			***-**-	
DocuSign Envelope ID: 3E344	-85-2D57-446E-924A-5260920D342E			_
EILEEN T. HIG	FOREIGN TAX CREDIT CARRYOVER / (	CARRYBACK S	STATEMENT	12
FORM 1116	FOREIGN TAX CREDIT CARRIOT			

GENERAL LIMITATION INCOME	TOTAL FO	KETON	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2018 FOREIGN TAX CREDIT 2017 FOREIGN TAX CREDIT 2016 FOREIGN TAX CREDIT 2015 FOREIGN TAX CREDIT 2014 FOREIGN TAX CREDIT 2013 FOREIGN TAX CREDIT 2012 FOREIGN TAX CREDIT 2011 FOREIGN TAX CREDIT 2010 FOREIGN TAX CREDIT 2010 FOREIGN TAX CREDIT 2010 FOREIGN TAX CREDIT 2010 FOREIGN TAX CREDIT TOTAL TO FORM 1116, PART III	2019	0. 0. 413. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.	0. 413. 0. 0. 0. 0. 0. 0. 0. 0. 413.
TOTAL TO POSSE		450		13

TOTAL TO FORM		STATEMENT	13
	LOSS LIMITATIONS	SIAIDI	
FORM 6251	(LOSS)		

LOSS I	IMITATIONS		
FORM 6251	NET INCOME (LO	GULAR	ADJUSTMENT
NAME OF ACTIVITY  INSIDE THE GLASS, INC. SCH E  TOTAL TO FORM 6251, LINE 2N	-2,075.	-2,073	2,00

EILEEN T. HIGGINS	
FORM 6251 ALTERNATIVE MINIMUM TAX NOL LIMITATION	STATEMENT 14
FORM 6251 ALTERNATIVE MINIMON 1	
1A. ATNOL CARRYFORWARDS AND CARRYBACKS ATTRIBUTABLE TO	
QUALIFIED DISASTER LOSSES  B. ATNOL CARRYFORWARDS AND CARRYBACKS OTHER THAN THOSE	156,056.
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  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	63,482.
C. LINE 3A PLUS LINE 3B. TOTAL TO FORM 6251, LINE 2F	63,482

YEAR OF CREDIT         TOTAL FOREIGN TAX CR CLAIMED           2018 ALT. MIN. TAX CREDIT         547.         0.           2017 ALT. MIN. TAX CREDIT         328.         0.           2016 ALT. MIN. TAX CREDIT         0.         0.           2015 ALT. MIN. TAX CREDIT         0.         0.           2014 ALT. MIN. TAX CREDIT         0.         0.           2013 ALT. MIN. TAX CREDIT         0.         0.           2012 ALT. MIN. TAX CREDIT         0.         0.           2011 ALT. MIN. TAX CREDIT         0.         0.           2011 ALT. MIN. TAX CREDIT         0.         0.	FORM 1	116	ALTERNATI'	JE MINIMUM T CARRYOVER/	AX FOREIGN CARRYBACK	TAX CRE	EDI.L.	STATEMENT	
2018 ALT. MIN. TAX CREDIT 2017 ALT. MIN. TAX CREDIT 2016 ALT. MIN. TAX CREDIT 2015 ALT. MIN. TAX CREDIT 2014 ALT. MIN. TAX CREDIT 2013 ALT. MIN. TAX CREDIT 2012 ALT. MIN. TAX CREDIT 2011 ALT. MIN. TAX CREDIT 328.  0. 0. 0. 0.				IATOT KAT	FOREIGN			BALANCE AVAILABLI	E
2010 ALT. MIN. TAX CREDIT 2009 ALT. MIN. TAX CREDIT FOREIGN TAX CR CARRYBACK TO 2019	2018 P 2017 P 2016 P 2015 P 2014 P 2013 P 2012 P 2011 P	ALT. MIN.	TAX CREDIT	2019	328. 0. 0. 0. 0. 0.		0. 0. 0. 0. 0.		547. 328. 0. 0. 0. 0. 0. 0. 0.

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FORM 1116 ALTERNATIVE MINIMUM TA CARRYOVER/C		FAX CREDIT	STATEMENT 16
GENERAL LIMITATION INCOME			
	FOREIGN S 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 2014 ALT. MIN. TAX CREDIT	0.	0.	0.
2013 ALT. MIN. TAX CREDIT	ő.	ő.	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 FOREIGN TAX CR CARRYBACK TO 2019	0.	0.	0.
FOREIGN TAX CK CARRIDACK TO 2019	(6)		
TOTAL TO FORM 1116 (AMT), PART III, LINE	10		413
DODY COOF OUR TETED DETM DIVI	DENIDO AND	DMD TATACANT	
	P 1		STATEMENT 1
NAME OF ENTITY/ACTIVITY	P 1	EIT DIVIDENDS	PTP INCOME
	R		
NAME OF ENTITY/ACTIVITY CHARLES SCHWAB & CO INC	R	EIT DIVIDENDS	
NAME OF ENTITY/ACTIVITY  CHARLES SCHWAB & CO INC FROM K-1 - EILEEN T HIGGINS 2012 TR 3426	RCE INCOME	EIT DIVIDENDS 110. 226. 336.	PTP INCOME
NAME OF ENTITY/ACTIVITY  CHARLES SCHWAB & CO INC FROM K-1 - EILEEN T HIGGINS 2012 TR 3426  TOTAL TO FORM 8995, LINE 6  FORM 1116  U.S. AND FOREIGN SOUR	RCE INCOME	EIT DIVIDENDS 110. 226. 336.	PTP INCOME
NAME OF ENTITY/ACTIVITY  CHARLES SCHWAB & CO INC FROM K-1 - EILEEN T HIGGINS 2012 TR 3426  TOTAL TO FORM 8995, LINE 6  FORM 1116  U.S. AND FOREIGN SOUR	RCE INCOME	EIT DIVIDENDS 110. 226. 336.	PTP INCOME  STATEMENT 18  STAT
NAME OF ENTITY/ACTIVITY  CHARLES SCHWAB & CO INC FROM K-1 - EILEEN T HIGGINS 2012 TR 3426  TOTAL TO FORM 8995, LINE 6  FORM 1116  U.S. AND FOREIGN SOUR FOREIGN DIVISOR	RCE INCOME	EIT DIVIDENDS 110. 226. 336.	PTP INCOME  STATEMENT 18  COMMAND 20  RECOMMAND 20  COMMAND 20  CO
NAME OF ENTITY/ACTIVITY  CHARLES SCHWAB & CO INC FROM K-1 - EILEEN T HIGGINS 2012 TR 3426  TOTAL TO FORM 8995, LINE 6  FORM 1116  U.S. AND FOREIGN SOUR FOREIGN DIVISOR	RCE INCOME	EIT DIVIDENDS 110. 226. 336.	PTP INCOME  TATEMENT 18  TOTAL NAME OF THE COME  TOTAL
NAME OF ENTITY/ACTIVITY  CHARLES SCHWAB & CO INC FROM K-1 - EILEEN T HIGGINS 2012 TR 3426  TOTAL TO FORM 8995, LINE 6  FORM 1116  U.S. AND FOREIGN SOUR FOREIGN DIVISOR	RCE INCOME	EIT DIVIDENDS 110. 226. 336.	PTP INCOME  STATEMENT 18  CENTRAL PROPERTY SPANNING SPANN
NAME OF ENTITY/ACTIVITY  CHARLES SCHWAB & CO INC FROM K-1 - EILEEN T HIGGINS 2012 TR 3426  TOTAL TO FORM 8995, LINE 6  FORM 1116  U.S. AND FOREIGN SOUR	RCE INCOME	EIT DIVIDENDS 110. 226. 336.	PTP INCOME  TATEMENT 18  TOTAL NAME OF THE COME  TOTAL

FORM 1116  U.S. AND FOREIGN SOURCE INCOME FOREIGN TRUST/ESTATE		STATEMENT	19
DESCRIPTION		TRUOMA	
EILEEN T HIGGINS 2012 TR 34260599		1,2	59.
TOTAL FOREIGN TRUST/ESTATE INCOME		1,2	59.
FORM 1116  U.S. AND FOREIGN SOURCE INCOME TOTAL PARTNERSHIP/S-CORPORATION		STATEMENT	20
DESCRIPTION	INCOME	LOSS	
THREE LOBOS, LLC LOBOS NARANJOS, LLC INSIDE THE GLASS, INC. TEXAS LOBOS, LLC	25,022. 113,977.	-2,0 -121,6	
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	138,999.	-123,7	60.

NOL NONBUSINESS INCOME	STATEMENT 21
DESCRIPTION	TUUOMA
TAXABLE INTEREST - 1040, LINE 2B ORDINARY DIVIDENDS - 1040, LINE 3B PARTNERSHIPS & S-CORPS - SCH E PG 2, LINE 32 BUSINESS INCOME FROM ACTIVITY - 2 BUSINESS INCOME FROM ACTIVITY - 3 BUSINESS INCOME FROM ACTIVITY - 4 BUSINESS INCOME FROM ACTIVITY - 5	219. 6,316. 15,239. -25,022. -113,977. 2,075. 121,685.
TOTAL TO NOL SCHEDULE A, LINE 7 (NEGATIVE AMT IS LIMITED TO 0	6,535.

