

APSC FORM NO. 14  
PASSENGERS  
(EXCEPT TAXI & CHARTER BUS)

DOCKET NO. \_\_\_\_\_  
(Commission use only)

APPLICATION FOR MOTOR CARRIER CERTIFICATE OR PERMIT  
Before the  
ALABAMA PUBLIC SERVICE COMMISSION  
P.O. BOX 304260  
MONTGOMERY, AL 36130



This application should be typed, the original, properly signed and sworn to, and one copy filed with the Commission. If any section herein is not applicable to the proposed operation, so state.

I. Application of Western Limousine Service, LLC  
(Name)

DBA Broken Spoke Limo  
(Trade Name)

Limited Liability Company  
(State whether individual, partnership, corporation, or other form of enterprise)

Whose business address is 1499 Highway 77  
(Street)

Southside AL 35907  
(City) (State) (Zip Code)

Telephone No. (256) 613-1246 Fax No. (256) 413-4465

II. Appropriate authority is applied for to : \* X institute a new operation; \_\_\_ Extend an existing operation (\_\_\_ Cert. No.); \_\_\_ change an operation; \_\_\_ engage in dual operations as a \_\_\_ Common or \_\_\_ Contract carrier by motor vehicle, in intrastate commerce over \_\_\_ Regular or X Irregular routes in the transportation of: (If passengers, so state and indicate if it is desired to transport baggage of passengers in separate vehicle.)

*Passengers and their baggage in  
Luxury Limosines*

\* Place an "X" in appropriate space to indicate applicable phrase or phrases.

(Rev. 1/02)



As follows: (Give detailed description of territory, or if appropriate, routes and intermediate and/or off-route points)

Northeast Alabama including the following counties: Etowah, St. Clair, Marshall, Calhoun, Cherokee, DeKalb, Talladega, Blount

- (1) Between all points in the counties of Etowah, St. Clair, Marshall, Calhoun, Cherokee, DeKalb, Talladega and Blount; and
- (2) From all points in (1) above to all points in Alabama; and
- (3) From all points in Alabama to all points in (1) above.

III. The proposed operation will be: \* X year-round or \_\_\_\_\_ seasonal between

\_\_\_\_\_ and \_\_\_\_\_ Approximately  
(Day & Month) (Day & Month)

\_\_\_\_\_ times each \_\_\_\_\_; \_\_\_\_\_ on schedule, \_\_\_\_\_ not on  
(Number) (Day, week, month, year)

schedule, \_\_\_\_\_ on call.

IV. Applicant proposes to use approximately 2 motor vehicles in the proposed service  
(Number)  
described above, of the kind and type described in Appendix "A" hereto attached. (Give detailed description showing type, make, model, rated capacity and motor number.)

V. A financial statement, showing in detail applicant's current financial condition, is attached hereto as Appendix "B".

VI. The extent, if any, to which the applicant is directly or indirectly affiliated with, controlled by, or under common control or management with any other carrier subject to Chapter 37-3, Code of Alabama 1975, is as follows: N/A

VII. A map showing the proposed operation, also the pertinent portions of applicant's present authority, if any, is attached as Appendix "C".

VIII. An executed and dated copy (s) of contract (s) under which applicant proposes to operate is/are attached hereto as Appendix "D". (Note: Applicants for a permit to operate as a contract carrier must furnish this information.) Contract

IX. Attached hereto is check in the amount of \$ 100.00 in payment of  
(Check, cash, or otherwise)  
application fee as required by the Commission.

X. Applicant will introduce approximately no more than 2 witnesses at the hearing, and will require  
(Number)  
approximately 1/2 hour (s) to present evidence.  
(Number)

XI. Copy of Articles of Incorporation is attached as Appendix "E" or is already on file with the  
Alabama Public Service Commission under Docket Number \_\_\_\_\_.

XII. Applicant understands that the filing of this application does not, in itself, constitute authority to  
operate; will submit such additional information in connection with this application as the  
Commission may require; and will comply with the requirements of Chapter 37-3, Code of  
Alabama, and the rules and regulations of the Commission made thereunder, as are applicable to  
the operations herein proposed.

Applicant's Attorney or Representative: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
\* Place an "X" in appropriate space to indicate applicable phrase or phrases.

