

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221569284390

Form 1040 U.S. Individual Income Tax Return

2019

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this

Filing Status: Amended Return, Single, Married filing jointly, Married filing separately (MFS), Head of Household (HOH), Qualifying widow(er) (QW)

Check only one box: If you checked the MFS box, enter the name of spouse. If you check the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. NICHOLAS MOSBY

Your first name and middle initial: MARILYN J MOSBY; Last name: MOSBY; Your social security number: 7577; Spouse's social security number: 4090

Home address (number and street), if you have a P.O. box, see instructions. Apt. no.

Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You

City, town, or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). BALTIMORE, MD

Foreign country name, Foreign province/state/county, Foreign postal code. If more than four dependents, see instructions and check here

Standard Deduction

Someone can claim: You as a dependent, Your spouse as a dependent

Age/Blindness

You: Were born before January 2, 1965, Are blind; Spouse: Was born before January 2, 1965, Is blind

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, (4) Credit for other dependents. Includes one dependent: DAUGHTER.

Main income tax table with columns for various income types (1-11b) and total amounts. Total taxable income: 169,484.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2019)

CERTIFIED TRUE COPY

No. of Pages 25 Date 3-17-22

By: Leoni Wulliam

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

GOVT. EXHIBIT NO. 16 CASE NO. LKG-22-007 IDENTIFICATION ADMITTED

Form 1040 (2019)

Page 2

12a Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	35,551	
b Add Schedule 2, line 3, and line 12a and enter the total	12b		35,551
13a Child tax credit or credit for other dependents	13a	2,000	
b Add Schedule 3, line 7, and line 13a and enter the total	13b		2,000
14 Subtract line 13b from line 12b. If zero or less, enter -0-	14		33,551
15 Other taxes, including self-employment tax, from Schedule 2, line 10	15		1,001
16 Add lines 14 and 15. This is your total tax	16		34,552
17 Federal income tax withheld from Forms W-2 and 1099	17		35,101
18 Other payments and refundable credits:			
a Earned income credit (EIC)	18a		
b Additional child tax credit. Attach Schedule 8812	18b		
c American opportunity credit from Form 8863, line 8	18c		
d Schedule 3, line 14	18d	0	
e Add lines 18a through 18d. These are your total other payments and refundable credits	18e		0
19 Add lines 17 and 18e. These are your total payments	19		35,101
Refund 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20		549
21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here	21a		549
Direct deposit? See instructions.			
b Routing number		1633	
c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d Account number		9041	
22 Amount of line 20 you want applied to your 2020 estimated tax	22		
Amount You Owe 23 Amount you owe . Subtract line 19 from line 16. For details on how to pay, see instructions	23		0
24 Estimated tax penalty (see instructions)	24		0

Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. No. Complete below.

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
*****	06-17-2020	STATES ATTORNEY	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Phone no. (443) 570-7391 Email address ssmall@sjsfinancialfirm.com

Preparer's name SHARIF J SMALL Preparer's signature Date 06-17-2020 PTIN P01268429 Check if: 3rd Party Designee Self-employed

Firm's name SJS FINANCIAL FIRM LLC Phone no. -0739

Firm's address BALTIMORE, MD, Firm's EIN 2561

Go to www.irs.gov/Form1040 for instructions and the latest information. Form 1040 (2019)

Additional Data

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

Top Right Margin - Refund Product Code: NO FINANCIAL PRODUCT
Filing Status - Spouse's Name: NICHOLAS MOSBY
Header - Primary Name Control: MOSB
Header - Spouse Name Control: MOSB
Dependent 1 Name Control: MOSB

Line 18a - Earned Income Credit Eligibility Literal Code: NO

eFile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production		DLN: 16221569284390
Form 2106 Department of the Treasury Internal Revenue Service (99)	Employee Business Expenses (for use only by Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and employees with impairment-related work expenses) ▶ Attach to Form 1040, Form 1040-SR, or Form 1040-NR. ▶ Go to www.irs.gov/Form2106 for instructions and the latest information.	OMB No. 1545-0074 2019 Attachment Sequence No. 129 Social security number [REDACTED]-7577
Your name MARILYN J MOSBY	Occupation in which you incurred expenses STATES ATTORNEY	

Part I Employee Business Expenses and Reimbursements

	Column A Other Than Meals	Column B Meals
Step 1 Enter Your Expenses		
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	0	
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	0	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals	2,714	
4 Business expenses not included on lines 1 through 3. Don't include meals	3,428	
5 Meals expenses (see instructions)		1,781
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6,142	1,781

