				19
	20	Depreciation (attach Form 4562)		20				20
	21	Less depreciation claimed on Schedule A and elsewhere on return		21a				21b
	22	Depletion		22				22
	23	Advertising		23				23
	24	Pension, profit-sharing, etc., plans		24				24
	25	Employee benefit programs		25				25
	26	Other deductions (attach schedule)		26				26
	27	Total deductions. Add lines 12 through 26		27				27
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28				28
29	Less: a Net operating loss deduction (see instructions)		29a				29c	
	b Special deductions (Schedule C, line 20)		29b				29c	
Tax and Payments	30	Taxable income. Subtract line 29c from line 28		30				30
	31	Total tax (Schedule J, line 10)		31				31
	32	Payments: a 1992 overpayment credited to 1993	32a					
		b 1993 estimated tax payments	32b					
		c Less 1993 refund applied for on Form 4466	32c					
		d Bal ▶	32d					
	e	Tax deposited with Form 7004	32e					
	f	Credit from regulated investment companies (attach Form 2439)	32f					
	g	Credit for Federal tax on fuels (attach Form 4136). See instructions	32g				32h	
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached					33	
34	Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed					34		
35	Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid					35		
36	Enter amount of line 35 you want: Credited to 1994 estimated tax ▶ Refunded ▶					36		

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

Signature of officer

Date

Title

Paid Preparer's Use Only

Preparer's signature

[Signature]

ROSS & SCOTT, psc
 Certified Public Accountants
 "Soar with the Eagles"

Date

3-30-94

Check if self-employed

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

800 Embassy Square Boulevard
 Louisville, KY 40298
 Cal. No. 114500

E.I. No.

ZIP code

Schedule J Tax Computation (See instructions.)

1	Check if the corporation is a member of a controlled group (see sections 1561 and 1563) <input type="checkbox"/>		
2a	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) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/>		
b	Enter the corporation's share of: (1) additional 5% tax (not more than \$11,750) \$ <input type="text"/> (2) additional 3% tax (not more than \$100,000) \$ <input type="text"/>		
3	Income tax. Check this box if the corporation is a qualified personal service corporation as defined in section 448(d)(2) (see instructions on page 15) <input type="checkbox"/>		3
4a	Foreign tax credit (attach Form 1118)	4a	
b	Possessions tax credit (attach Form 5735)	4b	
c	Orphan drug credit (attach Form 6755)	4c	
d	Check: <input type="checkbox"/> Nonconventional source fuel credit <input type="checkbox"/> QEV credit (attach Form 8834)	4d	
e	General business credit. Enter here and check which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 3468 <input type="checkbox"/> Form 5884 <input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 6765 <input type="checkbox"/> Form 8586 <input type="checkbox"/> Form 8830 <input type="checkbox"/> Form 8826 <input type="checkbox"/> Form 8835	4e	
f	Credit for prior year minimum tax (attach Form 8827)	4f	
5	Total credits. Add lines 4a through 4f	5	
6	Subtract line 5 from line 3	6	
7	Personal holding company tax (attach Schedule PH (Form 1120))	7	
8	Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611	8	
9a	Alternative minimum tax (attach Form 4626)	9a	
b	Environmental tax (attach Form 4626)	9b	
10	Total tax. Add lines 6 through 9b. Enter here and on line 31, page 1	10	

Schedule K Other Information (See pages 17 and 18 of instructions.)

