

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221636045068

Form 1040 Department of the Treasury—Internal Revenue Service (99) 2017 U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning 01-01-2017, ending 12-31-2017 See separate instructions.

Your first name and initial Last name Your social security number
NICHOLAS J & MARTILYN J MOSBY 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 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). BALTIMORE, MD

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 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) (see instructions)

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 No. of children on 6c who lived with you did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Total number of exemptions claimed Add numbers on lines above

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required 8b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required 9b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15b Taxable amount 16a Pensions and annuities 16b 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 20b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted Gross Income 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 32 IRA deduction 33 Student loan interest deduction 34 Reserved for future use 35 Domestic production activities deduction. Attach Form 8903

CERTIFIED TRUE COPY No. of Pages 28 Date 3-17-22 By: [Signature] Title: Senior Disclosure Specialist Internal Revenue Service Kansas City, MO

|    |  |    |         |
|----|--|----|---------|
| 36 | Add lines 23 through 35  | 36 | 0       |
| 37 | Subtract line 36 from line 22. This is your <b>adjusted gross income</b> | 37 | 252,193 |

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

Cat. No. 11320B

Form **1040** (2017)

Form 1040 (2017)

Tax and Credits

**38** Amount from line 37 (adjusted gross income) . . . . . **38** 252,193

**39a** Check if:  You were born before January 2, 1953,  Blind.  Spouse was born before January 2, 1953,  Blind. Total boxes 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, \$6,350
- Married filing jointly or Qualifying widow(er), \$12,700
- Head of household, \$9,350

**40** Itemized deductions (from Schedule A) or your standard deduction (see left margin). . . . . **40** 62,520

**41** Subtract line 40 from line 38 . . . . . **41** 189,673

**42** Exemptions. If line 38 is \$156,900 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** 173,473

**44** Tax (see instructions). Check if any from: a  Form(s) 8814 b  Form 4972 c  \_\_\_\_\_ **44** 35,457

**45** Alternative minimum tax (see instructions). Attach Form 6251 **45** 1,188

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

**47** Add lines 44, 45, and 46. . . . . **47** 36,645

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

**49** Credit for child and dependent care expenses. Attach Form 2441 **49** 761

**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 credits. Attach Form 5695 . . . . . **53**

**54** Other credits from Form: a  3800 b  8801 c  \_\_\_\_\_ **54**

**55** Add lines 48 through 54. These are your total credits . . . . . **55** 761

**56** Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-. . . . . **56** 35,884

Other Taxes

**57** Self-employment tax. Attach Schedule SE **57** 0

**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** 217

**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  **61**

**62** Taxes from: a  Form 8959 b  Form 8960 c  Instructions; enter codes(s) **62** 286

**63** Add lines 56 through 62. This is your total tax **63** 36,387

Payments

If you have a qualifying child, attach Schedule EIC.

**64** Federal income tax withheld from Forms W-2 and 1099 **64** 48,106

**65** 2017 estimated tax payments and amount applied from 2016 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** 48,106

Refund

**75** If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid **75** 11,719

**76a** Amount of line 75 you want refunded to you. If Form 8888 is attached, check here  **76a** 11,719

Direct deposit? **b** Routing number  **c** Type:  Checking  Savings

See **d** Account number  Instructions.

**77** Amount of line 75 you want applied to your 2018 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.  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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|  |                    |  |   |
|--|--------------------|--|---|
| Your signature<br>*****  | Date<br>08-24-2018 | Your occupation<br>DELEGATE            | Daytime phone number<br>[REDACTED]-3763   |
| Spouse's signature. If a joint return, <b>both</b> must sign.<br>***** | Date<br>08-24-2018 | Spouse's occupation<br>STATES ATTORNEY | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)<br>[REDACTED] |

**Paid Preparer Use Only**

|   |                                    |                           |   |                   |
|---|------------------------------------|---------------------------|---|-------------------|
| Print/Type preparer's name<br>SHARIF J SMALL        | Preparer's signature<br>[REDACTED] | Date<br>08-24-2018        | Check <input type="checkbox"/> if self-employed | PTIN<br>P01258429 |
| Firm's name ▶ SJS FINANCIAL FIRM LLC                |                                    | Firm's EIN ▶ 20-5012561   |   |                   |
| Firm's address ▶ [REDACTED]<br>BALTIMORE, MD, 21215 |                                    | Phone no. [REDACTED]-7991 |   |                   |

