

CFS

Payroll System

W2/1099

941/940

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CFS Payroll System

Prepares and prints the following approved forms:

941/940

Federal Forms

940, 941, 943, 944, and 945

State Forms

Arizona – A1-QRT/A1-WP, UC-018/020 and A1-R/A1-APR
California – DE-6, DE-6 Magnetic Media, DE3B-HW, DE-7, and DE-88
Connecticut – CT-941/CT-WH, CT-W3, UC-2/UC-5A/UC-5B
Florida – UCT-6 and creates UCT-6 file for e-filing
Georgia – G-7/GA-V, G-7/Sch B, DOL-4
Illinois – IL-941/IL-501, UI-3/40, and IL-W-3
Maryland – DLLR/OUI 15/16, MW506/506M and MW508
Michigan – UIA 1020/1017
Nevada – NUCS-4072/4073
New Jersey – NJ-927, WR-30 and WR-30 e-filing
New York – NYS-45
Tennessee – LB-0456/0851
Texas – C-3 and C-4
Virginia – VA-5, VA-15/16, VA-6, VEC-FC-20/21
Washington – 5208A/B, 5208C and F212-055-000

W2/1099

Federal Forms

Forms W-2, W-3, 1096, 1098, 1098-T, 1099-A, 1099-B, 1099-C,
1099-DIV, 1099-INT, 1099-MISC, 1099-PATR, 1099-R,
1099-S and 1099-SA

State Forms

Arizona A1-R/A1-APR, Connecticut CT-W3, Georgia G-1003,
Illinois IL-W-3, Maryland MW508, New Jersey NJ-W-3, Virginia VA-6

Payroll Corrector

Federal Forms W-2c, W-3c, 941c, California DE-678,
New York NYS-45X-MN

(EIN)
 Employer identification number 55-1236547

Name (not your trade name) Joe's Service

Trade name (if any) _____

Address 1515 Wilson Brook Lane
Seattle, WA 91352

Report for this Quarter of 2007 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) **1**

2 Wages, tips, and other compensation **2**

3 Total income tax withheld from wages, tips, and other compensation **3**

4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.

5 Taxable social security and Medicare wages and tips:

	Column 1		Column 2
5a Taxable social security wages	<input type="text" value="18,100.00"/>	x .124 =	<input type="text" value="2,244.40"/>
5b Taxable social security tips	<input type="text"/>	x .124 =	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text" value="18,100.00"/>	x .029 =	<input type="text" value="524.90"/>
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) 5d			<input type="text" value="2,769.30"/>
6 Total taxes before adjustments (lines 3 + 5d = 6) 6			<input type="text" value="4,947.30"/>
7 Tax adjustments (Read instructions for line 7 before completing lines 7a through 7h.):			
7a Current quarter's fractions of cents	<input type="text"/>		
7b Current quarter's sick pay	<input type="text"/>		
7c Current quarter's adjustments for tips and group-term life insurance	<input type="text"/>		
7d Current year's income tax withholding (attach Form 941c)	<input type="text"/>		
7e Prior quarters' social security and Medicare taxes (attach Form 941c)	<input type="text"/>		
7f Special additions to federal income tax (attach Form 941c)	<input type="text"/>		
7g Special additions to social security and Medicare (attach Form 941c)	<input type="text"/>		
7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.) 7h			<input type="text"/>
8 Total taxes after adjustments (Combine lines 6 and 7h.) 8			<input type="text" value="4,947.30"/>
9 Advance earned income credit (EIC) payments made to employees 9	<input type="text"/>		
10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) 10			<input type="text" value="4,947.30"/>
11 Total deposits for this quarter, including overpayment applied from a prior quarter 11			<input type="text" value="4,200.00"/>
12 Balance due (If line 10 is more than line 11, enter the difference here.) 12			<input type="text" value="747.30"/>
Follow the instructions for Form 941-V, Payment Voucher.			
13 Overpayment (If line 11 is more than line 10, enter the difference here.)	<input type="text"/>		Check one <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

Name (not your trade name) Joe's Service	Employer identification number 55-1236547
---	--

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.