	Yes	No		Yes	No
1	Check method of accounting: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) <input type="text"/>				
2	Refer to page 19 of the instructions and state the principal: a Business activity code no. <input type="text"/> 8980 b Business activity <input type="text"/> MOVING c Product or service <input type="text"/> HOUSES				
3	Did the corporation at the end of the tax year 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 identifying number, (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"/>		<input checked="" type="checkbox"/>
4	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter employer identification number and name of the parent corporation <input type="text"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
5	Did any individual, partnership, corporation, estate or trust at the end of the tax year 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 type="text"/> 100		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
6	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 secs. 301 and 316.) If "Yes," file Form 5452. 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"/>		<input checked="" type="checkbox"/>
7	Was the corporation a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957). If "Yes," attach Form 5471 for each such corporation. Enter number of Forms 5471 attached <input type="text"/>				<input checked="" type="checkbox"/>
8	At any time during the 1993 calendar year, did the corporation have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," the corporation may have to file Form TD F 90-22.1. If "Yes," enter name of foreign country <input type="text"/>				<input checked="" type="checkbox"/>
9	Was the corporation the grantor of, or transferor to, a foreign trust that existed during the current tax year, whether or not the corporation has any beneficial interest in it? If "Yes," the corporation may have to file Forms 926, 3520, or 3520-A				<input checked="" type="checkbox"/>
10	Did one foreign person at any time during the tax year 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," a Enter percentage owned <input type="text"/> b Enter owner's country <input type="text"/> c The corporation may have to file Form 5472. Enter number of Forms 5472 attached <input type="text"/>				<input checked="" type="checkbox"/>
11	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If so, the corporation may have to file Form 8281.				
12	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> \$				
13	If there were 35 or fewer shareholders at the end of the tax year, enter the number <input type="text"/> 1				
14	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/>				
15	Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) <input type="text"/> \$ 8562				

720

KENTUCKY CORPORATION INCOME TAX RETURN

1993

41A720

(S Corporations Use Form 720S)

Commonwealth of Kentucky
REVENUE CABINET

Taxable period beginning _____, 1993, and ending _____, 199

IMPORTANT: Failure to enter taxable period above may result in a request for a delinquent return.

Use preaddressed label; otherwise print or type	Name of Corporation MAC SAUYER GENERAL CONTRACTORS INC	Kentucky Account No.
	Number and Street 6705 NATIONAL TURNPIKE	
	City FATBONE KY	Zip Number 40419
	State and Date of Incorporation KY 11/01/54	Principal Business Activity in Kentucky HOUSE HOLDING
		Federal Business Code No. [REDACTED]

All lines on this page must be completed. Federal schedules may be used.

INCOME	1. Gross receipts and/or sales	1	
	2. Less: Cost of goods sold and/or operations (attach schedule)	2	
	3. Gross profit	3	
	4. Interest on loans, notes, mortgages, bonds, bank deposits, etc. (attach schedule)	4	
	5. Interest from obligations of other states and their political subdivisions (see instructions)	5	
	6. Gross rents	6	SEE
	7. Gross royalties	7	
	8. Capital gain net income from Schedule D (Form 720) (attach Schedule D)	8	
	9. Net gain or (loss) from Form 4797-K, page 1, Part II (attach Form 4797-K)	9	FEDERAL
	10. Other income (attach schedule)	10	
	11. TOTAL income (add lines 3 through 10)	11	
DEDUCTIONS	12. Compensation of officers	12	1120
	13. Salaries and wages (not deducted elsewhere) including jobs credit	13	
	14. Repairs (do not include cost of improvements or capital expenditures)	14	
	15. Bad debts (attach schedule)	15	
	16. Rents	16	
	17. Taxes excluding federal and state taxes measured by net/gross income (attach schedule)	17	
	18. Interest	18	
	19. Contributions (attach schedule)	19	
	20. Special deduction for property donated for housing for a homeless family (attach Schedule III)	20	
	21. Depreciation from Form 752 (attach Form 752)	21	
	22. Less depreciation deducted elsewhere on return	22(a)	22(b)
	23. Depletion (attach schedule)	23	
	24. Advertising	24	
25. Pension, profit-sharing, etc., plans	25		
26. Employee benefit programs	26		
27. Other deductions (attach schedule)	27		
28. TOTAL deductions (add lines 12 through 27)	28		
29. Income (loss) before adjustment (line 11 less line 28)	29		
30. Add: Deductions directly or indirectly attributable to non-taxable property (attach schedule)	30		
31. Net income (loss) (add lines 29 and 30)	31		
32. Kentucky taxable net income before NOL deduction (enter amount from line 31 above or amount from Schedule A, Section II, line 8)	32		
33. Less: Kentucky net operating loss deduction (see instructions) (attach schedule)	33		
34. Kentucky taxable net income after NOL deduction	34		

TAX PAYMENT SUMMARY	Income _____	License <u>30</u>	
	Interest _____	Penalty _____	TOTAL <u>30</u>

Make checks payable to Kentucky State Treasurer. Mail return with payment to Kentucky Revenue Cabinet, Frankfort, Kentucky 40621.

