efile GRAPHIC	print - DO NOT PROCESS	ORIGINAL DATA - Proc	uction	1	I	DL	N: 16221636045068	
5 1040	Department of the Treasury-Internal Revea U.S. Individual Income			la, 1545-6	0074 IF		-Do not write or staple in this space.	
Your first name an		Last name	ang 12-1	1-2017			cial security number	
NICHOLAS 3 & MAR	RILYN J MOSBY						-4090	
ir a joint return, si	oouse's first name and initial	Last name				Spouse's number	s social security	
Home address (nu	mber and street). If you have a	P.O. box, see Instructions.		Apt. n	o.	🛦 Mak	te sure the SSN(s) above d on line 6c are corroct.	
BALTIMORE, MD		a foreign address, also complete spac				Check here i jointly, want	atial Election Campaign If you, or your spouse if filing \$3 to go to this fund. Checking	
Foreign country na	ane .	Foreign province/state/county	Pore	ign postal i	code	a box below refund.	will not change your tax or	
Filing Status	1 □ Single 2 ☑ Married filing jointly (c 3 □ Married filing separatel		instru deper	ctions.) Il Ident, ent	usehold (w f the qualif er this chil widow(er)	ying perso d's name		
	and full name here.	, enter spouse's oon boove	- ഥ、	(activity)ing			-	
Exemptions	6a 🗹 Yourself. (f someone	can claim you as a dependent, d	o not che	ck box ба	•	oi N oi	oxes checked 2 n 6a and 6b 2 lo, of children n 6c who: lived with you 2	
f more than four	C Dependents: (1) First name Last nam	(2) Dependent's social security number e		endent's 1 p to you	age 17 qual	fying for y e edit (see o l	did not live with ou dua to divorce r separation see instructions)	
lependents, see Instructions and	N	. # 8160	DAUGHTE	R	R	1	0	
heck here 🕨 🗌	A	. #	DAUGHTE	r I	~		ependents on 6c ot entered above ⁰	
			1					
	······		-					
	P-4	I	1		1.1		dd numbers on	
	d Total number of exemptio	ns claimed	• • •	• • •			ines above 🕨 🔰 🕌	
	7 Wages, salaries, tips, etc.	•• =				7	253,545	
ncome	8a Taxable interest. Attach s		, 	•••		8a		
ttach Form(s)	9a Ordinary dividends. Attac	not include on line 8a	80			9a	1	
V-2 here. Also	b Qualified dividends		l ae l					
ttach Forms V-2G and	10 Taxable refunds, credits,	or offsets of state and local incom	ne taxes	• • •		10	2,782	
099-R if tax	11 Alimony received					11		
vas withheld.								
		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 14						
f you did not		1	Taxable a			155		
et a W-2, ee instructions.	16a Pensions and annuities	· · · · · · · · · · · · · · · · · · ·	Taxable a		-	16b		
	17 Rental real estate, royaltie	s, partnerships, S corporations,						
		ach Schedule F				18		
	19 Unemployment compensal 20a Social security benefits 2		Taxable a			19 20b	0	
	· · ·	d amount				205	÷ · · · · · · · · · · · · · · · · · · ·	
	22 Combine the amounts in lh	e far right column for lines 7 through 21.	This is ye	ur total i	ncome 🕨		252,193	
	23 Educator expenses		23					
djusted	24 Certain business expenses	of reservists, performing	24					
Gross	artists, and 25 fee-basis-wayeramenhoffk	ialacióntachtarmo2106aaga21.06	24					
ncome	26 Moving expenses. Attach f		26					
	27 Deductible part of self-emplo	syment tax. Attach Schedule SE	27				CENTIFIED TRUE COPY	
		E, and qualified plans	28			Ås	00 - 2 12	
	29 Self-employed health insu 30 September of carly withdraw		29 30			F63	of Pages 28 Date 3-17-12	
	30 Penalty on early withdraw. 31a Alimony paid b Recipient'		30 31a				Angin adlen	
	32 JRA deduction		32			*	Je affer the second and the contained and the second secon	
	33 Student loan interest dedu		33				Marine South and the south and the	
	34 Reserved for future use		34				Me Senior Disclosure Spein	
	35 Domestic production activities d	eouciion, Atlach Forth 8903	35				Internel Revonue Service Kansas City, MO	
						A A	a row opening strend that a	
			GOVT. EXH			14		
ths://eub.eps	irs.gov/mef/rrdprd/sdi/p	roxy/printSub	CASE NO.		LKG-2	22-007	2/11/2022	
Tran ordinoise		. supprimento	IDENTIFICA				244) k 17 24 Carden	
			ADMITTED				USA-01	

41 - 5 }

36	Add lines 23 through 35					36	<u> </u>
37	Subtract line 36 from line 22. This is your a	adjusted gross inc	ome		≽	37	252,193
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate Instructions.				Cat. No.	11320B		Form 1040 (2017)

