

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			413.

TOTAL TO FORM 1116, PART III, LINE 10

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

ATNOLD LIMITATION:

- 2A. SUM OF FORM 6251, LINES 1 - 3 WITHOUT LINE 2D AND TREATING LINE 2F AS ZERO
- 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-)
- 3A. SMALLER OF LINE 1B OR 90% OF LINE 2C
- B. SMALLER OF LINE 1A OR LINE 2C MINUS 3A
- C. LINE 3A PLUS LINE 3B. TOTAL TO FORM 6251, LINE 2F
- | | |
|---------|---------|
| 70,536. | |
| 70,536. | |
| | 63,482. |
| | 63,482. |

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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 STATEMENT 16
CARRYOVER/CARRYBACK

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 STATEMENT 18
FOREIGN DIVIDEND INCOME

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 STATEMENT 19
FOREIGN TRUST/ESTATE INCOME

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 STATEMENT 20
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

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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2019 TAX RETURN FILING INSTRUCTIONS**NEW MEXICO INCOME TAX RETURN****FOR THE YEAR ENDING****DECEMBER 31, 2019**

Prepared for	EILEEN T. HIGGINS [REDACTED] MIAMI, FL 33132
Prepared by	CLIFTONLARSONALLENLLP 6501 AMERICAS PARKWAY NE, SUITE 500 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

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ELECTIONS DEPARTMENT

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

State of New Mexico Taxation and Revenue Department

PIT-8453**INDIVIDUAL INCOME TAX DECLARATION FOR
ELECTRONIC FILING AND TRANSMITTAL****2019**

For the year January 1 - December 31, 2019

Your first name and middle initial EILEEN T.	Last name HIGGINS	Social security number *** - ** -	<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

[REDACTED] **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.)

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

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

967091 11-03-19

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.



1a Print your name (first, middle, last) EILEEN T. HIGGINS 2a Print your spouse's name (first, middle, last). If married filing separately, include spouse.	SOCIAL SECURITY NUMBER 1b ***-**-**** 2b	Blind 1c <input type="checkbox"/> 2c <input type="checkbox"/>	Age 65 or over 1d <input type="checkbox"/> 2d <input type="checkbox"/>	Residency status 1e N 2e	Taxpayer's date of birth 1f 06/30/1964 Spouse's date of birth 2f
3a <input type="checkbox"/> If the address is new or changed, mark this box. Mailing Address (Number and street) 3b City State Postal/ZIP Code 3c MIAMI FL 33132 If foreign address, enter country Foreign province and/or state 3d	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. 4a Name 4b SSN				If taxpayer or spouse died before this return is filed, enter 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)

EXTENSION OF TIME TO FILE.
 6a ☐ 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 Last name	Column 2 Dependent's SSN	Column 3 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 if that person is not counted as a qualified dependent on your federal return.)

(4a) ☐ (5) Qualifying widow(er) with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 8b)	9	95,738
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.	10	+
11. Total Additions to federal adjusted gross income (PIT-ADJ, line 5). Attach PIT-ADJ.	11	169,012
12. Federal standard or itemized deduction amount (from federal Form 1040, line 9)	12	- 12,200
12a. If you itemized, mark the box 12a <input type="checkbox"/>		
13. Deduction for certain dependents. See the worksheet in the instructions	13	-
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions	14	- 2,500
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). Attach PIT-ADJ.	15	- 63,625
16. Medical care expense deduction. See PIT-1 instructions. You must complete both lines 16 and 16a or the deduction will be denied.	16	-
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.	17	=
18. New Mexico tax on amount on line 17 or from PIT-B, line 14 18a. From Rate Table = R. From PIT-B, line 14 = B. 18a B	18	0
19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions.	19	+
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	20	-
21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR	21	-
22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero	22	=

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.

Continue on the next page.

2019 PIT-1 (page 2)

NEW MEXICO PERSONAL INCOME TAX RETURN

1

YOUR SOCIAL SECURITY NUMBER

-**-*



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.3 Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Choose one. Mark X by your choice.	RE.4 YES <input type="checkbox"/> NO <input type="checkbox"/>
RE.2 Account number:			

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

(If filing jointly, BOTH must sign even if only one had income.)

