Form 1116

Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

EILEEN T. HIGGINS

***_**_

Foreign Income Category

GENERAL	LIMITATION	INCOME

reign tax paid/accrued	2014	2015	2016	2017	2018	2019
reign tax paid/accrued						
C carryback to 2019						
r amended returns						
eduction in foreign						
1000						
		MONTH OF THE STATE OF THE				
			413.			
128 A 5 A 10 B A 5 A 10 B B A 10 B			THE STREET STREET	INTERNATION OF STREET		
oreign tax carryback		SEATING THE DATE OF	SHEET INCLUDES THE REAL PROPERTY OF	1/2		
oreign tax carryforward				VIIID. 4		
			413.			41
מממח	oreign tax or excess	reign tax available	reign tax available	reign tax available aximum credit allowable sused foreign tax (+) excess of limit (-) soreign tax carryback soreign tax or excess shift remaining 413.	reign tax available aximum credit allowable aused foreign tax (+) excess of limit (-) excess of limit (-) oreign tax carryback oreign tax or excess init remaining 413.	reign tax available aximum credit allowable auximum credit allowab

	Г	2009	2010	2011	2012**	2013
1.	Foreign tax paid/accrued		Tout also	Sant Street St	6125	The same of
2.	FTC carryback to 2019				금족	E C
	for amended returns				455	13 (11
3.	Reduction in foreign					w :_
	taxes				OC THE	2 -
4.	Foreign tax available				120	2 22
5.	Maximum credit allowable				21	Z .: (m)
6.	Unused foreign tax (+)				7	
	or excess of limit (-)	Amount Co.			2	STATE OF STREET
7.	Foreign tax carryback					
8.	Foreign tax carryforward	Acres .	9			
9.	Foreign tax or excess					
	limit remaining	181, 49				

DocuSign Envelope ID: 3E344F85-2D57-446E-924A-5260920D342E Foreign Tax Credit Carryover Statement (Page 1 of 2) Form 1116 NAME ***_**_ EILEEN T. HIGGINS PASSIVE INCOME Foreign Income Category 2019 2018 2016 2017 2015 2014 Regular 188. 1. Foreign tax paid/accrued 2. FTC carryback to 2019 for amended returns 3. Reduction in foreign taxes 188. 4. Foreign tax available 0. 5. Maximum credit allowable 6. Unused foreign tax (+) 547. 188. 328. or excess of limit (-) ... 7. Foreign tax carryback ... 8. Foreign tax carryforward 9. Foreign tax or excess 188. 328. 547. limit remaining 1,063. Total foreign taxes from all available years to be carried to next year 2013 2011 2012 2010 2009 1. Foreign tax paid/accrued

2.	FTC carryback to 2019 for amended returns		ELM PA
3.	Reduction in foreign		。 100 100 100 100 100 100 100 10
4.	Foreign tax available		20 20
5.		CANCELLE AND DESCRIPTION OF THE PARTY OF THE	100 mm o 45
6.	Unused foreign tax (+) or excess of limit (-)	Annual State of the State of th	PAGE AT
7.			-12 1: 0
8.	Foreign tax carryforward	Harm.	
9.	Foreign tax or excess limit remaining		7

Foreign Tax Credit Carryover Statement (Page 2 of 2) Form 1116 ***_**_ NAME EILEEN T. HIGGINS PASSIVE INCOME Foreign Income Category 2019 2018 2017 2016 188. 2015 2014 AMT Foreign tax paid/accrued 2. FTC carryback to 2019 for amended returns ... 3. Reduction in foreign 188. taxes 0. Foreign tax available Maximum credit allowable 188. 547. 328. 6. Unused foreign tax (+) or excess of limit (-) ... 7. Foreign tax carryback ... 8. Foreign tax carryforward 188. 547. 9. Foreign tax or excess 328. 1,063. Total foreign taxes from all available years to be carried to next year 2013 2012 2011 2010 2009 Foreign tax paid/accrued 2. FTC carryback to 2019 for amended returns 3. Reduction in foreign taxes 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

Form 1116 Pro F	Rata Share of Allo	cated Losses		
IAME				*_**_
ILEEN T. HIGGINS			* *	* - * * -
Allocation of Losses from Other Categories				LOSS NOT
70 SANK 71 60 SAN TEKSON 60 SAN SAN CATALON CAT	INCOME	LOSS	ALLOCATED LOSS	ALLOCATED
NCOME CLASSIFICATION	3,086.			
Passive income	3,000.			
ncome re-sourced by treaty				
oreign branch income General limitation income				
Totals	3,086.		Violence Service	
			ALTERNATION OF THE PARTY OF THE	
Allocation of U.S. Losses	REMAINING .	U.S.	ALLOCATED	LOSS NOT
INCOME CLASSIFICATION	INCOME	LOSS	LOSS	ALLOCATED
	3,086.	111,024.	3,086.	107,938.
Passive income Income re-sourced by treaty				
Foreign branch income				
General limitation income	3,086.	111,024.	3,086.	107,938.
Totals	3,000.			
Recapture of Prior Year Overall Foreign Loss				
Recapture of Prior Tear Overall Foreign 2000	REMAINING	OVERALL PRIOR YEAR	RECAPTURED	LOSS NOT RECAPTURED
INCOME CLASSIFICATION	INCOME	LOSS	LOSS	RECAPTORED
Passive income				\$20.00
Income re-sourced by treaty	. 40			323.0 =
Foreign branch income			四一	283
General limitation income		A.	m	3 7
Totals	A SEEL OF	le l	13	E C
Recapture percentage	AN AND	Y	27	P3 179
Recapture of Separate Limitation Loss Accounts	Arman Milk		RECHARACTERIZE	(L)
NORTH MARKET HOUSE WALLIAM AS THE LAND AS	REMAINING INCOME	PRIOR YEAR LOSS	LOSS	LOSS NOT. RECHARACTERIZED
INCOME CLASSIFICATION	INCOME		LOSS -0	5 % O
Passive income			3	- E
Income re-sourced by treaty			EN	, ,
Foreign branch income General limitation income	All .			
Totals				
Recapture of Overall Domestic Loss Prior to 2012	II S TAYARI F	PRIOR YEAR	RECAPTURED LOSS	LOSS NOT RECAPTURED
INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	LOSS	LOSS	RECAPTORED
Passive income				
Income re-sourced by treaty				
Foreign branch income				
General limitation income				
Totals				
Recapture percentage				
Recapture of Overall Domestic Loss Prior to 2018				LOCGNOT
0.7004-0.00000	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
INCOME CLASSIFICATION	- INCOME LIMIT			3,10
Passive income	· ·	# : ##################################		
Income re-sourced by treaty		<u> </u>		47
Foreign branch income General limitation income	0			3,58
Totals	0	3,584.		3,50
Recapture percentage		44		