OATH

COUNTY OF Alabama

STATE OF Etowah

Daniel Strange

(Name of Affiant)

being duly sworn, states that he files this application as (indicate whether owner, or proprietor, title as officer of applicant corporation or association, member of applicant partnership, or other authorized representative of applicant) Daniel Strange, that in such capacity, he is qualified and authorized to file and verify such application; that he has carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of his knowledge, information, and belief. Affiant further states that the application is made in good faith, with the intention of presenting evidence in support thereof in every particular.

Daniel Strange

(Signature of Affiant)

Subscribed and sworn to before me, a Notary Public in and for said

State and County above named, this 29th day of March, 2011

[Signature]

(Notary Public)

(Seal)

My Commission expires 11-7-14

**ARTICLES OF ORGANIZATION**  
**OF**  
**WESTERN LIMOUSINE SERVICE, LLC**

Pursuant to the provisions of Title 10, Chapter 12 of the Code of Alabama, 1975, the undersigned hereby adopts the following Limited Liability Company Articles of Organization:

**ARTICLE I**

**NAME**

The name of the limited liability company is WESTERN LIMOUSINE SERVICE, LLC.

**ARTICLE II**

**DURATION**

The duration of this limited liability company will be perpetual.

**ARTICLE III**

**PURPOSE**

The purpose for which the limited liability company is organized is to conduct the business of owning and operating a limousine service; to lease and rent limousines for the transportation of passengers for all occasions or special events. In connection therewith the limited liability company shall have the authority to do all things necessary or convenient to the operation of a limousine service, including the ownership of real estate and personal property. The general purposes and powers are to have and exercise all rights and powers conferred on limited liability companies under the laws of Alabama.

**ARTICLE IV**

**REGISTERED AGENT**

The location and mailing address of its initial registered office is 1499 Highway 77, Southside, AL 35907. The name of its initial registered agent at that address is Daniel Strange.

State of Alabama, Etowah County  
I certify this instrument was filed  
and fees collected on:

2010 March -31 10:04AM

Instrument Number	3329783	Pages	3
-----CORPORATION-----			
CERTIFICA	3.00	SCAN FEE	5.00
MENTAL HE	2.00	CHARTER/J	35.00
PROBATE J	3.00		
Total Fees			48.00
Bobby Jenkins, Judge of Probate			

## **ARTICLE V**

### **INITIAL MEMBERS**

The names and mailing address of the initial members of the limited liability company are as follows:

DANIEL STRANGE, MEMBER  
1499 HIGHWAY 77  
SOUTHSIDE, AL 35907

## **ARTICLE VI**

### **CAPITAL CONTRIBUTION**

The total cash contribution is One Thousand and No/100 Dollars (\$1,000.00). Daniel Strange has a made cash contribution of \$1,000.00 and whose ownership is fifty percent (100%).

## **ARTICLE VII**

### **ADDITIONAL MEMBERSHIP**

Additional members may be added to the limited liability company providing that there is unanimous agreement of all current members.

## **ARTICLE VIII**

### **CONTINUANCE OF THE BUSINESS**

Provided all members of the limited liability company agree, the limited liability company may continue the business after an event of disassociation terminates the continued membership of a member in the limited liability company.

## **ARTICLE IX**

### **MANAGER**

The limited liability company shall be managed initially by its initial member, Daniel Strange, who will serve until the first annual meeting of members or until his successor is elected and qualified.

## **ARTICLE X**

## OPERATING AGREEMENT

The members shall enter into an operating agreement which shall set forth in greater detail the operation of this limited liability company and the relationship of the members to each other.

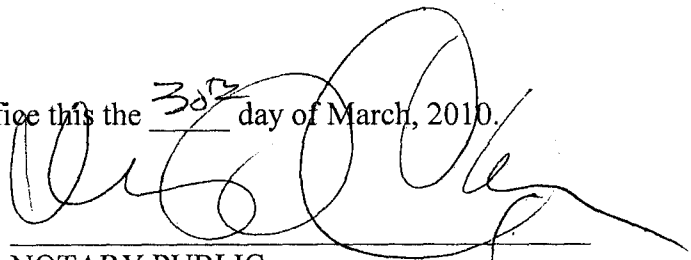
Dated this 30<sup>th</sup> day of March, 2010.

