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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Summary of Assets of 12/31/19 PART B - ASSETS INDIVIDUALLY VALUED AT OVER \$1,000

As of Date	Symbol	Description	Quantity	Price	Value
12/31/19	VEA	Vanguard FTSE Developed Markets ETF	3,356.00	44.06	147,865.36
12/31/19	SPY	SPDR S&P 500	449	321.86	144,515.14
12/31/19	ARTKX	Artisan Intl Value Inv	3,510.07	36.96	129,732.30
12/31/19	MPEMX	Mondrian Emerging Markets Value Equity	13,324.67	7.74	103,132.98
12/31/19	VVIUX	Vanguard Interm-Term Tx-Ex Adm	6,182.39	14.47	89,459.22
12/31/19	CASH	CASH			76,300.83
12/31/19	VXF	Vanguard Extended Mkt Ibx ETF	460	125.99	57,955.40
12/31/19	ILPFX	Longleaf Partners	2,550.72	20.3	51,779.66
12/31/19	KGXAX	Kopernik Gbl All Cap	4,983.82	10.02	49,937.90
12/31/19	VCSH	Vanguard Corp Bond ETF	607	81.03	49,185.21
12/31/19	SHM	SPDR Nuveen Barcap S/T Muni Bd	858	49.11	42,136.38
12/31/19	LSBRX	Loomis Sayles Bond Retail	2,676.89	13.76	36,833.99
12/31/19	OAKEX	Oakmark Intl S/C I	2,238.43	16.4	36,710.23
12/31/19	BND	Vanguard Total Bd Mkt ETF	437	83.86	36,646.82
12/31/19	VWVNX	Vanguard Windsor II Adm	425,924	64.6	27,514.69
12/31/19	BSV	Vanguard Short-Term Bond ETF	340	80.61	27,407.40
12/31/19	SAMEX	RidgeWorth Total Return Bd I	2,499.70	10.68	26,696.78
12/31/19	QQQ	PowerShares QQQ	108	212.61	22,961.88
12/31/19	VWVFX	Vanguard Windsor II Inv	584,695	36.41	21,288.74
12/31/19	VVO	Vanguard FTSE Emerging Markets ETF	448	44.47	19,922.56
12/31/19	MITFX	BMO Intermediate Tax-Free Y	1,513.10	11.49	17,385.50
12/31/19	SCHF	Schwab Intl Eq ETF	511	33.63	17,184.93
12/31/19	IVV	iShares Core S&P 500 ETF S&P 500 INDEX	50	323.24	16,162.00
12/31/19	VBR	Vanguard Small Cap Value	113	137.07	15,488.91
12/31/19	VNIQ	Vanguard REIT Index ETF	143	92.79	13,268.97
12/31/19	PRTNX	Pimco Real Return Fund	1,011.53	11.24	11,369.60
12/31/19	SAMHX	RidgeWorth Seix High Yield I	1,230.28	8.41	10,346.62
12/31/19	SCHZ	Schwab US Aggregate Bond	185	53.43	9,884.55
12/31/19	SCHX	Schwab U.S. Large-Cap ETF	128	76.81	9,831.68
12/31/19	TFI	Spdr Nuveen Bimbrg	158	50.58	7,991.64
12/31/19	SCHA	Schwab U.S. Small-Cap ETF	103	75.64	7,790.92
12/31/19	TRREX	T. Rowe Price Real Estate	249,325	25.7	6,407.65
12/31/19	VIPSX	Vanguard Intl-Prot Secs Inv	380	13.18	5,008.40
12/31/19	VGSIX	Vanguard Reit Index	36,813	131.58	4,843.85
12/31/19	SCHP	Schwab US Tips Etf	50	56.63	2,831.50
12/31/19	SCHE	Schwab Em Mkts Eq ETF	30	27.37	821.1
12/31/19	SCHH	Charles Schwab US Reit	17	45.96	781.32
12/31/19	SCHO	Schwab Short Term US	11	50.48	555.28
Total Assets > \$1,000					1,355,937.89

Other Assets

253 NE 2nd Street #3909, Miami, FL 33132 (Condo)	\$650,000.00
Three Lobos, LLC (fitness business)	\$27,450.00
Lobos Naranjos, LLC (fitness business)	\$266,529.00
Texas Lobos, LLC (fitness business)	\$118,599.00
Total	\$1,062,578.00

Total of Individually Valued Assets

\$2,418,515.89

CLIFTONLARSONALLEN LLP
6501 AMERICAS PARKWAY NE, SUITE 500
ALBUQUERQUE, NM 87110

EILEEN T. HIGGINS
253 NE 2ND ST APT. NO. 3909
MIAMI, FL 33132



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ELECTIONS DEPARTMENT

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Tax Return Carryovers to 2020

NAME: EILEEN T. HIGGINS

ID Number:

Disallowing Form	Description	Originating Form	Entity/Activity	St/City	Amount
1040	NOL C/O FROM 2017	1040			107,938.
SCH A	2019 CONTRIBUTIONS - 60% LIMIT	SCH A			875.
SCH A	2018 CONTRIBUTIONS - 50% LIMIT	SCH A			2,811.
SCH A	2017 CONTRIBUTIONS - 50% LIMIT	SCH A			1,325.
SCH A	2016 CONTRIBUTIONS - 50% LIMIT	SCH A			2,293.
SCH A	2015 CONTRIBUTIONS - 50% LIMIT	SCH A			650.
1116	GENERAL LIMITATION INC C/O FROM 2016	1116			413.
1116	PASSIVE INC C/O FROM 2017	1116			328.
1116	PASSIVE INC C/O FROM 2018	1116			547.
1116	PASSIVE INC C/O FROM 2019	1116			188.
1116AMT	GENERAL LIMITATION INC C/O FROM 2016	1116 AMT			413.
1116AMT	PASSIVE INC C/O FROM 2017	1116 AMT			328.
1116AMT	PASSIVE INC C/O FROM 2018	1116 AMT			547.
1116AMT	PASSIVE INC C/O FROM 2019	1116 AMT			188.
4797	2019 SEC 1231 LOSSES SUBJECT TO RECAPTURE RULES	4797			5,773.
6251	AMT NOL C/O FROM 2017	1040			92,574.
6251	AMT 2019 CONTRIBUTIONS - 60% LIMIT	SCH A			875.
6251	AMT 2018 CONTRIBUTIONS - 50% LIMIT	SCH A			2,811.
6251	AMT 2017 CONTRIBUTIONS - 50% LIMIT	SCH A			325.
6251	AMT 2016 CONTRIBUTIONS - 50% LIMIT	SCH A			2,293.
6251	AMT 2015 CONTRIBUTIONS - 50% LIMIT	SCH A			650.
RPD41369	NOL C/O FROM 2017	RPD41369		NM	102,928.

MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT
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Direct Deposit/Debit Report

Name: EILEEN T. HIGGINS

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ID Number: ***-**-****

Unit	Form	Name of Financial Institution	Account Type	Routing Number	Account Number	Debit/Deposit Date	Amount
FEED	1040		CHECKING	020MAY29 ELECTIONS DEPARTMENT	00119**	DEPOSIT	15,144.

Two-Year Comparison Worksheet

2019

Name(s) as shown on return EILEEN T. HIGGINS		Social security number
2018 Filing Status SINGLE	2019 Filing Status SINGLE	
2018 Tax Bracket 0.0%	2019 Tax Bracket 0.0%	

Description	Tax Year 2018	Tax Year 2019	Increase (Decrease)
WAGES, SALARIES, AND TIPS	55,972.	49,365.	-6,607.
SCHEDULE B - TAXABLE INTEREST	90.	219.	129.
SCHEDULE B - QUALIFIED DIVIDENDS	4,132.	5,339.	1,207.
SCHEDULE B - ORDINARY DIVIDENDS	7,745.	6,316.	-1,429.
SCHEDULE D (CAPITAL GAIN/LOSS)	2,612.	6,377.	3,765.
FORM 4797 (OTHER GAINS OR LOSSES)	0.	-5,773.	-5,773.
SCHEDULE E (RENTAL AND PASSTHROUGH)	154,747.	15,239.	-139,508.
OTHER INCOME	-368,938.	-166,258.	202,680.
TOTAL INCOME	-147,772.	-94,515.	53,257.
DEDUCTIBLE PART OF SE TAX	6,486.	1,223.	-5,263.
TOTAL ADJUSTMENTS	6,486.	1,223.	-5,263.
ADJUSTED GROSS INCOME	-154,258.	-95,738.	58,520.
STANDARD DEDUCTION	12,000.	12,200.	200.
TOTAL DEDUCTIONS	12,000.	12,200.	200.
TAXABLE INCOME	0.	0.	0.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	12,972.	2,446.	-10,526.
TOTAL TAX	12,972.	2,446.	-10,526.
FEDERAL INCOME TAX WITHHELD	2,507.	3,980.	1,473.
ESTIMATED TAX PAYMENTS	9,000.	13,610.	4,610.
TOTAL PAYMENTS	11,507.	17,590.	6,083.
TAX OVERPAID	0.	15,144.	15,144.
AMOUNT REFUNDED	0.	15,144.	15,144.
BALANCE DUE	1,465.	0.	-1,465.
NEW MEXICO STATE RETURN			

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CLA (CliftonLarsonAllen LLP)
6501 Americas Parkway NE, Suite 500
Albuquerque, NM 87110
505-842-8290 | fax 505-842-1568
CLAconnect.com

EILEEN T. HIGGINS
253 NE 2ND ST APT. NO. 3909
MIAMI, FL 33132

DEAR EILEEN:

ENCLOSED ARE YOUR 2019 INCOME TAX RETURNS, AS FOLLOWS...

- 2019 U.S. INDIVIDUAL INCOME TAX RETURN
- 2019 NEW MEXICO INDIVIDUAL INCOME TAX RETURN

WE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURNS BY TAXING AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

FOR PAPER FILED RETURNS, PLEASE MAIL YOUR RETURN CERTIFIED MAIL WITH RETURN RECEIPT FOR PROOF OF TIMELY FILING. BY DOING SO, YOU WILL HAVE THE APPROPRIATE DOCUMENTATION TO AVOID THE ASSESSMENT OF LATE FILING PENALTIES.

BE SURE TO REVIEW THE RETURNS PRIOR TO SIGNING AS YOU HAVE FINAL RESPONSIBILITY FOR ALL INFORMATION INCLUDED IN RETURNS. COPIES OF EACH RETURN ARE PROVIDED AND SHOULD BE RETAINED FOR YOUR FILES.

WE VALUE OUR RELATIONSHIP WITH YOU AND THANK YOU FOR YOUR TRUST AND CONFIDENCE IN ALLOWING US TO SERVE YOU. IF YOU HAVE ANY QUESTIONS REGARDING THE RETURNS OR OTHER SERVICES THAT WE CAN ASSIST YOU WITH, PLEASE DO NOT HESITATE TO CONTACT US. SOME OF OUR BEST CLIENTS COME THROUGH REFERRALS FROM EXISTING CLIENTS. IF YOU KNOW OF ANYONE WHO COULD BENEFIT FROM OUR ASSISTANCE, WE WOULD BE PLEASED TO SPEAK TO HIM OR HER.

