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Form 1040 U.S. Individual Income Tax Return 2018 Department of the Treasury—Internal Revenue Service (99) OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

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

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

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

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see Instructions. Apt. no. Presidential Election Campaign (see inst.)

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule G. BALTIMORE, MD If more than four dependents, see inst and check here

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Rows for NICHOLAS J and MARILYN J.

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

Joint return? See Instructions. Keep a copy for your records. Your signature ***** Date 10-15-2019 Your occupation DELEGATE

Spouse's signature. If a joint return, both must sign. ***** Date 10-15-2019 Spouse's occupation STATES ATTORNEY

Paid Preparer Use Only Preparer's name SHARIF J SMALL Preparer's signature PTIN P01268429 Firm's EIN 20-5012561 Firm's name SJS FINANCIAL FIRM LLC Phone no. -7991 Firm's address BALTIMORE, MD, 21215

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate Instructions. Cat. No. 11320B Form 1040 (2018)

CERTIFIED TRUE COPY

No. of Pages 32 Date 3-17-22

By: [Signature]

Title: Senior Disclosure Specialist Internal Revenue Service Kansas City, MO

Form 1040 (2018)

Page 2

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------|---------|
| | | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 961 | 1 | 254,484 |
| | | 2a | Tax-exempt interest | 2b | |
| Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld. | 3a | 3a | Qualified dividends | 3b | |
| | 4a | 4a | IRAs, pensions, and annuities | 4b | |
| | 5a | 5a | Social security benefits | 5b | |
| | 6 | | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 644 | 6 | 255,128 |
| 7 | | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1 line 36, from line 6 | 7 | 255,128 | |
| 8 | | Standard deduction or itemized deductions (from Schedule A) | 8 | 44,549 | |
| 9 | | Qualified business income deduction (see instructions) | 9 | 0 | |
| 10 | | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 | 210,579 | |
| Standard Deduction for- <input checked="" type="checkbox"/> Single or married filing separately, \$12,000 <input checked="" type="checkbox"/> Married filing jointly or Qualifying widow(er), \$24,000 <input checked="" type="checkbox"/> Head of Household, \$18,000 <input type="checkbox"/> If you checked any box under Standard deduction, see instructions. | 11 a Tax (see inst) 39,118 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____) | | 11 | 39,118 | |
| | b Add any amount from Schedule 2 and check here <input type="checkbox"/> | | | | |
| 12 a Child tax credit/credit for other dependents 4,000 b Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/> | | 12 | 4,760 | | |
| 13 Subtract line 12 from line 11. If zero or less, enter -0- | | 13 | 34,358 | | |
| 14 Other taxes. Attach Schedule 4 | | 14 | 337 | | |
| 15 Total tax. Add lines 13 and 14 | | 15 | 34,695 | | |
| 16 Federal income tax withheld from Forms W-2 and 1099 | | 16 | 39,780 | | |
| 17 Refundable credits: a EIC (see Inst.) _____ b Sch 8812 _____ c Form 8863 _____ Add any amount from Schedule 5 0 | | 17 | 0 | | |
| 18 Add lines 16 and 17. These are your total payments | | 18 | 39,780 | | |
| 19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | | 19 | 5,085 | | |
| 20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | | 20a | 5,085 | | |
| Direct deposit? See instructions. | b Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | |
| | d Account number _____ | | | | |
| 21 Amount of line 19 you want applied to your 2019 estimated tax | | 21 | | | |
| 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions | | 22 | 0 | | |
| 23 Estimated tax penalty (see instructions) | | 23 | 0 | | |

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

Form 1040 (2018)

**SCHEDULE 1
(Form 1040)**

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040

Your social security number

NICHOLAS J & MARILYN J<MOSBY

4090

| Additional Income | | 1-9b | |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|
| 1-9b | Reserved | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | 3,788 |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | -3,144 |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13 | 0 |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | Reserved | 15b | |
| 16a | Reserved | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | 0 |
| 20a | Reserved | 20b | |
| 21 | Other income. List type and amount | 21 | |
| 22 | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 | 22 | 644 |
| Adjustments to Income | | | |
| 23 | Educator expenses | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses for members of the armed forces. Attach Form 3903 | 26 | |
| 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | |
| 34 | Tuition and fees. Attach Form 8917 | 34 | |
| 35 | Reserved | 35 | |
| 36 | Add lines 23 through 35 | 36 | 0 |

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2018

**SCHEDULE 2
(Form 1040)**

Tax

OMB No. 1545-0074

2018

Attachment
Sequence No. **02**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