  
DANIEL STRANGE

STATE OF ALABAMA  
ETOWAH COUNTY

I, the undersigned, a Notary Public in and for said County and State, hereby certify that Daniel Strange, whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal of office this the 30<sup>th</sup> day of March, 2010.

  
NOTARY PUBLIC

**FOR TAX YEAR 2008**

DANIEL G & GINGER P STRANGE

ALEXANDRIA TAX ACCOUNTING

P.O. BOX 166

ALEXANDRIA, AL 36250

(256)820-5239



**DANIEL AND GINGER STRANGE**

**BALANCE SHEET/NET WORTH**

OCTOBER 16, 2009

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**CURRENT ASSETS-BUSINESS**

MERCHANDISE FOR RESALE:	\$ 998,363.00
ADDITIONAL MERCHANDISE-CHRISTMAS	240,000.00
FIXTURES	24,800.00
TRUCK	27,000.00
TRAILER (STORE ON WHEELS)	8,000.00
NEW STORE	510,000.00
CAR	24,000.00

**TOTAL BUSINESS ASSETS** **\$1,832,163.00**

**RENTAL PROPERTY**

HOUSE-ANNISTON	46,000.00
HOUSE 2370 REIDS MILL, WELLINGTON	195,000.00
RESIDENCE 2568 READS MILL WELLINGTON	70,000.00
HOUSE PILGRIMS REST ROAD, SOUTHSIDE	95,500.00

**TOTAL RENTAL PROPERTY** **\$ 406,500.00**

**PERSONAL/INVESTMENT PROPERTY**

LOT ON ROSE HAVEN CIRCLE	65,000.00
60 ACRES LAND WELLINGTON	120,000.00
3 LOTS ANDREW ESTATES SOUTHSIDE	85,000.00
HOME	260,000.00
ANTIQUES AND HOME FURNISHINGS	58,000.00
<b>TOTAL PERSONAL/INVESTMENT PROPERTY</b>	<b>\$ 588,000.00</b>

**TOTAL ASSETS** **\$2,826,663.00**

**CURRENT BUSINESS LIABILITIES,**

METRO BANK LOANS	345,000.00
OTHER BUSINESS LOANS	35,000.00

**RENTAL LIABILITIES**

413 50 <sup>TH</sup> ST. ANNISTON	12,500.00
READS MILL WELLINGTON	134,000.00

**PERSONAL/INVESTMENT LIABILITIES**

HOME LIABILITY	91,000.00
CAR AND TRUCK	28,500.00
OTHER CREDIT	8,500.00

<b>TOTAL LIABILITIES</b>	<b>\$654,500.00</b>
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<b><u>TOTAL EQUITY AND CAPITAL</u></b>	<b><u>\$2,172,163.00</u></b>
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<b>TOTAL ASSETS</b>	<b>\$2,826,663.00</b>
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<b><u>TOTAL LIABILITIES, EQUITY AND CAPITAL</u></b>	<b><u>\$2,826,663.00</u></b>
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THESE STATEMENTS WERE PREPARED BY Bonnie T. McKerley of Alexandria Tax and Accounting P.O. Box 166, Alexandria, Al. 36250. The information provided is based on records and information obtained from Daniel and Ginger Strange, Co-Owners of THE BROKEN SPOKE STORE. PHONE NUMBER IS 256-820-5239.

**Daniel and Ginger Strange**

**2006 Income Statement**

**October 16, 2009**

**(Profit and LOSS)**

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**REVENUES**

WESTERN STORE:

Total General Merchandise Sales	\$1,085,029.00
Other income	0.00
Returns and allowances	117.00

**TOTAL REVENUES**

**\$1,084,912.00**

**EXPENSES**

WESTERN STORE:

Beginning Inventory	\$ 947,878.00
Purchases	807,870.00
Materials and Supplies	360.00
Other costs	0.00
Ending Inventory	998,363.00