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)		
	0	0

Step 3 Figure Expenses To Deduct

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040 or Form 1040-SR, line 1 (or on Form 1040-NR, line 8).		
	6,142	1,781
Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.		
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	6,142	891
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule 1 (Form 1040 or 1040-SR), line 11 (or Form 1040-NR, line 34). Employees with impairment-related work expenses, see the instructions for rules on where to enter the total on your return. ▶		7,033

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 11700N Form **2106**(2019)

Part II Vehicle Expenses

Section A-General Information (You must complete this section if you are claiming vehicle expenses.)

Table with 3 columns: Line number, Description, (a) Vehicle 1, (b) Vehicle 2. Rows 11-17 cover dates, total miles, business miles, percent of business use, average daily roundtrip commuting distance, and other miles. Rows 18-21 are yes/no questions about personal use and evidence.

Section B-Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

Row 22: Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1. Column 22.

Section C-Actual Expenses

Table with 3 columns: Line number, Description, (a) Vehicle 1, (b) Vehicle 2. Rows 23-29 cover gasoline, repairs, insurance, vehicle rentals, employer-provided vehicle value, depreciation, and total expenses.

Section D-Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

Table with 3 columns: Line number, Description, (a) Vehicle 1, (b) Vehicle 2. Rows 30-38 cover cost or other basis, section 179 deduction, depreciation method, applicable limit, and final depreciation amount.

Additional Data

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

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221569284390

Form 8867

Paid Preparer's Due Diligence Checklist

OMB No. 1545-1629

2019

Attachment Sequence No. 70

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status.

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

Go to www.irs.gov/Form8867 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return MARILYN J <MOSBY

Taxpayer identification number 2577

Enter preparer's name and PTIN SHARIF J SMALL P01268429

Part I Due Diligence Requirements

Table with 5 columns: Question, EIC, CTC/ACTC/ODC, AOTC, HOH. Contains 8 rows of questions regarding tax credit eligibility and documentation.

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 26142H Form 8867 (2019)

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, contemporaneously 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 compute the amount(s) of the credit(s);
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 this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
If you have not complied with all due diligence requirements, you may have to pay a \$530 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: ██████-7577
Spouse SSN: ██████-4090
Name: MARILYN J<MOSBY

Dua Diligence Requirements LINE S Additional Notes and Document List
SCHOOL

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221569284390

Form **8959**

Additional Medicare Tax

OMB No. 1545-0074

2019

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, Form 1040-SR, 1040NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Attachment
Sequence No. **71**

Name(s) shown on return

Your social security number

MARILYN J<MOSBY

██████-7577

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	236,186	
2	Unreported tips from Form 4137, line 6	2	0	
3	Wages from Form 8919, line 6	3	0	
4	Add lines 1 through 3	4	236,186	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	125,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		111,186
7	Additional Medicare tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		1,001

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040 or 1040-SR), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	0	
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	125,000	
10	Enter the amount from line 4	10	236,186	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		0

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

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

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040 or 1040-SR), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V	18		1,001
-----------	--	-----------	--	-------

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,750	
20	Enter the amount from line 1	20	236,186	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,425	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		325
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		0
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040 or Form 1040-SR, line 17 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		325

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

Cat. No. 59475X

Form **8959** (2019)

Additional Data

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

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221569284390

Form 8960

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

2019

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 72

Name(s) shown on your tax return MARILYN J<MOSBY

Your social security number or EIN

0-7577

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

Table with 8 rows for investment income. Line 1: Taxable interest (0). Line 2: Ordinary dividends (0). Line 3: Annuities (0). Lines 4a-4c: Rental real estate, royalties, etc. (0). Lines 5a-5d: Net gain or loss from disposition of property (0). Line 6: Adjustments to investment income (0). Line 7: Other modifications (0). Line 8: Total investment income (0).

Part II Investment Expenses Allocable to Investment Income and Modifications

Table with 4 rows for investment expenses. Line 9a: Investment interest expenses (0). Line 9b: State, local, and foreign income tax (0). Line 9c: Miscellaneous investment expenses (0). Line 9d: Add lines 9a, 9b, and 9c (0). Line 10: Additional modifications (0). Line 11: Total deductions and modifications (0).