NICHOLAS J & MARILYN J-MOSBY

Your social security number

4090

| | | | |
|------------|-------------------------------------------------------------------------------------------------|------------|---|
| Tax | 38-44 Reserved | 38- | |
| | 45 Alternative minimum tax. Attach Form 6251 | 45 | |
| | 46 Excess advance premium tax credit. Attach Form 8962 | 46 | |
| | 47 Add the amounts in the far right column. Enter here and include on Form 1040, line 11 | 47 | 0 |

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

Cat. No. 71478U

Schedule 2 (Form 1040) 2018

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Nonrefundable Credits

▶ **Attach to Form 1040.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **03**

Name(s) shown on Form 1040

NICHOLAS J & MARILYN J<MOSBY

Your social security number

4090

| Nonrefundable Credits | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|-----|
| 48 Foreign tax credit. Attach Form 1116 if required | 48 | | |
| 49 Credit for child and dependent care expenses. Attach Form 2441 <input checked="" type="checkbox"/> | 49 | | 760 |
| 50 Education credits from Form 8863, line 19 | 50 | | |
| 51 Retirement savings contributions credit. Attach Form 8880 | 51 | | |
| 52 Reserved | 52 | | |
| 53 Residential energy credit. Attach Form 5695 | 53 | | |
| 54 Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | | |
| 55 Add the amounts in the far right column. Enter here and include on Form 1040, line 12 | 55 | | 760 |

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

Cat. No. 71480G

Schedule 3 (Form 1040) 2018

**SCHEDULE 4
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

NICHOLAS J & MARILYN J< MOSBY

Your social security number

4090

**Other
Taxes**

| | | | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| 57 | Self-employment tax. Attach Schedule SE | 57 | 0 |
| 58 | Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required | 59 | |
| 60a | Household employment taxes. Attach Schedule H | 60a | |
| | b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 60b | |
| 61 | Health care: individual responsibility (see instructions) | 61 | |
| 62 | Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter codes(s) | 62 | 337 |
| 63 | Section 965 net tax liability installment from Form 965-A | 63 | |
| 64 | Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14 | 64 | 337 |

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

Cat. No. 71481R

Schedule 4 (Form 1040) 2018

**SCHEDULE 5
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Other Payments and Refundable Credits

▶ **Attach to Form 1040.**
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. **05**

Name(s) shown on Form 1040

NICHOLAS J & MARILYN J-MOSBY

Your social security number

4090

| | | | | |
|----------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---|
| Other Payments and Refundable Credits | 65 | Reserved | 65 | |
| | 66 | 2018 estimated tax payments and amount applied from 2017 return | 66 | |
| | 67a | Reserved | 67a | |
| | 67b | Reserved | 67b | |
| | 68-69 | Reserved | 68-69 | |
| | 70 | Net premium tax credit. Attach Form 8962 | 70 | |
| | 71 | Amount paid with request for extension to file (see instructions) | 71 | |
| | 72 | Excess social security and tier 1 RRTA tax withheld | 72 | |
| | 73 | Credit for federal tax on fuels. Attach Form 4136 | 73 | |
| | 74 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____ | 74 | |
| | 75 | Add the amounts in the far right column. These are your total other payments and refundable credits . Enter here and on Form 1040, line 17 | 75 | 0 |

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

Cat. No. 71482C

Schedule 5 (Form 1040) 2018

**SCHEDULE 6
(Form 1040)**

Foreign Address and Third Party Designee

OMB No. 1545-0074

2018

Attachment
Sequence No. **05A**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040

NICHOLAS J & MARILYN J <MOSBY

Your social security number

4090

**Foreign
Address**

Foreign country name

Foreign province/county

Foreign postal code

**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) ▶

[Empty input box for PIN]

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

Cat. No. 71483N

Schedule 6 (Form 1040) 2018

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**Dependent 1 Name Control:** M█████B**Dependent 2 Name Control:** M█████B**Schedule 1 Line 36 - Other Adjustments Total Amt:** 0**Top Left Margin - Refund Product Code:** NO FINANCIAL PRODUCT

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Form 2441

Child and Dependent Care Expenses



OMB No. 1545-0074

2018

Attachment Sequence No. 21

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040, Form 1040A, or Form 1040NR. Go to www.irs.gov/Form2441 for instructions and the latest information.

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

Your social security number 4090

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

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.)