15 Check one: Line 10 is less than \$2,500. Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability:	Month 1	<input type="text" value="545.30"/>	
	Month 2	<input type="text" value="3,080.00"/>	
	Month 3	<input type="text" value="1,322.00"/>	
	Total liability for quarter	<input type="text" value="4,947.30"/>	Total must equal line 10.

You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

16 If your business has closed or you stopped paying wages Check here, and

enter the final date you paid wages

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

Yes. Designee's name

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

No.

Part 5: Sign here. You MUST fill out both pages of this form and SIGN it.

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.

Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

Part 6: For paid preparers only (optional)

Paid Preparer's Signature

Firm's name

Address EIN

ZIP code

Date Phone SSN/PTIN

Check if you are self-employed

Joe's Service

941/940 Summary - 2007

Date: 05/04/2007

Federal TIN: 55-1236547

Form 940 Data	Total Payments	Exempt Sect 125	Exempt Other	Excess Payments	Total Exempt	Taxable Wages	FUTA Liability *
1st Quarter:	18,100.00	0.00	0.00	5,500.00	5,500.00	12,600.00	100.80
2nd Quarter:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3rd Quarter:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4th Quarter:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total YTD:	18,100.00	0.00	0.00	5,500.00	5,500.00	12,600.00	100.80

* WARNING: FUTA liability was computed at 0.8% of taxable wages and does not include any state adjustments.

Form 941 Data	Taxable Comp	Federal Tax W/H	Soc. Sec. Wages	Soc. Sec. Tax on Wages	Soc. Sec. Tips	Soc. Sec. Tax on Tips	Medicare Wages, Tips	Medicare Taxes
1st Quarter:	18,100.00	2,178.00	18,100.00	2,244.40	0.00	0.00	18,100.00	524.90
2nd Quarter:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3rd Quarter:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4th Quarter:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total YTD:	18,100.00	2,178.00	18,100.00	2,244.40	0.00	0.00	18,100.00	524.90

Form 941 Tax Liability	First Month	Second Month	Third Month	Total for Quarter
1st Quarter:	545.30	3,080.00	1,322.00	4,947.30
2nd Quarter:	0.00	0.00	0.00	0.00
3rd Quarter:	0.00	0.00	0.00	0.00
4th Quarter:	0.00	0.00	0.00	0.00
Total YTD:				4,947.30

State Data	Total Subject Wages	Total UI Wages	Total UI Tax	Total CA ETT Tax	Total CA SDI Wages	Total CA SDI Tax	State PIT Wages	State PIT W/H
Month: 1	2,100.00	2,100.00	71.40	2.10	2,100.00	12.60	2,100.00	15.32
Month: 2	10,000.00	6,000.00	204.00	6.00	10,000.00	60.00	10,000.00	525.00
Month: 3	6,000.00	4,500.00	153.00	4.50	6,000.00	36.00	6,000.00	88.00
1st Quarter:	18,100.00	12,600.00	428.40	12.60	18,100.00	108.60	18,100.00	628.32
Month: 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Month: 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Month: 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2nd Quarter:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Month: 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Month: 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Month: 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3rd Quarter:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Month: 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Month: 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Month: 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4th Quarter:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total YTD:	18,100.00	12,600.00	428.40	12.60	18,100.00	108.60	18,100.00	628.32

State Tax Liability	First Month	Second Month	Third Month	Total for Quarter
1st Quarter:	101.42	795.00	281.50	1,177.92
2nd Quarter:	0.00	0.00	0.00	0.00
3rd Quarter:	0.00	0.00	0.00	0.00
4th Quarter:	0.00	0.00	0.00	0.00
Total YTD:				1,177.92

State data for: CA

Tax ID No.: 123-5544-8

UI No.:

