

Form 1040 U.S. Individual Income Tax 2020 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

If you checked the MFS box, enter the name of spouse. If you checked 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. Apt. no. [redacted]

City, town, or post office. If you have a foreign address, also complete spaces below. State MD

ZIP code 21217 Foreign country name Foreign province/state/county

Foreign postal code 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. Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent

Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind

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

Main tax table with 15 rows: 1 Wages, salaries, tips, etc. Attach Form(s) W-2 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions 5a Pensions and annuities 6a Social security benefits 7 Capital gain or (loss) 8 Other income from Schedule 1, line 9 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income 11 Subtract line 10c from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2020)

GOVT. EXHIBIT NO. Exh. 41 CASE NO. JKG-22-007 IDENTIFICATION ADMITTED

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____ . . . . . | <b>16</b> | 76,886 |
| <b>17</b> | Amount from Schedule 2, line 3 . . . . .  | <b>17</b> |        |
| <b>18</b> | Add lines 16 and 17 . . . . .   | <b>18</b> | 76,886 |
| <b>19</b> | Child tax credit or credit for other dependents . . . . .   | <b>19</b> |        |
| <b>20</b> | Amount from Schedule 3, line 7 . . . . .  | <b>20</b> |        |
| <b>21</b> | Add lines 19 and 20 . . . . .   | <b>21</b> |        |
| <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0- . . . . .   | <b>22</b> | 76,886 |
| <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .  | <b>23</b> | 1,089  |
| <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b> . . . . .  | <b>24</b> | 77,975 |

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

|           |  |            |        |
|-----------|--|------------|--------|
| <b>25</b> | Federal income tax withheld from:  |            |        |
| <b>a</b>  | Form(s) W-2  | <b>25a</b> | 32,202 |
| <b>b</b>  | Form(s) 1099   | <b>25b</b> | 9,000  |
| <b>c</b>  | Other forms (see instructions)   | <b>25c</b> | 414    |
| <b>d</b>  | Add lines 25a through 25c . . . . .  | <b>25d</b> | 41,616 |
| <b>26</b> | 2020 estimated tax payments and amount applied from 2019 return . . . . .                            | <b>26</b>  |        |
| <b>27</b> | Earned income credit (EIC) . . . . .   | <b>27</b>  |        |
| <b>28</b> | Additional child tax credit. Attach Schedule 8812 . . . . .  | <b>28</b>  |        |
| <b>29</b> | American opportunity credit from Form 8863, line 8 . . . . .   | <b>29</b>  |        |
| <b>30</b> | Recovery rebate credit. See instructions . . . . .   | <b>30</b>  |        |
| <b>31</b> | Amount from Schedule 3, line 13 . . . . .  | <b>31</b>  |        |
| <b>32</b> | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b> . . . . . | <b>32</b>  |        |
| <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .                            | <b>33</b>  | 41,616 |

**Refund**

|            |   |            |  |
|------------|---|------------|--|
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .            | <b>34</b>  |  |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/> | <b>35a</b> |  |
| <b>b</b>   | Routing number <input type="text"/>   | <b>c</b>   | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>d</b>   | Account number <input type="text"/>   |            |  |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b> . . . . .  | <b>36</b>  |  |

**Amount You Owe**

|  |  |           |        |
|--|--|-----------|--------|
| <b>37</b>  | Subtract line 33 from line 24. This is the <b>amount you owe now</b> . . . . . | <b>37</b> | 36,359 |
| <b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. |  |           |        |
| <b>38</b>  | Estimated tax penalty (see instructions) . . . . .                             | <b>38</b> |        |

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions . . . . .  **Yes**. Complete below.  **No**

Designee's name **JUDE J COVAS** Phone no. **(703) 218-3600** 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<br>*****                                       | Date<br>10-15-2021 | Your occupation<br>STATES ATTORNEY | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date               | Spouse's occupation                | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |

**Paid Preparer Use Only**

Preparer's name: JUDE J COVAS | Preparer's signature: \_\_\_\_\_ | Date: \_\_\_\_\_ | PTIN: P00067263 | Check if:  Self-employed