Table with 4 columns: (a) Care provider's name, (b) Address, (c) Identifying number (SSN or EIN), (d) Amount paid. Row 1: UEC, [Redacted], [Redacted] 2321, 3,800.

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. For details, see the instructions for Schedule 4 (Form 1040), line 60a, or Form 1040-NR, 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.

Table with 3 columns: (a) Qualifying person's name (First, Last), (b) Qualifying person's social security number, (c) Qualified expenses you incurred and paid in 2018 for the person listed in column (a). Rows for MOSBY.

Main calculation table for Part II with rows 3-11. Includes instructions for adding amounts, earned income, and tax liability limit. Row 11 result: 760.

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

Cat. No. 11862M

Form 2441 (2018)

Part III Dependent Care Benefits

| | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 12 | Enter the total amount of dependent care benefits you received in 2018. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership | 12 | |
| 13 | Enter the amount, if any, you carried over from 2017 and used in 2018 during the grace period. See instructions | 13 | |
| 14 | Enter the amount, if any, you forfeited or carried forward to 2019. See instructions | 14 | () |
| 15 | Combine lines 12 through 14. See instructions | 15 | |
| 16 | Enter the total amount of qualified expenses incurred in 2018 for the care of the qualifying person(s) | 16 | |
| 17 | Enter the smaller of line 15 or 16 | 17 | |
| 18 | Enter your earned income . See instructions | 18 | |
| 19 | Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. | 19 | |
| 20 | Enter the smallest of line 17, 18, or 19 | 20 | |
| 21 | Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19) | 21 | |
| 22 | Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here | 22 | |
| 23 | Subtract line 22 from line 15 | 23 | |
| 24 | Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions | 24 | |
| 25 | Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21 | 25 | |
| 26 | Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 1, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 1, or Form 1040NR, line 8, 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 2017 expenses in 2018, 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 | |

Additional Data

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

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Form 4562
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172
2018
Attachment Sequence No. 179

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return: NICHOLAS J & MARILYN J<MOSBY
Business or activity to which this form relates: MONUMENTAL SQUARED LLC
Identifying number: 4090

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, (b) Cost (business use only), (c) Elected cost, and Total. Includes lines 1-13 for Section 179 election details.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 columns: Line number, Description, and Total. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Table with 3 columns: Line number, Description, and Total. Includes lines 17-18 for MACRS depreciation.

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, and (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, residential rental, and nonresidential real property.

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with 4 columns: (a) Class life, (b) Recovery period, (c) Convention, and (d) Method. Includes rows for 12-year, 30-year, and 40-year class lives.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Total. Includes lines 21-23 for summary of depreciation.

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 12906N Form 4562 (2018)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 25 0

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with columns for vehicle type, date, percentage, cost, basis, recovery period, method, depreciation, and cost.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,116

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows include 30-36: Total business/investment miles, Total commuting miles, Total other personal miles, Total miles driven, and availability questions.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table for Section C with columns Yes/No for questions 37-41 regarding vehicle use policies and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2018 tax year (see instructions):

43 Amortization of costs that began before your 2018 tax year 43 0

44 Total. Add amounts in column (f). See the instructions for where to report 44 0

Additional Data

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

Line 12 - Section 179 Expense Deduction Note: SUMMARY

| | | |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS | ORIGINAL DATA - Production | DLN: 14221688728649 |
| Form 8867 Department of the Treasury Internal Revenue Service | Paid Preparer's Due Diligence Checklist <i>Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC)</i> <i>(including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and</i> <i>Head of Household (HOH) Filing Status</i> ► To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR. ► Go to www.irs.gov/Form8867 for instructions and the latest information. | OMB No. 1545-0074 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2018</div> Attachment Sequence No. 70 |

| | |
|------------------------------------------------------------------|----------------------------------------|
| Taxpayer name(s) shown on return NICHOLAS J & MARILYN J-MOSBY | Taxpayer identification number 4090 |
| Enter preparer's name and PTIN SHARIF J SMALL PD1268429 | |

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit (s), and /or HOH filing status claimed (check all that apply).

| | EIC <input type="checkbox"/> | CTC/ACTC/ODC <input checked="" type="checkbox"/> | AOTC <input type="checkbox"/> | HOH <input type="checkbox"/> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------|----------------------------------|---------------------------------|
| 1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of the credit(s) claimed. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s) List those documents, if any, that you relied on. See Additional Data Table | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of the credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| a Did you complete the required recertification form, Form 8862? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 26142H Form 8867 (2018)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III)

Table with 5 columns: Question, EIC, CTC/ACTC/ODC, AOTC, HOH. Rows 9a, b, c.