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form **1040** (2017)

**Additional Data****Software ID:****Software Version:****SSN:** ██████████4090**Spouse SSN:** ██████████-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 59 - Retirement Tax Plan Literal Code:** NO**Line 66a - EIC Eligibility Literal Code:** NO**Top Left Margin - Refund Product Code:** NO FINANCIAL PRODUCT

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CORRECTED (if checked)

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code<br>BNY<br>PO BOX<br>PITT, PA 15230   |  | <b>1</b> Gross distribution<br>\$ 18,098<br><b>2a</b> Taxable amount<br>\$ 2,166                   |  | OMB No. 1545-0119<br><b>2017</b><br>Form <b>1099-R</b>                |  | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.   |  |
| PAYER'S federal identification number<br>5855   |  | RECIPIENT'S identification number<br>-4090   |  | <b>3</b> Capital gain (included in box 2a)<br>\$ 0                    |  | <b>4</b> Federal Income tax withheld<br>\$ 433  |  |
| RECIPIENT'S name<br>NICHOLAS J MOSBY<br>Street address (including apt. no.)<br>4 N T<br>City or town, state or province, country, and ZIP or foreign postal code<br>BALTIMORE, MD 7 |  | <b>5</b> Employee contributions / Designated Roth contributions or insurance premiums<br>\$ 15,932 |  | <b>6</b> Net unrealized appreciation in employer's securities<br>\$ 0 |  | Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.<br><br>This information is being furnished to the Internal Revenue Service. |  |
|   |  | <b>7</b> Distribution code(s)<br>1   |  | <b>8</b> Other<br>\$ 0  |  |   |  |
| <b>10</b> Amount allocable to IRR within 5 years<br>\$  |  | <b>11</b> 1st year of desig. Roth contrib.<br><input type="checkbox"/>                             |  | <b>12</b> State tax withheld<br>\$ 168                                |  | <b>13</b> State/Payer's state no. MD/   |  |
| Account number (see instructions)   |  | <b>FATCA filing requirement</b><br><input type="checkbox"/>  |  | <b>9a</b> Your percentage of total distribution                       |  | <b>9b</b> Total employee contributions<br>\$ 0  |  |
|   |  |  |  | <b>15</b> Local tax withheld<br>\$                                    |  | <b>14</b> State distribution<br>\$ 2,166  |  |
|   |  |  |  | <b>16</b> Name of locality  |  | <b>17</b> Local distribution<br>\$  |  |

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

**Additional Data**

**Software ID:**

**Software Version:**

**SSN:** [REDACTED]-4090

**Spouse SSN:** [REDACTED]-7577

**Name:** NICHOLAS J & MARILYN J<MOSBY

**Payer Name Control:** BNY

**Standard or NonStandard Cd:** S

|   |   |   |
|---|---|---|
| <b>efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production</b>          |   | DLN: 16221636045068   |
| Form <b>2441</b><br>Department of the Treasury<br>Internal Revenue Service (99) | <b>Child and Dependent Care Expenses</b><br>▶ Attach to Form 1040, Form 1040A, or Form 1040NR.<br>▶ Go to <a href="http://www.irs.gov/Form2441">www.irs.gov/Form2441</a> for instructions and the latest information. | OMB No. 1545-0074<br><b>2017</b><br>Attachment<br>Sequence No. 21 |
| Name(s) shown on return<br>NICHOLAS J & MARILYN J-MOSBY                         |   | Your social security number<br>-4050                              |