Taxpayer's phone number **3053335399**

Taxpayer's email address

Paid preparer's use only:

LINDA M SEDILLO GONZALE

Signature of preparer Date

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.

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Purpose of this form	Page
<p>Use this form to calculate your excludable New Mexico net operating loss (NM NOL) carryforward 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. If you are reporting an NM NOL deduction from a carryforward on Schedule PIT-ADD, line 7, file this RPD-41369 schedule with New Mexico 2019 Form PIT-1, Personal Income Tax Return.</p>	<p>Col 6</p>

to report more than five years of NM NOL, use the Supplemental Carryover Worksheet to Form PIT-1, Personal Income Tax Return, to report more than five years of NM NOL. For more information, see the instructions for Form PIT-1, line 7, file this RPD-41369 schedule with New Mexico 2019 Form PIT-1.

Page 01

[illegible]

Subtotal page 1. +	61,074.	Enter the sum of column 4 from page 1 of this schedule.
Total Additional. +		Enter the sum of column 4 from all pages of this schedule.
Line 1. STMT	1 61,074.	<p>Loss used during 2019 tax year. Enter the sum of column 4, Subtotal page 1 plus Total Additional.</p> <p>Line 1 must equal line 9 from Worksheet 2. This amount is also entered on Schedule PIT-ADJ, line 7.</p>

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 amount. 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 PIT-ADJ**NEW MEXICO SCHEDULE OF ADDITIONS,
DEDUCTIONS, AND EXEMPTIONS**

1

We cannot accept statements instead of this schedule.

Print your name (first, middle, last)

EILEEN T. HIGGINS

YOUR SOCIAL SECURITY NUMBER

-**-*

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. TOTAL ADDITIONS. 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. Attach Form RPD-41369. | + | 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. Attach Forms RRB-1099 and RRB-1099-R. | + | 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 must mark the boxes to claim your exemption. | + | 11 | |
| 11a. 100 or older <input type="checkbox"/> 11b. Spouse 100 or older <input type="checkbox"/> | | | |
| 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. TOTAL DEDUCTIONS AND EXEMPTIONS. Add lines 6 through 21. Enter here and on Form PIT-1, line 15 ... | = | 22 | 63,625 |

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TREASURER'S DEPARTMENT

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

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

EIN: _____

1. Your adjusted basis at the end of the prior year. Do not enter less than zero.
 Enter -0- if this is your first tax year 1. 64,362.
 Increases:
2. Money and your adjusted basis in property contributed to the partnership less
 the associated liabilities (but not less than zero) 2. 127,000.
3. Your increased share of or assumption of partnership liabilities (Subtract your share of
 liabilities shown in Item K of your 2018 Schedule K-1 from your share of liabilities
 shown in Item K of your 2019 Schedule K-1 and add the amount of any partnership
 liabilities you assumed during the tax year) (but not less than zero) 3. 31,513.
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by
 any amount included in interest income with respect to the credit to holders of clean renewable
 energy bonds 4. _____
5. Any gain recognized this year on contributions of property. Do not include gain from
 transfer of liabilities 5. 0.
6. Your share of the excess of the deductions for depletion (other than oil and gas
 depletion) over the basis of the property subject to depletion 6. _____
 Decreases:
7. Withdrawals and distributions of money and the adjusted basis of property distributed
 to you from the partnership. Do not include the amount of property distributions
 included in the partner's income (taxable income) 7. 28,100.
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of
 your partnership interest immediately before the distribution.
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities
 because they were assumed by the partnership. (Subtract your share of liabilities shown in
 item K of your 2019 Schedule K-1 from your share of liabilities shown in item K of your 2018
 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed
 during the tax year (but not less than zero)) 8. _____
9. Your share of the partnership's nondeductible expenses that are not capital
 expenditures 9. 1,324.
10. Your share of the partnership's losses and deductions (including capital losses).
 However, include your share of the partnership's section 179 expense deduction for
 this year even if you cannot deduct all of it because of limitations 10. 121,685.
11. The amount of your deduction for depletion of any partnership oil and gas property,
 not to exceed your allocable share of the adjusted basis of that property 11. _____
12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6
 and subtract lines 7 through 11 from the total. If zero or less, enter -0-) 12. 71,866.