Firm's name: MATTHEWS CARTER & BOYCE | Phone no.: (703) 218-3600

Firm's address: 12500 FAIR LAKES CIRCLE SUITE 260 FAIRFAX, VA, 22033 | Firm's EIN: 54-1487262

**Additional Data**

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**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

**Standard Deduction - Total Exempt Primary And Spouse Cnt:** 1

**Dependents - Children Who Lived With You Count:** 1

**Dependents - Total Exemptions Count:** 2

**Dependent 1 Name Control:** MOSB

**Line 25a - Form W-2 Tax Withheld:** 32202

**Line 25b - Form 1099 Tax Withheld:** 9000

**Line 25c - Other Tax Withheld:** 414

CORRECTED (if checked)

|   |  |   |  |   |  |  |   |  |                                      |   |  |
|---|--|---|--|---|--|--|---|--|--------------------------------------|---|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.<br>NATIONWIDE TRUST CO FSB A DIV OF NW<br>PO BOX 182797<br>COLUMBUS, OH 432182797 |  |   | <b>1</b> Gross distribution<br>\$ 90,000   |   | OMB No. 1545-0119<br><br><div style="font-size: 2em; font-weight: bold; color: green;">2020</div> Form 1099-R  | <b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b> |   |  |                                      |   |  |
|   |  |   | <b>2a</b> Taxable amount<br>\$ 90,000  |   |  |  |   |  |                                      |   |  |
|   |  |   | <b>2b</b> Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/> |   | <b>Copy B</b><br>Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.<br><br>This information is being furnished to the IRS. |  |   |  |                                      |   |  |
| <b>PAYER'S TIN</b><br>[REDACTED]  |  | <b>RECIPIENT'S TIN</b><br>[REDACTED]        |  | <b>3</b> Capital gain (included in box 2a)<br>\$ 0          |  |  | <b>4</b> Federal Income tax withheld<br>\$ 9,000                      |  |                                      |   |  |
| RECIPIENT'S name<br>MARILYN J MOSBY<br><br>Street address (including apt. no.)<br>[REDACTED]<br><br>City or town, state or province, country, ZIP or foreign postal code<br>[REDACTED] 21217        |  |   | <b>5</b> Employee contributions / Designated Roth contributions or insurance premiums<br>\$ 0                |   |  |  | <b>6</b> Net unrealized appreciation in employer's securities<br>\$ 0 |  |                                      |   |  |
|   |  |   | <b>7</b> Distribution code(s)<br>02  |   |  |  | IRA/SEP/SIMPLE <input type="checkbox"/>                               |  | <b>8</b> Other<br>\$ 0 %             |   |  |
|   |  |   | <b>9a</b> Your percentage of total distribution<br>% 0 %   |   | <b>9b</b> Total employee contributions<br>\$ 0   |  |   |  |                                      |   |  |
| <b>10</b> Amount allocable to IRR within 5 years<br>\$ 0  |  | <b>11</b> 1st year of design. Roth contrib. |  | <b>12</b> FATCA filing requirement <input type="checkbox"/> |  | <b>14</b> State tax withheld<br>\$ 0   |   | <b>15</b> State/Payer's state no.<br>MD/ 0964119 |                                      | <b>16</b> State distribution<br>\$ 90,000 |  |
| Account number (see instructions)   |  |   | <b>13</b> Date of payment  |   | <b>17</b> Local tax withheld<br>\$ 0   |  | <b>18</b> Name of locality  |  | <b>19</b> Local Distribution<br>\$ 0 |   |  |
|   |  |   |  |   | \$   |  | \$  |  | \$                                   |   |  |

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

**Additional Data**

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**Software ID:**

**Software Version:**

**SSN:** [REDACTED]

**Spouse SSN:** [REDACTED]

**Name:** MARILYN J<MOSBY

**Payer Name Control:** NATI

**Standard or NonStandard Cd:** S

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

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No. 1545-0172  
**2020**  
 Attachment  
 Sequence No. 179

