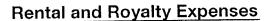


Rental and Royalty Income

cation of Property: <u>Main Street Milwallk</u>		
Type of property Sevital		
Have you prepared or will you prepare all required Forms 1099?		Yes No
	2019	2018
Ownership percentage if not 100% How many days was this property rented at fair market value? How many days was this property used personally (including use by family members)?	365	
ome:	2019 Amount	2018 Amount
Rents received	10500	
Payment card and third party transactions: Include all Forms 1099-K		
Description	2019 Amount	2018 Amount
Miscellaneous income: Include all Forms 1099-MISC	•	
Description	2019 Amount	2018 Amount
Other income:		
Description	2019 Amount	2018 Amount





Location of Property:	U	ain Street	Milwauka
modulion or repeating			

xpenses:	2019 Amount	2018 Amount
Advertising	177	
Auto and travel		
Cleaning and maintenance	300	
Commissions	100	
Insurance	490	
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest	ncon	
Repairs	19502	
Supplies	60.46	
Taxes	6109.09	
Utilities		
Dependent care benefits		
Employee benefits		
Other Expenses:		
Description	2019 Amount	2018 Amount

Description	2019 Amount	2018 Amount

Purchased 1-3-2012 \$ 40,000

HUD-1



A. Settlement Statement (HUD-1)

Page 1 of 2

B. Type of Loan					
1. FHA 2. RHS 3. Conv. Unins.	6. File Number:	7. Loan Numb	er: 8	i. Mortgage Insurance Co	ase Number:
4. VA 5. Conv. Ins.	201110604				
C NOTE: This form is furnished to give you	a statement of actual set	tlement costs. Amo	unts paid to and b	y the settlement agent a	are shown.
Items marked "(p.o.c.)" were pak totals.	d outside the closing; the	are shown here fo	r informational pu	rposes and are not inclu	ded in the
	E. Name and Address o	f Seller	F. Name and	Address of Lender	
Mr & Mrs Mouse	CAROLINE T KNOTEK		CASH CLOSING	i	
	10725 DE LA WARR CIRC	LE			
	MEQUON, WI 53092				
G. Property Location		H. Settlement A	gent		
		BURNET TITLE	ATE PARKWAY, SU	JITE 130.	
402 MAIN STREET		MEQUON, WI 530	92	,	
MILWAUKEE, WI 53217		Phone : (262) 243		I. Settlement Date	01/03/2012
MILLORUNAE, WI	,	Place of Settlem	ient		
22217		12075 N. CORPOR	RATE PARKWAY,	Disbursement Date	01/03/2012
		SUITE 130, MEQUON, WI 530	92		
J. Summary of Borrower's Trans	ection	K. Summa	ry of Seller's	Transaction	
100. Gross Amount Due from Borrower	action.		nount Due to Sell		
101. Contract Sales Price	\$70,000.00	401. Contract S			\$70,000.00
102. Personal Property		402. Personal P	roperty		
103. Settlement charges to borrower (line 1400	\$165.00	403. 404.			
104. 105.		405.			
Adjustment for items paid by seller in adva	nce		or items paid by	seller in advance	
106. City/Town/Village Taxes		406. City/Town			
107. County Taxes		407. County Ta			
108. Assessments		408. Assessme 409.	nts		
110.		410.			
111.		411.			
112.		412.			
120. Gross Amount Due from Borrower	\$70,165.00		nount Due to Sell		\$70,000.00
200. Amounts Paid by or in Behalf of Borro			ns In Amount Du	e to Seller	
201. Deposit or earnest money	\$1,000.00	501. Excess De	posits it Charges to Sellei	,	\$4,500.00
202. Principal Loan Amount 203. Existing loan(s) taken subject to			an(s) taken subject		34,500.00
204.		504.			
205.		505.			
206.			oney retained by A	Agent	\$1,000.00
207. 208.		507. 508.			
209.		509.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Adjustments for Items unpaid by seller			for items unpaid	by seller	
210. City/Town/Village Taxes 5,989.01/yr 1/1/2	012 to \$32.82	510. City/Town	/Village Taxes 5,9	89.01/yr 1/1/2012 to	\$32.82
1/3/2012 211. County Taxes		511. County Ta	xes		
212. Assessments		512. Assessme			
213. Water/Sewer: \$174.60/92days=1.89782/d	lay x 63 \$119.56	513. Water/Sev	ver: \$174.60/92da	ys=1.89782/day x 63	\$119.56
214.		514.			
215.		515.			
216.		516.			ļ
<u>217.</u> <u>218.</u>		517.			+
219.		518. 519.			
220. Total Paid by/for Borrower	\$1,152.38		uction Amount C	ue Seller	\$5,652.38
300. Cash at Settlement from/to Borrower		600. Cash at S	ettiement to/fro	m Seller	
301. Gross amount due from borrower (line 120			unt due to seller (\$70,000.00
302. Less amounts paid by/for borrower (line 22		602. Less reduc	tions in amount du	ue seller (line 520)	\$5,652.38
303. Cash X From To Borrower	\$69,012.62	603. Cash X			\$64,347.62
The Public Reporting Burden for this collection of informa- collect this information, and you are not required to comp	ation is estimated at 35 minut plete this form, unless it displa	es per response for co lys a currently valid O	ollecting, reviewing, a MB control number. I	nd reporting the data. This a No confidentiality is assured	gency may not this disclosure

1-3-2012

Initials ____

(Rev. December 2010) Department of the Treasury Internal Revenue Service

Name

Rental Real Estate Income and Expenses of a Partnership or an S Corporation

➤ See instructions on page 2.

OMB No. 1545-1186

Employer identification number

➤ Attach to Form 1065, Form 1065-B, or Form 1120S.

35 9999999 MAIN STREET MILWAUKEE LLC Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties. Personal Use Type - Enter code 1-8; Physical address of each property - street, city, see page 2 for list Days state, ZIP code A402 MAIN STREET MILWAUKEE, WI 53217 C D **Properties** В Rental Real Estate Income 13,500. 2 Gross rents 2 Rental Real Estate Expenses 177. 3 Advertising 3 4 Auto and travel 4 5 Cleaning and maintenance 5 335. 6 6 Commissions 498. 7 Insurance 7 350. 8 8 Legal and other professional fees ... 9 Interest 9 5,897. 10 10 Repairs 6,076. 11 11 Taxes 723. 12 12 Utilities 13 Wages and salaries 13 4,027. 14 14 Depreciation (see instructions) 562. 15 Other (list) 15 16 Total expenses for each property. 18,645. Add lines 3 through 15 16 17 Income or (Loss) from each property. -5,145, 17 Subtract line 16 from line 2 13,500. 18a 18a Total gross rents. Add gross rents from line 2, columns A through H 18,645) 18b b Total expenses. Add total expenses from line 16, columns A through H 19 Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real 19 estate activities 20a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1) 20a b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed: (1) Name (2) Employer identification number 21 Net rental real estate income (loss). Combine lines 18a through 20a. Enter the result -5,145. 21 here and on: • Form 1065 or 1120S: Schedule K, line 2, or • Form 1065-B: Part I, line 4