**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<br>(number, street, apt. no., city, state, and ZIP code) | (c) Identifying number<br>(SSN or EIN) | (d) Amount paid<br>(see instructions) |
|----------------------------|--|--|---------------------------------------|
| UEC<br>UEC                 | [REDACTED] / E [REDACTED]<br><br>BALTIMORE<br>MD<br>21209            | [REDACTED] 2321                        | 3,803                                 |

|  |     |                                     |
|--|-----|-------------------------------------|
| Did you receive dependent care benefits? | 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 can't 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 2017 for the person listed in column (a) |
|------------------------------|--|--|
| First Last                   |  |  |
| N [REDACTED] M [REDACTED]    | [REDACTED] 8160                                | 0  |
| A [REDACTED] M [REDACTED]    | [REDACTED] 7206                                | 3,803  |

| <b>3</b> Add the amounts in column (c) of line 2. <b>Don't</b> 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   | <b>3</b>      | 3,803             |  |              |              |                   |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |   |              |              |   |                   |              |                   |                   |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                   |  |     |                   |  |     |          |        |
|---|---------------|-------------------|--|--------------|--------------|-------------------|-----------------|--|-----|-----------------|--|-----|-----------------|--|-----|-----------------|--|-----|-----------------|--|-----|-----------------|--|-----|-----------------|--|-----|---|--------------|--------------|---|-------------------|--------------|-------------------|-------------------|--|-----|-----------------|--|-----|-----------------|--|-----|-----------------|--|-----|-----------------|--|-----|-----------------|--|-----|-------------------|--|-----|-------------------|--|-----|----------|--------|
| <b>4</b> Enter your <b>earned income</b> . See instructions   | <b>4</b>      | 36,081            |  |              |              |                   |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |   |              |              |   |                   |              |                   |                   |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                   |  |     |                   |  |     |          |        |
| <b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4   | <b>5</b>      | 211,164           |  |              |              |                   |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |   |              |              |   |                   |              |                   |                   |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                   |  |     |                   |  |     |          |        |
| <b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5   | <b>6</b>      | 3,803             |  |              |              |                   |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |   |              |              |   |                   |              |                   |                   |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                   |  |     |                   |  |     |          |        |
| <b>7</b> Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37   | <b>7</b>      | 252,193           |  |              |              |                   |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |   |              |              |   |                   |              |                   |                   |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                   |  |     |                   |  |     |          |        |
| <b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7  |               |                   |  |              |              |                   |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |   |              |              |   |                   |              |                   |                   |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                   |  |     |                   |  |     |          |        |
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| If line 7 is:   | If line 7 is: |                   |  |              |              |                   |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |   |              |              |   |                   |              |                   |                   |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                   |  |     |                   |  |     |          |        |
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| But not 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               |  |              |              |                   |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |   |              |              |   |                   |              |                   |                   |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                   |  |     |                   |  |     |          |        |
| But not 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               |  |              |              |                   |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |   |              |              |   |                   |              |                   |                   |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                   |  |     |                   |  |     |          |        |
| <b>9</b> Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions   | <b>9</b>      | 761               |  |              |              |                   |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |   |              |              |   |                   |              |                   |                   |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                   |  |     |                   |  |     |          |        |
| <b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the Instructions   | <b>10</b>     | 36,645            |  |              |              |                   |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |   |              |              |   |                   |              |                   |                   |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                   |  |     |                   |  |     |          |        |
| <b>11</b> Credit for child and dependent care expenses. Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47  | <b>11</b>     | 761               |  |              |              |                   |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |   |              |              |   |                   |              |                   |                   |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                 |  |     |                   |  |     |                   |  |     |          |        |

**Part III Dependent Care Benefits**

|           |  |           |     |
|-----------|--|-----------|-----|
| <b>12</b> | Enter the total amount of <b>dependent care benefits</b> you received in 2017. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Don't</b> 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 . . . . .                                  | <b>12</b> |     |
| <b>13</b> | Enter the amount, if any, you carried over from 2016 and used in 2017 during the grace period. See instructions . . . . .  | <b>13</b> |     |
| <b>14</b> | Enter the amount, if any, you forfeited or carried forward to 2018. See instructions . . . . .   | <b>14</b> | ( ) |
| <b>15</b> | Combine lines 12 through 14. See instructions . . . . .  | <b>15</b> |     |
| <b>16</b> | Enter the total amount of <b>qualified expenses</b> incurred in 2017 for the care of the <b>qualifying person(s)</b> . . . . .   | <b>16</b> |     |
| <b>17</b> | Enter the <b>smaller</b> of line 15 or 16 . . . . .  | <b>17</b> |     |
| <b>18</b> | Enter your <b>earned income</b> . See instructions . . . . .   | <b>18</b> |     |
| <b>19</b> | Enter the amount shown below that applies to you.<br><ul style="list-style-type: none"> <li>• 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).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>   | <b>19</b> |     |
| <b>20</b> | Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .  | <b>20</b> |     |
| <b>21</b> | Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19) . . . . .   | <b>21</b> |     |
| <b>22</b> | Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.)<br><input type="checkbox"/> <b>No.</b> Enter -0-.<br><input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .  | <b>22</b> |     |
| <b>23</b> | Subtract line 22 from line 15 . . . . .  | <b>23</b> |     |
| <b>24</b> | <b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .   | <b>24</b> |     |
| <b>25</b> | <b>Excluded benefits. Form 1040 and 1040NR filers:</b> 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-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .  | <b>25</b> |     |
| <b>26</b> | <b>Taxable benefits. Form 1040 and 1040NR filers:</b> 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." <b>Form 1040A filers:</b> 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." . . . . . | <b>26</b> |     |

