

File No. 130990

Committee Item No. _____

Board Item No. 22

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee _____

Date _____

Board of Supervisors Meeting

Date November 26, 2013

Cmte Board

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Appeal of Application of Condominium Conversion Fee for</u>
<u>124-5th Avenue, Apartment 2</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Joy Lamug

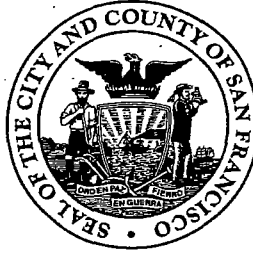
Date November 21, 2013

Completed by: _____

Date _____

An asterisked item represents the cover sheet to a document that exceeds 20 pages. The complete document is in the file.

BOARD of SUPERVISORS



City Hall
1. Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 544-5227

October 7, 2013

Scott S. Yarmark
124-5th Avenue, Apartment 2
San Francisco, CA 94118-1336

Mohammed Nuru, Director
Department of Public Works
City Hall, Room 348
San Francisco, CA 94102

Subject: Appeal of Reduction, Adjustment, or Waiver of Condominium Conversion Fee for a Property Located at 124-5th Avenue, Apartment 2

Dear Appellant and Director Nuru:

The Office of the Clerk of the Board is in receipt of an appeal (copy attached) filed by Scott Yarmark on October 3, 2013, of a Reduction, Adjustment, or Waiver of Condominium Conversion Fee for a property located at 124-5th Avenue, Apartment 2.

In accordance with Subdivision Code, Section 1396.4(j), the appellant bears the burden of presenting substantial evidence to support the appeal, including comparable technical information to support the appellant's position. For this purpose, appellants are encouraged to review the City's technical report entitled "Condominium Conversion Nexus Analysis," dated January 2011, and other related documents, which are on file with the Clerk of the Board in File No. 120669 (Ordinance No. 117-13).

A hearing date has been scheduled on **Tuesday, November 26, 2013, at 3:00 p.m.**, at the Board of Supervisors meeting to be held in City Hall, Legislative Chamber, Room 250, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

Please provide 1 electronic copy (sent to BOS.Legislation@sfgov.org) and 18 hard copies to the Clerk's Office in City Hall, Room 244 by:

8 days prior to the hearing: any documentation which you may want available to the Board members prior to the hearing;
11 days prior to the hearing: names and addresses of interested parties to be notified of the hearing in label format.

If you have any questions, please feel free to contact Legislative Deputy Director, Rick Caldeira, at (415) 554-7711 or Legislation Clerk, Joy Lamug, at (415) 554-7712.

Sincerely,

A handwritten signature in black ink, appearing to read "Angela Calvillo".

Angela Calvillo
Clerk of the Board

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

2013 OCT -3 PM 3:10

Ak

124 5th Avenue #2
San Francisco CA 94118

(415) 505-0983
yarmark@gmail.com

Clerk of the Board of Supervisors
#1 Dr. Carlton B. Goodlett Place, Room #244
San Francisco, CA 94102

October 3, 2013

To Whom it Concerns:

I hereby appeal to the Board of Supervisors for a reduction, adjustment or waiver of the condominium conversion fee based on financial need. Enclosed you will find tax returns for 2010 through 2012 as well as the most recent pay stub from my current employer. Numbers below represent an average for those years.

Average yearly gross income: \$73,145
Average yearly housing expense: \$27,908*
Percentage of income spent on housing: 38%

If the \$12,000 bypass fee is added to the above housing expenses the percentage rises to 54%.

Given that the generally accepted range for maximum amount to spend on housing is 25-30%, I am already outside that threshold before the bypass fee is even considered. I urge the Board to please consider my request and grant me a hearing to present my case. Thank you.

Best,


Scott Yarmark

*((\$21,600 mortgage, \$4700 property taxes, \$1608 HOA dues)

1040	Federal Return Summary	2010
-------------	-------------------------------	-------------

Name SCOTT S YARMARK	Taxpayer Identification Number
--------------------------------	--------------------------------

Tax Form 1040	Filing Status SGL
Dependents	

Income	
Salaries & wages	70,383
Taxable interest income	60
Tax exempt interest	
Dividend income	3
Qualified dividends	1
Taxable state/local refunds	2,028
Alimony received	
Business income/-loss	
Capital gain/-loss	253
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
Total income	72,727

Adjustments	
Moving expenses	
One-half of self-employment tax	
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	
Adjusted gross income	72,727

Deductions	
Medical and Dental expenses	
Taxes paid	9,001
Interest paid	20,021
Charitable contributions	595
Other itemized deductions	5,680
Total allowable itemized deductions	35,297
or, Standard deduction	
Exemption amount	3,650
Taxable income	33,780

Tax Computation	
Regular tax	4,610
Alternative minimum tax	
Total tax before credits	4,610
Child and dependent care credit	
Education credits	
Other credits	
Total credits	
Tax after credits	4,610
Self-employment tax	
Additional tax on IRAs, etc.	
Other taxes	
Total tax	4,610

Payments	
Federal income tax withheld	4,272
Estimated payments	
Other payments/credits	400
Total payments	4,672

Refund/Amount Due	
Amount overpaid	62
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	-62
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	-62

2011 Estimates	
1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Tax Rates	
Marginal tax rate	15.0 %
Effective tax rate	14 %
Rate of Long-term capital gain	0.0 %

Form **1040**

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2010

(99) IRS Use Only—Do not write or staple in this space.

Name, Address, and SSN

See separate instructions.

P R I N T C L E A R L Y	For the year Jan. 1-Dec. 31, 2010, or other tax year beginning _____, 2010, ending _____, 20		OMB No. 1545-0074
	Your first name and initial SCOTT S	Last name YARMARK	Spouse's social security number
	If a joint return, spouse's first name and initial	Last name	
	Home address (number and street). If you have a P.O. box, see instructions. 124 5TH AVE		Apt. no. 2	Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. SAN FRANCISCO CA 94118			

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse

Filing Status

Check only one box.

1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.	

Exemptions

If more than four dependents, see instructions and check here

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b			1	
b <input type="checkbox"/> 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) if qual. child for child tax cr. (see page 15)	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
d Total number of exemptions claimed				Add numbers on lines above	1

Income

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

If you did not get a W-2, see page 20.

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	70,383
8a Taxable interest. Attach Schedule B if required	8a	60
b Tax-exempt interest. Do not include on line 8a.	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	3
b Qualified dividends	9b	1
10 Taxable refunds, credits, or offsets of state and local income taxes	10	2,028
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	253
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount	20b	
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	72,727

Adjusted Gross Income

23 Educator expenses	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	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 31a and 32 through 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	72,727

Form 1040 (2010) **SCOTT S YARMARK**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	72,727
	39a	Check <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. Total boxes checked	39a	
		if: <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind.		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	39b	
	40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	35,297
	41	Subtract line 40 from line 38	41	37,430
	42	Exemptions. Multiply \$3,650 by the number on line 6d	42	3,650
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	33,780
	44	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	4,610
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	4,610
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 23	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit (see instructions)	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	4,610

Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
	60	Add lines 55 through 59. This is your total tax	60	4,610

Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	4,272
	62	2010 estimated tax payments and amount applied from 2009 return	62	
	63	Making work pay credit. Attach Schedule M	63	400
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election <input type="checkbox"/> 64b		
	65	Additional child tax credit. Attach Form 8812	65	
	66	American opportunity credit from Form 8863, line 14	66	
	67	First-time homebuyer credit from Form 5405, line 10	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	4,672

Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	62
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	62
	b	Routing number <input type="text"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
	75	Amount of line 73 you want applied to your 2011 estimated tax	75	

Amount You Owe	76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76	
	77	Estimated tax penalty (see instructions)	77	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name _____ Personal identification number (PIN) _____ Phone no. _____

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

Your signature	Date	Your occupation	Daytime phone number
<i>Brett C. Morrow</i>		FLIGHT ATTENDANT	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
Brett C. Morrow	Brett C. Morrow	03/24/11	
Firm's name	Firm's EIN	Phone no.	
Flightax	27-4167462	800-999-8297	
Firm's address	Phone no.		
220 W Jackson St Cicero	IN 46034-9381		

SCHEDULE A
(Form 1040) -

Itemized Deductions

OMB No. 1545-0074

2010

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

SCOTT S YARMARK

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	1,087
	2	Enter amount from Form 1040, line 38 2 72,727	2	
	3	Multiply line 2 by 7.5% (.075)	3	5,455
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0
Taxes You Paid	5 State and local (check only one box):			
	a	<input checked="" type="checkbox"/> Income taxes, or	5	4,306
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	6	4,695
	7	New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7	
	8	Other taxes. List type and amount ▶	8	
	9	Add lines 5 through 8	9	9,001
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	20,021
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
12		Points not reported to you on Form 1098. See instructions for special rules	12	
13		Mortgage insurance premiums (see instructions)	13	
14		Investment interest. Attach Form 4952 if required. (See instructions.)	14	
15		Add lines 10 through 14	15	20,021
Gifts to Charity		16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	420
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	175
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	595
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ Form 2106 Expenses	21	6,454
	22	Tax preparation fees	22	189
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶ UNION DUES	23	492
	24	Add lines 21 through 23	24	7,135
	25	Enter amount from Form 1040, line 38 25 72,727	25	
	26	Multiply line 25 by 2% (.02)	26	1,455
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	5,680
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶	28	
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	35,297
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 2010

SCOTT S. YARMARK
124 5TH AVE, Apt. 2
San Francisco, CA 94118-1336

Tax Summary and Instructions for Filing

2011 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income	\$	72,459.00
Federal taxable income	\$	35,166.00
Payment due IRS	\$	98.00

Your return will be electronically filed.

Include Form 1040-V and a check or money order in the amount of \$98.00, payable to "United States Treasury". Write "2010 Form 1040" and your social security number on the check. This is due April 17, 2012.

Mail Form 1040-V and your check to:

Internal Revenue Service Center
P.O. Box 7704
San Francisco, CA 94120-7704

2011 California Individual Income Tax Return

Summary of Form 540 Information:

State taxable income	\$	40,875.00
State refund	\$	1,766.00

Your California return will be electronically filed.

Your California refund of \$1,766.00 will be mailed to you automatically by the Franchise Tax Board.

Form **1040 U.S. Individual Income Tax Return 2011**

OMB No. 1545-0074 IRS Use Only Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2011, or other tax year beginning 2011, ending 2011, See separate instructions.

Your first name **SCOTT** MI Last name **S YARMARK** Your social security number _____
 If a joint return, spouse's first name MI Last name Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. **124 5TH AVE** Apartment no. **2**
 Make sure the SSN(s) above and on line 6c are correct.

City, town or post office. If you have a foreign address, also complete spaces below (see instructions): **San Francisco** State **CA** ZIP code **94118-1336**
Presidential Election Campaign

Foreign country name Foreign province/country Foreign postal code
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. You Spouse

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here. Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
 4 Qualifying widow(er) with dependent child

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) if child under age 17 qualifying for child tax or (see instrs)
 lived with you
 did not live with you due to divorce or separation (see instrs)
 Dependents on 6c not entered above.
 Add numbers on lines above 1
 d Total number of exemptions claimed 1

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 69,135.
 8a Taxable interest. Attach Schedule B if required 8a 77.
 b Tax-exempt interest. Do not include on line 8a 8b
 9a Ordinary dividends. Attach Schedule B if required 9a
 b Qualified dividends 9b
 10 Taxable refunds, credits, or offsets of state and local income taxes 10 2,039.
 11 Alimony received 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12 1,300.
 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13
 14 Other gains or (losses). Attach Form 4797 14
 15a IRA distributions 15a b Taxable amount 15b
 16a Pensions and annuities 16a b Taxable amount 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
 18 Farm income or (loss). Attach Schedule F 18
 19 Unemployment compensation 19
 20a Social security benefits 20a b Taxable amount 20b
 21 Other income 21
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 72,551.

Adjusted Gross Income
 23 Educator expenses 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 Deductible part of self-employment tax. Attach Schedule SE 27 92.
 28 Self-employed SEP, SIMPLE, and qualified plans 28
 29 Self-employed health insurance deduction 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN 31a
 32 IRA deduction 32
 33 Student loan interest deduction 33
 34 Tuition and fees. Attach Form 8917 34
 35 Domestic production activities deduction. Attach Form 8903 35
 36 Add lines 23 through 35 36 92.
 37 Subtract line 36 from line 22. This is your adjusted gross income 37 72,459.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 72,459.
 39a Check You were born before January 2, 1947, Blind. Total boxes
 if: Spouse was born before January 2, 1947, Blind. checked ▶ 39a
 b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b

Standard Deduction for
 People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
 All others: Single or Married filing separately, \$5,800 Married filing jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500

40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) 40 33,593.
 41 Subtract line 40 from line 38 41 38,866.
 42 Exemptions. Multiply \$3,700 by the number on line 6d. 42 3,700.
 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 35,166.
 44 Tax (see instrs). Check if any from: a Form(s) 8814 c 962 election
 b Form 4972 44 4,919.
 45 Alternative minimum tax (see instructions). Attach Form 6251 45
 46 Add lines 44 and 45 ▶ 46 4,919.
 47 Foreign tax credit. Attach Form 1116 if required 47
 48 Credit for child and dependent care expenses. Attach Form 2441 48
 49 Education credits from Form 8863, line 23 49
 50 Retirement savings contributions credit. Attach Form 8880 50
 51 Child tax credit (see instructions). 51
 52 Residential energy credits. Attach Form 5695 52
 53 Other crs from Form: a 3800 b 8801 c 53
 54 Add lines 47 through 53. These are your total credits 54
 55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶ 55 4,919.
 56 Self-employment tax. Attach Schedule SE 56 160.
 57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57
 58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
 59a Household employment taxes from Schedule H 59a
 b First-time homebuyer credit repayment. Attach Form 5405 if required 59b
 60 Other taxes. Enter code(s) from instructions 60
 61 Add lines 55-60. This is your total tax ▶ 61 5,079.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62 4,981.
 63 2011 estimated tax payments and amount applied from 2010 return 63
 64a Earned income credit (EIC). 64a
 b Nontaxable combat pay election ▶ 64b
 65 Additional child tax credit. Attach Form 8812 65
 66 American opportunity credit from Form 8863, line 14 66
 67 First-time homebuyer credit from Form 5405, line 10 67
 68 Amount paid with request for extension to file 68
 69 Excess social security and tier 1 RRTA tax withheld 69
 70 Credit for federal tax on fuels. Attach Form 4136 70
 71 Credits from Form: a 2439 b 8839 c 8801 d 8885 71
 72 Add lines 62, 63, 64a, & 65-71. These are your total pmnts ▶ 72 4,981.