I, the undersigned, declare under the penalties of perjury, that I have examined these returns, including all accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature of principal officer or chief accounting officer _____ Date _____

Name and Social Security or Federal identification number of preparer _____

ROSS & SCOTT, psc
Certified Public Accountants
"Soar with the Eagles"
800 Embassy Square Boulevard
Louisville, KY 40299

IMPORTANT: If refund reflected on Form 720, page 2, Section II, Line 14(c) or 19(h) check block

Commonwealth of Kentucky
REVENUE CABINET

Taxable period beginning

1993, and ending

199

Name of Corporation

ABC SAWYER GENERAL CONTRACTORS

Page 1 of 3

IMPORTANT: All applicable lines must be completed. Complete balance sheet or attach copy of financial balance sheet for book purposes.

1. Capital stock (less cost of treasury stock)	1
2. Paid in or capital surplus	2
3. Retained earnings - appropriated (attach schedule)	3
4. Retained earnings - unappropriated	4
5. Mortgages, notes, bonds payable in less than 1 year	5
6. Loans from stockholders	6
7. Mortgages, notes, bonds payable in 1 year or more	7
8. Accounts payable to affiliated companies	8
9. Accounts notes payable to affiliated companies	9
10. Other capital accounts (attach schedule)	10
11. Total capital (line 1 through line 10)	11
12. Applicable factor from Schedule A, Section 1, line 12 (entry Kentucky corporations enter 100%)	12 x
13. Capital employed subject to license tax (line 11 multiplied by line 12)	13
14. Total credit, if applicable (see instructions)	14
15. Total tax (line 14 less line 15) or \$30, whichever is larger. Enter here	15
	16

BALANCE SHEET

ASSETS	Beginning of Taxable Year		End of Taxable Year
	(a) Amount	(b) Total	(c) Amount
1. Cash and accounts receivable			
2. Less allowance for bad debts			
3. Investments			
4. Real estate (attach schedule)			
5. Other real estate interests (attach schedule)			
6. Mortgages and real estate loans			
7. Other investments (attach schedule)			
8. Total depreciable assets			
9. Land and other nondepreciable assets			
10. Intangible assets (amortizable only)			
11. Total assets			
12. Current liabilities (less than 1 year)			
13. Other current liabilities (attach schedule)			
14. Loans from stockholders			
15. Mortgages, notes, bonds payable in 1 yr. or more			
16. Other liabilities (attach schedule)			
17. Capital stock (a) preferred stock			
(b) common stock			
18. Paid in or capital surplus (attach reconciliation)			
19. Retained earnings appropriated (attach schedule)			
20. Retained earnings unappropriated			
21. Less cost of treasury stock			

KENTUCKY CORPORATION QUESTIONNAIRE

1993

41A7202

Note: Do not enter name and account numbers if entered on Form 720L on reverse.

Name of Corporation

MAC SAWYER GENERAL CONTRACTORS [REDACTED]

IMPORTANT: If this is the corporation's first return or if the corporation has never filed a return, you must indicate whether you are beginning your return. Items 1 and 2 must be answered. Failure to do so may result in a request for delinquent returns.

1. Is this return for a business that was:

to previously existing business which was organized as:

(1) corporation; (2) partnership; (3) sole proprietorship; or (4) other (indicate) _____

If successor to previously existing business, give name and address and federal I.D. number of the previous business organization.