Max Wage: \$7,000

UI Rate: 3.40%

Joe's Service

Payroll Journal (Condensed) - 1st Quarter 2007

Date: 05/04/2007

TIN: 55-1236547

Page: 1

Check No.	Pay Date	Taxable Comp	Fed Tax W/H	Soc. Sec. W/H	Medicare W/H	State Tax W/H	CA SDI W/H	Net
Brownstein, Michael			999-99-8888					
	1/15/2007	1,000.00	101.00	62.00	14.50	7.55	6.00	808.95
	2/22/2007	10,000.00	1,550.00	620.00	145.00	525.00	60.00	7,100.00
	3/15/2007	1,500.00	101.00	93.00	21.75	22.00	9.00	1,253.25
Subtotal QTD:		12,500.00	1,752.00	775.00	181.25	554.55	75.00	9,162.20
Subtotal YTD:		12,500.00	1,752.00	775.00	181.25	554.55	75.00	9,162.20
Bush, Lauren P			777-77-7777					
	1/15/2007	1,000.00	101.00	62.00	14.50	7.55	6.00	808.95
	3/15/2007	1,500.00	101.00	93.00	21.75	22.00	9.00	1,253.25
Subtotal QTD:		2,500.00	202.00	155.00	36.25	29.55	15.00	2,062.20
Subtotal YTD:		2,500.00	202.00	155.00	36.25	29.55	15.00	2,062.20
Carew, Morayo M			213-45-6789					
	1/15/2007	100.00	22.00	6.20	1.45	0.22	0.60	69.53
	3/15/2007	1,500.00	101.00	93.00	21.75	22.00	9.00	1,253.25
Subtotal QTD:		1,600.00	123.00	99.20	23.20	22.22	9.60	1,322.78
Subtotal YTD:		1,600.00	123.00	99.20	23.20	22.22	9.60	1,322.78
Carew, Omotoni R			123-45-6789					
	3/15/2007	1,500.00	101.00	93.00	21.75	22.00	9.00	1,253.25
Subtotal QTD:		1,500.00	101.00	93.00	21.75	22.00	9.00	1,253.25
Subtotal YTD:		1,500.00	101.00	93.00	21.75	22.00	9.00	1,253.25
Total QTD:		18,100.00	2,178.00	1,122.20	262.45	628.32	108.60	13,800.43
Total YTD:		18,100.00	2,178.00	1,122.20	262.45	628.32	108.60	13,800.43
4 Employee(s)								

Joe's Service
1st Quarter 2007

Date: 05/04/2007 TIN: 55-1236547

Page: 1 A

Check No.	Pay Date	Net	Taxable Comp	Wages	Tips (paid)	Fringe Bene	Adv EIC	Other Inc	Nonpayroll	Fed Tax W/H	Soc. Sec. Wages	Soc. Sec. W/H	Medicare Wages
Brownstein, Michael		999-99-8888											
	1/15/2007	808.95	1,000.00	1,000.00						101.00	1,000.00	62.00	1,000.00
	2/22/2007	7,100.00	10,000.00	10,000.00						1,550.00	10,000.00	620.00	10,000.00
	3/15/2007	1,253.25	1,500.00	1,500.00						101.00	1,500.00	93.00	1,500.00
	Subtotal Qtr 1:	9,162.20	12,500.00	12,500.00	0.00	0.00	0.00	0.00	0.00	1,752.00	12,500.00	775.00	12,500.00
	Subtotal YTD:	9,162.20	12,500.00	12,500.00	0.00	0.00	0.00	0.00	0.00	1,752.00	12,500.00	775.00	12,500.00
Bush, Lauren P		777-77-7777											
	1/15/2007	808.95	1,000.00	1,000.00						101.00	1,000.00	62.00	1,000.00
	3/15/2007	1,253.25	1,500.00	1,500.00						101.00	1,500.00	93.00	1,500.00
	Subtotal Qtr 1:	2,062.20	2,500.00	2,500.00	0.00	0.00	0.00	0.00	0.00	202.00	2,500.00	155.00	2,500.00
	Subtotal YTD:	2,062.20	2,500.00	2,500.00	0.00	0.00	0.00	0.00	0.00	202.00	2,500.00	155.00	2,500.00
Carew, Morayo M		213-45-6789											
	1/15/2007	69.53	100.00	100.00						22.00	100.00	6.20	100.00
	3/15/2007	1,253.25	1,500.00	1,500.00						101.00	1,500.00	93.00	1,500.00
	Subtotal Qtr 1:	1,322.78	1,600.00	1,600.00	0.00	0.00	0.00	0.00	0.00	123.00	1,600.00	99.20	1,600.00
	Subtotal YTD:	1,322.78	1,600.00	1,600.00	0.00	0.00	0.00	0.00	0.00	123.00	1,600.00	99.20	1,600.00
Carew, Omotoni R		123-45-6789											
	3/15/2007	1,253.25	1,500.00	1,500.00						101.00	1,500.00	93.00	1,500.00
	Subtotal Qtr 1:	1,253.25	1,500.00	1,500.00	0.00	0.00	0.00	0.00	0.00	101.00	1,500.00	93.00	1,500.00
	Subtotal YTD:	1,253.25	1,500.00	1,500.00	0.00	0.00	0.00	0.00	0.00	101.00	1,500.00	93.00	1,500.00
Employer Totals		4 Employee(s)											
	Subtotal Qtr 1:	13,800.43	18,100.00	18,100.00	0.00	0.00	0.00	0.00	0.00	2,178.00	18,100.00	1,122.20	18,100.00
	Total YTD:	13,800.43	18,100.00	18,100.00	0.00	0.00	0.00	0.00	0.00	2,178.00	18,100.00	1,122.20	18,100.00