RECEIVED 2020 MAY 29 PH 2: 35 MIAMINDARE COUNTY

#### 2019 TAX RETURN FILING INSTRUCTIONS

NEW MEXICO INCOME TAX RETURN

#### FOR THE YEAR ENDING

**DECEMBER 31, 2019** 

Prepared for	EILEEN T. HIGGINS
	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 PERD. 200 MAY 29 PM 200 MAY 29 PM 200 PAR

State of New Mexico Taxation and Revenue Department ACD - 31012 (2019) Rev. 07/20/2019 INDIVIDUAL INCOME TAX DECLARATION FOR 2019 ELECTRONIC FILING AND TRANSMITTAL PIT-8453 For the year January 1 - December 31, 2019 RESIDENCY Social security number Last name Your first name and middle initial STATUS \*\*\*\_\*\*\_ HIGGINS EILEEN T. Social security number RESIDENCY Last name Spouse's first name and middle initial STATUS Your mailing address, city, state, and ZIP code FL 33132 MIAMI, (3) Married filing separately (Enter spouse's name and social security number.) FILING STATUS (Check one) (4) Head of household (Enter name of person who qualifies you as head of household X (1) Single if that person is not counted as a qualified exemption on your federal return.) (2) Married filing jointly (5) Qualifying widow(er) TAX RETURN INFORMATION (WHOLE DOLLARS ONLY) PART I -95738 1. Federal Adjusted Gross Income (PIT-1 return, line 9) 2. Net New Mexico Income Tax (PIT-1 return, line 22) Total Payments and Credits (PIT-1 return, line 32) 4. 4. Tax Due (PIT-1 return, line 33) 5. Overpayment (PIT-1 return, line 39) DECLARATION OF TAXPAYER PART II 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 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 Spouse's signature (If joint return, BOTH MUST sign.) HERE Your signature DECLARATION OF PREPARER/TRANSMITTER (if applicable) PART III 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, NM CRS identification number (if applicable) Preparer's PTIN Check if self-employed Firm's name (or yours, if self-employed) CLIFTONLARSONALLEN LLP

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

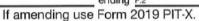
Address (number, street, city, and state)

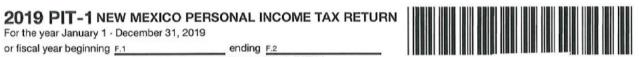
ZIP code

87110

6501 AMERICAS PARKWAY NE, SUITE 500, ALBUQUERQUE, NM

or fiscal year beginning F.1





				A 65	Danislanau	
Pr	int your name (first, middle, last)		SOCIAL SECURITY NUME		Residency status	Taxpayer's date of birth
1a E	ILEEN T. HIGGINS		1b ***_**_	71d 1d 1d	N 1	06/30/1964
Pr	int your spouse's name (first, middle, last). If married fil	ing separately, include spouse.			A	Spouse's date of birth
2a			2b	2d 2d 2d	2	f
_	_		4, If a deceased taxpayer's ref	und must If taxpaye	or spouse	Taxpayer's date of death
3a	If the address is new or changed, mark this box.		be made payable to a perso than the taxpayer or spouse	named return is fi	led, enter 4	С
М	ailing Address (Number and street)		on this return, enter below t and social security number	he name date of de	ath.	Spouse's date of death
3b		State Postal/ZIP Code	person, You must also attac RPD-41083.		4	d
	TAMT	FL 33132			Γ	Residency status: For taxpayer
	IAMI foreign address, enter country   Foreign province and		4a Name	Anti-trees. Take		and spouse (1e and 2e), enter: R if RESIDENT
30			4b			N if NON-RESIDENT
_	01   EXEMPTIONS: Taxpayer, spouse, dep		2214	Villa III		F if FIRST-YEAR RES. P if PART-YEAR RES.
	reported on federal Form 1040. If you are a another taxpayer, enter 00. (See instructions		LOST THE PARTY OF	THE REST		
	EXTENSION OF TIME TO FILE.		- Alleria	A		
6a	If you have a federal or state extension mark the box and enter the extension	date. 66		7. FILING	STATUS.	Mark only one box.
Г	B. DEPENDENTS AND OTHER DEPE You must report the first 5 dependents and other dependents.	NDENTS. As listed on you	our federal return.	X (1) Single		825
-	Column 1	Column 2	Column 3	(2) Married	filing join	tly
First	name Last name	Dependent's SSN	Date of birth (MM/DD/CCYY)	(3) Married	filing sep	arately (Enter spouse's name in 2a and 2b.)
_					20 CO 40 CO 20 CO 20 CO 20 CO	10000 C C C C C C C C C C C C C C C C C
_			400 11 41	qualifying you	s head of ho	old (Enter name of person usehold if that person is not
$\vdash$		- //	40 100		valified deper	ndent on your federal return.)
_		450	100 /2	(4a) Ouglify	na widow	en with dependent child
_		A 10	V. S. 187	(5) Quality	rig widge	P 2 THE
9.	FEDERAL ADJUSTED GROSS INCOM	E. (from federal Form 104	0 or 1040SR, line 8b)		9	95,738
		Villa				10 10
10.	If you itemized your federal deduction are federal Form 1040, Schedule A, line 5a.	nount, enter the amount of See the worksheet in the i	of state and local tax dedu instructions	ction claimed on	+ 10	00 /
		6				70 3 ITI
11.	Total Additions to federal adjusted gross	income (PIT-ADJ, line 5).	Attach PIT-ADJ		+ 11	52 163,012
		10.47	THE STREET CHARLES AND ADDRESS OF THE STREET		i i	192200
12.	Federal standard or itemized deduction a				- 12	而之 125200
40	12a. If you itemized, mark the box				- 13	
13.	Deduction for certain dependents. See t	ne worksheet in the instru	ictions	***************************************	13	
14	New Mexico low- and middle-income tax	evenntion See PIT.1 inc	tructions		- 14	2,500
14.	New Mexico low- and middle-income tax	exemption. See FIFT IIIS	tractions		141	
15.	Total Deductions and Exemptions from f	ederal income (PIT-ADJ, li	ne 22). Attach PIT-ADJ.		- 15	63,625
	Albania V					
16.	Medical care expense deduction. See Pl	T-1 instructions.			- 16	
	You must complete both lines 16 and 16a or the dedu	ction will be denied.				
	16a. Unreimbursed and uncompensated		35/00/07/05/07/95 1 <del>0/2</del>		_	
17.	NEW MEXICO TAXABLE INCOME. Add	d lines 9, 10 and 11, then	subtract lines 12, 13, 14, 1	15 and 16	= 17	
	Cannot be less than zero.				100	0
	New Mexico tax on amount on line 17 or				18	0
	8a. From Rate Table = R. From PIT-B, line Additional amount for tax on lump-sum of				+ 19	
	Credit for taxes paid to another state. You				T 19	
20.	part of the year. Include a copy of other				- 20	
21.	Business-related income tax credits app				- 21	
	NET NEW MEXICO INCOME TAX. Add					
	than zero				= 22	
			return enline and also no			

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 a	and 25a or the deduction will be	denied.)	+ 25
25a. The amount of federal earned income credit (EIC)			5
reported on your 2019 federal income tax return	25a	VALUE AND ADDRESS OF THE PERSON ADDRESS OF	
26. Refundable business-related income tax credits from		Attach PIT-CR	+ 26
27. New Mexico income tax withheld. Attach annual stat			+ 27
28. New Mexico income tax withheld from oil and gas pro			+ 28
29. New Mexico income tax withheld from a pass-through			+ 29
30. 2019 estimated income tax payments. See PIT-1 instr			+ 30
31. Other Payments			+ 31
32. TOTAL PAYMENTS AND CREDITS. Add lines 24 thr	ough 31		= 32
33. TAX DUE. If line 23 is greater than line 32, enter the			33
33. TAX DOE. IT liftle 23 is greater trial liftle 32, efficer tries	unterence nere	••••••	00
O.4. Describe an employee of actimated toy. If you was	at nanalty asmouted for	you leave blank	+ 00 3
<ol> <li>Penalty on underpayment of estimated tax. If you war</li> <li>Special method allowed for calculation of underpayment</li> </ol>	N 1 - 1 - 7 N 2 N 3 N 3 N 3 N 3 N 3 N 3 N 3 N 3 N 3		7 2 -7
			STE M
underpayment of estimated tax and you qualify, enter	1, 2, 3, 4, or 5 in the bo	x. Attach RPD-41272	
		lant.	+ 365 12 17
36. Penalty. See PIT-1 instructions. If you want penalty co	omputed for you, leave b	nank	300
		A	+ 37700
37. Interest. See PIT-1 instructions. If you want interest of	프로그램 그 아이들은 그 그는 사이를 가장하는 것이 되었다.		
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33,	34, 36, and 37		= 3852 2
V	VET		00 00
39. OVERPAYMENT. If line 23 is less than line 32, enter			39 11 - 5
40. Refund voluntary contributions (PIT-D, line 17). Attacl	ı PIT-D		- 40 =
			Cal
41. Amount from line 39 you want applied to your 2020 I	Estimated Tax		- 41
			- Carl
42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minu	is lines 40 and 41		= 42
!! REFUND EXPRESS !! HAVE IT DIRECTLY DEPOS	ITED! SEE INSTRUCTIONS	AND COMPLETE ALL REQUIRED: YOU WILL THIS REFU	ou must answer this question.
QUESTIONS IN THIS BLOCK	TIEST TYPES	loose one. LOCATED OUTS	IDE THE UNITED STATES? If yes, you may delivery option. See instructions.
RE.1 Routing number:	Checking	your choice.	Secretary and configuration of the control of the c
RE.2 Account number:	Savings	YES	NO
I declare I have examined this return, including accompany			G037F3 T F
ments, and to the best of my knowledge and belief it is tru	e, correct, and complete	LINDA M SEDILLO	GONZALE
Your signature	Date	Signature of preparer	Date
No. of the Control of			
Driver's License. State ID No. or enter "NONE" or "DECLINED" State	Expiration Date	CLIFTONLARSONAL	LEN LLP
FL	06/30/2021	P.1 Firm's name (or yours, if self-	employed)
Spouse's signature	Date	P.2 NM CRS identification numb	er
PROPERTY OF THE CONTROL OF THE CONTR	2.40°2.20°3	P.3 Preparer's PTIN	
Spouse's Driver's License, State ID No. or enter NONE or DECLINED State	Expiration Date	P.4 FEIN	
HOME OF DESCRIPTION	R	P.5 Preparer's phone number	(505) 842-8290
(If filing jointly, BOTH must sign even if only one had incom	ne.) 967002 01-22-20		***************************************
Taxpayer's phone number 3053335399		P.6 Mark this box if Form RPD for this taxpayer. See PIT-1	-4 1338 IS ON TILE Linstructions.
Taxpayer's email address		I loi tino taxpayer. Oee Fire	mod delicitor
ranpayer a ciriali address			

RPD-41369 2019 Rev. 11/15/2019

State of New Mexico Taxation and Revenue Department

2019 New Mexico Net Operating to Startyforward Schedule for Personal Income Tax

Taxpayer's name

2020 MAY 29 PM 2: 35

\*\*\* - \*\*

Use this form to calculate your excludable New Mexico net operating loss (NM NOL) carryton) a discussion to calculate your excludable New Mexico net operating loss (NM NOL) carryton) and the current year New Mexico personal income tax. For each prior-year NM NOL carryforward available for the next tax year. If you need NM NOL carryforward, also show how you applied the credit in columns 4, 5, and 6 the company of the next page. If you are reporting an NM NOL deduction from a carryforward on Schedule 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.AD.L line 7 file this RPD-41360 schedule with New Maxima 2010 forms DIT.1 Descend Income Tax Descend Income.