Federal I.D. Number _____

2. List the following Kentucky account numbers. Enter N/A for any number not applicable.

Employer Withholding Number _____

Sales and Use Tax Permit Number(s) _____

Consumer Use Tax Number(s) _____

Unemployment Insurance Number _____

Coal Severance and/or Processing Tax Registration Number _____

3. If foreign corporation enter date qualified to do business in Kentucky _____/_____/_____

4. The corporation's books are in care of: COMPANY

Address: SAME

- 5. Was a consolidated U.S. Corporation Income Tax Return filed which included the period covered in this return? Yes No. If "Yes," give names and federal I.D. numbers of other corporations (attach schedule).
- 6. (a) Did the corporation at any time during the taxable year own 50 percent or more of the voting stock of another corporation, either domestic or foreign? Yes No; (b) Did any corporation,

- 7. Did the corporation operate as a DISC or a FSC or as the parent of a DISC or a FSC? Yes No. (If either answer is "Yes," attach separate schedule showing: (1) name, address and federal I.D. number; (2) percentage of stock owned; (3) date stock was acquired; and (4) business activity.)
- 8. Was this return prepared on: (a) cash or (b) accrual basis? (c) percentage of completion or (d) completed contract?
- 9. Did the corporation have payroll and/or property located both within and without Kentucky? Yes No. If "Yes," indicate what method was used to allocate and apportion net income: statutory formula; separate accounting; other. If other than statutory formula, attach a copy of letter granting permission to use other method.
- 10. Was this return prepared on a separate return, combined or consolidated return basis? If this is a consolidated or combined return, attach a copy of the Cabinet's letter requiring consolidation or combination.
- 11. Does the corporation own or lease property located within Kentucky which has been certified as a pollution control facility? Yes No. If "Yes," enter PCTEC Number. _____
- 12. Is the corporation a public service corporation subject to taxation under KRS 136.120? Yes No.
- 13. Has the corporation been declared a qualified business by the Enterprise Zone Authority of Kentucky? Yes No. If "Yes," enter Certificate Number. _____
- 14. (a) Did the corporation file a Kentucky intangible property tax return? Yes No. (b) Did the corporation file a Kentucky tangible personal property tax return? Yes No.

• 15. Is the corporation currently under audit by the Internal Revenue Service? Yes No. Has the Internal Revenue Service made any final changes in your taxable income which have not been reported to this Cabinet? Yes No. If "Yes," enter years audited, and complete and attach Internal Revenue Service Audit Adjustments, Schedule Z.

OFFICER INFORMATION

Last Name	First Name	M.I.	Title	Percent of Stock Owned	Residence Address	Social Security Number
<u>SAWYER</u>	<u>MAC</u>		<u>PRES</u>	<u>100</u>	<u>SAME</u>	[REDACTED]

OCCUPATIONAL LICENSE RETURN FORM OL-3

City of Louisville; Jefferson County, Kentucky; Mass Transit; School Boards

DUE 15TH DAY OF THE 1ST MONTH FOLLOWING THE CLOSE OF FISCAL YEAR

FOR OFFICE USE ONLY		
REV BY	ENTRY	
CLASS	NON PP VER.	CH REC
	EXUME	FINAL
	CL P	LA RPT

NEW YEAR ENDING
12 31 23

SECURITY NUMBER

[REDACTED]

P.S.	E.D.
PFN	
HOLD	

Address

9705 MADISON ROAD
FAIRFAC KY 40118

Change if incorrect

Check applicable boxes (1) Final Return (Check only to make account inactive. Complete questions 1 & 11) (2) No Activity

ALL LICENSEES MUST ANSWER QUESTIONS BELOW

1. Where is your home? Home

2. What is your home country? _____

3. Your Federal Identification # (if any) 41-1144754

4. Home Phone _____ Business Phone _____

5. During the past year, did you do any of the following activities? (a) worked for more than one employer or (b) worked for one employer for more than 180 days? YES NO (if yes, which year was adjusted)

6. Principal Employer (name and address) ALICE SPARTAN

7. Did you file a personal income tax return? NO (if yes, year was _____)

8. Was there a change in name during the past year? Date of change of name NO

9. Has your home, principal employer, or principal residence moved since last year? (If so, provide address of new home) NO

