

**Form 1116**

**Foreign Tax Credit Carryover Statement (Page 2 of 2)**

NAME

\*\*\*-\*\*-\*\*\*\*

**EILEEN T. HIGGINS**

Foreign Income Category

**GENERAL LIMITATION INCOME**

| AMT   | 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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Form 1116

Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

EILEEN T. HIGGINS

\*\*\*-\*\*-\*\*\*\*

Foreign Income Category

PASSIVE INCOME

| Regular   | 2014 | 2015 | 2016 | 2017 | 2018 | 2019   |
|---|------|------|------|------|------|--------|
| 1. Foreign tax paid/accrued   |      |      |      |      |      | 188.   |
| 2. FTC carryback to 2019 for amended returns                            |      |      |      |      |      |        |
| 3. Reduction in foreign taxes   |      |      |      |      |      |        |
| 4. Foreign tax available  |      |      |      |      |      | 188.   |
| 5. Maximum credit allowable   |      |      |      |      |      | 0.     |
| 6. Unused foreign tax (+) or excess of limit (-)                        |      |      |      | 328. | 547. | 188.   |
| 7. Foreign tax carryback  |      |      |      |      |      |        |
| 8. Foreign tax carryforward   |      |      |      |      |      |        |
| 9. Foreign tax or excess limit remaining                                |      |      |      | 328. | 547. | 188.   |
| Total foreign taxes from all available years to be carried to next year |      |      |      |      |      | 1,063. |

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

NAME

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**EILEEN T. HIGGINS**

**PASSIVE INCOME**

Foreign Income Category

| AMT   | 2014 | 2015 | 2016 | 2017 | 2018 | 2019   |
|---|------|------|------|------|------|--------|
| 1. Foreign tax paid/accrued   |      |      |      |      |      | 188.   |
| 2. FTC carryback to 2019 for amended returns                            |      |      |      |      |      |        |
| 3. Reduction in foreign taxes   |      |      |      |      |      | 188.   |
| 4. Foreign tax available  |      |      |      |      |      | 0.     |
| 5. Maximum credit allowable   |      |      |      |      |      |        |
| 6. Unused foreign tax (+) or excess of limit (-)                        |      |      |      | 328. | 547. | 188.   |
| 7. Foreign tax carryback  |      |      |      |      |      |        |
| 8. Foreign tax carryforward   |      |      |      |      |      |        |
| 9. Foreign tax or excess limit remaining                                |      |      |      | 328. | 547. | 188.   |
| Total foreign taxes from all available years to be carried to next year |      |      |      |      |      | 1,063. |

|  | 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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**Form 1116**

**Pro Rata Share of Allocated Losses**

NAME

\*\*\*-\*\*-\*\*\*\*

**EILEEN T. HIGGINS**

**Allocation of Losses from Other Categories**

| INCOME CLASSIFICATION       | INCOME | LOSS | ALLOCATED LOSS | LOSS NOT ALLOCATED |
|-----------------------------|--------|------|----------------|--------------------|
| Passive income              | 3,086. |      |                |                    |
| Income re-sourced by treaty |        |      |                |                    |
| Foreign branch income       |        |      |                |                    |
| General limitation income   |        |      |                |                    |
| Totals                      | 3,086. |      |                |                    |

**Allocation of U.S. Losses**

| INCOME CLASSIFICATION       | REMAINING INCOME | U.S. LOSS | ALLOCATED LOSS | LOSS NOT ALLOCATED |
|-----------------------------|------------------|-----------|----------------|--------------------|
| Passive income              | 3,086.           | 111,024.  | 3,086.         | 107,938.           |
| Income re-sourced by treaty |                  |           |                |                    |
| Foreign branch income       |                  |           |                |                    |
| General limitation income   |                  |           |                |                    |
| Totals                      | 3,086.           | 111,024.  | 3,086.         | 107,938.           |

**Recapture of Prior Year Overall Foreign Loss**

| INCOME CLASSIFICATION       | REMAINING INCOME | OVERALL PRIOR YEAR LOSS | RECAPTURED LOSS | LOSS NOT RECAPTURED |
|-----------------------------|------------------|-------------------------|-----------------|---------------------|
| Passive income              |                  |                         |                 |                     |
| Income re-sourced by treaty |                  |                         |                 |                     |
| Foreign branch income       |                  |                         |                 |                     |
| General limitation income   |                  |                         |                 |                     |
| Totals                      |                  |                         |                 |                     |
| Recapture percentage        |                  |                         |                 |                     |

**Recapture of Separate Limitation Loss Accounts**

| INCOME CLASSIFICATION       | REMAINING INCOME | PRIOR YEAR LOSS | RECHARACTERIZED LOSS | LOSS NOT RECHARACTERIZED |
|-----------------------------|------------------|-----------------|----------------------|--------------------------|
| Passive income              |                  |                 |                      |                          |
| Income re-sourced by treaty |                  |                 |                      |                          |
| Foreign branch income       |                  |                 |                      |                          |
| General limitation income   |                  |                 |                      |                          |
| Totals                      |                  |                 |                      |                          |

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**Recapture of Overall Domestic Loss Prior to 2012**

| INCOME CLASSIFICATION       | U.S. TAXABLE INCOME LIMIT | PRIOR YEAR LOSS | RECAPTURED LOSS | LOSS NOT RECAPTURED |
|-----------------------------|---------------------------|-----------------|-----------------|---------------------|
| Passive income              |                           |                 |                 |                     |
| Income re-sourced by treaty |                           |                 |                 |                     |
| Foreign branch income       |                           |                 |                 |                     |
| General limitation income   |                           |                 |                 |                     |
| Totals                      |                           |                 |                 |                     |
| Recapture percentage        |                           |                 |                 |                     |

**Recapture of Overall Domestic Loss Prior to 2018**

| INCOME CLASSIFICATION       | U.S. TAXABLE INCOME LIMIT | PRIOR YEAR LOSS | RECAPTURED LOSS | LOSS NOT RECAPTURED |
|-----------------------------|---------------------------|-----------------|-----------------|---------------------|
| Passive income              | 0.                        | 3,109.          |                 | 3,109.              |
| Income re-sourced by treaty |                           |                 |                 |                     |
| Foreign branch income       |                           |                 |                 |                     |
| General limitation income   | 0.                        | 475.            |                 | 475.                |
| Totals                      | 0.                        | 3,584.          |                 | 3,584.              |
| Recapture percentage        |                           |                 |                 |                     |

927842 04-29-20  
**Form 1116**

**Pro Rata Share of Allocated Losses**

NAME \_\_\_\_\_

**Recapture of Overall Domestic Loss**

| INCOME CLASSIFICATION       | U.S. TAXABLE INCOME LIMIT | PRIOR YEAR LOSS | RECAPTURED LOSS | LOSS NOT RECAPTURED |
|-----------------------------|---------------------------|-----------------|-----------------|---------------------|
| Passive income              | 0.                        | 4,116.          |                 | 4,116.              |
| Income re-sourced by treaty |                           |                 |                 |                     |
| Foreign branch income       |                           |                 |                 | 4,116.              |
| General limitation income   | 0.                        | 4,116.          |                 |                     |
| Totals                      |                           |                 |                 |                     |
| Recapture percentage        |                           |                 |                 |                     |

**Adjustments to Form 1116, Line 15**

| INC. CLASSIFICATION   | OTHER CATEGORIES | U.S. LOSSES | PRIOR YEAR OVERALL | RECAPTURE OF LOSS ACCOUNTS | DOMESTIC RECAPTURE | FORM 1116, LINE 16 |
|-----------------------|------------------|-------------|--------------------|----------------------------|--------------------|--------------------|
| Passive               |                  | -3,086.     |                    |                            |                    | -3,086.            |
| Re-sourced by treaty  |                  |             |                    |                            |                    |                    |
| Foreign branch income |                  |             |                    |                            |                    |                    |
| General limitation    |                  |             |                    |                            |                    |                    |

