| efile GRAPHIC print - DO NO | T PROCESS 0 | RIGINAL DATA | - Production | | DLN: | 16221569284390 |] |
|---|---|--|--|--|---|---|---------------------------------------|
| | ry—Internal Revenue Service ual Income T | ax 20 | 019 OMB NO. 1545- | 0074 | | <u>^</u> | |
| 1 1000 | | | | | | V | |
| S Use Only~Do not write or staple in | | | · · · · · · · · · · · · · · · · · · · | | | | - |
| encon is a child | | e name of spouse. | If you check the HOH or | | | | |
| our first name and middle initial | | Last name | | | | security number | • |
| MARILYN J <mosby 🎜<br="">If joint return, spouse's first name a</mosby> | and middle initial | Last name | | | | ocial security number | - |
| deme address (number and street). If you | u have a P.O. boy see i | natructions | | Apt. no. | -409 | 0 | • |
| one address (number and sheety, it you | a nave a 1 -0, pos, 500 i | 124 444013 | | - 4 -11 | | ^ | |
| ity, lown, or post office, state, and ZIP o | oode. If you have a forek | on address, also con | rplete spaces below (see inst | Chi join Chi tax | eck here if you, fly, want \$3 to ; ecking a box be | election Campaign or your spouse if lifing go to this fund. low will not change your | |
| ALTIMORE, MD | Foreign p | rovince/state/county | Foreign postal code | | | n four dependents, ions and √ here ► □ | |
| tandard eduction | | | L | | | A | |
| omeone can claim: 🔲 You as a dep | endent 🗌 Your spor | use as a dependent | | | | Ç | |
| a/Blindness | | · | | | | | |
| u: Were born before January 2, 1 | 1055 The North | | | | | ₩ | |
| Dependents (see instructions): | (2) Saci | Spouse: L_1 Wa al security number | s born before January 2, 195 (3) Relationship to you | (4) √ | if qualifies for | (see instructions): | |
| Dependents (see instructions): | (2) Saci | | | (4) J Child tax | if qualifies for credit (| (see instructions): Gredit for other dependents | |
| Dependents (see instructions): | (2) Saci | al security number | (3) Relationship to you | (4) √ | if qualifies for credit (| redit for other dependents | |
| ependents (see instructions): | (2) Saci | al security number | (3) Relationship to you | (4) / Child tax [기 | if qualifies for credit (| Credit for other dependents | |
| Dependents (see instructions): | (2) Saci | al security number | (3) Relationship to you | (4) d Child tax | if qualifies for credit (| Credit for other dependents | - |
| Dependents (see instructions): (1) First name Last name Manual Manual Last name Manual Man | (2) Saci | al security number | (3) Relationship to you | Child tax | if qualifies for credit (| Credit for other dependents | |
| Dependents (see instructions): 1) First name Last name M Standard Deduction for Single or Married filing separately, A RA distributions Reference instructions): 1 Wages, salarie 2a Tax-exempt in 3a Qualified divid 4a IRA distributions | es, tips, etc. Attach Fortherest . 2a ends 3a ends 4a | al security number | b Taxable interest Attach So b Ordinary dividends. Atlach b Taxable amount | Child tax | if qualifies for credit (| Credit for other dependents | · · |
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| Dependents (see instructions): 1) First name Last name Maried Maried filing separately, \$12,200 Maried filing jointly or Last name Mages, salarie 2a Tax-exempt in 3a Qualified divid 4a IRA distribution 5a Social security | es, tips, etc. Attach Forterest 2a ends 3a ennuities 4c benefits 5a | -7206 -7206 -7206 -7206 | b Taxable interest Attach So b Ordinary dividends. Atlach b Taxable amount | Child tax | if qualifies for credit (| | - - - - |
| Dependents (see instructions): 1) First name Last name Marie Ma | es, tips, etc. Attach Foterest - 2a ends 3a ennuities 4c benefits 5a r (loss). Attach Sched from Schedule 1, line | -7206 -7206 -7206 -7206 -7206 -7206 -7206 | b Taxable interest Attach So Grdinary dividends. Allach b Taxable amount d Taxable amount b Taxable amount If not required, check her | Child tax | if qualifies for credit (| © 205,247 | - - - - |
| Dependents (see instructions): 1) First name Last name Married fling separately, \$12,200 Married filing jointly or Qualifying widow(er), \$24,400 Head of 1) Wages, salaries 2a Tax-exempt in 3a Qualified divid 4a IRA distributor control of the c | es, tips, etc. Attach Fonterest 2a ends 3a ennuities 4c benefits 5a r (loss). Attach Sched from Schedule 1, line etc., 3b, 4b, 4d, 5b, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, | -7206 -7206 -7206 orm(s) W-2 jule D if required 19 and 7a. This is you | b Taxable interest Attach So Grdinary dividends. Allach b Taxable amount d Taxable amount b Taxable amount is Taxable amount in total income. | Child tax | if qualifies for credit (| © 205,247 0 0 -5,000 200,247 | - - - - - - |
| tandard leduction for Single or Married filing separately, \$12,200 Married filing joinly or Qualifying widow(er). \$24,400 Head of household, \$18,350 Head of household, \$20,400 Head of household, \$18,350 Head of household, \$20,400 Head of | es, tips, etc. Attach Fonterest 2a ends 3a ennuities 4c benefits 5a r (loss). Attach Sched from Schedule 1, line o, 3b, 4b, 4d, 5b, 6, 6 o income from Sched | -7206 -7206 -7206 -7206 -7206 -7206 -7206 -7206 -7206 -7206 -7206 -7206 -7206 -7206 -7206 -7206 -7206 -7206 | b Taxable interest Attach So Ordinary dividends. Allach b Taxable amount d Taxable amount b Taxable arrount. If not required, check her ur total income | Child tax | if qualifies for credit (| © 205,247 0 0 -5,000 200,247 7,033 | · · · · · · · · · · · · · · · · · · · |
| tandard leduction for Single or Married filing separately, \$12,200 Married filing jointly or Qualifying widow(er). \$24,400 Head of household, \$18.350 If you checked | es, tips, etc. Attach Forterest 2a annuities 4c benefits 5a r (loss). Attach Sched from Schedule 1, line o, 3b, 4b, 4d, 5b, 6, 6, o income from Sched a from line 7b. This is | -7206 | b Taxable interest Attach Scib Ordinary dividends. Atlach b Taxable amount d Taxable amount b Taxable amount lift not required, check her ar total income | Child tax | if qualifies for credit (| © 205,247 0 0 -5,000 200,247 7,033 | · · · · · · · · · · · · · · · · · · · |
| tandard leduction for Single or Married filing separately, \$12,200 Married filing jointly or Qualifying widow(er). \$24,400 Head of household, \$18,350 Head o | es, tips, etc. Attach Fonterest 2a ends 3a ennuities 4c benefits 5a r (loss). Attach Sched from Schedule 1, line o, 3b, 4b, 4d, 5b, 6, 6 o income from Sched | al security number 7206 Print(s) W-2 Jule D if required. 19 Jule 1, line 22 5 your adjusted of deductions (from | b Taxable interest. Attach Scib Ordinary dividends. Allach b Taxable amount b Taxable amount b Taxable amount If not required, check her total income pross income a Schedule A) | Child tax | if qualifies for credit (| © 205,247 0 0 -5,000 200,247 7,033 | · · · · · · · · · · · · · · · · · · · |