10. Are you a resident of any other state or territory of the United States, District of Columbia, or Commonwealth of Puerto Rico? NO

11. Type of license (if other than "Other" or "Inactive") _____

LEGAL DATE	DATE	INITIALS
BY	FOR	BY

ALL LICENSEES MUST COMPLETE THIS SECTION

25. Individuals, Partnerships, Corporations enter Adjusted Net Profit (from Line 20)

	COLUMN A Louisville Computation	COLUMN B Jefferson County Computation	COLUMN C Mass Transit Computation	COLUMN D School Boards Computation
26. ENTER percentages from Line 1 (a) or Line 24			ENTER ON LINE 27 below the sum of Louisville & Jefferson Co. columns	ENTER ON LINE 27 below the sum of Louisville & Jefferson Co. columns Non Residents (See Instructions)
27. NET PROFITS ALLOCATION Line 25 x (a) or 25	\$	\$	\$	\$
28. Occupational License Fees + 1.25%				
29. TOTAL FEES DUE (Sum of Columns A, B, C & D) (Line 28)				
30. ENTER ANY CREDIT DUE FROM PREPAYMENT OF TAX 1		REFUND DUE 2		
31. BALANCE FEES DUE				
32. PENALTY AND INTEREST (See Instructions)				
33. AMOUNT TO BE PAID (Add Lines 31 & 32)				

RETURN MUST BE SIGNED - I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge

SIGNATURE OF INDIVIDUAL PREPARING RETURN

3/30/14 DATE

SIGNATURE OF LICENSEE

4/15/14 DATE

PRINT NAME

ROSS & SCOTT, psc
Certified Public Accountants
"Soar with the Eagles"
800 Embassy Square Boulevard
Louisville, KY 40299

PHONE NUMBER

PRINT NAME

MAC SAWYER
TITLE president

TITLE

MAKE ALL CHECKS PAYABLE AND MAIL TO COMMISSIONERS OF THE SINKING FUND, P O BOX 35410, LOUISVILLE, KENTUCKY 40232-5410

REF _____

CRO _____

CSH _____

PREPARED BY _____

APPROVED BY _____

E _____

RET PROCESSED	RECEIVED STAMP

KENTUCKY MOTOR FUELS TAX
REFUND INVOICE

234124

Section 1. This invoice must be submitted to the following steps:

The liability to the Commonwealth of Kentucky for motor fuels tax imposed under KRS 138.270 with respect to excising or special fuels described on this refund invoice has been assessed. The tax has already been paid or will be paid by such seller.

This invoice is not valid unless signed by a Kentucky licensed dealer or its authorized representative. Any alteration or tampering is cause for cancellation of the purchaser's refund permit as well as the imposition of civil and criminal penalties as provided by law.

To obtain a refund, this invoice must be submitted along with an application for refund (Form 72A053) within 30 days after the calendar quarter or 90 days after the calendar year in which purchase was made. This invoice is void 91 days after the end of the calendar year in which it was issued.

This is to certify that the gasoline or special fuels described above was delivered to a Kentucky motor fuels tax refund permit holder for the purpose of operating or propelling unlicensed vehicles or equipment and that this refund invoice was made at the time of delivery of such fuel.

Melody Johnson
Signature

9705 National - Murgold
Name of Purchaser

Shepherdsville
City or Post Office

July
State

29118
ZIP Code

6-10
Date of Sale

19 73
Year

Type Fuel	Gallons Delivered	Sales Price (include all taxes)	Packs of Dye Added
Agricultural Gasoline	not applicable	not applicable	
Special Fuels	<i>296</i> gal.	<i>\$ 272.37</i>	XXXX
Total	296 gal.	\$ 272.37	

Purchaser's Kentucky Motor Fuels Tax Refund Permit Number [Redacted]

A-1 ENERGY, INC.
Name of Licensed Dealer

P.O. Box 340
Shepherdsville, KY 40165
Shipped by Rural Route Delivered from

KENTUCKY MOTOR FUELS TAX
REFUND INVOICE

The liability to the Commonwealth of Kentucky for motor fuels tax imposed under KRS 138.270 with respect to excising or special fuels described on this refund invoice has been assessed. The tax has already been paid or will be paid by such seller.