Part III Tax Computation

Table with 11 rows for tax computation. Line 12: Net investment income (0). Lines 13-15: Modified adjusted gross income (193,214), threshold (125,000), and subtraction (68,214). Line 16: Smaller of 12 or 15 (0). Line 17: Net investment income tax for individuals (0). Lines 18a-18c: Net investment income (0), deductions (0), and undistributed net investment income (0). Lines 19a-19c: Adjusted gross income (0), highest tax bracket (0), and subtraction (0). Line 20: Smaller of 18c or 19c (0). Line 21: Net investment income tax for estates and trusts (0).

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

Cat. No. 59474M

Form 8960 (2019)

Additional Data

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

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221569284390

TY 2019 Other Tax Statement

Name: MARILYN J<MOSBY

SSN: [REDACTED]-7577

Spouse SSN: [REDACTED]-4090

Other Tax Literal	Other Tax Amount
FROM FORM 8959	1,001

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221569284390

SCHEDULE 1 (Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR.

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

Name(s) shown on Form 1040 or 1040-SR MARILYN J MOSBY

Your social security number -7577

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency during the year? Yes No

Part I Additional Income

Table with 9 rows for Additional Income. Line 1: Taxable refunds, credits, or offsets of state and local income taxes. Line 2a: Alimony received. Line 3: Business income or (loss). Line 4: Other gains or (losses). Line 5: Rental real estate, royalties, partnerships, S corporations, trusts, etc. Line 6: Farm income or (loss). Line 7: Unemployment compensation. Line 8: Other income. Line 9: Combine lines 1 through 8. Total: -5,000.

Part II Adjustments to Income

Table with 12 rows for Adjustments to Income. Line 10: Educator expenses. Line 11: Certain business expenses of reservists, performing artists, and fee-basis government officials. Line 12: Health savings account deduction. Line 13: Moving expenses for members of the Armed Forces. Line 14: Deductible part of self-employment tax. Line 15: Self-employed SEP, SIMPLE, and qualified plans. Line 16: Self-employed health insurance deduction. Line 17: Penalty on early withdrawal of savings. Line 18a: Alimony paid. Line 19: IRA Deduction. Line 20: Student loan interest deduction. Line 21: Tuition and fees. Line 22: Add lines 10 through 21. Total: 7,033.

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

Cat. No. 71479F

Schedule 1 (Form 1040 or 1040-SR) 2019

Additional Data

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

Line 22 - Other Adjustments Total Amount: 0

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221569284390

SCHEDULE 2 (Form 1040 or 1040-SR)

Additional Taxes

OMB No. 1545-0074

2019 Attachment Sequence No. 02

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form1040 for Instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR MARILYN J<MOSBY

Your social security number [REDACTED] 577

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	0
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
7b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	1,001
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 15	10	1,001

For Paperwork Reduction Act Notice, see your tax return Instructions. Cat. No. 71478U Schedule 2 (Form 1040 or 1040-SR) 2019

Additional Data

Software ID:

Software Version:

SSN: [REDACTED]-7577

Spouse SSN: [REDACTED]-4090

Name: MARILYN J<MOSBY

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221569284390

SCHEDULE A
(Form 1040 or
1040-SR)

Itemized Deductions

OMB No. 1545-0074

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

2019

Attach to Form 1040 or 1040-SR.

Attachment
Sequence No. 07

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

MARILYN J<MOSBY

7577

Section	Line	Description	Amount	Total
Medical and Dental Expenses	1	Medical and dental expenses (see instructions)		
	2	Enter amount from Form 1040 or 1040-SR, line 8b	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		
	5a	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"/>	16,341	
	5b	State and local real estate taxes (see instructions)	0	
	5c	State and local personal property taxes	0	
	5d	Add lines 5a through 5c	16,341	
	5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5,000	
	6	Other taxes. List type and amount	6	
7	Add lines 5e and 6	7	5,000	
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"/>		
	8a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	0	
	8b	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	
	8c	Points not reported to you on Form 1098. See instructions for special rules	0	
	8d	Mortgage insurance premiums (see instructions)	0	
	8e	Add lines 8a through 8d	0	
	9	Investment interest. Attach Form 4952 if required. See instructions	9	
	10	Add lines 8e and 9	10	0
	Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	18,230
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	500	
13		Carryover from prior year	13	
14		Add lines 11 through 13	14	18,730
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 or 1040-SR, line 9	17	23,730
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see the instructions for Form 1040 and 1040-SR. Cat. No. 17145C Schedule A (Form 1040 or 1040-SR) 2019

