

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

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2019** U.S. Individual Income Tax Return

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this

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

Filing Status
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: [REDACTED] Your social security number: [REDACTED]

If joint return, spouse's first name and middle initial: [REDACTED] Last name: [REDACTED] Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED]

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). [REDACTED] 21217

Foreign country name: [REDACTED] Foreign province/state/country: [REDACTED] Foreign postal code: [REDACTED] Spouse: [REDACTED] If more than four dependents, see instructions and ✓ 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

(1) Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
A [REDACTED]	[REDACTED]	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	205,247
2a Tax-exempt interest	2a	2b Taxable interest Attach Sch. B if required	
3a Qualified dividends	3a	3b Ordinary dividends Attach Sch. B if required	
4a IRA distributions	4a	4b Taxable amount	
4c Pensions and annuities	4c	4d Taxable amount	0
5a Social security benefits	5a	5b Taxable amount	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		6	0
7a Other income from Schedule 1, line 9		7a	-5,000
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		7b	200,247
8a Adjustments to income from Schedule 1, line 22		8a	7,033
b Subtract line 8a from line 7b. This is your adjusted gross income		8b	193,214
9 Standard deduction or itemized deductions (from Schedule A)	9		23,730
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a Add lines 9 and 10		11a	23,730
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	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. Exh. 40
CASE NO. JKG-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			
c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d Account number			
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. (144) 357-0739

Firm's address 342 E 25TH ST SUITE 1 BALTIMORE, MD, 21218 Firm's EIN 20-5012561

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

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]
Spouse SSN: [REDACTED]
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
Your name MARILYN J MOSBY	Occupation in which you incurred expenses STATES ATTORNEY	Social security number [REDACTED]

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

Part II Vehicle Expenses

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

	(a) Vehicle 1	(b) Vehicle 2
11 Enter the date the vehicle was placed in service	/ /	/ /
12 Total miles the vehicle was driven during 2018	miles	miles
13 Business miles included on line 12	miles	miles
14 Percent of business use. Divide line 13 by line 12	%	%
15 Average daily roundtrip commuting distance	miles	miles
16 Commuting miles included on line 12	miles	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18 Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20 Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21 If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Section C-Actual Expenses

	(a) Vehicle 1	(b) Vehicle 2
23 Gasoline, oil, repairs, vehicle insurance, etc.		
24a Vehicle rentals		
b Inclusion amount (see instructions)		
c Subtract line 24b from line 24a		
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2-see instructions)		
26 Add lines 23, 24c, and 25		
27 Multiply line 26 by the percentage on line 14		
28 Depreciation (see instructions)		
29 Add lines 27 and 28. Enter total here and on line 1		

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

	(a) Vehicle 1	(b) Vehicle 2
30 Enter cost or other basis (see instructions)		
31 Enter section 179 deduction and special allowance (see instructions)		
32 Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)		
33 Enter depreciation method and percentage (see instructions)		
34 Multiply line 32 by the percentage on line 33 (see instructions)		
35 Add lines 31 and 34		
36 Enter the applicable limit explained in the line 36 instructions		
37 Multiply line 36 by the percentage on line 14		
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		

Additional Data

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

Form **8867**

Paid Preparer's Due Diligence Checklist

OMB No. 1545-1629

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.

2019

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **70**

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

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

Taxpayer identification number

Enter preparer's name and PTIN
SHARIF J SMALL P01268429

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).		EIC	CTC/ACTC/ODC	AOTC	HOH
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) List those documents, if any, that you relied on. See Additional Data Table _____ _____	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
a	Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> N/A	
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> N/A	

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

	EIC	CTC/ ACTC/ODC	AOTC	HOH
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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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.)

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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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

13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
--	--	--	--	--

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
--	--	--	--	--

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.

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Additional Data

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

Dua Diligence Requirements LINE 8 Additional Notes and Document List
SCHOOL

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

[REDACTED]

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: [REDACTED]
Spouse SSN: [REDACTED]
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

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

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

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-		12	0
Individuals:				
13	Modified adjusted gross income (see instructions)	193,214	16	0
14	Threshold based on filing status (see instructions)	125,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	68,214		
16	Enter the smaller of line 12 or line 15		16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)		17	0
Estates and Trusts:				
18a	Net investment income (line 12 above)	0	19c	
18b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)			
18c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-			
19a	Adjusted gross income (see instructions)		19a	
19b	Highest tax bracket for estates and trusts for the year (see instructions)		19b	
19c	Subtract line 19b from line 19a. If zero or less, enter -0-		19c	
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)		21	