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

|  |  |                                  |
|--|--|----------------------------------|
| Name(s) shown on return<br>MARILYN J<MOSBY | Business or activity to which this form relates<br>SINGLE FAMILY RESIDENCE - 1953 NICE CT, | Identifying number<br>[REDACTED] |
|--|--|----------------------------------|

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29.   | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2019 Form 4562.  | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.                      | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12   | 13                           |                  |

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

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

|    |   |    |  |
|----|---|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. | 14 |  |
| 15 | Property subject to section 168(f)(1) election  | 15 |  |
| 16 | Other depreciation (including ACRS)   | 16 |  |

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

**Section A**

|    |  |    |  |
|----|--|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2020   | 17 |  |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |  |

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  | 2020-09                              | 189,791  | 27.5 yrs.           | MM             | S/L        | 2,013                      |
|                                |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |   |    |       |
|----|---|----|-------|
| 21 | Listed property. Enter amount from line 28  | 21 |       |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 2,013 |

**23** For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .

|           |  |  |
|-----------|--|--|
| <b>23</b> |  |  |
|-----------|--|--|

**For Paperwork Reduction Act Notice, see separate instructions.**

Cat. No. 12906N

Form **4562** (2020)

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

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

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

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions. Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2020 tax year (see instructions): 43 Amortization of costs that began before your 2020 tax year 44 Total. Add amounts in column (f). See the instructions for where to report



**Additional Data**

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

Form **6251**

**Alternative Minimum Tax—Individuals**

OMB No. 1545-0074

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.  
▶ Attach to Form 1040, Form 1040-SR, or Form 1040NR .

Attachment  
Sequence No. **32**

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

Your social security number  
[REDACTED]

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>1</b>  | Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) . . . . . | <b>1</b>  | 291,689 |
| <b>2a</b> | If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 12 . . . . .   | <b>2a</b> | 12,400  |
| <b>b</b>  | Tax refund from Schedule 1 (Form 1040) line 10 or line 21 . . . . .  | <b>2b</b> | ( )     |
| <b>c</b>  | Investment interest expense (difference between regular tax and AMT) . . . . .   | <b>2c</b> |         |
| <b>d</b>  | Depletion (difference between regular tax and AMT) . . . . .   | <b>2d</b> |         |
| <b>e</b>  | Net operating loss deduction from Schedule 1 (Form 1040), line 8. Enter as a positive amount . . . . .   | <b>2e</b> |         |
| <b>f</b>  | Alternative tax net operating loss deduction . . . . .   | <b>2f</b> | ( )     |
| <b>g</b>  | Interest from specified private activity bonds exempt from the regular tax . . . . .   | <b>2g</b> |         |
| <b>h</b>  | Qualified small business stock, see instructions . . . . .   | <b>2h</b> |         |
| <b>i</b>  | Exercise of incentive stock options (excess of AMT income over regular tax income) . . . . .   | <b>2i</b> |         |
| <b>j</b>  | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) . . . . .  | <b>2j</b> |         |
| <b>k</b>  | Disposition of property (difference between AMT and regular tax gain or loss) . . . . .  | <b>2k</b> |         |
| <b>l</b>  | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . . . . .   | <b>2l</b> |         |
| <b>m</b>  | Passive activities (difference between AMT and regular tax income or loss) . . . . .   | <b>2m</b> |         |
| <b>n</b>  | Loss limitations (difference between AMT and regular tax income or loss) . . . . .   | <b>2n</b> |         |
| <b>o</b>  | Circulation costs (difference between regular tax and AMT) . . . . .   | <b>2o</b> |         |
| <b>p</b>  | Long-term contracts (difference between AMT and regular tax income) . . . . .  | <b>2p</b> |         |
| <b>q</b>  | Mining costs (difference between regular tax and AMT) . . . . .  | <b>2q</b> |         |
| <b>r</b>  | Research and experimental costs (difference between regular tax and AMT) . . . . .   | <b>2r</b> |         |
| <b>s</b>  | Income from certain installment sales before January 1, 1987 . . . . .   | <b>2s</b> | ( )     |
| <b>t</b>  | Intangible drilling costs preference . . . . .   | <b>2t</b> |         |
| <b>3</b>  | Other adjustments, including income-based related adjustments . . . . .  | <b>3</b>  |         |
| <b>4</b>  | <b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$745,200, see instructions.) . . . . .  | <b>4</b>  | 304,089 |