Refund

Direct deposit? See instructions.

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73
 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ 74a
 b Routing number XXXXXXXXXX c Type: Checking Savings
 d Account number XXXXXXXXXXXXXXXXXXXX
 75 Amount of line 73 you want applied to your 2012 estimated tax ▶ 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions ▶ 76 98.
 77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No
 Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
 Your signature _____ Date _____ Your occupation _____ Daytime phone number _____
 Joint return? See instructions.
 Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____
 Keep a copy for your records. If the IRS sent you an Identity Protection PIN, enter it here (see inst)

Paid Preparer's Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed
 PATRICIA C MURRAY PATRICIA C MURRAY 03/09/2012
 Firm's name FLIGHTTAX
 Firm's address P.O. BOX 139 _____ Firm's EIN 27-4167462
 CICERO IN 46034 Phone no. (317) 984-5812

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2011

Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040.

See instructions for Schedule A (Form 1040).

Attachment
Sequence No. 07

Name(s) shown on Form 1040

SCOTT S YARMARK

		1	2	3	4	
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1	498.			
	2 Enter amount from Form 1040, line 38	2	72,459.			
	3 Multiply line 2 by 7.5% (.075)	3	5,434.			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4	0.	
Taxes You Paid	5 State and local (check only one box):	5	4,036.			
	a <input checked="" type="checkbox"/> Income taxes, or					
	b <input type="checkbox"/> General sales taxes					
	6 Real estate taxes (see instructions)	6	4,734.			
	7 Personal property tax	7				
	8 Other taxes. List type and amount <input type="checkbox"/>	8				
	9 Add lines 5 through 8				9	8,770.
	Interest You Paid	10 Home mtg interest and points reported to you on Form 1098	10	18,457.		
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address <input type="checkbox"/>	11			
Note. Your mortgage interest deduction may be limited (see instrs.)						
12 Points not reported to you on Form 1098. See instrs for spcl rules		12				
13 Mortgage insurance premiums (see instructions)		13				
14 Investment interest. Attach Form 4952 if required. (See instrs.)		14				
15 Add lines 10 through 14				15	18,457.	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	450.			
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	175.			
	18 Carryover from prior year	18				
	19 Add lines 16 through 18				19	625.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20				
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses <input type="checkbox"/> job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) <input type="checkbox"/>	21	6,509.			
	Deductible expenses from Form 2106		6,509.			
	22 Tax preparation fees	22	189.			
	23 Other expenses <input type="checkbox"/> investment, safe deposit box, etc. List type and amount <input type="checkbox"/>	23	492.			
	UNION DUES		492.			
	24 Add lines 21 through 23	24	7,190.			
	25 Enter amount from Form 1040, line 38	25	72,459.			
26 Multiply line 25 by 2% (.02)	26	1,449.				
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27	5,741.	
Other Miscellaneous Deductions	28 Other <input type="checkbox"/> from list in instructions. List type and amount <input type="checkbox"/>	28				
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29			33,593.	
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>					

SCOTT S. YARMARK
124 5TH AVE, Apt. 2
San Francisco, CA 94118-1336

Tax Summary and Instructions for Filing

2012 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income	\$	74,251.00
Federal taxable income	\$	36,828.00
Federal refund	\$	832.00

Your return will be electronically filed.

Your federal refund of \$832.00 will be directly deposited in your bank account.

2012 California Individual Income Tax Return

Summary of Form 540 Information:

State taxable income	\$	42,803.00
State refund	\$	1,662.00

Your California return will be electronically filed.

Your California refund of \$1,662.00 will be directly deposited in your bank account.

For the year Jan 1 - Dec 31, 2012, or other tax year beginning 2012, ending 2012, ending

Your first name and initial **SCOTT** Last name **S YARMARK** See separate instructions.
 Your social security number
 If a joint return, spouse's first name and initial Last name spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **124 5TH AVE** Apartment no. **2** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **San Francisco CA 94118-1336**
 Foreign country name Foreign province/state/county Foreign postal code
Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. You Spouse

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here.
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
 5 Qualifying widow(er) with dependent child

Exemptions
 6 a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax cr (see instrs)
 If more than four dependents, see instructions and check here . . .
 d Total number of exemptions claimed 1

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2. DFC 854.	7	72,381.
	8 a Taxable interest. Attach Schedule B if required	8 a	104.
	b Tax-exempt interest. Do not include on line 8a	8 b	
	9 a Ordinary dividends. Attach Schedule B if required	9 a	
	b Qualified dividends.	9 b	
	10 Taxable refunds, credits, or offsets of state and local income taxes	10	1,766.
	11 Alimony received.	11	
	12 Business income or (loss). Attach Schedule C or C-EZ	12	
	13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here <input type="checkbox"/> <input type="checkbox"/>	13	
	14 Other gains or (losses). Attach Form 4797	14	
	15 a IRA distributions 15 a	b Taxable amount	15 b
	16 a Pensions and annuities 16 a	b Taxable amount	16 b
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18 Farm income or (loss). Attach Schedule F	18	
	19 Unemployment compensation	19	
	20 a Social security benefits 20 a	b Taxable amount	20 b
	21 Other income	21	
	22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. ▶	22	74,251.

Adjusted Gross Income	23 Educator expenses	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 Deductible part of self-employment tax. Attach Schedule SE	27	
	28 Self-employed SEP, SIMPLE, and qualified plans	28	
	29 Self-employed health insurance deduction	29	
	30 Penalty on early withdrawal of savings	30	
	31 a Alimony paid b Recipient's SSN <input type="checkbox"/>	31 a	
	32 IRA deduction	32	
	33 Student loan interest deduction	33	
	34 Tuition and fees. Attach Form 8917	34	
	35 Domestic production activities deduction. Attach Form 8903.	35	
	36 Add lines 23 through 35	36	
	37 Subtract line 36 from line 22. This is your adjusted gross income. ▶	37	74,251.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	74,251.
	39 a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39 a		
		if: <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind.		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	39 b	
Standard Deduction for	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	33,623.
<input type="checkbox"/> People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41	Subtract line 40 from line 38.	41	40,628.
<input type="checkbox"/> All others:	42	Exemptions. Multiply \$3,800 by the number on line 6d	42	3,800.
Single or Married filing separately, \$5,950	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	36,828.
Married filing jointly or Qualifying widow(er), \$11,900	44	Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> 962 election	44	5,236.
Head of household, \$8,700	b	Form 4972.	44	5,236.
	45	Alternative minimum tax (see instructions). Attach Form 8251	45	
	46	Add lines 44 and 45	46	5,236.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	5,236.
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59 a	Household employment taxes from Schedule H	59 a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59 b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 55-60. This is your total tax	61	5,236.
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	6,068.
	63	2012 estimated tax payments and amount applied from 2011 return	63	
	64 a	Earned income credit (EIC)	64 a	
<input type="checkbox"/> If you have a qualifying child, attach Schedule EIC.	b	Nontaxable combat pay election <input type="checkbox"/> 64 b		
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72	Add lines 62, 63, 64a, & 65-71. These are your total pmts	72	6,068.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	832.
	74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74 a	832.
	b	Routing number		
	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number		
Direct deposit? See instructions.	75	Amount of line 73 you want applied to your 2013 estimated tax	75	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	
	77	Estimated tax penalty (see instructions)	77	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name PATRICIA C MURRAY Phone no. (317) 984-5812 Personal Identification number (PIN) 46034

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

Your signature _____ Date _____ Your occupation **FLIGHT ATTENDANT** Daytime phone number _____

Spouse's signature, if a joint return, both must sign. _____ Date _____ Spouse's occupation _____ If the IRS sent you an Identity Protection PIN, enter it here (see instrs) _____

Print/type preparer's name Preparer's signature Date Check if self-employed

PATRICIA C MURRAY **PATRICIA C MURRAY** **03/07/2013**

Paid Preparer Use Only Firm's name FLIGHTAX Firm's address P.O. BOX 139 Firm's EIN 27-4167462

CICERO IN 46034 Phone no. (317) 984-5812

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2012

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
 Attach to Form 1040.

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

SCOTT S YARMARK

		1	2	3	4
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	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	5 State and local (check only one box):				
	a <input checked="" type="checkbox"/> Income taxes, or	5		3,941.	
	b <input type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions)	6		4,769.	
	7 Personal property taxes	7		27.	
	8 Other taxes. List type and amount <input type="checkbox"/>	8			
	9 Add lines 5 through 8				9
					8,737.
Interest You Paid	10 Home mtg interest and points reported to you on Form 1098	10		18,222.	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address <input type="checkbox"/>	11			
	12 Points not reported to you on Form 1098. See instrs for spcl rules	12			
	13 Mortgage insurance premiums (see instructions)	13			
	14 Investment interest. Attach Form 4952 if required. (See instrs.)	14			
	15 Add lines 10 through 14				15
				18,222.	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16		345.	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		200.	
	18 Carryover from prior year	18			
	19 Add lines 16 through 18				19
				545.	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)				20
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses <input type="checkbox"/> job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) <input type="checkbox"/>	21		6,873.	
	Deductible expenses from Form 2106		6,873.		
	22 Tax preparation fees	22		239.	
	23 Other expenses <input type="checkbox"/> investment, safe deposit box, etc. List type and amount <input type="checkbox"/>	23		492.	
	UNION DUES		492.		
	24 Add lines 21 through 23	24		7,604.	
	25 Enter amount from Form 1040, line 38	25		74,251.	
26 Multiply line 25 by 2% (.02)	26		1,485.		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	
				6,119.	
Other Miscellaneous Deductions	28 Other <input type="checkbox"/> from list in instructions. List type and amount <input type="checkbox"/>				28
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40				29
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				33,623.

Payroll Payment Detail

American Airlines, Inc - ELECTRONIC PAY STATEMENT

4333 Amon Carter Blvd
 Fort Worth, TX 76155
 1-800-447-2000

Cmpy	PA	Emp ID	Employee Name	Period	Seq #	Check Date	Cost Center	
AA00	S2	446839	SCOTT S. YARMARK	18	00882	09/30/13	0841/6120	
Gross Pay		Pre-Tax Ded.	Total Taxes	After-Tax Ded.	Overpmt Ded.	Overpmt	Bal.	Net Pay
2,820.69		216.26	447.45	159.84	0.00		0.00	1,997.14

C = Current Period
 R = Retro (Prior) Period
 EE = Employee
 Hourly Pay Basis

TOTAL YTD EARNINGS

Description	YTD Amount
YTD Earnings	47,966.54
Taxable income	43,473.68

PAY PERIOD AMOUNTS

Description	Hours	Amount
R Base Pay	70.00-	3,316.60-
C Base Pay	35.00	1,658.30
R Actual Hrs/Pay	80.92	3,833.99
R Special Assign	43.00	645.00
C Group Term Life		4.98

PRE TAX DEDUCTIONS

Description	Amount	YTD Amount
C Medical Coverage	35.34	636.21
C Employee Life	3.58	64.44
C Dental Coverage	1.37	24.75
C Health Care FSA	20.83	375.03
C 401K-Super Saver	155.14	2,579.42

TAXES

Description	Amount	YTD Amount
Federal	MS: Single	DEP: 10
Withholding Tax	115.32	2,475.11
EE Social Security Tax	171.40	2,855.29
EE Medicare Tax	40.09	667.77
California	MS: Single	DEP: 10
Withholding Tax	93.05	1,496.10
EE Disability Tax	27.59	459.63

AFTER TAX DEDUCTIONS

Description	Amount	YTD Amount
C Credit Union	75.00	2,131.99
C Long Term Disb	17.20	309.69
C Union Due:AA APFA	20.50	369.00
C NRSA Charges	19.21	19.21
C SFO Wings	10.00	90.00
C Long Term Care	17.93	262.38

INFORMATIONAL ONLY

Description	Amount	YTD Amount
C Co Match AA Plus	155.14	2,579.39

NRSA CHARGES

ORI-DES	TICKET# / CL	FLT	VALUATION	SVC	CHG	NET
	PASS NAME	TC	DATE	AMOUNT	INCL TAX	VALUATION
DFW-MKE	YARMARK S	F2	09/06			19.21
SFO-DFW	YARMARK S	Y2	09/06			0.00
DFW-SFO	YARMARK S	Y2	09/10			0.00
MKE-DFW	YARMARK S	Y2	09/10			0.00
LAX-SFO	YARMARK S	Y2	09/14			0.00

TOTAL NNSA CHARGES 19.21

NON-REV CHARGES INCLUDE ANY APPLICABLE COUNTRY TAXES, AIRPORT CHARGES AND FEES. FOR A COMPLETE BREAKDOWN OF CHARGES, REFER TO YOUR TRAVEL HISTORY INFORMATION ON JETNET.

Description	EARNINGS BY PERIOD			
	Hours	Rate	Amount	
--- Pay Period 15 2013 08/01/2013 - 08/15/2013 ---				
Base Pay	35.00-	47.38	1,658.30-	
--- Pay Period 15-16 2013 08/01/2013 - 08/31/2013 ---				
Base Pay	35.00-	47.38	1,658.30-	
*Actual Hrs/Pay	80.92	47.38	3,833.99	
Special Assign	43.00	15.00	645.00	
--- Pay Period 18 2013 09/16/2013 - 09/30/2013 ---				
Base Pay	35.00	47.38	1,658.30	
* Total hours paid	80.92			

***Your net pay was deposited into your account
Your net pay for this period is \$ 1,997.14.***



Edwin M. Lee, Mayor
Mohammed Nuru, Director
Fuad S. Sweiss, PE, PLS,
City Engineer & Deputy Director of Engineering



Phone: (415) 554-5827
Fax: (415) 554-5324
www.sfdpw.org
Subdivision.Mapping@sfdpw.org

RECEIVED
13 SEP 20 AM 10:43

Department of Public Works
Office of the City and County Surveyor
1155 Market Street, 3rd Floor
San Francisco, CA 94103

Bruce R. Storrs, City and County Surveyor

Sirkin and Associates
388 Market Street, Suite 1300
San Francisco, CA 94111

EXPEDITED CONVERSION PROGRAM INVOICE

Payment due upon receipt
Monday, September 16, 2013

Project Information

PID: 7820
Assessor's Block 1364
Lot 034
Address 124 05TH AVE

Amount Due
\$72,000.00

Notes:

1. Payment is due upon receipt of this invoice.
2. Payments must be made by Bank or Cashier's Check.
 - a. **Credit Cards and personal checks will not be accepted.**
3. Make checks out to "Department of Public Works - ECP"
4. Please write your Assessor's Block and Lot number on your check.
5. Submit a copy of this invoice with your payment.