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2019

**Schedule A - Net Operating Loss (NOL)**

Social Security Number

Name

\*\*\*-\*\*-\*\*\*\*

**EILEEN T. HIGGINS**

|    |   |    |           |
|----|---|----|-----------|
| 1  | For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount (see instructions) .....   | 1  | -107,938. |
| 2  | Nonbusiness capital losses before limitation. Enter as a positive number .....  | 2  |           |
| 3  | Nonbusiness capital gains (without regard to any section 1202 exclusion) .....  | 3  | 6,377.    |
| 4  | If line 2 is more than line 3, enter the difference; otherwise, enter -0- .....   | 4  | 0.        |
| 5  | If line 3 is more than line 2, enter the difference; otherwise, enter -0- .....   | 5  | 6,377.    |
| 6  | Nonbusiness deductions (see instructions) .....   | 6  | 12,200.   |
| 7  | Nonbusiness income other than capital gains (see instructions) <b>STATEMENT 21</b> .....  | 7  | 6,535.    |
| 8  | Add lines 5 and 7 .....   | 8  | 12,912.   |
| 9  | If line 6 is more than line 8, enter the difference; otherwise, enter -0- .....   | 9  | 0.        |
| 10 | If line 8 is more than line 6, enter the difference; otherwise, enter -0-. <b>But do not enter more than line 5</b> .....   | 10 | 712.      |
| 11 | Business capital losses before limitation. Enter as a positive number .....   | 11 |           |
| 12 | Business capital gains (without regard to any section 1202 exclusion) .....   | 12 |           |
| 13 | Add lines 10 and 12 .....   | 13 | 712.      |
| 14 | Subtract line 13 from line 11. If zero or less, enter -0- .....   | 14 | 0.        |
| 15 | Add lines 4 and 14 .....  | 15 |           |
| 16 | Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 19, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15 ..... | 16 |           |
| 17 | Section 1202 exclusion. Enter as a positive number .....  | 17 |           |
| 18 | Subtract line 17 from line 16. If zero or less, enter -0- .....   | 18 |           |
| 19 | Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 20 of Schedule D (Form 1041).) Enter as a positive number .....  | 19 |           |
| 20 | If line 18 is more than line 19, enter the difference; otherwise, enter -0- .....   | 20 |           |
| 21 | If line 19 is more than line 18, enter the difference; otherwise, enter -0- .....   | 21 |           |
| 22 | Subtract line 20 from line 15. If zero or less, enter -0- .....   | 22 |           |
| 23 | Domestic production activities and qualified business income deduction .....  | 23 |           |
| 24 | NOL deduction for losses from other years. Enter as a positive number .....   | 24 | 166,258.  |
| 25 | NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, this is your current year NOL. If the result is zero or more, you <b>do not</b> have an NOL .....  | 25 | 58,320.   |

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2019

# Worksheet for NOL Carryover

Social Security Number  
\*\*\*-\*\*-\*\*\*\*

Name(s) as shown on return  
**EILEEN T. HIGGINS**

## USE YOUR 2019 FORM 1040 TO COMPLETE THE WORKSHEET:

1. Enter as a positive number your NOL deduction from Schedule 1 (Form 1040), line 8 or Form 1040NR
2. Enter taxable income without the NOL.
3. Enter as a positive number any net capital loss deduction.
4. Enter as a positive number any gain excluded on the sale of qualified small business stock.
5. Enter the amount of any domestic production activities deduction
6. Enter as a positive number any qualified business income deduction
7. Enter any adjustments to adjusted gross income.
8. Enter any adjustments to your itemized deductions from line 31
9. **Modified taxable income.** Combine lines 2 through 8 and enter the result (but not less than zero)
10. **NOL carryover to 2020.** Subtract line 9 from line 1 and enter the result (but not less than zero).

|         |          |
|---------|----------|
|         | 166,258. |
| 58,320. |          |
|         |          |
|         |          |
|         |          |
|         |          |
|         |          |
|         |          |
|         | 58,320.  |
|         | 107,938. |

## ADJUSTMENTS TO ITEMIZED DEDUCTIONS (Individuals Only)

11. Enter adjusted gross income without the NOL deduction.
12. Combine lines 3, 4, 5, 6, and 7 above.
13. **Modified adjusted gross income.** Combine lines 11 and 12 above.

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

## ADJUSTMENT TO MEDICAL EXPENSES:

14. Enter medical expenses from Schedule A (Form 1040), line 4.
15. Enter medical expenses from Schedule A (Form 1040), line 1.
16. Multiply line 13 above by 7.5% (0.075)
17. Subtract line 16 from line 15 and enter the result (but not less than zero).
18. Subtract line 17 from line 14.

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

## ADJUSTMENT TO MORTGAGE INSURANCE PREMIUMS:

19. Mortgage insurance premiums deduction from Schedule A, line 8d
20. Refigured mortgage insurance premiums deduction
21. Subtract line 20 from line 19

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

## ADJUSTMENT TO CHARITABLE CONTRIBUTIONS:

22. Enter charitable contributions deduction from Schedule A (Form 1040), line 14, or Schedule A (Form 1040NR), line 5
23. Refigure the charitable contributions deduction using line 13 above as your AGI
24. Subtract line 23 from line 22

|  |    |
|--|----|
|  | 0. |
|  |    |
|  |    |

## ADJUSTMENT TO CASUALTY AND THEFT LOSSES:

25. Enter casualty and theft losses from Form 4684, line 18.
26. Enter casualty and theft losses from Form 4684, line 16.
27. Multiply line 13 by .10.
28. Subtract line 27 from line 26 (but not less than zero).
29. Subtract line 28 from line 25 (but not less than zero).

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

## TOTAL ADJUSTMENT:

30. Combine lines 18, 21, 24, and 29 and enter the result here. Also enter the result on line 8 above

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Detail NOL Carryover/Carryback Worksheet

2019  
Social Security Number  
\*\*\*-\*\*-\*\*\*\*

NOL

Name(s)  
EILEEN T. HIGGINS

| Year Carried From                    | Amount Available for Carryover/Carryback | Amount Used in 2018 | Amount Used in 2019 | Amount Used in 2020 | Amount Used in 2021 | Amount Used in 2022 | Amount Used in 2023 | Amount Used in 2024 | Amount Used in 2025 | Amount Used in 2026 | Amount Used in 2027 | Amount Used in 2028 | Amount Used in 2029 | Amount Used in 2030 |  |
|--------------------------------------|--|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|--|
| 2016                                 | 225,051.                                 | 186,028.            | 39,023.             |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |
| 2017                                 | 127,235.                                 | 0.                  | 19,297.             |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |
| <b>Totals</b>                        | <b>352,286.</b>                          | <b>186,028.</b>     | <b>58,320.</b>      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |
| Total amount available for carryover |  | 352,286.            |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |
| Less total amounts used              |  | 244,348.            |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |
| Less total amounts expired           |  | 0.                  |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |
| Remaining carryover                  |  | 107,938.            |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |

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AMT NOL

Detail AMT NOL Carryover Worksheet

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\* \* \* - \* \* -

Name(s)  
EILEEN T. HIGGINS

| Year Carried From                    | Amount Available for Carryover | Amount Used in 2018 | Amount Used in 2019 | Amount Used in 2020 | Amount Used in 2021 | Amount Used in 2022 | Amount Used in 2023 | Amount Used in 2024 | Amount Used in 2025 | Amount Used in 2026 | Amount Used in 2027 | Amount Used in 2028 | Amount Used in 2029 | Amount Used in 2030 |  |
|--------------------------------------|--------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|--|
| 2016                                 | 219,472.                       | 182,173.            | 37,299.             |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |
| 2017                                 | 118,757.                       | 0.                  | 26,183.             |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |
| <b>Totals</b>                        | <b>338,229.</b>                | <b>182,173.</b>     | <b>63,482.</b>      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |
| Total amount available for carryover |                                | 338,229.            |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |
| Less total amounts used              |                                | 245,655.            |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |
| Less total amounts expired           |                                | 0.                  |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |
| Remaining carryover                  |                                | 92,574.             |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |  |