Joe's Service
1st Quarter 2007

Date: 05/04/2007 TIN: 55-1236547

Page: 1 B

Check No.	Pay Date	Medicare W/H	State Tax Wages	State Tax W/H	CA SDI Wages	CA SDI W/H	401k W/H	Sect 125 DC W/H	Sect 125 HC W/H	Other Ded W/H	
Brownstein, Michael		999-99-8888									
	1/15/2007	14.50	1,000.00	7.55	1,000.00	6.00					
	2/22/2007	145.00	10,000.00	525.00	10,000.00	60.00					
	3/15/2007	21.75	1,500.00	22.00	1,500.00	9.00					
	Subtotal Qtr 1:	181.25	12,500.00	554.55	12,500.00	75.00	0.00	0.00	0.00	0.00	
	Subtotal YTD:	181.25	12,500.00	554.55	12,500.00	75.00	0.00	0.00	0.00	0.00	
Bush, Lauren P		777-77-7777									
	1/15/2007	14.50	1,000.00	7.55	1,000.00	6.00					
	3/15/2007	21.75	1,500.00	22.00	1,500.00	9.00					
	Subtotal Qtr 1:	36.25	2,500.00	29.55	2,500.00	15.00	0.00	0.00	0.00	0.00	
	Subtotal YTD:	36.25	2,500.00	29.55	2,500.00	15.00	0.00	0.00	0.00	0.00	
Carew, Morayo M		213-45-6789									
	1/15/2007	1.45	100.00	0.22	100.00	0.60					
	3/15/2007	21.75	1,500.00	22.00	1,500.00	9.00					
	Subtotal Qtr 1:	23.20	1,600.00	22.22	1,600.00	9.60	0.00	0.00	0.00	0.00	
	Subtotal YTD:	23.20	1,600.00	22.22	1,600.00	9.60	0.00	0.00	0.00	0.00	
Carew, Omotoni R		123-45-6789									
	3/15/2007	21.75	1,500.00	22.00	1,500.00	9.00					
	Subtotal Qtr 1:	21.75	1,500.00	22.00	1,500.00	9.00	0.00	0.00	0.00	0.00	
	Subtotal YTD:	21.75	1,500.00	22.00	1,500.00	9.00	0.00	0.00	0.00	0.00	
Employer Totals		4 Employee(s)									
	Subtotal Qtr 1:	262.45	18,100.00	628.32	18,100.00	108.60	0.00	0.00	0.00	0.00	
	Total YTD:	262.45	18,100.00	628.32	18,100.00	108.60	0.00	0.00	0.00	0.00	

2007 Paycheck Withholding Calculator

Employer Name: Joe's Service
 Employer Address: 1515 Wilson Brook Lane
 Seattle WA 91352

Telephone: (888) 999-1212

Employee Name: Larry Jones
 Payroll Period Ending: 10/31/2007

Check Number: 42588

SSN: 425-22-7887
 Pay Date: 11/10/2007

Input Data

NET AMOUNT of pay per period		2,000.00
Pay period		Biweekly
Amount of non-taxable pay per pay period		
Amount of non-taxable pay exempt from Social Security		
Federal Filing status		Married
Spouse works or taxpayer has two jobs		Yes
Number of Federal allowances		1
Extra Federal withholding per pay period		
OR , Federal withholding percentage per pay period		%
Social Security (Basic)		6.20%
Social Security (Medicare)		1.45%
Other paycheck deductions		