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC go to Part IV.)

Table with 5 columns: Question, EIC, CTC/ACTC/ODC, AOTC, HOH. Rows 10, 11, 12.

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

Table with 5 columns: Question, EIC, CTC/ACTC/ODC, AOTC, HOH. Row 13.

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

Table with 5 columns: Question, EIC, CTC/ACTC/ODC, AOTC, HOH. Row 14.

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
C. Submit Form 8867 in the manner required; and
D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention.
1. A copy of Form 8867,
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed and/or for eligibility for HOH filing status,
3. Copies of any taxpayer documents you may have relied upon to determine eligibility for the credit(s) and/or HOH filing status,
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained, and
5. A record of any additional questions you may have asked to determine eligibility for and the amount of the credit(s) and/or eligibility for HOH filing status, and the taxpayer's answers.

If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

Table with 5 columns: Question, EIC, CTC/ACTC/ODC, AOTC, HOH. Row 15.

Additional Data

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

| Due Diligence Requirements LINE 5 Additional Notes and Document List |
|----------------------------------------------------------------------|
| SCHOOL |

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Form 8959

Additional Medicare Tax

OMB No. 1545-0074

2018

Attachment Sequence No. 71

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. Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

NICHOLAS J & MARILYN J<MOSBY

Your social security number

4090

Part I Additional Medicare Tax on Medicare Wages

Table with 7 rows for Medicare wages and tips, unreported tips, wages, and filing status adjustments. Total additional tax is 337.

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 total additional Medicare tax of 337.

Part V Withholding Reconciliation

Table with 24 rows for withholding reconciliation, showing total withholding of 327.

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

Cat. No. 59475X

Form 8959 (2018)

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: 14221688728649 |
| Form 8960 | Net Investment Income Tax— Individuals, Estates, and Trusts | OMB No. 1545-2227 |
| Department of the Treasury Internal Revenue Service (99) | | 2018 Attachment Sequence No. 72 |
| ▶ Go to www.irs.gov/Form8960 for instructions and the latest information. | | Attach to your tax return. |
| Name(s) shown on your tax return NICHOLAS J & MARILYN J <MOSBY | | Your social security number or EIN <div style="background-color: black; color: white; padding: 2px;">[REDACTED] 4090</div> |

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)

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|----|---|----|--|---|
| 1 Taxable interest (see instructions) | | | | | 0 |
| 2 Ordinary dividends (see instructions) | | | | | 0 |
| 3 Annuities (see instructions) | | | | | 0 |
| 4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) | 4a | 0 | | | |
| | | | | | |
| b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | 0 | | | |
| c Combine lines 4a and 4b | | | 4c | | 0 |
| 5a Net gain or loss from disposition of property (see instructions) | 5a | 0 | | | |
| | | | | | |
| b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | 0 | | | |
| c Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | 0 | | | |
| d Combine lines 5a through 5c | | | 5d | | 0 |
| 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) | | | 6 | | 0 |
| 7 Other modifications to investment income (see instructions) | | | 7 | | 0 |
| 8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | | 8 | | 0 |

Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | | | |
|-------------------------------------------------------------------|----|---|----|--|---|
| 9a Investment interest expenses (see instructions) | 9a | 0 | | | |
| b State, local, and foreign income tax (see instructions) | 9b | 0 | | | |
| c Miscellaneous investment expenses (see instructions) | 9c | | | | |
| d Add lines 9a, 9b, and 9c | | | 9d | | 0 |
| 10 Additional modifications (see instructions) | | | 10 | | 0 |
| 11 Total deductions and modifications. Add lines 9d and 10 | | | 11 | | 0 |

Part III Tax Computation

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|----|--|---|
| 12 Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0- | | | | | 0 |
| Individuals: | | | | | |
| 13 Modified adjusted gross income (see instructions) | 13 | 255,128 | | | |
| 14 Threshold based on filing status (see instructions) | 14 | 250,000 | | | |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 5,128 | | | |
| 16 Enter the smaller of line 12 or line 15 | | | 16 | | 0 |
| 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions) | | | 17 | | 0 |
| Estates and Trusts: | | | | | |
| 18a Net investment income (line 12 above) | 18a | 0 | | | |
| b Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) | 18b | | | | |
| c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- | 18c | | | | |
| 19a Adjusted gross income (see instructions) | 19a | | | | |
| b Highest tax bracket for estates and trusts for the year (see instructions) | 19b | | | | |
| c Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | | | | |
| 20 Enter the smaller of line 18c or line 19c | | | 20 | | |
| 21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions) | | | 21 | | |

