

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

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

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ELECTIONS DEPARTMENT

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 | STMT 6 | 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

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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. | 0. |
| 3. Allowable 60% contributions | | |

50% Contributions

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

30% Contributions

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

30% Special Contributions

| | | |
|--|----|----|
| 13. 30% of AGI | | |
| 14. Contributions qualifying for 30% special limit | 0. | |
| 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) | | |

20% Contributions

| | | |
|---|----|----|
| 17. 20% of AGI | | |
| 18. 30% of AGI | | |
| 19. Allowed 30% regular contributions | 0. | |
| 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 | | 0. |
| 25. Allowable 20% contributions (lesser of Line 17, 20, 22, 23 or 24) | | |

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 | | 0. |
| 28. Allowable 50% conservation real property contribution (lesser of Line 26 or 27) | | |
| 29. Remaining 100% of AGI | | |
| 30. Conservation real property contribution subject to 100% limit | | 0. |
| 31. Allowable 100% conservation real property contribution (lesser of Line 29 or 30) | | |

Qualified Disaster Contributions

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

| | | |
|---|--|--|
| 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. |

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 ▶

| | |
|---|------|
| 2 | 219. |
| 3 | |
| 4 | 219. |

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

| Amount |
|--------|
| 2,026. |
| 4,290. |

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

| | |
|---|--------|
| 6 | 6,316. |
|---|--------|

Part III

Foreign Accounts and Trusts

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

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.
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

LHA For Paperwork Reduction Act Notice, see your tax return instructions. 9



Interest and Dividend Summary

Name: EILEEN T. HIGGINS

FEIN/SSN:

~~2020~~ **2021** ~~2021~~ **2022**
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

| Payer | Interest | Interest on U.S. Savings Bonds | Interest | 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 | | | | | | | 6,316. | 5,339. |
| Totals | | | 219. | | 2,754. | | | |

| 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 | | | | | | | | 79. |
| C | 382. | | | 110. | | | | |
| D | | | | | | | | |
| E | | | | 226. | | | | |
| 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 | | | | |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | |
| 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 | | | | |

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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. |

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

Schedule D (Form 1040) 2019

Part III Summary

| | | |
|---|----|--------|
| 16 Combine lines 7 and 15 and enter the result | 16 | 6,377. |
| <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. | | |
| 17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 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 | 18 | |
| 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 | 19 | |
| 20 Are lines 18 and 19 both zero or blank? <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. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 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: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. | 21 | |
| 22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <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). <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

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 ELECTIONS DEPARTMENT

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Row 1: INSIDE THE GLASS, 02/18/14, 05/31/19, 11,284., 5,211., 6,073.

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ELECTIONS DEPARTMENT

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.

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.

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 Yes No

Table with 6 columns: (a) Name, (b) Enter P for partnership or 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, and 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 sub-totals for 29a, 29b, 30, 31, and 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Row A: 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 sub-totals for 34a, 34b, 35, 36, and 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. Row 39: Combine columns (d) and (e) only.

Part V Summary * ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

Summary table with 2 columns: Description, Amount. Row 40: Net farm rental income or (loss) from Form 4835. Row 41: Total income or (loss). Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals.

INCOME FROM PASSTROUGH STATEMENT, PAGE 1

2020 MAR 29 PM 2:39

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

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

NONPASSIVE

SCHEDULE E, PAGE 2

| | | | | | | | | |
|--|---------|--|--|--|--|--|--|---------|
| 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) | 25,022. | | | | | | | 25,022. |
| 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) | 25,022. | | | | | | | 25,022. |
| 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 | | | | | | | | |

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INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2020 MAY 29 PM 2:39

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

SCHEDULE E

Name EILEEN T. HIGGINS
Passthrough THREE LOBOS, LLC
PARTNERSHIP

NONPASSIVE

INTEREST AND DIVIDENDS

| | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Section 179 Limitation | Disallowed Due to At-Risk 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 | | | | | | | | 25,022. |
| MISCELLANEOUS | | | | | | | | |
| Self-employment earnings (loss)/Wages | | | | | | | | 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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SCHEDULE E
 Name EILEEN T. HIGGINS
Passthrough LOBOS NARANJOS, LLC
 PARTNERSHIP

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

| NONPASSIVE | | K-1 Input | | | | | | Tax Return |
|--|----------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| SCHEDULE E, PAGE 2 | | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | |
| Ordinary business income (loss) | 113,977. | | | | | | | 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 | | | | | | | | 113,977. |
| 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 | | | | | | | | |
| Total Schedule E (page 2) | 113,977. | | | | | | | 113,977. |
| FORM 4797 | | | | | | | | |
| Section 1231 gain (loss) | -5,773. | | | | | | | -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. | | | | | | | 150. |
| Deductions related to portfolio income | | | | | | | | |
| Other | | | | | | | | |

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

SCHEDULE E

Name EILEEN T. HIGGINS
Passthrough LOBOS NARRANTOS, LLC
PARTNERSHIP

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2020 MAY 29 PM 2:39

NONPASSIVE

INTEREST AND DIVIDENDS

- Interest income
- Interest from U.S. bonds
- Ordinary dividends
- Qualified dividends
- Tax-exempt interest income

| | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Disallowed Due to At-Risk Limitation | Disallowed Due to At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|------------------------------------|--------------------------------------|--------------------------------|---------------------------|-------------------------|-------------------------|------------|
| 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 | | | | | | | | | |
| Gross farming & fishing Inc | 113,977. | | | | | | | | 113,977. |
| 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 | 493,487. | | | | | | | | 493,487. |
| Qualified service income | 571,434. | | | | | | | | 571,434. |
| Section 199A W-2 wages | | | | | | | | | |
| Section 199A unadjusted basis | | | | | | | | | |

INCOME RECEIVED FROM PASSTHROUGH STATEMENT, PAGE 1

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

2019

SCHEDULE E

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

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 ID
 PROBATE COURT

OTHER PASSIVE

SCHEDULE E, PAGE 2

| | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to 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) | | | | | | | | |
| 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 | | | | | | | | |