State: New York	State taxable pay if different than Federal		
Filing Status: Single		Deduction Type	Credit Type
State regular or personal (taxpayer, spouse) allowances	1		N/A
State dependent allowances (if not included above)	N/A		N/A
Other state allowances:	N/A		N/A
Extra state withholding per pay period			
OR state withholding percentage of pay			%
OR state withholding percentage of federal withholding			%

Locality: New York City	Local taxable pay if different than Federal		
Filing Status: Married		Deduction Type	Credit Type
Local regular or personal (taxpayer, spouse) allowances	1		N/A
Local dependent allowances (if not included above)	N/A		N/A
Other local allowances:	N/A		N/A
Extra local withholding per pay period			
OR local withholding percentage of pay			%
OR local withholding percentage of federal withholding			%

Calculated Results

Federal tax withheld is \$	8,354.15	per year or \$	321.31	per pay period.
State tax withheld is \$	4,003.17	per year or \$	153.97	per pay period.

Net Paycheck Information

YTD

Gross pay		2,777.34	17,035.34
Non-taxable pay			0.00
Federal withholding	321.31		3,572.51
Social Security (Basic)	172.20		1,056.19
Social Security (Medicare)	40.27		247.01
State withholding	153.97		331.77
Local withholding	89.59		98.98
Other deductions			0.00
Total deductions		777.34	5,306.46
Net paycheck		2,000.00	11,728.88

Prepared By:

CFS Tax Software Inc
 1445 Los Angeles Ave Ste 214
 Simi Valley CA 93065
 Tel: (800) 343-1157 Fax: (805) 522-0187

05-04-2007

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2006**

a Control number	1 Wages, tips, other comp. 22533.24	2 Federal income tax withheld 933.24
	3 Social security wages 21333.24	4 Social security tax withheld 1397.04
b Employer ID number (EIN) 55-1254664	5 Medicare wages and tips 22533.24	6 Medicare tax withheld 326.76
c Employer's name, address, and ZIP code Nevada Landing Casino Casino & Nightclub 5500 Las Vegas Blvd Las Vegas NV 85467		
d Employee's social security number 767-68-7867		
e Employee's name, address, and ZIP code Bob T. Johnson 4050 Waco Bay Las Vegas NV 89707-7879		
7 Social security tips 1200.00	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		
NV	22533.24	
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return Dept. of the Treasury - IRS
 This information is being furnished to the Internal Revenue Service.
 DXA

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2006**

a Control number	1 Wages, tips, other comp. 22533.24	2 Federal income tax withheld 933.24
	3 Social security wages 21333.24	4 Social security tax withheld 1397.04
b Employer ID number (EIN) 55-1254664	5 Medicare wages and tips 22533.24	6 Medicare tax withheld 326.76
c Employer's name, address, and ZIP code Nevada Landing Casino Casino & Nightclub 5500 Las Vegas Blvd Las Vegas NV 85467		
d Employee's social security number 767-68-7867		
e Employee's name, address, and ZIP code Bob T. Johnson 4050 Waco Bay Las Vegas NV 89707-7879		
7 Social security tips 1200.00	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		
NV	22533.24	
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy C For EMPLOYEE'S RECORDS (See Notice on back.) Dept. of the Treasury - IRS
 DXA

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2006**

a Control number	1 Wages, tips, other comp. 22533.24	2 Federal income tax withheld 933.24
	3 Social security wages 21333.24	4 Social security tax withheld 1397.04
b Employer ID number (EIN) 55-1254664	5 Medicare wages and tips 22533.24	6 Medicare tax withheld 326.76
c Employer's name, address, and ZIP code Nevada Landing Casino Casino & Nightclub 5500 Las Vegas Blvd Las Vegas NV 85467		
d Employee's social security number 767-68-7867		
e Employee's name, address, and ZIP code Bob T. Johnson 4050 Waco Bay Las Vegas NV 89707-7879		
7 Social security tips 1200.00	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		
NV	22533.24	
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return Dept. of the Treasury - IRS
 DXA