This invoice is not valid unless signed by a Kentucky licensed dealer or its authorized representative. Any alteration or tampering is cause for cancellation of the purchaser's refund permit as well as the imposition of civil and criminal penalties as provided by law.

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This is to certify that the gasoline or special fuels described above was delivered to a Kentucky motor fuels tax refund permit holder for the purpose of operating or propelling unlicensed vehicles or equipment and that this refund invoice was made at the time of delivery of such fuel.

Signed *Melody Johnson*

9705 National - Murgold
Name of Purchaser

Shepherdsville
City or Post Office

July
State

29118
ZIP Code

8-23
Date of Sale

19 73
Year

Type Fuel	Gallons Delivered	Sales Price (include all taxes)	Packs of Dye Added
Agricultural Gasoline	not applicable	not applicable	
Special Fuels	<i>300</i> gal.	<i>\$ 288.00</i>	XXXX
Total	300 gal.	\$ 288.00	

Purchaser's Kentucky Motor Fuels Tax Refund Permit Number [Redacted]

A-1 ENERGY, INC.
Name of Licensed Dealer

P.O. Box 340
Shepherdsville, KY 40165
Shipped by Rural Route Delivered from

Label

(See instructions on page 12.)

IRS

Otherwise, please print or type.

HERE

For the year Jan. 1 - Dec. 31, 1993, or other tax year beginning 1993, ending 19
Your first name and initial MAC G. SAWYER Last name
Your social security number
If a joint return, spouse's first name and initial Last name Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 12. 9705 NATIONAL TURNPIKE Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. FAIRDALE, KY 40118
For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Presidential Election Campaign

(See page 12.)

Do you want \$3 to go to this fund?
If a joint return, does your spouse want \$3 to go to this fund?
Yes No
Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

(See page 12.)

Check only one box.

1 Single
2 Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's soc. sec. no. above & full name here
4 Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here
5 Qualifying widow(er) with dependent child (year spouse died 19). (See page 13.)

Exemptions

(See page 13.)

6a [X] Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b [] Spouse.
c Dependents:
(1) Name (first, initial, and last name) (2) Check if under (3) If age 1 or older, dependent's social (4) Dependent's relationship to you (5) No. of mos. lived in home in '93
No. of boxes checked on 6a and 6b 1
No. of your children on 6c who:
lived with you 2
didn't live with you due to divorce or separation (see page 13)
Dependents on 6c not entered above
d If your child didn't live with you but is claimed as your dep. under pre-1985 agreement, check
e Total number of exemptions claimed. 3

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 10.

If you are attaching a check or money order, put it on top of any Forms W-2, W-2G, or 1099-R.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7
8a Taxable interest income (see page 16). Attach Schedule B if over \$400. 8a
b Tax-exempt interest income (see pg. 17). DON'T include on line 8a 8b
9 Dividend income. Attach Schedule B if over \$400. 9
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 17). 10
11 Alimony received. 11
12 Business income or (loss). Attach Schedule C or C-EZ. 12
13 Capital gain or (loss). Attach Schedule D. 13
14 Capital gain distributions not reported on line 13 (see page 17). 14
15 Other gains or (losses). Attach Form 4797. 15
16a Total IRA distributions. 16a b Taxable amount (pg. 18) 16b
17a Total pensions and annuities. 17a b Taxable amount (pg. 18) 17b
18 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 18
19 Farm income or (loss). Attach Schedule F. 19
20 Unemployment compensation (see page 19). 20
21a Social security benefits. 21a b Taxable amount (pg. 19) 21b
22 Other income. 22
23 Add the amounts in the far right column for lines 7 through 22. This is your total income. 23

Adjustments to Income

(See page 20.)