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

Cat. No. 59474M

Form 8960 (2018)

Additional Data

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

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TY 2018 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 | 337 |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS | ORIGINAL DATA - Production | DLN: 14221688728649 |
| SCHEDULE A (Form 1040) <small>(Rev. January 2018) Department of the Treasury Internal Revenue Service (95)</small> | Itemized Deductions ▶Go to www.irs.gov/ScheduleA for instructions and the latest information. ▶Attach to Form 1040. Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16. | <small>OMB No. 1545-0074</small> 2018 Attachment Sequence No. 07 |

Name(s) shown on Form 1040: **NICHOLAS J & MARILYN J-MOSBY** Your social security number: **4090**

| | | | |
|-------------------------------------------------------------------------------------------------------------|----------|--|----------|
| Medical and Dental Expenses Caution: Do not include expenses reimbursed or paid by others. | | | |
| 1 Medical and dental expenses (see instructions) | 1 | | |
| 2 Enter amount from Form 1040 line 7 | 2 | | |
| 3 Multiply line 2 by 7.5% (0.075) | 3 | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|-----------------|
| Taxes You Paid | | | |
| 5 State and local taxes. | | | |
| a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 20,134 | |
| b State and local real estate taxes (see instructions) | 5b | 5,175 | |
| c State and local personal property taxes | 5c | 0 | |
| d Add lines 5a through 5c | 5d | 25,309 | |
| e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000 | |
| 6 Other taxes. List type and amount ▶ | 6 | | |
| 7 Add lines 5e and 6 | | | 7 10,000 |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|------------------|
| Interest You Paid Caution: Your mortgage interest deduction may be limited (see instructions). | | | |
| 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | | |
| a Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 17,595 | |
| b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ | 8b | | |
| c Points not reported to you on Form 1098. See instructions for special rules | 8c | 0 | |
| d Mortgage insurance premiums (see instructions) | 8d | | |
| e Add lines 8a through 8d | 8e | 17,595 | |
| 9 Investment interest. Attach Form 4952 if required. See instructions | 9 | | |
| 10 Add lines 8e and 9 | | | 10 17,595 |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|------------------|
| Gifts to Charity <small>If you made a gift and got a benefit for it see instructions.</small> | | | |
| 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 16,454 | |
| 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | 500 | |
| 13 Carryover from prior year | 13 | 0 | |
| 14 Add lines 11 through 13 | | | 14 16,954 |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|----------|
| Casualty and Theft Losses | | | |
| 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | | 0 |

| | | | |
|--------------------------------------------------------------|-----------|--|--|
| Other Itemized Deductions | | | |
| 16 Other — from list in instructions. List type and amount ▶ | 16 | | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|--|---------------|
| Total Itemized Deductions | | | |
| 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8 | 17 | | 44,549 |
| 18 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/> | | | |

For Paperwork Reduction Act Notice, see the instructions for Form 1040. Cat. No. 17145C Schedule A (Form 1040) 2018

Additional Data

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

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SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2018

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment Sequence No. 09

Name of proprietor: NICHOLAS J MOSBY. Social security number (SSN): [redacted]-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.): City, town or post office, state, and ZIP code

F Accounting method: (1) [x] Cash (2) [] Accrual (3) [] Other (specify). G Did you "materially participate" in the operation of this business during 2018? [x] Yes [] No. H If you started or acquired this business during 2018, check here. [] I Did you make any payments in 2018 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 [] No.

Part I Income table with 7 rows. Line 1: Gross receipts or sales 49,227. Line 2: Returns and allowances 0. Line 3: Subtract line 2 from line 1 49,227. Line 4: Cost of goods sold (from line 42). Line 5: Gross profit 49,227. Line 6: Other income 0. Line 7: Gross Income 49,227.