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

919051 01-21-20

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

1

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

YOUR SOCIAL SECURITY NUMBER
*** - ** -

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 _____
C. From _____ D. 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.

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

- Wages, salaries, tips, etc. If non-resident military personnel, see PIT-B instructions. 1a ☐
- Interest and dividends. Include difference from Schedule PIT-ADJ, line 1 minus line 6.
- Pensions, annuities, social security, and lump-sum distributions
- Rents and royalties
- Gains or losses from the sale or exchange of property
- Income or losses from pass-through entities
- All other income not included in lines 1 through 6 and line 8

	Column 1 Total Federal Income	Column 2 New Mexico Income
1	49,365	
2	9,289	
3		
4		
5	604	5,773
6	15,239	136,030
7		

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

- Business and farm income. To determine the amount for Column 2, complete worksheet PIT-B, page 2. See the instructions

8		
9	74,497	130,257

- ADD lines 1 through 8 and enter the amount here

10	1,223	1,223
----	-------	-------

- Federal adjustments to income. In Column 1, enter the figure from federal Schedule 1, line 22. For Column 2, see the PIT-B instructions

11	73,274	129,034
----	--------	---------

- Total income. Line 9 minus line 10. **Column 1 must be equal to or greater than Federal Adjusted Gross Income (Form PIT-1, line 9)**
If non-resident military personnel, see the PIT-B instructions.

12 100.0000 %

- DIVIDE 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.)
- 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

13 0

- MULTIPLY 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 to indicate the tax came from PIT-B

14 0

EILEEN T. HIGGINS

RPD-41369

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.

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

LOBOS NARANJOS, LLC
THREE LOBOS, LLC

TOTAL TO FORM PIT-B, LINE 6, COLUMN 2

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AMOUNT
33,977.
22,053.
136,030.

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications.
When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

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ELECTIONS DEPARTMENT

Tax Return Carryovers to 2020

NAME: EILEEN T. HIGGINS

ID Number:

Disallowing Form	Description	Originating Form	Entity/Activity	SU City	Amount
1040	NOL C/O FROM 2017	1040			107,938.
SCH A	2019 CONTRIBUTIONS - 60% LIMIT	SCH A			875.
SCH A	2018 CONTRIBUTIONS - 50% LIMIT	SCH A			2,811.
SCH A	2017 CONTRIBUTIONS - 50% LIMIT	SCH A			1,325.
SCH A	2016 CONTRIBUTIONS - 50% LIMIT	SCH A			2,293.
SCH A	2015 CONTRIBUTIONS - 50% LIMIT	SCH A			650.
1116	GENERAL LIMITATION INC C/O FROM 2016	1116			413.
1116	PASSIVE INC C/O FROM 2017	1116			328.
1116	PASSIVE INC C/O FROM 2018	1116			547.
1116	PASSIVE INC C/O FROM 2019	1116			188.
1116AMT	GENERAL LIMITATION INC C/O FROM 2016	1116 AMT			413.
1116AMT	PASSIVE INC C/O FROM 2017	1116 AMT			328.
1116AMT	PASSIVE INC C/O FROM 2018	1116 AMT			547.
1116AMT	PASSIVE INC C/O FROM 2019	1116 AMT			188.
4797	2019 SEC 1231 LOSSES SUBJECT TO RECAPTURE RULES	4797			5,778.
6251	AMT NOL C/O FROM 2017	1040			82,574.
6251	AMT 2019 CONTRIBUTIONS - 60% LIMIT	SCH A			875.
6251	AMT 2018 CONTRIBUTIONS - 50% LIMIT	SCH A			2,811.
6251	AMT 2017 CONTRIBUTIONS - 50% LIMIT	SCH A			1,325.
6251	AMT 2016 CONTRIBUTIONS - 50% LIMIT	SCH A			2,293.
6251	AMT 2015 CONTRIBUTIONS - 50% LIMIT	SCH A			650.
RPD41369	NOL C/O FROM 2017	RPD41369		NM	102,928.