Number of Years of Lottery Participation	Number of Units in the Building	Expedited Conversion Fee Per Unit	Total Fee Due
3	6	\$12,000.00	\$72,000.00

Bank of America 

Cashier's Check

No: 002151912

Notice to Purchaser: In the event this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Date: SEPTEMBER 20, 2013

99-1701221

NAZ

Banking Center

DIAMOND HEIGHTS

0002198 00010 0002151912

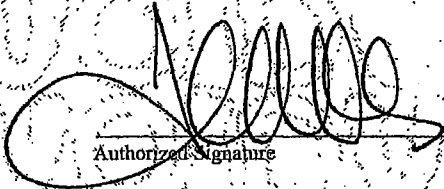
124 5TH AVE #4 SF CA 94133
Remitter (Purchased By)

\$ **72000.00**

Pay **SEVENTY-TWO THOUSAND DOLLARS AND 00 CENTS**

To
The
Order
Of

DEPARTMENT OF PUBLIC WORKS - RCP
BLOCK 1364 / LOT 014


Authorized Signature

Bank of America, N.A.
Phoenix, AZ

VOID AFTER 90 DAYS

THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK

THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK

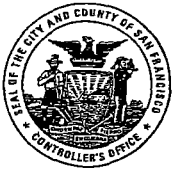
From: McCloskey, Benjamin
Sent: Monday, November 18, 2013 4:58 PM
To: Lamug, Joy
Cc: Malamut, John; Whitley, Gigi
Subject: MOHCD response to 124 5th Ave condo fee appeals
Attachments: Controller memo on 489 Sanchez.pdf; MOH response to condo fee appeal 112613-2appellants.pdf

Joy,

Attached is our office's response to the two condo fee appeals scheduled to be heard on November 26.

Thanks,
Benjamin

Benjamin McCloskey
Chief Financial Officer
Mayor's Office of Housing and Community Development
1 South Van Ness, 5th Floor
San Francisco, CA 94103
tel: 415.701.5575 fax: 415.701.5501
benjamin.mccloskey@sfgov.org



MEMORANDUM

TO: Gigi Whitley
Mayor's Office of Housing and Community Development

FROM: Ted Egan, Chief Economist, Office of Economic Analysis
Drew Murrell, Budget and Analysis Division

DATE: October 28, 2013

SUBJECT: Opinion regarding an appeal of a Reduction, Adjustment, or Waiver of Condominium Conversion Fee for a property located at 489 Sanchez Street

On Monday, October 21st, you requested that the Controller's Office review an appeal of a Reduction, Adjustment, or Waiver of Condominium Conversion Fee for a property located at 489 Sanchez Street. You asked for our opinion on whether the particular circumstances of the appellant affects the validity of the City's condominium conversion fee in her case. The fee is based upon the report "Condominium Conversion Fee Nexus Study" (the Nexus Study), prepared in 2011 by Keyser Marston Associates, Inc. While the Controller's Office did not manage the nexus study, we are familiar with the study, having relied upon it to produce revenue projections, and an economic impact report.

This memo offers our opinion specifically to the question you posed to us. We do not offer an opinion on the overall merit of her appeal, or on any other point she has raised.

The appellant, a co-owner of a Tenancy-in-Common (TIC) that has paid the condominium conversion fee, appears to make two claims regarding its applicability to her circumstances:

1. First, the nexus study presumed that a converted condominium would be sold upon conversion, while she intends to reside in her unit indefinitely and indeed is limited by a disability from moving.
2. Second, the nexus study presumed that a TIC owner who could not afford to pay the fee would benefit from an improved position in the condominium lottery, while in fact the legislation establishing the fee suspended the lottery.

To the appellant's first point, while the nexus study did assume, for analytical purposes, that the condominium was sold upon conversion, in our opinion, neither the existence nor the level of a nexus materially hinges upon this assumption. At some point in the future, the condominium will be vacated and sold, at a price that is reasonably likely to be higher than it would have been, and will be occupied by a household that is reasonably likely to have a higher income than would have been the case, in the absence of conversion. In this respect, the impact of a future sale is similar to a current sale. In fact, given the tendency for the City's affordable housing costs to increase over time, it is possible that, had the Nexus Study explored the impact of later condominium sales, it would have found a higher cost than those documented in the study.

The appellant's second point does not speak to her particular circumstances, but to the fact that the nexus study envisioned the continuation of the condominium lottery, while the ordinance establishing the fee suspended the lottery. It is true that the Nexus Study explored the costs and benefits, to TIC owners, of conversion. However, the study also made clear that this was a "real estate question", intended to determine the maximum fee the market would bear, and was not related to the legal nexus.

Therefore, the Controller's Office believes that neither of these two arguments provide a reason why the condominium conversion fee should be any less applicable to the appellant than it would be to any other TIC owner.

Mayor's Office of Housing and Community Development
City and County of San Francisco



Edwin M. Lee
Mayor

Olson Lee
Director

TO: Angela Calvillo, Clerk of the Board of Supervisors and Honorable Members of the Board of Supervisors

FROM: Gigi Whitley, Deputy Director, Mayor's Office of Housing and Community Development

CC: Scott Yarmark and William Jeffery Rolf, Appellants, and Property Owners at 124 5th Avenue

SUBJECT: Appeals Requesting Reduction, Adjustment or Waiver of Condominium Conversion Fees for Properties Located at 124 5th Avenue, Apts. 2 and 5.

DATE: November 18, 2013

On June 18, 2013, the Board of Supervisors passed Ordinance No. 117-13 amending the City's Subdivision Code to create an expedited and reliable option for tenancy-in-common (TIC) owners and other property owners to convert their TICs or buildings in to condominiums. By paying a one-time fee to the City, these owners could bypass the annual condominium conversion lottery and receive subdivision map approval as required for a condominium unit. As part of the law's legislative findings, the Board relied on a 2011 economic nexus study that demonstrated and quantified the impact of condominium conversion on the demand for affordable housing in San Francisco and the cost of mitigating the impact. The ordinance set the condominium conversion fee at \$20,000 per unit—below the fee level justified in the nexus study—and further reduced the fee for TIC owners based on the number of years of participation in the annual lottery. Fee revenue to the City is designated for the development of new affordable housing units for low- to moderate-income individuals and families.

This memo summarizes key findings of the nexus study, describes the law's requirements for granting an appeal, and analyzes a request for a fee waiver from Scott Yarmark, the property owner of 124 5th Avenue, Apartment 2, as well as a request for a fee waiver from William Jeffery Rolf, the property owner of Apartment 5 at the same address. Both apartments are part of a tenancy-in-common of a six-unit building at 124 5th Avenue. The law's standard for granting the appeal requires the appellants to successfully challenge the economic analysis in the nexus study. A hardship exemption is not an allowable reason to grant an appeal. Based on an analysis of this case, the Mayor's Office of Housing and Community Development (MOHCD) contends that the economic nexus study justifies the payment of this fee, already reduced to \$12,000 per unit in this case, and that the appellants have not met the

standard for a successful appeal. As such, MOHCD recommends that the Board of Supervisors deny these appeals.

Background.

Prior to the law's enactment, the City and County of San Francisco limited the number of rental or TIC units that could be converted to condominiums to 200 per year, in order to preserve affordable rental units in the City. Through a lottery process, TIC owners and other property owners could apply to receive approval for a condominium conversion subdivision map, the first step in a two-step process for creating a condominium unit in San Francisco. Condominium conversion is an option for owners in buildings with two to six units, under certain conditions. TICs are owned jointly as entire buildings in percentage shares. In contrast, a condominium is owned as a separate, divided legal real estate interest from the other condominium units in a building, and each individual condominium owner may separately sell, lease, or finance his or her condominium unit. TIC ownership can be more complex and risky due to this joint-ownership relationship. TIC owners may buy and sell shares equivalent to a single unit but that does not mean they own their unit outright with the ability to separately sell or finance the unit. Because of this risk, mortgage financing and transaction costs are significantly higher for TIC ownership share than condominium ownership. The benefits of condominium conversion include a more advantageous form of title and ownership and better mortgage loan terms that reduce homeownership costs and help owners remain in their homes. As such, there is a demonstrable financial incentive to convert jointly-owned, multi-unit property to individually owned condominiums.

Given pent up demand to convert to condominium and a backlog of approximately 2,000 units waiting to convert, the City began considering an alternative to its condominium lottery process. The City commissioned a 2011 nexus study to evaluate the economic impacts to the City of condominium conversion and whether those impacts justified an impact fee, similar to other development impact fees that mitigate the City's costs to provide additional affordable housing, such as the Jobs Housing Linkage Fee and inclusionary housing fees.

The 2011 nexus study conducted by Keyser Marston Associates (KMA)¹ determined that the conversion of a TIC or rental unit to a condominium would result in a net increase in household income in San Francisco, through the replacement of a TIC owner with a higher income condominium purchaser. Given the higher income of condominium purchasers, the condominium owner would have higher consumer spending and increased demands for goods and services such as banking and retail services, leading to increased job creation. Among the jobs created would be additional low- and moderate-income jobs. The workforce performing these additional lower income jobs create a greater demand for affordable housing, as these households cannot afford market-rate housing in San Francisco. The cost to the City to subsidize this increased need for additional affordable housing creates the nexus between the condominium conversion and justification for a conversion fee.

As part of the legislative findings for Ordinance No. 117-13, the Board determined that based on evidence presented in the nexus study, there is a reasonable relationship to the subdivision applicants' burdens on the City that result from the change in use and ownership

¹ *Condominium Conversion Nexus Analysis, San Francisco, Keyser Marston Associates, January 2011*

status from a dwelling unit within an unsubdivided property to a separate interest in a condominium unit.²

Basis for an Appeal.

In a November 7, 2013 letter to the City, Mr. Yarmark requests a waiver or reduction of the condominium conversion fee, based on financial need and inadequate time to save for the cost of the fee. In an October 2, 2013 letter to the City, Mr. Rolf also requests a waiver or reduction of the condominium conversion fee based on financial need. Neither request makes any claims regarding the applicability of the nexus study on which the fee was based. The KMA nexus study was not based on a household having the ability to pay a fee, but rather that the TIC unit(s) would be sold, at some point, to a higher income household, creating the need to offset costs to the City from the impacts of the actual conversion. In the future, either the appellants or their estates will sell the units to condominium purchasers, rather than separate TIC purchasers. That economic transaction creates the need for the impact fees, whether it occurs immediately or sometime in the future.

Acknowledging this reality, the Board decided to require fee payment at the time of application for the condominium conversion subdivision (when the TIC owner initiates the subdivision approval process that will result in the owner's benefit), rather than at another point in time, such as paying the fee at the sale of the condominium unit. While it is accurate that the nexus study focused on the converted condominium unit being purchased by a new buyer at some time, the study acknowledges that the units may not necessarily be purchased immediately.³

In an opinion letter provided for the October 29, 2013 condominium conversion fee appeal for 489 Sanchez Street, the Office of the Controller stated that "while the nexus study did

² Section 1(b) of Board Ordinance No. 117-13 (Subdivision Code – Condominium Conversion Fee) provides: "This Board finds that the condominium conversion fee as set forth in this legislation is an appropriate charge imposed as a condition of property development, which in this case is the City's approval of a condominium conversion subdivision, a discretionary development approval pursuant to the San Francisco Subdivision Code and the California Subdivision Map Act. Based on data, information, and analysis in a Condominium Conversion Nexus Analysis report prepared by Keyser Marston Associates, Inc., dated January 2011, and the findings of Planning Code Section 415.1 concerning the City's inclusionary affordable housing program, this Board finds and determines that there is ample evidentiary support to charge the fee set forth herein as it relates to a subdivision map approval that allows the conversion of existing dwelling units into condominiums. Said charge also is lower than the fee amount supported in the abovementioned Nexus Analysis report. As a consequence the Board finds that the amount of this charge is no more than necessary to cover the reasonable costs of the governmental activity and programs related to condominium conversion. The Board further finds and determines, that based on this evidence, the manner in which this charge is allocated and assessed on a per unit cost for each unit converted to a condominium bears a reasonable relationship to the subdivision applicants' burdens on the City that result from the change in use and ownership status from a dwelling unit within an unsubdivided property to a separate interest in a condominium unit."

³ The nexus study states: "The analysis assumes that the unit is sold upon conversion. Some existing owners will stay in the unit. Some of those who stay will refinance based on more favorable lending terms and higher unit value. **In any case, the conversion of the unit generates an increase in unit value and ultimately, a higher income occupant.**" (Highlight added.)

assume, for analytical purposes, that the condominium was sold upon conversion, in our opinion, neither the existence nor the level of nexus materially hinges upon this assumption.”⁴

The Office of the Controller opinion letter goes on to say, “at some point in the future, the condominium will be vacated and sold, at a price that is reasonably likely to be higher than it would have been, and will be occupied by a household that is reasonably likely to have a higher income than would have been the case, in the absence of conversion. In this respect, the impact of a future sale is similar to a current sale.”

Although the Office of the Controller opinion letter does not address the specifics of the appeals for property located at 124 5th Avenue, the conclusions are equally sound for use in these appeals.

Additionally, there are tangible financial advantages to the existing TIC owner who becomes a condominium owner. The KMA study quantified the gain of condominium conversion at 15 percent, or an estimated \$45,000 to \$75,000 gain after deducting standard City administrative fees. Property owners gain from the fact that financing costs are significantly lower for higher valued condominiums than TIC units (a 4.75% interest rate for TIC loans compared to 2.25% for condominium home loan at the time of the KMA study).