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MINNIE BADE
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SINCERELY,

LINDA M. SEDILLO GONZALES, EA
SIGNING DIRECTOR, TAX

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

2019 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	EILEEN T. HIGGINS 253 NE 2ND ST APT. NO. 3909 MIAMI, FL 33132												
Prepared by	CLIFTONLARSONALLENLLP 6501 AMERICAS PARKWAY NE, SUITE 500 ALBUQUERQUE, NM 87110												
Amount of tax	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Total tax</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;">2,446</td> </tr> <tr> <td>Less: payments and credits</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">17,590</td> </tr> <tr> <td>Plus: interest and penalties</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>OVERPAYMENT</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">15,144</td> </tr> </table>	Total tax	\$	2,446	Less: payments and credits	\$	17,590	Plus: interest and penalties	\$	0	OVERPAYMENT	\$	15,144
Total tax	\$	2,446											
Less: payments and credits	\$	17,590											
Plus: interest and penalties	\$	0											
OVERPAYMENT	\$	15,144											
Overpayment	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Miscellaneous Donations</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;">0</td> </tr> <tr> <td>Credited to your estimated tax</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Refunded to you</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">15,144</td> </tr> </table>	Miscellaneous Donations	\$	0	Credited to your estimated tax	\$	0	Refunded to you	\$	15,144			
Miscellaneous Donations	\$	0											
Credited to your estimated tax	\$	0											
Refunded to you	\$	15,144											
Make check payable to	NOT APPLICABLE												
Mail tax return and check (if applicable) to	<p>THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. AFTER REVIEWING THE RETURN, PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.</p>												
Return must be mailed on or before	NOT APPLICABLE												
Special Instructions	<p>YOUR REFUND WILL BE DEPOSITED DIRECTLY INTO YOUR ACCOUNT ENDING IN REFER TO FORM 1040 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.</p> <p>DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS. IF AFTER THREE WEEKS YOU HAVE NOT RECEIVED YOUR REFUND, YOU MAY CONTACT THE IRS AT 1-800-829-4477.</p>												

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 MICHIGAN DEPARTMENT OF TREASURY

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **THREE LOBOS, LLC**

EIN: -

<p>1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year</p> <p>Increases:</p> <p>2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)</p> <p>3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2018 Schedule K-1 from your share of liabilities shown in Item K of your 2019 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)</p> <p>4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds</p> <p>5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities</p> <p>6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion</p> <p>Decreases:</p> <p>7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)</p> <p>Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.</p> <p>8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2019 Schedule K-1 from your share of liabilities shown in item K of your 2018 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))</p> <p>9. Your share of the partnership's nondeductible expenses that are not capital expenditures</p> <p>10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations</p> <p>11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property</p> <p>12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)</p> <p>Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.</p>	<p>1. <u>28,720.</u></p> <p>2. _____</p> <p>3. <u>44.</u></p> <p>4. <u>25,022.</u></p> <p>5. _____</p> <p>6. _____</p> <p>7. <u>26,000.</u></p> <p>8. _____</p> <p>9. <u>152.</u></p> <p>10. _____</p> <p>11. _____</p> <p>12. <u>27,634.</u></p>
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 ELECTIONS DEPARTMENT

919051 01-21-20

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **LOBOS NARANJOS, LLC**

EIN: _____

- | | |
|---|---|
| <p>1. Your adjusted basis at the end of the prior year. Do not enter less than zero.
Enter -0- if this is your first tax year</p> <p>Increases:</p> <p>2. Money and your adjusted basis in property contributed to the partnership less
the associated liabilities (but not less than zero)</p> <p>3. Your increased share of or assumption of partnership liabilities (Subtract your share of
liabilities shown in Item K of your 2018 Schedule K-1 from your share of liabilities
shown in Item K of your 2019 Schedule K-1 and add the amount of any partnership
liabilities you assumed during the tax year) (but not less than zero)</p> <p>4. Your share of the partnership's income or gain (including tax-exempt income) reduced by
any amount included in interest income with respect to the credit to holders of clean renewable
energy bonds</p> <p>5. Any gain recognized this year on contributions of property. Do not include gain from
transfer of liabilities</p> <p>6. Your share of the excess of the deductions for depletion (other than oil and gas
depletion) over the basis of the property subject to depletion</p> <p>Decreases:</p> <p>7. Withdrawals and distributions of money and the adjusted basis of property distributed
to you from the partnership. Do not include the amount of property distributions
included in the partner's income (taxable income)</p> <p>Caution: A distribution may be taxable if the amount exceeds your adjusted basis of
your partnership interest immediately before the distribution.</p> <p>8. Your decreased share of partnership liabilities and any decrease in your individual liabilities
because they were assumed by the partnership. (Subtract your share of liabilities shown in
item K of your 2019 Schedule K-1 from your share of liabilities shown in item K of your 2018
Schedule K-1 and add the amount of your individual liabilities that the partnership assumed
during the tax year (but not less than zero))</p> <p>9. Your share of the partnership's nondeductible expenses that are not capital
expenditures</p> <p>10. Your share of the partnership's losses and deductions (including capital losses).
However, include your share of the partnership's section 179 expense deduction for
this year even if you cannot deduct all of it because of limitations</p> <p>11. The amount of your deduction for depletion of any partnership oil and gas property,
not to exceed your allocable share of the adjusted basis of that property</p> <p>12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6
and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)</p> | <p>1. <u>468,986.</u></p> <p>2. <u>4,000.</u></p> <p>3. _____</p> <p>4. <u>113,977.</u></p> <p>5. _____</p> <p>6. _____</p> <p>7. <u>171,000.</u></p> <p>8. <u>32,467.</u></p> <p>9. <u>1,902.</u></p> <p>10. <u>5,923.</u></p> <p>11. _____</p> <p>12. <u>375,671.</u></p> |
|---|---|

Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

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Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **TEXAS LOBOS, LLC**

EIN: _____

- | | |
|---|--|
| <p>1. Your adjusted basis at the end of the prior year. Do not enter less than zero.
Enter -0- if this is your first tax year</p> <p>Increases:</p> <p>2. Money and your adjusted basis in property contributed to the partnership less
the associated liabilities (but not less than zero)</p> <p>3. Your increased share of or assumption of partnership liabilities (Subtract your share of
liabilities shown in Item K of your 2018 Schedule K-1 from your share of liabilities
shown in Item K of your 2019 Schedule K-1 and add the amount of any partnership
liabilities you assumed during the tax year) (but not less than zero)</p> <p>4. Your share of the partnership's income or gain (including tax-exempt income) reduced by
any amount included in interest income with respect to the credit to holders of clean renewable
energy bonds</p> <p>5. Any gain recognized this year on contributions of property. Do not include gain from
transfer of liabilities</p> <p>6. Your share of the excess of the deductions for depletion (other than oil and gas
depletion) over the basis of the property subject to depletion</p> <p>Decreases:</p> <p>7. Withdrawals and distributions of money and the adjusted basis of property distributed
to you from the partnership. Do not include the amount of property distributions
included in the partner's income (taxable income)</p> <p>Caution: A distribution may be taxable if the amount exceeds your adjusted basis of
your partnership interest immediately before the distribution.</p> <p>8. Your decreased share of partnership liabilities and any decrease in your individual liabilities
because they were assumed by the partnership. (Subtract your share of liabilities shown in
item K of your 2019 Schedule K-1 from your share of liabilities shown in item K of your 2018
Schedule K-1 and add the amount of your individual liabilities that the partnership assumed
during the tax year (but not less than zero))</p> <p>9. Your share of the partnership's nondeductible expenses that are not capital
expenditures</p> <p>10. Your share of the partnership's losses and deductions (including capital losses).
However, include your share of the partnership's section 179 expense deduction for
this year even if you cannot deduct all of it because of limitations</p> <p>11. The amount of your deduction for depletion of any partnership oil and gas property,
not to exceed your allocable share of the adjusted basis of that property</p> <p>12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6
and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)</p> | <p>1. <u>64,362.</u></p> <p>2. <u>127,000.</u></p> <p>3. <u>31,513.</u></p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. <u>28,000.</u></p> <p>8. _____</p> <p>9. <u>1,324.</u></p> <p>10. <u>1,685.</u></p> <p>11. _____</p> <p>12. <u>71,866.</u></p> |
|---|--|

Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

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ALTERNATIVE MINIMUM TAX
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: THREE LOBOS, LLC

EIN:

- 1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0- if this is your first tax year 1. 28,720.
Increases:
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero) 2. 0.
3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2018 Schedule K-1 from your share of liabilities shown in Item K of your 2019 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero) 3. 44.
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds 4. 25,022.
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities 5. 0.
6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion 6.
Decreases:
7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income) 7. 6,000.
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2019 Schedule K-1 from your share of liabilities shown in item K of your 2018 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero)) 8.
9. Your share of the partnership's nondeductible expenses that are not capital expenditures 9. 152.
10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations 10.
11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property 11.
12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-) 12. 27,634.

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ELECTIONS DEPARTMENT

ALTERNATIVE MINIMUM TAX
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **LOBOS NARANJOS, LLC**

EIN: _____

- | | |
|--|---|
| <p>1. Your adjusted basis at the end of the prior year. Do not enter less than zero.
 Enter -0- if this is your first tax year</p> <p>Increases:</p> <p>2. Money and your adjusted basis in property contributed to the partnership less
 the associated liabilities (but not less than zero)</p> <p>3. Your increased share of or assumption of partnership liabilities (Subtract your share of
 liabilities shown in Item K of your 2018 Schedule K-1 from your share of liabilities
 shown in Item K of your 2019 Schedule K-1 and add the amount of any partnership
 liabilities you assumed during the tax year) (but not less than zero)</p> <p>4. Your share of the partnership's income or gain (including tax-exempt income) reduced by
 any amount included in interest income with respect to the credit to holders of clean renewable
 energy bonds</p> <p>5. Any gain recognized this year on contributions of property. Do not include gain from
 transfer of liabilities</p> <p>6. Your share of the excess of the deductions for depletion (other than oil and gas
 depletion) over the basis of the property subject to depletion</p> <p>Decreases:</p> <p>7. Withdrawals and distributions of money and the adjusted basis of property distributed
 to you from the partnership. Do not include the amount of property distributions
 included in the partner's income (taxable income)</p> <p>Caution: A distribution may be taxable if the amount exceeds your adjusted basis of
 your partnership interest immediately before the distribution.</p> <p>8. Your decreased share of partnership liabilities and any decrease in your individual liabilities
 because they were assumed by the partnership. (Subtract your share of liabilities shown in
 item K of your 2019 Schedule K-1 from your share of liabilities shown in item K of your 2018
 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed
 during the tax year (but not less than zero))</p> <p>9. Your share of the partnership's nondeductible expenses that are not capital
 expenditures</p> <p>10. Your share of the partnership's losses and deductions (including capital losses).
 However, include your share of the partnership's section 179 expense deduction for
 this year even if you cannot deduct all of it because of limitations</p> <p>11. The amount of your deduction for depletion of any partnership oil and gas property,
 not to exceed your allocable share of the adjusted basis of that property</p> <p>12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6
 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)</p> | <p>1. <u>468,986.</u></p> <p>2. <u>4,000.</u></p> <p>3. _____</p> <p>4. <u>113,977.</u></p> <p>5. <u>0.</u></p> <p>6. _____</p> <p>7. <u>171,000.</u></p> <p>8. <u>32,467.</u></p> <p>9. <u>1,902.</u></p> <p>10. <u>5,923.</u></p> <p>11. _____</p> <p>12. <u>375,671.</u></p> |
|--|---|

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Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

Worksheet for Figuring a Shareholder's Stock Basis
(Keep for your records.)