<b>COST OF GOODS SOLD</b>	<b>\$757,745.00</b>
<b>OPERATING EXPENSES</b>	
WESTERN STORE:	
Advertising	\$ 53,842.00
Car/Truck Expenses	0.00
Commissions and Fees	0.00
Contract Labor	1,900.00
Depreciation	21,069.00
Insurance	4,798.00
Interest Other	7,451.00
Mortgage Interest	35,026.00
Legal and professional services	2,975.00
Repairs/Maintenance	12,379.00
Store and Office Supplies	5,938.00
Taxes and Licenses	3,687.00
Travel, Meals	222.00
Utilities	34,366.00
Wages	68,020.00
Other Expenses	28,421.00
<b>TOTAL OPERATING EXPENSES</b>	<b>\$280,094.00</b>
<b>TOTAL EXPENSE</b>	<b>\$1,037,839.00</b>
<b>NET INCOME</b>	<b>\$ 47,073.00</b>

**Label** (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning . . . 2008, ending . . . 20 . . . OMB No. 1545-0074

Your first name and initial . . . Last name . . . Your social security number . . .

DANIEL G . . . STRANGE . . . [REDACTED]

If a joint return, spouse's first name and initial . . . Last name . . . Spouse's social security number . . .

GINGER P . . . STRANGE . . . [REDACTED]

Home address (number and street). If you have a P.O. box, see page 14. . . Apt. no. . . You must enter your SSN(s) above. ▲

4053 ROSE HAVEN CIRCLE . . .

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. . . Checking a box below will not change your tax or refund.

SOUTHSIDE . . . AL 35907 . . .

**Presidential 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 . . . 5 ☐ Qualifying widow(er) with dependent child (see page 16)

Check only one box. . . and full name here. . .

**Exemptions**

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a . . . Boxes checked on 6a and 6b . . . 2

b ☒ Spouse . . . No. of children on 6c who: . . . 3

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 pg 17)	• lived with you • did not live with you due to divorce or separation (see page 18)
ANDREW	STRANGE	[REDACTED]	son	<input checked="" type="checkbox"/>	Dependents on 6c not entered above
WALKER	STRANGE	[REDACTED]	son	<input checked="" type="checkbox"/>	
BREANNA	STRANGE	[REDACTED]	daughter	<input checked="" type="checkbox"/>	

d Total number of exemptions claimed . . . Add numbers on lines above . . . 5

**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 21) . . . 9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22) . . . 10

11 Alimony received . . . 11

12 Business income or (loss). Attach Schedule C or C-EZ . . . 12 46,125

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . 13

14 Other gains or (losses). Attach Form 4797 . . . 14

15a IRA distributions . . . 15a . . . b Taxable amount (see page 23) . . . 15b

16a Pensions and annuities . . . 16a . . . b Taxable amount (see page 24) . . . 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . 17 1,721

18 Farm income or (loss). Attach Schedule F . . . 18

19 Unemployment compensation . . . 19

20a Social security benefits . . . 20a . . . b Taxable amount (see page 26) . . . 20b

21 Other income. . . 21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income . . . 22 47,846

**Adjusted Gross Income**

23 Educator expenses (see page 28) . . . 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 3,259

28 Self-employed SEP, SIMPLE, and qualified plans . . . 28

29 Self-employed health insurance deduction (see page 29) . . . 29

30 Penalty on early withdrawal of savings . . . 30

31a Alimony paid b Recipient's SSN . . . 31a

32 IRA deduction (see page 30) . . . 32

33 Student loan interest deduction (see page 33) . . . 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 3,259

37 Subtract line 36 from line 22. This is your adjusted gross income . . . 37 44,587

Do you want to allow another person to discuss this return with the IRS (see page 66)?	<input checked="" type="checkbox"/> Yes. Complete the following.	No
--	--	----

Designee's  
name ► BONNIE T. MCKERLEY

Phone  
no. ▶

Personal identification  
number (PIN)

**Here**  
Joint return?  
See page 15.  
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**

Daytime phone number

Spouse's signature. If a joint return, **both** must sign.

Date \_\_\_\_\_

Spouse's occupation

Preparer's  
signature

Date \_\_\_\_\_

10-14-2009

☐ Check if self-employed

Preparer's SSN or PTIN

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

ALEXANDRIA TAX ACCOUNTING

P.O. BOX 166

ALEXANDRIA

AL 36250

Phone no. 256-820-5239

**SCHEDULES A&B**  
**(Form 1040)**

**Schedule A - Itemized Deductions**

OMB No. 1545-0074

**2008**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A&B (Form 1040).**

Name(s) shown on Form 1040

Your social security number

**DANIEL G & GINGER P STRANGE**

**Medical  
and  
Dental  
Expenses**

**Caution.** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see page A-1) . . . . .
- 2 Enter amount from Form 1040, line 38 **2** **44,587**
- 3 Multiply line 2 by 7.5% (.075) . . . . .
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .

**1** **3,404**

**3** **3,344**

**4** **60**

**Taxes You  
Paid**

(See  
page A-2.)

**5 State and local (check only one box):**

- a ☐ Income taxes, or
- b ☒ General sales taxes

**5** **1,288**

- 6 Real estate taxes (see page A-5) . . . . .
- 7 Personal property taxes . . . . .
- 8 Other taxes. List type and amount ▶

**6** **624**

**7**

**REALESTATE** **829**

**8** **829**

- 9 Add lines 5 through 8 . . . . .

**9** **2,741**

**Interest  
You Paid**

(See  
page A-5.)

- 10 Home mortgage interest and points reported to you on Form 1098 . . . . .
- 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-6 and show that person's name, identifying no., and address ▶

**10** **9,158**

**11**

**Note.**  
Personal  
interest is  
not  
deductible.

- 12 Points not reported to you on Form 1098. See page A-6 for special rules . . . . .
- 13 Qualified mortgage insurance premiums (see page A-6) . . . . .
- 14 Investment interest. Attach Form 4952 if required. (See page A-6.) . . . . .

**12**

**13**

**14**

- 15 Add lines 10 through 14 . . . . .

**15** **9,158**

**Gifts to  
Charity**

If you made a  
gift and got a  
benefit for it,  
see page A-7.

- 16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-7 . . . . .
- 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 . . . . .
- 18 Carryover from prior year . . . . .
- 19 Add lines 16 through 18 . . . . .

**16**

**17**

**18**

**19**

**Casualty and  
Theft Losses**

- 20 Casualty or theft loss(es). Attach Form 4684. (See page A-8.) . . . . .

**20**

**Job Expenses  
and Certain  
Miscellaneous  
Deductions**

(See  
page A-9.)

- 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶

**21**

- 22 Tax preparation fees . . . . .
- 23 Other expenses - investment, safe deposit box, etc. List type and amount ▶

**22**

**23**

- 24 Add lines 21 through 23 . . . . .

**24**

- 25 Enter amount from Form 1040, line 38 **25**

**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-10. List type and amount ▶

**28**

**Total  
Itemized  
Deductions**

- 29 Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)?
- ☒ **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 40.
- ☐ **Yes.** Your deduction may be limited. See page A-10 for the amount to enter.

**29** **11,959**

- 30 If you elect to itemize deductions even though they are less than your standard deduction, check here

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► 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).

OMB No. 1545-0074

**2008**

Attachment  
Sequence No. **09**

Name of proprietor <b>DANIEL G STRANGE</b>		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see page C-3 of the instructions) <b>WESTERN OUTDOOR CLOT</b>		B Enter code from pages C-9, 10, & 11 315000
C Business name. If no separate business name, leave blank. <b>BROKEN SPOKE WESTERN STORE</b>		D Employer ID number (EIN), if any [REDACTED]
E Business address (including suite or room no.) ► <b>1583 HIGHWAY 77</b> City, town or post office, state, and ZIP code <b>SOUTHSIDE AL 35907</b>		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2008? If "No," see page C-4 for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2008, check here . . . . . <input type="checkbox"/>		

**Part I Income**

1 Gross receipts or sales. Caution. See page C-4 and check the box if: • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or • 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-4 for limit on losses.		<input type="checkbox"/>	1	1,085,029
2 Returns and allowances . . . . .			2	117
3 Subtract line 2 from line 1 . . . . .			3	1,084,912
4 Cost of goods sold (from line 42 on page 2) . . . . .			4	757,745
5 Gross profit. Subtract line 4 from line 3 . . . . .			5	327,167
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	327,167