Mssrs. Yarmark and Rolf will reap immediate financial benefits through conversion to condominium units. After condominium conversion, the appellants could refinance an existing mortgage loan at a lower interest rate, thereby leaving more discretionary income for other uses. Mssrs. Yarmark and Rolf may also have the ability to obtain individual home equity loans to enhance their current living conditions. This increase in value and opportunity to refinance any existing mortgage would allow the owners to finance the condo conversion costs, including the conversion fee. Obtaining and using such additional discretionary income in the local economy can have similar economic impacts on the City as those analyzed in the nexus study for new condominium purchasers.

Existing Fee Relief.

Additionally, the Board set the fee at \$20,000 per unit, lower than the maximum mitigation cost of \$21,600 to \$34,900 supported by the KMA nexus analysis. The fee level also decreases from \$20,000, to as low as \$4,000 per unit, depending on the number of years the TIC has participated in the lottery. In the case of Mssrs. Yarmark and Rolf, the fee is calculated at \$12,000 per unit or \$72,000 for the 6-unit property.

It is important to note that while this building’s TIC owners apparently have chosen to each pay the per-unit cost (\$12,000 each), it is not necessary that each owner pay an equal share of the TIC’s \$72,000 fee. In other words, co-owners that place a higher value on the condominium conversion than the appellants could pay more than an equal share to reduce their fee payment. For example, the appellants’ co-owners could decide to loan them funds for the fee and structure it as a loan from the new condominium homeowners association (HOA). The loan could be repayable to the HOA upon sale of the units sometime in the future.

⁴ *Opinion Regarding an Appeal of a Reduction, Adjustment or Waiver of Condominium Conversion Fee for a Property Located at 489 Sanchez Street, October 28, 2013, memorandum from the Office of the Controller to the Mayor’s Office of Housing and Community Development.*

Law Does Not Allow for Hardship Waiver.

The only basis of these appeals is financial hardship. However, the legislation does not allow for waivers based on financial hardship, and granting waivers based on this rationale is problematic. Under the Subdivision Code requirements, the appellants need to demonstrate that there is an "absence of any reasonable relationship or nexus between the impact of development and the amount of fee." The appellants bear "the burden of presenting substantial evidence to support the appeal, including comparable technical information to support the appellant's position." The legislation provided an appeal process to allow a challenge to the impact fee analysis itself. For the Board to waive, reduce, or adjust the fee, the appellants must demonstrate that the economic nexus is somehow faulty.

The appellants' appeals do not meet this definition. Neither Mr. Yarmark nor Mr. Rolf has provided any economic or technical analysis to dispute the basic findings of the nexus study. Their appeals have not demonstrated that the nexus between condominium conversion and the need for additional affordable housing does not exist in this case.

Fee Deferral Process.

The law does allow for a TIC owner to request a fee deferral based on demonstrated economic hardship. Applicants demonstrating income for the last 12 months at less than 120 percent of area median income (AMI) can request a fee deferral while the Department of Public Works' (DPW) completes its application review.

Recommendation:

While the appellants' circumstances may be sympathetic, their cases do not meet the standard for appeal stated in the law. Given that the property owners have not presented substantial evidence and technical analysis to dispute the City's nexus study, the Board should reject this appeal. The Board has already provided fee relief by: a) setting the fee level below the maximum fee levels justified by the nexus study and 2) reducing the fee to credit the TIC owners based on number of years in the lottery. Based on the \$12,000 fee for each unit, Mssrs. Yarmark and Rolf are already receiving an \$8,000 per unit fee reduction based on prior years of participation in the lottery.

Furthermore, there is no requirement for Mssrs. Yarmark and Rolf to pay an equal share of the TIC building fee. The fee applies to the entire six-unit building, which allows Mssrs. Yarmark and Rolf to negotiate with their co-owners on a lower payment or possible loan from the HOA prior to resale of the unit if the ownership group voluntarily elects to pursue a condominium conversion at this time.

Finally, the legislation did not establish a fee waiver or reduction based solely on financial hardship. As such, there is no objective criteria upon which the Board can make such a determination. If the Board waives or reduces the fee based on these claims, it likely would create a precedent for any other applicant who is on a fixed income. Such a result could significantly jeopardize the amount of affordable housing fees available to the City that the Board specifically determined were needed to offset the economic impact on the City from condominium conversion.

The Mayor's Office of Housing and Community Development stands behind the Board's decision to offset the impact of additional market-rate condominiums to impose this fee. Based

on the rationale presented, the appeals do not meet the threshold for a fee waiver. As such, MOHCD recommends that the Board deny these appeals.

File # 130990

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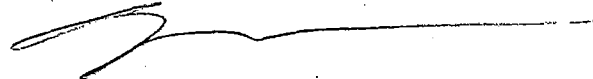
November 7, 2013

Dear Board of Supervisors:

I am appealing to you today for a reduction, adjustment or waiver of the condominium conversion fee which I paid on 9/16/13. The basis of my appeal is financial need. While I appreciate the opportunity to bypass the condo lottery which effectively fast-tracked our conversion, the speed at which the process has moved has eliminated the time I needed to save adequately for such a large monetary outlay. While the argument could be made that no one is forcing us to bypass the lottery, the pressure to do so is intense. Not only does our TIC agreement stipulate that conversion must begin as soon as possible, but the very law which allows us to bypass, prevents 6 unit buildings from converting in the future. The documents submitted along with this letter are meant to show my average income over the past three years as well as the average amount spent on housing during that period. You will notice that a high percentage of my income is spent on housing (mortgage, HOA dues, property taxes) and the addition of the bypass fee has placed an additional financial burden on me in what, I'm sure you know, is an already expensive city.

Thank you for passing the bypass legislation. I feel fortunate to be able to participate in the process and look forward to the long-term benefits. I also ask that you consider my position and refund all or a portion of the \$12,000 already paid as my share of the fee. Thank you for your time!

Best,



Scott Yarmark

Attachments/enclosures:

- 1) 124 5th Avenue TIC agreement Article 8.1 - Agreement to Convert
- 2) Expedited Conversion Fee Invoice
- 3) Copy of check
- 4) 2010-2012 Income Tax returns
- 5) 2010-2013 Property Tax bills
- 6) Sample mortgage payment
- 7) Recent pay stub
- 8) Housing cost spreadsheet

7.6 GARBAGE DISPOSAL. Equipment for the storage or disposal of trash and recycling shall be kept in a clean and sanitary condition and shall be kept only on the portion of the Common Area approved for this purpose by the TC.

ARTICLE 8--CONDOMINIUM CONVERSION

8.1 AGREEMENT TO CONVERT. The Cotenants agree to begin the condominium conversion process no later than the earliest date allowed by law, and complete the process as quickly as possible. To the extent that condominium conversion requires repairs or improvements to Units or portions of Exclusive Use Common Areas for which an individual Cotenant is responsible, such Cotenant agrees to complete such work within thirty (30) calendar days of receiving notice of the necessity of the work. This Section is not meant to imply that applicable law does or will ever allow the Property to be converted to condominiums.

8.2 CONVERSION OCCUPANCY REQUIREMENTS. Nothing in this Agreement shall be interpreted to require any Party to maintain ownership or occupancy in the Property for the purpose of qualifying the Property for condominium conversion.

8.3 POST CONVERSION RESTRICTIONS AND REQUIREMENTS. Unless otherwise agreed by all Cotenants, all restrictions, requirements, and allocations described in Section 4.1, and Articles 6 and 7, and the voting powers described in Section 13.1, shall continue to apply after conversion, and shall be incorporated into written covenants and restrictions that run with all parcels into which the Property is divided.

8.4 CONDOMINIUM DISTRIBUTION. In the event the Property is converted to condominiums, each Cotenant shall be entitled to receive individual ownership of his/her assigned Unit and continuing exclusive usage rights to his/her assigned Exclusive Use Common Area provided all of that Cotenant's obligations to the TC and to each of the other Cotenants have been satisfied. Such individual ownership and usage rights shall be considered full distribution of the Cotenant's interest in the TC, the TC accounts and the Property, regardless of the value of the Cotenant's Cotenancy Share at the time of conversion.

ARTICLE 9--TRANSFERS OF TC INTERESTS

9.1 GENERAL TRANSFER POLICY. In view of the fact that this Agreement prohibits loans secured by the entire Property, the Agreement does not contain provisions relating to rights of first refusal, rights of rejection, and rights to purchase following death or incapacity.

9.2 TRANSFER NOTIFICATION AND SIGNATURE REQUIREMENT. Prior to transferring any interest in the Property, each transferring Party shall notify each Cotenant in writing of his/her intention to do so. No transfer of any interest in the Property shall be permitted unless the transferee executes (i) an amendment to this Agreement explicitly agreeing to be bound by all of its terms, and (ii) upon request of any Cotenant, an updated Memorandum of Agreement in substantially similar form to the one of record immediately prior to the transfer. It shall be the responsibility of the Party transferring an interest in the Property to insure that the notification and signature requirements of this Section are satisfied, and each transferring Party shall be liable for all losses, damages, costs and expenses, including attorneys fees, resulting from his/her failure either (i) to provide the written notification required under this Section, or (ii) to ensure that his/her interest is not transferred unless the transferee has executed all documents required by this Section either prior to, or contemporaneously with, the transfer. Without limiting the generality of the preceding sentence, IT IS EXPRESSLY PROVIDED THAT IF AN INTEREST IS TRANSFERRED WITHOUT THE TRANSFEREE HAVING SIGNED ALL DOCUMENTS REQUIRED BY THIS SECTION, THE TC AND ANY PARTY IS EMPOWERED TO IMMEDIATELY TAKE ANY AND ALL ACTION NECESSARY TO OBTAIN THE REQUIRED SIGNATURES OR, IF THAT IS NOT REASONABLY POSSIBLE, TO ACQUIRE THE TRANSFERRED INTEREST SO THAT THE TRANSFEREE WHO DID NOT SIGN IS NO LONGER THE OWNER OF ANY INTEREST IN THE PROPERTY, OR TO TAKE ANY OTHER ACTION REASONABLY CALCULATED TO RELIEVE THE TC AND ALL PARTIES OF THE RISKS ASSOCIATED WITH HAVING A CO-OWNER WHO IS NOT A SIGNATORY, AND THAT

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Edwin M. Lee, Mayor
Mohammed Nuru, Director
Fuad S. Sweiss, PE, PLS.
City Engineer & Deputy Director of Engineering

13 SEP 20 MID: 43



Phone: (415) 554-5827
Fax: (415) 554-5324
www.sfdpw.org
Subdivision.Mapping@sfdpw.org

Department of Public Works
Office of the City and County Surveyor
1155 Market Street, 3rd Floor
San Francisco CA 94103

Bruce R. Storrs, City and County Surveyor

Sirkin and Associates
388 Market Street, Suite 1300
San Francisco, CA 94111

EXPEDITED CONVERSION PROGRAM INVOICE

Payment due upon receipt
Monday, September 16, 2013

Project Information

PID: 7820
Assessor's Block 1364
Lot 034
Address 124 05TH AVE

Amount Due
\$72,000.00

Notes:

1. Payment is due upon receipt of this invoice.
2. Payments must be made by Bank or Cashier's Check.
 - a. **Credit Cards and personal checks will not be accepted.**
3. Make checks out to "Department of Public Works - ECP"
4. Please write your Assessor's Block and Lot number on your check.
5. Submit a copy of this invoice with your payment.

Number of Years of Lottery Participation	Number of Units in the Building	Expedited Conversion Fee Per Unit	Total Fee Due
3	6	\$12,000.00	\$72,000.00

Bank of America 

Cashier's Check

No. 002151912

Notice to Purchaser - In the event this check is lost, misplaced or stolen, a stop payment and 90-day waiting period will be required prior to replacement. This check should be reprinted within 90 days.

Date **SEPTEMBER 20, 2013**

91-1700221

NAZ

Banking Center

DIAMOND HEIGHTS

0002198 00010 0002151912

124 5TH AVE #4, SF CA 94118
Remitter (Purchased By)

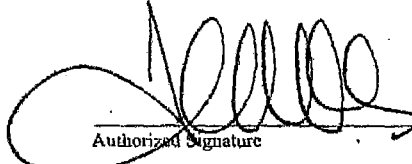
\$ **72000.00**

05-14-3774B 02-2012

Pay ****SEVENTY TWO THOUSAND DOLLARS AND 00 CENTS****

To
The
Order
Of

****DEPARTMENT OF PUBLIC WORKS - ECP**
BLOCK 1364 / LOT 334**


Authorized Signature

Bank of America, N.A.
Phoenix, AZ

VOID AFTER 90 DAYS

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918

1040	Federal Return Summary	2010
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Name SCOTT S YARMARK	Taxpayer Identification Number
--------------------------------	--------------------------------

Tax Form 1040

Filing Status SGL
Dependents _____

Income

Salaries & wages	70,383
Taxable interest income	60
Tax exempt interest	
Dividend income	3
Qualified dividends	1
Taxable state/local refunds	2,028
Alimony received	
Business income/-loss	
Capital gain/-loss	253
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
Total income	72,727

Adjustments

Moving expenses	
One-half of self-employment tax	
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	
Adjusted gross income	72,727

Deductions

Medical and Dental expenses	
Taxes paid	9,001
Interest paid	20,021
Charitable contributions	595
Other itemized deductions	5,680
Total allowable itemized deductions	35,297
or, Standard deduction	
Exemption amount	3,650
Taxable income	33,780

Tax Computation

Regular tax	4,610
Alternative minimum tax	
Total tax before credits	4,610
Child and dependent care credit	
Education credits	
Other credits	
Total credits	
Tax after credits	4,610
Self-employment tax	
Additional tax on IRAs, etc.	
Other taxes	
Total tax	4,610

Payments

Federal income tax withheld	4,272
Estimated payments	
Other payments/credits	400
Total payments	4,672

Refund/Amount Due

Amount overpaid	62
Overpayment applied	
Form 2210 penalty	
Amount due/refund	-62
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/refund	-62

2011 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Tax Rates

Marginal tax rate	15.0 %
Effective tax rate	14 %
Rate of Long-term capital gain	0.0 %

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 2010** (99) IRS Use Only—Do not write or staple in this space.