n Envelope ID: 3E344F85-2D57-446E-		-ted Losses		Page 2
₇₈₄₂ 04-29-20 Form 1116	Pro Rata Share of Allo	cated Losses		
IAME				
Recapture of Overall Domestic Loss	U.S. TAXABLE	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED 4,116.
INCOME CLASSIFICATION	INCOME LIMIT O .	4,116.	A	u — u , •
Passive income Income re-sourced by treaty Foreign branch income General limitation income Totals	0.	4,116.		4,116.
Recapture percentage			- AUSTIN	FORM 1116,
Adjustments to Form 1116, Line 15 INC. CLASSIFICATION OTHER	R LOSSES PRIOR Y OVERA	EAR RECAPTURE OF LOSS ACCOUNT	F DOMESTIC RECAPTURE	
Passive Re-sourced by treaty Foreign branch income General limitation	-5,000			



		es (NOL)				2019
	edule A - Net Operating Lo	155 (NOL)			Soc	ial Security Number
ame					1	***_**_
TIJ	EEN T. HIGGINS		- 15 40	d gross	20	
		or itemized deductions from yo	ur adjuste	ed gross		0.000
,	for individuals, subtract your standard deduction norms and enter it here. For estates and trusts, e	enter taxable income increased	by the tot	ar or the	1	-107,938.
	dietribution deducti	on, and exemption and	Instruction	ons)		
	ti i li hofore limitation Ente	as a positive number		6,377.		
		Section 1202 exchanged	3	0.		
3	Nonbusiness capital gains (without regard to any) If line 2 is more than line 3, enter the difference; o	therwise, enter -0	4	1.107		
	using a in more than line 2 enter the difference;	6 000		- CONT.		
	ulee enter O	5		12,200.	331	
_	Nonbusiness deductions (see instructions)		6	0.00		
6	Nonbusiness income other than capital gains	1 . 6 535				
7	(see instructions) STATEMENT 21	7 6,535.	CALC.	12,912.		
	Add lines 5 and 7		8		9	0.
8	Add lines 5 and 7	otherwise, enter -0				
	If line 8 is more than line 6, enter the difference;	1 1	44.6	No. of the last of		
10	otherwise, enter -0 But do not enter more	1 1 2000	11 11 40	y - water		
		10 712	1490	40		
	Business capital losses before limitation. Enter a	as a positive number	11	100		
11	Durings capital gains (without regard to any	1 1	25		TO STATE OF	
12		12	781.74	712.	Do.	
			13	0.		
13	Subtract line 13 from line 11. If zero or less, ent	er -0-	14	0.		
14	4 4 1 11 4 and 4 4		15			
15	=the less if any from line 16 of Schedule I) (FORM 1040). (Latates	11973		m	PUED
16	to the lose if any from line 19, C	Olumn (3), or Schedule 2	7		m	3 3 2
	E-t a positive number II VO	U do Hot Have a loss of			5	是 黃 [1]
	/ da not have a section 1202 exclu	SIO(1), Skip iii lea 10 timosag.			3	
	21 and enter on line 22 the amount from line 1	5	16		1	29
					17	mm - "
	Section 1202 exclusion. Enter as a positive nu	mber			(NE (18)	BC 3 m
17		ter ·0·	18	-		H 2
18		D (FORM 1040), (Latates and	1100			2:50
19	trusts, enter the loss, if any, from line 20 of Sc	hedule D (Form 1041).) Enter	(CERTA)			四之 二
	as a positive number		19			1
					21	
20	If line 18 is more than line 19, enter the different line 19 is more than line 18, enter the different	nce; otherwise, enter -0			22	
21	If line 19 is more than line 18, enter the difference Subtract line 20 from line 15. If zero or less, e	nter -0			23	
22						166,25
23					24	
24					25	58,32
25	NOL. Combine lines 1, 9, 17, and 21 through current year NOL. If the result is zero or more	, you do not have an NOL			20	

Worksheet for NOL Carryover		Social Security Number
Name(s) as shown on return		***-**-
BILDEN T HIGGINS		166,258.
USE YOUR 2019 FORM 1040 TO COMPLETE THE WORKSHEET:		166,250.
	58,320.	
Enter as a positive number your NOL deduction not desired. Enter taxable income without the NOL.	100	
Enter taxable income without the NOL. The rate as a positive number any net capital loss deduction. The rate as a positive number any net capital loss deduction.		
	100	
	(8)	
	A TEMPORAL	58,320.
7. Enter any adjustments to adjusted gross income. 8. Enter any adjustments to your itemized deductions from line 31 8. Enter any adjustments to your itemized deductions from line 31		107,938
8. Enter any adjustments to your itemized deductions from the 31 9. Modified taxable income. Combine lines 2 through 8 and enter the result (but not less than zero). 9. Modified taxable income. Combine lines 2 through 8 and enter the result (but not less than zero).		107,930
to NOI correspond to 2020. Subtract line 9 from line 1 and enter the room (see	(80)s. AST	
	APPER I	
	Alba, No	
12. Combine lines 3, 4, 5, 6, and 7 above. 13. Modified adjusted gross income. Combine lines 11 and 12 above.	180	
trans Cobodula A (FORM 1040), IIIIG I.		
19. Subtract line 17 from line 14.		
ADJUSTMENT TO MORTGAGE INSURANCE PREMIUMS:		
20. Refigured mortgage insurance premiums deduction 21. Subtract line 20 from line 19		
ADJUSTMENT TO CHARITABLE CONTRIBUTIONS: ADJUSTMENT TO CHARITABLE CONTRIBUTIONS:	0.	
ADJUSTMENT TO CHARITABLE CONTRIBUTIONS: 22. Enter charitable contributions deduction from Schedule A (Form 1040), line 14, or Schedule A (Form 1040NR), line 5 22. Enter charitable contributions deduction from Schedule A (Form 1040), line 13 above as your AGI		
23. Refigure the charitable contributions dedoctor days 24. Subtract line 23 from line 22		
ADJUSTMENT TO CASUALTY AND THEFT LOSSES:		
		m
		E 7 2
Less thon 2010)		CA S
28. Subtract line 27 from line 26 (but not less than zero). 29. Subtract line 28 from line 25 (but not less than zero).		52 3
TOTAL ADJUSTMENT:		30 ×
TOTAL ADJUSTMENT: 30. Combine lines 18, 21, 24, and 29 and enter the result here. Also enter the result on line 8 above		\$ AD 29
30. Combine miles 19, 2 %		min .
		9 PM 2: L
		39 7
		E :
	1	Z 5

Detail NOL Carryover/Carrybrack Worksheet Amount 2020 HAAmaust Pill Zambunt Used in	EN Y	Amount ed in Used in
ed in	Amount Used in V	Amount Amount Am Used in Used in Used in
		Amount Am Used in Use

2019

Worksheet for Alternative Tax NOL Carryover

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

Social Security Number ***_**-

USE YOUR 2019 FORM 1040 TO COMPLETE THIS WORKSHEET:		156,056.
AMT NOL deduction	70,536.	

with a number any not capital loss deduction on Form 1040, into 0		
to the sale of excitating of qualifier any gain excluded on the sale of excitating of qualifier	olitan .	
그림	***************************************	
t - t - mu demostic production activities deduction		
a specified pumber any qualified business income deduction		
- the standard deductions from line 25 below.		
to the state to weble income Combine lines 2 through 9 and enter the to	South Control of the	70,536.
	***************************************	63,482.
(but not less than zero.) 11. Alternative taxable income limitation. Enter 90% of line 10.		00/2021
- cook Cubtract line 11 from line 1 and effect the result		92,574.
(but not less than zero.)		52,5720
ADJUSTMENTS TO ITEMIZED DEDUCTIONS (Individuals Only). 13. Modified adjusted gross income (from NOL Carryover Worksheet, line 13.)		
13. Modified adjusted gross income (from NOL Carryover Workshoot, and 1997)	V 20	
ADJUSTMENT TO MORTGAGE INSURANCE PREMIUMS:	(4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
14. Mortgage insurance premiums deduction from Schedule A, line 8d.		
Mortgage insurance premiums deduction from Consecutive Refigured mortgage insurance premiums deduction.		
16 Subtract line 15 from line 14.		
	LIBERT AND THE PROPERTY OF THE	
17. Enter charitable contributions deduction from the AMT Contribution Worksheet.		
the shortests contributions deduction using line 13 above as your Adv	111111111111111111111111111111111111111	4-2
19 Subtract line 18 from line 17.		F ~
THE CARLES AND THEET I OSSES.		7020 LEC.
		THE REPORT
the and thatt losses from Form 4684, line 10.		三
101 100/ / 10\	***************************************	N O
	***************************************	00 0 m
23. Subtract line 21 from line 22 (but not less than zero.) 24. Subtract line 23 from line 20 (but not less than zero.)		
	The second secon	100 x
TOTAL ADJUSTMENT: 25. Combine lines 16, 19, and 24. Enter the amount from this line on line 8 above.		72 N 111
25. Collibilie illies 10, 10, and 2 il 2 illi	A Sign	受けずり
	á.	- N

Amount Used in 2019 82,173. 37,299. 0. 26,183.					Deta	Detail AMT NOL Carryover Worksheet	over Worksheet					1
Amount Available Amount Am	AMT N	IOL			Deta	II AMI INCL Carry	RECEIV	E				Social Security Number
Amount Available Used in MANI-DADE COUNTY 219,472. 182,173. 37,299. 118,757. 0. 26,183. 129. 120. 120. 123. 63,482.	Name(s	7	S					A man int	Δmoint	Amount		Amount
219,472. 182,173. 37,299. 118,757. 0. 26,183. 118,757. 182,173. 63,482.	Year Carried From	Amount /	€ ₹	Amount Used in 2019	Amount Used in	_ 2	I KEZZENI	M Zeedi	Used in	Used in		Used in
118,757. 0.	2016		182,173.			ELE	CTIONS DEP	RIMENT			rays.	
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1 0 0 0 1 7 3 0												
1 0 0 1 7 3												
183												
180 173												
180 173												
		338 339	182 173.	63,482.	•						- 1	
		ess total amounts expli Remaining carryover		11.								
8.				I								

ILEEN T. HIGGINS	WAGES RECEIV	ZED AND TAXI	S WITHHEL	D	STATE	MENT	
м 1040	WAGES RECEIV	/ED AND III			0.000		
EMPLOYER'S NAME	TMUOMA DIAG	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDIC TA	ARE
MIAMI DADE COUNTY, FLORIDA FINANCE DEPT	•	3,980.			3,072	•	718.
FLORIDA FINANCE 223 SUITE 2630		3,980.		Ph	3,072	= ==	718.
TALS	49,365.		-				
		-EXEMPT INT	EREST		STA	rement	
ORM 1040	XAT	-EXEMPT INT	DITE.				(A)
JKM 1040					9	'MUOMA	r
AME OF PAYER						1	,250. ,504.
CHARLES SCHWAB & CO I FROM K-1 - EILEEN T E	NC HIGGINS 2012	TR 3426059	9				754.
ROM K-1 - EILL	03		The same				
I I CONTROL OF ANY I MANTE CONTROL OF	- TATE 7/A						
TOTAL TO FORM 1040, I	LINE ZA	46				600	
TOTAL TO FORM 1040, I		, ~				ΔTEME	NT 5
FOTAL TO FORM 1040, I		MALIFIED DI	VIDENDS			ATEME!	A water
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		QUALIFIED DI	VIDENDS	ORDINARY DIVIDEND	ELECTION	ATEME!	FIED ENDS
FORM 1040 NAME OF PAYER	Ç	QUALIFIED DI	VIDENDS	DIVIDEND	ELECTIONS D	DELI	FIED ENDS 19129
FORM 1040 NAME OF PAYER	TWO C	ARREST	VIDENDS	DIVIDEND 2,0	ELECTIONS DEPA	20回以 29 PH	FIED ENDS 1229 32910
NAME OF PAYER CHARLES SCHWAB & CO FROM K-1 - EILEEN T	INC HIGGINS 201	2 TR	VIDENDS	DIVIDEND 2,0	ELECTIONS DE DADE	20回以 29 PH	FIED ENDS 19129
NAME OF PAYER CHARLES SCHWAB & CO FROM K-1 - EILEEN T	INC HIGGINS 201	2 TR	VIDENDS	DIVIDEND 2,0	ELECTIONS DEPA	20回以 29 PH	FIED ENDS 1229 32910
FORM 1040 NAME OF PAYER CHARLES SCHWAB & CO FROM K-1 - EILEEN T	INC HIGGINS 201	2 TR	VIDENDS	DIVIDEND 2,0	ELECTIONS DEPARTMENT	2011 PM 29 PM 2: 42	FIED ENDS 1.429 3.910 5.339
NAME OF PAYER CHARLES SCHWAB & CO FROM K-1 - EILEEN T	INC HIGGINS 201	2 TR INE 3A	TMATTES ANI	2,0	ELECTIONS DEPARTMENT	20回以 29 PH	FIED ENDS 1.429 3.910 5.339
FORM 1040 NAME OF PAYER CHARLES SCHWAB & CO FROM K-1 - EILEEN T	INC HIGGINS 201	2 TR INE 3A	TMATTES ANI	2,0	ELECTIONS DEPARTMENT	2011 PM 29 PM 2: 42	FIED ENDS 1.429 3.910 5.339
FORM 1040 NAME OF PAYER CHARLES SCHWAB & CO FROM K-1 - EILEEN T 34260599 TOTAL INCLUDED IN F	INC HIGGINS 201	2 TR INE 3A	TMATTES ANI	2,0	ELECTIONS DEPARTMENT	2001 29 PH 2: 42	FIED ENDS 1.429 3.910 5.339
FORM 1040 NAME OF PAYER CHARLES SCHWAB & CO FROM K-1 - EILEEN T 34260599 TOTAL INCLUDED IN F SCHEDULE 3	INC HIGGINS 201	2 TR INE 3A	TMATTES ANI	2,0	ELECTIONS DEPARTMENT	2001 29 PH 2: 42	FIED ENDS 1 29 3 910 5 339 ENT
NAME OF PAYER CHARLES SCHWAB & CO FROM K-1 - EILEEN T 34260599 TOTAL INCLUDED IN F SCHEDULE 3 DESCRIPTION	INC HIGGINS 201 CORM 1040, LI CURRE AMOUNT AP	2 TR INE 3A	TMATTES ANI	2,0	ELECTIONS DEPARTMENT	2001 29 PH 2: 42	FIED ENDS 1.129 3.910 5.339 ENT 2,62
PORM 1040 NAME OF PAYER CHARLES SCHWAB & CO FROM K-1 - EILEEN T 34260599 TOTAL INCLUDED IN F SCHEDULE 3 DESCRIPTION 1ST QTR ESTIMATE P	INC HIGGINS 201 CORM 1040, LI CURRE AMOUNT AP	2 TR INE 3A	TMATTES ANI	2,0	ELECTIONS DEPARTMENT	2001 29 PH 2: 42	FIED ENDS 1,129 3,910 5,339 ENT 2,62 5,75
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FORM 1040 NAME OF PAYER CHARLES SCHWAB & CO FROM K-1 - EILEEN T 34260599 TOTAL INCLUDED IN F SCHEDULE 3 DESCRIPTION	INC HIGGINS 201 CORM 1040, LI CURRE AMOUNT AP PAYMENT PAYMENT PAYMENT PAYMENT	2 TR INE 3A	TMATTES ANI	2,0	ELECTIONS DEPARTMENT	2001 29 PH 2: 42	FIED ENDS 1.129 3.910 5.339 ENT 2,62

t or a magazine (COS)	T ONG TER	M CAPITAL	GAINS AND LO	SSES	ST	ATEMENT	7
CHEDULE D	LONG-1ER	M CHITTIE					
ESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST	OR BASIS	GAIN OF LOSS	_
CHWAB 9862 - LT	VARIOUS	12/31/19	2,446.		2,524.		78.
COTAL TO SCH D, LINE	8A		2,446.		2,524.	-'	78.
OTAL TO SCH D, HIND	-			16	48		
		TAL CATN I	DISTRIBUTIONS	William "	S	TATEMENT	8
JAME OF PAYER					TAL AL GAIN	28% GAI	N
CHARLES SCHWAB & CO I						28% GAI	N
CHARLES SCHWAB & CO I		NON-FAF	M INCOME		382. 382.	STATEMENT	N
CHARLES SCHWAB & CO I		NON-FAF	M INCOME		382. 382.	STATEMENT	
DESCRIPTION THREE LOBOS, LLC		NON-FAF	M INCOME		382. 382.	STATEMENT	0222977
CHARLES SCHWAB & CO I TOTALS TO SCHEDULE D, SCHEDULE SE DESCRIPTION	, LINE 13	NON-FAF	M INCOME		382. 382.	ETAPEMENT AMOUNT 25, 113,	022

EILEEN	т.	HIGGINS

ORM 1116	SUMMARY OF FOR	REIGN TAXES	PAID OR ACCRU	ED STAT	EMENT 10
PASSIVE INCOME	IPOSING TAX			A	
DATE PAID ACCRUEI	AMT/FOREIGN	DIVIDENDS	AMOUNT IN U.S RENT/ROYALTY	INTEREST	OTHER
OTHER COUNTRIE	S 0.		4		109.
OTHER COUNTRIE	o.	79	133		109
TOTAL TO FORM 111	L6, PART II, LI	NE 8			188
PRIOR YEAR TAXES	PAID IN THE CU	RRENT YEAR: FOREIGN AMT	CONV. RATE	U.S. AMT	-
2018 2017 2016 2015 2014			n VEAD	ELECTIONS	RE
TOTAL PRIOR YEAR	R TAXES PAID IN	THE CURREN	r yeak	DEPARTMEN	= 70 %

FORM	1116	FOREIGN	TAX CRI	EDIT	CARRYOVER	. /	CARRYBACK	STATEMENT	11
	OF CREDIT			TOT T	AL FOREIGN	1	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLI	a wow
	TOTAL MAY	CREDIT			54'		0.		547. 328.
2018	FOREIGN MAY	CREDIT			32	8. 0.	0.		0.
2017 2016	FOREIGN TAX	CREDIT				0.	0.		0.
2015	FOREIGN TAX	CREDIT				0.	0.		0
2014	FOREIGN TAX	CREDIT				0.	0.		o
2013	FOREIGN TAX	CREDIT				0.	0.		Ö
2012		CREDIT CREDIT				0.	0.		0
2011	TOTAL MAY	CREDIT				0.	0.		0
2010) FOREIGN TAX) FOREIGN TAX EIGN TAX CR C	CREDIT	0 2019			0.			0
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тот	AL TO FORM 11	16, PART 1	CII, LI	NE 1	0				

			an === =	m CAPDVC	MEB /	CARRYBACK	S	TATEMENT	12
RM 1116	FOREIGN	TAX	CREDI	T CARRIC	/VER /				
NERAL LIMITATION	INCOME								
NERAL LIMITITIES.			т	TAL FOR	EIGN	FOREIGN TAX	ζ	BALANCE AVAILABLE	E
CAR OF CREDIT			<u> </u>	TAXES PA	AID	CR CLAIMED	_		0.
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009 FOREIGN TAX COREIGN TAX COREIGN TAX CR CAR	REDIT		LINE	ss LIMIT	ATIONS	COME (LOSS)	_		0 413 r 1
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OO9 FOREIGN TAX COREIGN TAX COREIGN TAX CR CAR OTAL TO FORM 1116 FORM 6251 NAME OF ACTIVITY INSIDE THE GLASS,	INC.	FC SCH	LOS	ss LIMIT	ATIONS ET INC	COME (LOSS) REGULAR			0 413 r 1
OO9 FOREIGN TAX COREIGN TAX COREIGN TAX CR CAR	INC.	FC SCH	LOS	ss LIMIT	ATIONS ET INC	COME (LOSS) REGULAR			0 413 r 1

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cuSign Envelope ID: 3E344F85-2D57-446E-9247-0236	
EILEEN T. HIGGINS	STATEMENT 14
ORM 6251 ALTERNATIVE MINIMUM TAX NOL LIMITATION	
CARRYBACKS ATTRIBUTABLE TO	
A. ATNOL CARRYFORWARDS LOSSES QUALIFIED DISASTER LOSSES QUALIFIED DISASTER LOSSES B. ATNOL CARRYFORWARDS AND CARRYBACKS OTHER THAN THOSE B. ATNOL CARRYFORWARDS AND CARRYBACKS OTHER THAN THOSE	156,056.
INCLUDED IN ZZZZZ	156,056.
C. SUM OF LINE 1A AND LINE 1B	
ATNOLD LIMITATION:	
ATNOLD LIMITATION ATNOLD LIMITATION 2A. SUM OF FORM 6251, LINES 1 - 3 WITHOUT LINE 70,536 2D AND TREATING LINE 2F AS ZERO 2D AND TREATING LINE 2D WHEN TREATING	•
B. TENTATIVE AMOUNT FOR LINE 2F AS ZERO	_
70,536	The second secon
ENTER ZERO (°)	63,482
3A. SMALLER OF LINE 1B OR 90% OF LINE 2C B. SMALLER OF LINE 1A OR LINE 2C MINUS 3A B. SMALLER OF LINE 1A OR LINE 2C MINUS 3A	63,48
B. SMALLER OF LINE IN 31. C. LINE 3A PLUS LINE 3B. TOTAL TO FORM 6251, LINE 2F	



EILEEN	T.	HIGGINS
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EILEEN T. HIG	GIND			
ORM 1116	ALTERNATIVE MIN	IIMUM TAX FOREIGN RYOVER/CARRYBACK	TAX CREDIT	STATEMENT 15
PASSIVE INCOME		TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2018 ALT. MIN. 2017 ALT. MIN. 2016 ALT. MIN. 2015 ALT. MIN.	TAX CREDIT	547. 328. 0. 0.	0 0 0 0	328 0 0 0
2014 ALT. MIN. 2013 ALT. MIN. 2012 ALT. MIN. 2011 ALT. MIN. 2010 ALT. MIN.	TAX CREDIT TAX CREDIT TAX CREDIT TAX CREDIT	0. 0. 0. 0.	0	•
	CARRYBACK TO 2019			875

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ORM 1116 A	LTERNATIVE MINI CARRY	MUM TAX FOREIGN OVER/CARRYBACK	TAX CREDIT	STATEMENT	16
SENERAL LIMITATION		TOTAL EODETCN	FOREIGN TAX	BALANCE	
EAR OF CREDIT		TOTAL FOREIGN TAXES PAID	CR CLAIMED	AVAILABLE	
2016 ALT. MIN. TAX 2015 ALT. MIN. TAX 2014 ALT. MIN. TAX 2013 ALT. MIN. TAX 2012 ALT. MIN. TAX 2011 ALT. MIN. TAX 2010 ALT. MIN. TAX	CREDIT	0. 0. 413. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.	4	0. 0. 13. 0. 0. 0. 0.
· •					
COTAL TO FORM 1116	(AMT), PART II	100	D PTP INCOME	STATEMENT	
FORM 8995	(AMT), PART II:	I, LINE 10		STATEMENT	1
FORM 8995	(AMT), PART II:	100	REIT DIVIDENDS	STATEMENT	1
FORM 8995 NAME OF ENTITY/ACT	QUALIFIED RE	IT DIVIDENDS AND		STATEMENT PTP INCO	1
FORM 8995 NAME OF ENTITY/ACT CHARLES SCHWAB & C FROM K-1 - EILEEN TOTAL TO FORM 8995	QUALIFIED RESULTED INC THIGGINS 2012	IT DIVIDENDS AND	REIT DIVIDENDS	STATEMENT PTP INCO	113 1'
FORM 8995 NAME OF ENTITY/ACT CHARLES SCHWAB & C FROM K-1 - EILEEN	QUALIFIED RESIDENT OF THIGGINS 2012 , LINE 6	IT DIVIDENDS AND	REIT DIVIDENDS 110. 226. 336.	STATEMENT PTP INCOME	1
FORM 8995 NAME OF ENTITY/ACT CHARLES SCHWAB & C FROM K-1 - EILEEN TOTAL TO FORM 8995 FORM 1116	QUALIFIED RESIDENT OF THIGGINS 2012 , LINE 6	TR 34260599	REIT DIVIDENDS 110. 226. 336. E SUMMARY ME	STATEMENT PTP INCOME PTP INCOME PTATEMENT AMOUNT AMOUNT	1 4E
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HIDDEN I. MICOLINA			
FORM 1116 U.S. AND FOREIGN SOURCE INCOME FOREIGN TRUST/ESTATE I	SUMMARY NCOME	STATEMENT	19
DESCRIPTION		TRUOMA	
EILEEN T HIGGINS 2012 TR 34260599	A.	1,2	59.
TOTAL FOREIGN TRUST/ESTATE INCOME		1,2	59.
FORM 1116 U.S. AND FOREIGN SOURCE INCOME TOTAL PARTNERSHIP/S-CORPORATION	E SUMMARY INCOME/LOSS	STATEMENT	20
DESCRIPTION	INCOME	Loss	
THREE LOBOS, LLC LOBOS NARANJOS, LLC INSIDE THE GLASS, INC. TEXAS LOBOS, LLC	25,022. 113,977.	-2, -121,	075. 685.
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	138,999.	-123,	760.

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2020 MAY 29 PM 2: 42
MIAMI-DADE COUNTY

DIDDE, -					
NOL	NONBUSINESS	INCOME		STATEMENT	21
				AMOUNT	
DESCRIPTION			1	- 2	219.
TAXABLE INTEREST - 1040, LI	NE 2B				316.
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DADMNEDGUTDG & S-CORPS - SC	H E LG Z' HILL	32		-25,0)22.
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BUSINESS INCOME FROM ACTIVI BUSINESS INCOME FROM ACTIVI	TY - 4			121,	685.
		AMT IS	LIMITED TO 0)	6,	535.
TOTAL TO NOL SCHEDULE A, LI	. , ,-,-				

2019 TAX RETURN FILING INSTRUCTIONS

NEW MEXICO INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2019

DECEMBER 31, 2019	
EILEEN T. HIGGINS MIAMI, FL 33132	
CLIFTONLARSONALLENLLP 6501 AMERICAS PARKWAY NE, SUITE 500 ALBUQUERQUE, NM 87110	
Total tax \$ 0 Less: payments and credits \$ 0 Plus: interest and penalties \$ 0 NO PMT REQUIRED \$ 0	
Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you	2020 HAY
NOT APPLICABLE	NSAD 29
THIS RETURN HAS QUALIFIED FOR ELECTRONIC HAVE REVIEWED YOUR RETURN FOR COMPLETENS PLEASE SIGN, DATE AND RETURN FORM PIT-84 WILL THEN SUBMIT YOUR ELECTRONIC RETURN	ASS AND ACCHRACY,
NOT APPLICABLE	
DO NOT MAIL THE PAPER COPY OF THE RETUR	N TO THE TRD.
	EILEEN T. HIGGINS MIAMI, FL 33132 CLIFTONLARSONALLENLLP 6501 AMERICAS PARKWAY NE, SUITE 500 ALBUQUERQUE, NM 87110 Total tax \$ 0 Less: payments and credits \$ 0 Plus: interest and penalties \$ 0 NO PMT REQUIRED \$ 0 Miscellaneous Donations \$ 0 Credited to your estimated tax Refunded to you NOT APPLICABLE THIS RETURN HAS QUALIFIED FOR ELECTRONIC PLEASE SIGN, DATE AND RETURN FOR COMPLETENT PLEASE SIGN, DATE AND RETURN FORM PIT-84 WILL THEN SUBMIT YOUR ELECTRONIC RETURN

DocuSign Envelope ID: 3E344F85-2D57-446E-924A-5260920D342E State of New Mexico Taxation and Revenue Department ACD - 31012 (2019) Rev. 07/20/2019 INDIVIDUAL INCOME TAX DECLARATION FOR **ELECTRONIC FILING AND TRANSMITTAL** 2019 **PIT-8453** For the year January 1 - December 31, 2019 RESIDENCY Social security number Last name STATUS Your first name and middle initial ***_**_ HIGGINS Social security number RESIDENCY EILEEN T. Last name STATUS Spouse's first name and middle initial Your mailing address, city, state, and ZIP code MIAMI, FL 33132 (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 if that person is not counted as a qualified exemption on your federal return.) X (1) Single (2) Married filing jointly (5) Qualifying widow(er) TAX RETURN INFORMATION (WHOLE DOLLARS ONLY) -95738 PART I Federal Adjusted Gross Income (PIT-1 return, line 9) 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) **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. 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 Spouse's signature (If joint return, BOTH MUST sign.) SIGN Date 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 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 NM CRS identification number (if applicable) Preparer's PTIN Check if self-employed Firm's name (or yours, if self-employed) CLIFTONLARSONALLEN LLP ZIP code 87110

Address (number, street, city, and state) 6501 AMERICAS PARKWAY NE, SUITE 500, ALBUQUERQUE, NM

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

DocuSign Envelope ID: 3E344F85-2D57-446E-924A-5260920D342E 2019 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN For the year January 1 - December 31, 2019 or fiscal year beginning F.1 If amending use Form 2019 PIT-X. 1019 01 1 Blind Taxpayer's date of birth SOCIAL SECURITY NUMBER 06/30/1964 Print your name (first, middle, last) N ***_**_ Spouse's date of birth EILEEN T. HIGGINS Print your spouse's name (first, middle, last). If married filing separately, include spouse. 2d 20 Taxpayer's date of death If taxpayer or spouse died before this 4.If a deceased taxpayer's refund mus be made payable to a person other return is filed, enter than the taxpayer or spouse named Spouse's date of death If the address is new or changed, mark this box. on this return, enter below the name Mailing Address (Number and social security number of that person. You must also attach Form Residency status: For taxpayer and spouse (1e and 2e), enter: BPD-41083. Postal/ZIP Code City 33132 FL R If RESIDENT IMAIM N If NON-RESIDENT Foreign province and/or state If foreign address, enter country F If FIRST-YEAR RES. P If PART-YEAR RES. EXEMPTIONS: Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of 01 5 another taxpayer, enter 00. (See instructions) EXTENSION OF TIME TO FILE. 7. FILING STATUS. Mark only one box. If you have a federal or state extension, mark the box and enter the extension date. 8. DEPENDENTS AND OTHER DEPENDENTS. As listed on your federal return. (1) Single (You must report the first 5 dependents and other dependents in this table. Use Schedule PIT-S for additional entries (2) Married filing jointly Married filing separately (Enter spouse's name social security number in 2a and 2b.) Date of birth (MM/DD/CCYY) Dependent's SSN Last name First name (4) Head of household (Entering me of person of qualifying you as head of households that person is not counted as a qualified descend on your federal form. m SY (5) Qualifying widower, with dependent child יערתט 7.38 35 FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 8b) 00 If you itemized your federal deduction amount, enter the amount of state and local tax deduction claimed on 10 202 federal Form 1040, Schedule A, line 5a. See the worksheet in the instructions. ,012 160 MX 11. Total Additions to federal adjusted gross income (PIT-ADJ, line 5). Attach PIT-ADJ. 12,200 12 12. Federal standard or itemized deduction amount (from federal Form 1040, line 9) 12a. If you itemized, mark the box _______12a 13 13. Deduction for certain dependents. See the worksheet in the instructions 2,500 14 14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions 63,625 15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). Attach PIT-ADJ. 15 16. Medical care expense deduction. See PIT-1 instructions. 16 You must complete both lines 16 and 16a or the deduction will be denied. 16a. Unreimbursed and uncompensated medical care expenses _______16a 17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16 _____ = 17 18 18. New Mexico tax on amount on line 17 or from PIT-B, line 14 18a. From Rate Table = R. From PIT·B, line 14 = B. 18a 19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions. 19 20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or 20 part of the year. Include a copy of other state's return. See PIT-1 instructions 21 21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR 22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less 22

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online,

your due date is April 30, 2020. All others must file by April 15, 2020. See PIT-1 instructions for details.

Continue on the next page.

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2019 PIT-1 (page 2)

NEW MEXICO PERSONAL INCOME TAX RETURN 1

2020 MAY 29 PM 2: 43

YOUR SOCIAL SECURITY NUMBER

***-**-



MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

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

New Mexico Taxation and Revenue Department P.O. Box 25122

F- Now Mayica 87504-5122			
Santa Fe, New Mexico 87504-5122			
			23
The amount on line 22 from page 1	OS) Attack DIT-PC		24
Total claimed on rebate and credit schedule (PIT-RC, lin	ne 25). Attach Pit-No.	iad\	+ 25
Marking families tax credit, (You must complete both lines 20 and	d 25a or the deduction will be den	led.)	
The amount of federal earned income credit (Lio)		100-	
reported on your 2019 federal income tax return	25a	Company of the Compan	+ 26
reported on your 2019 federal income tax return Refundable business-related income tax credits from S	Schedule PIT-CR, line B. A	ttach PIT-CR	+ 27
Refundable business-related income tax credits from S New Mexico income tax withheld. Attach annual state	ements of income and w	thholding	+ 28
New Mexico income tax withheld. Attach annual state New Mexico income tax withheld from oil and gas produced the state of	seeds, Attach 1099-Misc	or RPD-41285	+ 28
New Mexico income tax withheld from a pass-through	entity Attach 1099-Misc	or RPD-41359	+ 29
New Mexico income tax withheld from a pass-thought	untions		+ 30
2019 estimated income tax payments. See P11-1 IIIsti	dottorio ,		+ 31
2019 estimated income tax payments. See PT-1 instri- Other Payments TOTAL PAYMENTS AND CREDITS. Add lines 24 thruling 32 enter the	b.01	***************************************	= 32
TOTAL PAYMENTS AND CREDITS. Add lines 24 three	ough 31		33
TOTAL PAYMENTS AND CREDITS. Add lines 24 three TAX DUE. If line 23 is greater than line 32, enter the	difference here		
		ou leave blank	+ 34
Penalty on underpayment of estimated tax. If you wan	nt penalty computed for y	ou, leave plant	
Penalty on underpayment of estimated tax. If you wan Special method allowed for calculation of underpaym	ent of estimated tax pena	ity. If you owe perially on	35
 Special method allowed for calculation of underpaym underpayment of estimated tax and you qualify, ente 	r 1, 2, 3, 4, or 5 in the box	Attach RPD-41272	
underpayment of estimated tax and you query			+ 36
16 went nenalty C	omputed for you, leave bl	ank	Т [30]
. Penalty. See PIT-1 instructions. If you want penalty c			. [07]
75 T X 1	ted for you leave b	lank	+ 37
7. Interest. See PIT-1 instructions. If you want interest on the second state of the second s	computed for you, four a		= 38
TAY PENALTY, AND INTEREST DUE. Add lines 33	3, 34, 36, and 37		
3, 1703,1 2 10.1-1.	15.7011		39
			38
If line 23 is less than line 32, ente	r the difference here		
9. OVERPAYMENT. If line 23 is less than line 32, enter	r the difference here ch PIT-D		
0. Refund voluntary contributions (PIT-D, line 17). Atta-	011 11 2		- 40
0. Refund voluntary contributions (PIT-D, line 17). Atta-	011 11 2		- 40
 Refund voluntary contributions (PT-D, line 17). Atta- Amount from line 39 you want applied to your 2020) Estimated Tax		- 41
 Refund voluntary contributions (PT-D, line 17). Attach Amount from line 39 you want applied to your 2020) Estimated Tax		- 40 - 41 = 42
 Refund voluntary contributions (PT-D, line 17). Attach Amount from line 39 you want applied to your 2020) Estimated Tax		- 40 - 41 - 42 - 42 - 42 - 42 - 42 - 42 - 42
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1. Amount from line 39 you want applied to your 2020 22. AMOUNT TO BE REFUNDED TO YOU, Line 39 mi 23. REFUND EXPRESS !! HAVE IT DIRECTLY DEPO QUESTIONS IN THIS BLOWNER. 24. Routing number: 25. Account number: 26. declare I have examined this return, including accompanents, and to the best of my knowledge and belief it is your signature 26. Driver's License, State ID No. or enter "NONE" or "DECLINED"	nus lines 40 and 41 DSITED! SEE INSTRUCTIONS DCK. RE.3 Type: Checking Savings anying schedules and statrue, correct, and completed	AND COMPLETE ALL hoose one. LOCA Mark X by not us your choice. RE.4 THE Paid preparer's use of LINDA M SED Signature of preparer CLIFTONLAR P.1 Firm's name (or you P.2 NM CRS identificat	- 40 - 41 = 42 UIRED: You must answer this question. THIS REFUND GO TO OR THROUGH AN ACCOUNTED OUTSIDE THE UNITED STATES? If yes, you must answer this refund delivery option. See instructions. YES NO Date ILLO GONZALE Date SONALLEN LLP urs, if self-employed)
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RPD-41369 2019 Rev. 11/15/2019

State of New Mexico Taxation and Revenue Department

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

BILEEN T. Taxpayer's name HIGGINS

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 no report more than five years of NM NOL, use the Supplemental Carryforward Schedule on the next page. If you are reporting an NM NOL deduction from a carryforward on Schedule PIT-ADJ, line 7, file this RPD-41369 schedule with New Mexico 2019 Form PIT-1, Personal Income Tax Return. 으

	RE 20 MA	CE Y 29	PM S) : 4 3	2016	2017	2010	2019			Col. 1 Tax Year
E	MIAN ECT	11-DA 10NS	PM 2 DE COL DEPAR	NTY	F36,767	127,235.			200	column 1	Col. 2 Net Operating Loss Incurred
Total Additional. + Line 1. ST壁	Subtotal page 1. +							61,074.	Worksheet 2, line 7	from	Col. 3 2019 NM Net Income Before NM NOL
STMT 1 61,074.	61,074.				36,767.	7 H 7 O O 7 P	24 307		tax year 2019.	cannot be greater	Col. 4 2019 Loss Used
Enter the sum Loss used du Line 1 must e	Enter the sur								2018		If you applie amount i
m of column 4 luring 2019 tax equal line 9 fro	Enter the sum of column 4 from page				4		-		7102	2007	Col. 5 Year Loss A Year Loss A ou applied the NM NOL reported in co amount in the column corresponding
from all pages on the company of the	from page 1 of								2010	2016	Col. 5 Year Loss Applied eported in column?
Enter the sum of column 4 from all pages of this schedule. Loss used during 2019 tax year. Enter the sum of colum Line 1 must equal line 9 from Worksheet 2. This amount is	1 of this schedule.								1010	2015	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.
Enter the sum of column 4 from all pages of this schedule. Loss used during 2019 tax year. Enter the sum of column 4, Subtotal page 1 plus Total Additional. Line 1 must equal line 9 from Worksheet 2. This amount is also entered on Schedule PIT-ADJ, line 7.										2014	urs, enter the applied it.
page 1 plus T o in Schedule PIT					0.		0.				Col. 6 NM NOL Expired
tal Additional. 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.

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.

RPD-41369 2019 Rev. 11/15/2019

State of New Mexico Taxation and Revenue Department

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

Supplemental Carryforward Schedule

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

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

Col. 1 Col. 2 Col. 3 Col. 4 Tax Year Net Operating Loss Incurred Net Income Before Income Income Before Income Incom	Net Operating Loss Incurred In the year in Solution In the year in								1 1 -4		
Col. 3 2019 NM 2019 Net Income Before NM NOL from Worksheet 2, line 7 Worksheet 2, line 7 tax year 2019.	Col. 3 2019 NM 2019 Net Income Before NM NOL from Worksheet 2, line 7 Worksheet 2, line 7 tax year 2019.				R	E	6401000	m 500 10			Col. 1 Tax Year
Col. 4 2019 Loss Used The sum of column 4 cannot be greater than column 3 for tax year 2019.	Col. 4 2019 Loss Used The sum of column 4 cannot be greater than column 3 for tax year 2019.			E			29 DAC	PM E CC EPA	2: I UNT RTMI	43 00 EN	Col. 2 Net Operating Loss Incurred
Col. 4 2019 Loss Used The sum of column 4 cannot be greater than column 3 for tax year 2019.	Col. 4 2019 Loss Used The sum of column 4 cannot be greater than column 3 for tax year 2019.							61,074.	Worksheet 2, line 7	from	Col. 3 2019 NM Net Income Before NM NOL
Year Loss Applied If you applied the NM NOL reported in column 2 in previous ye amount in the column corresponding to the year when you applied to the year when you amount from this schedule. Enter the sum of column subtotal. Amount from this schedule. Enter the sum of column subtotal. Amount from this schedule. Enter the sum of column subtotal. Amount from this schedule.	Col. 5 Year Loss Applied Year Loss Applied Year when you applied it. Expire amount in the column corresponding to the year when you applied it. Expire amount in the column corresponding to the year when you applied it. Subtotal. Amount from this schedule. Enter the sum of column 4 from this page of this schedules. Enter the sum of column 4 total and carried to page.						1517		tax year 2019.	cannot be greater	Col. 4 2019 Loss Used The sum of column 4
	Col. 6 NM NC Expire I applied it. 14 from this page of this scheo In 4 total and carried to page:	Subtotal. Amount from this schedule. Enter the sum of column schedules column will need to be added to any additional schedules Column									Year Loss Applied Year Loss Applied If you applied the NM NOL reported in column 2 in previous yearmount in the column corresponding to the year when you

2019 PIT-ADJ

EILEEN T. HIGGINS

NEW MEXICO SCHEDULE OF ADDITIONS, EIVED DEDUCTIONS, AND EXEMPTIONS

2020 MAY 29 PM 2: 43

We cannot accept statements instead of this schedule.

Print your name (first, middle, last)



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.

	MEXICO ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME			2,754
١.	Interest and dividends from federal tax-exempt bonds		1	166,258
2.	Federal net operating loss carryover. See PIT-ADJ instructions	٠ ا	2	100,230
	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	
	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	
i.	TOTAL ADDITIONS. Add lines 1 through 4. Also enter on Form PIT-1, line 11	=	5	169,012
JEV	MEXICO DEDUCTIONS AND EXEMPTIONS FROM FEDERAL ADJUSTED GROSS INCOME			
VL V			6	
3.	New Mexico tax-exempt interest and dividends		0	
7.	New Mexico net operating loss. See PIT-ADJ instructions. Attach Form RPD-41369.	+	7	61,074
3.	Interest received on U.S. Government obligations	+	8	
Э.	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		40	
	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 <u>claim</u> your exemption.	157		
	11a. 100 or older 11b. Spouse 100 or older 1	+	11	
			40	
12.	Exemption for persons age 65 or older, or blind	+	12	
		+	13	
13.	Exemption for New Mexico medical care savings account. See PIT-ADJ instructions	Т	13	
	No. Maries approved Section F20 college savings plan	+	14	
14.	Deduction for contributions to a New Mexico-approved Section 529 college savings plan	+	15	2,551
15.	Net capital gains deduction. See PIT-ADJ instructions	9		
122	Active duty pay for United States armed forces. See PIT-ADJ instructions	+	16	
	tion for account and GE years or older	+	17	
17.	Medical care expense exemption for persons age 65 years of older			
18.	Deduction for organ donation-related expenses	+	18	
19.	the state of the s	+	19	
20	Taxable refunds, credits, or offsets of state and local income taxes from federal Form 1040, Schedule 1	+	20	
21.		+	21	
				63,625
		0.117	00	63 62
22	TOTAL DEDUCTIONS AND EXEMPTIONS. Add lines 6 through 21. Enter here and on Form PIT-1, line 15 Attach this Schedule PIT-ADJ to your Personal Income Tax Return, Form PIT-1.	=	22	05,02.

2019 PIT-B
NEW MEXICO ALLOCATION AND APPORTIONMENT VED OF INCOME SCHEDULE 2020 MAY 29 PM 2: 43



1

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Print your name (first, middle, last)

YOUR SOCIAL SECURITY NUMBER

EILEEN T. HIGGINS	View.
Taxpayers who allocate and apportion income from both inside and outside the State of Ne	w Mexico must complete this schedule. Please refer to the
instructions when completing this schedule. Include the Schedule FIT-B with your personal	moone tax retain, comment
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	D. through
for your spouse. If additional periods of residency apply, write them in the	4295
space below this line.	Taumaura Spausa
If the taxpayer or spouse is a military servicemember's spouse qualifying for relief under	r the Military Spouse Taxpayer Spouse
Residency Relief Act, is not a resident of New Mexico, and is allocating income from se	ervices performed in New E. F.
Mexico to their state of residence, mark the appropriate box.	etty (Color)
NOTE: RESIDENT TAXPAYERS INCLUDING PERSONS PHYSICALLY PRE	SENT 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.
	Column 1 Column 2
ALLOCATION OF NONBUSINESS INCOME	Total Federal Income New Mexico Income
DIT R leatwistings	1 49,365
1. Wages, salaries, tips, etc. If non-resident military personnel, see PIT-B instructions	W.,
1a. If you used Form PIT-110 to calculate line 1, Column 2, mark this box	9,289
2. Interest and dividends. Include difference from Schedule PIT-ADJ, line 1 minus line 6	
Pensions, annuities, social security, and lump-sum distributions	3
3. Pensions, annuities, social security, and lump-sum distributions	
4. Rents and royalties	4
5. Gains or losses from the sale or exchange of property	5 604 -5,773
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	8
worksheet PIT-B, page 2. See the instructions	
9. ADD lines 1 through 8 and enter the amount here	9 74,497 130,25
9. ADD lines 1 through 8 and enter the amount here	
10. Federal adjustments to income. In Column 1, enter the figure from federal	1 00
Schedule 1, line 22. For Column 2, see the PIT-B instructions	10 1,223 1,223
Scriedule 1, into 22.1 of Goldmit 2, 555 the	
11. Total income. Line 9 minus line 10. Column 1 must be equal to or	120 024
greater than Federal Adjusted Gross Income (Form PIT-1, line 9)	11 73,274 129,03
If non-resident military personnel, see the PTI-B instructions.	
12. DIVIDE the amount on line 11, Column 2 by the amount on line 11, Column 1, showing	ng 4 decimal places.
(Cappot be less than zero. If greater than 1, enter 100.0000.)	12 100.000
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
967061 10-31-19	to the house DIT 1 line 192
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	141

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RPD-	RWORKSHEET 2, FOR COLUMNS 3 AND 4	STATEMENT	1
COMPUTING THE NET IN CURRENT TAX YEAR. FROM PIT-1:	COME COME THE LOSS TO MIAMI-DADE COUNTY ELECTIONS DEPARTMENT	JSED IN THE	
1. ENTER THE FD AGI, 2. ENTER THE AMOUNT TAX DEDUCTION ON	REPORTED ON FORM PIT-1, LINE 9 OF STATE AND LOCAL INCOME OR GENERAL SALES FORM PIT-1, LINE 10 ONS TO FEDERAL INCOME FROM	-95,738	•
FORM PIT-1, LINE	11	169,012	
ON FORM PIT-1, LI 5. ENTER THE FEDERAL FORM PIT-1, LINE 6. ENTER THE TAXABLE	EXEMPTION AMOUNT REPORTED ON E 13 E REFUNDS, CREDITS OR OFFSETS OF STATE AND	12,200	•
LINE 20	ES, REPORTED ON SCHEDULE PIT-ADJ,	0	
THROUGH 6, BUT NO	LINES 1, 2, 3, LESS THE SUM OF LINES 4 OT BELOW ZERO. THIS IS THE NET INCOME		
8. ENTER THE SUM OF 9. ENTER THE LESSER	IS APPLIED. ENTER IN COLUMN 3. PRIOR YEAR NM NOL CARRYFORWARD AVAILABLE OF LINES 7 AND 8. THIS IS THE EXCLUDABLE ARD AMOUNT. ALSO ENTER THIS AMOUNT IN	61,074 164,002	
LINE 1, AT THE BO		61,074	•
NM PIT-B	INCOME OR LOSSES FROM PASS-THROUGH ENTITIES	STATEMENT	2
DESCRIPTION		AMOUNT	
LOBOS NARANJOS, LLC THREE LOBOS, LLC		113,977 22,053	
TOTAL TO FORM PIT-B,	LINE 6, COLUMN 2	136,030	•
			=