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

Cat. No. 59474M

Form **8960** (2019)

Additional Data

Software ID:
Software Version:
SSN: [REDACTED]
Spouse SSN: [REDACTED]
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]

Spouse SSN: [REDACTED]

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

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

1 Taxable refunds, credits, or offsets of state and local income taxes	1	
2a Alimony received	2a	
b Date of original divorce or separation agreement (see instructions) ▶		
3 Business income or (loss). Attach Schedule C 	3	-5,000
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6 Farm income or (loss). Attach Schedule F	6	
7 Unemployment compensation	7	0
8 Other income. List type and amount ▶	8	
9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-5,000

Part II Adjustments to Income

10 Educator expenses	10	
11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 	11	7,033
12 Health savings account deduction. Attach Form 8889	12	
13 Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14 Deductible part of self-employment tax. Attach Schedule SE	14	
15 Self-employed SEP, SIMPLE, and qualified plans	15	
16 Self-employed health insurance deduction	16	
17 Penalty on early withdrawal of savings	17	
18a Alimony paid	18a	
b Recipient's SSN		
c Date of original divorce or separation agreement (see instructions) ▶		
19 IRA Deduction	19	
20 Student loan interest deduction	20	
21 Tuition and fees. Attach Form 8917	21	
22 Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a 	22	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]
Spouse SSN: [REDACTED]
Name: MARILYN J<MOSBY

Line 22 - Other Adjustments Total Amount: 0

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]

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	0
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	
b 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	8	1,001
c <input type="checkbox"/> Instructions; enter code(s)		
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]

Spouse SSN: [REDACTED]

Name: MARILYN J<MOSBY

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.
Attach to Form 1040 or 1040-SR.

2019

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

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040 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.				
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	16,341	
	b	State and local real estate taxes (see instructions)	5b	0	
	c	State and local personal property taxes	5c	0	
	d	Add lines 5a through 5c	5d	16,341	
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	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"/>				
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	0	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c	0	
	d	Mortgage insurance premiums (see instructions)	8d	0	
	e	Add lines 8a through 8d	8e	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		11	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		12	500
13 Carryover from prior year		13	0		
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"/>				

Additional Data

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

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]
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.) 84-3059867

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

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2019, check here. Yes No

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income			
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>		1	0
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	0
4 Cost of goods sold (from line 42)		4	
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. Add lines 5 and 6		7	0

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8 Advertising	0	8	0
9 Car and truck expenses (see instructions)		9	
10 Commissions and fees	0	10	0
11 Contract labor (see instructions)	0	11	0
12 Depreciation		12	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	0	13	0
14 Employee benefit programs (other than on line 19)	0	14	0
15 Insurance (other than health)	0	15	0
16 Interest (see instructions):			
a Mortgage (paid to banks, etc.)	0	16a	0
b Other	0	16b	0
17 Legal and professional services	1,205	17	1,205
18 Office expense (see instructions)		18	0
19 Pension and profit-sharing plans		19	0
20 Rent or lease (see instructions):			
a Vehicles, machinery, and equipment	0	20a	0
b Other business property	0	20b	0
21 Repairs and maintenance	0	21	0
22 Supplies (not included in Part III)	0	22	0
23 Taxes and licenses	0	23	0
24 Travel and meals:			
a Travel	3,795	24a	3,795
b Deductible meals (see instructions)	0	24b	0
25 Utilities	0	25	0
26 Wages (less employment credits)	0	26	0
27a Other expenses (from line 48)		27a	
b Reserved for future use		27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	5,000	28	5,000
29 Tentative profit or (loss). Subtract line 28 from line 7	-5,000	29	-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.	0	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.	-5,000	31	-5,000
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss 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 the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.		32a	<input checked="" type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

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 Amount. 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: [REDACTED]
Spouse SSN: [REDACTED]
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. **550**

Name(s) shown on return: **MARILYN J<MOSBY** Taxpayer identification number: [REDACTED]

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]
Spouse SSN: [REDACTED]
Name: MARILYN J<MOSBY

efile GRAPHIC print - DO NOT PROCESS		ORIGINAL DATA - Production		DLN: 16221569284390	
a Employee's social security number [REDACTED]		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 401 E FAYETTE RM 800 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 Marilyn J Mosby		Last name Mosby		Suff. [REDACTED]	
f Employee's address and ZIP code [REDACTED] [REDACTED], [REDACTED] 21217		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 [REDACTED]	
				12d C D [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: [REDACTED]
Spouse SSN: [REDACTED]
Name: MARILYN J<MOSBY

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