Name, Address, and SSN

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning _____, 2010, ending _____, 20

OMB No. 1545-0074

Your first name and initial: **SCOTT S** Last name: **YARMARK**

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **124 5TH AVE 2**

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. **SAN FRANCISCO CA 94118**

Spouse's social security number: _____

Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse

Filing Status

Check only one box.

1 Single

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

3 Married filing separately. Enter spouse's SSN above and full name here.

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

5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

6b Spouse

6c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) if qual. child for child tax cr. (see page 15)

If more than four dependents, see instructions and check here

Boles checked on 6a and 6b on 6c who: **1**

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

Dependents on 6c not entered above

6d Total number of exemptions claimed **1**

Income

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

If you did not get a W-2, see page 20.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	70,383
8a	Taxable interest. Attach Schedule B if required	8a	60
8b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	3
9b	Qualified dividends	9b	1
10	Taxable refunds, credits, or offsets of state and local income taxes	10	2,028
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	253
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
15b	Taxable amount	15b	
16a	Pensions and annuities	16a	
16b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
20b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	72,727

Adjusted Gross Income

23	Educator expenses	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	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	72,727

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	72,727
	39a	Check <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. Total boxes checked	39a	
		if: <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind.		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	39b	
	40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	35,297
	41	Subtract line 40 from line 38	41	37,430
	42	Exemptions. Multiply \$3,650 by the number on line 6d	42	3,650
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	33,780
	44	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972	44	4,610
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	4,610
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 23	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit (see instructions)	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	4,610
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
	60	Add lines 55 through 59. This is your total tax	60	4,610
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	4,272
	62	2010 estimated tax payments and amount applied from 2009 return	62	
	63	Making work pay credit. Attach Schedule M	63	400
	64a	Earned income credit (EIC)	64a	
		b Nontaxable combat pay election <input type="checkbox"/> 64b		
	65	Additional child tax credit. Attach Form 8812	65	
	66	American opportunity credit from Form 8863, line 14	66	
	67	First-time homebuyer credit from Form 5405, line 10	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	4,672	
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	62
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	62
	b	Routing number <input type="text"/>	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
		d Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2011 estimated tax	75		
Amount You Owe	76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76	
	77	Estimated tax penalty (see instructions)	77	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name _____ Personal identification number (PIN) _____ Phone no. _____

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

Your signature _____ Date _____ Your occupation **FLIGHT ATTENDANT** Daytime phone number _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____

Print/Type preparer's name **Brett C. Morrow** Preparer's signature **Brett C. Morrow** Date **03/24/11** Check if self-employed

Paid Firm's name **Flightax** Firm's EIN **27-4167462**

Preparer Use Only Firm's address **220 W Jackson St Cicero IN 46034-9381** Phone no. **800-999-8297**

SCHEDULE A
(Form 1040) -

Itemized Deductions

OMB No. 1545-0074

2010

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

SCOTT S YARMARK

Medical and Dental Expenses		Taxes You Paid		Interest You Paid		Gifts to Charity		Casualty and Theft Losses		Job Expenses and Certain Miscellaneous Deductions		Other Miscellaneous Deductions	
Caution. Do not include expenses reimbursed or paid by others.													
1	Medical and dental expenses (see instructions)	1	1,087	10	20,021	16	420	20		21	6,454	27	5,680
2	Enter amount from Form 1040, line 38	2	72,727	11		17	175			22	189	28	
3	Multiply line 2 by 7.5% (.075)	3	5,455	12		18				23	492		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0	13		19	595			24	7,135		
5 State and local (check only one box):		5	4,306	14		15 20,021		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		25 Form 2106 Expenses			
a <input checked="" type="checkbox"/> Income taxes, or		6	4,695							22 Tax preparation fees			
b <input type="checkbox"/> General sales taxes		7								23 Other expenses—investment, safe deposit box, etc. List type and amount ▶			
6	Real estate taxes (see instructions)	8								24 Add lines 21 through 23			
7	New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009). Skip this line if you checked box 5b									25 Enter amount from Form 1040, line 38			
8	Other taxes. List type and amount ▶									26 Multiply line 25 by 2% (.02)			
9	Add lines 5 through 8									27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			
10 Home mortgage interest and points reported to you on Form 1098										28 Other—from list in instructions. List type and amount ▶			
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶										29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40		35,297	
12 Points not reported to you on Form 1098. See instructions for special rules										30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			
13 Mortgage insurance premiums (see instructions)													
14 Investment interest. Attach Form 4952 if required. (See instructions.)													
15 Add lines 10 through 14													
16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions													
17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500													
18 Carryover from prior year													
19 Add lines 16 through 18													
21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶													
22 Tax preparation fees													
23 Other expenses—investment, safe deposit box, etc. List type and amount ▶													
24 Add lines 21 through 23													
25 Enter amount from Form 1040, line 38													
26 Multiply line 25 by 2% (.02)													
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-													
28 Other—from list in instructions. List type and amount ▶													
29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40													
30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>													

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2010

DAA

SCOTT S. YARMARK
124 5TH AVE, Apt. 2
San Francisco, CA 94118-1336

Tax Summary and Instructions for Filing

2011 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income	\$	72,459.00
Federal taxable income	\$	35,166.00
Payment due IRS	\$	98.00

Your return will be electronically filed.

Include Form 1040-V and a check or money order in the amount of \$98.00, payable to "United States Treasury". Write "2010 Form 1040" and your social security number on the check. This is due April 17, 2012.

Mail Form 1040-V and your check to:

Internal Revenue Service Center
P.O. Box 7704
San Francisco, CA 94120-7704

2011 California Individual Income Tax Return

Summary of Form 540 Information:

State taxable income	\$	40,875.00
State refund	\$	1,766.00

Your California return will be electronically filed.

Your California refund of \$1,766.00 will be mailed to you automatically by the Franchise Tax Board.

Form **1040 U.S. Individual Income Tax Return 2011**

OMB No. 1545-0074 IRS Use Only Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2011, or other tax year beginning , 2011, ending , 20 See separate instructions.

Your first name MI Last name Your social security number
SCOTT S YARMARK

If a joint return, spouse's first name MI Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
124 5TH AVE 2

Make sure the SSN(s) above and on line 6c are correct.

City, town or post office. If you have a foreign address, also complete spaces below (see instructions): State ZIP code
San Francisco CA 94118-1336

Presidential Election Campaign

Foreign country name Foreign province/county Foreign postal code
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. You Spouse

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

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse

Boxes checked on 6a and 6b **1**
 No. of children on 6c who:
 lived with you
 did not live with you due to divorce or separation (see instrs)
 Dependents on 6c not entered above
 Add numbers on lines above **1**

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax or (see instrs)
(1) First name	Last name			

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **1**

Income	7	8a	8b	9a	9b	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22	
7 Wages, salaries, tips, etc. Attach Form(s) W-2	69,135.																					
8a Taxable interest. Attach Schedule B if required		77.																				
b Tax-exempt interest. Do not include on line 8a			8b																			
9a Ordinary dividends. Attach Schedule B if required				9a																		
b Qualified dividends.					9b																	
10 Taxable refunds, credits, or offsets of state and local income taxes						2,039.																
11 Alimony received.																						
12 Business income or (loss). Attach Schedule C or C-EZ								1,300.														
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here																						
14 Other gains or (losses). Attach Form 4797																						
15a IRA distributions			15a									15b										
b Taxable amount													16a									
16a Pensions and annuities														16b								
b Taxable amount																						
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																						
18 Farm income or (loss). Attach Schedule F																						
19 Unemployment compensation																						
20a Social security benefits			20a																			
b Taxable amount																						
21 Other income																						
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income																						72,551.

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
23 Educator expenses	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 Deductible part of self-employment tax. Attach Schedule SE	27				92.										
28 Self-employed SEP, SIMPLE, and qualified plans	28														
29 Self-employed health insurance deduction	29														
30 Penalty on early withdrawal of savings	30														
31a Alimony paid b Recipient's SSN	31a														
32 IRA deduction	32														
33 Student loan interest deduction	33														
34 Tuition and fees. Attach Form 8917	34														
35 Domestic production activities deduction. Attach Form 8903	35														
36 Add lines 23 through 35	36													92.	
37 Subtract line 36 from line 22. This is your adjusted gross income	37														72,459.

Tax and Credits

38	Amount from line 37, (adjusted gross income)	38	72,459.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	33,593.
41	Subtract line 40 from line 38	41	38,866.
42	Exemptions. Multiply \$3,700 by the number on line 6d.	42	3,700.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	35,166.
44	Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> 962 election b <input type="checkbox"/> Form 4972	44	4,919.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	4,919.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other cts from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	4,919.
56	Self-employment tax. Attach Schedule SE	56	160.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55-60. This is your total tax	61	5,079.

Standard Deduction for
 People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
 All others: Single or Married filing separately, \$5,800 Married filing jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	4,981.
63	2011 estimated tax payments and amount applied from 2010 return	63	
64a	Earned income credit (EIC)	64a	
	b Nontaxable combat pay election ▶ 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, & 65-71. These are your total pmts	72	4,981.

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	
	<input type="checkbox"/> b Routing number XXXXXXXXX <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> d Account number XXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2012 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	98.
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

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

Your signature	Date	Your occupation	Daytime phone number
		FLIGHT ATTENDANT	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst)

Paid Preparer's Use Only

Print/Type preparer's name: PATRICIA C MURRAY
 Preparer's signature: PATRICIA C MURRAY
 Date: 03/09/2012
 Check if self-employed

Firm's name FLIGHTAX
 Firm's address P.O. BOX 139
 CICERO IN 46034
 Firm's EIN 27-4167462
 Phone no. (317) 984-5812

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2011

Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040.

See Instructions for Schedule A (Form 1040).

Attachment
Sequence No. 07

Name(s) shown on Form 1040

SCOTT S YARMARK

		1	2	3	4
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1		498.	
	2 Enter amount from Form 1040, line 38	2	72,459.		
	3 Multiply line 2 by 7.5% (.075).	3		5,434.	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.	
Taxes You Paid	5 State and local (check only one box):	5		4,036.	
	a <input checked="" type="checkbox"/> Income taxes, or				
	b <input type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions)	6		4,734.	
	7 Personal property tax	7			
	8 Other taxes. List type and amount <input type="checkbox"/> _____	8			
9 Add lines 5 through 8	9			8,770.	
Interest You Paid	10 Home mtg interest and points reported to you on Form 1098	10		18,457.	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address <input type="checkbox"/>				
	Note. Your mortgage interest deduction may be limited (see instrs).				
	12 Points not reported to you on Form 1098. See instrs for spcl rules	12			
	13 Mortgage insurance premiums (see instructions)	13			
	14 Investment interest. Attach Form 4952 if required. (See instrs.)	14			
15 Add lines 10 through 14	15			18,457.	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16		450.	
	If you made a gift and got a benefit for it, see instructions.				
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		175.	
	18 Carryover from prior year	18			
19 Add lines 16 through 18	19			625.	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses <input type="checkbox"/> job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) <input type="checkbox"/>				
	Deductible expenses from Form 2106	21	6,509.	6,509.	
	22 Tax preparation fees	22		189.	
	23 Other expenses <input type="checkbox"/> investment, safe deposit box, etc. List type and amount <input type="checkbox"/> _____				
	UNION DUES	23	492.	492.	
	24 Add lines 21 through 23	24		7,190.	
	25 Enter amount from Form 1040, line 38.	25	72,459.		
26 Multiply line 25 by 2% (.02)	26		1,449.		
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			5,741.	
Other Miscellaneous Deductions	28 Other <input type="checkbox"/> from list in instructions. List type and amount <input type="checkbox"/> _____	28			
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29			33,593.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

SCOTT S. YARMARK
124 5TH AVE, Apt. 2
San Francisco, CA 94118-1336

Tax Summary and Instructions for Filing

2012 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income	\$	74,251.00
Federal taxable income	\$	36,828.00
Federal refund	\$	832.00

Your return will be electronically filed.

Your federal refund of \$832.00 will be directly deposited in your bank account.

2012 California Individual Income Tax Return

Summary of Form 540 Information:

State taxable income	\$	42,803.00
State refund	\$	1,662.00

Your California return will be electronically filed.

Your California refund of \$1,662.00 will be directly deposited in your bank account.

For the year Jan 1 - Dec 31, 2012, or other tax year beginning 2012, ending 2012, See separate instructions.

Your first name and initial **SCOTT** Last name **S YARMARK** Your social security number
 If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **124 5TH AVE** Apartment no. **2** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **San Francisco CA 94118-1336**
 Foreign country name Foreign province/state/county Foreign postal code **Presidential Election Campaign**
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. You Spouse

Filing Status
 1 Single 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here. 5 Qualifying widow(er) with dependent child
 Check only one box.

Exemptions
 6 a 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) If child under age 17 qualifying for child tax or (see instrs) lived with you . . . Did not live with you due to divorce or separation (see instrs) . . . Dependents on 6c not entered above. Add numbers on lines above . . . **1**
 If more than four dependents, see instructions and check here . . .

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . DFC . 854. **7** **72,381.**
 8 a Taxable interest. Attach Schedule B if required **8 a** **104.**
 b Tax-exempt interest. Do not include on line 8a **8 b**
 9 a Ordinary dividends. Attach Schedule B if required **9 a**
 b Qualified dividends. **9 b**
 10 Taxable refunds, credits, or offsets of state and local income taxes **10** **1,766.**
 11 Alimony received. **11**
 12 Business income or (loss). Attach Schedule C or C-EZ. **12**
 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here **13**
 14 Other gains or (losses). Attach Form 4797 **14**
 15 a IRA distributions **15 a** **15 b** Taxable amount **15 b**
 16 a Pensions and annuities **16 a** **16 b** Taxable amount **16 b**
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**
 18 Farm income or (loss). Attach Schedule F **18**
 19 Unemployment compensation **19**
 20 a Social security benefits. **20 a** **20 b** Taxable amount **20 b**
 21 Other income **21**
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. **22** **74,251.**

Adjusted Gross Income
 23 Educator expenses **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 Deductible part of self-employment tax. Attach Schedule SE **27**
 28 Self-employed SEP, SIMPLE, and qualified plans **28**
 29 Self-employed health insurance deduction **29**
 30 Penalty on early withdrawal of savings **30**
 31 a Alimony paid b Recipient's SSN **31 a**
 32 IRA deduction **32**
 33 Student loan interest deduction **33**
 34 Tuition and fees. Attach Form 8917 **34**
 35 Domestic production activities deduction. Attach Form 8903 **35**
 36 Add lines 23 through 35 **36**
 37 Subtract line 36 from line 22. This is your adjusted gross income. **37** **74,251.**

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 74,251.