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

8 Advertising . . . . .	8	53,842	18 Office expense . . . . .	18	
9 Car and truck expenses (see page C-5) . . . . .	9		19 Pension and profit-sharing plans . . . . .	19	
10 Commissions and fees . . . . .	10		20 Rent or lease (see page C-6):		
11 Contract labor (see page C-5) . . . . .	11	1,900	a Vehicles, machinery, and equipment . . . . .	20a	
12 Depletion . . . . .	12		b Other business property . . . . .	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5) . . . . .	13	21,069	21 Repairs and maintenance . . . . .	21	12,379
14 Employee benefit programs (other than on line 19) . . . . .	14		22 Supplies (not included in Part III) . . . . .	22	5,938
15 Insurance (other than health) . . . . .	15	4,798	23 Taxes and licenses . . . . .	23	3,687
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.) . . . . .	16a	35,026	a Travel . . . . .	24a	62
b Other . . . . .	16b	7,451	b Deductible meals and entertainment (see page C-7) . . . . .	24b	160
17 Legal and professional services . . . . .	17	2,975	25 Utilities . . . . .	25	34,366
			26 Wages (less employment credits) . . . . .	26	68,020
			27 Other expenses (from line 48 on page 2) . . . . .	27	28,421
28 Total expenses before expenses for business use of home. Add lines 8 through 27 . . . . .			28	280,094	
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			29	47,073	
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 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	47,073	

32 If you have a loss, check the box that describes your investment in this activity (see page C-8). • 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(s)

SSN

DANIEL G STRANGE

**Part III** Cost of Goods Sold (see page C-8)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 947,878
36	Purchases less cost of items withdrawn for personal use	36 807,870
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38 360
39	Other costs	39
40	Add lines 35 through 39	40 1,756,108
41	Inventory at end of year	41 998,363
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42 757,745

**Part IV** Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-5 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (year, month, day)	►2003-01-02
44	Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part V** Other Expenses. List below business expenses not included on lines 8-26 or line 30.

EMPLOYER TAXES	9,052
CREDITCARD FEES & BANK SER	7,033
SECURITY SYSTEM	8,406
SHIPPING AND POSTAGE	630
CHAMBER OF COMMERCE	260
ADVERTISEMENT	1,665
LICENSE	1,375
48 Total other expenses. Enter here and on page 1, line 27	48 28,421

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

▶ 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).

OMB No. 1545-0074

**2008**

Attachment  
Sequence No. **09**

Name of proprietor <b>DANIEL G STRANGE</b>		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see page C-3 of the instructions) <b>PARKING LOT</b>		B Enter code from pages C-9, 10, & 11 ▶
C Business name. If no separate business name, leave blank. <b>SOUTHSIDE PARK AND SELL</b>		D Employer ID number (EIN), if any
E Business address (including suite or room no.) ▶ <b>2697 HIGHWAY 77</b> City, town or post office, state, and ZIP code <b>SOUTHSIDE AL 35907</b>		
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 2008? If "No," see page C-4 for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2008, check here . . . ▶		

**Part I Income**

1 Gross receipts or sales. Caution. See page C-4 and check the box if: • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or • 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-4 for limit on losses.		1	720
2 Returns and allowances . . . . .		2	
3 Subtract line 2 from line 1 . . . . .		3	720
4 Cost of goods sold (from line 42 on page 2) . . . . .		4	
5 Gross profit. Subtract line 4 from line 3 . . . . .		5	720
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	720

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

8 Advertising . . . . .	8	18 Office expense . . . . .	18	
9 Car and truck expenses (see page C-5) . . . . .	9	19 Pension and profit-sharing plans . . . . .	19	
10 Commissions and fees . . . . .	10	20 Rent or lease (see page C-6):		
11 Contract labor (see page C-5) . . . . .	11	a Vehicles, machinery, and equipment . . . . .	20a	
12 Depletion . . . . .	12	b Other business property . . . . .	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5) . . . . .	13	21 Repairs and maintenance . . . . .	21	402
14 Employee benefit programs (other than on line 19) . . . . .	14	22 Supplies (not included in Part III) . . . . .	22	
15 Insurance (other than health) . . . . .	15	23 Taxes and licenses . . . . .	23	
16 Interest:		24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.) . . . . .	16a	a Travel . . . . .	24a	
b Other . . . . .	16b	b Deductible meals and entertainment (see page C-7) . . . . .	24b	
17 Legal and professional services . . . . .	17	25 Utilities . . . . .	25	346
		26 Wages (less employment credits) . . . . .	26	
		27 Other expenses (from line 48 on page 2) . . . . .	27	498
28 Total expenses before expenses for business use of home. Add lines 8 through 27 . . . . . ▶		28	1,668	
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .		29	(948)	
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 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	(948)	

32 If you have a loss, check the box that describes your investment in this activity (see page C-8).  
 • 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 checked="" type="checkbox"/>	All investment is at risk.
32b	<input type="checkbox"/>	Some investment is not at risk.