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Form 1040 (2017)				Page 2
	38	Amount from line 37 (adjusted gross income)	38	252,193
		🖸 You were born before January 2, 1953, 🔛 Blind.		
Tax and	39	aCheck Total boxes		
Credits				
·	ا) If your spouse itemizes on a separate return or you were a dual-status alien, check here 🍽 39b 🗔		
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin).	40	62,520
for-	41	Subtract line 40 from line 38	41	189,673
 People who check any 	42		42	16 200
box on line		Otherwise, see instructions		16,200
39a or 39b or who can be	43	Taxable income, Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	173,473
claimed as a	44	Tax (see instructions). Check if any from: a 💭 Form(s) 6814 b 💭 Form 4972 c 💭	44	35,457
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251 🧐 💿 💿 🔅	45	1,188
instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
 All others: Single or 	47	Add lines 44, 45, and 46.	47	36,645
Married filing	48	Foreign tax credit. Attach Form 1116 if required . 48		
separately, \$6,350	49	Credit for child and dependent care expenses. Attach Form 2441 📆 49 761		
Married filing	50	Education credits from Form 8863, line 19 50		
jointly or Qualifying	51	Retirement savings contributions credit. Attach Form 8880 51		
widow(er),	52	Child Lax credit. Attach Schedule 8812, If required 52		
\$12,700 Head of	53	Residential energy credits. Attach Form 5695 , , 53		
household,	54	Other credits from Form; a 🗌 3800 b 🗌 8801 c 🗌 54		
\$9,350	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 57	35,884
Other	57		57 58	0
Taxes	58 59	Unreported social security and Medicare tax from Form: a 📋 4137 b 🔲 8919 🔹 🔹 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 🏓 🔹	58 59	217
		a Household employment taxes from Schedule H	60a	£A(
		First-time homebuyer credit repayment. Attach Form S405 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	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		
If you have a	66	a Earned income credit (EIC) 🍠 🛛 66a		
qualifying	$\left[\right]$	b Nontaxable combat pay election 66b		
child, attach Schedule	67	Additional child tax credit. Attach Schedule 8812 67		
EIC.	68		:	
	69	Net premium tax credit. Attach Form 8962 69		
	70 70 71			
	72			
		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, subtractline 63 from line 74. This is the amount you overpaid	75	11,719
	76	🛛 Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 🔒 🕨 🗌	76a	11,719
Direct deposit?		Brouting number	1	
See instructions.		d Account number		
		Amount of line 75 you want applied to your 2018 estimated tax > 77		
Amount		Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0
You Owe	79	Estimated tax penalty (see instructions) 79 0 rou want to allow another person to discuss this return with the IRS (see instructions)? Ye		
Third Party		gnee's Phone Personal identia		
Designee	nam	· · · · · · · · · · · · · · · · · · ·		▶

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Sign Here Joint return? See	Under penaltics of perjury, I declar and belief, they are true, correct, a than taxpayer) is based on all infor Your signature ******	and sources of inc	anying schedules an come I received dur Your occupatio DELEGATE	ing the tax yes	ar. Declaration of Daytime pho	preparer (other	
instructions, Keep a copy for your records,	Spouse's signature. If a joint r	eturn , both must sign,	Date 08-24-2018	Spouse's occup STATES ATTOR		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
Paid	Print/Type preparer's name SHARIF I SMALL	Preparer's signature			Date 06-24-2018	Check if self-employed	PT1N P01258429
Preparer	Firm's name 🕨 SJS FINANCIAL F			Firm's EIN 🕨	20-5012561		
Use Only	Firm's address 🏲 📲 🖁			Phone so.) 📕 - 7991		
	BALTIMORE, MD,	21215					

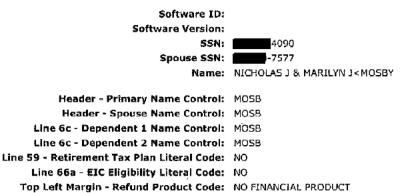
Go to www.irs.gov/Form1040 for instructions and the latest information.

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Form 1040 (2017)

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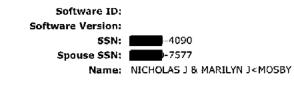


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efile GRAPHIC print - DO NO	PROCESS	ORIGINAL DATA	- Production		DLN	1: 1622	1636045068
1	Сс	ORRECTED (if c	hecked)				
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code BNY				distribution CMB No. 1545-0119 Distribu Pensions, Ret			tributions From ions, Annuities, Retirement or Profit-Sharing
			2a Taxable am	ount	2017		Plans, IRAs, Insurance Contracts, etc.
POBOX			\$	2,166	Form 1099-R		contracts, etc.
PITT, PA 15230			2bTaxable amo not determ		Total distribution		Copy B Report this income on your
PAYER's federal identification number	RECIPIENT'S Id number	entification	3 Capital gain (in box 2a)	included	4 Federal Income ta withheld	x	federal tax return. If this form shows federal income
6855		-4090	\$	0	\$	433	tax withheld in box 4, attach
RECIPIENT'S name NICHOLAS J MOSBY	•		5 Employee cent /Designated # contributions Insurance pre	loth or	6 Net unrealized appreciation in employer's securities	es	this copy to your return.
Street address (including apt, no.)			\$ 7 Distribution	15,932 IRA/ SEP/	\$ 8 Other	0	This aformation is
			code(s)	SIMPLE	\$ U		being furnished to the Internal Revenue Servica.
City or town, state or province, country BALT(MORE, MD 7	, and ZIP or foreig	n postal code	9a Your perce total dist		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years	11 Ist year of do Roth contri		12 State tax w \$	ithheid 168	P 13 State/Payer's state r MD/	10. 14 \$	i State distribution 2,166
\$			\$		a share of large line	\$	
Account number (see instructions)			15 Local tax v \$	withheld	16 Name of locality	17 \$	Local distribution
Form1099-R		بر مربع در برورون	\$ pv/form1099r		j Department of the Treasy	srv - Inter	mai Revenue Service