39 a Check You were born before January 2, 1948, Blind. Total boxes
if: Spouse was born before January 2, 1948, Blind. checked 39 a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39 b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 33,623.

41 Subtract line 40 from line 38. 41 40,628.

42 Exemptions. Multiply \$3,800 by the number on line 6d 42 3,800.

43 Taxable income. Subtract line 42 from line 41.
If line 42 is more than line 41, enter -0- 43 36,828.

44 Tax (see instrs). Check if any from: a Form(s) 8814 c 962 election
b Form 4972. 44 5,236.

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45. 46 5,236.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 19. 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit. Attach Schedule 8812, if required 51

52 Residential energy credits. Attach Form 5695 52

53 Other crs from Form: a 3800 b 8801 c 53

54 Add lines 47 through 53. These are your total credits. 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 5,236.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59 a Household employment taxes from Schedule H 59 a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59 b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 55-60. This is your total tax 61 5,236.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62 6,068.

63 2012 estimated tax payments and amount applied from 2011 return 63

64 a Earned income credit (EIC) 64 a

b Nontaxable combat pay election 64 b

65 Additional child tax credit. Attach Schedule 8812 65

66 American opportunity credit from Form 8863, line 8 66

67 Reserved 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a 2439 b Reserved c 8801 d 8885 71

72 Add lines 62, 63, 64a, & 65-71. These are your total pmts 72 6,068.

Refund

Direct deposit? See instructions.

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid. 73 832.

74 a Amount of line 73 you want refunded to you, if Form 8888 is attached, check here 74 a 832.

b Routing number. c Type: Checking Savings

d Account number

75 Amount of line 73 you want applied to your 2013 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions 76

77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name PATRICIA C MURRAY Phone no. (317) 984-5812 Personal identification number (PIN) 46034

Sign Here

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

Your signature _____ Date _____ Your occupation _____ Daytime phone number _____

Spouse's signature, if a joint return, both must sign. _____ Date _____ Spouse's occupation _____ If the IRS sent you an Identity Protection PIN, enter it here (see instrs)

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed

Firm's name FLIGHTAX Firm's EIN 27-4167462

Firm's address P.O. BOX 139 Cicero IN 46034 Phone no. (317) 984-5812

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2012

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
Attach to Form 1040.

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

SCOTT S YARMARK

		Caution. Do not include expenses reimbursed or paid by others.				
Medical and Dental Expenses	1	Medical and dental expenses (see instructions)	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	5	State and local (check only one box):				
	a	<input checked="" type="checkbox"/> Income taxes, or	5	3,941.		
	b	<input type="checkbox"/> General sales taxes				
	6	Real estate taxes (see instructions)	6	4,769.		
	7	Personal property taxes	7	27.		
	8	Other taxes. List type and amount <input type="checkbox"/>	8			
	9	Add lines 5 through 8			9	
						8,737.
	Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10	18,222.	
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address <input type="checkbox"/>				

Note. Your mortgage interest deduction may be limited (see instructions).	12	Points not reported to you on Form 1098. See instrs for spcl rules	12			
	13	Mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required. (See instrs.)	14			
	15	Add lines 10 through 14			15	
						18,222.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	345.		
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	200.		
	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	
					545.	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses <input type="checkbox"/> job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) <input type="checkbox"/>				
		Deductible expenses from Form 2106	21	6,873.		
	22	Tax preparation fees	22	239.		
	23	Other expenses <input type="checkbox"/> investment, safe deposit box, etc. List type and amount <input type="checkbox"/>				
		UNION DUES	23	492.		
	24	Add lines 21 through 23	24	7,604.		
	25	Enter amount from Form 1040, line 38	25	74,251.		
	26	Multiply line 25 by 2% (.02)	26	1,485.		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27		
					6,119.	
Other Miscellaneous Deductions	28	Other <input type="checkbox"/> from list in instructions. List type and amount <input type="checkbox"/>			28	
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also; enter this amount on Form 1040, line 40			29	
					33,623.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

City & County of San Francisco Treasurer & Tax Collector



Office of the Treasurer & Tax Collector

Previous Year's Property Tax Information

Payment History

Block / Lot: 1364/34
 Tax Bill #: 051880
 Property Address: 124 05TH AV

The information on this screen represents only regular taxes for the 2010-2011 fiscal year. Please note that the accuracy of the information may be affected by pending payments and corrections. The information does not reflect any taxes for prior fiscal years, nor unsecured taxes, supplemental taxes, or escape taxes that may also have been paid or that may be outstanding.

Payment for prior tax year: 2010-2011

Installment	Taxes	Late Cost	Late Fee	Installment Total	Date Paid
Installment 1	\$17,383.26			\$17,383.26	12/03/10
Installment 2	\$17,383.26			\$17,383.26	04/06/11

If you have questions about the information listed above, please [contact the Treasurer & Tax Collector](#)

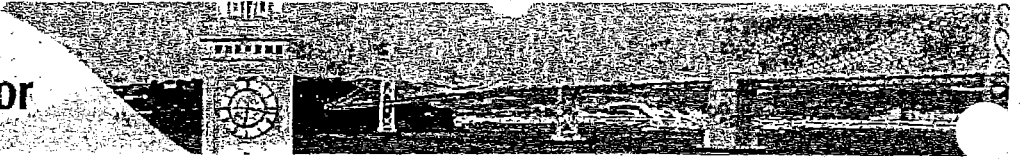
Online Payment Support

For support on making payments via the web please e-mail support@link2gov.com

Office of the Treasurer & Tax Collector City Hall, Room 140, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102 [Contact Us](#)

[Visit San Francisco's 311 online](#)

City & County of San Francisco
Treasurer & Tax Collector



Office of the Treasurer & Tax Collector

Previous Year's Property Tax Information

Payment History

Block / Lot: 1364/34
Tax Bill #: 052279
Property Address: 124 05TH AV

The information on this screen represents only regular taxes for the 2011-2012 fiscal year. Please note that the accuracy of the information may be affected by pending payments and corrections. The information does not reflect any taxes for prior fiscal years, nor unsecured taxes, supplemental taxes, or escape taxes that may also have been paid or that may be outstanding.

Payment for prior tax year: 2011-2012

Installment	Taxes	Late Cost	Late Fee	Installment Total	Date Paid
Installment 1	\$17,245.30			\$17,245.30	12/02/11
Installment 2	\$17,245.30			\$17,245.30	04/05/12

If you have questions about the information listed above, please contact the Treasurer & Tax Collector

Online Payment Support

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Office of the Treasurer & Tax Collector City Hall, Room 140, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102 [Contact Us](#)
[Visit San Francisco's 311 online](#)

City & County of San Francisco
Treasurer & Tax Collector



Office of the Treasurer & Tax Collector

Previous Year's Property Tax Information

Payment History

Block / Lot: 1364/34
Tax Bill #: 052429
Property Address: 124 05TH AV

The information on this screen represents only regular taxes for the 2012-2013 fiscal year. Please note that the accuracy of the information may be affected by pending payments and corrections. The information does not reflect any taxes for prior fiscal years, nor unsecured taxes, supplemental taxes, or escape taxes that may also have been paid or that may be outstanding.

Payment for prior tax year: 2012-2013

Installment	Taxes	Late Cost	Late Fee	Installment Total	Date Paid
Installment 1	\$17,550.00			\$17,550.00	12/10/12
Installment 2	\$17,550.00			\$17,550.00	04/08/13

If you have questions about the information listed above, please [contact the Treasurer & Tax Collector](#)

Online Payment Support

For support on making payments via the web please e-mail support@link2gov.com

Office of the Treasurer & Tax Collector City Hall, Room 140, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102 [Contact Us](#)

[Visit San Francisco's 311 online](#)



1400A GRANT AVE.
 NOVATO, CA 94947
 415-898-4507
 www.umpquabank.com

Account Number: [REDACTED]
 PLE PAY: \$1,896.62
 Payment Due Date: 03-01-2013



OZ 01 001 RETURN SERVICE REQUESTED
 SCOTT S. YARMARK
 124 5TH AVE #2
 SAN FRANCISCO CA 94118

00166
 rki4a



BILLING DATE: 02-15-2013

This bill is informational only. Your payment will be deducted from account [REDACTED]

Payment Due Date	Principal & Interest	Escrow	Late Charge	Fees/Other	Total
03-01-2013	1,896.62	0.00	0.00	0.00	1,896.62

Date	Description	Credits	Debits	Principal Balance
	Starting Principal Balance			277,544.34
02-05-2013	External Loan Payment - Note Balance	493.48		277,050.86
	External Loan Payment - Note Interest	1,403.14		

Keep this portion for your records. If you have any questions please call, the Loan Dept. (415) 898-4507 or email us at LoanServicing@circlebank.com

Account Number: 20078202
 \$1,896.62

Payment Due Date: 03-01-2013

Total Due:

Apply excess to:

Escrow: _____

Principal: _____

Late Charges: _____

Other(Explain): _____

Total Enclosed: _____

Request Address Change

Scott S. Yarmark
 124 5th Ave #2
 San Francisco CA 94118

Payroll Payment Detail

American Airlines, Inc - ELECTRONIC PAY STATEMENT

133 Amon Carter Blvd
 Fort Worth, TX 76155
 1-800-447-2000

Cmpy	PA	Emp ID	Employee Name	Period	Seq #	Check Date	Cost Center
AA00	S2	446839	SCOTT S. YARMARK	20	00887	10/31/13	0841/6120
Gross Pay		Pre-Tax Ded.	Total Taxes	After-Tax Ded.	Overpmt Ded.	Overpmt Bal.	Net Pay
3,094.69		230.37	536.72	140.63	0.00	0.00	2,186.97

C = Current Period
 R = Retro (Prior) Period
 EE = Employee
 Hourly Pay Basis

TOTAL YTD EARNINGS

Description	YTD Amount
YTD Earnings	52,752.78
Taxable income	47,885.32

PAY PERIOD AMOUNTS

Description	Hours	Amount
R Base Pay	70.00-	3,316.60-
C Base Pay	35.00	1,691.55
R Actual Hrs/Pay	94.50	4,477.41
R Special Assign	15.00	225.00
R TAFB W D AA F/A	10.50	17.33
C Group Term Life		4.98

PRE TAX DEDUCTIONS

Description	Amount	YTD Amount
C Medical Coverage	35.34	706.90
C Employee Life	3.58	71.60
C Dental Coverage	1.37	27.50
C Health Care FSA	20.83	416.70
C 401K-Super Saver	169.25	2,841.71

TAXES

Description	Amount	YTD Amount
Federal	MS: Single	DEP: 10
Withholding Tax	154.30	2,629.41
EE Social Security Tax	188.39	3,145.08
EE Medicare Tax	44.06	735.54
California	MS: Single	DEP: 10
Withholding Tax	119.64	1,615.74
EE Disability Tax	30.33	506.27

AFTER TAX DEDUCTIONS

Description	Amount	YTD Amount
C Credit Union	75.00	2,281.99
C Long Term Disb	17.20	344.10
C Union Due:AA APFA	20.50	410.00
C NRSA Charges	0.00	19.21
C SFO Wings	10.00	100.00
C Long Term Care	17.93	298.24

INFORMATIONAL ONLY

Description	Amount	YTD Amount
C Co Match AA Plus	169.26	2,841.68

EARNINGS BY PERIOD

Description	Hours	Rate	Amount
--- Pay Period	17 2013	09/01/2013 - 09/15/2013	---
Base Pay	35.00-	47.38	1,658.30-
--- Pay Period	17-18 2013	09/01/2013 - 09/30/2013	---
Base Pay	35.00-	47.38	1,658.30-

Average yearly income 2010-2012	\$72364	
Average yearly mortgage payment 2010-2012		\$21600
Average yearly property tax 2010-2013 (my share = 13% of total)		\$4522
Average yearly HOA dues 2010-2013		\$1560
	\$72364	\$27682

Housing cost as percent of total income	38%
Housing cost as percent of total income with bypass fee factored in	44%

File #130990

BSS-11
COR
City Attorney

Scott Yarmark
124 5th Avenue #2
San Francisco, CA 94118

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

2013 NOV - 1 PM 2:42

AK


San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place
City Hall, Room 244
San Francisco, Ca. 94102-4689

October 29, 2013

Dear Supervisors and Clerk of the Board:

I am contacting you regarding my hearing date of November 26th @ 3pm for an appeal of reduction, adjustment or waiver of condominium conversion fee. Yesterday I received a jury summons (enclosed) for that same week and am concerned that the conflict will prevent me from presenting my case to you. I am told that rescheduling is not an option. At the suggestion of an Assistant Committee Clerk, I am writing to notify you that even though I may not be able to be present on Nov 26th, I will still prepare supporting information and send to you prior to that date in the event you will review my case without me being there. Thank you for your time.

Sincerely,



Scott Yarmark

yarmark@gmail.com
(415) 505-0983



BADGE NUMBER: 3358262
 SERVICE WEEK: NOVEMBER 25, 2013
 GROUP NUMBER: 609
 SUPERIOR COURT OF CALIFORNIA
 COUNTY OF SAN FRANCISCO

BRING ENTIRE FORM WHEN YOU REPORT

JUROR BADGE

SUPERIOR COURT OF CALIFORNIA
 COUNTY OF SAN FRANCISCO

Summons for Jury Service

SCOTT S YARMARK
 124 5TH AVE APT 2
 SAN FRANCISCO CA 94118-1336



PERSONS WITH DISABILITIES



Reasonable accommodations will be made to allow you to serve, including but not limited to wheelchair access, readers, assistive listening devices, sign language interpreters, or real-time captioning. If you have questions about access or accommodations, please call the jury Office as soon as possible at 415-551-3608

between 8 a.m. and 4:30 p.m., Monday through Friday, excluding Court holidays.