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

|           |   |           |  |
|-----------|---|-----------|--|
| <b>27</b> | Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .   | <b>27</b> |  |
| <b>28</b> | <b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .  | <b>28</b> |  |
| <b>29</b> | Subtract line 28 from line 27. If zero or less, <b>stop.</b> You can't take the credit. <b>Exception.</b> If you paid 2016 expenses in 2017, see the instructions for line 9 . . . . .    | <b>29</b> |  |
| <b>30</b> | Complete line 2 on the front of this form. <b>Don't</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here . . . . . | <b>30</b> |  |
| <b>31</b> | Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11 . . . . .  | <b>31</b> |  |

**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: 16221636045068

Form 6251

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2017

Attachment Sequence No. 32

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form6251 for the latest information. Attach to Form 1040 or Form 1040NR.

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 Alternative Minimum Taxable Income. Columns include line number and amount. Total for line 28 is 212,533.

Part II Alternative Minimum Tax (AMT)

Table with 10 rows for Part II Alternative Minimum Tax (AMT). Includes exemption calculation (line 29), subtraction of line 28 (line 30), and final AMT calculation (line 35) resulting in 1,188.

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

Cat. No. 13600G

Form 6251 (2017)

Form 6251 (2017)

Page 2

Part III

**Tax Computation Using Maximum Capital Gains Rates**

|   |                  |                             |
|---|------------------|-----------------------------|
| <p><b>36</b> 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. <b>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.</b></p>  | <p><b>36</b></p> | <p>in the instructions.</p> |
| <p><b>37</b> 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 . . . . .</p>  | <p><b>37</b></p> |                             |
| <p><b>38</b> 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 . . . . .</p>  | <p><b>38</b></p> |                             |
| <p><b>39</b> 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 <b>smaller</b> 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 . . . . .</p>  | <p><b>39</b></p> |                             |
| <p><b>40</b> Enter the <b>smaller</b> of line 36 or line 39 . . . . .</p>   | <p><b>40</b></p> |                             |
| <p><b>41</b> Subtract line 40 from line 36 . . . . .</p>  | <p><b>41</b></p> |                             |
| <p><b>42</b> If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . . . ▶</p>   | <p><b>42</b></p> |                             |
| <p><b>43</b> Enter:<br/> <ul style="list-style-type: none"> <li>• \$75,900 if married filing jointly or qualifying widow(er),</li> <li>• \$37,950 if single or married filing separately, or</li> <li>• \$50,800 if head of household.</li> </ul> </p>  | <p><b>43</b></p> |                             |
| <p><b>44</b> 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 . . . . .</p> | <p><b>44</b></p> |                             |
| <p><b>45</b> Subtract line 44 from line 43. If zero or less, enter -0- . . . . .</p>  | <p><b>45</b></p> |                             |
| <p><b>46</b> Enter the <b>smaller</b> of line 36 or line 37 . . . . .</p>   | <p><b>46</b></p> |                             |
| <p><b>47</b> Enter the <b>smaller</b> of line 45 or line 46. This amount is taxed at 0% . . . . .</p>   | <p><b>47</b></p> |                             |
| <p><b>48</b> Subtract line 47 from line 46 . . . . .</p>  | <p><b>48</b></p> |                             |
| <p><b>49</b> Enter:<br/> <ul style="list-style-type: none"> <li>• \$418,400 if single</li> <li>• \$235,350 if married filing separately</li> <li>• \$470,700 if married filing jointly or qualifying widow(er)</li> <li>• \$444,550 if head of household</li> </ul> </p>  | <p><b>49</b></p> |                             |
| <p><b>50</b> Enter the amount from line 45 . . . . .</p>  | <p><b>50</b></p> |                             |
| <p><b>51</b> 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 . . . . .</p>   | <p><b>51</b></p> |                             |
| <p><b>52</b> Add line 50 and line 51 . . . . .</p>  | <p><b>52</b></p> |                             |
