

| | | | |
|---|---|----------------------------|---|
| Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type. | For the year Jan. 1-Dec. 31, 2009, or other tax year beginning _____, 2009, ending _____, 20 | | OMB No. 1545-0074 |
| | Your first name and initial GARY | Last name GREENE | Your social security number 400-00-1906 |
| | If a joint return, spouse's first name and initial | Last name | Spouse's social security number |
| | Home address (number and street). If you have a P.O. box, see page 14. Apt. no. 5989 GATEWAY BLVD | | ▲ You must enter your SSN(s) above. ▲ |
| City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. FORT MYERS FL 33908 | | | |

Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) **You** **Spouse**

Filing Status

1 Single **4** Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.

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

3 Married filing separately. Enter spouse's SSN above and full name here. **5** Qualifying widow(er) with dependent child (see page 16)

Exemptions

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

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

c Dependents:

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) Check if qualifying child for child tax credit (see pg17) | <input type="checkbox"/> lived with you | <input type="checkbox"/> did not live with you due to divorce or separation (see page 18) |
|----------------|-----------|--|-------------------------------------|---|--|--|
| | | | | <input type="checkbox"/> | | |
| | | | | <input type="checkbox"/> | | |
| | | | | <input type="checkbox"/> | | |
| | | | | <input type="checkbox"/> | | |

If more than four dependents, see page 17 and check here

d Total number of exemptions claimed **1**

Add numbers on lines above **1**

| | | | |
|--|---|-----------|---------------------------------------|
| Income | 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 | |
| | 9a Ordinary dividends. Attach Schedule B if required | 9a | |
| | b Qualified dividends (see page 22) | 9b | |
| | 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) | 10 | |
| | 11 Alimony received | 11 | |
| | 12 Business income or (loss). Attach Schedule C or C-EZ | 12 | 123,121 |
| | 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13 | |
| | 14 Other gains or (losses). Attach Form 4797 | 14 | |
| 15a IRA distributions | 15a | | b Taxable amount (see page 24) |
| 16a Pensions and annuities | 16a | | b Taxable amount (see page 25) |
| 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 in excess of \$2,400 per recipient (see page 27) | 19 | | |
| 20a Social security benefits | 20a | | b Taxable amount (see page 27) |
| 21 Other income | 21 | | |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your total income | 22 | | 123,121 |

| | | | |
|--|--|------------|---------|
| Adjusted Gross Income | 23 Educator expenses (see page 29) | 23 | |
| | 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| | 25 Health savings account deduction. Attach Form 8889 | 25 | |
| | 26 Moving expenses. Attach Form 3903 | 26 | |
| | 27 One-half of self-employment tax. Attach Schedule SE | 27 | 8,270 |
| | 28 Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| | 29 Self-employed health insurance deduction (see page 30) | 29 | |
| | 30 Penalty on early withdrawal of savings | 30 | |
| | 31a Alimony paid b Recipient's SSN | 31a | |
| | 32 IRA deduction (see page 31) | 32 | |
| 33 Student loan interest deduction (see page 34) | 33 | | |
| 34 Tuition and fees deduction. Attach Form 8917 | 34 | | |
| 35 Domestic production activities deduction. Attach Form 8903 | 35 | | |
| 36 Add lines 23 through 31a and 32 through 35 | 36 | | 8,270 |
| 37 Subtract line 36 from line 22. This is your adjusted gross income | 37 | | 114,851 |