24a Your IRA deduction (see page 20). 24a
b Spouse's IRA deduction (see page 20). 24b
25 One-half of self-employment tax (see page 21). 25
26 Self-employed health insurance deduction (see page 22). 26
27 Keogh retirement plan and self-employed SEP deduction. 27
28 Penalty on early withdrawal of savings. 28
29 Alimony paid. Recipient's SSN
29
30 Add lines 24a through 29. These are your total adjustments. 30

Adjusted Gross Income

31 Subtract line 30 from 23. This is your adjusted gross income. If amount is less than \$23,050 & a child lived w/ you, see pg. EIC-1 to find out if you can claim "Earned Income Credit" on line 56. 31

Tax Computation

(See page 23.)

32 Amount from line 31 (adjusted gross income) 32

33 a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.
 Add the number of boxes checked above and enter the total here 33a

b If your parent (or someone else) can claim you as a dependent, check here. 33b

c If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 24 and check here. 33c

34 Enter the larger of your: **Itemized deductions from Schedule A, line 26, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 24 to find your standard deduction. If you checked box 33c, your standard deduction is zero.**
 Single - \$3,700 Head of household - \$5,450
 Married filing jointly or Qualifying widow(er) - \$6,200
 Married filing separately - \$3,100 34

35 Subtract line 34 from line 32 35

36 If line 32 is \$81,350 or less, multiply \$2,350 by the total number of exemptions claimed on line 6e. If line 32 is over \$81,350, see the worksheet on page 25 for the amount to enter 36

37 Taxable Income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0- 37

38 Tax. Check if from a Tax Table, b Tax Rate Schedules, c Schedule D Tax Worksheet, or d Form 8615 (see page 25). Amount, if any, from Form(s) 8814 ▶ e 38

39 Additional taxes (see page 25). Check if from a Form 4970 b Form 4972 39

40 Add lines 38 and 39 40

Credits (See page 25.)

41 Credit for child and dependent care expenses. Att. Form 2441 41

42 Credit for the elderly or the disabled. Attach Schedule R 42

43 Foreign tax credit. Attach Form 1116 43

44 Other credits (see page 26). Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify) 44

45 Add lines 41 through 44 45

46 Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- 46

Other Taxes

47 Self-employment tax. Att. Sch. SE 47

48 Alternative minimum tax. Attach Form 6251 48

49 Recapture taxes (see page 26). Check if from a Form 4255 b Form 8611 c Form 8828 49

50 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 50

51 Tax on qualified retirement plans, including IRAs. Attach Form 5329 51

52 Advance earned income credit payments from Form W-2 52

53 Add lines 46 through 52. This is your total tax 53

Payments

Attach Forms W-2, W-2G, and 1099-R on the front.

54 Federal income tax withheld. If any is from Form(s) 1099, check 54

55 1993 estimated tax payments and amount applied from 1992 return 55

56 Earned income credit. Att. Schedule EIC NO 56

57 Amount paid with Form 4868 (extension request) 57

58 a Excess social security, Medicare, & RRTA tax withheld (see pg. 28) 58a

b Deferral of additional 1993 taxes. Attach Form 8841 58b

59 Other payments (see page 28). Check if from a Form 2439 b Form 4136 59

60 Add lines 54 through 59. These are your total payments 60

Refund or Amount You Owe

61 If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID 61

62 Amount of line 61 you want REFUNDED TO YOU 62

63 Amount of line 61 you want APPLIED TO 1994 ESTIMATED TAX 63

64 If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE. For details on how to pay, including what to write on your payment, see page 29 64

65 Est. tax penalty (see pg. 29). Also incl. on ln. 64 65 95

Sign Here

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

Your signature: _____ Date: _____ Your occupation: HOUSE MOVER

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

Paid Preparer's Only

Preparer's signature: Bob Ross Date: 4/14/94 Check if self-employed

Firm's name (or yours if self-employed) and address: Ross & Scott, CPA's 800 Embassy Square Blvd. Louisville, KY E.I. No. _____ ZIP code _____

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1992



1992 - Mac Sawyers House and Building Movers job- House on cribbing being raised.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 1992



1992 - House moving job, house ready to head to new home.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.