Name of Entity: **INSIDE THE GLASS, INC.**

EIN: _____

1. Your stock basis at the beginning of the year	1. <u>7,286.</u>
Increases:	
2. Money and your adjusted basis in property contributed to the corporation	2. _____
3. Your share of the corporation's income (including tax-exempt income) reduced by any amount included in income with respect to clean renewable energy or (for bonds issued before October 4, 2008) qualified zone academy bonds	3. _____
4. Other increases to basis, including your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	4. _____
Decreases:	
5. Distributions of money and the fair market value of property (excluding dividend distributions reportable on Form 1099-DIV and distributions in excess of basis (the sum of lines 1 through 4))	5. (_____)
6. Enter: (a) Your share of the corporation's nondeductible expenses and the depletion deduction for any oil and gas property held by the corporation (but only to the extent your share of the property's adjusted basis exceeds the depletion deduction) or (b) if the election under Regulations section 1.1367-1(g) applies, your share of the corporation's deductions and losses (include your entire share of the section 179 expense deduction even if your allowable section 179 expense deduction is smaller) adjusted, if the corporation made a charitable contribution of property, as described in (4) under <u>Basis Rules</u>	6. (_____)
7. If the election under Regulations section 1.1367-1(g) applies, enter the amount from 6(a) above. Otherwise enter the amount from 6(b)	7. (<u>7,286.</u>)
8. Enter the smaller of (a) the excess, as of the beginning of the tax year, of the amount you are owed for loans you made to the corporation over your basis in those loans or (b) the sum of lines 1 through 7. This amount increases your loan basis	8. (_____)
9. Your stock basis in the corporation at the end of the year. Combine lines 1 through 8	9. _____

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Shareholder Debt Basis Worksheet

Name of Entity: **INSIDE THE GLASS, INC.** EIN: _____

Debt Basis

10. Debt basis, beginning of year (Not less than zero)		0.
11. Loans made during the year		
12. Restoration of debt basis (from line 8)		
13. Subtotal (Add lines 11 and 12)		
14. Less: Loan repayments		
15. Gain from loan repayments		
16. Other adjustments:		
17. Subtotal (Combine lines 10, 13, 14, 15 and 16)		
18. Applied against excess loss and deductions		0.
19. Debt basis, end of year (Not less than zero)		0.
20. Total shareholder stock and debt basis, end of year (Add lines 9 and 19) (Not less than zero)		0.

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ELECTIONS DEPARTMENT

ALTERNATIVE MINIMUM TAX
Worksheet for Figuring a Shareholder's Stock Basis
(Keep for your records.)

Name of Entity: **INSIDE THE GLASS, INC.**

EIN: _____

1. Your stock basis at the beginning of the year	1.	7,286.
Increases:		
2. Money and your adjusted basis in property contributed to the corporation	2.	_____
3. Your share of the corporation's income (including tax-exempt income) reduced by any amount included in income with respect to clean renewable energy or (for bonds issued before October 4, 2008) qualified zone academy bonds	3.	_____
4. Other increases to basis, including your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	4.	_____
Decreases:		
5. Distributions of money and the fair market value of property (excluding dividend distributions reportable on Form 1099-DIV and distributions in excess of basis (the sum of lines 1 through 4))	5.	(0)
6. Enter: (a) Your share of the corporation's nondeductible expenses and the depletion deduction for any oil and gas property held by the corporation (but only to the extent your share of the property's adjusted basis exceeds the depletion deduction) or (b) if the election under Regulations section 1.1367-1(g) applies, your share of the corporation's deductions and losses (include your entire share of the section 179 expense deduction even if your allowable section 179 expense deduction is smaller) adjusted, if the corporation made a charitable contribution of property, as described in (4) under <u>Basis Rules</u>	6.	(_____)
7. If the election under Regulations section 1.1367-1(g) applies, enter the amount from 6(a) above. Otherwise enter the amount from 6(b)	7.	(2,075)
8. Enter the smaller of (a) the excess, as of the beginning of the tax year, of the amount you are owed for loans you made to the corporation over your basis in those loans or (b) the sum of lines 1 through 7. This amount increases your loan basis	8.	(_____)
9. Your stock basis in the corporation at the end of the year. Combine lines 1 through 8	9.	5,211.

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Shareholder Debt Basis Worksheet

Name of Entity:

EIN:

INSIDE THE GLASS, INC.

Debt Basis

10. Debt basis, beginning of year (Not less than zero)		0.
11. Loans made during the year		
12. Restoration of debt basis (from line 8)		
13. Subtotal (Add lines 11 and 12)		
14. Less: Loan repayments		
15. Gain from loan repayments		
16. Other adjustments:		
17. Subtotal (Combine lines 10, 13, 14, 15 and 16)		
18. Applied against excess loss and deductions		0.
19. Debt basis, end of year (Not less than zero)		5,211.
20. Total shareholder stock and debt basis, end of year (Add lines 9 and 19) (Not less than zero)		

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ELECTIONS DEPARTMENT

EILEEN T. HIGGINS

***-**-**

S-CORP BASIS WORKSHEET ALLOCATION OF ALLOWABLE LOSSES STATEMENT 1

INSIDE THE GLASS, INC.

DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF BASIS	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	2,075.	1.000000000	2,075.	2,075.	0.
TOTALS	2,075.	1.000000000	2,075.	2,075.	0.

S-CORP BASIS WORKSHEET DECREASES IN BASIS STATEMENT 2

INSIDE THE GLASS, INC.

DESCRIPTION	AMOUNT
LIQUIDATING DISTR RECD - SCH D	5,211.
INCLUDED IN BASIS WORKSHEET, LINE 6 OR 7	5,211.

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Form **8879**
Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

2019

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name EILEEN T. HIGGINS	Social security number * * * * *
Spouse's name	Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2019 (Whole dollars only)	
1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1 -95,738.
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2 2,446.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3 3,980.
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4 15,144.
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize CLIFTONLARSONALLEN LLP to enter or generate my PIN as my signature on my tax year 2019 electronically filed income tax return. **ERO firm name**
- I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN as my signature on my tax year 2019 electronically filed income tax return. **ERO firm name**
- I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. _____
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ LINDA M SEDILLO GONZALES, EA Date ▶ _____

919995 01-13-20 **ERO Must Retain This Form - See Instructions**
Don't Submit This Form to the IRS Unless Requested To Do So
LHA For Paperwork Reduction Act Notice, see your tax return instructions. Form 8879 (2019)

**Tax Year 2019 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN _____
(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: _____ Date 05142020

Spouse's PIN: _____

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ELECTRONICS DEPARTMENT

a Employee's social security number ***-**-****		OMB No.		Safe, accurate, FAST! Use IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN)				1 Wages, tips, other compensation 49,365.	2 Federal income tax withheld 3,980.		
c Employer's name, address, and ZIP code MIAMI DADE COUNTY, FLORIDA FINANCE DEPT 111 N.W. 1ST STREET MIAMI FL 33128-1980				3 Social security wages 49,545.	4 Social security tax withheld 3,071.70		
				5 Medicare wages and tips 49,545.	6 Medicare tax withheld 718.48		
				7 Social security tips	8 Allocated tips		
d Control number				9	10 Dependent care benefits		
e Employee's first name and initial EILEEN T. HIGGINS		Last name HIGGINS		Suff. 11 Nonqualified plans		12a See instructions for box 12 Code DD 9,226.	
f Employee's address and ZIP code 253 NE 2ND ST APT. NO. 3909 MIAMI FL 33132				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b Code		
				14 Other FRS 180.	12c Code		
							12d Code
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Department of the Treasury - Internal Revenue Service

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

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

2019

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 ELECTIONS DEPARTMENT

Form **1040**

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial: **EILEEN T.**
 Last name: **HIGGINS**
 Your social security number: ***-**-****
 Spouse's social security number: ****-**-****

Home address (number and street). If you have a P.O. box, see instructions.
253 NE 2ND ST
 Apt. no. **3909**
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
MIAMI, FL 33132

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. You Spouse
 If more than four dependents, see instructions and here.

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

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

Standard Deduction for -
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under Standard Deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	2,754.	2a	Taxable interest	219.	2b	Taxable interest. Attach Sch. B if required	6,316.	3b	6,377.	6	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>
2a	Tax-exempt interest	5,339.	3a	Qualified dividends		7a	Other income from Schedule 1, line 9		7b	-156,792.	7b	Other income from Schedule 1, line 9
3a	Qualified dividends		4a	IRA distributions		7c	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		7d	-94,515.	7d	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income
4a	IRA distributions		4b	Pensions and annuities		7e	Adjustments to income from Schedule 1, line 22		7e	1,223.	7e	Adjustments to income from Schedule 1, line 22
4b	Pensions and annuities		4c	Social security benefits		7f	Subtract line 8a from line 7b. This is your adjusted gross income		7f	-95,738.	7f	Subtract line 8a from line 7b. This is your adjusted gross income
4c	Social security benefits		4d	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		8a	Standard deduction or itemized deductions (from Schedule A)	12,200.	8a		8a	Standard deduction or itemized deductions (from Schedule A)
4d	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		4e	Other income from Schedule 1, line 9		8b	Qualified business income deduction. Attach Form 8995 or Form 8995-A		8b		8b	Qualified business income deduction. Attach Form 8995 or Form 8995-A
5a	Other income from Schedule 1, line 9		5b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		9	Add lines 9 and 10		9		9	Add lines 9 and 10
5b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		5c	Adjustments to income from Schedule 1, line 22		10	Taxable income. Subtract line 11a from line 8b.		10		10	Taxable income. Subtract line 11a from line 8b.
6	Adjustments to income from Schedule 1, line 22		5d	Subtract line 8a from line 7b. This is your adjusted gross income		11a	If zero or less, enter -0-		11a	12,200.	11a	If zero or less, enter -0-
7a	Subtract line 8a from line 7b. This is your adjusted gross income		5e	Standard deduction or itemized deductions (from Schedule A)		11b			11b	0.	11b	
7b	Qualified business income deduction. Attach Form 8995 or Form 8995-A		5f	Qualified business income deduction. Attach Form 8995 or Form 8995-A								
7c	Add lines 9 and 10											
7d	Taxable income. Subtract line 11a from line 8b.											