**Part II Alternative Minimum Tax (AMT)**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>5</b>  | Exemption.<br><b>IF your filing status is...</b> <b>AND line 4 is not over...</b> <b>THEN enter on line 5...</b><br>Single or head of household . . . . . \$ 518,400 . . . . . \$ 72,900<br>Married filing jointly or qualifying widow(er) 1,036,800 . . . . . 113,400<br>Married filing separately . . . . . 518,400 . . . . . 56,700<br>If line 4 is <b>over</b> the amount shown above for your filing status, see instructions. } . . . . .   | <b>5</b>  | 56,700  |
| <b>6</b>  | Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9 and 11, and go to line 10 . . . . .   | <b>6</b>  | 247,389 |
| <b>7</b>  | • If you are filing Form 2555, see instructions for the amount to enter.<br>• If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here.<br>• <b>All others:</b> If line 6 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979) if married filing separately) from the result. } . . . . . | <b>7</b>  | 67,290  |
| <b>8</b>  | Alternative minimum tax foreign tax credit (see instructions) . . . . .   | <b>8</b>  |         |
| <b>9</b>  | Tentative minimum tax. Subtract line 8 from line 7 . . . . .  | <b>9</b>  | 67,290  |
| <b>10</b> | Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line (see instructions) . . . . .  | <b>10</b> | 76,886  |
| <b>11</b> | <b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1 . . . . .  | <b>11</b> | 0       |

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

Table with 2 columns: Line number and Description. Rows 12-40 detailing tax calculations for capital gains rates, including instructions for Form 6251, Form 1040, and Form 2555.

**Additional Data**

---

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

Form **8959**

**Additional Medicare Tax**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **71**

Department of the Treasury  
Internal Revenue Service

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
- ▶ Attach to Form 1040, Form 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
- ▶ Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return

MARILYN J<MOSBY

Your social security number

██████████

**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 | 245,987 |         |
| 2 | Unreported tips from Form 4137, line 6 . . . . .  | 2 |         |         |
| 3 | Wages from Form 8919, line 6 . . . . .  | 3 |         |         |
| 4 | Add lines 1 through 3 . . . . .   | 4 | 245,987 |         |
| 5 | Enter the following amount for your filing status:<br>Married filing jointly . . . . . \$250,000<br>Married filing separately . . . . . \$125,000<br>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 |         | 120,987 |
| 7 | Additional Medicare tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .  | 7 |         | 1,089   |

**Part II Additional Medicare Tax on Self-Employment Income**

|    |   |    |         |  |
|----|---|----|---------|--|
| 8  | Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR or Form 1040-SS filers, see instructions.) . . . . .                               | 8  |         |  |
| 9  | Enter the following amount for your filing status:<br>Married filing jointly . . . . . \$250,000<br>Married filing separately . . . . . \$125,000<br>Single, Head of household, or Qualifying widow(er) . . . . . \$200,000 | 9  | 125,000 |  |
| 10 | Enter the amount from line 4 . . . . .  | 10 | 245,987 |  |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- . . . . .  | 11 |         |  |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .  | 12 |         |  |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .  | 13 |         |  |

**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 |         |  |
| 15 | Enter the following amount for your filing status:<br>Married filing jointly . . . . . \$250,000<br>Married filing separately . . . . . \$125,000<br>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 |         |  |
| 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 |         |  |

**Part IV Total Additional Medicare Tax**

|    |  |    |  |       |
|----|--|----|--|-------|
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8 (check box a) (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . . | 18 |  | 1,089 |
|----|--|----|--|-------|

**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 | 3,981   |     |
| 20 | Enter the amount from line 1 . . . . .  | 20 | 245,987 |     |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .   | 21 | 3,567   |     |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .   | 22 |         | 414 |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .   | 23 |         |     |
| 24 | <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25 (Form 1040-PR or 1040-SS filers, see instructions) . . . . . | 24 |         | 414 |

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

Cat. No. 59475X

Form **8959** (2020)

**Additional Data**

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

Form 8960

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No.1545-2227

2020

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)

Table with 8 main rows for investment income. Includes sub-rows 4a-4c and 5a-5d. Total investment income on line 8.