Name(s)

SSN

**DANIEL G STRANGE****Part III Cost of Goods Sold** (see page C-8)

<b>33</b>	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	<b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use	<b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself	<b>37</b>
<b>38</b>	Materials and supplies	<b>38</b>
<b>39</b>	Other costs	<b>39</b>
<b>40</b>	Add lines 35 through 39	<b>40</b>
<b>41</b>	Inventory at end of year	<b>41</b>
<b>42</b>	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	<b>42</b>

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-5 to find out if you must file Form 4562.

<b>43</b>	When did you place your vehicle in service for business purposes? (year, month, day)	►
<b>44</b>	Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle for:	
<b>a</b>	Business	<b>b</b> Commuting (see instructions)
<b>a</b>	Business	<b>c</b> Other
<b>45</b>	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>47 a</b>	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

<b>RE TAXES</b>	<b>498</b>
<b>48 Total other expenses.</b> Enter here and on page 1, line 27	<b>48 498</b>

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2008**

Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

**DANIEL G & GINGER P STRANGE**

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and address of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	Yes	No
A	HOUSE 413 W. 50TH ST., ANNISTON, AL.,		• 14 days or • 10% of the total days rented at fair rental value?	A	X
B	HOUSE 2370 REIDS MILL RD. WELLINGTON AL			B	X
C	MOBILE HOME 2568 READS MILL RD. WELLINGTON 36279		(See page E-3.)	C	X

Income:		Properties			Totals	
		A	B	C	(Add columns A, B, and C.)	
3	Rents received . . . . .	3	4,200	5,400	4,200	3 13,800
4	Royalties received . . . . .	4				4
<b>Expenses:</b>						
5	Advertising . . . . .	5				
6	Auto and travel (see page E-4) . . .	6				
7	Cleaning and maintenance . . . . .	7				
8	Commissions . . . . .	8				
9	Insurance . . . . .	9	163	731	348	
10	Legal and other professional fees . . .	10				
11	Management fees . . . . .	11				
12	Mortgage interest paid to banks, etc. (see page E-5) . . . . .	12				12
13	Other interest . . . . .	13				
14	Repairs . . . . .	14				
15	Supplies . . . . .	15				
16	Taxes . . . . .	16	302	377	464	
17	Utilities . . . . .	17				
18	Other (list) ▶ RE TAXES	18			267	
19	Add lines 5 through 18 . . . . .	19	465	1,108	1,079	19 2,652
20	Depreciation expense or depletion (see page E-5) . . . . .	20	1,395	6,250	1,782	20 9,427
21	Total expenses. Add lines 19 and 20 .	21	1,860	7,358	2,861	
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198. . . . .	22	2,340	(1,958)	1,339	
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 . . . . .	23	( )	(1,958 )	( )	
24	Income. Add positive amounts shown on line 22. Do not include any losses . . . . .	24				24 3,679
25	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here . . .	25				25 ( 1,958)
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	26				26 1,721

**WESTERN LIMOUSINE SERVICE, LLC  
D/B/A BROKEN SPOKE LIMO**

**Lease Contract**

Date of Occasion: \_\_\_\_\_

Name: \_\_\_\_\_

Pick-up Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Phone#: \_\_\_\_\_

Destination: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Flat Rate: \_\_\_\_\_ Hourly: \_\_\_\_\_ Deposit: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Number of Passengers: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

I, \_\_\_\_\_ accept full responsibility for any damages done while renting this  
Limousine & accept full responsibility for all other persons in my party. I have accepted this limousine upon arrival and have agreed  
to the above price. I will pay for all services rendered.

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**To Be Completed by Driver:**

Arrival Time: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ (circle one)

Driver Name: \_\_\_\_\_ SS #: \_\_\_\_\_ DOB: \_\_\_\_\_

Beginning Mileage: \_\_\_\_\_ Ending Mileage: \_\_\_\_\_