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

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Form 1040 (2019) **EILEEN T. HIGGINS**

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	0.
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	0.
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	0.
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	2,446.
16	Add lines 14 and 15. This is your total tax	16	2,446.
17	Federal income tax withheld from Forms W-2 and 1099	17	3,980.
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	13,610.
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	13,610.
19	Add lines 17 and 18e. These are your total payments	19	17,590.
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	15,144.
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	15,144.
	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	
	24 Estimated tax penalty (see instructions)	24	

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

Third Party Designee (Other than paid preparer) Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions

Yes. Complete below.
 No

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.)
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

Preparer's name LINDA M SEDILLO GONZALES, EA	Preparer's signature LINDA M SEDILLO GONZALES, EA	Date	PTIN	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name CLIFTONLARSONALLEN LLP	Firm's address 6501 AMERICAS PARKWAY NE, SUITE 500 ALBUQUERQUE, NM 87110	Phone no. (505) 842-8290	Firm's EIN	

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

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SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No.

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.

Your social security number
*** - ** -

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

EILEEN T. HIGGINS

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? 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	
3	Business income or (loss). Attach Schedule C	4	-5,773.
4	Other gains or (losses). Attach Form 4797	5	15,239.
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	6	
6	Farm income or (loss). Attach Schedule F	7	
7	Unemployment compensation	8	-166,258.
8	Other income. List type and amount ▶ NOL DEDUCTION FOR 2019 -166,258.	9	-156,792.
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a		

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	
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	1,223.
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	19	
c	Date of original divorce or separation agreement (see instructions) ▶	20	
19	IRA deduction	21	
20	Student loan interest deduction	22	1,223.
21	Tuition and fees. Attach Form 8917		
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a		

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

Schedule Form 1040 (or 1040-SR) 2019

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SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.

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

OMB No.

2019

Attachment
Sequence No. **02**

Your social security number
*** - ** -

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

EILEEN T. HIGGINS

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	2,446.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
7b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
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	2,446.

Schedule 2 (Form 1040 or 1040-SR) 2019

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SCHEDULE 3
(Form 1040 or 1040-SR)

Additional Credits and Payments

OMB No.

2019

Attachment
Sequence No. **03**

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.

Your social security number
-**-*

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

EILEEN T. HIGGINS

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	0.

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	13,610.
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	13,610.

Schedule 3 (Form 1040 or 1040-SR) 2019

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

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Schedule A

Charitable Contributions Limitation

-**-*

NAME EILEEN T. HIGGINS

60% Contributions

1. 60% of AGI 0.
2. Contributions qualifying for 60% limit 875.
3. Allowable 60% contributions 0.

50% Contributions

4. 50% of AGI 0.
5. Contributions qualifying for 50% limit
6. Allowable 50% contributions (lesser of Line 4 - Line 3 or Line 5) 0.

30% Contributions

7. Remaining 50% limit (Line 4 less Lines 3 and 6) 0.
8. Less capital gain property - special 30% limits
9. Balance of 50% of AGI 0.
10. 30% of AGI
11. Contributions qualifying for 30% limit
12. Allowable 30% contributions (lesser of Line 9, 10 or 11) 0.

30% Special Contributions

13. 30% of AGI
14. Contributions qualifying for 30% special limit
15. Remaining 50% limit (Line 4 less the sum of Lines 3, 6 and 12) 0.
16. Allowable 30% special contribution (lesser of Line 13, 14 or 15) 0.

20% Contributions

17. 20% of AGI
18. 30% of AGI
19. Allowed 30% regular contributions
20. Line 18 less Line 19 0.
21. Allowed 30% special contributions 0.
22. Line 18 less Line 21 0.
23. Remaining 50% limit (Line 4 less the sum of Lines 3, 6, 12, and 16)
24. Contributions subject to the 20% limitation
25. Allowable 20% contributions (lesser of Line 17, 20, 22, 23 or 24) 0.

50% and 100% Conservation Real Property Contributions

26. Remaining 50% limit (Line 4 less the sum of Lines 3, 6, 12, 16 and 25)
27. Conservation real property contribution subject to 50% limit
28. Allowable 50% conservation real property contribution (lesser of Line 26 or 27) 0.
29. Remaining 100% of AGI
30. Conservation real property contribution subject to 100% limit
31. Allowable 100% conservation real property contribution (lesser of Line 29 or 30) 0.

Qualified Disaster Contributions

32. Remaining 100% of AGI
33. Qualified disaster contributions subject to 100% limit
34. Allowable qualified disaster contributions (lesser of Line 32 or 33) 0.

35. Total 2018 contributions allowed on Schedule A
36. Total prior year carryovers allowed on Schedule A

37. Total charitable contributions to Schedule A, Line 14

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SCHEDULE B
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

OMB No.

2019

Attachment
Sequence No. **08**

Your social security number

-**-*

EILEEN T. HIGGINS

Part I
Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►
- CHARLES SCHWAB BANK**
CHARLES SCHWAB & CO INC
FROM K-1 - EILEEN T HIGGINS 2012 TR 34260599

Amount

191.
27.
1.

1

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

219.

219.

Amount

Note: If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

- 5 List name of payer ►
- CHARLES SCHWAB & CO INC**
INSIDE THE GLASS
FROM K-1 - EILEEN T HIGGINS 2012 TR 34260599

2,026.

4,290.