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

EILEEN T. HIGGINS

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 3

| T<br>S EMPLOYER'S NAME                                    | AMOUNT PAID | FEDERAL TAX WITHHELD | STATE TAX WITHHELD | CITY SDI TAX W/H | FICA TAX | MEDICARE TAX |
|---|-------------|----------------------|--------------------|------------------|----------|--------------|
| MIAMI DADE COUNTY,<br>FLORIDA FINANCE DEPT.<br>SUITE 2630 | 49,365.     | 3,980.               |                    |                  | 3,072.   | 718.         |
| TOTALS  | 49,365.     | 3,980.               |                    |                  | 3,072.   | 718.         |

FORM 1040

TAX-EXEMPT INTEREST

STATEMENT 4

NAME OF PAYER

AMOUNT

CHARLES SCHWAB & CO INC  
FROM K-1 - EILEEN T HIGGINS 2012 TR 34260599  
TOTAL TO FORM 1040, LINE 2A

1,250.  
1,504.  
2,754.

FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 5

NAME OF PAYER

ORDINARY DIVIDENDS

QUALIFIED DIVIDENDS

CHARLES SCHWAB & CO INC  
FROM K-1 - EILEEN T HIGGINS 2012 TR  
34260599  
TOTAL INCLUDED IN FORM 1040, LINE 3A

2,026.  
4,290.  
5,339.

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SCHEDULE 3

CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR

STATEMENT 6

DESCRIPTION

AMOUNT

1ST QTR ESTIMATE PAYMENT  
2ND QTR ESTIMATE PAYMENT  
3RD QTR ESTIMATE PAYMENT  
4TH QTR ESTIMATE PAYMENT  
TOTAL TO SCHEDULE 3, LINE 8

2,620.  
5,750.  
2,620.  
2,620.  
13,610.

EILEEN T. HIGGINS

SCHEDULE D LONG-TERM CAPITAL GAINS AND LOSSES STATEMENT 7

| DESCRIPTION              | DATE ACQUIRED | DATE SOLD | SALES PRICE | COST OR OTHER BASIS | GAIN OR LOSS |
|--------------------------|---------------|-----------|-------------|---------------------|--------------|
| SCHWAB 9862 - LT COVERED | VARIOUS       | 12/31/19  | 2,446.      | 2,524.              | -78.         |
| TOTAL TO SCH D, LINE 8A  |               |           | 2,446.      | 2,524.              | -78.         |

SCHEDULE D CAPITAL GAIN DISTRIBUTIONS STATEMENT 8

| NAME OF PAYER                 | TOTAL CAPITAL GAIN | 28% GAIN |
|-------------------------------|--------------------|----------|
| CHARLES SCHWAB & CO INC       | 382.               |          |
| TOTALS TO SCHEDULE D, LINE 13 | 382.               |          |

SCHEDULE SE NON-FARM INCOME STATEMENT 9

| DESCRIPTION                  | AMOUNT    |
|------------------------------|-----------|
| THREE LOBOS, LLC             | 25,022.   |
| LOBOS NARANJOS, LLC          | 113,977.  |
| TEXAS LOBOS, LLC             | -121,685. |
| TOTAL TO SCHEDULE SE, LINE 2 | 17,314.   |

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EILEEN T. HIGGINS

FORM 1116 SUMMARY OF FOREIGN TAXES PAID OR ACCRUED STATEMENT 10

PASSIVE INCOME

NAME OF COUNTRY IMPOSING TAX

| NAME OF COUNTRY IMPOSING TAX        | DATE PAID | DATE ACCRUED | AMT/FOREIGN CURRENCY | AMOUNT IN U.S. DOLLARS |              |          |       |
|-------------------------------------|-----------|--------------|----------------------|------------------------|--------------|----------|-------|
|                                     |           |              |                      | DIVIDENDS              | RENT/ROYALTY | INTEREST | OTHER |
| OTHER COUNTRIES                     |           |              | 0.                   |                        |              |          | 109.  |
| OTHER COUNTRIES                     |           |              | 0.                   | 79.                    |              |          | 109.  |
|                                     |           |              |                      | 79.                    |              |          | 188.  |
| TOTAL TO FORM 1116, PART II, LINE 8 |           |              |                      |                        |              |          |       |

PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:

|      | FOREIGN AMT | CONV. RATE | U.S. AMT |
|------|-------------|------------|----------|
| 2018 |             |            |          |
| 2017 |             |            |          |
| 2016 |             |            |          |
| 2015 |             |            |          |
| 2014 |             |            |          |

TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR

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FORM 1116

FOREIGN TAX CREDIT CARRYOVER / CARRYBACK

STATEMENT 11

PASSIVE INCOME

| YEAR OF CREDIT                   | TOTAL FOREIGN TAXES PAID | FOREIGN TAX CR CLAIMED | BALANCE AVAILABLE |
|----------------------------------|--------------------------|------------------------|-------------------|
| 2018 FOREIGN TAX CREDIT          | 547.                     | 0.                     | 547.              |
| 2017 FOREIGN TAX CREDIT          | 328.                     | 0.                     | 328.              |
| 2016 FOREIGN TAX CREDIT          | 0.                       | 0.                     | 0.                |
| 2015 FOREIGN TAX CREDIT          | 0.                       | 0.                     | 0.                |
| 2014 FOREIGN TAX CREDIT          | 0.                       | 0.                     | 0.                |
| 2013 FOREIGN TAX CREDIT          | 0.                       | 0.                     | 0.                |
| 2012 FOREIGN TAX CREDIT          | 0.                       | 0.                     | 0.                |
| 2011 FOREIGN TAX CREDIT          | 0.                       | 0.                     | 0.                |
| 2010 FOREIGN TAX CREDIT          | 0.                       | 0.                     | 0.                |
| 2009 FOREIGN TAX CREDIT          | 0.                       | 0.                     | 0.                |
| FOREIGN TAX CR CARRYBACK TO 2019 |                          |                        |                   |
|                                  |                          |                        | 875.              |

TOTAL TO FORM 1116, PART III, LINE 10

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EILEEN T. HIGGINS

FORM 1116

FOREIGN TAX CREDIT CARRYOVER / CARRYBACK

STATEMENT 12

GENERAL LIMITATION INCOME

| YEAR OF CREDIT                        | TOTAL FOREIGN TAXES PAID | FOREIGN TAX CR CLAIMED | BALANCE AVAILABLE |
|---------------------------------------|--------------------------|------------------------|-------------------|
| 2018 FOREIGN TAX CREDIT               | 0.                       | 0.                     | 0.                |
| 2017 FOREIGN TAX CREDIT               | 0.                       | 0.                     | 0.                |
| 2016 FOREIGN TAX CREDIT               | 413.                     | 0.                     | 413.              |
| 2015 FOREIGN TAX CREDIT               | 0.                       | 0.                     | 0.                |
| 2014 FOREIGN TAX CREDIT               | 0.                       | 0.                     | 0.                |
| 2013 FOREIGN TAX CREDIT               | 0.                       | 0.                     | 0.                |
| 2012 FOREIGN TAX CREDIT               | 0.                       | 0.                     | 0.                |
| 2011 FOREIGN TAX CREDIT               | 0.                       | 0.                     | 0.                |
| 2010 FOREIGN TAX CREDIT               | 0.                       | 0.                     | 0.                |
| 2009 FOREIGN TAX CREDIT               | 0.                       | 0.                     | 0.                |
| FOREIGN TAX CR CARRYBACK TO 2019      |                          |                        |                   |
| TOTAL TO FORM 1116, PART III, LINE 10 |                          |                        | 413.              |