| tandard eduction for - Single or Married filing separately, \$12,200 Married filing separately, \$12,200 Married filing cintly or Qualifying widow(er), \$24,400 Mead of nousohold, \$18,350 if you checked any box under \$18 and \$20 Married filing control of the comment of the comme | es, tips, etc. Attach For therest . 2a ends . 3a ennuities . 4c ends . 5a r (loss). Attach Sched from Schedule 1, line at the control of the | al security number 7206 7206 prm(s) W-2 and 7a. This is you use 1, line 22 s your adjusted of deductions (from 8995 or Face). | b Taxable interest Attach Sc b Ordinary dividends. Atlach b Taxable amount d Taxable amount b Taxable amount b Taxable arrount If not required, check her ar total income ar total income ar Schedule A) gam 8995-A 10 | Child tax | if qualifies for credit (| © 205,247 © 0 0 0 -5,000 200,247 7,033 193,214 | - |
| pendents (see instructions):) First name Last name M andard duction for - lingle or darried filing sparately, 12.200 Aarried filing intly or 124.400 feed of ousohold, 18.350 (ryou checked ony box under landard peduction, see estructions. 1 Wages, salarie 2a Tax-exempt in 3a Qualified divid 4a IRA distributio C Pensions and a Social security 6 Capital gain or Capital gain or Other income 5 Add lines 1, 2t 8a Adjustments to Subtract line & Standard dec 10 Qualified busine 11a Add lines 9 an b Taxable inco | es, tips, etc. Attach Forterest . 2a lends 3a lends 4c lends 5a lends 5a lends 6, 3b, 4b, 4d, 5b, 6, 6, or income from Sched 6a from line 7b. This induction or itemized as income deduction. At did 10 | al security number 7206 7206 prm(s) W-2 and 7a. This is you ule 1, line 22 s your adjusted of deductions (from 1995 or February 1995 or F | b Taxable interest Attach Scib Ordinary dividends. Atlach b Taxable amount b Taxable amount b Taxable amount b Taxable arrount If not required, check her ar total income care schedule A) 9 care 8995-A 10 | Child tax | if qualifies for credit (| 0 0 200,247 7,033 193,214 23,730 169,484 | - |
| tandard eduction for - Single or Married filing separately, 512,200 Married filing of the double of | es, tips, etc. Attach Forterest . 2a lends 3a lends 4c lends 5a lends 5a lends 6, 3b, 4b, 4d, 5b, 6, 6, or income from Sched 6a from line 7b. This induction or itemized as income deduction. At did 10 | al security number 7206 7206 prm(s) W-2 and 7a. This is you ule 1, line 22 s your adjusted of deductions (from 1995 or February 1995 or F | b Taxable interest Attach Scib Ordinary dividends. Atlach b Taxable amount b Taxable amount b Taxable amount b Taxable arrount If not required, check her ar total income care schedule A) 9 care 8995-A 10 | Child tax | if qualifies for credit () 1 2b 4b 5b 6 7a 8a 8a 8b 23,730 | © 205,247 0 0 -5,000 200,247 7,033 193,214 | |
| Dependents (see instructions): (1) First name Last name M Standard Deduction for - Single or Married filing separately, \$12,200 Married filing joinity or Qualifying widow(er), \$24,400 Mead of Head of Household, \$18,350 Head of Household, \$18,400 Head of | es, tips, etc. Attach Forterest . 2a lends 3a lends 4c lends 5a lends 5a lends 6, 3b, 4b, 4d, 5b, 6, 6, or income from Sched 6a from line 7b. This induction or itemized as income deduction. At did 10 | al security number 7206 Print(s) W-2 and 7a. This is you let 1, line 22 s your adjusted of deductions (from the form 8995 or Fig. 1) a from line 8b. If z office, see separate in the second secon | b Taxable interest Attach St. b Ordinary dividends. Atlach b Taxable amount d Taxable amount b Taxable amount b Taxable amount frost required, check her total income screen Schedule A) form 8995-A Total income Cat | Child tax Child tax | if qualifies for credit () 1 2b 4b 5b 6 7a 8a 8a 8b 23,730 | 0 0 200,247 7,033 193,214 23,730 169,484 | |
| Standard Deduction for - Single or Married filing separately, \$12,200 Married filing jointly or Qualifying widow(er), \$24,400 Head of Head of Household, \$18,350 Head of Hyou checked any box under Standard Deduction, see instructions. Last name Married Married Index of Tax-exempt in Index of IRA distribution Pensions and a Social security 6 Capital gain or Other income b Add lines 1, 2th 8a Adjustments to Subtract line 6 Subtract line 6 Subtract line 6 Qualified busine Instructions. | es, tips, etc. Attach Forterest . 2a lends 3a lends 4c lends 5a lends 5a lends 6, 3b, 4b, 4d, 5b, 6, 6, or income from Sched 6a from line 7b. This induction or itemized as income deduction. At did 10 | al security number 7206 7206 Prim(s) W-2 and 7a. This is you ule 1, line 22 s your adjusted of deductions (from tach Form 8995 or File 1, line 895 or File 2, see separate in the second s | b Taxable interest Attach St. b Ordinary dividends. Atlach b Taxable amount d Taxable amount b Taxable amount b Taxable arrount If not required, check her ar total income n Schedule A) orm 8995-A Terro or less, enter -0- instructions. Cat | Child tax | if qualifies for credit (| 0 205,247 | |
| Standard Deduction for - Single or Married filing Separately, S12,200 Married filing joinity or Qualifying widow(er), S24,400 Head of Household, S18,350 Head of Head of Head of Household, S18,350 Head of | es, tips, etc. Attach Forterest . 2a lends 3a lends 4c lends 5a lends 5a lends 6, 3b, 4b, 4d, 5b, 6, 6, or income from Sched 6a from line 7b. This induction or itemized as income deduction. At did 10 | al security number 7206 7206 Prim(s) W-2 and 7a. This is you ule 1, line 22 s your adjusted of deductions (from tach Form 8995 or File 1, line 895 or File 2, see separate in the second s | b Taxable interest Attach St. b Ordinary dividends. Atlach b Taxable amount d Taxable amount b Taxable amount b Taxable arrount If not required, check her ar total income n Schedule A) orm 8995-A Terro or less, enter -0- instructions. Cat | Child tax | if qualifies for credit (| 0 205,247 | |
| Standard Deduction for - Single or Married filing Separately, S12,200 Married filing joinity or Qualifying widow(er), S24,400 Head of Household, S18,350 Head of Head of Head of Household, S18,350 Head of | es, tips, etc. Attach Forterest . 2a lends 3a lends 4c lends 5a lends 5a lends 6, 3b, 4b, 4d, 5b, 6, 6, or income from Sched 6a from line 7b. This induction or itemized as income deduction. At did 10 | al security number 7206 7206 Prim(s) W-2 and 7a. This is you ule 1, line 22 s your adjusted of deductions (from tach Form 8995 or File 1, line 895 or File 2, see separate in the second s | b Taxable interest Attach St. b Ordinary dividends. Atlach b Taxable amount d Taxable amount b Taxable amount b Taxable amount f Taxable amount c Taxable amount b Taxable amount b Taxable amount c Taxable amoun | Child tax | if qualifies for credit (| 0 205,247 | KG-22 |