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Payer Name Control: BNY Standard or NonStandard Cd: S

efile GRAPHIC p	rint - DO NOT PROCE	SS ORIGINA	L DATA - Producti	on		DLN;	16221636045068
Form 2441	Child and	Dependent	Care Expens	ses 104		1	48 No. 1545-0074
Form K. TT		•	•	104	AT STORE	LEAS CALL	2017
Department of the Treasury		-	040A, or Form 1040	100 10	MR		Attachment
Internal Revenue Service (99) FGO to <u>www.trs.o</u>	informatic	r instructions and the on.	e natest	0 2:3;4 6		Sequence No. 21
Name(s) shown on re NICHOLAS J & MARIL						Your social :	ecurity number -4090
	or Organizations Who			omplete this p	oart.		
	ive more than two care	providers, see th					
1 (a) Care pro name	vider's	(number, street	(b) Address ;, apt. no., city, state, a	and ZIP code)	f r	ldentifying iumber N or EIN)	(d) Amount paid (see instructions)
UEC		len h	-			2321	3,803
UEC		BALTIMORE MD					
		21209					
							ll
Γ	Did you receive		No				
	dependent care ber	iefits?	Yes	- Complete I	Part III	on the back r	aext.
Caution. If the ca	re was provided in your	home, you may	owe employment ta	xes. If you do	. vou (an't file For	rm 1040A. For
details, see the insi	tructions for Form 1040,	line 60a, or For	m 1040NR, line 59a		,,,		
Part II Credit f	for Child and Depende	nt Care Expens	585				
2 Information al	bout your qualifying pe	rson(s). If you	have more than two	qualifying pe	ersons,	see the ins	tructions.
) Qualifying person's name		(b)Qualifying			(c)Quali	fied expenses you d paid in 2017 for the
First		ast	security	number			isted in column (a)
N	M			8160			0
А	M			7206	l		3,803
	nts in column (c) of line 2. I 100 for two of more persons						
line 31					3		3,803
	med income. See instruction				4		35,081
5 If married filin or was disable	g jointly, enter your spouse d, see the instructions); all	's earned income (others, enter the	if you or your spouse v amount from line 4	vas a student	5		211,164
6 Enter the sma	llestof line 3, 4, or 5				6		3,803
7 Enter the amo	unt from Form 1040, line 34	3; Form 1040A, line	e 22; or Form				
1040NR, line 3		· · · · · ·	have been and the second se	252,193			
	the decimal amount showr			7			
If line		If line 7					
Over	But not Decimal over amount is	Over o	ut not Decimal ver amount is				
	- 15,000 .35	\$29,000		-			
	- 17,000 .34 - 19,000 .33	31,000					
	- 21,000 .32	35,000 -			8		X. 0.2
21,000 -	- 23,000 .31	37,000	39,000 .23				A. 0.2
	- 25,000 .30	39,000 ~~					
	- 27,000 .29 - 29,000 .28	41,000					
9 Multiply line 6	by the decimal amount on I	ine 8. If you paid 2	2016 expenses in 2017	, see			
the instruction	5		• • • • • • •	••••	9		761
	hit. Enter the amount from t		1 1				
			. 10	36,645	1 1		
	id and dependent care ex , line 49; Form 1040A, line :			ne 10 here and			
			-		11		761
For Paperwork Reduc	tion Act Notice, see your tax	return instructions.	Ċ	at. No. 11862M			Form 2441 (2017)

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	2441 (2017)		Page 2
12	III Dependent Care Benefits Enter the total amount of dependent care benefits you received in 2017, Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don'tinclude 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 2016 and used in 2017 during the grace period. See Instructions	13	- <u>1999</u> -1999-1999-1999-1999-1999-1999-199
14	Enter the amount, if any, you forfeited or carried forward to 2018. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15	<u></u>
16	Enter the total amount of qualified expenses incurred	13	
	In 2017 for the care of the qualifying person(s).		
17	Enter the smallerof line 15 or 16		
18	Enter your earned income. See instructions 18		
19	Enter the amount shown below that applies to you.		
	 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. 		
20	Enter the smallest of line 17, 18, or 19		
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)		
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.)		
	🗋 No, Enter -0		
23	Yes. Enter the amount here Yes. Enter the amount here Subtract line 22 from line 15 Yes. Yes. Yes. Yes. Yes. Yes. Yes. Yes.	22	
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 can't take the credit. Exception. If you paid 2016 expenses in 2017, see the instructions for line 9	29	
30 Complete line 2 on the front of this form. Don't 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	
	-	Form 2441 (2017)