1	Show the type and address of each property. For each rental real es	state property listed, report the numb	per of days rented at fair	
	rental value and days with personal use. See instructions.	, , , , , , , , , , , , , , , , , , , ,		
	Physical address of each property - street, city,		Type - Enter code 1-8; see below for list	Fair Personal Rental Use
	state, ZIP code		see below for list	Days Days
Ε				
F				
G				
Н				
		F	roperties	
	***************************************			11

		Properties									
Rental Real Estate Income		E	F	G	Н						
2 Gross rents	2										
Rental Real Estate Expenses											
3Advertising	3				1,444						
4Auto and travel	4										
5 Cleaning and maintenance	5										
6Commissions	6										
7 Insurance	7										
8Legal and other professional fees	8										
9Interest	9										
10Repairs	10										
11Taxes	11										
12 Utilities	12										
13Wages and salaries	13										
14Depreciation (see instructions)	14										
15 Other (list)											
	15										
16Total expenses for each property.											
Add lines 3 through 15	16										
17 Income or (Loss) from each property.											
Subtract line 16 from line 2	17										

Allowable Codes for Type of Property

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation or Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (include description with the code on Form 8825 or on a separate statement)

WA

State (include description with the code on Form 8825 or on a separate statement)

Form 8825 (12-2010)

2012 DEPRECIATION AND AMORTIZATION REPORT MAIN STREET MILWAUKEE LLC

		·									<u>R- 1</u>		
Asset No.	Description	Dat Acqu	ie ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	010:	3 1 2	L			31,580.			31,580.			0.
2	BUILDING	010:	3 1 2	SL	27.50	19н	38,420.			38,420.			1,339.
3	CLOSING COSTS	010:	3 12		60м	42	977.			977.			195.
		033:	112	200DB	5.00	19в	2,204.		1,102.	1,102.			1,323.
ı	BUILDING IMPROVEMENTS	033:	112	SL	27.50	19н	14,601.			14,601.			420.
6	OTHER IMPROVEMENTS	041	712	150DB	15.00	19E	1,800.		900.	900.			945.
	* TOTAL RENTAL DEPRECIATION & AMOR						89,582.		2,002.	87,580.	0.		4,222.
	CURRENT ACTIVITY												
	BEGINNING BALANCE						0.		0.	0.	0.		
	ACQUISITIONS	wild to the state of the state					89,582.		2,002.	87,580.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE	: :					89,582.		2,002.	87,580.	0.		
	·												

5 1040	·	artment of the Treasury - Internal Revenue S. Individual Income Tax		(99)	201	9 0MI	B No. 1545-00	74		11	to to the organization
Filing Status		single X Married filing jointly			arately (MES)		household (I	I IRS Use Or		not write or stap widow(er) (QV	le in this space. N)
Check only		u checked the MFS box, enter the na					,	- ,	, ,	, , ,	•
one box.	-	Id but not your dependent.		, , , , , , , , , , , , , , , , , , ,			.,				
Your first nam			1.5	ast name					You	r social secui	rity number
MICKEY				DUSE					1:	23 45	6789
	SDOUS	se's first name and middle initia		ast name					Spou	se's social s	ecurity number
MINNIE				OUSE					98	87 65	4321
	s (nun	nber and street). If you have a F			ctions.			Apt. no.	Pres	sidential Elec	tion Campaign spouse if filing
403 MAIN										here if you, or your , want \$3 to go to th	
		ce, state, and ZIP code. If you have	a foreign	address, also	complete sp	aces below (s	ee instructio	ns).	1	, want so to go to ti below will n <u>ot c</u> han	-
MILWAUKI			J	•		,		·	tax or	refund. Y	ou Spouse
Foreign count	ry nar	ne		Foreign	province/st	ate/county	Foreign po	stal code	If m	ore than four	dependents,
· ·	•				•	•			see	instructions a	ınd√here >
Standard	Some	one can claim: You as a de	pendent	Your	spouse as a	dependent					
Deduction	Πs	pouse itemizes on a separate r	eturn or								
_			_	_							
Age/Blindness	You:	X Were born before January 2,	1955	Are blind	Spouse:	X Was bor	n before Jan	uary 2, 1955	ls	blind	
Dependents (see ir	nstructions):		(2) Social sec	urity number	(3) Relation	ship to you			ies for (see instru	uctions):
(1) First name		Last name						Child tax	credit	Credit for	other dependents
	1	Wages, salaries, tips, etc. Atta	ich Form	n(s) W-2				MT1	1	1	<u>25,000.</u>
	2a	Tax-exempt interest	2a			l hostern	interest. Attach ired dividends. Att		2b		
Standard	3a	Qualified dividends	3a			b B if requ	ired	acn Scn.	3b		
Deduction for - Single or Married	4a	IRA distributions	4a			b Taxable			4b		
filing separately,	С	Pensions and annuities	4c			d Taxable	amount		4d		
\$12,200 Married filing	5a	Social security benefits	5a			b Taxable	amount		5b		
jointly or	6	Capital gain or (loss). Attach S	Schedul	e D if require	ed. If not red	quired, checl	k here	▶∐	6		
Qualifying widow(er),	7a	Other income from Schedule	1, line 9						7a		0.
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5l	o, 6, and	d 7a. This is	your total i i	ncome			7b	1	<u>25,000.</u>
household,	8a	Adjustments to income from S	Schedul	e 1, line 22			, , ,		8a		
\$18,350 • If you checked	b								8b	1	<u>25,000.</u>
any box under	9										
Standard Deduction,	10	Qualified business income deduct	tion. Atta	ch Form 8995	or Form 899	95-A 10					
see instructions.	11a	Add lines 9 and 10							11a		<u>27,000.</u>
	b	Taxable income. Subtract lin	e 11a fr	om line 8b.							
		If zero or les	ss, ente	r -0					11b		<u>98,000.</u>
LHA For Disc	losur	e, Privacy Act, and Paperwork	Reduc	tion Act No	tice, see se	eparate inst	ructions.			F	orm 1040 (2019)

913921 12-19-19

Form 1040 (2019)	MI	CKEY & MINNIE MO	USE				123-45	5-6789)		Page 2
	12a	Tax (see inst.) Check if any from Form(s): 1 8814	2 4972 3		12	2a │	1:	3,283.			
	b	Add Schedule 2, line 3, and line	ne 12a and en	ter the total .					12b	1	L3,283.
	13a	Child tax credit or credit for or									
	b	Add Schedule 3, line 7, and line							13b		
	14	Subtract line 13b from line 12							14	1	L3,283.
	15	Other taxes, including self-em	ployment tax,	from Schedul	e 2, line 10)			15		
	16	Add lines 14 and 15. This is y							16	1	13,283.
	17	Federal income tax withheld f							17		
If you have a	18	Other payments and refundat	ole credits:								
qualifying child	a	Earned income credit (EIC)			18	Ba					
attach Sch. EIC	b	Additional child tax credit. Att	ach Schedule	8812	18	b					
nontaxable	С	American opportunity credit for	rom Form 8863	3, line 8	18	3c					
combat pay, se instructions	d	Schedule 3, line 14			18	3d					
	е	Add lines 18a through 18d. The				nd refu	ındable cre	edits ►	18e		
	19	Add lines 17 and 18e. These	are your total p	oayments)	19		
Refund	20	If line 19 is more than line 16,	subtract line 1	6 from line 19	. This is th	e amo	unt you ov e	erpaid	20		
	21a	Amount of line 20 you want re	funded to you	<u> If Form</u> 888	8 is attach	ed, ch	eck here	<u>.,</u> ▶∐	21a		
Direct deposit? See instructions.	▶ b	Routing number			c Type:	: 0	Checking	Savings			
	▶ d	Account number				.,					
	22	Amount of line 20 you want ap	plied to your 20	020 estimated t	ax 🕨 2	2					
Amount	23	Amount you owe. Subtract lin	ne 19 from line	16. For detail	ls on họw t	to pay,	see instruc	ctions 🕨	23	1	<u> 13,283.</u>
You Owe	24	Estimated tax penalty (see ins	tructions)		. 🕨 2	4					
Third Party	7 Do	you want to allow another person (other than your	paid preparer) t	o discuss th	nis retur	n with the IF	RS? See insti	ructions	Yes. Cor	mplete below.
Designee	Des	signee's		Phone				Personal ide	ntification	No No	
(Other than paid preparer)	nan			no.				number (PIN)		<u> </u>	
	Und	der penalties of perjury, I declare that I have ect, and complete. Declaration of prepare	e examined this ret r (other than taxpay	urn and accompar er) is based on all	nying schedule information of	es and st f which p	tatements, and reparer has an	to the best of y knowledge.	my knowi	1	
Sign	You	r signature		Date	Your occup	ation					ent you an Identity PIN, enter it here
Here										(see inst.)	IIV, GIRGI IL HOIG
					CARTO						
Joint return?	Spo	ouse's signature. If a joint return, both mu	ıst sign.	Date	Spouse's o	ccupatio	n				ent your spouse Protection PIN,
See instructions. Keep a copy for										enter it here	
your records.		White Mark Providence Acceptance			CARTO	ON	DIVA			(see inst.)	
		ne no.	Υ	Email address		1					
	Preparer'		Preparer's signat			Date		PTIN		Check if:	:
		K ROMERSI, CPA,		OMERSI,	CPA,					X 3rd I	Party Designee
Ose Only	MST		MST			02/	12/20	200186	188		-employed
Firm's							Phone no.		_	▼ Firm's E	
name -		RIBNER, COHEN AN					414-2	<u>/1-170</u>	0	39-12	210538
Firm's		DEAST MASON STR	•	ITE 300)						
address >	MII	<u>LWAUKEE, WI 5320</u>	2								
Go to www.irs	gov/Fo	orm1040 for instructions and the	e latest informa	ation.						Fo	orm 1040 (2019)

Passive Activity Loss Limitations

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service (99)

Nai	ne(s) shown on return	Identifying number		
	CKEY & MINNIE MOUSE	12	<u>3-45-6789</u>	
P	art I 2019 Passive Activity Loss			
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.			
Rei	ntal Real Estate Activities With Active Participation (For the definition of active participation, see			
Spe	ecial Allowance for Rental Real Estate Activities in the instructions.)			
18	Activities with net income (enter the amount from Worksheet 1, column (a))			
t	Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b ()		
C	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)))		
	Combine lines 1a, 1b, and 1c	1d_		
Co	mmercial Revitalization Deductions From Rental Real Estate Activities			
28	Commercial revitalization deductions from Worksheet 2, column (a))		
k	Prior year unallowed commercial revitalization deductions from Worksheet 2,			
	column (b)			
	: Add lines 2a and 2b	2c		
All	Other Passive Activities			
38	Activities with net income (enter the amount from Worksheet 3, column (a)) 3a			
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b (5, 14	45)		
c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)))		
c	Combine lines 3a, 3b, and 3c	3d	-5,145 .	
	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all			
	losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses	on		
	the forms and schedules normally used	4	-5,145.	
	If line 4 is a loss and: ■ Line 1d is a loss, go to Part II.			
	 Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. 			
	 Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go 	to line 15.		
Ca	aution: If your filing status is married filing separately and you lived with your spouse at any time during the year		omplete	
	rt II or Part III. Instead, go to line 15.			
P	art II Special Allowance for Rental Real Estate Activities With Active Participation			
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.			
5	Enter the smaller of the loss on line 1d or the loss on line 4	5		
6	Enter \$150,000. If married filing separately, see instructions			
7	Enter modified adjusted gross income, but not less than zero. See instructions 7			
•	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on			
	line 10. Otherwise, go to line 8.			
8	Subtract line 7 from line 6			
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9		
-	Enter the smaller of line 5 or line 9	10		
10	If line 2c is a loss, go to Part III. Otherwise, go to line 15.			
P	art III Special Allowance for Commercial Revitalization Deductions From Rental Re	eal Estat	e Activities	
•	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.			
		11		
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filling separately, see instructions			
12	Enter the loss from line 4			
13	Reduce line 12 by the amount on line 10			
14 D:	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14		
		45		
15		15		
16	Total losses allowed from all passive activities for 2019. Add lines 10, 14, and 15. See instructions	16	0.	
	to find out how to report the losses on your tax return			

<u>E</u> 1040		artment of the Treasury - Internal Revenue S. Individual Income Tax		(99)	2019	ОМВ	No. 1545-007	4 155 100 Or	ulu Don	ot write or staple in	a this space
Filing Status		single X Married filing jointly	$\overline{}$	arried filing separate	ly (MFS)	Head of h	ousehold (H			vidow(er) (QW)	triis space.
Check only	If yo	u checked the MFS box, enter the na	ıme of	spouse. If you check	ked the H(OH or QW box	, enter the c	hild's name if	the qual	ifying person is	
one box.	a chi	ld but not your dependent. ►									
Your first nam	e and	l middle initial		Last name						r social security	
MICKEY			M	OUSE						23 45 67	
If joint return,	spous	se's first name and middle initial	Ī	Last name						se's social secu	-
MINNIE			M	IOUSE					98	37 65 43	321
Home address	s (nur	nber and street). If you have a P	.O. bo	x, see instruction	s.			Apt. no.	Pres	idential Electio	n Campaign
403 MAIN	1 S	TREET							i i	here if you, or your spo , want \$3 to go to this fu	-
City, town or po		ce, state, and ZIP code. If you have a	foreig	n address, also con	nplete spa	ces below (se	e instructior	ıs).	a box t	below will not change your refund.	OUT
Foreign count				Foreign prov	vince/sta	te/countv	Foreign po	stal code	If mo	ore than four der	pendents,
	,								see i	instructions and	√ here ►
Deduction _	s	one can claim: You as a deprove itemizes on a separate re	eturn o	or you were a dua	l-status a	dien	h . f	0 4055	П.		
Age/Blindness	You:		955		Spouse:	Was born				blind	
Dependents (see ir	•		(2) Social security number (3) Relationship to you (4) v						es for (see instruction Credit for other	ons): er dependents
(1) First name		Last name						1			7
											-
											+
	1	Wages, salaries, tips, etc. Atta	ch For	rm(s) W-2			ST	MT1	1	12!	5,000.
	2a	Tax-exempt interest	2a	` '			terest. Attach		2b	Publisher Market	
Standard	1 3a	Qualified dividends	3a			Ordinary of b B if require	lividends. Atta	ich Sch.	3b		
Deduction for -	4a	IRA distributions	4a			b Taxable			4b		
 Single or Married filing separately, 	С	Pensions and annuities	4c			d Taxable			4d		
\$12,200	5a	Social security benefits	5a			b Taxable	amount		5b		
 Married filing jointly or 	6	Capital gain or (loss). Attach S	ched	ule D if required. It	f not rea	uired, check	here	lacksquare	6	***************************************	
Qualifying widow(er),	7a	Other income from Schedule							7a	[5,145.
\$24,400	b	Add lines 1, 2b, 3b, 4b, 4d, 5b							7b		9,855.
 Head of household, 	8a	Adjustments to income from Schedule 1, line 22 Subtract line 8a from line 7b. This is your adjusted gross income									
\$18,350	b									119	9,855.
 If you checked any box under 	9	Standard deduction or itemi				1 1		7,000.	8b		
Standard Deduction,	10	Qualified business income deducti									
see instructions.	11a	Add lines 9 and 10								2	7,000.
	b	Taxable income. Subtract line					***************************************		11a		
		If zero or les							11b	92	2.855.

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

913921 12-19-19

Form 1040 (2019)

Form 1040 (2019)	MI	CKEY & MINNIE MOUSE			123-45	-6789		P	age 2
	12a	Tax any from Form(s): 1 8814 2 4972 3		12a		,150.			
	b	Add Schedule 2, line 3, and line 12a and enter	er the total				12b	12,15	50.
	13a	Child tax credit or credit for other dependent	s	13a					
	b	Add Schedule 3, line 7, and line 13a and enter					13b		
	14	Subtract line 13b from line 12b. If zero or less					14	12,15	<u>50.</u>
	15	Other taxes, including self-employment tax, f	rom Schedule	2, line 10			15		
	16	Add lines 14 and 15. This is your total tax				>	16	12,15	<u>50.</u>
	17	Federal income tax withheld from Forms W-2	and 1099				17		
If you have a	18	Other payments and refundable credits:							
qualifying child		Earned income credit (EIC)		18a					
attach Sch. EIC	b	Additional child tax credit. Attach Schedule 8	3812	18b		,			
nontaxable	С	American opportunity credit from Form 8863	, line 8	18c					
combat pay, se instructions	d	Schedule 3, line 14		18d	W				
	е	Add lines 18a through 18d. These are your to	otal other pay	ments and r	efundable cre	dits 🕨	18e		
	19	Add lines 17 and 18e. These are your total p	ayments	<u></u>)	19		
Refund	20	If line 19 is more than line 16, subtract line 16	3 from line 19.	This is the ar	mount you ove	rpaid	20		
	21a	Amount of line 20 you want refunded to you	<u>. If Form</u> 8888	is attached,	check here	,▶∐	21a		
Direct deposit? See instructions.	▶ b	Routing number		c Type:	Checking	Savings			
	▶ d	Account number							
·	22	Amount of line 20 you want applied to your 20	20 estimated ta	x ▶ 22					
Amount	23	Amount you owe. Subtract line 19 from line	16. For details	on how to p	ay, see instruc	tions 🕨	23	12,15	<u> 50.</u>
You Owe	24	Estimated tax penalty (see instructions)		▶ 24					
Third Party	/ Do	you want to allow another person (other than your p	aid preparer) to	discuss this re	eturn with the IRS	S? See instr	uctions	Yes. Complete be	low.
Designee (Other than	Des	signee's	Phone			Personal iden	tification	∐ No	
paid preparer)	nan		no.			number (PIN)		- de - de l'es Aben au au Au	
	cor	der penalties of perjury, I declare that I have examined this returect, and complete. Declaration of preparer (other than taxpays	ırn and accompany ∍r) is based on all i	ring schedules an nformation of whi	id statements, and t ch preparer has any	o the best of r knowledge.	ny knowi	1	
Sign	You	ır signature	Date	Your occupation	1			If the IRS sent you an I	-
Here								(see inst.)	
				CARTOO				1611 - 150 1	
Joint return? See instructions.	Spo	buse's signature. If a joint return, both must sign.	Date	Spouse's occup	ation			If the IRS sent your sp an Identity Protection	
Keep a copy for	•							enter it here	
your records.				CARTOO!	N DIVA			(see inst.)	
		one no. S name Preparer's signatu	Email address	Da	4- Tr	TIN			
Paid	Preparer				ile	1110		Check if:	
	EVE MST	K ROMERSI, CPA, EVE K ROMST	OMERSI,		2/12/20F	00186	188	X 3rd Party Design	•
					Phone no.			▼ Firm's EIN	
Firm's name		RIBNER, COHEN AND COMPA		•	414-27	1-170	0	39-121053	38
e .		O EAST MASON STREET, SU	ITE 300						
Firm's address	MI	LWAUKEE, WI 53202							
Go to www.irs	.gov/F	orm1040 for instructions and the latest informa	ition.					Form 1040	(2019)

Form **8582**

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, Form 1040-SR, or Form 1041.
 Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008
2019
Attachment 88

Department of the Treasury Internal Revenue Service (99)

Identifying number Name(s) shown on return MICKEY & MINNIE MOUSE 123-45-6789 Part I 2019 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Worksheet 1, column (a)) 5,145 **b** Activities with net loss (enter the amount from Worksheet 1, column (b)) c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) -5,145. d Combine lines 1a, 1b, and 1c. 1d Commercial Revitalization Deductions From Rental Real Estate Activities 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a b Prior year unallowed commercial revitalization deductions from Worksheet 2. column (b) 2b c Add lines 2a and 2b 2c **All Other Passive Activities** 3a Activities with net income (enter the amount from Worksheet 3, column (a)) **b** Activities with net loss (enter the amount from Worksheet 3, column (b)) c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) d Combine lines 3a, 3b, and 3c 3dCombine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on -5,145. the forms and schedules normally used If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Part II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 5,145. Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions 150,000. 6 125,000. 7 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 25,000. 12,500. Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 5,145. Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions. 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions 11 Enter the loss from line 4 12 Reduce line 12 by the amount on line 10 13 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 14 Part IV Total Losses Allowed Add the income, if any, on lines 1a and 3a and enter the total 15 Total losses allowed from all passive activities for 2019. Add lines 10, 14, and 15. See instructions

5,145.

16

to find out how to report the losses on your tax return

<u>E</u> 1040		artment of the Treasury - Internal Revenue S. Individual Income Tax		(99)	2019	Э омв	No. 1545-007	4 IRS Use Or	alv - Do r	not write or staple	in this space.
Filing Status Check only one box.	S If you	single X Married filing jointly u checked the MFS box, enter the na	М	arried filing separ		_	•	IOH) 🗌 Qua	lifying	widow(er) (QW))
Your first name		ld but not your dependent. I middle initial	- 1	Last name					1	r social securit	-
MICKEY			1	10USE						23 45 6	
MINNIE		se's first name and middle initial	1	Last name IOUSE					1.	use's social sec 87 65 4	•
403 MAIN	S							Apt. no.	Check	sidential Electic k here if you, or your sp y, want \$3 to go to this	ouse if filing
City, town or po		ce, state, and ZIP code. If you have a WI 53217	forei	n address, also	complete spa	ices below (se	e instructior	ıs).	a box	below will not change refund. You	your
Foreign count	y nar	me		Foreign p	orovince/sta	ate/county	Foreign po	stal code		ore than four de instructions and	
Standard Deduction		one can claim: You as a dep spouse itemizes on a separate re			pouse as a dual-status	•					
Age/Blindness	You:	Were born before January 2, 1	955	Are blind	Spouse:	X Was born	before Jani	ary 2, 1955	Is	blind	
Dependents ((1) First name	see ir	nstructions): Last name		(2) Social secu	rity number	(3) Relations	hip to you	(4) √ Child tax	•	ies for (see instruct Credit for oth	tions): her dependents
	1	Wages, salaries, tips, etc. Attac	ch Fo	rm(s) W-2		Tavablaia	ST terest. Attach	MT1	1	1,12	5,000.
	2a	Tax-exempt interest	2a			h n	ed dividends. Atta dividends. Atta		2b		
Standard	За	Qualified dividends	3a		····	b B if require	ed		3b		
Deduction for - Single or Married	4a	IRA distributions	4a			b Taxable	amount		4b		
filing separately, \$12,200	С	Pensions and annuities	4c			d Taxable	amount		4d		
Married filing	5a	Social security benefits	5a			b Taxable	amount		5b		
jointly or	6	Capital gain or (loss). Attach S	ched	ule D if require	d. If not req	uired, check	here	▶∐	6		
Qualifying widow(er),	7a	Other income from Schedule 1	I, line	9					7a		0.
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b	, 6, a	nd 7a. This is y	our t <mark>otal ir</mark>	come			7b	1,12	5,000.
household,	8a	Adjustments to income from S	ched	ule 1, line 22					8a		
\$18,350	b	Subtract line 8a from line 7b.	This is	your adjuste c	d gross inc	ome			8b	1,12	5,000.
 If you checked any box under 	9	Standard deduction or itemi:	zed d	eductions (fro	m Schedule	A) 9	2	7,000.			
Standard Deduction,	10	Qualified business income deducti	on. At	tach Form 8995	or Form 899	5-A 10					
see instructions.	11a	Add lines 9 and 10							11a	2	7,000.
	b	Taxable income. Subtract line									
		If zero or les							11b	1,09	8,000.
LHA For Discl	osur	e. Privacy Act. and Paperwork	Red	uction Act Not	tice. see se	parate instr	uctions.			Fo	rm 1040 (2019)

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

913921 12-19-19

Form 1040 (2019)	MI	CKEY & MINNIE MOUSE	4			123-45-6789		Page 2
	12a	Tax (see inst.) Check if 1 8814 2 4972 3		1:	2a	344,400.		
	b	Add Schedule 2, line 3, and line 12a and el	nter the total			>	12b	344,400.
	13a	Child tax credit or credit for other depende						
	b	Add Schedule 3, line 7, and line 13a and el				>	13b	
	14	Subtract line 13b from line 12b. If zero or le	ess, enter -0				14	344,400.
	15	Other taxes, including self-employment tax	, from Schedule	2, line 1	0		15	7,875.
	16	Add lines 14 and 15. This is your total tax					16	<u>352,275.</u>
	17	Federal income tax withheld from Forms W	2 and 1099	SEE	STAT	CEMENT 2	17	8,325.
If you have a	718	Other payments and refundable credits:						
qualifying child	а	Earned income credit (EIC)		1	8a			
attach Sch. EIC	b	Additional child tax credit. Attach Schedule	9 8812		8b			
nontaxable	С	American opportunity credit from Form 886	63, line 8	<u>1</u>	8c			
combat pay, se instructions	d	Schedule 3, line 14		1	8d			
	е	Add lines 18a through 18d. These are your	total other pay	ments a	ınd ref	undable credits 🕨	18e	
	19	Add lines 17 and 18e. These are your total					19	8,325.
Refund	20	If line 19 is more than line 16, subtract line					20	
	21a	Amount of line 20 you want refunded to you	ou. If Form 8888	is attacl	hed, ch	neck here 🕨 📙	21a	
Direct deposit? See instructions.	▶ b	Routing number		⊳ c Type	e:	Checking Savings		
	▶ d	Account number		— — — — —				
	22	Amount of line 20 you want applied to your			22			242 050
Amount	23	Amount you owe. Subtract line 19 from lin	e 16. For details	s on how	to pay	/, see instructions	23	343,950.
You Owe	24	Estimated tax penalty (see instructions)			24		L	
Third Party	/ Do	you want to allow another person (other than you	r paid preparer) to	discuss t	this retu			
Designee (Other than	Des	signee's	Phone			Personal ider	ntification	ı ∐ No
paid preparer)	nar	ne before the perion of perion of the perion	no.	vina schedu	iles and	number (PIN)		riedge and belief, they are true.
0:	cor	ect, and complete. Declaration of preparer (other than taxp	ayer) is based on all i	ntormation	of which	preparer has any knowledge.	,	If the IRS sent you an identity
Sign	YOU	ir signature	Date	Your occu	ipation			Protection PIN, enter it here
Here			,	CADO	OONT.	CULVE		(see inst.)
	Sn	puse's signature. If a joint return, both must sign.	Date	Spouse's		STAR		If the IRS sent your spouse
Joint return? See instructions.	Ο β.	ass a signature. It is joint rotatily is sufficiently in the sign.		'				an Identity Protection PIN,
Keep a copy for your records.	,			CADM		DIVA		enter it here (see inst.)
,	_			CAILL	OOI	DIVA		(See Inst.)
Paid	Preparer	one no. S name Preparer's sign	Email address ature		Date	PTIN	,	Check if:
	म् राज	K ROMERSI, CPA, EVE K	ROMERST	CPA				3rd Party Designee
	MST	MST	ROHIIRDI,	<u> </u>		/12/20P00186	188	Self-employed
····						Phone no.	_	Firm's EIN
Firm's name		RIBNER, COHEN AND COMP				414-271-170	0	39-1210538
Firmala		O EAST MASON STREET, S	UITE 300					
Firm's address	MI	LWAUKEE, WI 53202						
Go to www.irs	.gov/F	orm1040 for instructions and the latest infor	mation.					Form 1040 (2019)

Passive Activity Loss Limitations

➤ See separate instructions.

Attach to Form 1040, Form 1040-SR, or Form 1041.

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Identifying number Name(s) shown on return 123-45-6789 MICKEY & MINNIE MOUSE 2019 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Worksheet 1, column (a)) 5,145 **b** Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) -5,145. 1d d Combine lines 1a, 1b, and 1c Commercial Revitalization Deductions From Rental Real Estate Activities 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a **b** Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) 2h c Add lines 2a and 2b 2c **All Other Passive Activities** 3a Activities with net income (enter the amount from Worksheet 3, column (a)) **b** Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3d d Combine lines 3a, 3b, and 3c Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on -5,145. the forms and schedules normally used If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 5,145. Enter the smaller of the loss on line 1d or the loss on line 4 150,000 6 Enter \$150,000. If married filing separately, see instructions 1,125,000. 7 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 0. Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions. Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions 11 12 Enter the loss from line 4 13 Reduce line 12 by the amount on line 10 14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 Part IV Total Losses Allowed Add the income, if any, on lines 1a and 3a and enter the total ______ 15 Total losses allowed from all passive activities for 2019. Add lines 10, 14, and 15. See instructions

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to find out how to report the losses on your tax return

E 1040		artment of the Treasury - Internal Revenue S. Individual Income Tax		(99) urn	2019	9 омв	No. 1545-007	4 IRS Use Or	ıly - Do n	ot write or staple	in this space.
Filing Status Check only one box.	If you	Single X Married filing jointly u checked the MFS box, enter the na ld but not your dependent.				_	ousehold (F , enter the c	· —	, ,	vidow(er) (QW ifying person i	•
Your first nam			Τ,	ast name					Your	social securi	ty number
MICKEY			1 -	OUSE					1	23 45 6	•
		se's first name and middle initial		ast name							curity number
MINNIE	spou	se s mist name and mode initial	1	OUSE					98	37 65 4	1321
	(nun	nber and street). If you have a P			ons.			Apt. no.		idential Electi	
403 MAIN		• •		•					Check	here if you, or your s	pouse if filing
	st offic	ce, state, and ZIP code. If you have a	foreig	n address, also c	omplete spa	aces below (se	e instruction	18).	a box i	, want \$3 to go to this below will not change refund. Yo	e your
Foreign count				Foreign p	rovince/sta	ate/county	Foreign po	stal code		ore than four d Instructions an	· . · . —
Standard Deduction _		one can claim:		— ·		dependent alien				4,000	
Age/Blindness	You:	Were born before January 2, 1	955	Are blind	Spouse:	X Was born	before Jan	uary 2, 1955	ls	blind	
Dependents (see ir	nstructions):		(2) Social securi	ty number	(3) Relations	hip to you	(4)√	if qualifi	es for (see instruc	
(1) First name		Last name	,					Child tax	credit	Credit for of	ther dependents
	1	Wages, salaries, tips, etc. Atta	ch For	m(s) W-2		I Taxable in	S.T nterest. Attach	MT1	1	1,12	<u>25,000.</u>
	2a	Tax-exempt interest	<u>2a</u>				ed dividends. Att		2b		
Standard Deduction for -] 3a	Qualified dividends	3a			- D B if requir	ea		3b		
 Single or Married 	4a	IRA distributions	<u>4a</u>			b Taxable			4b		
filing separately, \$12,200	С	Pensions and annuities	4c			d Taxable	•••		4d		
 Married filing 	5a	Social security benefits	5a			b Taxable			5b		
jointly or Qualifying	6	Capital gain or (loss). Attach S	chedu	ule D if required	. If not req	uired, check	here	▶∐	6		F 4 4 F
widow(er), \$24,400	7a	Other income from Schedule	•					1	7a		<u>-5,145.</u>
	b	Add lines 1, 2b, 3b, 4b, 4d, 5b		-					7b	1,11	19,855.
household, \$18,350	8a	b Subtract line 8a from line 7b. This is your adjusted gross income							8a		
If you checked	b							8b	1,11	<u>19,855.</u>	
any box under Standard	9	Standard deduction or itemi	zed de	eductions (from	n Schedule	A) 9	2	7,000.			
Deduction,	10	Qualified business income deduct	ion. Att	ach Form 8995 o	r Form 899	5-A 10				_	
see instructions.	11a	Add lines 9 and 10							11a	2	<u> 27,000.</u>
	b	Taxable income. Subtract line	11a1	from line 8b.							
		If zero or les	s ent	er -0-					11b	1,09	92,855.

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

913921 12-19-19

Form 1040 (2019)

Form 1040 (2019)	MT	CKEY & MINNIE MO	USE			- 1	123-45-	-6789		Page 2
	12a	Tax any from Form(s): 1 8814			12a			496.		
	b	Add Schedule 2, line 3, and lin	e 12a and ent	ter the total					12b	342,496.
	13a	Child tax credit or credit for ot								
	b	Add Schedule 3, line 7, and lin						>	13b	
	14	Subtract line 13b from line 12b							14	<u>342,496.</u>
	15	Other taxes, including self-emp	oloyment tax,	from Schedul	e 2, line 10				15	7,875.
	16	Add lines 14 and 15. This is yo						.	16	350,371 .
	17	Federal income tax withheld fr							17	8,325.
	□18	Other payments and refundab								
 If you have a qualifying child 	a	Earned income credit (EIC)			188	1				
attach Sch. EIC	b	Additional child tax credit. Atta)				
 If you have nontaxable 	С	American opportunity credit fr	om Form 8863	3, line 8	180	:				
combat pay, se	e d	Schedule 3, line 14			180	<u> </u>				
	_ е	Add lines 18a through 18d. Th				d refu	ndable cred	its ►	18e	
	19	Add lines 17 and 18e. These a	re your total p	payments	<u></u>			<u>,</u>	19	8,325.
Refund	20	If line 19 is more than line 16,	subtract line 1	6 from line 19). This is the	amou	ınt you <mark>over</mark> ı	oaid	20	
	21a	Amount of line 20 you want re	funded to you	u. If Form 888	8 is attache	d, che	eck here	▶∐	21a	
Direct deposit? See instructions.	▶ b	Routing number			c Type:	C	hecking	Savings		
See manuchons.	▶ d	Account number								
	22	Amount of line 20 you want ap	plied to your 20	020 estimated t	tax 🕨 22		rmar.			
Amount	23	Amount you owe. Subtract lir	ne 19 from line	e 16. For detai	ls on how to	рау,	see instructi	ons 🟲	23	342,046.
You Owe	24	Estimated tax penalty (see ins							<u> </u>	
Third Party	/ Do	you want to allow another person (other than your	paid preparer) t	to discuss thi	s returi	n with the IRS	? See instr	uctions	Yes. Complete below.
Designee	Des	signee's		Phone			F	ersonal ide	ntification	∐ No
(Other than paid preparer)	nar	me 🕨		no.			r	umber (PIN)		lades and boliof they are true
	Un- cor	der penalties of perjury, I declare that I hav rect, and complete. Declaration of prepare	e examined this re r (other than taxpa)	turn and accompa yer) is based on all	i information of	wnich br	atements, and to reparer has any k	nowledge.	my know	1
Sign		ur signature		Date	Your occupa	tion				If the IRS sent you an Identity Protection PIN, enter it here
Here										(see inst.)
				<u> </u>	CARTO Spouse's oc					If the IRS sent your spouse
Joint return?	Spe	ouse's signature. If a joint return, both mu	ist sign.	Date	Spouse s oc	cupation	•			an Identity Protection PIN,
See instructions. Keep a copy for	7				L	_ ~ _				enter it here
your records.				<u> </u>	REAL	EST	ATE OP	ERATC	K	(see inst.)
		one no.	T	Email address		Date	- Tan	IN		011.16
Paid	Preparer		Preparer's signat		~	Date		IIN		Check if:
Preparer		K ROMERSI, CPA,		ROMERSI	, CPA,	^^′	10/00	00100	100	3rd Party Designee
Use Only	MST		MST			02/	12/20P	DOTRE	TAR	Self-employed
Firm's					_		Phone no.			Firm's EIN
name >		RIBNER, COHEN AN					414-27	T-T/C	U	39-1210538
Firm's		0 EAST MASON STR	-	JITE 300	U					
address -		<u>LWAUKEE, WI 5320</u>								4040
Go to www.irs	.gov/F	form 1040 for instructions and the	e latest inform	nation.						Form 1040 (2019)

 1040	,	artment of the Treasury - Internal Revenue 3. Individual Income Ta)		urn (99) 201	9 ome	3 No. 1545-007	4 IRS Use On	lv - Do n	ot write or staple i	n this space.
Filing Status Check only one box.	∏s If you	ingle X Married filing jointly checked the MFS box, enter the na d but not your dependent.	Ma	arried filing separately (MFS		household (F x, enter the c	. —	, .	vidow(er) (QW) ifying person is	
Your first name				Last name				Your	social security	number .
MICKEY			1	OUSE				12	3 45 6	789
	spous	e's first name and middle initial		Last name					se's social sec	
MINNIE	эройс		1	OUSE				98	37 65 4	321
	(nun	ber and street). If you have a P	.O. bo	ox, see instructions.			Apt. no.	Pres	idential Electio	n Campaign
403 MAIN	S	PREET						Check	here if you, or your spo want \$3 to go to this f	ouse if filing
	st offic	e, state, and ZIP code. If you have a	a foreig	n address, also complete s	oaces below (s	ee instructior	ns).	1	elow will n <u>ot c</u> hange y	/our
Foreign countr				Foreign province/s	tate/county	Foreign po	stal code	If mo	ore than four de	pendents, _
	,			J. J. P.	,			see i	nstructions and	I√here ▶
Standard	Some	one can claim: You as a der	ende	nt Your spouse as	a dependent					
Deduction	Пѕ	pouse itemizes on a separate re	eturn o	or you were a dual-status	alien					
Age/Blindness	You:	X Were born before January 2, 1	955	Are blind Spouse:	X Was bor	n before Jan	uary 2, 1955	ls	blind	410.0
Dependents (see in	structions):		(2) Social security number	(3) Relation	ship to you	, , ,		es for (see instruct	
(1) First name		Last name					Child tax	credit	Credit for oth	er dependents
								·		
	1	Wages, salaries, tips, etc. Atta	çh Fo	m(s) W-2	Tayabla	S.T	MT 1	1	12	<u>5,000.</u>
	2a	Tax-exempt interest	2a					2b		
Standard	За	Qualified dividends	3a	D B if required Ordinary dividends, Attach D B if required				3b		
Deduction for - ■ Single or Married	4a	IRA distributions	4a	•	b Taxable	amount		4b		
filing separately, \$12,200	С	Pensions and annuities	4c		d Taxable	amount		4d		
Married filing	5a	Social security benefits			b Taxable			5b		
jointly or Qualifying	6	Capital gain or (loss). Attach S	Sched	ule D if required. If not re	quired, chec	k here	▶∐	6		
widow(er),	7a	Other income from Schedule						7a		5,418.
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b	o, 6, a	nd 7a. This is your total	income			7b	13	0,418.
household,	8a	Adjustments to income from S	Sched	ule 1, line 22				8a		383
\$18,350 • If you checked	b	Subtract line 8a from line 7b.	This is	your adjusted gross in	come ,			8b	13	0,035.
any box under	9	Standard deduction or itemi		•	, , , , , , , , , ,	2	7,000.			
Standard Deduction,	10	Qualified business income deduct	ion. At	tach Form 8995 or Form 89	95-A 10				_	
see instructions.	11a	***************************************						11a	2	7,000.
	b	Taxable income. Subtract lin	e 11a	from line 8b.					4.4	
		If zero or les		ter -0-			1	11b	1 / 1	3,035

913921 12-19-19

Form 1040 (2019)	MI	CKEY & MINNIE MOUSE			123-45-6789)	Page 2
	12a	Tax any from Form(s): 1 8814 2 4972 3		12a	14,385.		
	b	Add Schedule 2, line 3, and line 12a and e	enter the total		>	12b	14,385.
	13a	Child tax credit or credit for other dependent	ents	13a			
	b	Add Schedule 3, line 7, and line 13a and e			•	13b	
	14	Subtract line 13b from line 12b. If zero or				14	14,385.
	15	Other taxes, including self-employment tax	x, from Schedul	e 2, line 10		15	766.
	16	Add lines 14 and 15. This is your total tax				16	15,151.
	17	Federal income tax withheld from Forms V				17	
If you have a	 18_	Other payments and refundable credits:		,	,		
qualifying child	a	Earned income credit (EIC)	******	18a			
attach Sch. EIC	b	Additional child tax credit. Attach Schedu	le 8812	18b			
nontaxable	С	American opportunity credit from Form 88	63, line 8	18c			
combat pay, se instructions	e d	Schedule 3, line 14	***************************************	18d			
	е	Add lines 18a through 18d. These are you	r total other pa	yments and	refundable credits	18e	
	19	Add lines 17 and 18e. These are your total	ıl payments		<u>.,,,,,,</u>	19	
Refund	20	If line 19 is more than line 16, subtract line	16 from line 19). This is the a	amount you overpaid	20	
	21a	Amount of line 20 you want refunded to y	ou. If Form 888	8 is attached	, check here 🕨 📙	21a	
Direct deposit? See instructions.	▶ b	Routing number		c Type:	Checking Savings		
	▶ d	Account number					
	22	Amount of line 20 you want applied to your	2020 estimated t	tax > 22			
Amount	23	Amount you owe. Subtract line 19 from li	ne 16. For detail	ls on how to	pay, see instructions	23	15,151.
You Owe	24	Estimated tax penalty (see instructions)		🕨 24			
Third Party	/ Do	you want to allow another person (other than you	ur paid preparer) t	o discuss this	return with the IRS? See inst	ructions	Yes. Complete below.
Designee (Other than	Des	signee's	Phone		Personal ide	ntificatio	n 🔲 No
paid preparer)		ne D	no.		number (PIN		Andreas and health About one Amus
	cor	der penalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than taxp	return and accompar payer) is based on all	nying schedules a ipformation of wh	and statements, and to the best of hich preparer has any knowledge.	my know	1
Sign	You	ır signature	Date	Your occupation	n		If the IRS sent you an Identity Protection PIN, enter it here
Here							(see inst.)
		E-Al-		CARTOO Spouse's occu	N STAR		KAL-IDOt
Joint return? See instructions.	Spo	ouse's signature. If a joint return, both must sign.	Date	Spouse's occu	pation		If the IRS sent your spouse an Identity Protection PIN,
Keep a copy for	•						enter it here
your records.				CARTOO	N DIVA		(see inst.)
		one no. s name Preparer's sign	Email address	1.5	ate PTIN		0. 1.16
raiu	Preparer	'		-	Pate Fills		Check if:
	EVE MST	K ROMERSI, CPA, EVE K	ROMERSI,		2/13/20P00186	188	3rd Party Designee Self-employed
					Phone no.		▼ Firm's EiN
Firm's name		RIBNER, COHEN AND COMP			414-271-170	0	39-1210538
		O EAST MASON STREET, S	UITE 300)			
Firm's address	MI	LWAUKEE, WI 53202					
Go to www.irs	.gov/F	orm1040 for instructions and the latest infor	mation.				Form 1040 (2019)

SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

2019
Attachment
Seguence No. 09

Social security number (SSN) Name of proprietor 987-65-4321 MINNIE MOUSE R Enter code from instructions Principal business or profession, including product or service (see instructions) 531390 REAL ESTATE DEVELOPER Business name. If no separate business name, leave blank. MINNIE'S HOME REHAB AND FLIP Business address (including suite or room no.) City, town or post office, state, and ZIP code (1) X Cash (2) Accrual (3) Other (specify) > ______ Accounting method: G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses _______LX_J Yes L If you started or acquired this business during 2019, check here Н Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes X No If "Yes," did you or will you file required Forms 1099? Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 100,000. and the "Statutory employee" box on that form was checked ______ 2 Returns and allowances 100,000. Subtract line 2 from line 1 3 3 94,582. 4 Cost of goods sold (from line 42) Gross profit. Subtract line 4 from line 3 5,418. 5 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 5,418. Gross income. Add lines 5 and 6 Part II Expenses. Enter expenses for business use of your home only on line 30. Office expense 18 8 Advertising 19 19 Car and truck expenses Pension and profit-sharing plans (see instructions) 20 Rent or lease (see instructions): 2<u>0a</u> 10 Commissions and fees 10 a Vehicles, machinery, and equipment **b** Other business property 20b Contract labor (see instructions) 11 11 21 21 Repairs and maintenance 12 Depletion Supplies (not included in Part III) 22 Depreciation and section 179 22 13 23 expense deduction (not included in 23 Taxes and licenses Part III) (see instructions) 13 Travel and meals: Employee benefit programs (other 24a a Travel **b** Deductible meals (see than on line 19) 14 Insurance (other than health) 24b 15 15 instructions) 25 25 Utilities 16 Interest (see instructions): Wages (less employment credits) Mortgage (paid to banks, etc.) 16a 26 27 a Other expenses (from line 48) Other 16b 27a 17 b Reserved for future use 27b 17 Legal and professional services 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 5,418. 29 29 Tentative profit or (loss). Subtract line 28 from line 7 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 30 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, 5,418. line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 • If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and 32a on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

	le C (Form 1040 or 1040-SR) 2019 MINNIE MOUSE III Cost of Goods Sold (see instructions)	98	7-65-432	?1 Page 2
33	Method(s) used to	Other (a	ttach explanation))
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36	70	,000.
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs SEE STATEMENT 2	39	24	1,582.
40	Add lines 35 through 39	40	94	1,582.
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 IV Information on Your Vehicle. Complete this part only if you are claiming car or true	42		582.
43 44 a	Form 4562. When did you place your vehicle in service for business purposes? (month, day, year) / / Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for: Business b Commuting c Other _			
45	Was your vehicle available for personal use during off-duty hours?		Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No
47 a b	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	No No
<u>Part</u>	V Other Expenses. List below business expenses not included on lines 8-26 or line 30	J.		
				
				
		·····		
		,,		
48	Total other expenses. Enter here and on line 27a	48		

SCHEDULE C	OTHER COSTS OF GOODS SOLD	STATEMENT 2
DESCRIPTION		AMOUNT
IMPROVEMENTS CAPITALIZED TAXES		19,582. 5,000.
TOTAL TO SCHEDULE C, LINE	39	24,582.

Profit & Loss Main Street Milwaukee LLC

01/01/19 - 12/31/19 (cash basis)

INCOME	
Rental Income	20,400.00
INCOME	20,400.00
EXPENSE	
Building Insurance Expense	684.00
Maintenance	1,915.50
Repairs	439.36
Property Taxes	5,230.84
OPERATING EXPENSE	8,269.70
OF ERWING EXILENCE	0,200
NET OPERATING INCOME	12,130.30
	·
NET OPERATING INCOME	·
NET OPERATING INCOME NON OPERATING EXPENSE	12,130.30
NET OPERATING INCOME NON OPERATING EXPENSE Depreciation Expense	12,130.30 1,981.00
NET OPERATING INCOME NON OPERATING EXPENSE Depreciation Expense Administrative and office	12,130.30 1,981.00

Cash Flow

Net Income	9,823.00
Add back: Depreciation	1,981.00
Subtract: Mortgage Principal Capital Improvements	-
Total Cash Flow	11,804.00
Return on Investment	
Purchase Price Improvements	70,000.00 19,582.00
Total Initial Investment	89,582.00
Return on Cash Invested	13.18%

Profit & Loss Main Street Milwaukee LLC

01/01/19 - 12/31/19 (cash basis)

IN	1C	0	M	F
	\cdot	\sim		-

Rental Income	20,400.00
INCOME	20,400.00
EXPENSE	
Building Insurance Expense	684.00
Maintenance	1,915.50
Repairs	439.36
Property Taxes	5,230.84
OPERATING EXPENSE	8,269.70
NET OPERATING INCOME	12,130.30
NON OPERATING EXPENSE	
Depreciation Expense	1,981.00
Administrative and office	326.30
Mortgage Interest Expense	2,599.00
NON OPERATING EXPENS	4,906.30
NET INCOME	7,224.00

Cash Flow

Net Income	7,224.00
Add back: Depreciation	1,981.00
Subtract: Mortgage Principal Capital Improvements	(2,276.55)
Total Cash Flow	6,928.45
Return on Investment	
Purchase Price Less: Refinancing Proceeds Improvements	70,000.00 (75,000.00) 19,582.00
Less: Refinancing Proceeds	(75,000.00)

Balance Sheet Main Street Milwaukee LLC As of 12/31/19 (cash basis)

ASSETS Cash	331.80
Fixed Assets Land Building Improvements Closing Costs	31,580.00 38,420.00 18,074.48 782.00
Subtotal Fixed Assets	88,856.48
Accumulated Depreciation	(19,111.00)
Net Fixed Assets	69,745.48
TOTAL ASSETS	70,077.28
LIABILITIES & EQUITY Liabilities	
Security Deposits	1,800.00
Mortgage Payable	55,422.61
Equity: Investment plus Earnings Less Draws	12,854.67
TOTAL LIABILITIES & EQUITY	70,077.28

Sale of Property 31-Dec-19

Sales Proceeds	100,000.00
Less: Commission and closing costs at 6% Basis of Property Net Taxable Gain	(6,000.00) (69,745.48) 24,254.52
Federal Tax Depreciation Recapture - 25% Capital Gain - 20% WI Tax	(4,777.75) (1,028.70) (1,298.83)
Total Tax	(7,105.28)
Cash Flow From Sale	
Sales Proceeds	100,000.00
Less Commission and closing costs Taxes Mortgage	(6,000.00) (7,105.28) (55,422.61)
Cash Received	31,472.11