Part II Investment Expenses Allocable to Investment Income and Modifications

Table with 11 rows for investment expenses. Includes sub-rows 9a-9d. Total deductions and modifications on line 11.

Part III Tax Computation

Table with 17 main rows for tax computation. Includes sub-rows for individuals (13-15) and estates/trusts (18a-19c). Net investment income tax on line 21.

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

Cat. No. 59474M

Form 8960 (2020)

**Additional Data**

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



**TY 2020 Gen Dep**

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**Name:** MARILYN J<MOSBY**SSN:** [REDACTED]**Spouse SSN:** [REDACTED]**Business Name or Person Name:****Taxpayer Identification Number:****Form, Line or Instruction  
Reference:****Regulations Reference:****Description:** SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION**Attachment Information:** MARILYN J. MOSBY IS MAKING THE DE MINIMIS SAFE HARBOR  
ELECTION UNDER REG. SEC. 1.263(A)-1(F).

**TY 2020 Other Tax Statement**

**Name:** MARILYN J<MOSBY

**SSN:** [REDACTED]

**Spouse SSN:** [REDACTED]

| Other Tax Literal or Tax Text | Other Tax Amount |
|-------------------------------|------------------|
| FROM FORM 8959                | 1,089            |

**TY 2020 Other Withholding Statement**

**Name:** MARILYN J<MOSBY

**SSN:** [REDACTED]

**Spouse SSN:** [REDACTED]

| Withholding Code or WithholdingTxt | EIN        | Withholding Amount |
|------------------------------------|------------|--------------------|
| FORM 1099                          | [REDACTED] | 9,000              |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

Your social security number

Part I Additional Income

Table with 9 rows for Part I: Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or (loss); Other gains or (losses); Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Farm income or (loss); Unemployment compensation; Other income; Combine lines 1 through 8.

Part II Adjustments to Income

Table with 12 rows for Part II: Educator expenses; Certain business expenses of reservists, performing artists, and fee-basis government officials; Health savings account deduction; Moving expenses for members of the Armed Forces; Deductible part of self-employment tax; Self-employed SEP, SIMPLE, and qualified plans; Self-employed health insurance deduction; Penalty on early withdrawal of savings; Alimony paid; IRA Deduction; Student loan interest deduction; Tuition and fees deduction; Add lines 10 through 21.

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2020

**Additional Data**

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

SCHEDULE 2 (Form 1040)

Additional Taxes

OMB No. 1545-0074

2020

Attachment Sequence No. 02

Department of the Treasury Internal Revenue Service

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

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

Your social security number

Part I Tax

Table with 3 rows: 1 Alternative minimum tax, 2 Excess advance premium tax credit repayment, 3 Add lines 1 and 2. Total 0.

Part II Other Taxes

Table with 10 rows: 4 Self-employment tax, 5 Unreported social security and Medicare tax, 6 Additional tax on IRAs, 7a Household employment taxes, 7b Repayment of first-time homebuyer credit, 8 Taxes from Form 8959/8960 (Total 1,089), 9 Section 965 net tax liability installment, 10 Add lines 4 through 8. Total 1,089.

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

Cat. No. 71478U

Schedule 2 (Form 1040) 2020

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: MARILYN J<MOSBY

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**  
**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)**

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. 13

Name(s) shown on return  
MARILYN J<MOSBY

Your social security number  
[REDACTED]

**Part I Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2020 that would require you to file Form(s) 1099? (see instructions) . . .  Yes  No
- B** If "Yes," did you or will you file all required Forms 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, and ZIP code)

|          |                                     |
|----------|-------------------------------------|
| <b>A</b> | 1953 NICE CT<br>KISSIMMEE, FL 34747 |
| <b>B</b> |                                     |
| <b>C</b> |                                     |

| <b>1b</b> | Type of Property (from list below) | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | <b>QJV</b>               |
|-----------|------------------------------------|--|------------------|-------------------|--------------------------|
| <b>A</b>  | VACATION/SHORT-TERM RENTAL         |  | 37               | 61                | <input type="checkbox"/> |
| <b>B</b>  |                                    |  |                  |                   | <input type="checkbox"/> |
| <b>C</b>  |                                    |  |                  |                   | <input type="checkbox"/> |