FORM 6251

LOSS LIMITATIONS

STATEMENT 13

| NAME OF ACTIVITY            | FORM  | NET INCOME (LOSS) |         | ADJUSTMENT |
|-----------------------------|-------|-------------------|---------|------------|
|                             |       | AMT               | REGULAR |            |
| INSIDE THE GLASS, INC.      | SCH E | -2,075.           | -2,075. |            |
| TOTAL TO FORM 6251, LINE 2N |       |                   |         |            |

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FORM 6251

ALTERNATIVE MINIMUM TAX NOL LIMITATION

STATEMENT 14

- 1A. ATNOL CARRYFORWARDS AND CARRYBACKS ATTRIBUTABLE TO QUALIFIED DISASTER LOSSES 156,056.
- B. ATNOL CARRYFORWARDS AND CARRYBACKS OTHER THAN THOSE INCLUDED IN LINE 1A 156,056.
- C. SUM OF LINE 1A AND LINE 1B

ATNOLD LIMITATION:

- 2A. SUM OF FORM 6251, LINES 1 - 3 WITHOUT LINE 2D AND TREATING LINE 2F AS ZERO 70,536.
- B. TENTATIVE AMOUNT FOR LINE 2D WHEN TREATING LINE 2F AS ZERO
- C. SUM OF LINES 2A - 2B. IF ZERO OR LESS, ENTER ZERO (-0-) 70,536.
- 3A. SMALLER OF LINE 1B OR 90% OF LINE 2C 63,482.
- B. SMALLER OF LINE 1A OR LINE 2C MINUS 3A 63,482.
- C. LINE 3A PLUS LINE 3B. TOTAL TO FORM 6251, LINE 2F

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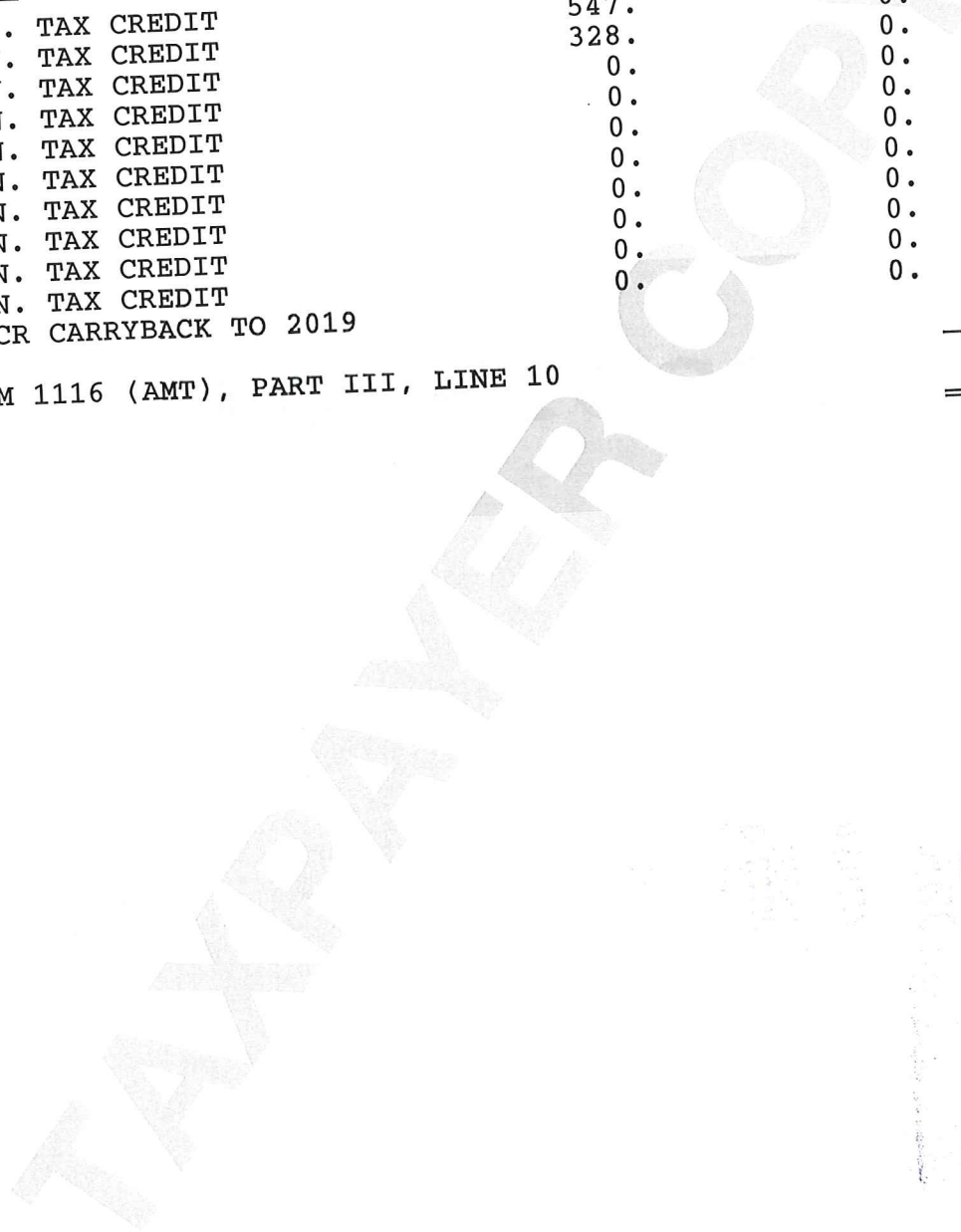
EILEEN T. HIGGINS

FORM 1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT CARRYOVER/CARRYBACK STATEMENT 15

PASSIVE INCOME

| YEAR OF CREDIT                   | TOTAL FOREIGN TAXES PAID | FOREIGN TAX CR CLAIMED | BALANCE AVAILABLE |
|----------------------------------|--------------------------|------------------------|-------------------|
| 2018 ALT. MIN. TAX CREDIT        | 547.                     | 0.                     | 547.              |
| 2017 ALT. MIN. TAX CREDIT        | 328.                     | 0.                     | 328.              |
| 2016 ALT. MIN. TAX CREDIT        | 0.                       | 0.                     | 0.                |
| 2015 ALT. MIN. TAX CREDIT        | 0.                       | 0.                     | 0.                |
| 2014 ALT. MIN. TAX CREDIT        | 0.                       | 0.                     | 0.                |
| 2013 ALT. MIN. TAX CREDIT        | 0.                       | 0.                     | 0.                |
| 2012 ALT. MIN. TAX CREDIT        | 0.                       | 0.                     | 0.                |
| 2011 ALT. MIN. TAX CREDIT        | 0.                       | 0.                     | 0.                |
| 2010 ALT. MIN. TAX CREDIT        | 0.                       | 0.                     | 0.                |
| 2009 ALT. MIN. TAX CREDIT        | 0.                       | 0.                     | 0.                |
| FOREIGN TAX CR CARRYBACK TO 2019 |                          |                        |                   |
|                                  |                          |                        | 875.              |

TOTAL TO FORM 1116 (AMT), PART III, LINE 10



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\*\*\*-\*\*-

FORM 1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT CARRYOVER/CARRYBACK STATEMENT 16

GENERAL LIMITATION INCOME

| YEAR OF CREDIT                              | TOTAL FOREIGN TAXES PAID | FOREIGN TAX CR CLAIMED | BALANCE AVAILABLE |
|---|--------------------------|------------------------|-------------------|
| 2018 ALT. MIN. TAX CREDIT                   | 0.                       | 0.                     | 0.                |
| 2017 ALT. MIN. TAX CREDIT                   | 0.                       | 0.                     | 0.                |
| 2016 ALT. MIN. TAX CREDIT                   | 413.                     | 0.                     | 413.              |
| 2015 ALT. MIN. TAX CREDIT                   | 0.                       | 0.                     | 0.                |
| 2014 ALT. MIN. TAX CREDIT                   | 0.                       | 0.                     | 0.                |
| 2013 ALT. MIN. TAX CREDIT                   | 0.                       | 0.                     | 0.                |
| 2012 ALT. MIN. TAX CREDIT                   | 0.                       | 0.                     | 0.                |
| 2011 ALT. MIN. TAX CREDIT                   | 0.                       | 0.                     | 0.                |
| 2010 ALT. MIN. TAX CREDIT                   | 0.                       | 0.                     | 0.                |
| 2009 ALT. MIN. TAX CREDIT                   | 0.                       | 0.                     | 0.                |
| FOREIGN TAX CR CARRYBACK TO 2019            |                          |                        | 0.                |
| TOTAL TO FORM 1116 (AMT), PART III, LINE 10 |                          |                        | 413.              |