912541 04-01-19

10470514 099347 069-00169200 2019.03050 HIGGINS, EILEEN

069-0WK1

Two-Year Comparison Worksheet

2019

Name(s) as shown on return

Social security number

EILEEN T. HIGGINS

2018 Filing Status SINGLE

2019 Filing Status SINGLE

2018 Tax Bracket 0.0%

2019 Tax Bracket 0.0%

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

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

EILEEN T. HIGGINS

MIAMI, FL 33132

DEAR EILEEN:

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

2019 U.S. INDIVIDUAL INCOME TAX RETURN

2019 NEW MEXICO INDIVIDUAL INCOME TAX RETURN

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

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

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

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

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

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SINCERELY,

LINDA M. SEDILLO GONZALES, EA
SIGNING DIRECTOR, TAX

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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2019 TAX RETURN FILING INSTRUCTIONS**U.S. INDIVIDUAL INCOME TAX RETURN**

FOR THE YEAR ENDING
DECEMBER 31, 2019

Prepared for	EILEEN T. HIGGINS [REDACTED] MIAMI, FL 33132								
Prepared by	CLIFTON LARSON ALLEN LLP 6501 AMERICAS PARKWAY NE, SUITE 500 ALBUQUERQUE, NM 87110								
Amount of tax	<table> <tr> <td>Total tax</td><td>\$ 2,446</td></tr> <tr> <td>Less: payments and credits</td><td>\$ 17,590</td></tr> <tr> <td>Plus: interest and penalties</td><td>\$ 0</td></tr> <tr> <td>OVERPAYMENT</td><td>\$ 15,144</td></tr> </table>	Total tax	\$ 2,446	Less: payments and credits	\$ 17,590	Plus: interest and penalties	\$ 0	OVERPAYMENT	\$ 15,144
Total tax	\$ 2,446								
Less: payments and credits	\$ 17,590								
Plus: interest and penalties	\$ 0								
OVERPAYMENT	\$ 15,144								
Overpayment	<table> <tr> <td>Miscellaneous Donations</td><td>\$ 0</td></tr> <tr> <td>Credited to your estimated tax</td><td>\$ 0</td></tr> <tr> <td>Refunded to you</td><td>\$ 15,144</td></tr> </table>	Miscellaneous Donations	\$ 0	Credited to your estimated tax	\$ 0	Refunded to you	\$ 15,144		
Miscellaneous Donations	\$ 0								
Credited to your estimated tax	\$ 0								
Refunded to you	\$ 15,144								
Make check payable to	NOT APPLICABLE								
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. AFTER REVIEWING THE RETURN, PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.								
Return must be mailed on or before	NOT APPLICABLE								
Special Instructions	<p>YOUR REFUND WILL BE DEPOSITED DIRECTLY INTO YOUR ACCOUNT ENDING IN [REDACTED] REFER TO FORM 1040 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.</p> <p>DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS. IF AFTER THREE WEEKS YOU HAVE NOT RECEIVED YOUR REFUND, YOU MAY CONTACT THE IRS AT 1-800-829-4477.</p>								

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

(Keep for your records.)

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

EIN:

1. Your adjusted basis at the end of the prior year. Do not enter less than zero.

Enter -0- if this is your first tax year

1. 28,720.

Increases:

2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)

2. _____

3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2018 Schedule K-1 from your share of liabilities shown in Item K of your 2019 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)

3. 44.

4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds

4. 25,022.

5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities

5. _____

6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion

6. _____

Decreases:

7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)

7. 26,000.**Caution:** A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.

8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2019 Schedule K-1 from your share of liabilities shown in item K of your 2018 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))

8. _____

9. Your share of the partnership's nondeductible expenses that are not capital expenditures

9. 152.

10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations

10. _____

11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property

11. _____

12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)

12. 27,634.**Caution:** The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

919051 01-21-20

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

(Keep for your records.)

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

EIN: _____

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

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

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

(Keep for your records.)

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

EIN: _____

1. Your adjusted basis at the end of the prior year. Do not enter less than zero.

Enter -0- if this is your first tax year 1. 64,362.

Increases:

2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)

2. 127,000.

3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2018 Schedule K-1 from your share of liabilities shown in Item K of your 2019 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)

3. 31,513.

4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds

4. _____

5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities

5. _____

6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion

6. _____

Decreases:

7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)

7. 28,000.**Caution:** A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.

8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2019 Schedule K-1 from your share of liabilities shown in item K of your 2018 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))

8. _____

9. Your share of the partnership's nondeductible expenses that are not capital expenditures

9. 1,324.