| <p><b>53</b> Subtract line 52 from line 49. If zero or less, enter -0- . . . . .</p>  | <p><b>53</b></p> |                             |
| <p><b>54</b> Enter the smaller of line 48 or line 53 . . . . .</p>  | <p><b>54</b></p> |                             |
| <p><b>55</b> Multiply line 54 by 15% (0.15) . . . . . ▶</p>   | <p><b>55</b></p> |                             |
| <p><b>56</b> Add lines 47 and 54 . . . . .</p>  | <p><b>56</b></p> |                             |
| <p><b>If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.</b></p>  |                  |                             |
| <p><b>57</b> Subtract line 56 from line 46 . . . . .</p>  | <p><b>57</b></p> |                             |
| <p><b>58</b> Multiply line 57 by 20% (0.20) . . . . . ▶</p>   | <p><b>58</b></p> |                             |
| <p><b>If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.</b></p>  |                  |                             |
| <p><b>59</b> Add lines 41, 56, and 57 . . . . .</p>   | <p><b>59</b></p> |                             |
| <p><b>60</b> Subtract line 59 from line 36 . . . . .</p>  | <p><b>60</b></p> |                             |
| <p><b>61</b> Multiply line 60 by 25% (0.25) . . . . . ▶</p>   | <p><b>61</b></p> |                             |
| <p><b>62</b> Add lines 42, 55, 58, and 61 . . . . .</p>   | <p><b>62</b></p> |                             |
| <p><b>63</b> If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . . .</p>   | <p><b>63</b></p> |                             |
| <p><b>64</b> Enter the <b>smaller</b> 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 . . . . .</p>  | <p><b>64</b></p> |                             |

Form 6251 (2017)

**Additional Data**

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

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

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221636045068

Form 8959

Additional Medicare Tax

OMB No. 1545-0074

2017

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.

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

Table with 7 rows for Medicare wages and tips, unreported tips, wages from Form 8919, and filing status adjustments. Total additional tax is 286.

Part II Additional Medicare Tax on Self-Employment Income

Table with 13 rows for self-employment income, filing status adjustments, and final tax calculation. Total additional tax is 0.

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

Table with 17 rows for RRTA compensation and filing status adjustments. Total additional tax is 0.

Part IV Total Additional Medicare Tax

Table with 18 rows showing the total additional Medicare tax of 286.

Part V Withholding Reconciliation

Table with 24 rows for withholding reconciliation, showing total withholding of 329.

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

Cat. No. 59475X

Form 8959 (2017)

**Additional Data**

**Software ID:**  
**Software Version:**  
**SSN:** ██████-4090  
**Spouse SSN:** ██████-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

2017

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return. Go to www.irs.gov/Form8960 for instructions and the latest information.

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 Part I Investment Income. Columns include line numbers (1-8) and amounts (0).

Table with 4 rows for Part II Investment Expenses Allocable to Investment Income and Modifications. Columns include line numbers (9a-11) and amounts (0).

Table with 11 rows for Part III Tax Computation. Columns include line numbers (12-21) and amounts (0, 252,193, 250,000, 2,193).

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

Cat. No. 59474N

Form 8960 (2017)

**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: 16221636045068

**TY 2017 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    | 286              |

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221636045068

**TY 2017 Other Withholding Statement**

**Name:** NICHOLAS J & MARILYN J<MOSBY

**SSN:** ██████-4090

**Spouse SSN:** ██████-7577

| Withholding Code | Withholding Amount |
|------------------|--------------------|
| FORM 1099        | 433                |

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221636045068

SCHEDULE A (Form 1040)

Itemized Deductions

Go to www.irs.gov/ScheduleA for instructions and the latest information. Attach to Form 1040.