INCOME FROM PASSTHROUGH STATEMENT PAGE 2

2019

SCHEDULE E

Name EILEEN T. HIGGINS

SSN/EIN

-**-*

TAXPAYER

Passthrough EILEEN T HIGGINS 2012 TR 34260599 - EILEEN T HIGGINS, TRR

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OTHER PASSIVE

INTEREST AND DIVIDENDS

| | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Section 171(b) Limitation | Prior Year Unallowed Basis Disallowed Due to Section 171(b) Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|---|--|-------------------------|-------------------------|------------|
| Interest income | 1. | | | | | | 1. |
| Interest from U.S. bonds | | | | | | | |
| Ordinary dividends | 4,290. | | | | | | 4,290. |
| Qualified dividends | 3,910. | | | | | | 3,910. |
| Tax-exempt interest income | 1,504. | | | | | | 1,504. |
| FORM 6251 | | | | | | | |
| Depreciation adjustment after 12/31/86 | | | | | | | |
| Adjusted gain or loss | | | | | | | |
| Beneficiary's AMT adjustment | 16. | | | | | | 16. |
| Depletion (other than oil) | | | | | | | |
| Other | | | | | | | |
| MISCELLANEOUS | | | | | | | |
| Self-employment earnings (loss)/Wages | | | | | | | |
| 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 | | | | | | | |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2020 MAY 29 PM 2: 39

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

SCHEDULE E
Name EILEEN T. HIGGINS
Passthrough INSIDE THE GLASS, INC.
S CORPORATION

NONPASSIVE
SCHEDULE E, PAGE 2

| | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Prior Year Unallowed Basis Contributions | Disallowed Due to Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|--|---|---------------------------|-------------------------|-------------------------|------------|
| Ordinary business income (loss) | -2,075. | | | | | | | |
| 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) | -2,075. | | | | | | | -2,075. |
| 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) | -2,075. | | | | | | | -2,075. |
| 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 | | | | | | | | |

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TAXPAYER

SCHEDULE E
 Name EILEEN T. HIGGINS
 Passthrough INSIDE THE GLASS, INC.
 S CORPORATION

NONPASSIVE

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
 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

| | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Basis Elimination | At-Risk Loss | Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|-------------------------------|-----------|---------------------------------|------------------------------|--------------|------------------------|---------------------------|-------------------------|-------------------------|------------|
| Qualified business income | | | | | | | | | |
| Qualified service income | | | | | | | | | |
| Section 199A W-2 wages | -2,075. | | | | | | | | -2,075. |
| Section 199A unadjusted basis | | | | | | | | | |

INCOME FROM ~~REAL ESTATE~~ STATEMENT, PAGE 1

2019

SSN/EIN

***-**-
TAXPAYER

2020 MAY 29 PM 2: 39

SCHEDULE E
Name EILEEN T. HIGGINS
Passthrough TEXAS LOBOS, LLC
PARTNERSHIP

| | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------|------------|
| NONPASSIVE | | | | | | | |
| SCHEDULE E, PAGE 2 | | | | | | | |
| Ordinary business income (loss) | -121,685. | | | | | | |
| 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) | -121,685. | | | | | | -121,685. |
| 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) | -121,685. | | | | | | -121,685. |
| 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 PASSIVE INVESTMENT, PAGE 2

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

TAXPAYER

SCHEDULE E
 Name EILEEN T. HIGGINS
Passthrough TEXAS LOBOS, LLC
 PARTNERSHIP

2020 MAY 29 PM 2:39
 PROQUEST INVESTMENT, PAGE 2

NONPASSIVE

INTEREST AND DIVIDENDS

| | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed Due to Disallowance of Partnership | 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 | | | | | | | | |
| 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 | 106,349. | | | | | | | 106,349. |
| Section 199A unadjusted basis | 140,243. | | | | | | | 140,243. |

PASSTHROUGH RECAP - BASIC INFORMATION

2019

Schedule E
EILEEN T. HIGGINS

| T | TY | SP | JE | Line Reference: (1065/1120S/1041) | 1/1/6 | 2/2/7 | 3/3/8 | 4/1/9 | 5/4/1 | 6/1/14 | 7/6/* | 8/7/3 | 9/8/2/4a | 4/*/12 | | |
|------------|---------|---------|---------|-----------------------------------|------------------------|--------------------------------|----------------------------|---------------------------|---------------------------|----------|---------------------------|-----------|-----------|--------------------------------|-----------------------------------|--------------------------------|
| Entity No. | Act No. | Act No. | Act No. | Name | Ordinary Income (Loss) | Rental Real Estate Inc. (Loss) | Other Rental Income (Loss) | Passive Activity Loss C/O | AMT Passive Activity Loss | Interest | US Treasury Bond Interest | Dividends | Royalties | Short-Term Capital Gain (Loss) | Net Long-Term Capital Gain (Loss) | Guaranteed Payments to Partner |
| | | | | EILEEN T HIGGINS 2012 -TR 342605 | | | | | | 1. | | 4,290. | | | | |
| | | | | INSIDE THE GLASS, INC. | -2,075. | | | | | | | | | | | |
| | | | | LOBOS NARANJOS, LLC | 113,977. | | | | | | | | | | | |
| | | | | TEXAS LOBOS, LLC | -121,685. | | | | | | | | | | | |
| | | | | THREE LOBOS, LLC | 25,022. | | | | | | | | | | | |
| Totals | | | | | 15,239. | | | | | 1. | | 4,290. | | | | |

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ELECTIONS DEPARTMENT

| Entity No. | Act No. | Section 1231 Gain (Loss) | Ordinary Gain (Loss) | Other Income | Charitable Contributions 50% | Section 179 Expense | Deductions Related to Portfolio Income (2%) | Other Deductions | Investment Int. Expense (Schedule A) | Investment Int. Expense (Schedule E) | Investment Income | SE Health Insurance Premium | Wages for More Than 2% Shareholders | Net SE Earnings | AMT Dep. Adj. on Post-1966 Property | Minimum Tax Adjustment | Exclusion Items |
|------------|---------|--------------------------|----------------------|--------------|------------------------------|---------------------|---|------------------|--------------------------------------|--------------------------------------|-------------------|-----------------------------|-------------------------------------|-----------------|-------------------------------------|------------------------|-----------------|
| 3 | 1 | | | | | | | | | | | | | | | | |
| 2 | 3 | -5,773. | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | -121,685. | | | |
| 1 | 2 | | | | | | | | | | | | | 25,022. | | | |
| Totals | | -5,773. | | | 150. | | | | | | | | | 17,314. | | 16. | 16. |

* - No specific Schedule K-1 line reference for these amounts.