> Visit our Web site for more information:
www.sfsuperiorcourt.org

SUMMONS

You are summoned for **JURY SERVICE** during the week and at the place indicated below. Please read the entire summons carefully. If you are instructed to report, bring this summons with you. Failure to respond to this summons will subject you to a fine, a jail term, or both.

JURY SERVICE INSTRUCTIONS

YOUR JURY SERVICE BEGINS THE WEEK OF: NOVEMBER 25, 2013

YOU ARE ON CALL FOR THE ENTIRE WEEK

**LOCATION: HALL OF JUSTICE, Jury Assembly Room 307
 850 Bryant Street, San Francisco CA, 94103-4611**

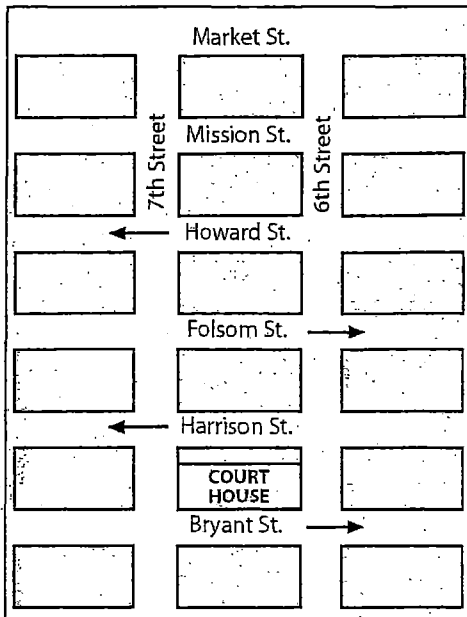
You may be required to appear anytime during the week of your jury service. For information on when you are required to appear, call or visit the Web site every day for the duration of the one week of jury service and follow the instructions for each day.

TELEPHONE REPORTING INSTRUCTIONS: Call 415-551-3608 after 4:30 p.m. beginning the Friday before your summons date for your reporting instructions. Follow the prompts on the automated system to enter your 3-digit group number, which is located in the upper left corner of this summons.

WEB SITE REPORTING INSTRUCTIONS: Go to www.sfsuperiorcourt.org after 4:30 p.m. beginning the Friday before your summons date for your reporting instructions. Click on the Jury Duty Instructions Link and look for the instructions for your 3-digit group number, which is located in the upper left corner of this summons.

DISQUALIFICATION OR EXCUSE: If you are not qualified to serve or if you want to request an excuse, please turn the page over and follow the instructions for the Response Form.

POSTPONEMENT: You may postpone your jury service once to a week of your choosing within 6 months. You must postpone your service at least five (5) business days before the week of your jury service. To postpone, you may either return the response form on the back of the summons by mail or call 415-551-3608. No postponements will be granted on the date you report for jury service.



SUPERIOR COURT OF CALIFORNIA
 COUNTY OF SAN FRANCISCO

HALL OF JUSTICE
 850 BRYANT STREET, JURY ASSEMBLY ROOM 307
 SAN FRANCISCO, CA 94103-4611

SERVICE WEEK: NOVEMBER 25, 2013

DIRECTIONS: The Hall of Justice at 850 Bryant Street is located between 6th and 7th Streets, five (5) blocks south of Market Street.

PARKING: Parking is not provided for jurors and the Court does not reimburse for parking fees. For information on a discount voucher for an area parking garage, visit the Court's Web site www.sfsuperiorcourt.org or call 415-551-3608. Please call 511 or visit transit.511.org for information on public transportation.

SECURITY: When you enter the courthouse, you are required to go through an airport-style metal detector. Objects like scissors, pocket knives, weapons, and other objects determined to be dangerous are not allowed and will be confiscated. There is no storage available for any items confiscated by security staff.

As there may be lines when entering the courthouse, please allow sufficient time for the security process. Peak hours are generally 8:30 to 10 a.m. and 12:30 to 2 p.m.

From: Caldeira, Rick
Sent: Wednesday, October 30, 2013 3:31 PM
To: Lamug, Joy
Subject: FW: Hearing date for appeal of condo conv.fee
Attachments: 0523_001.pdf

For distribution and File No. 130990.

Rick Caldeira, MMC
Legislative Deputy Director
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, City Hall, Room 244
San Francisco, CA 94102
Phone: (415) 554-7711 | Fax: (415) 554-5163
rick.caldeira@sfgov.org | www.sfbos.org

Complete a Board of Supervisors Customer Satisfaction form by clicking the link below.
<http://www.sfbos.org/index.aspx?page=104>

From: Scott Yarmark [<mailto:yarmark@gmail.com>]
Sent: Wednesday, October 30, 2013 11:54
To: Avalos, John; Breed, London; Campos, David; Chiu, David; Cohen, Malia; Farrell, Mark; Kim, Jane; Mar, Eric (DPH); Tang, Katy; Wiener, Scott; Yee, Norman (BOS); Calvillo, Angela
Subject: Hearing date for appeal of condo conv.fee

Dear SF Board of Supervisors and Clerk of the Board:

I am contacting you regarding my hearing date of November 26th @ 3pm for an appeal of reduction, adjustment or waiver of condominium conversion fee. Yesterday I received a jury summons (attached) for that same week and am concerned that the conflict will prevent me from presenting my case to you. I am told that rescheduling is not an option. At the suggestion of an Assistant Committee Clerk, I am writing to notify you that even though I may not be able to be present on Nov 26th, I will still prepare supporting information and send to you prior to that date in the event you will review my case without me being there. I will also send a hardcopy of this letter to your office. Thank you for your time.

—
Scott Yarmark

Zephyr Real Estate
cell 415.505.0983 office 415.432.2068

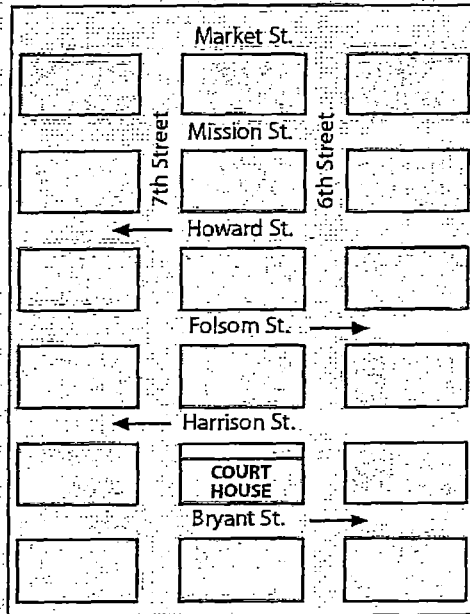
BRE# 01853741

PERSONS WITH DISABILITIES



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▶ Visit our Web site for more information:
www.sfsuperiorcourt.org



JURY SERVICE INSTRUCTIONS

YOUR JURY SERVICE BEGINS THE WEEK OF: NOVEMBER 25, 2013
YOU ARE ON CALL FOR THE ENTIRE WEEK

LOCATION: HALL OF JUSTICE, Jury Assembly Room 307
850 Bryant Street, San Francisco CA, 94103-4611

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TELEPHONE REPORTING INSTRUCTIONS: Call 415-551-3608 after 4:30 p.m. on Friday before your summons date for your reporting instructions. Follow the prompt automated system to enter your 3-digit group number, which is located in the upper left corner of this summons.

WEB SITE REPORTING INSTRUCTIONS: Go to www.sfsuperiorcourt.org after beginning the Friday before your summons date for your reporting instructions. Click Duty/Instructions Link and look for the instructions for your 3-digit group number, in the upper left corner of this summons.

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POSTPONEMENT: You may postpone your jury service once to a week of your jury service. You must postpone your service at least five (5) business days before the service. To postpone, you may either return the response form on the back of the summons or call 415-551-3608. No postponements will be granted on the date you report for

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN FRANCISCO

HALL OF JUSTICE
850 BRYANT STREET, JURY ASSEMBLY ROOM 307
SAN FRANCISCO, CA 94103-4611

SERVICE WEEK: NOVEMBER 25, 2013

DIRECTIONS: The Hall of Justice at 850 Bryant Street is located between 6th and 7th streets (5 blocks south of Market Street).

PARKING: Parking is not provided for jurors and the Court does not reimburse for information on a discount voucher for an area parking garage, visit the Court's Web site www.sfsuperiorcourt.org or call 415-551-3608. Please call 511 or visit transit.sfgov.org for information on public transportation.

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As there may be lines when entering the courthouse, please allow sufficient time for the process. Peak hours are generally 8:30 to 10 a.m. and 12:30 to 2 p.m.



SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN FRANCISCO
850 BRYANT STREET, JURY ASSEMBLY ROOM 307
SAN FRANCISCO CA 94103-4611



3358262

001616



***AUTO**5-DIGIT 94118 1616 T8:15 1616 1 AV 0.360



SCOTT S YARMARK
124 5TH AVE APT 2
SAN FRANCISCO CA 94118-1336



SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN FRANCISCO
850 BRYANT STREET, JURY ASSEMBLY
SAN FRANCISCO CA 94103-4611



NOTICE OF PUBLIC HEARING

BOARD OF SUPERVISORS OF THE CITY AND COUNTY OF SAN FRANCISCO

NOTICE IS HEREBY GIVEN THAT the Board of Supervisors of the City and County of San Francisco will hold a public hearing to consider the following proposal and said public hearings will be held as follows, at which time all interested parties may attend and be heard:

Date: Tuesday, November 26, 2013

Time: 3:00 p.m.

Location: Legislative Chamber, Room 250, located at City Hall, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102

Subject: **File No. 130990.** Hearing of persons interested in or objecting to the application of the condominium conversion fee per Subdivision Code, Section 1396.4(j), for property located at **124-5th Avenue, Apartment 2**, Assessor's Block No. 1364, Lot No. 034. (District 2) (Appellant: Scott Yarmark) (Filed October 3, 2013).

File No. 130994. Hearing of persons interested in or objecting to the application of the condominium conversion fee per Subdivision Code, Section 1396.4(j), for property located at **124-5th Avenue, Apartment 5**, Assessor's Block No. 1364, Lot No. 034. (District 2) (Appellant: William Jeffery Rolf) (Filed October 7, 2013).

If you challenge, in court, the fee described above, you may be limited to raising only those issues you or someone else raised at the public hearing described in this notice, or in written correspondence delivered to the Board of Supervisors at, or prior to, the public hearing.

In accordance with Administrative Code, Section 67.7-1, persons who are unable to attend the hearing on these matters may submit written comments to the City prior to the time the hearing begins. These comments will be made part of the official public record in these matters, and shall be brought to the attention of the Board of Supervisors. Written comments should be addressed to Angela Calvillo, Clerk of the Board, Room 244, City Hall, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102. Information relating to this matter is available in the Office of the Clerk of the Board and agenda information will be available for public review on Friday, November 22, 2013.

Individuals submitting written comments or speaking at the hearing are not required to identify themselves. If an individual chooses to identify himself or herself, the individual's name – along with any information the individual provides – will become part of the public record.

Maddeline Trivoli
For Angela Calvillo, Clerk of the Board

From: Chan, Cheryl [Cheryl.Chan@sfdpw.org]
Sent: Thursday, November 07, 2013 10:33 AM
To: Lamug, Joy
Subject: PID: 7820; AB 1364, Lot 034 at 124 5th Avenue
Attachments: 7820_Address List.pdf

Hi Joy,

Please see the attached address list for neighborhood notification. Unfortunately, we do not have this in an Excel format.

Please let me know if you need anything else.

Thank you,



CHERYL CHAN

CITY & COUNTY OF S.F. – DEPARTMENT OF PUBLIC WORKS
Bureau of Street-Use and Mapping
1155 Market Street, 3rd Floor, San Francisco, CA 94103
Main: 415-554-5827 | Direct: 415-554-4885 | Fax: 415-554-5324
E-Mail: cheryl.chan@sfdpw.org