10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations

10. 121,685.

11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property

11. _____

12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.)

12. 71,866.**Caution:** The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

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

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 Enter -0- if this is your first tax year 1. 28,720.
- Increases:
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 energy bonds 4. 25,022.
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 ELECTIONS DEPARTMENT

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

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EIN: _____

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 energy bonds 4. 113,977.
5. Any gain recognized this year on contributions of property. Do not include gain from
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6. Your share of the excess of the deductions for depletion (other than oil and gas
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 Decreases:
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9. Your share of the partnership's nondeductible expenses that are not capital
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11. The amount of your deduction for depletion of any partnership oil and gas property,
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919051 01-21-20

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

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

EIN:

- | | |
|--|---------------------|
| 1. Your adjusted basis at the end of the prior year. Do not enter less than zero.
Enter -0- if this is your first tax year | 1. <u>64,362.</u> |
| Increases: | |
| 2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero) | 2. <u>127,000.</u> |
| 3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2018 Schedule K-1 from your share of liabilities shown in Item K of your 2019 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero) | 3. <u>31,513.</u> |
| 4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds | 4. _____ |
| 5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities | 5. <u>0.</u> |
| 6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion | 6. _____ |
| Decreases: | |
| 7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income) | 7. <u>28,000.</u> |
| Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution. | |
| 8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2019 Schedule K-1 from your share of liabilities shown in item K of your 2018 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero)) | 8. _____ |
| 9. Your share of the partnership's nondeductible expenses that are not capital expenditures | 9. <u>1,324.</u> |
| 10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations | 10. <u>121,685.</u> |
| 11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property | 11. _____ |
| 12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.) | 12. <u>71,866.</u> |

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

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

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

EIN: _____

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

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Shareholder Debt Basis Worksheet	
Name of Entity: INSIDE THE GLASS, INC.	EIN:

Debt Basis

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

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

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

EIN:

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

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Shareholder Debt Basis Worksheet

Name of Entity:

EIN:

INSIDE THE GLASS, INC.

Debt Basis

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

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EILEEN T. HIGGINS

S-CORP BASIS WORKSHEET ALLOCATION OF ALLOWABLE LOSSES STATEMENT 1

INSIDE THE GLASS, INC.

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

S-CORP BASIS WORKSHEET DECREASES IN BASIS STATEMENT 2

INSIDE THE GLASS, INC.

DESCRIPTION

AMOUNT

LIQUIDATING DISTR RECD - SCH D

5,211.

INCLUDED IN BASIS WORKSHEET, LINE 6 OR 7

5,211.

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Form

8879Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

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

OMB No.

2019

Submission Identification Number (SID) ▶

Social security number

-**-*

Spouse's social security number

Taxpayer's name

EILEEN T. HIGGINS

Spouse's name

Part I Tax Return Information - Tax Year Ending December 31, 2019 (Whole dollars only)

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

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

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

Taxpayer's PIN: check one box only

☒ I authorize CLIFTONLARSONALLEN LLP to enter or generate my PIN

ERO firm name

as my signature on my tax year 2019 electronically filed income tax return.

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

Your signature ▶

Date ▶

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN

ERO firm name

as my signature on my tax year 2019 electronically filed income tax return.

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

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

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

ERO's signature ▶ LINDA M SEDILLO GONZALES, EA

Date ▶

919995 01-13-20

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form 8879 (2019)

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

1

069-0WK1

10470514 099347 069-00169200 2019.03050 HIGGINS, EILEEN

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FEDERAL RESERVE BANK
WASHINGTON, DC 20540
Enter five digits, but don't enter all zeros

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

ERO Declaration

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

ERO Signature

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

ERO's PIN

(enter EFIN plus 5 self-selected numerics)

**Taxpayer Declarations
Perjury Statement**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Consent to Disclosure

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

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

Taxpayer's PIN: _____

Date 05142020

Spouse's PIN: _____

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ELECTIONS DEPARTMENT

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

Department of the Treasury - Internal Revenue Service

Form **W-2** Wage and Tax
Statement**2019**Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

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ELECTIONS DEPARTMENT

Form **1040** U.S. Individual Income Tax Return **2019** OMB No. IRS Use Only - Do not write or staple in this space.