- Type of Property:**  
 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| <b>Income:</b>   | <b>Properties:</b> | <b>A</b> | <b>B</b> | <b>C</b> |
|--|--------------------|----------|----------|----------|
| <b>3</b> Rents received . . . . .  | <b>3</b>           | 11,284   |          |          |
| <b>4</b> Royalties received . . . . .  | <b>4</b>           |          |          |          |
| <b>Expenses:</b>   |                    |          |          |          |
| <b>5</b> Advertising . . . . .   | <b>5</b>           |          |          |          |
| <b>6</b> Auto and travel (see instructions) . . . . .  | <b>6</b>           |          |          |          |
| <b>7</b> Cleaning and maintenance . . . . .  | <b>7</b>           | 362      |          |          |
| <b>8</b> Commissions . . . . .   | <b>8</b>           | 1,617    |          |          |
| <b>9</b> Insurance . . . . .   | <b>9</b>           | 243      |          |          |
| <b>10</b> Legal and other professional fees . . . . .  | <b>10</b>          |          |          |          |
| <b>11</b> Management fees . . . . .  | <b>11</b>          |          |          |          |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions) . . . . .   | <b>12</b>          | 4,836    |          |          |
| <b>13</b> Other interest . . . . .   | <b>13</b>          |          |          |          |
| <b>14</b> Repairs . . . . .  | <b>14</b>          |          |          |          |
| <b>15</b> Supplies . . . . .   | <b>15</b>          |          |          |          |
| <b>16</b> Taxes . . . . .  | <b>16</b>          | 1,660    |          |          |
| <b>17</b> Utilities . . . . .  | <b>17</b>          | 549      |          |          |
| <b>18</b> Depreciation expense or depletion . . . . .  | <b>18</b>          | 2,013    |          |          |
| <b>19</b> Other (list) ▶<br>SECURITY . . . . .   | <b>19</b>          | 28       |          |          |
| PEST CONTROL . . . . .   |                    | 45       |          |          |
| HOA DUES . . . . .   |                    | 812      |          |          |
| MISCELLANEOUS EXPENS . . . . .   |                    | 504      |          |          |
| MORTGAGE INSURANCE P . . . . .   | <b>19</b>          | 343      |          |          |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .   | <b>20</b>          | 13,012   |          |          |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . . | <b>21</b>          | 0        |          |          |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .  | <b>22</b>          | ()       | ()       | ()       |

|  |            |        |
|--|------------|--------|
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . . | <b>23a</b> | 11,284 |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b> |        |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .         | <b>23c</b> | 4,836  |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .         | <b>23d</b> | 2,013  |

|                       |  |                                    |           |     |
|-----------------------|--|------------------------------------|-----------|-----|
| <b>24<sup>e</sup></b> | <p>Total of all amounts reported on line 20 for all properties.<br/> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses</p>  | <p><b>23e</b> . . . . . 13,012</p> | <b>24</b> |     |
| <b>25</b>             | <p><b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here</p>  |                                    | <b>25</b> | ( ) |
| <b>26</b>             | <p><b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2</p> |                                    | <b>26</b> | 0   |

For Paperwork Reduction Act Notice, see the separate instructions.      Cat. No. 11344L      **Schedule E (Form 1040) 2020**



Name(s) shown on return. Do not enter name and social security number if shown on other side. MARILYN J<MOSBY

Your social security number

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

Table with 6 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows A, B, C, D.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Sect on 179 expense deduction, (k) Nonpassive income from Schedule K-1. Rows A, B, C, D, 29a Totals, b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts. Table with 4 columns: (a) Name, (b) Employer identification number, (c) Passive deduct on or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, b Totals, 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)-Residual Holder. Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Rows 38, 39.