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2006**

a Control number	1 Wages, tips, other comp. 22533.24	2 Federal income tax withheld 933.24
	3 Social security wages 21333.24	4 Social security tax withheld 1397.04
b Employer ID number (EIN) 55-1254664	5 Medicare wages and tips 22533.24	6 Medicare tax withheld 326.76
c Employer's name, address, and ZIP code Nevada Landing Casino Casino & Nightclub 5500 Las Vegas Blvd Las Vegas NV 85467		
d Employee's social security number 767-68-7867		
e Employee's name, address, and ZIP code Bob T. Johnson 4050 Waco Bay Las Vegas NV 89707-7879		
7 Social security tips 1200.00	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		
NV	22533.24	
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return Dept. of the Treasury - IRS
 DXA

a Control number 1		33333			For Official Use Only OMB No. 1545-0008				
b Kind of Payer X CT-1	941 Military	943	944	1 Wages, tips, other compensation 311794.73	2 Federal income tax withheld 30095.00				
		Hshld. emp.	Medicare govt. emp.	Third-party sick pay	3 Social security wages 313654.00	4 Social security tax withheld 19448.39			
c Total number of Forms W-2 17		d Establishment number		5 Medicare wages and tips 313684.00	6 Medicare tax withheld 4548.44				
e Employer identification number (EIN) 42-7777777				7 Social security tips 30.00	8 Allocated tips				
f Employer's name Borderline Books				9 Advance EIC payments 570.00	10 Dependent care benefits 740.00				
Nevada State Line Books 4000 Highway 105 Primm NV 85644				11 Nonqualified plans	12 Deferred compensation 1889.27				
				13 For third-party sick pay use only					
				14 Income tax withheld by payer of third-party sick pay					
g Employer's address and ZIP code				h Other EIN used this year					
15 State NV	Employer's state I.D. Number			16 State wages, tips, etc. 311794.73	17 State income tax 3052.00				
				18 Local wages, tips, etc.	19 Local income tax				
Contact person				Telephone number	For Official Use Only 0000/1086				
Email address				Fax number					

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Title _____ Date _____

Form **W-3 Transmittal of Wage and Tax Statements** **2006** Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration. Photocopies are NOT acceptable. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

What's New

New check box for box b on Form W-3. Use the "944" checkbox in box b if you file Form 944, Employer's Annual Federal Tax Return. Form 944 for 2006 is a newly developed form.

Magnetic media filing is discontinued. The Social Security Administration (SSA) will no longer accept any magnetic media reporting of Forms W-2.

Reminder

Separate instructions. See the 2006 Instructions for Forms W-2 and W-3 for information on completing this form.

Purpose of Form

Use Form W-3 to transmit Copy A of Form(s) W-2, Wage and Tax Statement. Make a copy of Form W-3, and keep it with Copy D (For Employer) of Form(s) W-2 for your records. Use Form W-3 for the correct year. **File Form W-3 even if only one Form W-2 is being filed.** If you are filing Form(s) W-2 electronically, do not file Form W-3.

When to File

File Form W-3 with Copy A of Form(s) W-2 by February 28, 2007.

Where to File

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration
Data Operations Center
Wilkes-Barre, PA 18769-0001**

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See **Publication 15 (Circular E), Employer's Tax Guide**, for a list of IRS-approved private delivery services.

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Borderline Books Nevada State Line Books 4000 Highway 105 Primm NV 85644		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2006 Miscellaneous Income Form 1099-MISC
PAYER'S federal identification number 42-7777777		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 95-4226768		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name MALCO ENGINEERING 19360 RINALDO ST SUITE 335 NORTHRIDGE CA 91326		7 Nonemployee compensation \$ 89897.00	8 Substitute payments in lieu of dividends or interest \$	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions) 1		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals	15b Section 409A income	
		16 State tax withheld \$	17 State/Payer's state no. \$	
			18 State income \$	

Form 1099-MISC
DXA

(keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Borderline Books Nevada State Line Books 4000 Highway 105 Primm NV 85644		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2006 Miscellaneous Income Form 1099-MISC
PAYER'S federal identification number 42-7777777		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 95-4226768		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name MALCO ENGINEERING 19360 RINALDO ST SUITE 335 NORTHRIDGE CA 91326		7 Nonemployee compensation \$ 89897.00	8 Substitute payments in lieu of dividends or interest \$	Copy 2 To be filed with recipient's state income tax return, when required.
Account number (see instructions) 1		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals	15b Section 409A income	
		16 State tax withheld \$	17 State/Payer's state no. \$	
			18 State income \$	

Form 1099-MISC
DXA

Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334, Tax Guide for Small Business, for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES, Estimated Tax for Individuals.