PASSTHROUGH RECAP - ADDITIONAL INCOME DEDUCTIONS, AND PRIOR YEAR CARRI-OVERS

***-**-**

Schedule E
EITBEN T. HIGGINS

| Schedule K-1 Line Reference: (1065/1209/1041) | 17/15/* | 15/13/13 | 15/13/* | */10 | */11 | 18/16/10/18/10/9 | 19/10/18/10/9 | PM: 2: 39 | * | * | * | * | * | * | * | * |
|---|------------------|-----------------------|-------------------------------|--------------------------------|----------------------|----------------------------------|----------------------------|------------------------------|--------------------------------|--------------------------------|--------------------|------------------------|--------------------|------------------------|----------------------------|---------------------------|
| Entity No. | Act. No. | AMT Adj. Gain or Loss | Low Income Housing Cr Pre '08 | Low Income Housing Cr Post '07 | Estate Tax Deduction | Excess Deductions on Termination | Tax-exempt Interest Income | Other Tax-exempt Income | Nondeductible Section 1231 PAL | AMT Section 1231 PAL Carryover | ST Capital PAL C/O | AMT ST Capital PAL C/O | LT Capital PAL C/O | AMT LT Capital PAL C/O | Form 4797 Ordinary PAL C/O | AMT 4797 Ordinary PAL C/O |
| 3 | 1 | | | | | | 1,504. | | 1,902. | | | | | | | |
| 2 | 3 | | | | | | | | 1,324. | | | | | | | |
| 5 | 5 | | | | | | | | 152. | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | | | | |
| Component of: | | | | | | | | | | | | | | | | |
| Form 6251, Line 18 | Form 8586 Line 4 | Form 8586 Line 11 | Schedule A, Line 16 | Schedule A, Line 16 | Schedule A, Line 16 | Schedule B, Line 1 | Schedule B, Line 1 | Form 6198, Line 4 Basic Lmt. | Form 8582, Line 3c | Form 8582, Line 3c | Form 8582, Line 3c | Form 8582, Line 3c | Form 8582, Line 3c | Form 8582, Line 3c | Form 8582, Line 3c | Form 8582, Line 3c |

| Schedule K-1 Line Reference: (1065/1209/1041) | */* | 13/12/* | 13/12/* | 13/12/* | 13/*/* | 13/*/* | 13/*/* | 11/10/5 | * | 9c/8c/4c | 20/17/* | * | */19 | 13/12/* | * | 13/12/* | |
|---|---------------------------|---------------------------|--------------------------------------|--------------------------------------|--------------------------------|--------------------------------|--------------------|-----------------------------|-------------------------------|--------------------------------------|--------------------------------|---------------------|--|--|---|-------------------------------|------------------------------|
| Entity No. | Act. No. | Section 179 Carryover | Charitable Contributions 30% Regular | Charitable Contributions 30% Special | Charitable Contributions 20% | Keogh Payments | SEP Payments | IRA Contributions | Other Portfolio Income (loss) | Other Nonportfolio Nonpassive Income | Unrecaptured Section 1250 Gain | Investment Expenses | Investment Interest Expense C/O (Sch. E) | Nonpassive Depreciation and Amortization | Reductions Related to Portfolio Income (not 2%) | Medical Payments for 2% Owner | Section 59(e)(2) Expenditure |
| Totals | | | | | | | | | | | | | | | | | |
| Component of: | | | | | | | | | | | | | | | | | |
| Form 4562, Line 10 | Schedule A, Lines 11 & 12 | Schedule A, Lines 11 & 12 | Schedule A, Lines 11 & 12 | Schedule A, Lines 11 & 12 | Form 1040, Schedule 1, Line 15 | Form 1040, Schedule 1, Line 15 | Form 1040, Line 19 | Schedule E, Page 2, Various | Schedule E, Page 2, Various | Schedule D, Line 19 | Form 4962, Line 5 | Form 4962, Line 2 | Schedule E, Line 33 | Schedule A, Line 16 | Schedule A, Line 1 | Schedule E, Page 2, Various | |

928072 10-17-19 * - No specific Schedule K-1 line reference for these amounts.

Schedule E
EILEEN T. HIGGINS

PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR BASIS CARRI-OVERS

2019

Schedule K-1
Line Reference: (1066/120S/104-1) 60/5b/2d 11/10/* 13/*/* 15/13/* 15/13/13 15/13/13
 (1066/120S/104-1) 60/5b/2d 11/10/* 13/*/* 15/13/* 15/13/13 15/13/13

| Entity No. | Act No. | Qualified Dividends | Sec. 1256 Contracts & Straddles | Dependent Care Benefits | Undistributed Capital Gains | Empowerment Zone Credit | Credit for Increasing Research Activities | New Markets Credit for SS Credit & Medical Research Credit | Royalty/Depletion Expenses | Charitable Contributions 100% | Qualified Business Income | Qualified Service Income | Sec. 199A W-2 Wages | Sec. 199A Unadjusted Basis | | |
|---------------|---------|---------------------|---------------------------------|-------------------------|--------------------------------|-------------------------|---|--|----------------------------|-------------------------------|---------------------------|---------------------------|---------------------|----------------------------|--------------------|--------------------|
| 3 | 1 | 3,910. | | | | | | | | | | -2,075. | | | | |
| 4 | 4 | | | | | | | | | | | 493,487. | 571,434. | | | |
| 2 | 3 | | | | | | | | | | | 106,349. | 140,243. | 821. | | |
| 5 | 5 | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | |
| Totals | | 3,910. | | | | | | | | | | -2,075. | 599,836. | 712,498. | | |
| Component of: | | Form 1040, Line 3a | Form 6781, Line 1 | Form 2441 Line 12 | Form 1040, Schedule 3, Line 13 | Form 8844, Line 3 | Form 6765, Line 37 | Form 8874, Line 2 | Form 8846, Line 5 | Form 8611, Line 8 | Schedule E, Page 1 or 2 | Schedule A, Lines 11 & 12 | Form 8995 | Form 8995 | Form 8995-A Line 4 | Form 8995-A Line 7 |

Schedule K-1
Line Reference: (1066/120S/104-1) * * * * *

| Entity No. | Act No. | Schedule E Basis Carryover | AMT Schedule E Basis Carryover | ST Basis Carryover | AMT Basis Carryover | LT Basis Carryover | AMT LT Basis Carryover | Sec. 1231 Basis Carryover | AMT Sec. 1231 Basis Carryover | 4797-Ord. Basis Carryover | AMT 4797-Ord. Basis Carryover | Other Basis Carryovers | AMT Other Basis Carryovers |
|---------------|---------|----------------------------|--------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | |
| Component of: | | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet |

928076 02-18-20 * - No specific Schedule K-1 line reference for these amounts. 2.3.3

SCHEDULE SE
(Form 1040 or
1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No.