Additional Data

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

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221569284390

SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2019

Department of the Treasury Internal Revenue Service (99)

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment Sequence No. 09

Name of proprietor: MARILYN J MOSBY Social security number (SSN): [redacted]-7577

A Principal business or profession, including product or service (see instructions): TRAVELING AND CONSULTING B Enter code from instructions: 999999

C Business name, if no separate business name, leave blank: MAHOGANY ELITE ENTERPRISES LLC D Employer ID number (EIN)/(see instr.): [redacted]9867

E Business address (including suite or room no.): City, town or post office, state, and ZIP code

F Accounting method: (1) [checked] Cash (2) [] Accrual (3) [] Other (specify) G Did you "materially participate" in the operation of this business during 2019? [checked] Yes [] No H If you started or acquired this business during 2019, check here. [] I Did you make any payments in 2019 that would require you to file Form(s) 1099? [] Yes [checked] No J If "Yes," did you or will you file required Forms 1099? [] Yes [] No

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

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

28 Total expenses before expenses for business use of home. Add lines 8 through 27a: 5,000 29 Tentative profit or (loss). Subtract line 28 from line 7: -5,000

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. 30 0

31 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 31 -5,000

32 If you have a loss, check the box that describes your investment in this activity (see instructions). 32a [checked] All investment is at risk. 32b [] Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate Instructions. Cat. No. 11334PSchedule C (Form 1040 or 1040-SR) 2019

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 and Line Number. Rows include: 35 Inventory at beginning of year, 36 Purchases less cost of items withdrawn for personal use, 37 Cost of labor, 38 Materials and supplies, 39 Other costs, 40 Add lines 35 through 39, 41 Inventory at end of year, 42 Cost of goods sold.

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 2019, 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 and Amount. Multiple rows for listing expenses.

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

Additional Data

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

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 16221569284390

**SCHEDULE C
(Form 8995-A)**

Loss Netting and Carryforward

OMB No. 1545-0123

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 8995-A.
▶ Go to www.irs.gov/Form8995-A for instructions and the latest information.

Attachment
Sequence No. **55D**

Name(s) shown on return: **MARILYN J<MOSBY** Your taxpayer identification number: **7577**

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	MAHOGANY ELITE ENTERPRISES LLC	-4,124	0	0

2	Qualified business net (loss) carryforward from prior years. See instructions	2	0
3	Total trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades or business	3	-4,124
4	Total trades, businesses, or aggregations income. Add the positive amounts on lines 1, column (a), for all trades, businesses, or aggregations	4	0
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each trade, business, or aggregation on line 1, column (b). See instructions	5	0
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	6	-4,124

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 71661B Schedule C (Form 8995-A) 2019

Additional Data

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

efile GRAPHIC print - DO NOT PROCESS		ORIGINAL DATA - Production		DLN: 16221569284390	
a Employee's social security number [REDACTED] 7577		OMB No. 1545-0008		Safe, accurate, FASTI Use Visit the IRS website at www.irs.gov/efile.	
b Employer identification number (EIN) 52-6000769		1 Wages, tips, other compensation 205,247		2 Federal income tax withheld 34,776	
c Employer's name, address, and ZIP code MAYOR AND CITY COUNCIL OF BALT [REDACTED] E [REDACTED] D BALTIMORE, MD 21202		3 Social security wages 132,900		4 Social security tax withheld 8,240	
		5 Medicare wages and tips 236,186		6 Medicare tax withheld 3,750	
		7 Social security tips 0		8 Allocated tips 0	
d Control number		9		10 Dependent care benefits 0	
e Employee's first name and Initial Last name Suff. MARILYN J MOSBY		11 Nonqualified plans 0		12a See instructions for box 12 C G 19,000	
		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b C DD 22,100	
		14 Other		12c C E D F	
				12d C D E F	
f Employee's address and ZIP code BALTIMORE, MD [REDACTED]		15 State Employer's state ID number MD 03683527		16 State wages, tips, etc. 205,247	
		17 State income tax 16,341		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement **2019** 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: ██████████7577
Spouse SSN: ██████████4-4090
Name: MARILYN J<MOSBY

Standard or NonStandard Cd: S
Line C - Employer Name Control: MAYO