FORM 8995 QUALIFIED REIT DIVIDENDS AND PTP INCOME STATEMENT 17

| NAME OF ENTITY/ACTIVITY                      | REIT DIVIDENDS | PTP INCOME |
|--|----------------|------------|
| CHARLES SCHWAB & CO INC                      | 110.           |            |
| FROM K-1 - EILEEN T HIGGINS 2012 TR 34260599 | 226.           |            |
| TOTAL TO FORM 8995, LINE 6                   | 336.           |            |

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY FOREIGN DIVIDEND INCOME STATEMENT 18

| DESCRIPTION                   | AMOUNT |
|-------------------------------|--------|
| CHARLES SCHWAB & CO INC       | 597.   |
| CHARLES SCHWAB & CO INC       | 1,429. |
| TOTAL FOREIGN DIVIDEND INCOME | 2,026. |

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|           |   |              |
|-----------|---|--------------|
| FORM 1116 | U.S. AND FOREIGN SOURCE INCOME SUMMARY<br>FOREIGN TRUST/ESTATE INCOME | STATEMENT 19 |
|-----------|---|--------------|

| DESCRIPTION                       | AMOUNT |
|-----------------------------------|--------|
| EILEEN T HIGGINS 2012 TR 34260599 | 1,259. |
| TOTAL FOREIGN TRUST/ESTATE INCOME | 1,259. |

|           |   |              |
|-----------|---|--------------|
| FORM 1116 | U.S. AND FOREIGN SOURCE INCOME SUMMARY<br>TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS | STATEMENT 20 |
|-----------|---|--------------|

| DESCRIPTION                                 | INCOME   | LOSS      |
|---|----------|-----------|
| THREE LOBOS, LLC                            | 25,022.  |           |
| LOBOS NARANJOS, LLC                         | 113,977. |           |
| INSIDE THE GLASS, INC.                      |          | -2,075.   |
| TEXAS LOBOS, LLC                            |          | -121,685. |
| TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS | 138,999. | -123,760. |

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EILEEN T. HIGGINS

|     |                    |              |
|-----|--------------------|--------------|
| NOL | NONBUSINESS INCOME | STATEMENT 21 |
|-----|--------------------|--------------|

| DESCRIPTION  | AMOUNT    |
|--|-----------|
| TAXABLE INTEREST - 1040, LINE 2B                               | 219.      |
| ORDINARY DIVIDENDS - 1040, LINE 3B                             | 6,316.    |
| PARTNERSHIPS & S-CORPS - SCH E PG 2, LINE 32                   | 15,239.   |
| BUSINESS INCOME FROM ACTIVITY - 2                              | -25,022.  |
| BUSINESS INCOME FROM ACTIVITY - 3                              | -113,977. |
| BUSINESS INCOME FROM ACTIVITY - 4                              | 2,075.    |
| BUSINESS INCOME FROM ACTIVITY - 5                              | 121,685.  |
| TOTAL TO NOL SCHEDULE A, LINE 7 (NEGATIVE AMT IS LIMITED TO 0) | 6,535.    |

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

# 2019 TAX RETURN FILING INSTRUCTIONS

## NEW MEXICO INCOME TAX RETURN

FOR THE YEAR ENDING  
DECEMBER 31, 2019

|  |  |      |
|--|--|------|
| Prepared for                                 | EILEEN T. HIGGINS<br>253 NE 2ND ST APT. NO. 3909<br>MIAMI, FL 33132  |      |
| Prepared by                                  | CLIFTONLARSONALLENLLP<br>6501 AMERICAS PARKWAY NE, SUITE 500<br>ALBUQUERQUE, NM 87110  |      |
| Amount of tax                                | Total tax  | \$ 0 |
|  | Less: payments and credits   | \$ 0 |
|  | Plus: interest and penalties   | \$ 0 |
|  | NO PMT REQUIRED  | \$ 0 |
| Overpayment                                  | Miscellaneous Donations  | \$ 0 |
|  | Credited to your estimated tax   | \$ 0 |
|  | Refunded to you  | \$ 0 |
| Make check payable to                        | NOT APPLICABLE   |      |
| Mail tax return and check (if applicable) to | THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM PIT-8453 TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE TRD. |      |
| Return must be mailed on or before           | NOT APPLICABLE   |      |
| Special Instructions                         | DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE TRD.   |      |

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 ELECTIONS DEPARTMENT

ACD - 31012 (2019)  
Rev. 07/20/2019

State of New Mexico Taxation and Revenue Department

**INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING AND TRANSMITTAL**

**2019**

**PIT-8453**

For the year January 1 - December 31, 2019

|  |                             |                                      |  |
|--|-----------------------------|--------------------------------------|--|
| Your first name and middle initial<br><b>EILEEN T.</b> | Last name<br><b>HIGGINS</b> | Social security number<br>*** - ** - | <input checked="" type="checkbox"/> RESIDENCY STATUS |
| Spouse's first name and middle initial                 | Last name                   | Social security number               | <input type="checkbox"/> RESIDENCY STATUS            |

Your mailing address, city, state, and ZIP code  
**253 NE 2ND ST, MIAMI, FL 33132**

**FILING STATUS (Check one)**

(1) Single

(2) Married filing jointly

(3) Married filing separately (Enter spouse's name and social security number.)

(4) Head of household (Enter name of person who qualifies you as head of household if that person is not counted as a qualified exemption on your federal return.)

(5) Qualifying widow(er)

**PART I TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)**

|   |    |        |
|---|----|--------|
| 1. Federal Adjusted Gross Income (PIT-1 return, line 9) | 1. | -95738 |
| 2. Net New Mexico Income Tax (PIT-1 return, line 22)    | 2. |        |
| 3. Total Payments and Credits (PIT-1 return, line 32)   | 3. |        |
| 4. Tax Due (PIT-1 return, line 33)                      | 4. |        |
| 5. Overpayment (PIT-1 return, line 39)                  | 5. |        |

**PART II DECLARATION OF TAXPAYER**

I declare the amounts described in Part I above agree with the amounts shown on the corresponding lines of my New Mexico personal income tax return, and that I have examined the contents of my electronic return and accompanying schedules and statements. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including accompanying schedules and statements, be electronically transmitted to the New Mexico Taxation and Revenue Department.

PLEASE SIGN HERE

Your signature

Date

Spouse's signature (If joint return, BOTH MUST sign.)

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 MIAMI DUA COUNTY  
 ELECTRONIC DEPARTMENT

**PART III DECLARATION OF PREPARER/TRANSMITTER (if applicable)**

**PAID PREPARER'S, ELECTRONIC RETURN ORIGINATOR'S or OTHER THIRD-PARTY TRANSMITTER'S USE ONLY**

I declare the above taxpayer's return is based on all pertinent information of which I have knowledge. I have verified that the taxpayer's name shown on this declaration agrees with the name that appears on the proof of account. A copy of all forms and information to be filed with or transmitted to the New Mexico Taxation and Revenue Department have been provided to the taxpayer.

|  |  |
|--|--|
| Preparer's/Transmitter's signature<br><b>LINDA M SEDILLO GONZALES, EA</b>                                | Date   |
| Check if self-employed <input type="checkbox"/>  | Preparer's PTIN                              |
| Firm's name (or yours, if self-employed)<br><b>CLIFTONLARSONALLEN LLP</b>                                | NM CRS identification number (if applicable) |
| Address (number, street, city, and state)<br><b>6501 AMERICAS PARKWAY NE, SUITE 500, ALBUQUERQUE, NM</b> | ZIP code<br><b>87110</b>                     |

When required to submit a copy of this form to the Department, mail the form and attachments to:  
**New Mexico Taxation and Revenue Department, P.O. Box 5418, Santa Fe, NM 87502-5418**

# 2019 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2019

or fiscal year beginning F.1 \_\_\_\_\_ ending F.2 \_\_\_\_\_  
If amending use Form 2019 PIT-X.



1019 01 1

Print your name (first, middle, last)  
**EILEEN T. HIGGINS**  
 Print your spouse's name (first, middle, last). If married filing separately, include spouse.

SOCIAL SECURITY NUMBER 1b \*\*\*-\*\*-\*\*\*\*  
 Blind 1c  Age 65 or over 1d  Residency status 1e **N**  
 Taxpayer's date of birth 1f **06/30/1964**  
 Spouse's date of birth 2f \_\_\_\_\_

3a  If the address is new or changed, mark this box.  
 Mailing Address (Number and street)  
**253 NE 2ND ST APT. NO. 3909**  
 City State Postal/ZIP Code  
**MIAMI FL 33132**  
 If foreign address, enter country Foreign province and/or state

4. If a deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse named on this return, enter below the name and social security number of that person. You must also attach Form RPD-41083.  
 If taxpayer or spouse died before this return is filed, enter date of death.  
 Taxpayer's date of death 4c \_\_\_\_\_  
 Spouse's date of death 4d \_\_\_\_\_  
 Residency status: For taxpayer and spouse (1e and 2e), enter:  
 R if RESIDENT  
 N if NON-RESIDENT  
 F if FIRST-YEAR RES.  
 P if PART-YEAR RES.

5. **01** EXEMPTIONS: Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of another taxpayer, enter 00. (See instructions)

6a  EXTENSION OF TIME TO FILE. If you have a federal or state extension, mark the box and enter the extension date. 6b \_\_\_\_\_  
**8. DEPENDENTS AND OTHER DEPENDENTS. As listed on your federal return.**  
 (You must report the first 5 dependents and other dependents in this table. Use Schedule PIT-S for additional entries.)

| First name | Column 1<br>Last name | Column 2<br>Dependent's SSN | Column 3<br>Date of birth (MM/DD/CCYY) |
|------------|-----------------------|-----------------------------|--|
|            |                       |                             |  |
|            |                       |                             |  |
|            |                       |                             |  |
|            |                       |                             |  |
|            |                       |                             |  |

7. FILING STATUS. Mark only one box.  
 (1) Single  
 (2) Married filing jointly  
 (3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)  
 (4) Head of household (Enter name of person qualifying you as head of household that person is not counted as a qualified dependent on your federal return.)  
 (4a) \_\_\_\_\_  
 (5) Qualifying widower with dependent child

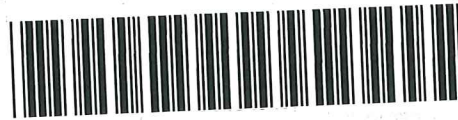
9 -95,738  
 10  
 11 169,012  
 12 12,200  
 13  
 14 2,500  
 15 63,625  
 16  
 17  
 18 0  
 19  
 20  
 21  
 22

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 8b) \_\_\_\_\_  
 10. If you itemized your federal deduction amount, enter the amount of state and local tax deduction claimed on federal Form 1040, Schedule A, line 5a. See the worksheet in the instructions. \_\_\_\_\_ +  
 11. Total Additions to federal adjusted gross income (PIT-ADJ, line 5). Attach PIT-ADJ. \_\_\_\_\_ +  
 12. Federal standard or itemized deduction amount (from federal Form 1040, line 9) \_\_\_\_\_ -  
 12a. If you itemized, mark the box \_\_\_\_\_ 12a   
 13. Deduction for certain dependents. See the worksheet in the instructions \_\_\_\_\_ -  
 14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions \_\_\_\_\_ -  
 15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). Attach PIT-ADJ. \_\_\_\_\_ -  
 16. Medical care expense deduction. See PIT-1 instructions. \_\_\_\_\_ -  
 You must complete both lines 16 and 16a or the deduction will be denied.  
 16a. Unreimbursed and uncompensated medical care expenses \_\_\_\_\_ 16a \_\_\_\_\_ =  
 17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16 \_\_\_\_\_ =  
 Cannot be less than zero.  
 18. New Mexico tax on amount on line 17 or from PIT-B, line 14 \_\_\_\_\_ 18a  B  
 18a. From Rate Table = R. From PIT-B, line 14 = B. \_\_\_\_\_ +  
 19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions. \_\_\_\_\_ +  
 20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. Include a copy of other state's return. See PIT-1 instructions \_\_\_\_\_ -  
 21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR \_\_\_\_\_ -  
 22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero \_\_\_\_\_ =

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is April 30, 2020. All others must file by April 15, 2020. See PIT-1 instructions for details.  
 967001 01-22-20

Continue on the next page.

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2019 PIT-1 (page 2)  
NEW MEXICO PERSONAL INCOME TAX RETURN

2020 MAY 29 PM 2:43

YOUR SOCIAL SECURITY NUMBER

\*\*\*-\*\*-\*\*\*\*

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

Do not submit a photocopy of this form to the Department. Submit only original forms and keep a copy for your records. If submitting this return by mail, send to:

New Mexico Taxation and Revenue Department  
P.O. Box 25122  
Santa Fe, New Mexico 87504-5122

|   |     |
|---|-----|
| 23. The amount on line 22 from page 1   | 23  |
| 24. Total claimed on rebate and credit schedule (PIT-RC, line 25). Attach PIT-RC.   | 24  |
| 25. Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.)   | 25  |
| 25a. The amount of federal earned income credit (EIC) reported on your 2019 federal income tax return   | 25a |
| 26. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR  | 26  |
| 27. New Mexico income tax withheld. Attach annual statements of income and withholding  | 27  |
| 28. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285   | 28  |
| 29. New Mexico income tax withheld from a pass-through entity. Attach 1099-Misc or RPD-41359  | 29  |
| 30. 2019 estimated income tax payments. See PIT-1 instructions  | 30  |
| 31. Other Payments  | 31  |
| 32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31   | 32  |
| 33. TAX DUE. If line 23 is greater than line 32, enter the difference here  | 33  |
| 34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank   | 34  |
| 35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272 | 35  |
| 36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank  | 36  |
| 37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank  | 37  |
| 38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37  | 38  |
| 39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here.  | 39  |
| 40. Refund voluntary contributions (PIT-D, line 17). Attach PIT-D   | 40  |
| 41. Amount from line 39 you want applied to your 2020 Estimated Tax   | 41  |
| 42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41   | 42  |

**!! REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND COMPLETE ALL QUESTIONS IN THIS BLOCK.**

RE.1 Routing number: \_\_\_\_\_

RE.2 Account number: \_\_\_\_\_

RE.3 Type:  Checking  Savings

RE.4 YES  NO

REQUIRED: You must answer this question. WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.

I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

|   |                                     |
|---|-------------------------------------|
| Your signature  | Date                                |
| Driver's License, State ID No. or enter "NONE" or "DECLINED"          | State FL Expiration Date 06/30/2021 |
| Spouse's signature  | Date                                |
| Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED" | State Expiration Date               |

**Paid preparer's use only:**

LINDA M SEDILLO GONZALE \_\_\_\_\_ Date

Signature of preparer

CLIFTONLARSONALLEN LLP

P.1 Firm's name (or yours, if self-employed)

P.2 NM CRS identification number

P.3 Preparer's PTIN

P.4 FEIN

P.5 Preparer's phone number (505) 842-8290

P.6  Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.