Individuals must report as explained below. Corporations, fiduciaries, or partnerships report the amounts on the proper line of your tax return.

Boxes 1 and 2. Report rents from real estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see Pub. 544, Sales and Other Dispositions of Assets.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525, Taxable and Nontaxable Income. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number. See Form W-9, Request for Taxpayer Identification Number and Certification, for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See Pub. 595, Tax Highlights for Commercial Fishermen.

Box 6. For individuals, report on Schedule C or C-EZ (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If payments in this box are SE income, report this amount on Schedule C, C-EZ, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes. Contact the payer if you believe this form is incorrect or has been issued in error. If you believe you are an employee, report this amount on line 7 of Form 1040 and call the IRS for information on how to report any social security and Medicare taxes.

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040.

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C or C-EZ (Form 1040).

Box 10. Report this amount on line 8 of Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. Shows current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A. Any earnings on current and prior year deferrals are also reported.

Box 15b. Shows income as a nonemployee under a NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. See "Total Tax" in the Form 1040 instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

DO NOT CUT, FOLD, OR STAPLE THIS FORM

a Tax year/Form corrected 2006 /W-2		4 4 4 4 4	For Official Use Only OMB No. 1545-0008	
b Employee's correct SSN 039-02-1039		c Corrected SSN and/or name (if checked, enter incorrect SSN and/or name in box h and/or box i)		d Employer's Federal EIN 42-7777777
e Employee's first name and initial LISA B.		Last name BRADEIS		g Employer's name, address, and ZIP Code Borderline Books Nevada State Line Books 4000 Highway 105 Primm NV 85644
f Employee's address and ZIP code 27921 ROYAL AVE SIMI VALLEY CA 93063		Suff.		
Complete boxes h and/or i only if incorrect on last form filed. ▶		h Employee's incorrect SSN		i Employee's name (as incorrectly shown on previous form)

Note: Only complete money fields that are being corrected (except MQGE).

Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation 4446.88	1 Wages, tips, other compensation 4440.00	2 Federal income tax withheld 370.00	2 Federal income tax withheld 365.00	3 Social security wages 4450.00	3 Social security wages 4440.00	4 Social security tax withheld	4 Social security tax withheld
5 Medicare wages and tips 4450.00	5 Medicare wages and tips 4440.00	6 Medicare tax withheld	6 Medicare tax withheld	7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips
9 Advance EIC payment	9 Advance EIC payment	10 Dependent care benefits	10 Dependent care benefits	11 Nonqualified plans	11 Nonqualified plans	12a See instructions for box 12 D 3.12	12a See instructions for box 12 E 3.12
13 Statutory employee Retirement plan Third-party sick pay X	13 Statutory employee Retirement plan Third-party sick pay X	12b	12b	14 Other (see instructions)	14 Other (see instructions)	12c	12c
		12d	12d				

State Correction Information

Previously reported		Correct information		Previously reported		Correct information	
15 State	15 State	15 State	15 State	Employer's state ID number			
16 State wages, tips, etc. 4446.88	16 State wages, tips, etc. 4440.00	16 State wages, tips, etc.	16 State wages, tips, etc.	17 State income tax 39.50			
				17 State income tax 37.00			

Locality Correction Information

18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.
19 Local income tax	19 Local income tax	19 Local income tax	19 Local income tax
20 Locality name	20 Locality name	20 Locality name	20 Locality name

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

Copy A -- For Social Security Administration

Form **W-2c** (Rev. 05/06)

Corrected Wage and Tax Statement

Department of the Treasury
Internal Revenue Service

0000/1086