Part V Summary. Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

**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: 14221688449261  |  |                                 |  |                         |  |
|---|--|--|--|--------------------------------------|--|--|--|---------------------------------|--|-------------------------|--|
| <b>a</b> Employee's social security number<br>[REDACTED]  |  |  | OMB No. 1545-0008  |                                      |  | Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile. |  |                                 |  |                         |  |
| <b>b</b> Employer identification number (EIN)<br>52-6000769   |  |  | <b>1</b> Wages, tips, other compensation<br>214,089  |                                      |  | <b>2</b> Federal income tax withheld<br>32,202                         |  |                                 |  |                         |  |
| <b>c</b> Employer's name, address, and ZIP code<br>MAYOR AND CITY COUNCIL OF BALTIMORE<br><br>401 E FAYETTE RM 800<br><br>BALTIMORE, MD 21202                               |  |  | <b>3</b> Social security wages<br>137,700  |                                      |  | <b>4</b> Social security tax withheld<br>8,537                         |  |                                 |  |                         |  |
|   |  |  | <b>5</b> Med care wages and tips<br>245,987  |                                      |  | <b>6</b> Medicare tax withheld<br>3,981                                |  |                                 |  |                         |  |
|   |  |  | <b>7</b> Social security tips<br>0   |                                      |  | <b>8</b> Allocated tips<br>0   |  |                                 |  |                         |  |
| <b>d</b> Control number   |  |  | <b>9</b>   |                                      |  | <b>10</b> Dependent care benefits<br>0                                 |  |                                 |  |                         |  |
| <b>e</b> Employee's first name and initial      Last name      Suff.<br><br>MARILYN J MOSBY<br><br><br><b>f</b> Employee's address and ZIP code<br>[REDACTED]<br>[REDACTED] |  |  | <b>11</b> Nonqualified plans<br>0  |                                      |  | <b>12a</b> See instructions for box 12<br>Code C      566              |  |                                 |  |                         |  |
|   |  |  | <b>13</b> Statutory employee      Retirement plan      Third-party sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |                                      |  | <b>12b</b><br>Code G      19,500                                       |  |                                 |  |                         |  |
|   |  |  | <b>14</b> Other  |                                      |  | <b>12c</b><br>Code DD      21,825                                      |  |                                 |  |                         |  |
|   |  |  |  |                                      |  | <b>12d</b>   |  |                                 |  |                         |  |
| <b>15</b> State Employer's state ID number<br>MD 03683527   |  | <b>16</b> State wages, tips, etc.<br>214,089 |  | <b>17</b> State income tax<br>16,844 |  | <b>18</b> Local wages, tips, etc.<br>0                                 |  | <b>19</b> Local income tax<br>0 |  | <b>20</b> Local ty name |  |

Form **W-2** **Wage and Tax Statement** **2020** 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

## **AVS Data - Get PTC Info Response**

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**There is no AVS PTC Response for this submission.**

**Return Index - sorted by Display Name in ascending order**

| Display Name                | Identifying #                           | Attach To               | Document Type  | Regulation |
|-----------------------------|---|-------------------------|----------------|------------|
| 1040                        |   |                         | Form           |            |
| 1099-R                      |   | 1040                    | Form           |            |
| 4562                        | SINGLE FAMILY RESIDENCE - 1953 NICE CT, | Schedule E (1040)       | Form           |            |
| 6251                        |   | 1040                    | Form           |            |
| 8959                        |   | 1040, Schedule 2 (1040) | Form           |            |
| 8960                        |   | 1040                    | Form           |            |
| AVS Data PTC Info           |   |                         | AVSDataPTCInfo |            |
| Gen Dep                     |   | 1040                    | Statement      |            |
| Other Tax Statement         |   | Schedule 2 (1040)       | Statement      |            |
| Other Withholding Statement |   | 1040                    | Statement      |            |
| Schedule 1 (1040)           |   | 1040                    | Schedule       |            |
| Schedule 2 (1040)           |   | 1040                    | Schedule       |            |
| Schedule E (1040)           |   | Schedule 1 (1040)       | Schedule       |            |
| W-2                         |   | 1040                    | Form           |            |