(If filing jointly, BOTH must sign even if only one had income.)  
Taxpayer's phone number 3053335399  
Taxpayer's email address \_\_\_\_\_



State of New Mexico Taxation and Revenue Department

**2019 New Mexico Net Operating Loss Carryforward Schedule for Personal Income Tax**

Taxpayer's name  
**EILEEN T. HIGGINS**

SSN  
\*\*\*-\*\*-\*\*\*\*

**Purpose of this form**

Use this form to calculate your excludable New Mexico net operating loss (NM NOL) carryforward deduction from the current year New Mexico personal income tax. For each prior-year NM NOL carryforward, also show how you applied the credit in columns 4, 5, and 6. In column 7, show the balance of NM NOL carryforward available for the next tax year. If you need to report more than five years of NM NOL, use the Supplemental Carryforward Schedule on the next page. If you are reporting an NM NOL deduction from a carryforward on Schedule PIT-ADJ, line 7, file this RPD-41369 schedule with New Mexico 2019 Form PIT-1, *Personal Income Tax Return*.

| Col. 1<br>Tax Year  | Col. 2<br>Net Operating Loss Incurred<br>In the year in column 1 | Col. 3<br>2019 NM NOL<br>Net Income Before<br>from Worksheet 2, line 7 | Col. 4<br>2019 Loss Used<br>The sum of column 4 cannot be greater than column 3 for tax year 2019. | Col. 5<br>Year Loss Applied |      |      |      |      | Col. 6<br>NM NOL Expired | Col. 7<br>NM NOL Carryforward Available for Next Year |  |
|---------------------|--|--|--|-----------------------------|------|------|------|------|--------------------------|---|--|
|                     |  |  |  | 2018                        | 2017 | 2016 | 2015 | 2014 |                          |   |  |
| 2019                |  | 61,074.  |  |                             |      |      |      |      |                          |   |  |
| 2017                | 127,235.   |  | 24,307.  |                             |      |      |      |      | 0.                       | 102,928.  |  |
| 2016                | 36,767.  |  | 36,767.  |                             |      |      |      |      | 0.                       | 0.  |  |
| Subtotal page 1. +  |  |  | 61,074.  |                             |      |      |      |      |                          |   |  |
| Total Additional. + |  |  |  |                             |      |      |      |      |                          |   |  |
| Line 1. <b>STMT</b> |  |  | <b>1</b>   |                             |      |      |      |      | <b>61,074.</b>           |   |  |

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Enter the sum of column 4 from page 1 of this schedule.

Enter the sum of column 4 from all pages of this schedule.

Loss used during 2019 tax year. Enter the sum of column 4, Subtotal page 1 plus Total Additional. Line 1 must equal line 9 from Worksheet 2. This amount is also entered on Schedule PIT-ADJ, line 7.

Complete the Carryforward Schedule and Supplemental Carryforward Schedule (if applicable) using the instructions and Worksheets 1 and 2 in the instructions. Do not submit Worksheets 1 and 2 to the Department. Use Worksheet 1 to calculate the NM NOL incurred in prior years. Use Worksheet 2 to calculate the 2019 NM net income before the current year NM NOL deduction is applied in column 3, row 1.

Line 1 of the schedule above (the total sum of column 4 from the NM NOL carryforward and supplemental schedules used) is the NM NOL carryforward loss used in the 2019 tax year. Enter the amount from line 1 on 2019 Schedule PIT-ADJ, line 7. For each row showing a prior-year NM NOL incurred, complete the row showing when you incurred the NM NOL, how it has been applied, any expired amount, and the NM NOL carryforward balance available for the next year.

**2019 New Mexico Net Operating Loss Carryforward Schedule for Personal Income Tax**

**Supplemental Carryforward Schedule**

Taxpayer's name  
**EILEEN T. HIGGINS**

SSN  
\* \* \* - \* \* \*

Beginning on or after January 1, 2013, NM NOL may be carried forward for 19 years or until the total amount of the loss carryover has been used, whichever occurs first. If you need to report more than five years of NM NOL, use this Supplemental Carryforward Schedule. The sub-total sum for column 4 reported on this schedule must be included in the total sum of Line 1 the NM NOL carryforward schedule on the previous page.

| Col. 1<br>Tax Year | Col. 2<br>Net Operating<br>Loss Incurred<br>in the year in<br>column 1 | Col. 3<br>2019 NM<br>Income Before<br>NMI NOL<br>from<br>Worksheet 2, line 7 | Col. 4<br>2019<br>Loss Used<br>The sum of column 4<br>cannot be greater<br>than column 3 for<br>tax year 2019. | Col. 5<br>Year Loss Applied   |  |  |  |  | Col. 6<br>NMI NOL<br>Expired | Col. 7<br>NMI NOL<br>Carryforward<br>Available for<br>Next Year |
|--------------------|--|--|--|---|--|--|--|--|------------------------------|---|
|                    |  |  |  | If you applied the NM NOL reported in column 2 in previous years, enter the amount in the column corresponding to the year when you applied it. |  |  |  |  |                              |   |
| 2019               |  |  | 61,074.  |   |  |  |  |  |                              |   |
| <b>Subtotal.</b>   |  |  |  |   |  |  |  |  |                              |   |

**Subtotal. Amount from this schedule.** Enter the sum of column 4 from this page of this schedule. This amount will need to be added to any additional schedules Column 4 total and carried to page 1, Total amount. (This amount must be included in the total sum reported in Line 1 of the carryforward schedule).

Page \_\_\_\_\_ of \_\_\_\_\_

# 2019 PIT-ADJ

## NEW MEXICO SCHEDULE OF ADDITIONS, DEDUCTIONS, AND EXEMPTIONS

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We cannot accept statements instead of this schedule.

YOUR SOCIAL SECURITY NUMBER

Print your name (first, middle, last)

EILEEN T. HIGGINS

MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

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Taxpayers who are required to make certain additions or who are eligible to take certain deductions or exemptions from federal adjusted gross income to compute New Mexico taxable income must complete this schedule. Please refer to the instructions when completing this schedule.

### NEW MEXICO ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

|    |  |   |         |
|----|--|---|---------|
| 1. | Interest and dividends from federal tax-exempt bonds .....   | 1 | 2,754   |
| 2. | Federal net operating loss carryover. See PIT-ADJ instructions .....   | 2 | 166,258 |
| 3. | Contributions refunded when closing a New Mexico-approved Section 529 college savings plan account and certain contributions rolled out of a New Mexico-approved Section 529 college savings plan account .....  | 3 |         |
| 4. | Charitable deduction amount claimed on federal Schedule A, Line 12, for a donation of land to private non-profit or public conservation agencies, for conservation purposes, from which you were allowed the New Mexico Land Conservation Tax Credit ..... | 4 |         |
| 5. | <b>TOTAL ADDITIONS.</b> Add lines 1 through 4. Also enter on Form PIT-1, line 11 .....   | 5 | 169,012 |