Part II Expenses table with 29 rows. Line 8: Advertising 2,513. Line 9: Car and truck expenses 3,456. Line 10: Commissions and fees 0. Line 11: Contract labor 0. Line 12: Depletion. Line 13: Depreciation and section 179 expense deduction 1,116. Line 14: Employee benefit programs 0. Line 15: Insurance 0. Line 16: Interest 0. Line 16a: Mortgage 0. Line 16b: Other 0. Line 17: Legal and professional services 3,534. Line 18: Office expense 4,539. Line 19: Pension and profit-sharing plans 0. Line 20: Rent or lease 2,748. Line 20a: Vehicles, machinery, and equipment. Line 20b: Other business property 6,213. Line 21: Repairs and maintenance 0. Line 22: Supplies 4,408. Line 23: Taxes and licenses 0. Line 24: Travel and meals 13,523. Line 24a: Travel. Line 24b: Deductible meals 4,864. Line 25: Utilities 4,598. Line 26: Wages 0. Line 27a: Other expenses 859. Line 27b: Reserved for future use. Line 28: Total expenses before expenses for business use of home 52,371. Line 29: Tentative profit or (loss) -3,144. Line 30: Expenses for business use of your home 0. Line 31: Net profit or (loss) -3,144. Line 32: Investment at risk.

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 11334P Schedule C (Form 1040) 2018

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, 36, 37, 38, 39, 40, 41, 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 2018, 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 (CELL PHONE) and Amount (859)

48 Total other expenses. Enter here and on line 27a 48 859

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: 14221688728649 | |
|----------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| a Employee's social security number [REDACTED] 7577 | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile. | |
| b Employer identification number (EIN) 52-6000769 | | 1 Wages, tips, other compensation 206,927 | | 2 Federal income tax withheld 36,011 | |
| c Employer's name, address, and ZIP code MAYOR [REDACTED] E [REDACTED] BALTIMORE, MD [REDACTED] | | 3 Social security wages 128,400 | | 4 Social security tax withheld 7,961 | |
| | | 5 Medicare wages and tips 236,348 | | 6 Medicare tax withheld 3,754 | |
| | | 7 Social security tips 0 | | 8 Allocated tips 0 | |
| d Control number | | 9 Verification code | | 10 Dependent care benefits 0 | |
| e Employee's first name and initial MARILYN J MOSBY | | Last name MOSBY | | Suff. [REDACTED] | |
| f Employee's address and ZIP code [REDACTED] N [REDACTED] BALTIMORE, MD [REDACTED] | | 11 Nonqualified plans 0 | | 12a See instructions for box 12 C G 18,500 | |
| | | 13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | 12b C DD 20,479 | |
| | | 14 Other | | 12c C D E F G H I J K L M N O P Q R S T U V W X Y Z | |
| 15 State Employer's state ID number MD 03683527 | | 16 State wages, tips, etc. 206,927 | | 17 State income tax 16,493 | |
| | | 18 Local wages, tips, etc. | | 19 Local income tax | |
| | | | | 20 Locality name | |

Form **W-2** Wage and Tax Statement **2018** Department of the Treasury—Internal Revenue Service

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

Additional Data

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

Standard or NonStandard Cd: S

| efile GRAPHIC print - DO NOT PROCESS | | ORIGINAL DATA - Production | | DLN: 14221688728649 | | | |
|-------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------|---------------------|------------------------------------------------|--|
| a Employee's social security number [REDACTED]-4090 | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use | | Visit the IRS website at www.irs.gov/efile. | |
| b Employer Identification number (EIN) 52-6002033 | | 1 Wages, tips, other compensation 47,557 | | 2 Federal income tax withheld 3,442 | | | |
| c Employer's name, address, and ZIP code STATE PO BOX ANNAPOLIS, MD [REDACTED] | | 3 Social security wages 51,080 | | 4 Social security tax withheld 3,167 | | | |
| | | 5 Medicare wages and tips 51,080 | | 6 Medicare tax withheld 741 | | | |
| | | 7 Social security tips 0 | | 8 Allocated tips 0 | | | |
| d Control number | | 9 Verification code | | 10 Dependent care benefits 0 | | | |
| e Employee's first name and initial Last name Suff. NICHOLAS J MOSBY | | 11 Nonqualified plans 0 | | 12a See instructions for box 12 c o d e | | | |
| f Employee's address and ZIP code [REDACTED] N [REDACTED] BALTIMORE, MD [REDACTED] | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b c o d e | | | |
| | | 14 Other STPICKUP 3,523 | | 12c c o d e | | | |
| | | OTHER FRINGE 750 | | 12d c o d e | | | |
| 15 State MD | Employer's state ID number 525002033 | 16 State wages, tips, etc. 47,557 | 17 State income tax 3,641 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

Form **W-2** Wage and Tax Statement **2018** 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.

Form W-2, Line 14

| Description | Amount |
|--------------|--------|
| STPICKUP | 3,523 |
| OTHER FRINGE | 750 |

Additional Data

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

Standard or NonStandard Cd: S