2019

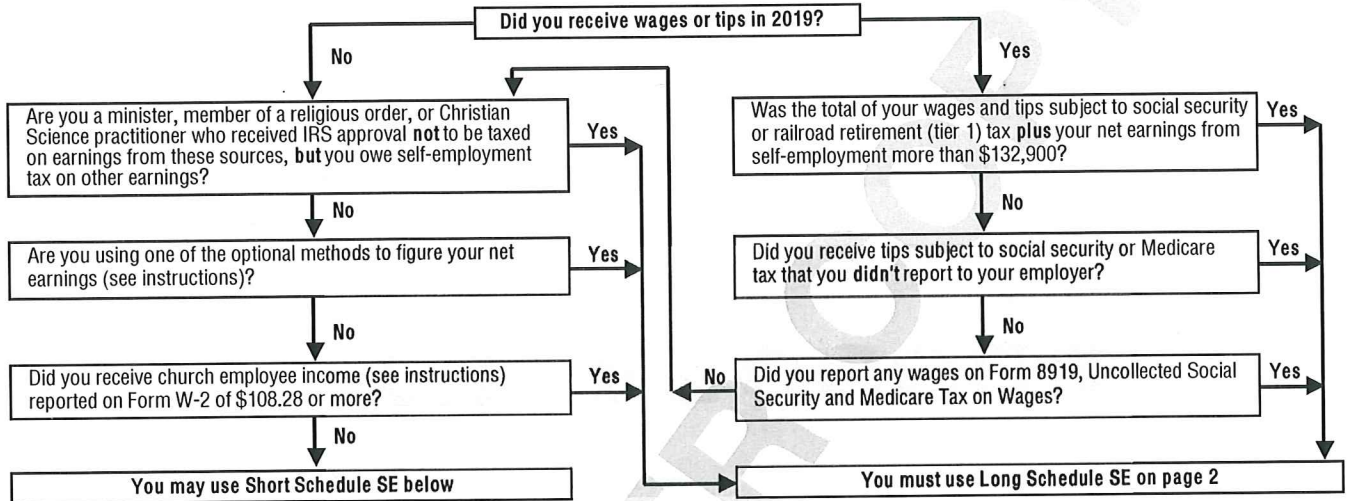
Attachment
Sequence No. **17**

| | |
|---|---|
| Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) EILEEN T. HIGGINS | Social security number of person with self-employment income ▶ ***-**-**** |
|---|---|

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A-Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

| | | |
|--|----|----------------|
| 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A | 1a | |
| b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH | 1b | |
| 2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report | 2 | 17,314. STMT 9 |
| 3 Combine lines 1a, 1b, and 2 | 3 | 17,314. |
| 4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b | 4 | 15,989. |
| 5 Self-employment tax. If the amount on line 4 is: ● \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. ● More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 | 5 | 2,446. |
| 6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 | 6 | 1,223. |

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Schedule SE (Form 1040 or 1040-SR) 2019

Form **1116**
 Department of the Treasury
 Internal Revenue Service (99)

Foreign Tax Credit
 (Individual, Estate, or Trust)

OMB No.
2019
 Attachment
 Sequence No. **19**

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
 ▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name **EILEEN T. HIGGINS** Identifying number as shown on page 1 of your tax return
 *** - ** -

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
 b Foreign branch category income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

| Part I | Taxable Income or Loss From Sources Outside the United States (for category checked above) | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|---|------------------------------------|---|---|-----------------------------------|
| | | A | B | C | |
| i | Enter the name of the foreign country or U.S. possession ▶ OTHER COUNTRIES | | | | |
| 1a | Gross income from sources within country shown above and of the type checked above: | | | | 1a 3,285. |
| b | Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions.): | | | | | |
| 2 | Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 | Pro rata share of other deductions not definitely related: | | | | |
| a | Certain itemized deductions or standard deduction | 12,200. | | | |
| b | Other deductions (attach statement) | | | | |
| c | Add lines 3a and 3b | 12,200. | | | |
| d | Gross foreign source income | 3,285. | | | |
| e | Gross income from all sources | 201,354. | | | |
| f | Divide line 3d by line 3e | .016314550 | | | |
| g | Multiply line 3c by line 3f | 199. | | | |
| 4 | Pro rata share of interest expense: | | | | |
| a | Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b | Other interest expense | | | | |
| 5 | Losses from foreign sources | | | | |
| 6 | Add lines 2, 3g, 4a, 4b, and 5 | 199. | | | 6 199. |
| 7 | Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 3,086. |

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Part II Foreign Taxes Paid or Accrued SEE STATEMENT 10

| Country | Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued | | | | | | | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) | |
|---------|--|-------------------------------|---------------|-------------------------|--------------|---|---------------|-------------------------|---|---|--------|
| | | In foreign currency | | | | In U.S. dollars | | | | | |
| | | Taxes withheld at source on: | | | | Taxes withheld at source on: | | | | | |
| | | (l) Date paid or accrued | (m) Dividends | (n) Rents and royalties | (o) Interest | (p) Other foreign taxes paid or accrued | (q) Dividends | (r) Rents and royalties | (s) Interest | | |
| A | | | | | | | 79. | | | 109. | 188. |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| 8 | Add lines A through C, column (u). Enter the total here and on line 9, page 2 | | | | | | | | | | 8 188. |

LHA For Paperwork Reduction Act Notice, see instructions. Form **1116** (2019)

Form 1116 (2019) **EILEEN T. HIGGINS**

Part III Figuring the Credit

| | | | | |
|----|---|----|---------|----|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 188. | |
| 10 | Carryback or carryover (attach detailed computation) SEE STATEMENT 11 (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | 875. | |
| 11 | Add lines 9 and 10 | 11 | 1,063. | |
| 12 | Reduction in foreign taxes | 12 | | |
| 13 | Taxes reclassified under high tax kickout | 13 | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | 1,063. | |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I | 15 | 3,086. | |
| 16 | Adjustments to line 15 | 16 | -3,086. | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | | |
| 18 | Individuals: Enter the amount from Form 1040 or 1040-SR, line 11b; or Form 1040-NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | 18 | 0. | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | |
| 20 | Individuals: Enter the total of Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 41, 42, and 44. Foreign estates and trusts should enter the amount from Form 1040-NR, line 42 Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions. | 20 | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | 21 | | |
| 22 | Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV | 22 | | 0. |

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Part IV Summary of Credits From Separate Parts III

| | | | | |
|----|---|----|--|----|
| 23 | Credit for taxes on section 951A category income | 23 | | |
| 24 | Credit for taxes on foreign branch category income | 24 | | |
| 25 | Credit for taxes on passive category income | 25 | | |
| 26 | Credit for taxes on general category income | 26 | | |
| 27 | Credit for taxes on section 901(j) income | 27 | | |
| 28 | Credit for taxes on certain income re-sourced by treaty | 28 | | |
| 29 | Credit for taxes on lump-sum distributions | 29 | | |
| 30 | Add lines 23 through 29 | 30 | | 0. |
| 31 | Enter the smaller of line 20 or line 30 | 31 | | 0. |
| 32 | Reduction of credit for international boycott operations | 32 | | |
| 33 | Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 1; Form 1040-NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 46a | 33 | | 0. |