OMB No. 1545-0074

2017

Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Name(s) shown on Form 1040

Your social security number -4990

NICHOLAS J & MARILYN J <MOSSBY

Medical and Dental Expenses table with rows 1-4 and a total of 4.

Taxes You Paid table with rows 5-9 and a total of 9, 25,642.

Interest You Paid table with rows 10-15 and a total of 15, 20,921.

Gifts to Charity table with rows 16-19 and a total of 19, 15,957.

Casualty and Theft Losses table with row 20 and a total of 20, 0.

Job Expenses and Certain Miscellaneous Deductions table with rows 21-27 and a total of 27, 0.

Other Miscellaneous Deductions table with row 28 and a total of 28.

Total Itemized Deductions table with rows 29-30 and a total of 29, 62,520.

For Paperwork Reduction Act Notice, see the Instructions for Form 1040. Cat. No. 17145C Schedule A (Form 1040) 2017

**Additional Data**

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

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221636045068

SCHEDULE C Profit or Loss From Business (Sole Proprietorship) 2017

Name of proprietor: NICHOLAS J MOSBY Social security number (SSN): 4090
A Principal business or profession, including product or service (see instructions): MONUMENTAL SQUARED LLC
B Enter code from instructions: 541330
C Business name. If no separate business name, leave blank.
D Employer ID number (EIN)/(see Instr.): 81-5069460

E Business address (including suite or room no.):
F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify)
G Did you "materially participate" in the operation of this business during 2017? [X] Yes [ ] No
H If you started or acquired this business during 2017, check here. [ ]
I Did you make any payments in 2017 that would require you to file Form(s) 1099? [ ] Yes [X] No
J If "Yes," did you or will you file required Forms 1099? [ ] Yes [X] No

Part I Income
Table with 7 rows: 1 Gross receipts or sales (3,600), 2 Returns and allowances (0), 3 Subtract line 2 from line 1 (3,600), 4 Cost of goods sold (0), 5 Gross profit (3,600), 6 Other income (0), 7 Gross income (3,600)

Part II Expenses
Table with 27 rows: 8 Advertising (1,275), 9 Car and truck expenses (0), 10 Commissions and fees (0), 11 Contract labor (0), 12 Depletion (0), 13 Depreciation and section 179 expense deduction (0), 14 Employee benefit programs (0), 15 Insurance (0), 16 Interest (0), 17 Legal and professional services (1,775), 18 Office expense (1,265), 19 Pension and profit-sharing plans (0), 20 Rent or lease (825), 21 Repairs and maintenance (4,400), 22 Supplies (0), 23 Taxes and licenses (0), 24 Travel, meals, and entertainment (360), 25 Utilities (0), 26 Wages (0), 27a Other expenses (0), 27b Reserved for future use (0)

28 Total expenses before expenses for business use of home (9,900)
29 Tentative profit or (loss) (-6,300)
30 Expenses for business use of your home (0)
31 Net profit or (loss) (-6,300)
32a [X] All investment is at risk.
32b [ ] Some investment is not at risk.

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 11334P Schedule C (Form 1040) 2017

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. Yes No

Table with 2 columns: Description (Inventory at beginning of year, Purchases less cost of items withdrawn for personal use, Cost of labor, Materials and supplies, Other costs, Add lines 35 through 39, Inventory at end of year, Cost of goods sold) and Amount (35-42)

Part IV Information on Your Vehicle.

Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours? Yes No
46 Do you (or your spouse) have another vehicle available for personal use? Yes No
47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