Kansas City, MO

| Form 1040 (20) | 9) | | | | | | | | Page 2 | |
|--------------------------------------|---------------|---|-------------------------|-------------------------|----------------|------------------|--|---------------|---|--|
| | 12a | Tax(seg inst.) Check if any from Form(s): 1 | 8814 2 49 | 72 3 🗆 🗀 | 12a | | 35,551 | 1 | | |
| | b | Add Schedule 2, line 3, and line 12a a | and enter the to | tal | : * ? | | ▶ | 12b | 35,551 | |
| | 13a | Child tax credit or credit for other dependen | nts | | 13a | | 2,000 | 1 | | |
| | b | Add Schedule 3, line 7, and line 13a a | and enter the to | tai | | | ≻ | 13b | 2,000 | |
| | 14 | Subtract line 13b from line 12b. If zer | ro or less, enter | -0 | 4 / 4 | | | 14 | 33,551 | |
| | 15 | Other taxes, including self-employme | nt tax, from Sch | nedule 2, line 10 |) | | | 15 | 1,001 | |
| • If you have a | 16 | Add lines 14 and 15. This is your total | altax | | | | ▶ | 16 | 34,552 | |
| qualifying child, attach | 17 | Federal income tax withheld from For | ms W-2 and 10 | 99 | | | | 17 | 35,101 | |
| Sch. EIC. | 18 | Other payments and refundable credi | ts: | | | | | | | |
| • If you have | a | a Earned income credit (EIC) 🥬 18a | | | | | |] | | |
| nontaxable combat pay. | þ | Additional child tax credit. Attach Sch | edule 8812 | | 18b | | | , | | |
| see | c | American opportunity credit from For- | m 8863, line 8 | | 18c | | |] | | |
| instructions. | d | Schedule 3, line 14 | | | 18d | | • | 1 | | |
| | ē | Add lines 18a through 18d. These are | your total oth | er payments a | ind refun | dable cre | edits 🗲 | 18e | 0 | |
| | 19 | Add lines 17 and 18e. These are your | total paymen | ts | | | ▶ | 19 | 35,101 | |
| Refund | 20 | If line 19 is more than line 16, subtra | ct line 16 from | line 19. This is t | he amoun | t you ove | rpaid | 20 | 549 | |
| | 21a | Amount of line 20 you want refunde | d to you. If For | m 8888 is attac | hed, check | t here | . ▶□ | 21a | 549 | |
| Direct deposit? See instructions. | ►b | Routing number 163 | 33 | ► c Type: | Checkin | . П | Savings | İ | | |
| OGG ATAIL GORGIAG. | ►d | Account number | | 9041 | | " | 401///30 | | | |
| | 22 | Amount of line 20 you want applied to you | ur 2020 estimated | itax 🕨 | 22 | | | | | |
| Amount | 23 | Amount you owe. Subtract line 19 f | from line 16. For | details on how | to pay, se | e instruct | tions 🕨 | 23 | | |
| You Owe | 24 | Estimated tax penalty (see instruction | ns) | > | 24 | | (|) | | |
| Third Party | Do yo | u want to allow another person (other than y | our paid preparer) |) to discuss this re | turn with the | RS? See | Instruction: | 3. | Yes. | |
| Designee | | | | | | | | | Complete below. | |
| (Other than paid preparer) | Desig name | nee's | Pho no. | | | | ersonal identification ☑ No umber (PIN) ► | | | |
| | | der penalties of perjury. I declare that I have exami | -, | | ies and states | | | iv know | fodge and boilef, they are true. | |
| Sign Here | 00- | rect, and complete. Decisration of preparer (other t | han taxpayer) is has | ed en all information (| of which prop | arer has any | knowledge. | | | |
| | | er signature | | Date | Your occu | , | 1 7 | | RS sent you an y Protection PIN, enter | |
| Joint return? | L** | enderske ske ske | | 06-17-2020 | STATES A | TTORNEY | 11 | : here | | |
| See | 97 | ouse's signature. If a joint return, both mus- | t sian | Date | Spouse's | occupatio | . | see in | RS sent your spouse | |
| Instructions. Keep a copy for | | occord digrature. If a joint rotern, worth mass | · orgin | Dute | эропас а | becapatio | | | ntity Protection PIN, | |
| your records. | | | | | | | | nter it | | |
| | Ď. | ione no. (443) 570-7391 | | Email address | etemati@ | elefinanci | | see in | St.) | |
| | | parer's name | Preparer's sign | | Date | Sjannarici | PTIN | | Check if: | |
| Paid | | ARIF J SMALL | | | 06-17- | 2020 | P012684 | 29 | 3rd Party Designee | |
| Preparer | Eiri | n's name > SJS FINANCIAL FIRM LL | | | Phone | no. | | Self-employed | | |
| Use Only | | | - | | | | -0739 | | C. Serremproyed | |
| • | | | | | | | T | | | |
| | Fire | n's address | | | | | Fir | m's El | IN ➤ 2 561 | |
| | | BALTIMORE, MO, | | | | | | | | |
| | | | | | | | | | | |
| Go to www.irs.o | iov/Fc | rm1040for Instructions and the latest | information. | | | | | | Form 1040 (2019) | |

Software ID:

Software Version:

SSN: 3577

Spouse SSN: 4-4090

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 GRAPHI | C print - DO NOT PROCESS ORIGINAL DATA - Producti | on DL | N: 16221569284390 |
|---------------------------------------|---|---|--------------------------------|
| Form 2106 | | penses | OMB No. 1545-0074 |
| | (for use only by Armed Forces reservists, qualified performingovernment officials, and employees with impairmen | ng artists, fee-basis state or loca t-related work expenses) | ' 2019 |
| Department of the Treasi | | | Attachment Sequence No. 129 |
| internal Revenue Servico Your name | | | Social security number |
| MARILYN I MOSBY | STATES ATTOR | | p-7577 |
| Part I Em | ployee Business Expenses and Reimbursements | | |
| | | Column A | Column B |
| Step 1 Ento | er Your Expenses | Other Than Meals | Meals |
| 1 Vehicle ex | pense from line 22 or line 29. (Rural mail carriers: See | | |
| instruction | | 1 0 | |
| 2 Parking fee didn't invo | s, tells, and transportation, including train, bus, etc., that live overnight travel or commuting to and from work | 2 0 | |
| airplane, c | pense while away from home overnight, including lodging, car rental, etc. Don't include meals | 3 2,714 | |
| 4 Business e meals . | expenses not included on lines 1 through 3. Don't include | 4 3,428 | |
| | enses (see Instructions) , | 5 | 1,781 |
| 6 Total exp result. In | enses. In Column A, add lines 1 through 4 and enter the Column B, enter the amount from line 5 | 6 6,142 | 1,781 |
| | rou were not reimbursed for any expenses in Step 1, skip line | | |
| Step 2 Ente | er Reimbursements Received From Your Employer | for Expenses Listed in | Step 1 |
| reported t | nbursements received from your employer that weren't to you in box 1 of Form W-2. Include any reimbursements under code "L" in box 12 of your Form W-2 (see | | |
| instruction | | 7 0 | |
| Step 3 Figu | re Expenses To Deduct | | |
| is greater | ine 7 from line 6. If zero or less, enter -0 However, if line 7 than line 6 in Column A, report the excess as income on 0 or Form 1040-SR, line 1 (or on Form 1040-NR, line 8). | 8 6,142 | 1,781 |
| Note: If t | both columnsof line 8 are zero, you cannot deduct business expenses. Stop here and attach Form 2106 to | | |
| line 8 by Transport expenses | 7 A, enter the amount from line 8. In Column B, multiply 750% (0.50). (Employees subject to Department of ation (DOT) hours of service limits: Multiply meal incurred while away from home on business by 80% (0.80) 50%. For details, see instructions.) | 9 6,142 | 89: |
| (Form 104 | mounts on line 9 of both columns and enter the total here. Also, en 10 or 1040-SR), line 11 (or Form 1040-NR, line 34). Employees wit see the instructions for rules on where to enter the total on your r | h impairment-related work | 0 7,033 |
| | | Cat. No. 11700N | Form 2106(2019 |