Department of the Treasury - Internal Revenue Service (99)

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial **EILEEN T.** Last name **HIGGINS** Your social security number ***-**-****

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **3909** Presidential Election Campaign

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

MIAMI, FL 33132 Foreign province/state/county Foreign postal code If more than four dependents, see instructions and ✓ here ☐

Foreign country name

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

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

Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see instructions): Child tax credit Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2. **STMT 3** 1 49,365.

2a Tax-exempt interest 2a 2,754. 2b Taxable interest. Attach Sch. B if required. 2b 219.

3a Qualified dividends 3a 5,339. 3b Ordinary dividends. Attach Sch. B if required. 3b 6,316.

4a IRA distributions 4a 4b Taxable amount 4b

4c Pensions and annuities 4c 4d Taxable amount 4d

5a Social security benefits 5a 5b Taxable amount 5b 6,377.

6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 6 -156,792.

7a Other income from Schedule 1, line 9 7a -94,515.

b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** 7b 1,223.

8a Adjustments to income from Schedule 1, line 22 8a -95,738.

b Subtract line 8a from line 7b. This is your **adjusted gross income** 8b 12,200.

9 Standard deduction or itemized deductions (from Schedule A) 9 12,200.

10 Qualified business income deduction. Attach Form 8995 or Form 8995-A 10

11a Add lines 9 and 10 11a 0.

b Taxable income. Subtract line 11a from line 8b. 11b

If zero or less, enter -0-

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2019)

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ELECTIONS DEPARTMENT

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

12a Tax (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ 12a 0.

12b 0.

b Add Schedule 2, line 3, and line 12a and enter the total

13a Child tax credit or credit for other dependents

13b 0.

b Add Schedule 3, line 7, and line 13a and enter the total

14 Subtract line 13b from line 12b. If zero or less, enter -0-

15 Other taxes, including self-employment tax, from Schedule 2, line 10

16 Add lines 14 and 15. This is your **total tax**

17 Federal income tax withheld from Forms W-2 and 1099

18 Other payments and refundable credits:

a Earned income credit (EIC)

b Additional child tax credit. Attach Schedule 8812

c American opportunity credit from Form 8863, line 8

d Schedule 3, line 14

e Add lines 18a through 18d. These are your **total other payments and refundable credits**

18e 13,610.

19 Add lines 17 and 18e. These are your **total payments**

19 17,590.

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**

20 15,144.

21a Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ☐

21a 15,144.

21b Routing number

21c Type: ☒ Checking ☐ Savings

21d Account number *****

22 Amount of line 20 you want **applied to your 2020 estimated tax**

22

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions

23

24 Estimated tax penalty (see instructions)

24

Refund

Amount You Owe

Third Party Designee (Other than paid preparer)

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

Yes. Complete below.

No

Designee's name

Phone no.

Personal identification number (PIN)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. 3053335399

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☒ 3rd Party Designee

☐ Self-employed

Firm's name

Firm's address

Phone no.

Firm's EIN

CLIFTONLARSONALLEN LLP

6501 AMERICAS PARKWAY NE, SUITE 500

ALBUQUERQUE, NM 87110

(505) 842-8290

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

Form 1040 (2019)

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ELECTIONS DEPARTMENT

SCHEDULE 1
(Form 1040 or 1040-SR)**Additional Income and Adjustments to Income**

OMB No.

2019Attachment
Sequence No. **01**Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.Your social security number
*** - ** - *

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

EILEEN T. HIGGINSAt any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶	3	
3	Business income or (loss). Attach Schedule C	4	-5,773.
4	Other gains or (losses). Attach Form 4797	5	15,239.
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	6	
6	Farm income or (loss). Attach Schedule F	7	
7	Unemployment compensation	8	-166,258.
8	Other income. List type and amount NOL DEDUCTION FOR 2019	9	-156,792.
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a		

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	1,223.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN	19	
c	Date of original divorce or separation agreement (see instructions) ▶	20	
19	IRA deduction	21	
20	Student loan interest deduction	22	1,223.
21	Tuition and fees. Attach Form 8917		
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a		

Schedule 1 (Form 1040 or 1040-SR) 2019

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