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2009

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

GARY GREENE

Your social security number

400-00-1906

| | | | | |
|---|---|--|-----------|--------------|
| Medical and Dental Expenses | Caution. Do not include expenses reimbursed or paid by others. | | | |
| | 1 | Medical and dental expenses (see page A-1) | 1 | |
| | 2 | Enter amount from Form 1040, line 38 2 | | |
| | 3 | Multiply line 2 by 7.5% (.075) | 3 | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 |
| Taxes You Paid (See page A-2.) | 5 State and local (check only one box): | | | |
| | a | <input type="checkbox"/> Income taxes, or | 5 | 854 |
| | b | <input checked="" type="checkbox"/> General sales taxes | | |
| | 6 | Real estate taxes (see page A-5) | 6 | |
| | 7 | New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b. | 7 | |
| 8 | Other taxes. List type and amount ▶ _____ | 8 | | |
| | 9 | Add lines 5 through 8 | | 9 854 |
| Interest You Paid (See page A-6.) | 10 | Home mortgage interest and points reported to you on Form 1098. | 10 | |
| | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address ▶ _____ | 11 | |
| | 12 | Points not reported to you on Form 1098. See page A-7 for special rules | 12 | |
| | 13 | Qualified mortgage insurance premiums (see page A-7) | 13 | |
| | 14 | Investment interest. Attach Form 4952 if required. (See page A-8.) | 14 | |
| | 15 | Add lines 10 through 14 | | 15 |
| Gifts to Charity If you made a gift and got a benefit for it, see page A-8. | 16 | Gifts by cash or check. If you made any gift of \$250 or more, see page A-8 | 16 | |
| | 17 | Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500 | 17 | |
| | 18 | Carryover from prior year | 18 | |
| | 19 | Add lines 16 through 18 | | 19 |
| Casualty and Theft Losses | 20 | Casualty or theft loss(es). Attach Form 4684. (See page A-10.) | | 20 |
| Job Expenses and Certain Miscellaneous Deductions (See page A-10.) | 21 | Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ▶ _____ | 21 | |
| | 22 | Tax preparation fees | 22 | |
| | 23 | Other expenses - investment, safe deposit box, etc. List type and amount ▶ _____ | 23 | |
| | 24 | Add lines 21 through 23 | 24 | |
| | 25 | Enter amount from Form 1040, line 38 25 | | |
| | 26 | Multiply line 25 by 2% (.02) | 26 | |
| | 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | 27 |
| Other Miscellaneous Deductions | 28 | Other - from list on page A-11. List type and amount ▶ _____ | | 28 |
| Total Itemized Deductions | 29 | Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. ▶ | 29 | 854 |
| | 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/> | | |

**SCHEDULE C
(Form 1040)**

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

OMB No. 1545-0074

2009

Department of the Treasury
Internal Revenue Service (99)

▶ **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**

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

Attachment
Sequence No. **09**

| | |
|---|---|
| Name of proprietor GARY GREENE | Social security number (SSN) 400-00-1906 |
| A Principal business or profession, including product or service (see page C-2 of the instructions) GOLF SUPPLY STORE | B Enter code from pages C-9, 10, & 11 451110 |
| C Business name. If no separate business name, leave blank. GARY'S GREENE | D Employer ID number (EIN), if any 24-1245484 |
| E Business address (including suite or room no.) ▶ 12515 Colonial BLVD City, town or post office, state, and ZIP code Fort Myers FL 33966 | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____ | |
| G Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| H If you started or acquired this business during 2009, check here <input checked="" type="checkbox"/> | |

| | |
|--|-----------|
| Part I Income | |
| 1 Gross receipts or sales. Caution. See page C-4 and check the box if: <ul style="list-style-type: none"> • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or <input type="checkbox"/> • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses. | 1 210,500 |
| 2 Returns and allowances | 2 |
| 3 Subtract line 2 from line 1. | 3 210,500 |
| 4 Cost of goods sold (from line 42 on page 2). | 4 15,064 |
| 5 Gross profit. Subtract line 4 from line 3 | 5 195,436 |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4) | 6 |
| 7 Gross income. Add lines 5 and 6 | 7 195,436 |

| | |
|--|---|
| Part II Expenses. Enter expenses for business use of your home only on line 30. | |
| 8 Advertising | 18 Office expense |
| 9 Car and truck expenses (see page C-4) | 19 Pension and profit-sharing plans |
| 10 Commissions and fees | 20 Rent or lease (see page C-6): |
| 11 Contract labor (see page C-4) | a Vehicles, machinery, and equipment |
| 12 Depletion | b Other business property |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5) | 21 Repairs and maintenance |
| 14 Employee benefit programs (other than on line 19) | 22 Supplies (not included in Part III) |
| 15 Insurance (other than health) | 23 Taxes and licenses |
| 16 Interest: | 24 Travel, meals, and entertainment: |
| a Mortgage (paid to banks, etc.) | a Travel |
| b Other | b Deductible meals and entertainment (see page C-6) |
| 17 Legal and professional services | 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 | 28 72,315 |
| 29 Tentative profit or (loss). Subtract line 28 from line 7. | 29 123,121 |
| 30 Expenses for business use of your home. Attach Form 8829 | 30 |
| 31 Net profit or (loss). Subtract line 30 from line 29. <ul style="list-style-type: none"> • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (If you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. | 31 123,121 |
| 32 If you have a loss, check the box that describes your investment in this activity (see page C-7). <ul style="list-style-type: none"> • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. | 32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk. |

| | | |
|---|--|-------------|
| Name of person with self-employment income (as shown on Form 1040) GARY GREENE | Social security number of person with self-employment income ▶ | 400-00-1906 |
|---|--|-------------|

Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

| | | |
|---|----|------------|
| 1 a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see page SE-4) | 1a | |
| b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y | 1b | |
| 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4) | 2 | 123,121 |
| 3 Combine lines 1a, 1b, and 2 | 3 | 123,121 |
| 4 a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3. | 4a | 113,702 |
| b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here | 4b | |
| c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue | 4c | 113,702 |
| 5 a Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income | 5a | |
| b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- | 5b | |
| 6 Net earnings from self-employment. Add lines 4c and 5b | 6 | 113,702 |
| 7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2009 | 7 | 106,800.00 |
| 8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11. | 8a | |
| b Unreported tips subject to social security tax (from Form 4137, line 10) | 8b | |
| c Wages subject to social security tax (from Form 8919, line 10) | 8c | |
| d Add lines 8a, 8b, and 8c | 8d | |
| 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 | 9 | 106,800 |
| 10 Multiply the smaller of line 6 or line 9 by 12.4% (.124) | 10 | 13,243 |
| 11 Multiply line 6 by 2.9% (.029) | 11 | 3,297 |
| 12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56 | 12 | 16,540 |
| 13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27 | 13 | 8,270 |

Part II Optional Methods To Figure Net Earnings (see page SE-4)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ was not more than \$6,540, or (b) your net farm profits² were less than \$4,721.

| | | |
|--|----|----------|
| 14 Maximum income for optional methods | 14 | 4,360.00 |
| 15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,360. Also include this amount on line 4b above | 15 | |

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$4,721 and also less than 72.189% of your gross nonfarm income⁴, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.

| | | |
|---|----|--|
| 16 Subtract line 15 from line 14 | 16 | |
| 17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above | 17 | |

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.
³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

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

2009
Attachment
Sequence No. **67**

| | | |
|---|--|--|
| Name(s) shown on return GARY GREENE | Business or activity to which this form relates SCHEDULE C - 1 | Identifying number 400-00-1906 |
|---|--|--|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|---|---|---------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | 250,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | 9,250 |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 800,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 0 |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 250,000 |

| | (a) Description of property | (b) Cost (business use only) | (c) Elected cost | |
|----|--|------------------------------|------------------|--|
| 6 | STM 01 | | 2,450 | |
| 7 | Listed property. Enter the amount from line 29 | 7 | | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. | 8 | 2,450 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | 2,450 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562 | 10 | | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | 125,571 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | 2,450 | |
| 13 | Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 | 13 | | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | | |
|----|---|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | 3,400 |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

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

Section A

| | | | |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | <input type="checkbox"/> |

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-----|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property | | | | | | |
| b | 5-year property STM 02 | | | | | | 200 |
| c | 7-year property STM 03 | | | | | | 343 |
| d | 10-year property | | | | | | |
| e | 15-year property | | | | | | |
| f | 20-year property | | | | | | |
| g | 25-year property | | | 25 yrs. | | S/L | |
| h | Residential rental property | | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | | | 39 yrs. | MM | S/L | |

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|--|--|---------|----|-----|
| 20a | Class life | | | | | S/L |
| b | 12-year | | | 12 yrs. | | S/L |
| c | 40-year | | | 40 yrs. | MM | S/L |

Part IV Summary (see instructions)

| | | | |
|----|---|----|-------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 6,393 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Federal Supporting Statements

2009 PG01

Name(s) as shown on return

Your Social Security Number

GARY GREENE

400-00-1906

FORM 4562 - LINE 6

STM 01

| DESCRIPTION OF PROPERTY | COST | ELECTED COST |
|-------------------------|------|--------------|
| Chairs | 750 | 750 |
| Tables | 300 | 300 |
| Lighting Fixtures | 975 | 975 |
| Break Room Furniture | 225 | 225 |
| Wall Mirrors | 200 | 200 |
| TOTAL | | <u>2,450</u> |

FORM 4562 - LINE 19B

PG01
STM 02

| BASIS | RP | CV | METHOD | DEDUCTION |
|-------|----|----|--------|------------|
| 750 | 5 | HY | 200 DB | 150 |
| 250 | 5 | HY | 200 DB | <u>50</u> |
| TOTAL | | | | <u>200</u> |

FORM 4562 - LINE 19C

PG01
STM 03

| BASIS | RP | CV | METHOD | DEDUCTION |
|-------|----|----|--------|------------|
| 900 | 7 | HY | 200 DB | 129 |
| 1,500 | 7 | HY | 200 DB | <u>214</u> |
| TOTAL | | | | <u>343</u> |