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

Table with 2 columns: Description (dashed lines) and Amount

48 Total other expenses. Enter here and on line 27a 48

**Additional Data**

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

| efile GRAPHIC print - DO NOT PROCESS   |                            | ORIGINAL DATA - Production  |                               | DLN: 16221636045068  |                     |                  |
|--|----------------------------|---|-------------------------------|--|---------------------|------------------|
| a Employee's social security number<br>[REDACTED] 7577   |                            | OMB No. 1545-0008   |                               | Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile. |                     |                  |
| b Employer identification number (EIN)<br>52-6000769   |                            | 1 Wages, tips, other compensation<br>211,164  |                               | 2 Federal income tax withheld<br>43,588                                |                     |                  |
| c Employer's name, address, and ZIP code<br>MAYOR<br>[REDACTED] E [REDACTED]<br>BALTIMORE, MD [REDACTED] |                            | 3 Social security wages<br>127,200  |                               | 4 Social security tax withheld<br>7,886                                |                     |                  |
|  |                            | 5 Medicare wages and tips<br>236,237  |                               | 6 Medicare tax withheld<br>3,754                                       |                     |                  |
|  |                            | 7 Social security tips<br>0   |                               | 8 Allocated tips<br>0  |                     |                  |
| d Control number   |                            | 9 Verification code   |                               | 10 Dependent care benefits<br>0  |                     |                  |
| e Employee's first name and Initial<br>Marilyn J Mosby   |                            | Last name<br>Mosby  |                               | Suff.<br>[REDACTED]  |                     |                  |
| f Employee's address and ZIP code<br>[REDACTED] N [REDACTED]<br>BALTIMORE, MD [REDACTED]                 |                            | 11 Nonqualified plans<br>0  |                               | 12a See instructions for box 12<br>Code G<br>18,000                    |                     |                  |
|  |                            | 13 Statutory employee plan <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> |                               | 12b Code DD<br>19,532  |                     |                  |
|  |                            | 14 Other  |                               | 12c Code<br>[REDACTED]   |                     |                  |
|  |                            |   |                               | 12d Code<br>[REDACTED]   |                     |                  |
| 15 State<br>MD   | Employer's state ID number | 16 State wages, tips, etc.<br>211,164   | 17 State income tax<br>16,862 | 18 Local wages, tips, etc.   | 19 Local income tax | 20 Locality name |

Form **W-2** Wage and Tax Statement **2017** 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:** ██████-4090  
**Spouse SSN:** ██████-7577  
**Name:** NICHOLAS J & MARILYN J<MOSBY

**Standard or NonStandard Cd:** S

| efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production                                 |                            |   | DLN: 16221636045068                                    |  |                         |
|---|----------------------------|---|--|--|-------------------------|
| a Employee's social security number<br>[REDACTED]-4090  |                            | OMB No. 1545-0008                                 | Safe, accurate,<br>FAST! Use                           | Visit the IRS website<br>at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> . |                         |
| b Employer identification number (EIN)<br>52-6002033  |                            | 1 Wages, tips, other compensation<br>42,381       | 2 Federal income tax withheld<br>3,756                 |  |                         |
| c Employer's name, address, and ZIP code<br>STATE<br><br>PO BOX<br><br>ANNAPOLIS, MD [REDACTED] |                            | 3 Social security wages<br>45,519                 | 4 Social security tax withheld<br>2,822                |  |                         |
|   |                            | 5 Medicare wages and tips<br>45,519               | 6 Medicare tax withheld<br>660                         |  |                         |
|   |                            | 7 Social security tips<br>0                       | 8 Allocated tips<br>0                                  |  |                         |
| d Control number  |                            | 9 Verification code                               | 10 Dependent care benefits<br>0                        |  |                         |
| e Employee's first name and initial<br>NICHOLAS J MOSBY   |                            | 11 Nonqualified plans<br>0                        |  | 12a See instructions for box 12<br>c<br>o<br>d<br>e                                    |                         |
| f Employee's address and ZIP code<br>[REDACTED] N [REDACTED]<br><br>BALTIMORE, MD [REDACTED]    |                            | 13 Statutory employee<br><input type="checkbox"/> | Retirement plan<br><input checked="" type="checkbox"/> | Third-party sick pay<br><input type="checkbox"/>                                       | 12b<br>c<br>o<br>d<br>e |
|   |                            | 14 Other<br>STPICKUP                              |  | 12c<br>c<br>o<br>d<br>e  |                         |
|   |                            | 3,138   |  | 12d<br>c<br>o<br>d<br>e  |                         |
| 15 State<br>MD  | Employer's state ID number | 16 State wages, tips, etc.<br>42,381              | 17 State income tax<br>3,240                           | 18 Local wages, tips, etc.   | 19 Local income tax     |
| 20 Locality name  |                            |   |  |  |                         |

Form **W-2** Wage and Tax Statement **2017** 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