Form 1116 (2019)

Form **1116**
 Department of the Treasury
 Internal Revenue Service (99)

Foreign Tax Credit
 (Individual, Estate, or Trust)

OMB No.
2019
 Attachment
 Sequence No. **19**

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
 ▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name **EILEEN T. HIGGINS** Identifying number as shown on page 1 of your tax return *****-**-******

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
 b Foreign branch category income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

| Part I | Taxable Income or Loss From Sources Outside the United States (for category checked above) | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|---|------------------------------------|---|---|-----------------------------------|
| | | A | B | C | |
| i | Enter the name of the foreign country or U.S. possession | OTHER COUNTRIES | | | |
| 1a | Gross income from sources within country shown above and of the type checked above: | | | | 1a |
| b | Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions.): | | | | | |
| 2 | Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 | Pro rata share of other deductions not definitely related: | | | | |
| a | Certain itemized deductions or standard deduction | 12,200. | | | |
| b | Other deductions (attach statement) | 12,200. | | | |
| c | Add lines 3a and 3b | | | | |
| d | Gross foreign source income | | | | |
| e | Gross income from all sources | 201,354. | | | |
| f | Divide line 3d by line 3e | .000000000 | | | |
| g | Multiply line 3c by line 3f | | | | |
| 4 | Pro rata share of interest expense: | | | | |
| a | Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b | Other interest expense | | | | |
| 5 | Losses from foreign sources | | | | |
| 6 | Add lines 2, 3g, 4a, 4b, and 5 | | | | 6 |
| 7 | Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

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Part II Foreign Taxes Paid or Accrued

| Country | Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued | | | | | | | | | |
|---------|--|-------------------------------|---------------|-------------------------|--------------|---|---------------|-------------------------|---|---|--|
| | | In foreign currency | | | | In U.S. dollars | | | | | |
| | | Taxes withheld at source on: | | | | Taxes withheld at source on: | | | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) | |
| | | (l) Date paid or accrued | (m) Dividends | (n) Rents and royalties | (o) Interest | (p) Other foreign taxes paid or accrued | (q) Dividends | (r) Rents and royalties | (s) Interest | | |
| A | | | | | | | | | | | |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 **8**
 LHA For Paperwork Reduction Act Notice, see instructions. Form **1116** (2019)

Form 1116 (2019) **EILEEN T. HIGGINS**

Part III Figuring the Credit

| | | | |
|----|---|------|------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | | |
| 10 | Carryback or carryover (attach detailed computation) SEE STATEMENT 12 (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 413. | |
| 11 | Add lines 9 and 10 | 413. | |
| 12 | Reduction in foreign taxes | | |
| 13 | Taxes reclassified under high tax kickout | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | | 413. |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I | | |
| 16 | Adjustments to line 15 | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) | | |
| 18 | Individuals: Enter the amount from Form 1040 or 1040-SR, line 11b; or Form 1040-NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | | |
| 20 | Individuals: Enter the total of Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 41, 42, and 44. Foreign estates and trusts should enter the amount from Form 1040-NR, line 42 Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions. | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | | |
| 22 | Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV | | 0. |

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Part IV Summary of Credits From Separate Parts III

| | | |
|----|---|--|
| 23 | Credit for taxes on section 951A category income | |
| 24 | Credit for taxes on foreign branch category income | |
| 25 | Credit for taxes on passive category income | |
| 26 | Credit for taxes on general category income | |
| 27 | Credit for taxes on section 901(j) income | |
| 28 | Credit for taxes on certain income re-sourced by treaty | |
| 29 | Credit for taxes on lump-sum distributions | |
| 30 | Add lines 23 through 29 | |
| 31 | Enter the smaller of line 20 or line 30 | |
| 32 | Reduction of credit for international boycott operations | |
| 33 | Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 1; Form 1040-NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 46a | |

Form **4797**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No.

2019

Attachment
Sequence No. **27**

Identifying number

-**-*

EILEEN T. HIGGINS

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|-----------------------------|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| | LOBOS NARANJOS, LLC | | | | | | -5,773. |

- 3 Gain, if any, from Form 4684, line 39
- 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6 Gain, if any, from line 32, from other than casualty or theft
- 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

| | |
|---|---------|
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | -5,773. |

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8 Nonrecaptured net section 1231 losses from prior years. See instructions
- 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

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Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- 11 Loss, if any, from line 7
- 12 Gain, if any, from line 7 or amount from line 8, if applicable
- 13 Gain, if any, from line 31
- 14 Net gain or (loss) from Form 4684, lines 31 and 38a
- 15 Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17 Combine lines 10 through 16
- 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
 - a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as "Form 4797, line 18a." See instructions
 - b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4

| | |
|-----|-----------|
| 11 | (5,773) |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | -5,773. |
| 18a | |
| 18b | -5,773. |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

Form 4797 (2019) EILEEN T. HIGGINS

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

Table with columns for (a) Description of section 1245, 1250, 1252, 1254, or 1255 property; (b) Date acquired; (c) Date sold. Rows include sections 19-29 with sub-rows for various depreciation and gain calculations.

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Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

Summary table with rows 30-32. Row 30: Total gains for all properties. Row 31: Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Row 32: Subtract line 31 from line 30.

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

Table with columns for (a) Section 179 and (b) Section 280F(b)(2). Rows 33-35: 33 Section 179 expense deduction or depreciation allowable in prior years; 34 Recomputed depreciation; 35 Recapture amount.

DOES NOT APPLY Alternative Minimum Tax - Individuals

OMB No.

2019

Attachment Sequence No. 32

Form 6251

Department of the Treasury
Internal Revenue Service (99)

Go to www.irs.gov/Form6251 for instructions and the latest information.
Attach to Form 1040, 1040-SR, or 1040-NR.

Your social security number

-**-*

EILEEN T. HIGGINS

Part I Alternative Minimum Taxable Income

| | | | |
|----|---|----|-----------|
| 1 | Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) | 1 | -107,938. |
| 2a | If filing Schedule A (Form 1040 or 1040-SR), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 9 | 2a | 12,200. |
| 2b | | 2b | |
| 2c | | 2c | |
| 2d | | 2d | |
| 2e | | 2e | 166,258. |
| 2f | | 2f | -63,482. |
| 2g | | 2g | |
| 2h | | 2h | |
| 2i | | 2i | |
| 2j | | 2j | 16. |
| 2k | | 2k | |
| 2l | | 2l | |
| 2m | | 2m | 0. |
| 2n | | 2n | |
| 2o | | 2o | |
| 2p | | 2p | |
| 2q | | 2q | |
| 2r | | 2r | |
| 2s | | 2s | |
| 2t | | 2t | |
| 3 | Other adjustments, including income-based related adjustments | 3 | |
| 4 | Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$733,700, see instructions.) | 4 | 7,054. |

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STATE OF FLORIDA

Part II Alternative Minimum Tax (AMT)

| | | | |
|----|--|----|----|
| 5 | Exemption. (If you were under age 24 at the end of 2019, see instructions.) | | |
| | IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ... | | |
| | Single or head of household ... \$510,300 ... \$71,700 | } | 5 |
| | Married filing jointly or qualifying widow(er) ... 1,020,600 ... 111,700 | | |
| | Married filing separately ... 510,300 ... 55,850 | | |
| | If line 4 is over the amount shown above for your filing status, see instructions. | | |
| 6 | 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 | 6 | 0. |
| 7 | • If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; 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 or 1040-SR) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result. | 7 | 0. |
| 8 | Alternative minimum tax foreign tax credit (see instructions) | 8 | |
| 9 | Tentative minimum tax. Subtract line 8 from line 7 | 9 | 0. |
| 10 | Add Form 1040 or 1040-SR, line 12a (minus any tax from Form 4972), and Schedule 2 (Form 1040 or 1040-SR), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040 or 1040-SR), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 12a, refigure that tax without using Schedule J before completing this line (see instructions) | 10 | |
| 11 | AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 1 | 11 | 0. |

Form 6251 (2019)

Form 6251 (2019)

EILEEN T. HIGGINS

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.

| | | |
|----|--|----|
| 12 | Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7 | 12 |
| 13 | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Forms 1040 and 1040-SR or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040 or 1040-SR), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter | 13 |
| 14 | Enter the amount from Schedule D (Form 1040 or 1040-SR), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter | 14 |
| 15 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter | 15 |
| 16 | Enter the smaller of line 12 or line 15 | 16 |
| 17 | Subtract line 16 from line 12 | 17 |
| 18 | If line 17 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result | 18 |
| 19 | Enter: <ul style="list-style-type: none"> \$78,750 if married filing jointly or qualifying widow(er), \$39,375 if single or married filing separately, or \$52,750 if head of household. | 19 |
| 20 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 11b; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 20 |
| 21 | Subtract line 20 from line 19. If zero or less, enter -0- | 21 |
| 22 | Enter the smaller of line 12 or line 13 | 22 |
| 23 | Enter the smaller of line 21 or line 22. This amount is taxed at 0% | 23 |
| 24 | Subtract line 23 from line 22 | 24 |
| 25 | Enter: <ul style="list-style-type: none"> \$434,550 if single \$244,425 if married filing separately \$488,850 if married filing jointly or qualifying widow(er) \$461,700 if head of household | 25 |
| 26 | Enter the amount from line 21 | 26 |
| 27 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 11b; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 27 |
| 28 | Add line 26 and line 27 | 28 |
| 29 | Subtract line 28 from line 25. If zero or less, enter -0- | 29 |
| 30 | Enter the smaller of line 24 or line 29 | 30 |
| 31 | Multiply line 30 by 15% (0.15) | 31 |
| 32 | Add lines 23 and 30 | 32 |
| 33 | If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33. Subtract line 32 from line 22 | 33 |
| 34 | Multiply line 33 by 20% (0.20) | 34 |
| 35 | If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35. Add lines 17, 32, and 33 | 35 |
| 36 | Subtract line 35 from line 12 | 36 |
| 37 | Multiply line 36 by 25% (0.25) | 37 |
| 38 | Add lines 18, 31, 34, and 37 | 38 |
| 39 | If line 12 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result | 39 |
| 40 | Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7 | 40 |

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ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

2020 MAY 29 PM 2:40

Social Security Number
* * * - * * -

| Name(s) | | MIAMI-DADE COUNTY ELECTIONS DEPARTMENT | | | | | Social Security Number |
|-------------------|---|--|--------------------|--------------------|--------------------|--------------------|----------------------------|
| EILEEN T. HIGGINS | | | | | | | * * * - * * - |
| Form Name | Description | Income | Form 6251, Line 2k | Form 6251, Line 2l | Form 6251, Line 2m | Form 6251, Line 2n | Form 6251 Other Adjustment |
| K1- | EILEEN T HIGGINS 2012 TR 34260599 * REGULAR INCOME FORM 1041, BOX 12 * AMT NET INCOME | 0. 16. 16. | | | | | 16. |
| | ** TOTAL ADJ & PREF ** | | | | | | 16. |

**ALTERNATIVE MINIMUM TAX
Foreign Tax Credit**
(Individual, Estate, or Trust)

OMB No.

2019

Attachment Sequence No. **19**

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name

Identifying number as shown on page 1 of your tax return

*** - ** -

EILEEN T. HIGGINS

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
b Foreign branch category income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

| Part I | Taxable Income or Loss From Sources Outside the United States (for category checked above) | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|---|------------------------------------|---|---|-----------------------------------|
| | | A | B | C | |
| i | Enter the name of the foreign country or U.S. possession | OTHER COUNTRIES | | | |
| 1a | Gross income from sources within country shown above and of the type checked above: | 3,285. | | | 3,285. |
| b | Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions.): | | | | | |
| 2 | Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 | Pro rata share of other deductions not definitely related: | | | | |
| a | Certain itemized deductions or standard deduction | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Add lines 3a and 3b | 3,285. | | | |
| d | Gross foreign source income | 201,354. | | | |
| e | Gross income from all sources | .016314550 | | | |
| f | Divide line 3d by line 3e | | | | |
| g | Multiply line 3c by line 3f | | | | |
| 4 | Pro rata share of interest expense: | | | | |
| a | Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b | Other interest expense | | | | |
| 5 | Losses from foreign sources | | | | |
| 6 | Add lines 2, 3g, 4a, 4b, and 5 | | | | |
| 7 | Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 3,285. |

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 ELECTIONS DEPARTMENT

Part II Foreign Taxes Paid or Accrued

| Country | Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued (l) Date paid or accrued | Foreign taxes paid or accrued | | | | | | | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
|---------|--|-------------------------------|-------------------------|--------------|---|---------------|-------------------------|--------------|---|---|
| | | In foreign currency | | | In U.S. dollars | | | | | |
| | | Taxes withheld at source on: | | | Taxes withheld at source on: | | | | | |
| | | (m) Dividends | (n) Rents and royalties | (o) Interest | (p) Other foreign taxes paid or accrued | (q) Dividends | (r) Rents and royalties | (s) Interest | | |
| A | | | | | | 79. | | | 109. | 188. |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| 8 | Add lines A through C, column (u). Enter the total here and on line 9, page 2 | | | | | | | | | 188. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2019)