					2016 30,70	20 70 70 70 70 70 70 70 70 70 70 70 70 70	2017 127,235.	-	2019		column 1	Col. 1 Col. 2 Col. 3 Col. 4 Tax Year Loss Incurred Loss Used NM NOL The sum of column 4
Total Additional. +	Subtotal page 1. +								61,074.		from Worksheet 2, line 7	Col. 3 2019 NM Net Income Before NM NOL
strate 1 61,074.	61,074.	10.0	3	Service and service of the service o		36,767.	24,000	24 307.		lax year zooo.	cannot be greater than column 3 for	Col. 4 2019 Loss Used The sum of column 4
	Enter the sum of column 4 from page 1 of this schedule.							A. Of			2018	
of column 4 fr ring 2019 tax qual line 9 fron	of column 4 fr							9			2017	Ye he NM NOL rep he column corre
from all pages or typear. Enter the morksheet 2	om page 1 of t										2016	Col. 5 Year Loss Applied 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.
f this schedule e sum of colur This amount i	his schedule.										2015	2 in previous year when you
nn 4, <b>Subtotal</b> s also entered											2014	ars, enter the applied it.
l <b>page 1</b> plus <b>T</b> on Schedule Pl						0.			0			Col. 6 NM NOL Expired
Enter the sum of column 4 from all pages of this schedule. <b>Loss used during 2019 tax year.</b> Enter the sum of column 4, <b>Subtotal page 1</b> plus <b>Total Additional.</b> Line 1 must equal line 9 from Worksheet 2. This amount is also entered on Schedule PIT-ADJ, line 7.						0.		-	102 928.			NM NOL Carryforward Available for Next Year

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.

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. 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.

RPD-41369 2019 Rev. 11/15/2019

State of New Mexico Taxation and Revenue Department

# 2019 New Mexico Net Operating Loss Carpyforward Schedule for Personal Income Tax

Supplemental Carryforward Schedule 2071 HAY 29 PM 2: 36

EILEEN T. Taxpayer's name HIGGINS MIAMI-DADE COUNTY \*\*\* \*\*\*

reported on this schedule must be included in the total sum of Line 1 the NM NOL carryforward schedule on the previous page. 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 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

			2019	Col. 1 Tax Year
				Col. 2 Net Operating Loss Incurred in the year in column 1
Subtotal.			61,074.	Col. 3 2019 NM Net Income Before NM NOL from Worksheet 2, line 7
				Col. 4 2019 Loss Used The sum of column 4 cannot be greater than column 3 for tax year 2019.
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 Additional. (This amount must be included in the total sum reported in Line 1 of the carryforward sched				If you applied the NM NOL amount in the column o
chedule. Enter the sum of co to any additional schedules C the included in the total sum				Col. 5  Year Loss Applied  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.
er the sum of column 4 from this page of this schedule. This onal schedules Column 4 total and carried to page 1, Total in the total sum reported in Line 1 of the carryforward schedule).				N
his schedule. T to page 1, Tota arryforward sch				Col. 6 NM NOL Expired
This al hedule).				Col. 7 NM NOL Carryforward Available for Next Year

#### **2019 PIT-ADJ**

967003 10-31-19

#### 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 Interest and dividends from federal tax-exempt bonds Federal net operating loss carryover. See PIT-ADJ instructions 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 3 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 169,012 TOTAL ADDITIONS. Add lines 1 through 4. Also enter on Form PIT-1, line 11 NEW MEXICO DEDUCTIONS AND EXEMPTIONS FROM FEDERAL ADJUSTED GROSS INCOME 6 New Mexico tax-exempt interest and dividends 61,074 New Mexico net operating loss. See PIT-ADJ instructions. Attach Form RPD-41369. Interest received on U.S. Government obligations Taxable Railroad Retirement Act annuities and benefits, and taxable Railroad Unemployment Insurance 8. Act sick pay. Attach Forms RRB-1099 and RRB-1099-R. 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 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. 11b. Spouse 100 or older 11a. 100 or older 12. Exemption for persons age 65 or older, or blind 13. Exemption for New Mexico medical care savings account. See PIT-ADJ instructions + 14. Deduction for contributions to a New Mexico-approved Section 529 college savings plan 2,551 15. Net capital gains deduction. See PIT-ADJ instructions 16. Active duty pay for United States armed forces. See PIT-ADJ instructions + 17. Medical care expense exemption for persons age 65 years or older 18. Deduction for organ donation-related expenses 19. New Mexico National Guard member life insurance reimbursements tax exemption 20. Taxable refunds, credits, or offsets of state and local income taxes from federal Form 1040, Schedule 1 ....... + 21. Non-resident U.S. Public Health Service members' active duty pay \_\_\_\_\_\_\_\_\_\_+ 63,625 22. TOTAL DEDUCTIONS AND EXEMPTIONS. Add lines 6 through 21. Enter here and on Form PIT-1, line 15 ... = 22 Attach this Schedule PIT-ADJ to your Personal Income Tax Return, Form PIT-1.

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

(Keep for your records.)

T. C.	EIN:
e of Entity: TEXAS LOBOS, LLC	
Land then 7000	64,362.
. 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
Foter -0- if this is your first tax year	
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Increases:	2 127,000.
Increases:  2. Money and your adjusted basis in property contributed to the partnership less	2
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	A THE STATE OF THE
	AF TO
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 liabilities when the front 2019 Schedule K-1 and add the amount of any partnership	31,513.
liabilities shown in Item K of your 2018 Schedule K-1 from your straig of habilities shown in Item K of your 2019 Schedule K-1 and add the amount of any partnership shown in Item K of your 2019 Schedule K-1 and ladd the amount of any partnership shown in Item K of your diving the tax year) (but not less than zero)	3. 31,515.
liabilities shown in Item K of your 2016 Schedule K-1 and add the amount of any partnership 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)	
liabilities you assumed during the start of	
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by	
<ol> <li>Your share of the partnership's income or gain (including tax-exempt moons)</li> <li>any amount included in interest income with respect to the credit to holders of clean renewable</li> </ol>	4.
any amount included in interest income many	
any amount included in interest income with respect to the credit to riolders of clean energy bonds	
- the de gain from	0 -
5. Any gain recognized this year on contributions of property	
Any gain recognized this year on contributions of property. Do not include gain non- transfer of liabilities	
u - I and ggs	
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	<b>6.</b>
depletion) over the basis of the property subject to depletion	
Decreases:	-14 <b>-2</b>
7. Withdrawals and distributions of money and the adjusted basis of property distributed	Z \$28,000.
7. Withdrawals and distributions of money and the adjusted basis of the partnership. Do not include the amount of property distributions to you from the partnership. Do not include the amount of property distributions	7000
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Included in the parameter of the amount exceeds your adjusted basis of	95 2 5
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of	SE P
	98 7 <
to have of paytnership liabilities and any decrease in your individual interesting shown in	30 3 m
8. Your decreased share which was a state of the share of the shown in item K of your 2018	#2 N 0
8. Your decreased share of partitions in because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2018 item K of your 2019 Schedule K-1 from your share of liabilities shown in item K of your 2018 item K of your 2019 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed Schedule K-1 and add they go they are the are they	8.
item K of your 2019 Schedule K-1 from your individual liabilities that the partnership assumed Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	四人 10
during the tax year (but not loss when	<b>3</b>
9. Your share of the partnership's nondeductible expenses that are not capital	9. 1,324
9. Your share of the partnership's nondedastary	
Your share of the partnership's nondeductible expenses that are not capital expenditures	
to the time of including capital losses).	
Your share of the partnership's losses and deductions (including department). Your share of the partnership's section 179 expense deduction for However, include your share of the partnership's section 179 expense deduction for However, include your share of the partnership's section 179 expense deduction for However, include your share of the partnership's losses and deductions (including department).	10. 121,685
However, include your share of the parties in a second limitations	
this year even if you cannot deduct all of it because	
The second secon	
11. The amount of your deduction for depletion of any particles.	11.
not to exceed your allocable share of the day	
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
and subtract lines 7 through 11 from the total. If zero or less, enter 9	
Line Leases and deductions is	
Caution: The deduction for your share of the partnership's losses and deductions is	
Caution: The deduction for your share of the partnership's losses and deduction for your share of the partnership interest. If you entered zero on line 12 limited to your adjusted basis in your partnership interest. If you entered zero on line 12 limited to your share of the	
limited to your adjusted basis in your partnership interest. If you of the anount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.	
attackship losses and deductions may not be deductions.	