| Form | 2106 (2019) | | | | | | | Page 2 |
|----------|--|-------|-----------------------------|-------------------|--------|---------------------------------|--|------------------|
| Par | | | | | | | | |
| | ion A-General Information laiming vehicle expenses.) | (You | must complete this | section if you | | (a) Vehicle 1 | (b) Vehic | le 2 |
| 11 | Enter the date the vehicle was | nlace | ed In service | | 11 | , , | 1 | |
| | Total miles the vehicle was driv | • | | | 12 | miles | · | miles |
| 13 | Business miles included on line | | | | 13 | miles | | miles |
| 14 | Percent of business use. Divide | | | | 14 | % | | % |
| 15 | Average daily roundtrip commu | | • | | 15 | miles | | miles |
| 16 | Commuting miles included on I | _ | | | 16 | miles | | miles |
| 17 | Other miles. Add lines 13 and 1 | | | om line 12 | 17 | miles | : | miles |
| 18 | Was your vehicle available for p | | | | | , , , | □Yes | □No |
| 19 | Do you (or your spouse) have a | | | | | | Yes | □No |
| 20 | Do you have evidence to suppo | | | | | | ☐ Yes | □ No |
| 21 | If "Yes," is the evidence writter | | | | | | Yes | □No |
| | on B-Standard Mileage Rate | | | | wheth | er to complete this sec | | |
| 22 | Multiply line 13 by 58¢ (0.58). | | | | | | | |
| | on C-Actual Expenses | 4 | | hicle 1 | | | hicle 2 | |
| 23 | Gasoline, oil, repairs, vehicle insurance, etc. | 23 | | | | | | |
| 24a | Vehicle rentals | 24a | | | | | | |
| b | 11121221211 011102111 (0000 11110111) | 24b | | | | | | |
| | Subtract life 2 to from life 2 to | 24c | | | | | | |
| 25 | Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2-see instructions) | 25 | | | | | | |
| 26 | Add lines 23, 24c, and 25 | 26 | | | | | | |
| 27 | Multiply line 26 by the percentage on line 14 | 27 | | | | | | |
| 28 29 | Depreciation (see instructions) . Add lines 27 and 28. Enter total here and on line $1\ \ldots$ | 28 | | | | | | |
| Sect | ion D-Depreciation of Vehicle | | se this section only if you | owned the vehicle | and ar | I e completing Section C for | the vehicle.) | |
| | | | (a) Vehl | | | (b) Ve | hicle 2 | |
| 30 | Enter cost or other basis (see instructions) | 30 | | | | | | |
| 31 | Enter section 179 deduction and special allowance (see Instructions) | 31 | | | | | | |
| 32 | Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) | 32 | | | | | | |
| 33 | Enter depreciation method and percentage (see Instructions) . | 33 | | | | | | |
| 34 | Multiply line 32 by the percentage on line 33 (see instructions) | 34 | | | | | | |
| 35 | Add lines 31 and 34 | 35 | | | | | | |
| 36 | Enter the applicable limit explained in the line 36 instructions | 36 | | | | | | |
| 37 | Multiply line 36 by the percentage on line 14 | 37 | | | | | | |
| 38 | Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above | 38 | | | | | The state of the s | |
| | | | | • | | | Form 21 | 06 (2019) |

Software ID:

Software Version:

SSN: -7577 Spouse SSN: -4090

| efil | e GRAPHIC II | rint - DO NOT PROCESS ORIGINAL DATA - Production | П | DLN | l: 1622156 | 9284390 | |
|-----------------|--|--|-------------------------------------|---------------------------------------|----------------|--------------------|--|
| Contract of the | | Paid Preparer's Due Diligence | Check | dist | OMB No. 1 | 545-1629 | |
| | 8867 | Earned Income Credit (EIC), American Opportunity Tax Credit (A (including the Additional Child Tax Credit (ACTC) and Credit for C Head of Household (HOH) Filing Statu To be completed by preparer and filed with Form 1040, 1040- | NOTC), Child Other Depend IS. | Tax Credit (CTC) fents (ODC)), and | Attachm | 2019 Attachment | |
| | Revenue Service | ► Go to www.irs.gov/Form8867 for instructions and the | ne latest info | | | :e No. 70 | |
| | yer name(s) showi YN 1 <mosby< td=""><td>on return</td><td></td><td>Taxpayer ident 7577</td><td>ification numb</td><td>er</td></mosby<> | on return | | Taxpayer ident 7577 | ification numb | er | |
| | preparer's nam UF J SMALL POI | | | · · | | | |
| Par | t I Due Dilig | ence Requirements | | | | | |
| clain | se check the app ned on this returned ned (check all th | propriate box for the credit(s) and/or HOH filing status and complete the related Parts (-V for the benefit(s) at apply). | EIC | CTC/ACTC/ODC ☑ | АОТС | HOH | |
| 1 | Did you complethe taxpayer o | ete the return based on Information for tax year 2019 provided by r reasonably obtained by you? | | 'es | □ No | | |
| 2 | or 1040-SS instructions, or related forms a | laimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, structions, and/or the AOTC worksheet found in the Form 8863 reyour own worksheet(s) that provides the same information, and all and schedules for each credit claimed? | ☑ v | 'es 🗌 No | □ n/ | 'A | |
| 3 | Did you satisfy | the knowledge requirement? To meet the knowledge requirement, oth of the following. | | | | | |
| • | taxpayer's re (s) and/or H(Review infor | taxpayer, ask questions, and contemporaneously document the sponses to determine that the taxpayer is eligible to claim the credit OH filing status. mation to determine that the taxpayer is eligible to claim the credit(s) filing status and to compute the amount(s) of any credit(s). | Z 1 | res | □ No | | |
| 4 | Did any inform the return, or incomplete, or question 5.) | nation provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to | | es . | ☑ No | | |
| а | Did you mak consistent in | e reasonable inquiries to determine the correct, complete, and formation? | | /aa | □ No | | |
| t | include the q information t | emporaneously document your inquiries? (Documentation should uestions you asked, whom you asked, when you asked, the hat was provided, and the impact the information had on your of the return.) | | | [] No | | |
| 5 | requirement, y | the record retention requirement? To meet the record retention you must keep a copy of your documentation referenced in 4b, a copy 867, a copy of any applicable worksheet(s), a record of how, when, in the information used to prepare Form 8867 and any applicable | ☑ 1 | res . | □ No | | |
| | worksheet(s) t taxpayer that | was obtained, and a copy of any document(s) provided by the you relied on to determine eligibility for the credit(s) and/or HOH to compute the amount(s) of the credit(s) | | | | | |
| | List those docu | uments, if any, that you relied on. | | | | | |
| | See Additional | Data Table | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 6 | substantiate e | e taxpayer whether he/she could provide documentation to ligibility for the credit(s) and/or HOH filing status and the amount(s) c) claimed on the return if his/her return is selected for audit? | ∑ , | íes - | [] No | | |
| 7 | provinus year | ne taxpayer if any of these credits were disallowed or reduced in a ? | | res 🗀 No | Ēì n, | /A | |
| i | | lete the required recertification Form 8862? | D 1 | | □ N | | |
| 8 | | r is reporting self-employment income, did you ask questions to applete and correct Schedule C (Form 1040 or 1040-SR)? | <u> </u> | | □ N | | |
| _ | propert a con | | at No 2614 | | | 1867 (2019) | |

| Form | 8867 (2019) | | • | | Page 2 | | |
|------|--|--------------------|------------------------|-------------------|--|--|--|
| Pai | $t \; 	ext{II} \;$ Due Diligence Questions for Returns Claiming EIC (if tt | e return does not | claim EIC, go to Par | t III.) | | | |
| | | EIC | CTC/ ACTC/ODC | AOTC | нон | | |
| 9a | Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.) | | | | | | |
| b | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | ☐ Yes ☐ No | | | | | |
| c | Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | ☐ Yes ☐ No | | | and the state of t | | |
| Par | t III Due Diligence Questions for Returns Claiming CTC/AC | TC/ODC (If the ret | um does not clalm | CTC, ACTC, or ODC | go to Part IV.) | | |
| 10 | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | | ☑ Yes□ No | <u></u> | | | |
| 11 | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | | ☑ Yes ☐ No ☐ N/A | | | | |
| 12 | Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | | Yes No | | | | |
| Par | ${ m t}$ ${ m IV}$ Due Diligence Questions for Returns Claiming AOTC (If | the return does no | it claim AOTC, go to | Part V.) | T**** | | |
| 13 | Did the taxpayer provide substantlation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | | | ☐ Yes ☐ No | | | |
| Pa | $\operatorname{rt}V^-$ Due Diligence Questions for Claiming HOH (If the return | does not claim HC |)H filing status, go t | o Part VI.) | | | |
| 14 | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | | | | □ Yes□ No | | |
| Par | ત્ 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 <i>Document Retention</i>. A copy of this Form 8867. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. Copies of any documents provided by the taxpayer on which you reiled 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) was obtained. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained. 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). Full you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each | | | | | | |
| 15 | Do you certify that all of the answers on this Form 8867 are, to the knowledge, true, correct, and complete? | e best of your | ✓ Yes | □ No | | | |
| | The state of the s | | | | | | |