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Software ID: Software Version: SSN: 25024-4090 Spouse SSN: 25020-7577 Name: NICHOLAS J & MARILYN J<MOSBY

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	6251 Alternative Minimum Tax—Individuals		OMB No. 1545-0074
Form			2017
	evenue Service (99)		Attachment
	s) shown on Form 1040 or Form 1040NR	Your soci	Sequence No. 32 al security number
	LAS J & MARILYN J <mosby< th=""><th>-40</th><th></th></mosby<>	-40	
24 1	the Alternative Minimum Truckle Treeves (Cas instructions for how to approint		
Part		each line.)	
	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2.		
	Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a	. 1	189,673
	negative amount.)	·	195,073
	Medical and dental. If you or your spouse was 65 or older, enter the smalter of Schedule A (Form	2	
	2040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0	3	25,642
	Faxes from Schedule A (Form 1040), line 9		240,022
	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions is the unit term.		
	for this line		
	Miscelianeous deductions from Schedule A (Form 1040), line 27	5	0
	If Form 1040, line 38, is \$156,900 or less, enter -0 Otherwise, see instructions	6	(0)
	Tax refund from Form 1040, line 10 or line 21	7	(2,782)
	Investment interest expense (difference between regular tax and AMT)	8	
	Depletion (difference between regular tax and AMT)	9	0
	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
	Alternative tax net operating loss deduction	11	(0)
	Interest from specified private activity bonds exempt from the regular tax	12	0
	Qualified small business stock, see instructions		
	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	0
	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
	Disposition of property (difference between AMT and regular tax gain or loss)	17	0
18 C	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . $$.	18	0
19 P	Passive activities (difference between AMT and regular tax income or loss)	19	0
	Loss limitations (difference between AMT and regular tax income or loss)	20	
21 0	Circulation costs (difference between regular tax and AMT)	21	
22 L	Long-term contracts (difference between AMT and regular tax income)	22	
23 N	Mining costs (difference between regular tax and AMT)	23	
24 F	Research and experimental costs (difference between regular tax and AMT)	24	
25 I	Income from certain installment sales before January 1, 1987	25	()
26 I	Intangible drilling costs preference	. 26	
27 0	Other adjustments, including income-based related adjustments	27	0
28 A	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately an	8	
1	ine 28 ls more than \$249,450, see instructions.) .	28	212,533
Part	II Alternative Minimum Tax (AMT)		·
29 E	Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
	IF your filing status is AND line 28 is not over THEN enter on line 29		
	Single or head of household \$120,700 \$54,300		
	Married filing jointly or qualifying widow(er) 160,900		
	Married filing separately		21.602
	If Inc 28 is over the amount shown above for your filing status, see instructions.	· · 29	71,592
	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on	'	
	lines 31, 33 and 35, and go to line 34	30 🗲	140,941
	• If you are filing Form 2555 or 2555-EZ, see Instructions for the amount to enter.		1.07211
	• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified		
	dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form		
	1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here.	31	36,645
	• All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply		
	line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878		
	if married filing separately) from the result.		
32 A	Alternative minimum tax foreign tax credit (see instructions)	. 32	0
33 7	Tentative minimum tax. Subtract line 32 from line 31	. 33	36,645
	Add Form 1040 line 44 (minus any tax from Form 4972) and Form 1040, line 46. Subtract from the re		
a	any foreiga tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 104	Ĵ,	
	line 44, refigure that tax without using Schedule J before completing this line (see instructions)	1 24	35,457
	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45.	35	1,188
For De	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 13600G		Form 6251 (2017)
r vr Ma			

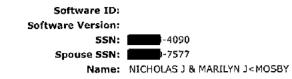
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	Tax Computation Using Maximum Capital Gains Rates		
36	Tax Computation Using Maximum Capital Gains Rates Enter the angunt from Form 6251, line 30, if you are filing form 2555 or 2555 FZ, enter the amount from line 307 the WorkSheet in the instructions for line 31 or by the Foreign Earned income lax Workshee	in lhe 36	instructions.
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 refigured 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 refigured 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 refigured 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 \$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	42	
43	Enter: • \$75,900 if married filing jointly or qualifying widow(er),		
	\$37,950 if single or married filing separately, or \$50,800 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	
	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	
	Subtract line 47 from line 46	48	
49	Enter:		
1-	•\$418,400 if single •\$235,350 if married filing separately •\$470,700 if married filing jointly or qualifying widow(er) •\$444,550 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	
	Add line 50 and line 51	52	
	Subtract line 52 from line 49. If zero or less, enter -0	53	
54	Enter the smaller of line 48 or line 53	54	
	Multiply line 54 by 15% (0.15) 👘	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.		
	Subtract line 56 from line 46	57	
58	Multiply line 57 by 20% (0.20)	58	ļ
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
	Add lines 41, 56, and 57	59	
	Subtract line 59 from line 36	60	<u> </u>
	Multiply line 60 by 25% (0.25)	61	
	Add lines 42, 55, 58, and 61	62	
	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	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 (2017)