### NEW MEXICO DEDUCTIONS AND EXEMPTIONS FROM FEDERAL ADJUSTED GROSS INCOME

|      |   |      |  |
|------|---|------|--|
| 6.   | New Mexico tax-exempt interest and dividends .....  | 6    |  |
| 7.   | New Mexico net operating loss. See PIT-ADJ instructions. <b>Attach Form RPD-41369.</b> .....  | 7    | 61,074                                       |
| 8.   | Interest received on U.S. Government obligations .....  | 8    |  |
| 9.   | Taxable Railroad Retirement Act annuities and benefits, and taxable Railroad Unemployment Insurance Act sick pay. <b>Attach Forms RRB-1099 and RRB-1099-R.</b> .....  | 9    |  |
| 10.  | Income of a member of a New Mexico federally-recognized Indian nation, tribe, or pueblo that was wholly earned on the lands of the reservation or pueblo of which the individual is an enrolled member while domiciled on that land, reservation, or pueblo ..... | 10   |  |
| 10a. | I am enrolled as a member of the _____ Indian nation, tribe, or pueblo.   |      |  |
| 10b. | My spouse is enrolled as a member of the _____ Indian nation, tribe, or pueblo.   |      |  |
| 11.  | Income of persons age 100 years or older. If you or your spouse is age 100 or older, you <b>must</b> mark the boxes to claim your exemption.  |      |  |
| 11a. | 100 or older <input type="checkbox"/>   | 11b. | Spouse 100 or older <input type="checkbox"/> |
| 11.  | .....   | 11   |  |
| 12.  | Exemption for persons age 65 or older, or blind .....   | 12   |  |
| 13.  | Exemption for New Mexico medical care savings account. See PIT-ADJ instructions .....   | 13   |  |
| 14.  | Deduction for contributions to a New Mexico-approved Section 529 college savings plan .....   | 14   |  |
| 15.  | Net capital gains deduction. See PIT-ADJ instructions .....   | 15   | 2,551  |
| 16.  | Active duty pay for United States armed forces. See PIT-ADJ instructions .....  | 16   |  |
| 17.  | Medical care expense exemption for persons age 65 years or older .....  | 17   |  |
| 18.  | Deduction for organ donation-related expenses .....   | 18   |  |
| 19.  | New Mexico National Guard member life insurance reimbursements tax exemption .....  | 19   |  |
| 20.  | Taxable refunds, credits, or offsets of state and local income taxes from federal Form 1040, Schedule 1 .....   | 20   |  |
| 21.  | Non-resident U.S. Public Health Service members' active duty pay .....  | 21   |  |
| 22.  | <b>TOTAL DEDUCTIONS AND EXEMPTIONS.</b> Add lines 6 through 21. Enter here and on Form PIT-1, line 15 .....   | 22   | 63,625                                       |

**2019 PIT-B  
NEW MEXICO ALLOCATION AND APPORTIONMENT  
OF INCOME SCHEDULE**

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Print your name (first, middle, last)  
**EILEEN T. HIGGINS**

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Taxpayers who allocate and apportion income from both inside and outside the State of New Mexico must complete this schedule. Please refer to the instructions when completing this schedule. Include the Schedule PIT-B with your personal income tax return, Form PIT-1.

For first-year and part-year resident taxpayers, enter the period of residency. A. From \_\_\_\_\_ B. through \_\_\_\_\_

If your spouse's residency period is different, enter the period of residency for your spouse. If additional periods of residency apply, write them in the space below this line. C. From \_\_\_\_\_ D. through \_\_\_\_\_

If the taxpayer or spouse is a military servicemember's spouse qualifying for relief under the Military Spouse Residency Relief Act, is not a resident of New Mexico, and is allocating income from services performed in New Mexico to their state of residence, mark the appropriate box. Taxpayer  Spouse

**NOTE: RESIDENT TAXPAYERS INCLUDING PERSONS PHYSICALLY PRESENT 185 DAYS OR MORE IN NEW MEXICO MUST ALLOCATE ALL INCOME AND DEDUCTIONS ON LINES 1, 2, 3, AND 7 IN FULL TO NEW MEXICO.**

**ALLOCATION OF NONBUSINESS INCOME**

|  | Column 1<br>Total Federal Income | Column 2<br>New Mexico Income |
|--|----------------------------------|-------------------------------|
| 1. Wages, salaries, tips, etc. If non-resident military personnel, see PIT-B instructions. 1a <input type="checkbox"/> | 49,365                           |                               |
| 2. Interest and dividends. Include difference from Schedule PIT-ADJ, line 1 minus line 6.                              | 9,289                            |                               |
| 3. Pensions, annuities, social security, and lump-sum distributions  |                                  |                               |
| 4. Rents and royalties   |                                  |                               |
| 5. Gains or losses from the sale or exchange of property   | 604                              | -5,773                        |
| 6. Income or losses from pass-through entities   | 15,239                           | 136,030                       |
| 7. All other income not included in lines 1 through 6 and line 8   |                                  |                               |

**APPORTIONMENT OF BUSINESS AND FARM INCOME (For line 8. If none, go to line 9.)**

|   |        |            |
|---|--------|------------|
| 8. Business and farm income. To determine the amount for Column 2, complete worksheet PIT-B, page 2. See the instructions   |        |            |
| 9. <b>ADD</b> lines 1 through 8 and enter the amount here   | 74,497 | 130,257    |
| 10. Federal adjustments to income. In Column 1, enter the figure from federal Schedule 1, line 22. For Column 2, see the PIT-B instructions   | 1,223  | 1,223      |
| 11. Total income. Line 9 minus line 10. <b>Column 1 must be equal to or greater than Federal Adjusted Gross Income (Form PIT-1, line 9)</b> If non-resident military personnel, see the PIT-B instructions. | 73,274 | 129,034    |
| 12. <b>DIVIDE</b> the amount on line 11, Column 2 by the amount on line 11, Column 1, showing 4 decimal places. (Cannot be less than zero. If greater than 1, enter 100.0000.)                              |        | 100.0000 % |
| 13. Using the tax rate tables, find the tax applicable to PIT-1, line 17. If an amount for tax on lump-sum distributions is shown on PIT-1, line 19, add it to the tax and enter the result here            |        | 0          |
| 14. <b>MULTIPLY</b> line 12 by line 13. Enter the amount here and on PIT-1, line 18, and then in the box on PIT-1, line 18a, mark <b>B</b> to indicate the tax came from PIT-B                              |        | 0          |

EILEEN T. HIGGINS

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RPD- **RECEIVED** WORKSHEET 2, FOR COLUMNS 3 AND 4 STATEMENT 1

COMPUTING THE NET INCOME BEFORE NM NOL IS APPLIED AND THE LOSS USED IN THE CURRENT TAX YEAR.

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FROM PIT-1:

- 1. ENTER THE FD AGI, REPORTED ON FORM PIT-1, LINE 9 -95,738.
- 2. ENTER THE AMOUNT OF STATE AND LOCAL INCOME OR GENERAL SALES TAX DEDUCTION ON FORM PIT-1, LINE 10
- 3. ENTER THE ADDITIONS TO FEDERAL INCOME FROM FORM PIT-1, LINE 11 169,012.
- 4. ENTER THE ITEMIZED OR STANDARD DEDUCTION AMOUNT REPORTED ON FORM PIT-1, LINE 1 12,200.
- 5. ENTER THE FEDERAL EXEMPTION AMOUNT REPORTED ON FORM PIT-1, LINE 13
- 6. ENTER THE TAXABLE REFUNDS, CREDITS OR OFFSETS OF STATE AND LOCAL INCOME TAXES, REPORTED ON SCHEDULE PIT-ADJ, LINE 20 0.
- 7. ENTER THE SUM OF LINES 1, 2, 3, LESS THE SUM OF LINES 4 THROUGH 6, BUT NOT BELOW ZERO. THIS IS THE NET INCOME BEFORE THE NM NOL IS APPLIED. ENTER IN COLUMN 3. 61,074.
- 8. ENTER THE SUM OF PRIOR YEAR NM NOL CARRYFORWARD AVAILABLE 164,002.
- 9. ENTER THE LESSER OF LINES 7 AND 8. THIS IS THE EXCLUDABLE NM NOL CARRYFORWARD AMOUNT. ALSO ENTER THIS AMOUNT IN LINE 1, AT THE BOTTOM OF COLUMN 4 61,074.

NM PIT-B INCOME OR LOSSES FROM PASS-THROUGH ENTITIES STATEMENT 2

| DESCRIPTION                           | AMOUNT   |
|---------------------------------------|----------|
| LOBOS NARANJOS, LLC                   | 113,977. |
| THREE LOBOS, LLC                      | 22,053.  |
| TOTAL TO FORM PIT-B, LINE 6, COLUMN 2 | 136,030. |