919051 01-21-20

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



NCOME SCHEDULE		
1	YOUR SOCIAL SECURIT	Y NUMBER
	***-**-	
it your name (first, middle, last)	All	-to-to the
	to lea must complete this schedu	le. Please refer to the
Dayers who allocate and apportion income from both inside and outside the State of New Notes and apportion income from both inside and outside the State of New Notes are supported by the State of New Notes and apportion income from both inside and outside the State of New Notes are supported by the State of New Notes and State of New Notes are supported by the State of New Notes and State of New Notes are supported by the State of New Notes and State of New Notes are supported by the State of New Notes and State of New Notes are supported by the Ne	ome tax return, Form PIT-1.	
who allocate and apportion income from both inside the PIT-B with your personal income the locate and apportion income from both inside the pit-B with your personal income from both inside th	B. through_	
oxyers who allowed this schedule. Include the period of residency. A. From	49" 10	
payers who allocate and apportion income from both who allocate an	D. through_	
For first-year and part-year resident tasts of the period of residency lift your spouse's residency period is different, enter the period of residency lift additional periods of residency apply, write them in the	D. through_	
If your spouse's residency period is different, enter the period of loss of life your spouse. If additional periods of residency apply, write them in the for your spouse life.	Townser	Spouse
for your spouse. It also	Taxpayer Spouse	- П
space below this line.  If the taxpayer or spouse is a military servicemember's spouse qualifying for relief under the taxpayer or spouse is a military servicemember's spouse qualifying for relief under the Residency Relief Act, is not a resident of New Mexico, and is allocating income from service to their state of residence, mark the appropriate box.	ices performed in New E.	F. 🗌
the taypayer or spouse is a military servicemently a spouse is allocating income from servicement of New Mexico, and is allocating income from the N	icos per	
Residency Relief Act, is not a resident of New Monorage Basidency Relief Act, is not a residency Relief Act, is not a resident of New Monorage Basidency Relief Act, is not a residency Relief Act, is not a relief A	TAKE OR MORE IN	NEW MEXICO
Mexico to their state of residence, mark the specific party sically PRESI	ENT 185 DAYS OR MOTHEW N	EXICO.
TAXPAYERS INCLUDING PERSONS PHYSICAL LINES 1, 2,	3, AND 7 IN FULL TO TELE	
If the taxpayer or spouse is a military Residency Relief Act, is not a resident of New Mexico, and is allocating into Residency Relief Act, is not a resident of New Mexico to their state of residence, mark the appropriate box.  NOTE: RESIDENT TAXPAYERS INCLUDING PERSONS PHYSICALLY PRESIDENT TAXPAYERS INCLUDING PERSONS ON LINES 1, 2, MUST ALLOCATE ALL INCOME AND DEDUCTIONS ON LINES 1, 2,	Control of the contro	Column 2
MIDST ALLOS	o-tumn 1	New Mexico Income
THE INCOME	Total Federal Income	042.9
ALLOCATION OF NONBUSINESS INCOME	49,365	and the same of th
	[1]	Annual Control of the
1. Wages, salaries, tips, etc. If non-resident military personnel, see PTT-D man.  1a. If you used Form PIT-110 to calculate line 1, Column 2, mark this box	9,289	4-3
<ol> <li>Wages, salaries, tips, etc. if Horrican Park this box</li></ol>	2	FIT
1a. If you used to lividends. Include difference from Schedule 1	3	00
Interest and dividends. Holdes	3	COLL
Barraigns, annuities, social security, and lump-sum distributes	4	20 1
3. Pensions, amounts	41	35,773
Pensions, annuities, social security.      Rents and royalties	604	The state of the s
Rents and royalties      Gains or losses from the sale or exchange of property	5	136,030
Osing or losses from the sale or exchange of property	15,239	136,030
5. Gains of losses were	61	
t entities		
6. Income of loads		
7. All other income not included in lines 1 through 6 and many and an armount of the second of the s	If none, go to line or,	
- ARTIONMENT OF BUSINESS AND TARREST		
8. Business and farm income. To determine the amount for Column 2, complete	0	
Dusiness and farm income. To determine the amount to		130,25
	74,49	7 130,23
WOLVERGET		
through 8 and enter the amount nere		1,22
		23
One of the state of the second secon	10 172	
Cabadule 1. line 22. For Column 2, see the PIT-B Instructions		74 129,0
Schedule 1, miles	73,2	74 129,0
11. Total income. Line 9 minus line 10. Column 1 must be equal to or	11 /3,2	
11. 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)	t desimal places	1400 0000
greater than Federal Adjusted Gross Income (Form) greater than Federal Adjusted Gross Income (Form) If non-resident military personnel, see the PIT-B instructions.  If non-resident military personnel, see the PIT-B instructions.	howing 4 decimal places.	12 100.0000
greater than Federal Adjusted Gross Income If non-resident military personnel, see the PIT-B instructions.  If non-resident military personnel, see the PIT-B instructions.  12. DIVIDE the amount on line 11, Column 2 by the amount on line 11, Column 1, st  (Cannot be less than zero. If greater than 1, enter 100.0000.)  (Cannot be less than zero. If greater than 1, enter 100.0000.)		
12. <b>DIVIDE</b> the amount on line 11, Countil 2 5y (Cannot be less than zero. If greater than 1, enter 100.0000.)	or tax on lump-sum	13
(Cannot be less that be seen that the tax applicable to PIT-1, line 17.11 the result her	re	
(Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Tannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero.) If greater than 1, enter 100,000 (Cannot be less than zero. If greater than 1, enter 100,000 (Cannot be less than zero.) If greater than 1, enter 100,000 (Cannot be less than zero.) If greater than 1, enter 100,000 (Cannot be less than zero.) If greater than 1, enter 100,000 (Cannot be less than zero.) If greater than 2, enter 100,000 (Cannot be less than zero.) If greater than 2, enter 100,000 (Cannot be less than zero.) If greater than 2, enter 100,000 (Cannot be less than zero.) If greater than 2, enter 100,000 (Cannot be less than zero.) If greater than 2, enter 100,000 (Cannot be less than zero.) If greater than 2, enter 100,000 (Cannot be less than zero.) If greater than 2, enter 100,000 (Cannot be less than zero.) If greater than 2, enter 100,000 (Cannot be less than zero.) If greater than 2, enter 100,000 (Cannot be less than zero.) If greater than 2, enter 100,000 (Cannot be less than zero.) If greater than 2, enter 100,000 (Cannot be less than zero.) If greater than 2, enter 100,000 (Cannot be less than zero.) If greater than 2, enter 100,000 (Cannot be less than zero.) If greater than 2, en	DIT 4 line 18a	
distributions is shown	then in the box on PIT-1, life Tou,	14
distributions is shown on PIT-1, line 19, add it to the tax and on PIT-1, line 18, and 1967061 10-31-19  14. MULTIPLY line 12 by line 13. Enter the amount here and on PIT-1, line 18, and 14. Parts indicate the tax came from PIT-B		
14. MULTIPLY line 12 by line tay came from PIT-B	TO ARTICLARY OF THE FOREIGN	
to the indicate tile too		

mark B to indicate the tax came from PIT-B

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PD-41369	WORKSHEET 2, FOR COLUMNS 3 AND 4 STATEMEN	NT 1
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ENTRED MILE AMOUNT	OF STATE AND LOCAL INCOME OR GENERAL SALES	5,738.
. ENTER THE ADDITIO	11	9,012
DTM 1 T	ED OR STANDARD DEDUCTION AMOUNT NEED 1	2,200
. ENTER THE FEDERAL	L EXEMPTION AMOUNT REPORTED ON	
LOCAL INCOME TAX	E 13 E REFUNDS, CREDITS OR OFFSETS OF STATE AND ES, REPORTED ON SCHEDULE PIT-ADJ,	0
THROUGH 6, BUT NO BEFORE THE NM NO B. ENTER THE SUM OF B. ENTER THE LESSER	PRIOR YEAR NM NOL CARRYFORWARD AVAILABLE OF LINES 7 AND 8. THIS IS THE EXCLUDABLE WARD AMOUNT. ALSO ENTER THIS AMOUNT IN	61,074 64,002
LINE 1, AT THE B	BOTTOM OF COLUMN 4	TTT C
NM PIT-B	INCOME OR LOSSES FROM PASS-THROUGH ENTITIES	ENT
DESCRIPTION	- The state of the	UNT TO
LOBOS NARANJOS, LLC	C 宝	3,97 22,05
	B, LINE 6, COLUMN 2	.36,03
TOTAL TO TOME TEL		

DocuSign Envelope ID: 3E344F85-2D57-446E-924A-5260920D342E

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

RECEIVED 2020 MAY 29 PM 2: 36 MIANI-DARESONNEN

#### **Tax Return Carryovers to 2020**

NAME: EILEEN T. HIGGINS ID Number: Originating Entity/ St/ Disallowing Amount Description City Form Activity Form 1040 107,938. 1040 NOL C/O FROM 2017 875. SCH A 2019 CONTRIBUTIONS - 60% LIMIT SCH A 2,811. SCH A SCH A 2018 CONTRIBUTIONS - 50% LIMIT SCH A 1,325. SCH A 2017 CONTRIBUTIONS - 50% LIMIT 2,293. SCH A 2016 CONTRIBUTIONS - 50% LIMIT SCH A 650. SCH A 2015 CONTRIBUTIONS - 50% LIMIT SCH A 413. 1116 GENERAL LIMITATION INC C/O FROM 2016 1116 1116 328 1116 PASSIVE INC C/O FROM 2017 547. 1116 1116 PASSIVE INC C/O FROM 2018 188 1116 1116 PASSIVE INC C/O FROM 2019 413 GENERAL LIMITATION INC C/O FROM 2016 1116 AMT 1116AMT 328. PASSIVE INC C/O FROM 2017 1116 AMT 1116AMT <u>547.</u> PASSIVE INC C/O FROM 2018 1116 AMT 1116AMT 188 1116 AMT PASSIVE INC C/O FROM 2019 1116AMT 2019 SEC 1231 LOSSES SUBJECT TO 4797 , 778 4797 RECAPTURE RULES ,574 1040 AMT NOL C/O FROM 2017 6251 875. AMT 2019 CONTRIBUTIONS - 60% LIMIT SCH A 6251 2,811. AMT 2018 CONTRIBUTIONS - 50% LIMIT 6251 SCH A 1,325. 6251 AMT 2017 CONTRIBUTIONS - 50% LIMIT SCH A AMT 2016 CONTRIBUTIONS - 50% LIMIT SCH A 2,293. 6251 650. SCH A AMT 2015 CONTRIBUTIONS - 50% LIMIT 6251 MM 102,928. RPD41369 RPD41369NOL C/O FROM 2017

912541 04-01-19

# Direct Deposite Deport Report ED

Name: EILEEN T. HIGGINS		FED 1040				
	ial Institution Account Type	CHECKING		4		
1 20 OM17: 36	2020 HAY 29 PR					
ID Number: ***-**-	Debit/Deposit Date	DEPOSIT				
**	Amount	15,144.				

2019

Social security number

Name(s) as shown on return

EILEEN T. HIGGINS
2018 Filing Status SINGLE

2019 Filing Status SINGLE
2019 Tax Bracket 0.0%

The state of the s	The second secon
2018 Tax Bracket	0.0%

2018 Tax Bracket 0.0%	2019 Tax Bracket 0 . 0 %	<u> </u>	
Description	Tax Year 2018	Tax Year 2019	Increase (Decrease)
WAGES, SALARIES, AND TIPS SCHEDULE B - TAXABLE INTEREST SCHEDULE B - QUALIFIED DIVIDENDS SCHEDULE B - ORDINARY DIVIDENDS SCHEDULE D (CAPITAL GAIN/LOSS) FORM 4797 (OTHER GAINS OR LOSSES) SCHEDULE E (RENTAL AND PASSTHROUGH) OTHER INCOME TOTAL INCOME	55,972. 90. 4,132. 7,745. 2,612. 0. 154,747. -368,938. -147,772.	49,365. 219. 5,339. 6,316. 6,377. -5,773. 15,239. -166,258. -94,515.	202,680. 53,257.
DEDUCTIBLE PART OF SE TAX TOTAL ADJUSTMENTS	6,486. 6,486.	1,223. 1,223.	
ADJUSTED GROSS INCOME	-154,258.	-95,738.	58,520.
STANDARD DEDUCTION TOTAL DEDUCTIONS TAXABLE INCOME	12,000.	12,200. 12,200. 0.	
SCHEDULE SE (SELF-EMPLOYMENT TAX) TOTAL TAX	12,972. 12,972.	2,446. 2,446.	
FEDERAL INCOME TAX WITHHELD ESTIMATED TAX PAYMENTS TOTAL PAYMENTS	2,507. 9,000. 11,507.	3,980. 13,610. 17,590.	4,610.
TAX OVERPAID AMOUNT REFUNDED BALANCE DUE NEW MEXICO STATE RETURN	0. 0. 1,465.	15,144. 15,144. 0.	15,144.
			RECEIVED  2020 MAY 29 PM 2: 36  MIAMI-DADE COUNTY ELECTIONS DEPARTMENT



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 DATE 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 CERTIFIED MAIL WITH RETURN RECEIPT FOR PROOF OF TIMELY FILING. BY DISINGULAR SO, YOU WILL HAVE THE APPROPRIATE DOCUMENTATION TO AVOID HE 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.

SINCERELY,

LINDA M. SEDILLO GONZALES, EA SIGNING DIRECTOR, TAX

RECEIVED

2020 MAY 29 PM 2: 30

# 2019 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

#### FOR THE YEAR ENDING

	DECEMBER 31, 2019	
Prepared for	EILEEN T. HIGGINS MIAMI, FL 33132	-
Prepared by	CLIFTONLARSONALLENLLP 6501 AMERICAS PARKWAY ALBUQUERQUE, NM 87110  Total tax Less: payments and credits \$ 2,446 Less: payments and credits \$ 17,590	- 1 - 1
Amount of tax	Plus: interest and penalties  OVERPAYMENT  \$ 15,144	11 11 11
Overpayment	Miscellaneous Donations \$ 0 0 PP 2 PP 2 PP 2 PP 2 PP 2 PP 2 PP	_
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 RETURN, PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.	THE WIL
Return must be mailed on or before	NOT APPLICABLE	——
Special Instructions	YOUR REFUND WILL BE DEPOSITED DIRECTLY INTO YOUR ACCOUNT EN REFER TO FORM 1040 ON THE DIRECT DEPOSIT/DEBIT REFORM COMPLETE ACCOUNT INFORMATION.  DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS. IF AND THREE WEEKS YOU HAVE NOT RECEIVED YOUR REFUND, YOU MAY CONTINUE IRS AT 1-800-829-4477.	EPOR!

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

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10.20
152.
27,634.
-

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

e of Entity: LOBOS NARANJOS, LLC	EIN:	_
. Your adjusted basis at the end of the prior year. Do not enter less than zero.	1.	468,986.
Enter -0- if this is your first tax year		
Increases:		
No. of the second life loop		0 2022
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		v
liabilities shown in Item K of your 2018 Schedule K-1 from your share of liabilities		
liabilities you assumed during the tax year) (but not less than zero)	3 <b>.</b>	
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	4	113,977.
energy bonds	············ —	
5. Any gain recognized this year on contributions of property. Do not include gain from	5.	
transfer of liabilities		
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. <u> </u>	
depletion) over the basis of the property subject to depletion		
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	_	171,000.
included in the partner's income (taxable income)	····· 7· <u> </u>	171,000
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of		四_ 23
your partnership interest immediately before the distribution.		E E
		NAY PAR
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		Arright
		SS SS
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	R32,467.
during the tax year (but not less than zero))	7	AC A
9. Your share of the partnership's nondeductible expenses that are not capital		35 00
expenditures	9	31,902.
		N O
10. Your share of the partnership's losses and deductions (including capital losses).		łx.
University include your chare of the partnership's section 179 expense deduction for		5,923.
this year even if you cannot deduct all of it because of limitations	10	3,523.
11. The amount of your deduction for depletion of any partnership oil and gas property,	- 11	
not to exceed your allocable share of the adjusted basis of that property	·····	
12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6	12.	375,671
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·.)		
Caution: The deduction for your share of the partnership's losses and deductions is		
limited to your adjusted basis in your partnership interest. If you entered zero on line 12		
and the amount figured for line 12 was less than zero, a portion of your share of the		
partnership losses and deductions may not be deductible.		

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

(Keep for your records.)

ame	of Entity: TEXAS LOBOS, LLC EIN:			
1.	Your adjusted basis at the end of the prior year. Do not enter less than zero.		64 36	2
	Enter -0- if this is your first tax year	. 1	1. 64,36	4 .
	Increases:			
•	Money and your adjusted basis in property contributed to the partnership less			
2.	the associated liabilities (but not less than zero)	2	2. 127,00	0.
	trie associated liabilities (but not less than zero)		Mary Services	
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	31,51	3.
	liabilities you assumed during the tax your, (out not loss than 2010)		38. 4	
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	4	
	<i>A A A A A A A A A A</i>			
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:		m 23	
			F-3 3	D
	Withdrawals and distributions of money and the adjusted basis of property distributed		OD I	FTT
	to you from the partnership. Do not include the amount of property distributions	10	7. 9:28,00	00
	included in the partner's income (taxable income)		7. 20,00	17
	Caution: A distribution may be taxable if the amount exceeds your adjusted basis of		000	
	your partnership interest immediately before the distribution.		EPV PH	40
				i
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		2: 36 RIMEN	,
	item K of your 2019 Schedule K-1 from your share of liabilities shown in item K of your 2018		南マる	
	Schedule K-1 and add the amount of your individual liabilities that the partnership assumed	- 9	. =	
	during the tax year (but not less than zero))		0.	_
	Your share of the partnership's nondeductible expenses that are not capital			
9.	expenditures		9. 1,32	4.
	expenditures			
10	Your share of the partnership's losses and deductions (including capital losses).			
10.	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	1	10. 121,68	5.
	this year even if you carnot deduct an of it because of minations			
11	The amount of your deduction for depletion of any partnership oil and gas property,			
1.10	not to exceed your allocable share of the adjusted basis of that property	1	11	
		7		
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)	1	12 71,86	6.
	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

me o	of Entity: THREE LOBOS, LLC	EIN:	
1. Y	our adjusted basis at the end of the prior year. Do not enter less than zero.		28,720.
E	inter -0- if this is your first tax year	1	20,720.
	ncreases:		
2. 1	Noney and your adjusted basis in property contributed to the partnership less	. Comment	0
t	he associated liabilities (but not less than zero)	2	0.
3.	our increased share of or assumption of partnership liabilities (Subtract your share of abilities shown in Item K of your 2018 Schedule K-1 from your share of liabilities		96
	hown in Item K of your 2019 Schedule K-1 and add the amount of any partnership		44.
ì	abilities you assumed during the tax year) (but not less than zero)	3	44.
1. `	our 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		25 022
	energy bonds	4	25,022.
5. /	Any gain recognized this year on contributions of property. Do not include gain from		0
1	ransfer of liabilities	5 <b>.</b>	0.
6.	Your share of the excess of the deductions for depletion (other than oil and gas	2	
0	depletion) over the basis of the property subject to depletion	6	
1	Decreases:		
	and the state of t		
7.	Withdrawals and distributions of money and the adjusted basis of property distributed		3 -
8	to you from the partnership. Do not include the amount of property distributions	- 65	26, 0000
	included in the partner's income (taxable income)	7.	20,440
	Caution: A distribution may be taxable if the amount exceeds your adjusted basis of	Q -	2 80 3
	your partnership interest immediately before the distribution.	U)	28 E
		E	EIV 29 P
8.	Your decreased share of partnership liabilities and any decrease in your individual liabilities	3	S = m
	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	70	ENE
	Schedule K-1 and add the amount of your individual liabilities that the partnership assumed	4 3	- (3)
	during the tax year (but not less than zero))	8	1
			4.
9.	Your share of the partnership's nondeductible expenses that are not capital		150
	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		27 624
	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.		

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

TOROG NARANTOS LLC	EIN:		-
e of Entity: LOBOS NARANJOS, LLC			
. Your adjusted basis at the end of the prior year. Do not enter less than zero.			468,986.
Your adjusted basis at the end of the prior year. Do not enter less than 25 or  Enter ·0· if this is your first tax year	1.		
Enter -O- if this is your first tax year			
Increases:			
M177(870-108)			4,000.
Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	2		2/000
the associated liabilities (but not less than zero)			
to a serial liabilities (Subtract your share of		9	
II-billities shown in Item K Of Your 2010 Confederation			
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	3	
liabilities you assumed during the tax year) (but not loss than 2007),			
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by			
			113,977.
any amount included in interest income with respect to the dealt to the dealt to the		4	113,3770
any amount included in interest income with respect to the disaster and an amount included in interest income with respect to the disaster and an amount included in interest income with respect to the disaster and an amount included in interest income with respect to the disaster and an amount included in interest income with respect to the disaster and an amount included in interest income with respect to the disaster and an amount included in interest income with respect to the disaster and an amount included in interest income with respect to the disaster and an amount included in interest income with respect to the disaster and an amount included in interest income with respect to the disaster and an amount included in interest income with respect to the disaster and an amount included in interest income with respect to the disaster and an amount included in interest income with respect to the disaster and an amount included in interest income with a second included in the disaster and an amount in the disaster and an amount included in the disaster and an amount in			
Do not include gain from			0.
Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities		5	0.
transfer of liabilities			
6. Your share of the excess of the deductions for depletion (other than oil and gas		6	
6. Your share of the excess of the deductions for depletion (other than on and gas- depletion) over the basis of the property subject to depletion			
Decreases:			
7. Withdrawals and distributions of money and the adjusted basis of property distributed	100		4 000
<ol> <li>Withdrawals and distributions of money and the asjacetory to you from the partnership. Do not include the amount of property distributions</li> </ol>	457),	7. m	171,000
included in the partner's income (taxable income)		m3	. 22
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of		27	RE
Caution: A distribution may be taxable if the distribution.		5=	
your partnership interest immediately before the distribution.	10.0	25	2 20
Your decreased share of partnership liabilities and any decrease in your individual liabilities     Your decreased share of partnership (Subtract your share of liabilities shown in		0.0	i io m
because they were assumed by the partitional transfer shown in item K of your 2018		mo	70
		8.	3 32,467
Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))		====	N
	1 19	# -	- w
9. Your share of the partnership's nondeductible expenses that are not capital		9.	< 1,902
Your share of the partnership's nondeductible expenses that are not capital     expenditures			
10. Your share of the partnership's losses and deductions (including capital losses).			
Your share of the partnership's losses and deductions (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
this year even if you cannot deduct all of it because of limitations		-	
una your over a y			
11. The amount of your deduction for depletion of any partnership oil and gas property,		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		10-03-03	
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.	375,67
and subtract lines 7 through 11 from the total. If zero or less, enter -0)			
dire subtree			
Caution: The deduction for your share of the partnership's losses and deductions is			
Caution: The deduction for your share of the partnership should be shall be			
I was less than to line 12 was less than 2010, a p			
partnership losses and deductions may not be deductible.			

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

TOROG IIC	EIN:	
ne of Entity: TEXAS LOBOS, LLC	11001	
. Your adjusted basis at the end of the prior year. Do not enter less than zero.	1.	64,362.
. Your adjusted basis at the end of the prior year. Bother that the basis at the end of the prior year. Bother that the basis at the end of the prior year. Bother that the basis at the end of the prior year. Bother that the basis at the end of the prior year. Bother that the prior	······· <u>'</u> ' —	
Increases:		
2. Money and your adjusted basis in property contributed to the partnership less	2	127,000.
the associated liabilities (but not less than zero)		
8. 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> </u>	31,513.
liabilities you assumed during the tax year) (but not less than as a first less than as a first less than a first less t		
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by		
energy bonds	4· <u> </u>	
5. Any gain recognized this year on contributions of property. Do not include gain from	5.	0.
5. Any gain recognized this year on contributions of property. Bother include gamma, transfer of liabilities		
6. Your share of the excess of the deductions for depletion (other than oil and gas	6	
6. Your share of the excess of the deductions for depletion (other than or an additional depletion) over the basis of the property subject to depletion	440	100
Decreases:	1	m N
Decreases.	2.0	M3 8
<ol><li>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</li></ol>	1	22 000
to you from the partnership. Do not include the amount of property detailed in the partner's income (taxable income)	7.	25,000
included in the partner's income (taxable income)	1	NSO NO C
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of		DD 9 17
your partnership interest immediately before the distribution.		PAC PH
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.	M 2: 37
9. Your share of the partnership's nondeductible expenses that are not capital	•	1,324
Your share of the partnership's nondeductible expenditures     expenditures	9.	
10. Your share of the partnership's losses and deductions (including capital losses).		
10. Your share of the partnership's section 179 expense deduction for However, include your share of the partnership's section 179 expense deduction for	10.	121,685
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		
1 - I - I - I - I - I - I - I - I - I -		
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	40	71,866
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	
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.	60000000000000000000000000000000000000	

# Worksheet for Figuring a Shareholder's Stock Basis

of Entity: INSIDE THE GLASS, INC. EIN:		
o or array	1.	7,286.
Your stock basis at the beginning of the year		
Total described.		
Increases:		
Money and your adjusted basis in property contributed to the corporation	2	
Money and your adjusted basis in property		
Your share of the corporation's income (including tax-exempt income) reduced by any amount included in		
Your share of the corporation's income (including tax-exempt income) reduced by any income with respect to clean renewable energy or (for bonds issued before October 4, 2008) qualified	3	
income with respect to clean renewable energy of (io) bonds seemed a cademy bonds		
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	4.	
depletion (other than oil and gas depletion) over the basis of the paper.  depletion		
Decreases:		
5. Distributions of money and the fair market value of property (excluding dividend distributions reportable	5. (	)
<ol> <li>Distributions of money and the fair market value of property (excluding dividend distributions on Form 1099-DIV and distributions in excess of basis (the sum of lines 1 through 4))</li> </ol>		
to the depletion deduction for		
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 any oil and gas property held by the corporation (but only to the election under Regulations section		
any oil and gas property held by the corporation (but only to the shakes) and losses (include your entire share	00	m ~
adjusted basis exceeds the depletion deduction) or (b) if the election clied your entire share 1.1367-1(g) applies, your share of the corporation's deductions and losses (include your entire share 1.1367-1(g) applies, your share of the corporation's deduction and losses (include your entire share)	a	2029 MAY
1.1367-1(g) applies, your share of the corporation's deductions and losses (as per share) of the section 179 expense deduction even if your allowable section 179 expense deduction is smaller) of the section 179 expense deduction even if your allowable section 179 expense deduction is smaller)		SA RE
of the section 179 expense deduction even if your allowable section 170 expenses in (4) under adjusted, if the corporation made a charitable contribution of property, as described in (4) under Basis Rules	6. <u>( '</u>	20 2
Basis Rules		9
7. If the election under Regulations section 1.1367-1(g) applies, enter the amount from 6(a) above. Otherwise	7. (	7, 286
7. If the election under Regulations section 1.1367-1(g) applies, once the amount from 6(b)		R.O
the tay year of the amount you are owed for		33 8
<ol> <li>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.</li> </ol>		E ~ 3
loans you made to the corporation over your basis in those loans of (5).  This amount increases your loan basis	8. <u>(</u>	
This amount increases your loan bases	9.	0
9. Your stock basis in the corporation at the end of the year. Combine lines 1 through 8		

	Shareholder Debt	Basis Worksheet
Name	of Entity:	EIN:
INS	SIDE THE GLASS, INC.	
	Debt E	Basis
10. [	Debt basis, beginning of year (Not less than zero)	0.
11. 1	Loans made during the year	
10 [	Destaration of debt basis (from line 8)	
13. 3	Subtotal (Add lines 11 and 12)	
14. 1	Less; Loan repayments	
15.	Gain from loan repayments	
16.	Other adjustments:	(S) VO
	Services and a service	Name And Address of the Address of t
		AND STATE OF THE PARTY OF THE P
		A STATE OF THE STA
		6 1 18
	8 P. 10219 SASS NO. 1791	V IA, AUI
17.	Subtotal (Combine lines 10, 13, 14, 15 and 16)	
18.	Subtotal (Combine lines 10, 13, 14, 15 and 16) Applied against excess loss and deductions	0.
19.	Debt basis, end of year (Not less than zero)	
20.	Total shareholder stock and debt basis, end of year (Add lines 9 and 19) (Not les	s than zero)

919081 04-01-19

# ALTERNATIVE MINIMUM TAX Worksheet for Figuring a Shareholder's Stock Basis

me o	of Entity: INSIDE THE GLASS, INC. EIN:		
		1.	7,286
٠ ١	our stock basis at the beginning of the year	1000 1	
I	ncreases:		
. 1	Money and your adjusted basis in property contributed to the corporation	2	h.
- }	Your share of the corporation's income (including tax-exempt income) reduced by any amount included in necessary or the complexity of the	з	<i>V</i>
	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))	. <b>5.</b> <u>(</u>	0
3.	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	6. (	ener v
7.	adjusted, if the corporation made a charitable contribution of property, as described in (4) under Basis Rules  If the election under Regulations section 1.1367-1(g) applies, enter the amount from 6(a) above. Otherwise		2020 2,07
	adjusted, if the corporation made a charitable contribution of property, as described in (4) under Basis Rules  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)  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.	7. 9	2020 MAY 29
8.	adjusted, if the corporation made a charitable contribution of property, as described in (4) under Basis Rules  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)  Extent to a smaller of (a) the excess, as of the beginning of the tax year, of the amount you are owed for	7. 9	MAY 2

	Shareholder Debt Ba	sis Worksheet	
Name of	f Entity:	EIN:	
INSI	IDE THE GLASS, INC.		
	Debt Basi	5	
10 De	ebt basis, beginning of year (Not less than zero)  pans made during the year  estoration of debt basis (from line 8)		0.
10. De	ent basis, beginning of year (Not less than 2510)	A	
12. Re	estoration of deht hasis (from line 8)		
12 6	ubtotal (Add lines 11 and 12)		
14. Le	ess: Loan repayments		
15. Ga	ain from loan repayments		
	ther adjustments:	4 11	
		1 1400 407	
		112	
		W Is Just	
		All	
17. S	Subtotal (Combine lines 10, 13, 14, 15 and 16) Applied against excess loss and deductions		
18. A	Applied against excess loss and deductions		0.
19. D	Debt basis, end of year (Not less than zero)	a zora)	5,211.
20. T	Total shareholder stock and debt basis, end of year (Add lines 9 and 19) (Not less tha	1 2610/	

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919081 04-01-19

EILEEN I. HIGGII	_					
S-CORP BASIS WORKS	SHEET ALLOC	CATION OF ALI	LOWABLE LOSSE	S S'	PATEMENT	1
INSIDE THE GLASS,	INC.	PERCENT OF LOSS	ALLOCATION OF BASIS	ALLOWABLE LOSS	DISALLOW LOSS	ED
ORDINARY	2,075.	1.00000000	2,075.	2,075.		0.
TOTALS	CONTRACTOR OF THE PARTY OF THE	1.00000000	2,075.	2,075.		0.
S-CORP BASIS WORK	SHEET	DECREASES I	N BASIS	S	TATEMENT	
INSIDE THE GLASS,	INC.		6		TUUOMA	
	PECD - SCH D				5,2	211
LIQUIDATING DISTR			A.	_	5,2	211
INCLUDED IN BASIS	WORKSHEET, I	THE O OR !				

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2020 MAY 29 PM 2: 37

Form

IRS e-file Signature Authorization

OMB No.

► ERO must obtain and retain completed Form 8879.	2013
the Treasury all Revenue Service   ERO must obtain and retain completed Form 8879.  Go to www.irs.gov/Form8879 for the latest information.	
	la de la combar
mission Identification Number (SID)	Social security number
ayer's name LEEN T. HIGGINS	Spouse's social security number
reals nome	o only)
art I Tax Return Information - Tax Year Ending December 31, 2019 (Whole dollars	-95,738
Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	2 2,446
Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 65)  Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)  Total tax (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 17; Form 1040-NR, line 18; Form 1040-NR, line 19; Form 1040-NR, line 1	line 62a) 3 3,980
Adjusted gross income (April 1988) Total tax (Form 1040 or 104	line 62a) 4 15,144
Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17, state of 1040-SR, line 13a)  Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-NR, line 75)	5
Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Farty, and the Refund (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)  Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)  Taxpayer Declaration and Signature Authorization (Be sure you get and Part II)  Taxpayer Declaration and Signature Authorization (Be sure you get and Part II)  Taxpayer Declaration and Signature Authorization (Be sure you get and Declaration and accompanies of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanies of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanies of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanies of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanies of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanies of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanies of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanies of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanies of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanies of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanies of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanies of perjury and the perjur	Keep a copy
nder penalties of perjury, I declare that I have examined a copy of my electronic helief, they are true, correct, and complete, or the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, trace are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, trace are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, trace are the amounts of the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treason for any delay institution account indicated in the tax gent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution to debit the entry to the financial institution to debit the entry to the financial institution. To revoke (cance emain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cance emain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cance reason Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days reason. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confid late. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidence in the payment. I further acknowledge that the personal identification number (Payment inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (Payment inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (Paym	ix preparation software for payment this account. This authorization is to el) a payment, I must contact the U.S. s prior to the payment (settlement)
Taxpayer's PIN: check one box only  X   authorize   CLIFTONLARSONALLEN   LLP   to enter or generate   ERO firm name   the first income tax return.	Enter five digits, but don't enter all zeles
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 the pin and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	Date Date
Your signature	PG 3
Spouse's PIN: check one box only to enter or general	Finter five digits but
I authorize ERO firm name	don't effer all zeros
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 PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below	this box <b>only</b> if you are entering your ow.
PIN and your return is filed dailing the return is filed d	Date -
Spouse's signature ▶	
Practitioner PIN Method Returns Only - continue to	below
Part III   Certification and Authentication - Practitioner PIN Method Only	
FRO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don'	't enter all zeros ly filed income tax return for the taxpaye
I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically indicated above. I confirm that I am submitting this return in accordance with the requirements of the Prairie Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	
EDO'S SIGNATURE LINDA M SEDILLO GONZALES, EA	
ERO Must Retain This Form - See Instruction  919995 01-13-20  Don't Submit This Form to the IRS Unless Requeste	

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

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 Signa I am signii	iture ng this Tax Return by entering my PIN below.		
ERO's PIN	(enter EFIN plus 5 self-selected numerics)	A STATE OF THE PARTY OF THE PAR	A

## **Taxpayer Declarations**

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.

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.

N below.						
Taxpayer's PIN:	Date 05	142020		E X	2020	
Spouse's PIN:				ECTIONS DEPARTMENT	MAY 29 PM 2: 37	RECEIVED

919986 04-01-19

a Employee's scc * * * _ * *	ial security number	OMB No.		accurate, ! Use IRS e		v/efile
Employer identification number (EIN)		OMB No.	1 Wages, tip	os, other compensation 49,365.	2 Federal income tax wit	3,980
	EINANC	יד הבפת	3 Social sec	49,545		,071.7
Employer's name, address, and ZIP code  MIAMI DADE COUNTY, FL  111 N.W. 1ST STREET			5 Medicare	wages and tips	6 Medicare tax withheld	718.4
MIAMI	FL 33128-	-1960	7 Social se	curity tips	8 Allocated tips	
Control number			9		10 Dependent care bene	efits
EILEEN T. HIGGINS MIAMI	FL 3313	Suff.	11 Nonqua  13 Statute emplo	ory Retirement Third-par yee plan sick pay	12a See instructions for DD	9 , 226
			FRS	18 Local wages, tips, etc.	12d	20 Locality na
Employee's address and ZIP code     State Employer's state ID number	16 State wages, tips, etc.	17 State incom	ne tax	16 Local wayes, the too		
Form W-2 Wage and Tax Statement		20	19	Dept	artment of the Treasury - Inte	rnal Revenue Se

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

<b>1040</b>		of the Treasury - Internal Revenue Servi		(69)	2019	OMB N	lo.	IRS Use Only -	Do not w	rite or staple in this space.
	U.S. In	Married filing jointly	Married	filing sepa	arately (MFS)	Head of ho	usehold (HC	OH) U Quality	ng wido nualifyin	na person is
Filing Status	X Single	Married filing jointly cked the MFS box, enter the name	of spous	se. If you	checked the HOH	or QW box,	enter the ch			
Check only one box.	a child hut	not your dependent.							1001 00	dia.
Your first name	e and mid	dle initial	Last	name					***	***
ETT.EEN 7	P .			GINS					Spouse'	's social security number
If joint return,	spouse's	first name and middle initial	Last	name				A	Deserted	ential Election Campaign
. ,		and street). If you have a P.O	box, s	ee instru	ictions.			Apt. no.	Charle hore	gill the service and the service of
Home addres	s (number	and street). If you have a ris						3909	jointly, war	ant \$3 to go to this fund. Checking low will not change your
	Waa a	tate, and ZIP code. If you have a fo	reign ad	ldress, als	so complete spac	es below (se	e instruction	is).	tax or refu	
City, town or po	ist office, s	3132					Foreign po	estal code	If more	e than four dependents,
Foreign coun		0101		Foreign province/state/county Foreign postal co			out over	see instructions and √ here▶		
Foreign coun	lly Harrio			1	r spouse as a	denendent		10/0		
Standard	Someone	e can claim: You as a depe	ndent	∐ You	r spouse as a v	alien	A STATE			
Deduction	Spo	use itemizes on a separate ret	urn or y	ou were	a dual-status c	illori,	(8)		п.,	n - 4
				Are blind		Was bo	rn before Jar	nuary 2, 1955	ls b	olina s for (see instructions):
Age/Blindness		Were born before January 2, 19	55	- "	security number	(3) Relation	nship to you	Child tax	if qualifies credit	Credit for other dependen
Dependents		ructions): Last name				- 697		-		
(1) First name	9	Equi name				100	400	-		
						4	200			
					-	-	-			40.365
				(-XXV)			S	TMT 3	1	
		Wages, salaries, tips, etc. Atta	ch Form	n(s) W-2	2,754	• Taxabl	e Interest. Atta	ch Sch.	2b	219
	2a	Tax-exempt interest	2a	n(s) W-2	2,754	D B if rec	le interest. Atta quired ary dividends.) quired	ch Sch.	2b 3b	219
Standard	2a 3a	Tax-exempt interest  Qualified dividends	ch Form 2a 3a 4a	n(s) W-2.	4,,00	b B if red b Taxal	e interest. Atta quired ary dividends: ) quired ble amount	ch Sch.	2b 3b 4b	219
Deduction for - Single or Ma	2a 3a 4a	Tax-exempt interest  Qualified dividends  IRA distributions	2a 3a	n(s) W-2	4,,00	b B if red b Taxal	e interest. Atta quired ary dividends: ) quired ble amount ble amount	ch Sch. Attach Sch.	2b 3b	6,310
● Single or Ma filing separat \$12,200	2a 3a 4a tely. c	Tax-exempt interest Qualified dividends IRA distributions Pensions and annuities	2a 3a 4a 4c		5,339	b B if red b Taxal d Taxa	e interest. Atta quired ary dividends: ) quired ble amount ble amount ble amount	ch Sch.	2b 3b 4b 4d	6,31
Deduction for - Single or Ma filing separat \$12,200 Married filing	2a 3a 4a tely. c 5a	Tax-exempt interest Qualified dividends IRA distributions Pensions and annuities Social security benefits	2a 3a 4a 4c 5a	lo D if re	5,339	b B if red b Taxal d Taxa b Taxa	le interest. Atta quired stry dividends. A quired ble amount ble amount ble amount ble here	ch Sch.	2b 3b 4b 4d 5b	6,37 -156,79
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Deduction for - Single or Ma filing separal \$12,200  Married filing jointly or Qualifying widow(er), \$24,400  Head of household,	2a 3a 4a c 5a 6 7a	Tax-exempt interest Qualified dividends IRA distributions Pensions and annuities Social security benefits Capital gain or (loss). Attach (Other income from Schedule Add lines 1, 2b, 3b, 4b, 4d, 5	2a 3a 4a 4c 5a Schedu 1, line 9 b, 6, an	lle D if re	5,339	b Bifree b Taxal d Taxa b Taxa	le interest. Atta quired ary dividends) ble amount ble amount ble amount eck here	ch Sch.	2b 3b 4b 4d 5b 6 7a 7b 8a 8b	6,37 -156,79 -94,51
Deduction for - Single or Ma filing separal \$12,200  Married filing jointly or Qualifying widow(er), \$24,400  Head of household, \$18,350	2a 3a 4a c 5a 6 7a b 8a b	Tax-exempt interest Qualified dividends IRA distributions Pensions and annuities Social security benefits Capital gain or (loss). Attach (Other income from Schedule Add lines 1, 2b, 3b, 4b, 4d, 5 Adjustments to income from Subtract line 8a from line 7b	2a 3a 4a 4c 5a Schedu 1, line 9 b, 6, and Schedu This is	ole D if re  9  nd 7a. The line  your ad eduction	quired. If not remais is your total at 22 justed gross in the street gross in the stre	b Ordine b B if rev b Taxal d Taxa b Taxa equired, che income	le interest. Atta quired ary dividends: ) quired ble amount ble amount ble amount eck here	ch Sch.	2b 3b 4b 4d 5b 6 7a 7b 8a 8b	6,37 -156,79 -94,51
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Table   Tabl		10 TO 2	DEN M HICCING				***_	* * _		Page 2
Add Schedule 2, line 3, and line 12a and enter the total   13a   13b	Form 1040 (2019)			2 4072 3		12a		0.		
13a			Tax any from Form(s): 1 8814	ine 120 and ente	er the total				12b	0.
Add Schedule 3, line 7, and line 15a and enter the total  14 Subtract line 13b from line 12b. If zero or less, enter 0.  15 Cher 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 W2 and 1099  17 3, 980.  18 Other payments and refundable credits:  19 Johnsen  18 Larned income credit (EIC)  19 Johnsen  18 Add lines 17 and 18c. These are your total tax  18 Checkule 3, line 14  19 Add lines 17 and 18c. These are your total payments  19 Add lines 17 and 18c. These are your total payments  19 Add lines 17 and 18c. These are your total payments  20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid  21 Amount of line 20 you want applied to your 2020 estimated tax  22 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions  23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions  24 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions  25 Amount of line 20 you want applied to your 2020 estimated tax  26 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions  27 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions  28 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions  29 Lettinated tax penalty (see instructions)  20 you want applied to your 2020 estimated tax  21 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions  29 Lettinated tax penalty (see instructions)  20 your storage.  20 Doyou want on allow another person (other than your paid prepare) to discuss this return with the IRS? See instructions  21 Amount your owe. Subtract line 19 from line 16. For details on how to pay, see instructions  29 Lettinated tax penalties of perips, tocksee that have examined this return and accompanying selecules and statements,		100	Add Schedule 2, line 3, and 1	ther dependent	e the total	13a				
14   0.			Child tax credit or credit for c	in a 10 a and ant	s	[10a]		•	13b	
Other taxes, including self-employment tax, from Schedule 2, line 10. 15		Description of the last	Add Schedule 3, line 7, and I	ine 13a and ente	er the total					0.
Third Party Designee  Amount 23 Amount of line 20 you want papiled to your 2020 estimated tax 24 Amount of line 20 you want spling helps and papiler, I declare that I have examined this return with the IRS? See instructions  Sign  Here  Other payments and refundable credits:  18		14	Subtract line 13b from line 13	2b. If zero or les	s, enter o	2 line 10			15	2,446.
Add lines 14 and 15. Insis you return tax  Federal income tax withheld from Forms W2 and 1099  Other payments and refundable credits:  a guarting child, attend Sch. Ed.  I you have a containable with the life of the the		15	Other taxes, including self-er	nployment tax, t	rom Schedule	z, iiile 10		<b></b>		2,446.
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Particular   Par		17			and 1099					
Gautifying child, a latch Sch. E. B. C. If you have nontaxable combat pay, see Instructions and refundable credits and refundable credits and refundable credits.    Add lines 17 and 18e. These are your total other payments and refundable credits.   18e	lf you have a	_18	Other payments and refunda	ble credits:		140-1				
Additional child tax credit. Attach Schedule 3, line 14   Canada physics	qualifying child,	a	Earned income credit (EIC)						13:50	
Cambat pay, see instructions   Schedule 3, line 14   13,610   18d   13,610   19   17,590   19   19   17,590   19   19   17,590   19   19   17,590   19   19   17,590   19   19   17,590   19   19   17,590   19   19   17,590   19   17,590   19   19   17,590   19   19   17,590   19   19   17,590   19   19   17,590   19   19   17,590   19   19   17,590   19   19   17,590   19   19   17,590   19   19   17,590   19   17,590   19   19   17,590   19   19   17,590   19   19   17,590   19   17,590   19   19   19   19   17,590   19   19   19   19   19   17,590   19   19   19   19   19   19		b	Additional child tax credit. A	ttach Schedule	8812			AYERS	VALUE	
Add lines 18a through 18d. These are your total other payments and refundable credits   18e   13,610.	nontaxable	С						13 610		
Refund  Refund  20 If lines 17 and 18e. These are your total payments		d	Schedule 3, line 14						40-	13.610.
Refund 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 21a Amount of line 20 voi want refunded to you. If Form 8888 is attached, check here 21a Amount of line 20 voi want refunded to you. If Form 8888 is attached, check here 21a Amount of line 20 voi want refunded to you. If Form 8888 is attached, check here 22 Amount of line 20 you want applied to your 2020 estimated tax  22  Amount of line 20 you want applied to your 2020 estimated tax  22  Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions  23  Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions  23  Phone 10 you want to allow another person (other than your pald preparer) to discuss this return with the IRS? See instructions  23  Personal identification  25  Perso		е	Add lines 18a through 18d.	These are your <b>t</b>	otal other pay	ments and	refundable	credits		17 590.
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See instructions.    Account number   ********   ********   *********   ******		21a	Amount of line 20 you want	refunded to you	<ol> <li>If Form 8888</li> </ol>	3 is attached	check her	e	21a	13,144.
Account number		<b>▶</b> b	Routing number :			c Type:	X Checkin	g Savings	14	
Amount You Owe 23	See instructions.	▶ d	Account number *****	C-/C-1/1			100	497	a decimal	
Amount You Owe 24			Amount of line 20 you want	applied to your 2	020 estimated t	ax ▶ 22	Elle Was		Valley.	
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Third Party Designee (Other than paid preparer) Designee (Other than paid preparer) Designee (Other than paid preparer) Designee's name  Designee's name  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  Joint return? See instructions, Keep a copy for your records.  Phone no. 3053335399  Email address  Phone no. 3053335399  Email address  Phone no. 3053335399  Email address  Preparer's signature  LINDA M SEDILLO GONZALES, EA  GONZALES, EA  GONZALES, EA  Phone no. (505) 842-8290  Firm's name  CLIFTONLARSONALLEN LLP  6501 AMERICAS PARKWAY NE, SUITE 500  ALBUQUERQUE, NM 87110		24	Estimated tay penalty (see i	nstructions)		24	Yes		FIGURE 1	
Designee (Other than paid preparer)  Designee's name Outdoor 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.  Joint return?  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Date  Proparer's name  Preparer's name  Preparer's name  ONDITION  Preparer's name  Preparer's signature  Use Only  CLIFTONLARSONALLEN LLP  6501 AMERICAS PARKWAY NE, SUITE 500  ALBUQUERQUE, NM 87110		v D	you want to allow another person	other than your	paid preparer) to	o discuss this	return with th	ne IRS? See inst	ructions	
Cother than paid preparer   name		-						Personal ide	ntification	∐ No
Sign Here  Joint return? See instructions. Keep a copy for your records.  Phone no. 3053335399  Phone no. 3053335399  Email address  Preparer's name  Joint return see instructions. Keep a copy for your records.  Phone no. 3053335399  Email address  Preparer's signature  Preparer's signature  Date  Preparer's signature  Preparer's signature  Date  Preparer's name  Preparer's signature  Date  Preparer's name  Preparer's signature  LINDA M SEDILLO  LINDA M SEDILLO  GONZALES, EA  GONZALES, EA  Phone no.  (505) 842-8290  Firm's address  ALBUQUERQUE, NM 87110	(Other than				no.			number (PIN	)	des and halled they are true
Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Date  Spouse's signature. If a joint return, both must sign.  Phone no. 3053335399  Email address  Preparer's name  Preparer's signature  LINDA M SEDILLO  GONZALES, EA  GONZALES, EA  CLIFTONLARSONALLEN LLP  6501 AMERICAS PARKWAY NE, SUITE 500  ALBUQUERQUE, NM 87110	Sign	cc	errect, and complete. Declaration of prep	nave examined this re arer (other than taxpa	yer, is based on an	ACCORDING TO A STATE OF THE PARTY OF THE PAR	107-6	s, and to the best of as any knowledge.	my known	Protection PIN, enter it here
Paid   Preparer's name   Preparer's signature   Preparer's signature   Preparer   LINDA M SEDILLO   LINDA M SEDILLO   GONZALES, EA   GONZALES, EA   Phone no. (505) 842-8290      Firm's   ALBUQUERQUE, NM 87110   Preparer's signature   Preparer's signa		N 0	nouse's signature. If a joint return, both	must sign.	Date	Spouse's occ	pation			
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Preparer LINDA M SEDILLO LINDA M SEDILLO  GONZALES, EA GONZALES, EA  CLIFTONLARSONALLEN LLP  6501 AMERICAS PARKWAY NE, SUITE 500  ALBUQUERQUE, NM 87110	your records.	_	2052225200							
Preparer LINDA M SEDILLO LINDA M SEDILLO  GONZALES, EA  CLIFTONLARSONALLEN LLP  6501 AMERICAS PARKWAY NE, SUITE 500  ALBUQUERQUE, NM 87110				Preparer's signs			Date	PTIN		Check if:
Use Only GONZALES, EA GONZALES, EA    Film's   CLIFTONLARSONALLEN LLP   (505) 842-8290	A			N- 0				220 Ho (A) (C)		F-7
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CLIFTONLARSONALLEN LLP  6501 AMERICAS PARKWAY NE, SUITE 500  ALBUQUERQUE, NM 87110	Use Only	GOI	NZALES, EA	GONZALI	ES, EA		-			
ALBUQUERQUE, NM 87110	Firm's name	CI	LIFTONLARSONALL	EN LLP	SUITE	500		5) 842-	8290	- Filli s Eliv
address ADDOQUERQUE, 1917 07220	Firm's				,	- 10-50-500				
	address	A	TEOCOEROOF, NH	the latest info	mation					Form 1040 (2019

SCHEDULE 1

(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

Attach to Form 1040 or 1040-SR.

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

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040 or 1040-SR

Your social security number \*\*\*-\*\*-

tany time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any rutual currency?  Part I Additional Income  1 Taxable refunds, credits, or offsets of state and local income taxes  2a Alimony received  b Date of original divorce or separation agreement (see instructions)  3 Business income or (loss). Attach Schedule C  4 Other gains or (losses). Attach Form 4797  5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  6 Farm income or (loss). Attach Schedule F  7 Unemployment compensation  8 Other income I list type and amount   NOL DEDUCTION FOR 2019  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  11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach  Form 2106  12 X No  Yes X No  Yes X No  To Additional Income  1 1  2 a  - 1 6 - 2 5 7 7 3 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	lame(s) shown on Form 1040 or 1040-SR	<u> *</u>	* * - * .	`
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