Form **6251** (2017)

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

https://eup.eps.irs.gov/mef/rrdprd/sdi/proxy/printSub

efile GRAP	AND THE OWNER AND	ORIGINAL DATA - P			DLN	1: 16221636045068
Form 895	G	Additional Medi	icare	Tax		OMB No. 1545-0074
	 If any line does not apply to you, leave it blank. See separate instruction Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS. Expandent of the Treasury Information about Form 8959 and its instructions is at www.irs.gov/form8 					2017 Attachment
Internal Revenue Se	ivice					Sequence No. 71
Name(s) shown o NICHOLAS J &	n'return MARILYN J <mosby< th=""><th></th><th></th><th></th><th>Your s</th><th>ocial security number 1-4090</th></mosby<>				Your s	ocial security number 1-4090
Part I A	dditional Medicare Tax on Medic	are Wages			_	
more the	wages and tips from Form W-2, box 5. In one Form W-2, enter the total of the a	If you have mounts				
from bo		• • • • •	1	281,756		
,	ed tips from Form 4137, line 6 🦳 .	· · · · ·	2	0		
	rom Form 8919, line 6.		3	201.754		
	s1through 3		4	281,756		
Married Married	e following amount for your filing status: filing jointly filing separately lead of household, or Qualifying widow(e		5	250,000		
	line 5 from line 4. If zero or less, enter		· •		6	31,756
go to Pa			• •	ar here and	7	286
	Idditional Medicare Tax on Self-I		e 1			
Section	bloyment income from Schedule SE (Form A, line 4, or Section B, line 6. If you had n 1040-PR and Form 1040-SS filers, see	a loss, enter	8	0		
Married Married	e following amount for your filing status; filing jointly filing separately lead of household, or Qualifying widow(e	\$250,000 \$125,000	9	250,000		
10 Enter th	e amount from line 4		10	281,756		
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	C
here and	al Medicare Tax on self-employment inco I go to Part III				13	
	dditional Medicare Tax on Railr		Act (F	RRTA) Compensation		
box 14 (retirement (RRTA) compensation and tip see instructions)		14	0		
Married Married	e following amount for your filing status: filing jointly filing separately fead of household, or Qualifying widow(e	\$250,000 , . \$125,000	15	250,000		
17 Addition	: line 15 from line 14. If zero or less, ente al Medicare Tax on railroad retirement (F	RTA) compensation. Mul	 tiply lin	e 16 by	16	
	.009). Enter here and go to Part IV				17	
	otal Additional Medicare Tax		15	24040 1040 00		
	s 7, 13, and 17. Also include this amount 0-55 filers, see instructions) and go to P				18	286
Part V N	Withholding Reconciliation			:		
	e tax withheld from Form W-2, box 6. If g an one Form W-2, enter the total of the g x 6		19	4,414		
	e amount from line 1		20	281,756		
21 Multiply	line 20 by 1.45% (0.0145). This is your a tax withholding on Medicare wages		21	4,085		
	line 21 from line 19. If zero or less, entr ling on Medicare wages	er -0 This is your Additi	onal Me	dicare Tax	22	329
	al Medicare Tax withholding on railroad r see instructions)	etirement (RRTA) compe	nsation	from Form W-2,	23	
federal i	dditional Medicare Tax withholding. / ncome tax withholding on Form 1040, lin ructions)	Add lines 22 and 23. Also ie 64 (Form 1040NR, 104	include 40-PR, a	this amount with Ind 1040-55 filers,	24	329
	k Reduction Act Notice, see your lax	return instructions		Cat. No. 59475X		Form 8959 (2017)

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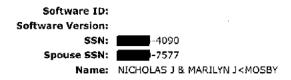
Software ID: Software Version: SSN: Market -4090 Spouse SSN: Market -7577 Name: NICHOLAS J & MARILYN J<MOSBY