ALTERNATIVE MINIMUM TAX

*** - ***

Form 1116 (2019) EILEEN T. HIGGINS

Part III Figuring the Credit

| | | | | |
|----|---|----|--------|--------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 188. | |
| 10 | Carryback or carryover (attach detailed computation) SEE STATEMENT 15 (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | 875. | |
| 11 | Add lines 9 and 10 | 11 | 1,063. | |
| 12 | Reduction in foreign taxes | 12 | | |
| 13 | Taxes reclassified under high tax kickout | 13 | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 1,063. |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I | 15 | 3,285. | |
| 16 | Adjustments to line 15 | 16 | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 3,285. | |
| 18 | Individuals: Enter the amount from Form 1040 or 1040-SR, line 11b; or Form 1040-NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | 18 | 7,054. | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | .46569 |
| 20 | Individuals: Enter the total of Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 41, 42, and 44. Foreign estates and trusts should enter the amount from Form 1040-NR, line 42 Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions. | 20 | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | 21 | | |
| 22 | Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV | 22 | | 0. |

Part IV Summary of Credits From Separate Parts III

| | | | | |
|----|---|----|--|----|
| 23 | Credit for taxes on section 951A category income | 23 | | |
| 24 | Credit for taxes on foreign branch category income | 24 | | |
| 25 | Credit for taxes on passive category income | 25 | | |
| 26 | Credit for taxes on general category income | 26 | | |
| 27 | Credit for taxes on section 901(j) income | 27 | | |
| 28 | Credit for taxes on certain income re-sourced by treaty | 28 | | |
| 29 | Credit for taxes on lump-sum distributions | 29 | | |
| 30 | Add lines 23 through 29 | 30 | | 0. |
| 31 | Enter the smaller of line 20 or line 30 | 31 | | 0. |
| 32 | Reduction of credit for international boycott operations | 32 | | |
| 33 | Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 1; Form 1040-NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 46a | 33 | | 0. |

Form 1116 (2019)

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Form **1116**
Department of the Treasury
Internal Revenue Service (99)

**ALTERNATIVE MINIMUM TAX
Foreign Tax Credit**
(Individual, Estate, or Trust)

OMB No.
2019
Attachment
Sequence No. **19**

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name

Identifying number as shown on page 1 of your tax return

-**-*

EILEEN T. HIGGINS

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A category income
- b Foreign branch category income
- c Passive category income
- d General category income
- e Section 901(j) income
- f Certain income re-sourced by treaty
- g Lump-sum distributions

h Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

| Part I | Taxable Income or Loss From Sources Outside the United States (for category checked above) | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|--|------------------------------------|---|---|-----------------------------------|
| | | A | B | C | |
| i Enter the name of the foreign country or U.S. possession | | OTHER COUNTRIES | | | |
| 1a Gross income from sources within country shown above and of the type checked above: | | | | | 1a |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) | | | | | |
| Deductions and losses (Caution: See instructions.): | | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | | |
| a Certain itemized deductions or standard deduction | | | | | |
| b Other deductions (attach statement) | | | | | |
| c Add lines 3a and 3b | | | | | |
| d Gross foreign source income | | 201,354. | | | |
| e Gross income from all sources | | .000000000 | | | |
| f Divide line 3d by line 3e | | | | | |
| g Multiply line 3c by line 3f | | | | | |
| 4 Pro rata share of interest expense: | | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | | |
| b Other interest expense | | | | | |
| 5 Losses from foreign sources | | | | | 6 |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | | | | | 7 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | | |

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| Country | Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued | | | | | | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) | | |
|---|--|-------------------------------|---------------|-------------------------|------------------------------|---|---------------|---|---|--|---|
| | | In foreign currency | | | In U.S. dollars | | | | | | |
| | | Taxes withheld at source on: | | | Taxes withheld at source on: | | | | | | |
| | | (l) Date paid or accrued | (m) Dividends | (n) Rents and royalties | (o) Interest | (p) Other foreign taxes paid or accrued | (q) Dividends | (r) Rents and royalties | (s) Interest | | |
| A | | | | | | | | | | | |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| 8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 | | | | | | | | | | | 8 |

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2019)

ALTERNATIVE MINIMUM TAX

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Form 1116 (2019) EILEEN T. HIGGINS

| Part III Figuring the Credit | | | |
|--|---|----|------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | |
| 10 | Carryback or carryover (attach detailed computation) SEE STATEMENT 16 (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | 413. |
| 11 | Add lines 9 and 10 | 11 | 413. |
| 12 | Reduction in foreign taxes | 12 | |
| 13 | Taxes reclassified under high tax kickout | 13 | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | 413. |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I | 15 | |
| 16 | Adjustments to line 15 | 16 | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | |
| 18 | Individuals: Enter the amount from Form 1040 or 1040-SR, line 11b; or Form 1040-NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | 18 | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | |
| 20 | Individuals: Enter the total of Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 41, 42, and 44. Foreign estates and trusts should enter the amount from Form 1040-NR, line 42 Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions. | 20 | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | 21 | |
| 22 | Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV | 22 | 0. |
| Part IV Summary of Credits From Separate Parts III | | | |
| 23 | Credit for taxes on section 951A category income | 23 | |
| 24 | Credit for taxes on foreign branch category income | 24 | |
| 25 | Credit for taxes on passive category income | 25 | |
| 26 | Credit for taxes on general category income | 26 | |
| 27 | Credit for taxes on section 901(j) income | 27 | |
| 28 | Credit for taxes on certain income re-sourced by treaty | 28 | |
| 29 | Credit for taxes on lump-sum distributions | 29 | |
| 30 | Add lines 23 through 29 | 30 | |
| 31 | Enter the smaller of line 20 or line 30 | 31 | |
| 32 | Reduction of credit for international boycott operations | 32 | |
| 33 | Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 1; Form 1040-NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 46a | 33 | |

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Form **8995**

Qualified Business Income Deduction Simplified Computation

OMB No.