Form 8867 (2019)

Software ID:

Software Version:

SSN: 0-757

Spouse SSN:

Name: MARILYN J<MOSBY

Due Diligence Requirements LTNE 5 Additional Notes and Document List

SCHOOL

| efile | e GRAPHIC pri | nt - DO NOT PROCESS ORIGINAL DATA - P | roduc | tion | DL | N: 16221569284390 |
|--------|---|---|-----------|---|-------------|-------------------------|
| | 8959 | A delitie pol Modi | | Tav | | OMB No. 1545-0074 |
| Form | 0333 | Additional Medi | | | | 2019 |
| Depark | nent of the Treasury | ► If any line does not apply to you, leave it ► Attach to Form 1040, Form 1040-SR, 1 | | | | Attachment |
| | Revenue Service | Go to www.irs.gov/Form8959 for Instruc | tions | and the latest informati | on. | Sequence No. 71 |
| Namel | s) shows an return | (| | | Your: | social security number |
| | LYN J <mosby< td=""><td></td><td></td><td></td><td></td><td>-7577</td></mosby<> | | | | | -7577 |
| | *************************************** | nal Medicare Tax on Medicare Wages | | | | |
| 1 | | and tips from Form W-2, box 5. If you have | | | | |
| • | more than one Fo | orm W-2, enter the total of the amounts | _ | 336 1 | | |
| | from box 5 | | 1 | 236,11 | 30 | |
| 2 | | rom Form 4137, line 6 | 3 | | <u>4</u> | |
| 3 | | n 8919, line 6 | 4 | 236,1 | 3 | |
| 4 5 | | gn 3 | | 230,1 | ~ | |
| 3 | Married filing join | ntly \$250,000 | | | 1 | |
| | Married filing sep Single Head of h | arately \$125,000 sousehold, or Qualifying widow(er) \$200,000 | 5 | 125,0 | od 1 | |
| 6 | | om line 4. If zero or less, enter -0 | | | ا ہ ا | 111,186 |
| 7 | | are tax on Medicare wages. Multiply line 6 by 0.9% (0.009 | | | | |
| | go to Part II . | | | | 7 | 1,001 |
| Par | | nai Medicare Tax on Self-Employment Income | - | | | |
| 8 | | income from Schedule SE (Form 1040 or 1040-SR), or Section B, line 6. If you had a loss, enter | | | | • |
| | | PR and Form 1040-SS filers, see instructions.) | 8 | | 0 | |
| 9 | Enter the following | ng amount for your filing status: | | | | |
| | Married filing join Married filing sec | ntly | | | | |
| | Single, Head of h | ousehold, or Qualifying widow(er) . \$200,000 | 9 | 125,0 | DC | |
| 10 | Enter the amoun | t from line 4 | 10 | 236,1 | 86 | |
| 11 | Subtract line 10 | from line 9. If zero or less, enter -0 | 11 | | <u> </u> | |
| 12 | | from line 8. If zero or less, enter -0- | | | 12 | 0 |
| 13 | Additional Medica | are Tax on self-employment income. Multiply line 12 by 0 art III | ,9% (0 | .009). Enter | 13 | 0 |
| Dar | | nal Medicare Tax on Railroad Retirement Tax | | | | |
| 14 | | ent (RRTA) compensation and tips from Form(s) W-2, | 1 | | T | |
| | box 14 (see instr | ructions) | 14 | | 9 | |
| 15 | Enter the following | ng amount for your filing status: | 1 | | 1 | |
| | Married filling sep | otly | | | | |
| | Single, Head of h | ousehold, or Qualifying widow(er) \$200,000 | 15 | 125,0 | 00 | |
| 16 | | from line 14. If zero or less, enter +0 | | | 16 | 0 |
| 17 | Additional Medica | are Tax on railroad retirement (RRTA) compensation. Mul nter here and go to Part TV | tiply lin | ne 16 by | 17 | 0 |
| Par | | dditional Medicare Tax | | | | |
| 18 | Add lines 7, 13, a | and 17, Also include this amount on Schedule 4 (Form 10 | 40 or 1 | 1040-SR), line 62 (check | | |
| | box a) (Form 10 | 40NR, 1040-PR, and 1040-SS filers, see instructions), and | d go to | Part V | 18 | 1,001 |
| Pa | rt V Withhol | ding Reconciliation | | | | |
| 19 | Medicare tax with | hheld from Form W-2, box 6. If you have orm W-2, enter the total of the amounts | Ì | | | |
| | | | 19 | 3,7 | sd | |
| 20 | Enter the amoun | t from line 1 | 20 | 236,1 | 86 | |
| 21 | Multiply line 20 b | y 1.45% (0.0145). This is your regular | | 3.4 | , l | |
| | | hholding on Medicare wages | 21 | 3,4 | | |
| 22 | | from line 19. if zero or less, enter -0 This is your Additional ledicare wages | | | 22 | 325 |
| 23 | - | are Tax withholding on railroad retirement (RRTA) compe | | | | |
| | box 14 (see instr | ructions) | | | 23 | 0 |
| 24 | Total Additiona | il Medicare Tax withholding. Add lines 22 and 23. Also ax withholding on Form 1040 or Form 1040-SR, line 17 (F | includ | e this amount with 040NR, 1040-PR, and | | |
| | 1040-SS filers, s | | | | 24 | 325 |
| For I | aperwork Redu | ction Act Notice, see your tax return Instructions. | | Cat. No. 59475X | | Form 8959 (2019) |

Software ID:

Software Version:

SSN: -7577

Spouse SSN: 4090

| efile | GRAPHIC pri | nt - DO NOT PROCESS ORIGINAL DATA - Pro- | duction | n | | DLI | N: 16221569284390 |
|--|---|--|-----------|---------------|-----------|------------|--------------------------------------|
| and the same of th | 8960 | Net Investment Inco | me T | ax | | | OMB No.1545-2227 |
| Form | 0300 | Individuals, Estates, a | and T | rusts | | | 2019 |
| | | ➤ Attach to your tax r | | | | | · · · |
| | ient of the Treasury Revonue Service (99) | ➤ Go to www.irs.gov/Form8950 for instruction | ns and | the latest | informati | on. | Attachment Sequence No. 72 |
| Name(| s) shown en yeur tax | return | | | Įv. | our social | security number or EIN |
| MARII | YN J <mosby< td=""><td></td><td></td><td></td><td></td><td></td><td>D-7577</td></mosby<> | | | | | | D-7577 |
| | -L T | Coation \$013/a) election (con incitruitie | | | | | 7 7 7 7 |
| Par | 1 Investm | nent Income Section 6013(g) election (see instruction Section 6013(h) election (see instruction) | | | | | |
| | | Regulations section 1.1411-10(g) election | | a Instruction | e) | | |
| 1 | Tavable interest | (see instructions) | 1011 (300 | | | 1 | 0 |
| 2 | | is (see Instructions) | | | | 2 | 0 |
| 3 | Annuities (see In: | | | | | 3 | 0 |
| 4a | | e, royalties, partnerships, S corporations, trusts, etc. | | | | | |
| | (see instructions) | | 4a | | | | |
| þ | | et Income or loss derived in the ordinary course of a non- le or business (see instructions) | 4b | | | ٥ | |
| _ | | | 1 | | | 4c | 0 |
| _ | Combine lines 4a | rom disposition of property (see instructions) | 5a | Ι΄ ΄ ΄ | | 0 | |
| 5a | _ | | 34 | <u> </u> | | – | |
| b | | rom disposition of property that is not subject to net ne tax (see instructions) | 5b | | | 0 | |
| | Adjustment from | disposition of partnership interest or S corporation stock | | | | | |
| - | (see instructions) | | 5c | | | 0 | |
| d | Combine lines 5a | = | . , | | | 5đ | 0 |
| 6 | | nvestment income for certain CFCs and PFICs (see instruction | ns) | . , . | | 6 | |
| 7 | | ns to investment income (see instructions) | | | • • • | 8 | 0 |
| <u>B</u> | | income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | and M | odificatio | <u></u> | 8 | 0 |
| | | | 9a | | 11.3 | O. | |
| b | | est expenses (see instructions) | 96 | | | 0 | |
| c | | restment expenses (see instructions) | 9c | | | | |
| ď | Add lines 9a, 9b, | | | | | 94 | 0 |
| 10 | | cations (see instructions) | | | | 10 | 0 |
| 11 | , | and modifications. Add lines 9d and 10 | | | | 11 | 0 |
| Par | III Tax Con | nputation | | | | | |
| 12 | | ncome. Subtract Part II, line 11 from Part I, line 8. Individua | ils comp | lete lines 13 | 3-17. | | |
| | Estates and trust | s complete lines 18a-21. If zero or less, enter -0 | 1 * | | | 12 | 0 |
| | Individuals: | | 1 4= | 1 | 107 | 344 | |
| 13 | - | d gross income (see instructions) | 13 | | 193, | — | |
| 14 | | on filing status (see instructions) | 15 | | 68, | - i | |
| 15 | | from line 13. If zero or less, enter -0 | 13 | ł | 40, | 16 | l . " |
| 16 17 | | ncome tax for individuals. Multiply line 16 by 3.8% (.038). | • | • • | | 1 | |
| | Enter here and | include on your tax return (see instructions) | , . | | | 17 | <u> </u> |
| | Estates and Tru | | 1 | | | _ | |
| | | ncome (line 12 above) | 18a | - | | <u>•</u> | |
| ь | | stributions of net Investment income and deductions 2(c) (see instructions) | 18b | | | | |
| c | | t investment income. Subtract line 18b from 18a). If zero or less, enter -0- | 18c | | | | |
| 19a | Adjusted gross in | acome (see instructions) | 19a | | | | |
| ь | Highest tax braci | ket for estates and trusts for the year (see instructions) | 19b | | | | 1 |
| ¢ | Subtract line 198 | from line 19a. If zero or less, enter -0- | 19c | | | | |
| 20 | | r of line 18c or line 19c | | | | 20 | |
| 21 | | ncome tax for estates and trusts, Multiply line 20 by 3.8% (| | | | _, | |
| For 5 | | include on your tax return (see instructions) | | Cat. No. | 59474M | 21 | Form 8960 (2019) |

Software ID:

Software Version:

SSN: -7577

Spouse SSN: 4090

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

TY 2019 Other Tax Statement

Name: MARILYN J<MOSBY

Spouse SSN: ____-4090

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

| efile | GRAPHIC pri | nt - DO NOT PROCESS ORIGINAL DATA - Production | DLI | N: 162215 | 69284390 |
|------------------|---|---|----------------|--------------|--------------------|
| (Form Departs | EDULE 1 1040 or 1040-SR) ent of the Treasury Revenue Service | Additional Income and Adjustments to Income Attach to Form 1040 or 1040-SR. Go to www.lrs.gov/Form1040 for instructions and the latest information | | 20 Attack | |
| | | | | rity number | ence No. 01 |
| MARIL | s) shown on Form 10 YN J <mosby< th=""><th>and the first the same of the</th><th>-75<i>7</i>7</th><th>ricy number</th><th></th></mosby<> | and the first the same of the | -75 <i>7</i> 7 | ricy number | |
| At an | time during 201 | 9, did you receive, seil, send, exchange, or otherwise acquire any financial interest in any | | | - |
| virtua | l currency during | the year? | | ☐ Yes | ☑ No |
| Par | | nal Income | | | |
| 1 | Taxable refunds, | credits, or offsets of state and local income taxes | | | |
| | Allmony received | | 2a | | |
| b | Date of original o | divorce or separation agreement (see Instructions) 🕨 | | | |
| 3 | Business income | or (loss). Attach Schedule C 📆 | 3 | · | -5,000 |
| 4 | Other gains or (le | osses). Attach Form 4797 | 4 | | |
| 5 | Rental real estat | e, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 💎 | | | |
| 6 | Farm income or o | (loss), Attach Schedule F | | | |
| 7 | Unemployment o | compensation | 7 | | 0 |
| 8 | Other Income. Li | st type and amount 🟲 | | | |
| | | *************************************** | | | |
| 9 | Combine lines 1 | through 8. Enter here and on Form 1040 or 1040-SR, line 7a | 9 | | -5,000 |
| Par | t II Adjustn | nents to Income | | | |
| 10 | Educator expens | 25 | 10 | | |
| 11 | | expenses of reservists, performing artists, and fee-basis government officials. Attach | | | 21.000 |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 7,033 |
| 12 | | ccount deduction. Attach Form 8889 | | | |
| 13 | | s for members of the Armed Forces. Attach Form 3903 | | | |
| 14 | | of self-employment tax, Attach Schedule SE | | | |
| 15 | , , | EP, SIMPLE, and qualified plans | 15 | | |
| 16 | | ealth insurance deduction | 16 | | |
| 17 | | withdrawal of savings | | | |
| | | , | | | ···· |
| | | | - | | |
| | - | divorce or separation agreement (see instructions) | 1.0 | | |
| 19 | IRA Deduction | | | | |
| 20 | | erest deduction | | | |
| 21 | Tuition and fees. | Attach Form 8917 | 21 | | |
| 22 | Add lines 10 thro | ough 21. These are your adjustments to income. Enter here and on Form 1040 or | 22 | 1 | 7.033 |
| Ear P | | n Act Notice, see your tax return instructions. Cat. No. 71479F Schedu | | m 1040 or 1 | 040-SR) 2019 |

Software ID:

Software Version:

Spouse 55N: -4090

Name: MARILYN J<MOSBY

Line 22 - Other Adjustments Total Amount: 0

| efile | GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production | DLN | : 16221569284390 |
|----------|---|--------------------|---|
| SCH | EDULE 2 1040 or 1040-SR) Additional Taxes | | 2019 |
| | Revenue Service Attach to Form 1040 or 1040-SR. Revenue Service Attach to Form 1040 or 1040-SR. PGo to www.irs.gov/Form1040 for instructions and the latest information | 1. | Attachment Sequence No. 02 |
| |) shown on Form 1040 or 1040-SR Your s | ocial secur 577 | rity number |
| Par | 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 4137 b 8919 · · · · · · · · · · · · · · · · · · | 5 | ^ V |
| | Additional tax on 1RAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required | 6 | |
| | Household employment taxes. Attach Schedule H | 7a | *************************************** |
| þ | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 7b | |
| | Taxes from: a 🗹 Form 8959 🐿 b 🗌 Form 8960 | 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 1 1040 or 1040-SR} 2019 |