https://eup.eps.irs.gov/mef/rrdprd/sdi/proxy/printSub

efile GRAPHIC pr	int - DO NOT PROCESS ORIGINAL DATA - Proc	duction	DLN	: 16221636045068
	Net Investment Inco			OMB No.1545-2227
Form 8960	Individuals, Estates, a	and Trusts		2017
Department of the Treasury	Attach to your tax r Go to www.irs.gov/Form8960 for instruction		٦.	Attachment
niemai Revenue Service (99)	s do la www.nsigov/ronnosos ini instructio			Sequence No. 72
Name(s) shown on your ta NICHOLAS J & MARILY		You	ur social s	ecurity number or EIN
ACHOLAS 3 & PLARGET				-4090
Example 7	nent Income Section 6013(g) election (see instruction			
Part I Invest				
	LJ Section 6013(h) election (see instructio			
	Regulations section 1.1411-10(g) elect	con (see instructions)	· · · · · · · · · · · · · · · · · · ·	
	(see instructions)		1	0 0
•	ds (see instructions)		2	<u>0</u>
3 Annuities (see in			-3	U
(see instruction		4a	0	
	net income or loss derived in the ordinary course of a non- de or business (see instructions)	4b	0	
c Combine lines 4	a and 4b		4c	0
5a Net gain or loss	from disposition of property (see instructions)	5a	0	
	from disposition of property that is not subject to net me tax (see instructions)	56	0	
	h disposition of partnership interest or S corporation stock		-	
(see instruction		5c	0	
d Combine lines 5			- 5d	0
	investment income for certain CFCs and PFICs (see Instruction	05)	6	
	ons to investment income (see instructions)		7	0
	t income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	0
	ment Expenses Allocable to Investment Income			
	rest expenses (see instructions)	9a	0	
	foreign income tax (see instructions)	9b		
	vestment expenses (see instructions)	9c		
			9d	0
	, and 9c		10	0
	and modifications. Add lines 9d and 10		11	0
	mputation			
	income. Subtract Part II, line 11 from Part I, line 8. Individua	la complete lines 12-17		
Estates and true	tts complete lines 18a-21. If zero or less, enter -0-	, , , , , , , , , , , , , , , , , , ,	12	0
Individuals:				
-	d gross income (see instructions)	13 252,19		
	I on filing status (see instructions)	14 250,00		
15 Subtract line 14	from line 13. If zero or less, enter -0	15 2,19		
	er of line 12 or line 15		16	0
Enter here and	Income tax for Individuals. Multiply line 16 by 3.8% (.038). I include on your tax return (see instructions)		17	
Estates and T				
	income (line 12 above)	18a	의	
	listributions of net investment income and deductions 42(c) (see instructions)	18b		
	et Investment income. Subtract line 18b from 18a s). If zero or less, enter -0-	18c		
19a Adjusted gross	ncome (see instructions)	19a	7 1	
	ket for estates and trusts for the year (see instructions)	196	-	
-	b from line 19a. If zero or less, enter -0-	19c	-	
	er of line 18c or line 19c		20	
	income tax for estates and trusts. Multiply line 20 by 3.8% (.	038).		
	i include on your tax return (see instructions)		21	
	iction Act Notice, see your tax return instructions.	Cat. No. 59474M		Form 8960 (2017

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efile GRAPHIC print - DO NOT PROCESS	ORIGINAL DATA -	Production	DLN: 16221636045068
TY 2017 Other Tax Statement			
Name:	NICHOLAS J & M	IARILYN J<	MOSBY
SSN:	-4090		
Spouse SSN:	-7577		
Other Tax Literal		ni patra para para para para para para par	Other Tax Amount
FROM FORM 8959			286
. And the second sec	COMPANY CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT	Menter Linguistic Description and	

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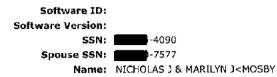
https://eup.eps.irs.gov/mef/rrdprd/sdi/proxy/printSub

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DAT	A - Production DLN: 16221636045068
TY 2017 Other Withholding	
Statement	
Name: NICHOLAS J 8	MARILYN J <mosby< th=""></mosby<>
SSN: -4090	
Spouse SSN: -7577	
Withholding Code	Withholding Amount
FORM 1099	433

SCHEDULE /		print - DO NOT PROCESS ORIGINAL DATA - Producti			Ť	: 16221636045068	
(Form 1040)						OMB No. 1545-0074	
(10(() 1040)		Go to www.irs.gov/ScheduleA for instructions and	the la	itest Information.	ſ	2017	
Department of the Tre	astry	Attach to Form 1040. Caution: If you are claiming a net qualified disaster loss on Form	m 469.	4 coo the instructions	for	Attachment	
nternal Revenue Ser	vice (9		Sequence No. 07				
Name(s) shown				1	our so	cial security number	
Medical	'IAR	LYN J <mosby Caution: Do not include expenses reimbursed or paid by others.</mosby 	1			14020	
and	1	Medical and dental expenses (see instructions)	1				
Dental		Enter amount from Form 1040, line 38 2			-		
Expenses		Multiply line 2 by 7.5% (0.075)	а				
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<u> </u>		4		
		State and local (check only one box):	r i		-		
Taxes You Paid	5	a 🗹 Income taxes, or	5	20,27	a		
Fais		b D General sales taxes	<u> </u>		-		
	6	Real estate taxes (see instructions)	6	5,02	•		
	7	Personal property taxes	7	35	-	ļ	
		Other taxes. List type and amount	Ľ	Ç.,	-		
	ø		8				
	•	arrand anna da an	_		- 9	25,642	
		Add lines 5 through 8	, ,		-	20,042	
Interest		Home mortgage interest and points reported to you on Form 1098.	10	20,92	4		
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions					
Note:		and show that person's name, identifying no., and address 🕨					
Your mortgage		ad have press to the 1956 professional professional and because the address of the the transformer of the transformer of the the the transformer of the transformer	11				
interest	12	Points not reported to you on Form 1098. See Instructions for		· · · · · · · · · · · · · · · · · · ·	-		
deduction may be limited (see		special rules	12		0		
Instructions).	13	Reserved (see instructions)	13		-		
		Investment interest. Attach Form 4952 if required. See instructions	14		-		
		Add lines 10 through 14	<u> </u>		15	20,921	
		Gifts by cash or check. If you made any gift of \$250 or more,				20,771	
Gifts to	10	see Instructions	16	15,45	7		
Charity If you made a		Other than by cash or check. If any gift of \$250 or more, see	10	, 0, 10	-		
gift and got a	17	Instructions, You mustattach Form 8283 if over \$500		50			
benefit for it			17		0		
see Instructions.		Carryover from prior year	18		4		
		Add lines 16 through 18		······································	19	15,957	
Casualty and Theft Losses	20	Casuality or theft loss(es) other than net hurricane disaster losses. A and enter the amount from line 18 of that form. See instructions.					
Job Expenses					20	ļ0	
and Certain	41	Unreimbursed employee expenses — job travel, union dues, Job education, etc. Attach Form 2106 or 2106-EZ if required.					
Miscellaneous		See instructions.	21				
Deductions	22	Tax preparation fees	22		0		
	23	Other expenses investment, safe deposit box, etc. List type			1		
		and amount 🕨					
			23				
		Add lines 21 through 23	24		-	1	
		Enter amount from Form 1040, Bne 38					
		Multiply line 25 by 2% (0.02)	26		-		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -			27	0	
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount		anda haran basar a sa adar bar masa habina darabak	70		
Total	20	Is Form 1040, line 38, over \$156,900?			28		
Itemized		\Box No. Your deduction is not limited. Add the amounts in the far rig	ht colu	ma "			
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040, in			29	62,520	
		Yes. Your deduction may be limited. See the Itemized Deduction		1		04,520	
		Worksheet in the instructions to figure the amount to enter.		J			
	30	If you elect to itemize deductions even though they are less than you	ur star	dard			
				- (***)	1	1	