2019

Attachment
Sequence No. **55**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Your taxpayer identification number

*** - ** -

EILEEN T. HIGGINS

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---|------------------------------------|---|
| | | | 24,802. |
| i | THREE LOBOS, LLC | | 107,201. |
| ii | LOBOS NARANJOS, LLC | | -2,075. |
| iii | INSIDE THE GLASS, INC. | | -121,685. |
| iv | TEXAS LOBOS, LLC | | |
| v | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 8,243. | |
| 3 | Qualified business net (loss) carryforward from the prior year | () | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 8,243. | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 1,649. |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 336 | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | () | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 336 | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | 67. |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | 1,716. |
| 11 | Taxable income before qualified business income deduction | -107,938 | |
| 12 | Net capital gain (see instructions) | 11,716 | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | |
| 15 | Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return | | |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | () |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | () |

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2019)

Qualified Business Income After Deductions

Activity: THREE LOBOS, LLC 25,022.

| | | | |
|----|--|------------|---------|
| 1. | Qualified business income before deductions | | 25,022. |
| 2. | Deductible part of self-employment income: | | |
| | a. Net income subject to self-employment tax from this activity | 25,022. | |
| | b. Total income subject to self-employment tax | 138,999. | |
| | c. Line 2a divided by line 2b (not greater than 1.000) | .180015684 | |
| | d. Amount from Schedule 1 (Form 1040), line 14 | 1,223. | |
| | e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity | | 220. |
| 3. | Self-employed SEP, SIMPLE and qualified plans: | | |
| | a. Net income subject to self-employment tax from this activity | | |
| | b. Net earnings from | | |
| | c. Line 3a divided by line 3b (not greater than 1.000) | | |
| | d. Amount from Schedule 1 (Form 1040), line 15 | | |
| | e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity | | |
| 4. | Self-employed health insurance deduction: | | |
| | a. Health insurance payments from this activity | | |
| | b. Health insurance limits for activity above | | |
| | c. Lesser of line 4a or line 4b | | |
| | d. Reserved | | |
| | e. Reserved | | |
| | f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity | | |
| 5. | Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions | | 24,802. |

Activity: LOBOS NARANJOS, LLC 108,204.

| | | | |
|----|--|------------|----------|
| 1. | Qualified business income before deductions | | 108,204. |
| 2. | Deductible part of self-employment income: | | |
| | a. Net income subject to self-employment tax from this activity | 113,977. | |
| | b. Total income subject to self-employment tax | 138,999. | |
| | c. Line 2a divided by line 2b (not greater than 1.000) | .819984316 | |
| | d. Amount from Schedule 1 (Form 1040), line 14 | 1,223. | |
| | e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity | | 1,003. |
| 3. | Self-employed SEP, SIMPLE and qualified plans: | | |
| | a. Net income subject to self-employment tax from this activity | | |
| | b. Net earnings from | | |
| | c. Line 3a divided by line 3b (not greater than 1.000) | | |
| | d. Amount from Schedule 1 (Form 1040), line 15 | | |
| | e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity | | |
| 4. | Self-employed health insurance deduction: | | |
| | a. Health insurance payments from this activity | | |
| | b. Health insurance limits for activity above | | |
| | c. Lesser of line 4a or line 4b | | |
| | d. Reserved | | |
| | e. Reserved | | |
| | f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity | | |
| 5. | Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions | | 107,201. |

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Form 1116

U.S. and Foreign Source Income Summary

NAME

EILEEN T. HIGGINS

-**-*

FOREIGN

| INCOME TYPE | TOTAL | U.S. | FOREIGN | |
|--|------------------|------------------|---------|---------------|
| | | | GENERAL | PASSIVE |
| Compensation | 49,365. | 49,365. | | |
| Dividends/Distributions | 6,316. | 4,290. | | 2,026. |
| Interest | 219. | 219. | | |
| Capital Gains | 6,455. | 6,455. | | |
| Business/Profession | | | | |
| Rent/Royalty | | | | |
| State/Local Refunds | | | | |
| Partnership/S Corporation | 138,999. | 138,999. | | |
| Trust/Estate | | -1,259. | | 1,259. |
| Other Income | | | | |
| Gross Income | <u>201,354.</u> | <u>198,069.</u> | | <u>3,285.</u> |
| Less: | | | | |
| Section 911 Exclusion | | | | |
| Capital Losses | 78. | 78. | | |
| Capital Gains Tax Adjustment | | | | |
| Total Income - Form 1116 | <u>201,276.</u> | <u>197,991.</u> | | <u>3,285.</u> |
| Deductions: | | | | |
| Business/Profession Expenses | | | | |
| Rent/Royalty Expenses | | | | |
| Partnership/S Corporation Losses | 123,760. | 123,760. | | |
| Trust/Estate Losses | | | | |
| Capital Losses | | | | |
| Non-capital Losses | 5,773. | 5,773. | | |
| Individual Retirement Account | | | | |
| Moving Expenses | | | | |
| Self-employment Tax Deduction | 1,223. | 1,223. | | |
| Self-employment Health Insurance | | | | |
| Keogh Contributions | | | | |
| Alimony | | | | |
| Forfeited Interest | | | | |
| Foreign Housing Deduction | | | | |
| Other Adjustments | 166,258. | 166,258. | | |
| Capital Gains Tax Adjustment | | | | |
| Total Deductions | <u>297,014.</u> | <u>297,014.</u> | | |
| Adjusted Gross Income | <u>-95,738.</u> | <u>-99,023.</u> | | <u>3,285.</u> |
| Less Itemized Deductions: | | | | |
| Specifically Allocated | | | | |
| Home Mortgage Interest | | | | |
| Other Interest | | | | |
| Ratably Allocated | 12,200. | 12,001. | | 199. |
| Total Adjustments to Adjusted Gross Income | <u>12,200.</u> | <u>12,001.</u> | | <u>199.</u> |
| Taxable Income | <u>-107,938.</u> | <u>-111,024.</u> | | <u>3,086.</u> |

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Form 1116 Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME
EILEEN T. HIGGINS

-**-*

GENERAL LIMITATION INCOME

Foreign Income Category

| Regular | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|------|------|------|------|------|------|
| 1. Foreign tax paid/accrued | | | | | | |
| 2. FTC carryback to 2019 for amended returns | | | | | | |
| 3. Reduction in foreign taxes | | | | | | |
| 4. Foreign tax available | | | | | | |
| 5. Maximum credit allowable | | | | | | |
| 6. Unused foreign tax (+) or excess of limit (-) | | | 413. | | | |
| 7. Foreign tax carryback | | | | | | |
| 8. Foreign tax carryforward | | | | | | |
| 9. Foreign tax or excess limit remaining | | | 413. | | | 413. |
| Total foreign taxes from all available years to be carried to next year | | | | | | |

| | 2009 | 2010 | 2011 | 2012 | 2013 |
|--|------|------|------|------|------|
| 1. Foreign tax paid/accrued | | | | | |
| 2. FTC carryback to 2019 for amended returns | | | | | |
| 3. Reduction in foreign taxes | | | | | |
| 4. Foreign tax available | | | | | |
| 5. Maximum credit allowable | | | | | |
| 6. Unused foreign tax (+) or excess of limit (-) | | | | | |
| 7. Foreign tax carryback | | | | | |
| 8. Foreign tax carryforward | | | | | |
| 9. Foreign tax or excess limit remaining | | | | | |

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