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Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

6,316.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions. 927501 11-19-19

- 7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located
- 8 During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

Schedule B (Form 1040 or 1040-SR) 2019

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069-0WK1

Interest and Dividend Summary

Name: EILEEN T. HIGGINS

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Payer	Interest	Interest on U.S. Savings Bonds	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A CHARLES SCHWAB BANK	191.						
B CHARLES SCHWAB & CO INC	27.					2,026.	1,429.
C CHARLES SCHWAB & CO INC				1,250.			
D INSIDE THE GLASS						4,290.	3,910.
E FROM K-1 - EILEEN T HIGGINS 2012 TR 34260599	1.			1,504.			
F FROM K-1 - EILEEN T HIGGINS 2012 TR 34260599							
G							
H							
I							
J							
K							
Totals				2,754.		6,316.	5,339.

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A									
B					110.				79.
C	382.								
D					226.				
E									
F									
G									
H									
I									
J									
K									
Totals	382.				336.				79.

SCHEDULE D
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No.

2019

Attachment
Sequence No. **12**

Your social security number

-**-*

Name(s) shown on return

EILEEN T. HIGGINS

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked				
2	Totals for all transactions reported on Form(s) 8949 with Box B checked				
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7

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Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	2,446.	2,524.		<78.>
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked				
9	Totals for all transactions reported on Form(s) 8949 with Box E checked				
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	11,284.	5,211.		6,073.
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13	Capital gain distributions				13 382.
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15	Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 6,377.

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Schedule D (Form 1040) 2019

Schedule D (Form 1040 or 1040-SR) 2019 EILEEN T. HIGGINS

Part III Summary

	16	6,377.
<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 		
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet(see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	
<p>22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

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Form 8949 (2019)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

-**-*

EILEEN T. HIGGINS

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	INSIDE THE GLASS	02/18/14	05/31/19	11,284.	5,211.			6,073.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶								
				11,284.	5,211.			6,073.

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Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Schedule E (Form 1040 or 1040-SR) 2019

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

*** - ** -

EILEEN T. HIGGINS

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

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 include INSIDE THE GLASS, INC., LOBOS NARANJOS, LLC, TEXAS LOBOS, LLC, THREE LOBOS, LLC.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction, (k) Nonpassive income from Schedule K-1. Includes Totals and Add columns rows.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Row: EILEEN T HIGGINS 2012 TR 34260599.

Table with 4 columns: (c) Passive deduction 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. Includes Totals and Add columns rows.

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.

Part V Summary * ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

Summary table with 2 columns: Description, Amount. Rows include Net farm rental income, Total income, Reconciliation of farming and fishing income, Reconciliation for real estate professionals.

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SCHEDULE E

Name EILEEN T. HIGGINS
Passthrough THREE LOBOS, LLC
 PARTNERSHIP

NONPASSIVE

SCHEDULE E, PAGE 2

	K-1 Input	Prior Year Allowed Basis Loss	Disallowed Basis Limitation	At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
Ordinary business income (loss)	25,022.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								25,022.
Disallowed section 179 expense								
Excess farm loss	25,022.							
Net income (loss)								
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								25,022.
Unreimbursed expenses (nonpassive)								
Nonpassive other		25,022.						
Total Schedule E (page 2)								
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2
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 TAXPAYER

SCHEDULE E
 Name EILEEN T. HIGGINS
Passtrough THREE LOBOS, LLC
 PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Election	Disallowed Due to At-Risk Limitation	Disallowed Due to At-Risk Loss	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	25,022.							25,022.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis	821.							821.

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2019

SSN/EIN *****
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SCHEDULE E
Name EILEEN T. HIGGINS
Passthrough LOBOS NARANOS, LLC
PARTNERSHIP

2020 MAY 29 PM 2:31
ID

NONPASSIVE

SCHEDULE E, PAGE 2

	K-1 Input	Prior Year Disallowed Basis	Prior Year Disallowed Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
Ordinary business income (loss)	113,977.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	113,977.							113,977.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	113,977.							113,977.
Total Schedule E (page 2)								
FORM 4797								
Section 1231 gain (loss)	-5,773.							
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	150.							
Deductions related to portfolio income								
Other								

INCOME FROM PARTNERSHIP STATEMENT, PAGE 2

2019

SCHEDULE E

Name EILEEN T. HIGGINS

Partnership LOBOS NARANJOS, LLC

PARTNERSHIP

2020 MAY 28 PM 2:31

SSN/EIN *****

TAXPAYER

NONPASSIVE INTEREST AND DIVIDENDS

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Disallowed Basis Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
Interest income							
Interest from U.S. bonds							
Ordinary dividends							
Qualified dividends							
Tax-exempt interest income							
FORM 6251							
Depreciation adjustment after 12/31/86							
Adjusted gain or loss							
Beneficiary's AMT adjustment							
Depletion (other than oil)							
Other							
MISCELLANEOUS							
Self-employment earnings (loss)/Wages	113,977.						113,977.
Gross farming & fishing inc							
Royalties							
Royalty expenses/depletion							
Undistributed capital gains credit							
Backup withholding							
Credit for estimated tax							
Cancellation of debt							
Medical insurance - 1040							
Dependent care benefits							
Retirement plans							
Passthrough adjustment to Form 1040							
Penalty on early withdrawal of savings							
NOL							
Other taxes/recapture of credits							
Credits							
Casualty and theft loss							
FORM 8995							
Qualified business income							
Qualified service income	493,487.						493,487.
Section 199A W-2 wages	571,434.						571,434.
Section 199A unadjusted basis							

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SSN/EIN ***-**-****
TAXPAYER

SCHEDULE E
Name EILEEN T. HIGGINS
Passthrough EILEEN T HIGGINS 2012 TR 34260599 - EILEEN T HIGGINS
ESTATE OR TRUST

2019 MAY 29 10 PM 2:31

OTHER PASSIVE

SCHEDULE E, PAGE 2

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Disallowed Due to Disposition	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)								
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)								
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								