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efile GRAPHIC pri	nt - DO NOT P	ROCESS 0	RIGINAL DA	TA - Production	DL	N: 16221636045068
SCHEDULE C (Form 1040) Department of the Treasury Internal Revenue Service (99)		about Schedu	(Sole Proj le C and its so	From Business prietorship) parate instructions is at <u>IRS.gov/3</u> partnerships generally must file F		
Name of proprietor					Social se	curity number (SSN)
NICHOLAS J MOSBY						090
A Principal business or	profession, includ	ing product or s	ervice (see instr	uctions)	B Enter co	de from instructions
MONUMENTAL SQUA	RED LLC			-	▶ ▶	541330
C Business name. If no	separate busines	s name, leave b	lank,		D Employe (EXN)/(s 81-5069	
E Business address (ind City, town or post of						
 F Accounting method: G Did you "materially p H If you started or acqu I Did you make any pa 	(1) Cash articipate" in the uired this business ayments in 2017 th	(2) Acomponention of this s during 2017, c hat would requir	business during heck here. re you to file For	Other (specify) 20177 If "No," see instructions for lin m(s) 10997 (see instructions)	••••	^s · ⊻Yes No ▶ □ · · □Yes ⊻ No · · □Yes No
Part I Income		tions for line 1	and chack the b	ox if this income was reported	I	
				m was checked		·
2 Returns and allow				•••••••	2	
3 Subtract line 2 fr						
 4 Cost of goods sol 5 Gross profit. Su 	ibtract line 4 from	ling 3				
•				it or refund (see instructions)	6	· · ·
	-	-			7	3,600
				home only on line 30.		· · · · · · · · · · · · · · · · · · ·
8 Advertising		8	1,275	18 Office expense (see instructions) 1	B 1,265
9 Car and truck expe	nses (see	_		19 Pension and profit-sharing plans	1	9 0
instructions)		9		20 Rent or lease (see instructions):		
10 Commissions and f		10	0	 Vehicles, machinery, and equipment 	· 20	a 825
11 Contract labor (see	instructions)	11	0	b Other business property	· · 20	l b 4,400
12 Depletion		12		21 Repairs and maintenance	· · 2	
13 Depreciation and se expense deduction				22 Supplies (not included in Part II		
included in Part III				23 Taxes and licenses	· · 2	3 0
instructions) .		13	σ	24 Travel, meals, and entertainmen		
14 Employee benefit p		14	0	a Travel	• • 24	a 360
(other than on line 15 Insurance (other th	,	15	0	b Deductible meals and entertainment (see instructions)	0 24	ib 0
16 Interest:	ian nearchy	15	ŭ	25 Utilities	· .	5 0
 a Mortgage (paid to 	banks, etc.)	16a	o	26 Wages (less employment credit	s) 2	5 0
b Other		16b	0	27a Other expenses (from line 48)	. 27	'a
17 Legal and professio	mal services	17	1,775	b Reserved for future use .	27	ъ
	before expenses f	or business use	of home Add lin	ses 8 through 27a	. > 2	B 9,900
	or (loss). Subtract				2	
	1 1			enses elsewhere. Attach Form 8829 un	less	· · ·
Simplified met part of your hom	ied method (see in hod filers only: e he used for busines	nter the total so ss:		: (a) your home:and nplified Method Worksheet in the instr	(b) the uctions	0 0
 31 Net profit or (le If a profit, enter 2. (If you checked) 	on both Form 10 ed the box on line	30 from line 29 40, line 12, (or	Form 1040NR	, line 13) and on Schedule SE, line i trusts, enter on Form 1041, line 3.	}	
 If a loss, you mu 					3	1 -6,300
 If you checked 3 	Za, enter the loss ne 2. (If you cheo	on both Form 1	1040, line 12, (n this activity (see instructions). or Form 1040NR, line 13) and on ne 31 instructions). Estates and trusts	·}	All investment is at risk.
 If you checked 3 		ich Form 6198	. Your loss may	be limited.	J 326 L	Some investment is not at risk.
For Paperwork Redu	ction Act Notice,	see your tax i	return instructi	ions. Cat. No. 11334P	Sche	dule C (Form 1040) 2017