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BLOCK	LOT	OWNER	OADDR	CITY	STATE	ZIP
0001	001	RADIUS SERVICES NO. 1364034	124 5TH AVE	WONGAG	13	0731
0001	002	.....	.....	.....	.....	.....
0001	003	RADIUS SERVICES	1221 HARRISON ST #18	SAN FRANCISCO	CA	94103
0001	004	AGNES WONG	124 5TH AVE #5	SAN FRANCISCO	CA	94118
0001	005	.....	.....	.....	.....	.....
1353	017	TOMAO TRS	95 5TH AV	SAN FRANCISCO	CA	94118-1307
1353	018	LAWRENCE ROSE	14 COUNCIL CREST DR	CORTE MADERA	CA	94925-1002
1353	018A	EVELYN LEE	303 CLAUDIA CT	MORAGA	CA	94556-2134
1353	018B	MARGARET WONG TRS	17 JASMINE CT	MILLBRAE	CA	94030-1701
1353	019	MIGUEL & ANGELO WONG	1280 8TH AV	SAN FRANCISCO	CA	94122-2406
1354	001	HOME FOR AGED OF LITTLE SISTER	300 LAKE ST	SAN FRANCISCO	CA	94118-1357
1354	002	EMILY EASTON HUNT TRS	340 LAKE ST	SAN FRANCISCO	CA	94118-1357
1354	003	TOPPING & HORTON	349 LAKE ST	SAN FRANCISCO	CA	94118-1357
1354	004	ANN FRANCISCO TRS	352 LAKE ST	SAN FRANCISCO	CA	94118-1357
1354	005	NEWMAYER TRS	84 5TH AV	SAN FRANCISCO	CA	94118-1308
1354	025	LAUREN FRIEDLY	360 LAKE ST #1	SAN FRANCISCO	CA	94118-1331
1354	026	BENTZLEY MISSION LP	1917 ARENA DR	DAVIS	CA	95618-6753
1354	027	DIANE SERNA	360 LAKE ST #3	SAN FRANCISCO	CA	94118-1331
1354	028	ALEXANDRA SOROTT	360 LAKE ST #4	SAN FRANCISCO	CA	94118-1331
1363	027A	WONG KWOK FU TRS	174 4TH AV	SAN FRANCISCO	CA	94118-1306
1363	029	PATTI HIRASAWA	127 9TH AV	SAN FRANCISCO	CA	94118-1222
1363	030	CHIN TRS	154 4TH AV	SAN FRANCISCO	CA	94118-1306
1363	031	ARCHIBALD & ANNA RAGIN	152 4TH AV	SAN FRANCISCO	CA	94118-1306
1363	032	WONG KWOK-HO & NG MAI SIM	144 4TH AV	SAN FRANCISCO	CA	94118-1306
1363	033	MICHAEL MCKEEMAN	128 4TH AV	SAN FRANCISCO	CA	94118-1306
1363	034	ELLEN BOLLA TRS	126 4TH AV	SAN FRANCISCO	CA	94118-1306
1363	036	NATALIA NIKOLAEFF TRS	135 6TH AV	SAN FRANCISCO	CA	94118-1325
1363	037	MINEO LEO KUNIHARA	120 4TH AV	SAN FRANCISCO	CA	94118-1306
1363	039	FOSTER TRS	239 LAKE ST	SAN FRANCISCO	CA	94118-1319
1363	040	IRENE LEW	233 LAKE ST	SAN FRANCISCO	CA	94118-1319
1363	041	LAWRENCE LUI ETAL	1382 18TH AV	SAN FRANCISCO	CA	94122-1808
1363	043	JONAS MARSON ETAL	124 4TH AV #A	SAN FRANCISCO	CA	94118-1306
1363	044	DONNA JACOBSEN	124 4TH AV #B	SAN FRANCISCO	CA	94118-1306
1363	045	NELSON LAM	243 LAKE ST	SAN FRANCISCO	CA	94118-1319
1363	046	NELSON LAM	243 LAKE ST	SAN FRANCISCO	CA	94118-1319
1363	047	NELSON LAM	243 LAKE ST	SAN FRANCISCO	CA	94118-1319
1363	048	WAI KWAN & SUSIE YUNG	4141 BYRON ST	HOUSTON	TX	77005-3515
1363	049	JOHN ANGLIM TRS	168 4TH AV	SAN FRANCISCO	CA	94118-1306
1363	050	MARGARET STARK-ROBERTS TRS	PO BOX 26472	SAN FRANCISCO	CA	94126-6472
1364	001	LASH & FANCHER	303 LAKE ST	SAN FRANCISCO	CA	94118-1320
1364	001A	EUGENIA LAU	375 LOS PALMOS DR	SAN FRANCISCO	CA	94127-2315
1364	002	JEE TRS	532 37TH AV	SAN FRANCISCO	CA	94121-2612
1364	004	LAKE DISTRICT PRPTY LLC	3701 SACRAMENTO ST #335	SAN FRANCISCO	CA	94118-1705
1364	005	JAMES FERRELL	129 4TH AV	SAN FRANCISCO	CA	94118-1305
1364	006	SACHIN & SEJAL DESAI	135 4TH AV	SAN FRANCISCO	CA	94118-1305
1364	007	TAI TRS	139 4TH AV	SAN FRANCISCO	CA	94118-1305
1364	008	TOMMY ENG ETAL	143 4TH AV	SAN FRANCISCO	CA	94118-1305
1364	009	QUAN TRS	147 4TH AV	SAN FRANCISCO	CA	94118-1305
1364	010	IRENE SUN TRS	151 4TH AV	SAN FRANCISCO	CA	94118-1305
1364	011	WILLIAM HETHERINGTON	155 4TH AV	SAN FRANCISCO	CA	94118-1305
1364	012	HUEY GIM YUEY & SOO PING TRS	276 9TH AV	SAN FRANCISCO	CA	94118-2209
1364	017	RINA MEZA TRS	4210 CALIFORNIA ST	SAN FRANCISCO	CA	94118-1314
1364	018	SVENSSON TRS	135 6TH AV	SAN FRANCISCO	CA	94118-1325
1364	019	LINDA DAVIS HOM TRS	212 DOWNEY ST	SAN FRANCISCO	CA	94117-4422
1364	020	MALTA TRS	4220 CALIFORNIA ST	SAN FRANCISCO	CA	94118-1393
1364	021	MAKAGON TRS	4224 CALIFORNIA ST #106	SAN FRANCISCO	CA	94118-1395
1364	023	EIDELHOCH TRS	652 MIRAMAR AV	SAN FRANCISCO	CA	94112-1232
1364	023A	LOUIE TRS	183 17TH AV	SAN FRANCISCO	CA	94121-1317
1364	024	BARBARA FEDUN	PO BOX 475472	SAN FRANCISCO	CA	94147-5472
1364	025	TAYLOR & MARY FITZHUGH	160 5TH AV	SAN FRANCISCO	CA	94118-1310
1364	026	ROBERT & KAREN PARKER	154 5TH AV	SAN FRANCISCO	CA	94118-1310
1364	027	LEE TRS	150 5TH AV	SAN FRANCISCO	CA	94118-1310
1364	028	KRANTZ & GUNTHER TRS	146 5TH AV	SAN FRANCISCO	CA	94118-1310
1364	029	VLASOFF TRS	489 45TH AV	SAN FRANCISCO	CA	94121-1446
1364	030	GERSHBERG & AZEVEDO TRS	739 12TH AV	SAN FRANCISCO	CA	94118-3620

1364	Q31	ROBERT KOSTOW	134 5TH AV	SAN FRANCISCO	CA	94118-1310
1364	Q32	PETER BYRNE TRS	255 W NAPA ST #L	SONOMA	CA	95476-6546
1364	Q33	YIM TRS	128 5TH AV	SAN FRANCISCO	CA	94118-1310
1364	Q34	WILLIAM ROLF	124 5TH AV #5	SAN FRANCISCO	CA	94118-1336
1364	Q35	ANITA & GARY HSUEH	136 18TH AV	SAN FRANCISCO	CA	94121-1322
1364	Q36	LINDA BOZZO	1162 BOWDOIN ST	SAN FRANCISCO	CA	94134-1804
1364	Q37	NONAKA TRS	3380 JOSHUA WOODS PL	CONCORD	CA	94518-2311
1364	Q38	W & R MCCrackEN	6933 CALIFORNIA ST	SAN FRANCISCO	CA	94121-1730
1364	Q40	BRIAN & BETSY BROWN	325 LAKE ST	SAN FRANCISCO	CA	94118-1320
1364	Q41	MATTHEW & ERIN STEERE	321 LAKE ST	SAN FRANCISCO	CA	94118-1320
1364	Q42	ANSEL KINNEY	315 LAKE ST	SAN FRANCISCO	CA	94118-1320
1364	Q45	D & T LLC	658 3RD AV	SAN FRANCISCO	CA	94118-3907
1364	Q46	KAREN YAN	327 HAWK RIDGE DR	RICHMOND	CA	94806-5819
1364	Q47	PATRICIA LANDIS HULTING TRS	335 LAKE ST	SAN FRANCISCO	CA	94118-1320
1364	Q50	NARINE LEONARD TRS	181 4TH AV	SAN FRANCISCO	CA	94118-1305
1364	Q51	OGILVIE-BREWER TRS	163 4TH AV	SAN FRANCISCO	CA	94118-1305
1364	Q52	JOHN BACKER	121 4TH AV	SAN FRANCISCO	CA	94118-1305
1364	Q53	MCCLENAHAN TRS	123 4TH AV	SAN FRANCISCO	CA	94118-1305
1364	Q54	BERTMAN & WILDES	4226 CALIFORNIA ST #1	SAN FRANCISCO	CA	94118-1314
1364	Q55	JOYCELYN LEE	4228 CALIFORNIA ST #2	SAN FRANCISCO	CA	94118-1314
1364	Q56	BARBARA KLEIN	4230 CALIFORNIA ST	SAN FRANCISCO	CA	94118-1314
1365	Q01	PIETRO & PIETRO	325 W POPLAR AV	SAN MATEO	CA	94402-1155
1365	Q02	GRACE KURTZ TRS	121 5TH AV	SAN FRANCISCO	CA	94118-1309
1365	Q03	MELNICK TRS	199 FREMONT ST #21ST	SAN FRANCISCO	CA	94105-2245
1365	Q04	ZAMOUN & NONOMURA TRS	131 5TH AV	SAN FRANCISCO	CA	94118-1309
1365	Q05	PATRICIAN REALTY HLDGS INC	2227 STEINER ST	SAN FRANCISCO	CA	94115-2219
1365	Q06	DEFRALD & PATRICIA SEID	153 5TH AV	SAN FRANCISCO	CA	94118-1309
1365	Q07	NATHAN TRS	159 5TH AV	SAN FRANCISCO	CA	94118-1309
1365	Q08	CONSAGRA TRS	163 5TH AV	SAN FRANCISCO	CA	94118-1309
1365	Q09	T & C JOHNSTON	167 5TH AV	SAN FRANCISCO	CA	94118-1309
1365	Q09A	ALVIN WONG TRS	171 5TH AV	SAN FRANCISCO	CA	94118-1309
1365	Q10	LUCINDA & EDDY WONG	152 8TH AV	SAN FRANCISCO	CA	94118-1211
1365	Q11	JENNY CHAN	PO BOX 14193	FREMONT	CA	94539-1393
1365	Q13	JAMES YU	995 MONTAGUE EXPY #21	MILPITAS	CA	95035-6851
1365	Q14	CARMEN CHAN	4318 CALIFORNIA ST	SAN FRANCISCO	CA	94118-1316
1365	Q15	TALMAGE TRS	PO BOX 591540	SAN FRANCISCO	CA	94159-1540
1365	Q22	ENG LP	7439 LA PALMA AV	BUENA PARK	CA	90620-2655
1365	Q23	JONES MEMORIAL METHODIST CH	1975 POST ST	SAN FRANCISCO	CA	94115-3571
1365	Q24	GILMORE FMLY	160 6TH AV	SAN FRANCISCO	CA	94118-1326
1365	Q25	BLAY & CURTIS TRS	158 6TH AV	SAN FRANCISCO	CA	94118-1326
1365	Q26	DAVID & ANN PAPALE	152 6TH AV	SAN FRANCISCO	CA	94118-1326
1365	Q27	MELVYN & DEANNA SEID	148 6TH AV	SAN FRANCISCO	CA	94118-1326
1365	Q28	NATALIE BASZILE	144 6TH AV	SAN FRANCISCO	CA	94118-1326
1365	Q29	MARK MCKANE ETAL	140 6TH AV	SAN FRANCISCO	CA	94118-1326
1365	Q30	CAROL LANE	136 6TH AV	SAN FRANCISCO	CA	94118-1326
1365	Q31	REED TRS	126 6TH AV	SAN FRANCISCO	CA	94118-1326
1365	Q32	HARRIS & HAWTHORNE	1547 LAKE ST	SAN FRANCISCO	CA	94118-1037
1365	Q33	SWAGEL TRS	118 6TH AV	SAN FRANCISCO	CA	94118-1326
1365	Q34	CLARENCE GRIDER TRS	190 UPLAND DR	SAN FRANCISCO	CA	94127-2517
1365	Q35	GROSSBARD TRS	443 LAKE ST	SAN FRANCISCO	CA	94118-1321
1365	Q36	J & M DAVIS	437 LAKE ST	SAN FRANCISCO	CA	94118-1321
1365	Q37	ROSE TRS	431 LAKE ST	SAN FRANCISCO	CA	94118-1321
1365	Q38	ASHLEY TAYLOR TRS	425 LAKE ST	SAN FRANCISCO	CA	94118-1321
1365	Q39	AGNES YUEN TRS	5 GREEN HILLS CT	MILLBRAE	CA	94030-1773
9999	Q99	.....	.....	.....	.....	.....

F. Expedited Conversion Program – FORMS

Form No. 1

**Building History, Statement of Repairs & Improvements,
Occupants, Rental History, and Proposed Prices**

Assessor's Block 1364 Lot 034 Address 124 5th Avenue, San Francisco, CA 94118

Item No. 6 – Building History

No information known except for as detailed on Report of Residential Record

Item No. 7 – Statement of Repairs & Improvements

n/a

Item No. 8 – List of occupants, their apartment number, vacant units, and owners and tenants who intend to purchase

Unit	Occupant Name	Apartment Number	Is the unit vacant?		Does occupant intend to purchase unit?	
One	Tung Ying Wong, Tung Sheun Wang	1	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Two	Scott S. Yarmark	2	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Three	David Lau	3	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Four	Ryan L. Jones	4	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Five	Susheela Carroll & John Hawkins	5	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Six	Dylan Rudolph & Shadi Jalali	6	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Total # of vacant units: 0

Item No. 9 - Five-year Occupancy History (include all building occupants)

Five Year Occupancy History

Apartment No.	Duration	Occupants	Rent	Reason for Termination/Leaving
1	04/2007-present	Tung Ying Wong, Tung Sheun Wang	0-0	n/a
2	04/2007-present	Scott S. Yarmark	0-0	n/a
3	06/2007-present	David Lau	0-0	n/a
4	05/2007-present	Ryan L. Jones	0-0	n/a
5	02/2011-present	Susheela Carroll & John Hawkins	\$2,000	n/a
	02/2010-02/2011	William Jeffrey Rolf	0-0	n/a
	2007-02/2010	Robert M. Gavin	0-0	Sold
6	08/2012-present	Dylan Rudolph & Shadi Jalali	\$2,400	n/a
	07/2009-08/2012	Kevin LaPorte	0-0	moved
	2007-07/2007	Christopher F. Welsh	0-0	Sold

Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee:
An ordinance, resolution, motion, or charter amendment.
- 2. Request for next printed agenda without reference to Committee.
- 3. Request for hearing on a subject matter at Committee:
- 4. Request for letter beginning "Supervisor inquires"
- 5. City Attorney request.
- 6. Call File No. from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No.
- 9. Request for Closed Session (attach written motion).
- 10. Board to Sit as A Committee of the Whole.
- 11. Question(s) submitted for Mayoral Appearance before the BOS on

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission Youth Commission Ethics Commission
- Planning Commission Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.

Sponsor(s):

Clerk of the Board

Subject:

Public Hearing - Appeal of Application of Condominium Conversion Fee - 124-5th Avenue, Apartment 2

The text is listed below or attached:

Hearing of persons interested in or objecting to the application of the condominium conversion fee per Subdivision Code, Section 1396.4(j), for property located at 124-5th Avenue, Apartment 2, Assessor's Block No. 1364, Lot No. 034. (District 2) (Appellant: Scott Yarmark) (Filed October 3, 2013).

Signature of Sponsoring Supervisor: Alisallille for

For Clerk's Use Only: