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Form 1040 U.S. Individual Income Tax Return 2016 Department of the Treasury—Internal Revenue Service (99) OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning 01-01-2016, ending 12-31-2016 See separate instructions.

Your first name and initial Last name Your social security number NICHOLAS J & MARILYN J < MOSBY Last name 4090

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. Apt. no. Make 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). BALTIMORE, MD 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.

Foreign country name Foreign province/state/county Foreign postal code 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 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 child under age 17 qualifying for child tax credit (see instructions) Boxes checked on 6a and 6b 2 No. of children on 6c who: lived with you 2 did not live with you due to divorce or separation (see instructions) 0 Dependents on 6c not entered above 0 Total number of exemptions claimed 4

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 274,004 8a Taxable interest. Attach Schedule B if required 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 0 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 0 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 22 274,004

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and 24 25 Health savings account deductions. Attach Form 2106 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 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

CERTIFIED TRUE COPY No. of Pages 25, Date 3-17-22 By: [Signature] Title: Senior Disclosure Specialist Internal Revenue Service Kansas City, MO

GOVT. EXHIBIT NO. 13 CASE NO. LKG-22-007 IDENTIFICATION ADMITTED

36 Add lines 23 through 35	36	0
37 Subtract line 36 from line 22. This is your adjusted gross income	37	274,004

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

Cat. No. 113208

Form **1040** (2016)

Form 1040 (2016)

Page 2

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 274,004

39a Check if: [] You were born before January 2, 1952, [] Blind. Total boxes checked 39a []
[] Spouse was born before January 2, 1952, [] Blind.
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, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin). 40 60,050

41 Subtract line 40 from line 38. 41 213,954

42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions. 42 16,200

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-. 43 197,754

44 Tax (see instructions). Check if any from: a [] Form(s) 8814 b [] Form 4972 c [] 44 42,357

45 Alternative minimum tax (see instructions). Attach Form 6251 45 1,982

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46. 47 44,339

48 Foreign tax credit. Attach Form 1116 if required. 48

49 Credit for child and dependent care expenses. Attach Form 2441 49 1,200

50 Education credits from Form 8863, line 19. 50

51 Retirement savings contributions credit. Attach Form 8880. 51

52 Child tax credit. Attach Schedule 8812, if required. 52

53 Residential energy credit. Attach Form 5695 53 200

54 Other credits from Form: a [] 3800 b [] 8801 c [] 54

55 Add lines 48 through 54. These are your total credits. 55 1,400

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-. 56 42,939

Other Taxes

57 Self-employment tax. Attach Schedule SE. 57

58 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919. 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required. 59

60a Household employment taxes from Schedule H. 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required. 60b

61 Health care: individual responsibility (see instructions) Full-year coverage [x] 61

62 Taxes from: a [x] Form 8959 b [x] Form 8960 c [] Instructions; enter codes(s) 62 457

63 Add lines 56 through 62. This is your total tax. 63 43,396

Payments

64 Federal income tax withheld from Forms W-2 and 1099. 64 50,185

65 2016 estimated tax payments and amount applied from 2015 return. 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812. 67

68 American opportunity credit from Form 8863, line B. 68

69 Net premium tax credit. Attach Form 8962. 69

70 Amount paid with request for extension to file. 70

71 Excess social security and tier 1 RRTA tax withheld. 71

72 Credit for federal tax on fuels. Attach Form 4136. 72

73 Credits from Form: a [] 2439 b [] Reserved c [] 8885 d [] 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments. 74 50,185

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 75 6,789

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. 76a 6,789

Direct deposit? See instructions.

b Routing number c Type: [] Checking [] Savings

d Account number 77 Amount of line 75 you want applied to your 2017 estimated tax 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions. 78 0

79 Estimated tax penalty (see instructions). 79 0

Third Party Designee

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

Sign Here

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

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

Your signature *****	Date 10-16-2017	Your occupation COUNCILMAN	Daytime phone number [REDACTED] 3763
Spouse's signature. If a joint return, both must sign. *****	Date 10-16-2017	Spouse's occupation ATTORNEY	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]

Paid Preparer Use Only

Print/Type preparer's name SHARIF J SMALL	Preparer's signature [REDACTED]	Date 10-16-2017	Check <input type="checkbox"/> if self-employed	PTIN P01268429
Firm's name ▶ SIS FINANCIAL FIRM LLC		Firm's EIN ▶ 20-5012561		
Firm's address ▶ [REDACTED] BALTIMORE, MD, 21215		Phone no. [REDACTED] 7991		

www.irs.gov/form1040

Form 1040 (2016)

Additional Data**Software ID:****Software Version:****SSN:** [REDACTED]-4090**Spouse SSN:** [REDACTED]-7577**Name:** NICHOLAS J & MARILYN J<MOSBY**Header - Primary Name Control:** MOSB**Header - Spouse Name Control:** MOSB**Line 6c - Dependent 1 Name Control:** MOSB**Line 6c - Dependent 2 Name Control:** MOSB**Line 66a - EIC Eligibility Literal Code:** NO**Top Left Margin - Refund Anticipation Loan Code:** NO BANK PRODUCT

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Form **2441**
Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.



OMB No. 1545-0074
2016
Attachment
Sequence No. 21

Name(s) shown on return
NICHOLAS J & MARILYN J < MOSBY
Your social security number
[REDACTED]-4090

Part I Persons or Organizations Who Provided the Care — You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
UEC UEC	[REDACTED]	BALTIMORE MD 21209	30-0762321	8,368

Did you receive dependent care benefits? No Yes
 No —▶ Complete only Part II below.
 Yes —▶ Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2016 for the person listed in column (a)
First	Last		
[REDACTED]	[REDACTED]	[REDACTED] 8160	4,000
[REDACTED]	[REDACTED]	[REDACTED] 7206	4,368

3	Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	6,000																																																						
4	Enter your earned income . See instructions	4	62,037																																																						
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	211,967																																																						
6	Enter the smallest of line 3, 4, or 5	6	6,000																																																						
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	274,004																																																						
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7 If line 7 is: <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$0 — 15,000</td><td></td><td>.35</td></tr> <tr><td>15,000 — 17,000</td><td></td><td>.34</td></tr> <tr><td>17,000 — 19,000</td><td></td><td>.33</td></tr> <tr><td>19,000 — 21,000</td><td></td><td>.32</td></tr> <tr><td>21,000 — 23,000</td><td></td><td>.31</td></tr> <tr><td>23,000 — 25,000</td><td></td><td>.30</td></tr> <tr><td>25,000 — 27,000</td><td></td><td>.29</td></tr> <tr><td>27,000 — 29,000</td><td></td><td>.28</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$29,000 — 31,000</td><td></td><td>.27</td></tr> <tr><td>31,000 — 33,000</td><td></td><td>.26</td></tr> <tr><td>33,000 — 35,000</td><td></td><td>.25</td></tr> <tr><td>35,000 — 37,000</td><td></td><td>.24</td></tr> <tr><td>37,000 — 39,000</td><td></td><td>.23</td></tr> <tr><td>39,000 — 41,000</td><td></td><td>.22</td></tr> <tr><td>41,000 — 43,000</td><td></td><td>.21</td></tr> <tr><td>43,000 — No limit</td><td></td><td>.20</td></tr> </tbody> </table>	Over	But not over	Decimal amount is	\$0 — 15,000		.35	15,000 — 17,000		.34	17,000 — 19,000		.33	19,000 — 21,000		.32	21,000 — 23,000		.31	23,000 — 25,000		.30	25,000 — 27,000		.29	27,000 — 29,000		.28	Over	But not over	Decimal amount is	\$29,000 — 31,000		.27	31,000 — 33,000		.26	33,000 — 35,000		.25	35,000 — 37,000		.24	37,000 — 39,000		.23	39,000 — 41,000		.22	41,000 — 43,000		.21	43,000 — No limit		.20	8	X .02
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43,000 — No limit		.20																																																							
9	Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions	9	1,200																																																						
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	44,339																																																						
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11	1,200																																																						

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11862M

Form 2441 (2016)

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received in 2016. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	
13 Enter the amount, if any, you carried over from 2015 and used in 2016 during the grace period. See Instructions	13	
14 Enter the amount, if any, you forfeited or carried forward to 2017. See Instructions	14	()
15 Combine lines 12 through 14. See instructions	15	
16 Enter the total amount of qualified expenses incurred in 2016 for the care of the qualifying person(s)	16	
17 Enter the smaller of line 15 or 16	17	
18 Enter your earned income . See Instructions	18	
19 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	
20 Enter the smallest of line 17, 18, or 19	20	
21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	
22 Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	
23 Subtract line 22 from line 15	23	
24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25 Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25	
26 Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB."	26	

To claim the child and dependent care credit, complete lines 27 through 31 below.

27 Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28 Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	
29 Subtract line 28 from line 27. If zero or less, stop. You cannot take the credit. Exception. If you paid 2015 expenses in 2016, see the instructions for line 9	29	
30 Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

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Form 5695

Residential Energy Credit

OMB No. 1545-0074

Information about Form 5695 and its separate Instructions is at www.irs.gov/form5695. Attach to Form 1040 or Form 1040NR.

2016

Attachment Sequence No. 158

Department of the Treasury Internal Revenue Service

Name(s) shown on return NICHOLAS J & MARILYN J<MOSBY

Your social security number 4090

Part I Residential Energy Efficient Property Credit (See Instructions before completing this part.)

Note. Skip lines 1 through 11 if you only have a credit carryforward from 2015.

Form grid with 16 rows and columns for entering credit amounts and calculations. Includes sections for solar property costs, fuel cell property, and credit carryforwards.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 13540P

Form 5695(2016)

Form 5695 (2016)

Page 2

Part II Nonbusiness Energy Property Credit

17a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) Yes No

Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.

b Print the complete address of the main home where you made the qualifying improvements.
Caution: You can only have one main home at a time.

[Redacted]
Number and street Unit No.

BALTIMORE, MD [Redacted]
City, State, ZIP code

c Were any of these improvements related to the construction of this main home? Yes No

Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.

18 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) 300

19 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).

a Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC 19a 0

b Exterior doors that meet or exceed the 6.0 Energy Star program requirements 19b 0

c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home. 19c 0

d Exterior windows and skylights that meet or exceed the 6.0 Energy Star program requirements 19d 0

e Maximum amount of cost on which the credit can be figured 19e 2000

f If you claimed window expenses on your Form 5695 prior to 2016, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- 19f 0

g Subtract line 19f from line 19e. If zero or less, enter -0- 19g 2,000

h Enter the smaller of line 19d or line 19g 19h 0

20 Add lines 19a, 19b, 19c, and 19h 20 0

21 Multiply line 20 by 10% (.10) 21 0

22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).

a Energy-efficient building property. Do not enter more than \$300 22a 300

b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 22b 0

c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50 22c 0

23 Add lines 22a through 22c 23 300

24 Add lines 21 and 23 24 300

25 Maximum credit amount. (If you jointly occupied the home, see instructions) 25 500

26 Enter the amount, if any, from line 18 26 300

27 Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit 27 200

28 Enter the smaller of line 24 or line 27 28 200

29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions) 29 43,139

30 Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Form 1040, line 53, or Form 1040NR, line 50 30 200

Form 5695(2016)

Additional Data

Software ID:
Software Version:
SSN: ██████-4090
Spouse SSN: ██████-7577
Name: NICHOLAS J & MARILYN J<MOSBY

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Form 6251

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2016

Department of the Treasury Internal Revenue Service (99)

Information about Form 6251 and its separate instructions is at www.irs.gov/form6251. Attach to Form 1040 or Form 1040NR.

Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR NICHOLAS J & MARILYN J<MOSBY

Your social security number -4090

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

Table with 28 rows for Part I. Line 1: 213,954; Line 2: 0; Line 3: 21,453; Line 28: 235,407.

Part II Alternative Minimum Tax (AMT)

Table with 10 rows for Part II. Line 29: 64,873; Line 30: 170,534; Line 31: 44,339; Line 34: 42,357; Line 35: 1,982.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 13600G

Form 6251 (2016)

Form 6251 (2016)

Page 2

Part III

Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31. Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.	36
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39
40	Enter the smaller of line 36 or line 39	40
41	Subtract line 40 from line 36	41
42	If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result ▶	42
43	Enter: <ul style="list-style-type: none"> • \$75,300 if married filing jointly or qualifying widow(er), • \$37,650 if single or married filing separately, or • \$50,400 if head of household. 	43
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44
45	Subtract line 44 from line 43. If zero or less, enter -0-	45
46	Enter the smaller of line 36 or line 37	46
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47
48	Subtract line 47 from line 46	48
49	Enter: <ul style="list-style-type: none"> • \$415,050 if single • \$233,475 if married filing separately • \$466,950 if married filing jointly or qualifying widow(er) • \$441,000 if head of household 	49
50	Enter the amount from line 45	50
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51
52	Add line 50 and line 51	52
53	Subtract line 52 from line 49. If zero or less, enter -0-	53
54	Enter the smaller of line 48 or line 53	54
55	Multiply line 54 by 15% (.15) ▶	55
56	Add lines 47 and 54	56
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	
57	Subtract line 56 from line 46	57
58	Multiply line 57 by 20% (.20) ▶	58
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	
59	Add lines 41, 56, and 57	59
60	Subtract line 59 from line 36	60
61	Multiply line 60 by 25% (.25) ▶	61
62	Add lines 42, 55, 58, and 61	62
63	If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	63
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64

Form 6251 (2016)

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

Part II, Line 30 - RPI Special Processing Code: RP1

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 14221689377537

Form **8959**

Additional Medicare Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ If any line does not apply to you, leave it blank. See separate instructions.
▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

2016

Attachment
Sequence No. **71**

Name(s) shown on return
NICHOLAS J & MARILYN J<MOSBY

Your social security number
[REDACTED]-4090

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	300,821	
2	Unreported tips from Form 4137, line 6	2	0	
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	300,821	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		50,821
7	Additional Medicare tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		457

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	0	
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000	
10	Enter the amount from line 4	10	300,821	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		0

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14	0	
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15	250,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		0
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		0

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18		457
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,711	
20	Enter the amount from line 1	20	300,821	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,362	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		349
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		0
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		349

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 59475X

Form **8959** (2016)

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

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Form 8960

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

2016

Department of the Treasury Internal Revenue Service (99)

Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

Attachment Sequence No. 72

Name(s) shown on your tax return: NICHOLAS J & MARILYN J-MOSBY

Your social security number or EIN

4090

- Part I Investment Income
Section 6013(g) election (see instructions)
Section 6013(h) election (see instructions)
Regulations section 1.1411-10(g) election (see instructions)

Table with 8 rows for investment income items: 1 Taxable interest, 2 Ordinary dividends, 3 Annuities, 4a Rental real estate, 4b Adjustment for net income, 4c Combine lines 4a and 4b, 5a Net gain or loss from disposition of property, 5b Net gain or loss from disposition of property that is not subject to net investment income tax, 5c Adjustment from disposition of partnership interest or S corporation stock, 5d Combine lines 5a through 5c, 6 Adjustments to investment income for certain CFCs and PFICs, 7 Other modifications to investment income, 8 Total investment income.

Part II Investment Expenses Allocable to Investment Income and Modifications
9a Investment interest expenses, 9b State, local, and foreign income tax, 9c Miscellaneous investment expenses, 9d Add lines 9a, 9b, and 9c, 10 Additional modifications, 11 Total deductions and modifications.

Part III Tax Computation
12 Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-
Individuals:
13 Modified adjusted gross income (see instructions) 274,004
14 Threshold based on filing status (see instructions) 250,000
15 Subtract line 14 from line 13. If zero or less, enter -0- 24,004
16 Enter the smaller of line 12 or line 15 0
17 Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions) 0
Estates and Trusts:
18a Net investment income (line 12 above) 0
18b Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)
18c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-
19a Adjusted gross income (see instructions)
19b Highest tax bracket for estates and trusts for the year (see instructions)
19c Subtract line 19b from line 19a. If zero or less, enter -0-
20 Enter the smaller of line 18c or line 19c
21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 59474M Form 8960 (2016)

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

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TY 2016 Other Tax Statement

Name: NICHOLAS J & MARILYN J<MOSBY

SSN: [REDACTED]-4090

Spouse SSN: [REDACTED]-7577

Other Tax Literal	Other Tax Amount
FROM FORM 8959	457

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 14221689377537

SCHEDULE A (Form 1040) Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

OMB No. 1545-0074

2016

Attachment Sequence No. 07

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

Name(s) shown on Form 1040

NICHOLAS J & MARILYN J-MOSBY

Your social security number

4990

Table with columns for line number, description, amount, and total. Rows include 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, and Total Itemized Deductions.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 17145C

Schedule A (Form 1040) 2016

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

efile GRAPHIC print - DO NOT PROCESS		ORIGINAL DATA - Production		DLN: 14221689377537		
a Employee's social security number [REDACTED] 7577		OMB No. 1545-0008		Safe, accurate, FAST! Use Visit the IRS website at www.irs.gov/efile.		
b Employer identification number (EIN) 52-6000769		1 Wages, tips, other compensation 211,967	2 Federal income tax withheld 43,939			
c Employer's name, address, and ZIP code MAYOR [REDACTED] E [REDACTED] BALTIMORE, MD 21202		3 Social security wages 118,500	4 Social security tax withheld 7,347			
		5 Medicare wages and tips 238,784	6 Medicare tax withheld 3,811			
		7 Social security tips 0	8 Allocated tips 0			
d Control number		9 Verification code		10 Dependent care benefits 0		
e Employee's first name and Initial Last name Suff. MARILYN J MOSBY		11 Nonqualified plans 0		12a See instructions for box 12 C 12		
f Employee's address and ZIP code [REDACTED] N [REDACTED] BALTIMORE, MD [REDACTED]		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b G 18,000		
		14 Other		12c		
				12d		
15 State MD	Employer's state ID number	16 State wages, tips, etc. 211,967	17 State income tax 16,930	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2016** Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Additional Data

Software ID:

Software Version:

SSN: [REDACTED]-4090

Spouse SSN: [REDACTED]-7577

Name: NICHOLAS J & MARILYN J<MOSBY

Standard or NonStandard Cd: S

efile GRAPHIC print - DO NOT PROCESS		ORIGINAL DATA - Production		DLN: 14221689377537	
a Employee's social security number [REDACTED]-4090		OMB No. 1545-0008		Safe, accurate, FAST! Use Visit the IRS website at www.irs.gov/efile.	
b Employer identification number (EIN) 52-6000769		1 Wages, tips, other compensation 62,037	2 Federal income tax withheld 5,897		
c Employer's name, address, and ZIP code MAYOR AND CITY COUNCIL OF BALTIMORE [REDACTED] E [REDACTED] BALTIMORE, MD 21202		3 Social security wages 62,037	4 Social security tax withheld 3,846		
		5 Medicare wages and tips 62,037	6 Medicare tax withheld 900		
		7 Social security tips 0	8 Allocated tips 0		
d Control number		9 Verification code		10 Dependent care benefits 0	
e Employee's first name and initial Last name Suff. NICHOLAS J MOSBY		11 Nonqualified plans 0		12a See instructions for box 12 C 116	
f Employee's address and ZIP code [REDACTED] N [REDACTED] BALTIMORE, MD 21217		13 Statutory Retirement Third-party employee plan side pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b OD 19,965	
		14 Other		12c	
				12d	
15 State Employer's state ID number MD	16 State wages, tips, etc. 62,037	17 State income tax 4,255	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2016** Department of the Treasury Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]-4090
Spouse SSN: [REDACTED]-7577
Name: NICHOLAS J & MARILYN J<MOSBY

Standard or NonStandard Cd: S