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Sche	ule C (Form 1040) 2017	Page 2
Par	III Cost of Goods Sold (see instructions)	
33		er (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.	Yes No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation .	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	.39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
Par	Complete this part only if you are claiming car or truck expenses on line 9 and are not requi this business. See the instructions for line 13 to find out if you must file Form 4562.	red to file Form 4562 for
43 44 a	When did you place your vehicle in service for business purposes? (month, day, year) ► Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle susiness Business	
45		
46 47a		Yes No
Par	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.	And Commentation in δ − − − − − − − − − − − − − − − − − −
	· · · · · · · · · · · · · · · · · · ·	
48	Total other expenses. Enter here and on line 27a	48
		Schedule C (Form 1040) 2017

2/11/2022

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Software ID: Software Version: SSN: 0000 Spouse SSN: 0000 Name: NICHOLAS J & MARILYN J<MOSBY

https://eup.eps.irs.gov/mcf/rrdprd/sdi/proxy/printSub

efile GRAPHIC prin	nt - DO NOT P	ROCESS OR	IGINAL DATA - PI	oduction		DLN:	16221636045068
<u>.</u>	a Employee's so 757	ociał security numbe 7	er OMB No. 1545	Safe, ac 0008 FAST!		(iiic)	Visit the IRS website at www.irs.gov/efile.
Employer identificatio 52-6000769	n number (EIN)			1 Wages, tips, o	ther compensation 211,164	2 Fed	eral income tax withheld 43,588
 Employer's name, add MAYOR 	iress, and ZIP code	\$		3 Social security	y wages 127,200	4 Soc	iai security tax withheld 7,886
				5 Medicare wag	es and tips 236,237	6 Mea	dicare tax withheld 3,754
BALTIMORE, MD	2			7 Social security	y tips O	8 Allo	ocated tips O
d Control number				9 Verification co	ode	10 Dep	pendent care benefits 0
a Employee's first name MARILYN J MOSBY	and initial	Last name	Suff.	11 Nonqualified		c G d ∎	e instructions for box 12 18,000
				13statutory Retires employee plan	ment Third-party sick pay	12b ; DD 12c	19,532
f Employee's address a	nd ZIP code					t D B	
BALTIMORE, MD	<i>y</i> *					12d	
15 State Employer's st	ate ID number	15 State wages, tips, ek 211, 1		18 Local Weges, Sps, efc	. 19 Local Inco	me tax 2	to Locality name

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

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Software ID: Software Version: SSN: 0000-4090 Spouse SSN: 0000-7577 Name: NICHOLAS J & MARILYN J<MOSBY

Standard or NonStandard Cd: S

efile G	RAPHIC print - DO	NOT PROCESS ORIO	GINAL DATA - Pro	duction		D	LN: 162216360450	68
ş	a Emple	oyee's social security number -4090	OM8 No. 1545 (ccurate, 🥰	2270	Visit the IRS website at www.irs.gov/efile.	
	yer identification number	(EIN)		1 Wages, tips,	other companiat	ion 2	Federal income tax withhel	ni
52-60	02033				42,38	1	3,7	56
	yer's name, address, and	21P cade 🎾	·	3 Social securi			Social security tax withheld	
STATE					45,51		2,8	22
PO BO	×			5 Medicare wa	ges and tips 45,51		Medicare tax withheld	60
ANNA	POLIS, MD			7 Social securi			Allocated tips	
				7 Social Securi	• •	0	Anotated ups	0
d Contro	l number	· · · · · · · · · · · · · · · · · · ·		9 Verification (tode	10	Dependent care benefits	0
e Emplo	yee's first name and Initia	I Last hame	Suff.	11 Nonqualified	i plans	12a	a See instructions for box 1	2
NICH	DLAS J MOSBY							
				13Statutory Retir employee plan	ement Third-part side pay	, <u>12</u>	b	
						4		
f Emplo	vee's address and ZIP cod	le		14 Other	Level A	12	e ,	
	N			STPECKUP	5	138		
BALTI	MORE, MD				э,	130	d	
						c a		
						4		
15 State MD	Employer's state 10 num	iber 16 State wages, tips, etc. 42,381	17 State Income tax 3,240	18 Local wages, Sps., et	io. 19 £ocal li	ncome ta	ax 20 Locality name	
Form	/-2 Wage a Statem		2017		Department of	the Trea	isury—internal Revenue Ser	vice

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

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

Standard or NonStandard Cd: S

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