Software ID:

Software Version:

SSN: -7577 **Spouse SSN:** -4090

| efile GRAPH | IC pi | rint - DO NOT PROCESS | ORIGINAL DATA - Production | | | DL | N: 1 | 6221569284390 | |
|---|----------------|--|--|---------------------|---|---------------|------|---------------------------------------|--|
| SCHEDULE A | | | Itemized Deductions | | | | | DMB No. 1545-0074 | |
| (Form 1040 or | • | Go to www.irs.gov | ScheduleA for instructions and the I | atest i | information. | | | | |
| 1040-SR) | | | Attach to Form 1040 or 1040-SR. | | | | 2019 | | |
| Department of the Treat Internal Revenue Service | | Caution: If you are claiming | a net qualified disaster loss on Form 468 line 16. | 34, see | the instruction | ns for | | Attachment Sequence No. 07 | |
| | | rm 1040 or 1040-SR | iine 107 | | | Your | | I security number | |
| | | 1040 01 1040-3K | | | | """ | | -7577 | |
| MARILYN J <mos< td=""><td></td><td>aution: Do not include expenses</td><td>e raimhuread or naid by others</td><td>η</td><td>l .</td><td>_</td><td></td><td></td></mos<> | | aution: Do not include expenses | e raimhuread or naid by others | η | l . | _ | | | |
| Medical and | | ledical and dental expenses (see | | . 1 | | | | | |
| Dental | | nter amount from Form 1040 or 10 | | ` | | | | | |
| Expenses | | | SK, IIIE OU Z | - 3 | | | | | |
| | | luftiply line 2 by 7.5% (0.075) | | ــــا ٠ | | | | | |
| · · · · · · · · · · · · · · · · · · · | | jubtract line 3 from line 1. If line | 3 is more than line 1, enter -U- | ' ' ' | | | 4 | · · · · · · · · · · · · · · · · · · · | |
| Taxes You | | itate and local taxes. | | | | | | | |
| Paid | | | eneral sales taxes. You may include les taxes on line 5a, but not both. If | | | | | | |
| | | ou elect to include general sales | | | | | | | |
| | c | heck this box | > D | 5a | 1 | 16,341 | | | |
| | b 9 | tate and local real estate taxes (| see Instructions) | . 5b | | 0 | | | |
| | c S | tate and local personal property | taxes | . 5c | | 0 | | | |
| | d A | dd lines Sa through Sc | | . 5d |] | 15,341 | | | |
| | e E | inter the smaller of line 5d or \$10 | ,000 (\$5,000 if married filing separately |) 5e | | 5,000 | | | |
| | 6 0 | ther taxes. List type and amount | | | | | | | |
| | _ | | indikk kinnad Beald kadid F. 1981 (1975) bil 1777 (1977) i 1977 (1975) bil 1877 (1977) | 6 | | | | | |
| | 7 A | dd lines Se and 6 | | | | . , | 7 | 5,000 | |
| T-1 | 0 1 | lome mortgage interest and pole | ts. If you didn't use all of your home | η | | | | | |
| Interest You Paid | | nortgage loan(s) to buy, build, or | | | | | | | |
| Caution: Your | ìr | nstructions and check this box | □ | | | | | | |
| mortgage | a F | lome mortgage interest and poin | ts reported to you on Form 1098. | | | | | | |
| interest deduction may | 5 | iee instructions if limited | | Ba | | Ō | | | |
| be limited (see | | lome mortgage interest not repo | | | | | | | |
| Instructions). | | | ne person from whom you bought the that person's name, identifying no., | | | | | ļ | |
| | | | | | | | | | |
| | • | | WARRENCE TO THE RESIDENCE OF THE PROPERTY OF T | | | | | | |
| | - | | and the state of t | 8ь | | | | | |
| | c P | olnts not reported to you on Fori | m 1098. See Instructions for special rule: | s Bc | | 0 | | | |
| | dŅ | fortgage insurance premiums (se | e instructions) | . 8d | | 0 | | | |
| | e A | dd lines 8a through 8d | | . 8e | | 0 | | | |
| | 9 I | nvestment interest. Attach Form | 4952 if required. See instructions | 9 | | | | | |
| | 10 A | dd lines 8e and 9 | | | | , . | 10 | 0 | |
| Citta t- | 110 | lifts by cash or check. If you mad | te any cift of \$250 or more, see | | | | | | |
| Gifts to Charity | | nstructions | | . 11 | | 18,230 | | | |
| • | 120 | than than by cash or check If yo | ou made any gift of \$250 or more, | | | $\overline{}$ | | | |
| made a gift | | ee instructions. You must atlach | | 12 | | 500 | | | |
| and got a | | Sarryover from prior year | 101111 0000 11 0101 4100 | . 13 | | 0 | | | |
| benefit for it see | | add lines 11 through 13 | | . [| l | | 14 | 18,730 | |
| instructions. | | | | | | | | 10,750 | |
| Casualty and Theft Losses | 1.5 C | Casualty and theft loss(es) from a osses). Attach Form 4684 and en | a federally declared disaster (other than iter the amount from line 18 of that form | net qua ı, See i | alifled disaster astructions | | 15 | 0 | |
| Other | 160 | Other from list in instructions. | List type and amount | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| Itemized | | a a a a mana | | mbandféndél i | MINISTER COMMISSION PROPERTY. | | 16 | | |
| Deductions | | | , | | | | | | |
| Total | | | column for lines 4 through 16. Also, ente | r this a | mount on | | | | |
| Itemized | | form 1040 or 1040-SR, line 9 | | | | • | 17 | 23,730 | |
| Deductions | | • | even though they are less than your sta | ndard (| deduction, | | | | |
| | check this box | | | | | | L | | |

Software ID:

Software Version:

SSN: -7577

Spouse SSN: -4090

| efile GRAPHIC prin | t - DO NOT P | ROCE | SS ORIGINAL DA | TA - Production | | DLN: | 16221569284390 |
|--|---|---|---|---|------------------|---------|--------------------------------------|
| SCHEDULE C | | *************************************** | Profit or Loss | From Business | | | OMB No. 1545-0074 |
| (Form 1040 or | (Sole Proprietorship) | | | | | 2019 | |
| 1040-SR) | ►Go to www.irs.gov/ScheduleC for Instructions and the latest information. | | | | | | 7019 |
| Department of the Treesury Internal Revenue Service (99) | ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file 1065. | | | | | e Forn | Attachment Sequence No. 09 |
| Name of proprietor | | | | - | Socia | al secu | rity number (SSN) |
| MARILYN J MOSBY | | | | | | -757 | 7 |
| A Principal business or p TRAVELING AND CONS | | ng pro | duct or service (see instr | uctions) | B Ente | er code | from instructions 999999 |
| C Busiless fidite. If the separate busiless fidite, feave blocks | | | | loyer ID number I)/(see instr.) 19867 | | | |
| E Business address (incl City, town or post office | | |)▶ | **** | | | |
| F Accounting method: (| (1) 🗹 Cash | (2) | 🗌 Accrual (3) 🗆 | Other (specify) | | _ | |
| G Did you "materially pa | erticipate" in the | peration | | 2019? If "No," see instructions | s for limit on k | sses | · 🗹 Yes 🗔 No |
| • | | | | | | ٠ . ا | |
| | ' | | , , | m(s) 1099? (see instructions) | | | · 🗌 Yes 🗹 No |
| J If "Yes," did you or wi | il you file require | d Form | s 1099? | | | | Yes No |
| Part I Income | | | | | | | |
| 1 Gross receipts or s | sales. See instruct -2 and the "State | tions fo | or line 1 and check the b mployee" box on that for | ox If this income was reported m was checked | П | 1 | - 0 |
| 2 Returns and allow | | | | | | 2 | ٥ |
| 3 Subtract line 2 fro | m line 1 | | | | | 3 | 0 |
| 4 Cost of goods sold | i (from line 42) | | | | | 4 | wr |
| 5 Gross profit. Subtract line 4 from line 3 | | | | | 5 | 0 | |
| 6 Other Income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | | | 6 | 0 | | |
| 7 Gross income. A | | | | | <u>></u> | 7 | 0 |
| | | ses ro | r business use or your | home only on line 30. 18 Office expense (see instru | uctions\ | 18 | 0 |
| 8 Advertising 9 Car and truck expen | | + | | 19 Pension and profit-sharing | | 19 | 0 |
| instructions) | | 9 | | 20 Rent or lease (see instruc | | | |
| 10 Commissions and fe | es i | 10 | 0 | a Vehicles, machinery, and eq | , | 20a | 0 |
| 11 Contract labor (see | instructions) | 11 | 0 | b Other business property | | 20b | 0 |
| 12 Depletion | | 12 | | 21 Repairs and maintenance | | 21 | 0 |
| 13 Depreciation and se | | | | 22 Supplies (not included in | Part (III) | 22 | 0 |
| expense deduction (included in Part III) | | | | 23 Taxes and licenses . | | 23 | 0 |
| | | 13 | o | 24 Travel and meals: | | | |
| 14 Employee benefit pr | ograms | 14 | | a Travel | | 24a | 3,795 |
| (other than on line) | | | | b Deductible meals (see in | structions) . | 24b | 0 |
| 15 Insurance (other tha | - | 15 | 0 | 25 Utilities | | 25 | 0 |
| 16 Interest (see instruc | | 16. | 0 | 26 Wages (less employment | credits) | 26 | 0 |
| a Mortgage (paid to t | neuws, etc., 1 | 16a 16b | 0 | 27a Other expenses (from li | пе 48) . | 27a | |
| 17 Legal and profession | nal services | 17 | 1,205 | b Reserved for future a | se | 27b | |
| 28 Total expensesh | efore expenses f | or busi | ness use of home. Add li | nes 8 through 27a | . <u> ►</u> | 28 | 5,000 |
| 29 Tentative profit or | , | | | | | 29 | -5,000 |
| using the simplific | ed method (see ir od filers only: e : used for busines | nstructi inter th ss: | ons). e total square footage of | enses elsewhere. Attach Form 8 (: (a) your home: nplified Method Worksheet in th | and (b) the | | 0 |
| and on Schedu enter on Form • If a loss, you n | er on both Sched ule SE, tine 2. (I i 1041, line 3. nust oo to line 3: | ule 1 (f you c 2. | (Form 1040 or 1040-Si hecked the box on line 1 | R), line 3 (or Form 1040-NR, , see instructions). Estates and | trusts, | 31 | -5,000 |
| If you checked 1040-NR, line instructions). B | 32a, enter the lo 13) and on Sch Estates and trusts | oss on i edule s, enter | both Schedule 1 (Form | in this activity (see instructions) 1040 or 1040-SR), fine 3(or ced the box on line 1, see the fire ay be limited. | Form 32 1e 31 | | I investment is at risk. |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334PSchedule C (Form 1040 or 1040-SR) 2019

| | Pac |
|-----------|--|
| Par | 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 |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation . 35 |
| 36 | Purchases less cost of items withdrawn for personal use |
| 37 | Cost of labor. Do not include any amounts paid to yourself |
| 38 | Materials and supplies |
| 39 40 | Other costs |
| +0 +1 | Inventory at end of year |
| 42 Par | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 |
| 43 | When did you place your vehicle in service for business purposes? (month, day, year) |
| 44 a | Of the total number of miles you drave your vehicle during 2019, enter the number of miles you used your vehicle for: 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? |
| 47a | Do you have evidence to support your deduction? |
| b | If "Yes," is the evidence written? |
| ar | t V Other Expenses. List below business expenses not included on lines 8-26 or line 30. |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |

Software ID:

Software Version:

SSN: -7577

Spouse S\$N: ____-4090

| efile GRAPHIC pri | nt - DO NOT PROCESS | ORIGINAL DATA - Pro | duction | | DLN: 1 | 6221569284390 |
|---|--|-----------------------------------|---|----------------------------------|---------------------------------------|--|
| SCHEDULE C Loss Netting and Carryforward | | | | | - | OMB No. 1545-0123 |
| (Form 8995-A) | 2000 | > Attach to Form 89 | - | | | 2019 |
| Department of the Treasury Internal Revenue Service Fig. 1 Actach to Form 6995-A. Fig. 1 Actach to Form 6995-A. Fig. 2 Actach to Form 6995-A. | | | | . | Attachment Sequence No. 55D | |
| Name(s) shown on return | | | | | payer iden: 577 | tification number |
| MARILYN) < MOSBY | | | | | | |
| If you have more than a | three trades, businesses, or ag | gregations, complete and att | ach as many Schedule | s C as neede | eo, See ins | structions. |
| 1 | Trade, business, or aggregation | on name | (a)Qualified business income/(loss) | (b)Reduction netting instruction | (see | (c)Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0) |
| MAHOGANY ELITE ENTERPRISES LLC -4,124 | | | | | 0 | 0 |
| 3 Total trades, bus | s net (loss) carryforward from inesses, or aggregations losses es or business | • | | n (a), | 3 | -4,124 |
| | inesses, or aggregations incom sses, or aggregations | | | | 4 | 0 |
| the smaller of the | th income of other trades, busi 2 absolute valué of line 3 or lin ne 1, column (b). See instruct | e 4. Allocate this amount to e | each trade, business, o | ЭГ | 5 | 0 |
| 6 Qualified busines | s net (loss) carryforward. Sub | tract line 5 from line 3. If zero | o or more, enter -0 | | 6 | -4,124 |
| For Privacy Act and Pape Additional Da | rwork Reduction Act Notice, sec ta | e separate instructions. | Cat. No. 71661B | Sc | hedule C | (Form 8995-A) 2019 |
| | | Software ID: | | | | |
| | | Software Version: | | | | |

Spouse SSN: 4090

| efile GRAPHIC print - DO NOT PROCESS | ORIGINAL DATA - Pro | duction | | DLN | : 16221569284390 |
|--|--|----------------------------|------------------------------|------------|---|
| a Employee's social security nur -7577 | | Safe, ac | | 4)le> | Visit the IRS website at www.irs.gov/efile. |
| b Employer identification number (EIN) 52-6000769 | | 1 Wages, tips, o | ther compensation 205,247 | Z Fed | deral income tax withheld 34,776 |
| c Employer's name, address, and ZIP code. | | 3 Social securit | y wages 132,900 | 4 50 | cial security tax withheld 8,240 |
| E (1) | | 5 Medicare wag | es and tips 236,186 | 6 Me | dicare tax withheld 3,750 |
| BALTIMORE, MD 21202 | i | 7 Social securit | γtips O | S All | ocated tips O |
| d Control number | | 9 | | 10 De | pendent care benefits 0 |
| e Employee's first name and Initial Last name MARILYN 3 MOSBY | Suff. | 11 Nonqualified | plans 0 | 12a Se | ee instructions for box 12 |
| | | 13Statutory Relife | mont Third-party sick pay | 12b | 22,100 |
| f Employee's address and ZIP code | | 14 Other | | 12c | |
| BALTIMORE, MD 7 | | | | 12d | |
| 15 State | is, sic 17 State income tax 15,247 16,341 | 18 Local wages, tops, etc. | . 19 Local Inco | ime tax | 20 Locality name |
| 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.

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