

Form 1116

Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

-**-*

EILEEN T. HIGGINS

Foreign Income Category

GENERAL LIMITATION INCOME

AMT

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

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

2009	2010	2011	2012	2013

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Form 1116

Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

EILEEN T. HIGGINS

-**-*

Foreign Income Category

PASSIVE INCOME

Regular

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

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

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Foreign Tax Credit Carryover Statement (Page 2 of 2)

-**-*

NAME

EILEEN T. HIGGINS

PASSIVE INCOME

Foreign Income Category

AMT

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

	2014	2015	2016	2017	2018	2019
						188.
						188.
						0.
				328.	547.	188.
				328.	547.	188.
						1,063.

Total foreign taxes from all available years to be carried to next year

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

	2009	2010	2011	2012	2013

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927841 08-28-19

Form 1116

Pro Rata Share of Allocated Losses

NAME

-**-*

EILEEN T. HIGGINS

Allocation of Losses from Other Categories

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

Allocation of U.S. Losses

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

Recapture of Prior Year Overall Foreign Loss

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

Recapture of Separate Limitation Loss Accounts

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

Recapture of Overall Domestic Loss Prior to 2012

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

Recapture of Overall Domestic Loss Prior to 2018

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

927842 04-29-20

Pro Rata Share of Allocated Losses

Form 1116

NAME

Recapture of Overall Domestic Loss

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

Adjustments to Form 1116, Line 15

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

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2019**Schedule A - Net Operating Loss (NOL)**

Social Security Number

Name

-**-*

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

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2019

Worksheet for NOL Carryover

Social Security Number
-**-*

Name(s) as shown on return

EILEEN T. HIGGINS

USE YOUR 2019 FORM 1040 TO COMPLETE THE WORKSHEET:

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

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

ADJUSTMENTS TO ITEMIZED DEDUCTIONS (Individuals Only).

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

ADJUSTMENT TO MEDICAL EXPENSES:

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

ADJUSTMENT TO MORTGAGE INSURANCE PREMIUMS:

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

ADJUSTMENT TO CHARITABLE CONTRIBUTIONS:

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

0.	

ADJUSTMENT TO CASUALTY AND THEFT LOSSES:

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

TOTAL ADJUSTMENT:

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

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NOL

Detail NOL Carryover/Carryback Worksheet

2019

Social Security Number
-**-*

Name(s)
EILEEN T. HIGGINS

Year Carried From	Amount Available for Carryover/Carryback	Amount Used in 2018	Amount Used in 2019	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in
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2016	225,051.	186,028.	39,023.							
2017	127,235.	0.	19,297.							

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Totals	352,286.	186,028.	58,320.							
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Total amount available for carryover 352,286.
Less total amounts used 244,348.
Less total amounts expired 0.
Remaining carryover 107,938.

2019

Worksheet for Alternative Tax NOL Carryover

Social Security Number
-**-*

Name(s) as shown on return

EILEEN T. HIGGINS

USE YOUR 2019 FORM 1040 TO COMPLETE THIS WORKSHEET:

1. Enter as positive number your AMT NOL deduction.
2. Enter alternative minimum taxable income without the NOL.
3. Enter as a positive number any net capital loss deduction on Form 1040, line 6.
4. Enter as a positive number any gain excluded on the sale or exchange of qualified small business stock.
5. Enter any amount of any domestic production activities deduction.
6. Enter as a positive number any qualified business income deduction.
7. Enter adjustment for AMT depletion.
8. Enter any adjustments to adjusted gross income.
9. Enter any adjustments to itemized deductions from line 25 below.
10. **Modified alternative taxable income.** Combine lines 2 through 9 and enter the result (but not less than zero.)
11. Alternative taxable income limitation. Enter 90% of line 10.
12. **AMT NOL carryover to 2020.** Subtract line 11 from line 1 and enter the result (but not less than zero.)

	156,056.
70,536.	
	70,536.
	63,482.
	92,574.

ADJUSTMENTS TO ITEMIZED DEDUCTIONS (Individuals Only).

13. **Modified adjusted gross income** (from NOL Carryover Worksheet, line 13.)

ADJUSTMENT TO MORTGAGE INSURANCE PREMIUMS:

14. Mortgage insurance premiums deduction from Schedule A, line 8d.
15. Refigured mortgage insurance premiums deduction.
16. Subtract line 15 from line 14.

ADJUSTMENT TO CHARITABLE CONTRIBUTIONS:

17. Enter charitable contributions deduction from the AMT Contribution Worksheet.
18. Refigure the charitable contributions deduction using line 13 above as your AGI.
19. Subtract line 18 from line 17.

ADJUSTMENT TO CASUALTY AND THEFT LOSSES:

20. Enter casualty and theft losses from Form 4684, line 18.
21. Enter casualty and theft losses from Form 4684, line 16.
22. Multiply line 13 by 10% (.10).
23. Subtract line 21 from line 22 (but not less than zero.)
24. Subtract line 23 from line 20 (but not less than zero.)

TOTAL ADJUSTMENT:

25. Combine lines 16, 19, and 24. Enter the amount from this line on line 8 above.

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AMT NOL

Detail AMT NOL Carryover Worksheet

2019

Name(s)

ELIEN T. HIGGINS

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Social Security Number
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Year Carried From	Amount Available for Carryover	Amount Used in 2018	Amount Used in 2019	Amount Used in 2020	Amount Used in 2021	Amount Used in 2022	Amount Used in 2023	Amount Used in 2024	Amount Used in 2025	Amount Used in 2026	Amount Used in 2027	Amount Used in 2028	Amount Used in 2029	Amount Used in 2030
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2016	219,472.	182,173.	37,299.											
2017	118,757.	0.	26,183.											

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Totals	338,229.	182,173.	63,482.											
--------	----------	----------	---------	--	--	--	--	--	--	--	--	--	--	--

Total amount available for carryover 338,229.
 Less total amounts used 245,655.
 Less total amounts expired 0.
 Remaining carryover 92,574.

-

EILEEN T. HIGGINS

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 3

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

FORM 1040

TAX-EXEMPT INTEREST

STATEMENT 4

NAME OF PAYER

CHARLES SCHWAB & CO INC
FROM K-1 - EILEEN T HIGGINS 2012 TR 34260599

TOTAL TO FORM 1040, LINE 2A

AMOUNT

1,250.

1,504.

2,754.

FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 5

NAME OF PAYER

CHARLES SCHWAB & CO INC
FROM K-1 - EILEEN T HIGGINS 2012 TR
34260599

TOTAL INCLUDED IN FORM 1040, LINE 3A

ORDINARY
DIVIDENDS

2,026.

4,290.

QUALIFIED
DIVIDENDS

1,429.

3,910.

5,339.

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SCHEDULE 3

CURRENT YEAR ESTIMATES AND
AMOUNT APPLIED FROM PREVIOUS YEAR

STATEMENT 6

DESCRIPTION

1ST QTR ESTIMATE PAYMENT
2ND QTR ESTIMATE PAYMENT
3RD QTR ESTIMATE PAYMENT
4TH QTR ESTIMATE PAYMENT

TOTAL TO SCHEDULE 3, LINE 8

AMOUNT

2,620.

5,750.

2,620.

2,620.

13,610.

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SCHEDULE D LONG-TERM CAPITAL GAINS AND LOSSES STATEMENT 7

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

SCHEDULE D CAPITAL GAIN DISTRIBUTIONS STATEMENT 8

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

SCHEDULE SE NON-FARM INCOME STATEMENT 9

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

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FORM 1116

SUMMARY OF FOREIGN TAXES PAID OR ACCRUED

STATEMENT 10

PASSIVE INCOME

NAME OF COUNTRY IMPOSING TAX

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

PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:

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

TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR

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FORM 1116

FOREIGN TAX CREDIT CARRYOVER / CARRYBACK

STATEMENT 11

PASSIVE INCOME

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

TOTAL TO FORM 1116, PART III, LINE 10

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FORM 1116 FOREIGN TAX CREDIT CARRYOVER / CARRYBACK STATEMENT 12

GENERAL LIMITATION INCOME

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

FORM 6251 LOSS LIMITATIONS STATEMENT 13

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

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FORM 6251

ALTERNATIVE MINIMUM TAX NOL LIMITATION

STATEMENT 14

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

156,056.

156,056.

ATNOLD LIMITATION:

- 2A. SUM OF FORM 6251, LINES 1 - 3 WITHOUT LINE
2D AND TREATING LINE 2F AS ZERO
- B. TENTATIVE AMOUNT FOR LINE 2D WHEN TREATING
LINE 2F AS ZERO

70,536.

- C. SUM OF LINES 2A - 2B. IF ZERO OR LESS,
ENTER ZERO (-0-)

70,536.

63,482.

- 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

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

PASSIVE INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2018 ALT. MIN. TAX CREDIT	547.	0.	547.
2017 ALT. MIN. TAX CREDIT	328.	0.	328.
2016 ALT. MIN. TAX CREDIT	0.	0.	0.
2015 ALT. MIN. TAX CREDIT	0.	0.	0.
2014 ALT. MIN. TAX CREDIT	0.	0.	0.
2013 ALT. MIN. TAX CREDIT	0.	0.	0.
2012 ALT. MIN. TAX CREDIT	0.	0.	0.
2011 ALT. MIN. TAX CREDIT	0.	0.	0.
2010 ALT. MIN. TAX CREDIT	0.	0.	0.
2009 ALT. MIN. TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2019			875.
TOTAL TO FORM 1116 (AMT), PART III, LINE 10			

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

GENERAL LIMITATION INCOME

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

FORM 8995 QUALIFIED REIT DIVIDENDS AND PTP INCOME STATEMENT 17

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

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

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

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FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 19
FOREIGN TRUST/ESTATE INCOME

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

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

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

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EILEEN T. HIGGINS

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

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2019 TAX RETURN FILING INSTRUCTIONS**NEW MEXICO INCOME TAX RETURN**

FOR THE YEAR ENDING
DECEMBER 31, 2019

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

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

State of New Mexico Taxation and Revenue Department

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

For the year January 1 - December 31, 2019

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

Your mailing address, city, state, and ZIP code

MIAMI, FL 33132**FILING STATUS (Check one)**

(1) Single



(2) Married filing jointly



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



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



(5) Qualifying widow(er)

PART I TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

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

PART II DECLARATION OF TAXPAYER

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

PLEASE
SIGN
HERE

Your signature

Date

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

PART III DECLARATION OF PREPARER/TRANSMITTER (if applicable)**PAID PREPARER'S, ELECTRONIC RETURN ORIGINATOR'S or OTHER THIRD-PARTY TRANSMITTER'S USE ONLY**

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

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

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

2019 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2019

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

1019 01 1



Print your name (first, middle, last)
1a EILEEN T. HIGGINS

Print your spouse's name (first, middle, last). If married filing separately, include spouse.
2a

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

2b **2c** **2d** **2e** **2f** Spouse's date of birth

3a ☐ If the address is new or changed, mark this box.
 Mailing Address (Number and street)
3b City **MIAMI** State **FL** Postal/ZIP Code **33132**

3c If foreign address, enter country Foreign province and/or state

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

4 If a deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse named on this return, enter below the name and social security number of that person. You must also attach Form RPD-4 1083.

4a Name **4b** SSN

If taxpayer or spouse died before this return is filed, enter date of death. **4c** Taxpayer's date of death **4d** Spouse's date of death

Residency status: For taxpayer and spouse (1e and 2e), enter:
 R if RESIDENT
 N if NON-RESIDENT
 F if FIRST-YEAR RES.
 P if PART-YEAR RES.

6a ☐ EXTENSION OF TIME TO FILE. If you have a federal or state extension, mark the box and enter the extension date. **6b**

8. DEPENDENTS AND OTHER DEPENDENTS. As listed on your federal return.
 (You must report the first 5 dependents and other dependents in this table. Use Schedule PIT-S for additional entries.)

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

7. FILING STATUS. Mark only one box.

☒ (1) Single

☐ (2) Married filing jointly

☐ (3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)

☐ (4) Head of household (Enter name of person qualifying you as head of household that person is not counted as a qualified dependent on your federal return.)

(4a) **5** Qualifying widower with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 8b) **9** **-95,738**

10. If you itemized your federal deduction amount, enter the amount of state and local tax deduction claimed on federal Form 1040, Schedule A, line 5a. See the worksheet in the instructions. **10** **0**

11. Total Additions to federal adjusted gross income (PIT-ADJ, line 5). Attach PIT-ADJ. **11** **169,012**

12. Federal standard or itemized deduction amount (from federal Form 1040, line 9) **12** **12,200**

12a. If you itemized, mark the box **12a** ☐

13. Deduction for certain dependents. See the worksheet in the instructions **13** **0**

14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions **14** **2,500**

15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). Attach PIT-ADJ. **15** **63,625**

16. Medical care expense deduction. See PIT-1 instructions. You must complete both lines 16 and 16a or the deduction will be denied.

16a. Unreimbursed and uncompensated medical care expenses **16a** **0**

17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16. Cannot be less than zero. **17** **0**

18. New Mexico tax on amount on line 17 or from PIT-B, line 14 **18a** **B**

18a. From Rate Table = R. From PIT-B, line 14 = B. **18a** **B**

19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions. **19** **0**

20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. Include a copy of other state's return. See PIT-1 instructions **20** **0**

21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR **21** **0**

22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero **22** **0**

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

967001 01-22-20

Continue on the next page.

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

1

YOUR SOCIAL SECURITY NUMBER

-**-*

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ELECTIONS DEPARTMENT**

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

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

23. The amount on line 22 from page 1 + 23
24. Total claimed on rebate and credit schedule (PIT-RC, line 25). **Attach PIT-RC.** + 24
25. Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.) + 25
- 25a. The amount of federal earned income credit (EIC) 25a
- reported on your 2019 federal income tax return + 26
26. Refundable business-related income tax credits from Schedule PIT-CR, line B. **Attach PIT-CR** + 27
27. New Mexico income tax withheld. **Attach annual statements of income and withholding** + 28
28. New Mexico income tax withheld from oil and gas proceeds. **Attach 1099-Misc or RPD-41285** + 29
29. New Mexico income tax withheld from a pass-through entity. **Attach 1099-Misc or RPD-41359** + 30
30. 2019 estimated income tax payments. See PIT-1 instructions + 31
31. Other Payments = 32
32. **TOTAL PAYMENTS AND CREDITS.** Add lines 24 through 31 33

33. **TAX DUE.** If line 23 is greater than line 32, enter the difference here + 34
34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank 35
35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. **Attach RPD-41272** + 36
36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank + 37
37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank = 38
38. **TAX, PENALTY, AND INTEREST DUE.** Add lines 33, 34, 36, and 37 39

39. **OVERPAYMENT.** If line 23 is less than line 32, enter the difference here. - 40
40. Refund voluntary contributions (PIT-D, line 17). **Attach PIT-D** - 41
41. Amount from line 39 you want applied to your 2020 Estimated Tax = 42

42. **AMOUNT TO BE REFUNDED TO YOU.** Line 39 minus lines 40 and 41

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

RE.1 Routing number: _____

RE.2 Account number: _____

RE.3 Type:

Checking ☐Savings ☐

Choose one.

Mark X by your choice.

RE.4

YES ☐NO ☐

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

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

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

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

Taxpayer's phone number _____

Taxpayer's email address _____

Paid preparer's use only:

LINDA M SEDILLO GONZALE

Signature of preparer _____

Date _____

CLIFTONLARSONALLEN LLP

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

P.2 NM CRS identification number _____

P.3 Preparer's PTIN _____

P.4 FEIN _____

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

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

967002 01-22-20

Taxpayer's name
EILEEN T. HIGGINS

SSN-1111-1111

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

[illegible]

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

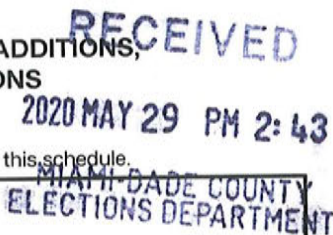
2019 PIT-ADJ**NEW MEXICO SCHEDULE OF ADDITIONS,
DEDUCTIONS, AND EXEMPTIONS**

1

We cannot accept statements instead of this schedule.

Print your name (first, middle, last)

EILEEN T. HIGGINS



YOUR SOCIAL SECURITY NUMBER

-**-*

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

NEW MEXICO ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

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

NEW MEXICO DEDUCTIONS AND EXEMPTIONS FROM FEDERAL ADJUSTED GROSS INCOME

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

- | | | |
|---|----|--------|
| 22. TOTAL DEDUCTIONS AND EXEMPTIONS. Add lines 6 through 21. Enter here and on Form PIT-1, line 15 ... | 22 | 63,625 |
|---|----|--------|

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

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1

MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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

YOUR SOCIAL SECURITY NUMBER

*** - ** -

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

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

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

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

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

ALLOCATION OF NONBUSINESS INCOME

	Column 1 Total Federal Income	Column 2 New Mexico Income
1. Wages, salaries, tips, etc. If non-resident military personnel, see PIT-B instructions.	1 49,365	
1a. If you used Form PIT-110 to calculate line 1, Column 2, mark this box 1a <input type="checkbox"/>		
2. Interest and dividends. Include difference from Schedule PIT-ADJ, line 1 minus line 6.	2 9,289	
3. Pensions, annuities, social security, and lump-sum distributions	3	
4. Rents and royalties	4	
5. Gains or losses from the sale or exchange of property	5 604	-5,773
6. Income or losses from pass-through entities	6 15,239	136,030
7. All other income not included in lines 1 through 6 and line 8	7	

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

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

EILEEN T. HIGGINS

***-**-

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

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

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ELECTIONS DEPARTMENT

FROM PIT-1:

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

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

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