

Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: **Matthew J** Last name: **Sauls** Your social security number: **533-08-4743**

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

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

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **100 melrose Ave E Ste 017-1101** Apt. no. **1101** Presidential Election Campaign (see inst.) ☒ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Seattle WA 98102** If more than four dependents, see inst. and ✓ here ☐

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see inst.): | |
|--------------------------------|-----------|----------------------------|-------------------------|-------------------------------------|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Joint return? See instructions. Keep a copy for your records.

| | | | |
|---|------|--|---|
| Your signature | Date | Your occupation Data Scientist | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Preparer's name Preparer's signature PTIN Firm's EIN Check if:
☐ 3rd Party Designee
☐ Self-employed

Firm's name ▶ **Self-Prepared** Phone no.

Firm's address ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

| | |
|--|---|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 79,111. |
| 2a Tax-exempt interest 0. | 2b Taxable interest 11. |
| 3a Qualified dividends | 3b Ordinary dividends 18. |
| 4a IRAs, pensions, and annuities | 4b Taxable amount |
| 5a Social security benefits 909. | 5b Taxable amount 773. |
| 6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 78,748. | 6 158,661. |
| 7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | 7 153,622. |
| 8 Standard deduction or itemized deductions (from Schedule A) | 8 12,000. |
| 9 Qualified business income deduction (see instructions) | 9 14,750. |
| 10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 126,872. |
| 11 a Tax (see inst.) 24,739. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | 11 24,739. |
| b Add any amount from Schedule 2 and check here <input type="checkbox"/> | 12 24,739. |
| 12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/> | 13 10,077. |
| 13 Subtract line 12 from line 11. If zero or less, enter -0- | 14 34,816. |
| 14 Other taxes. Attach Schedule 4 | 15 79,128. |
| 15 Total tax. Add lines 13 and 14 | 16 79,128. |
| 16 Federal income tax withheld from Forms W-2 and 1099 | 17 79,128. |
| 17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 | 18 44,312. |
| Add any amount from Schedule 5 | 19 44,312. |
| 18 Add lines 16 and 17. These are your total payments | 20a 44,312. |
| 19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | |
| 20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | |
| ▶ b Routing number 0 8 4 1 0 6 7 6 8 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| ▶ d Account number 9 8 0 0 0 8 3 4 2 3 | |
| 21 Amount of line 19 you want applied to your 2019 estimated tax 21 | |
| Amount You Owe 22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions 22 | |
| 23 Estimated tax penalty (see instructions) 23 | |

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Matthew J Sauls

Your social security number

533-08-4743

| | | | | |
|------------------------------|--|---|-------------|---------|
| Additional Income | 1-9b | Reserved | 1-9b | |
| | 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| | 11 | Alimony received | 11 | |
| | 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | 78,791. |
| | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> | 13 | -43. |
| | 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| | 15a | Reserved | 15b | |
| | 16a | Reserved | 16b | |
| | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| | 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | | |
| 20a | Reserved | 20b | | |
| 21 | Other income. List type and amount ► _____ | 21 | | |
| | 22 | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . | 22 | 78,748. |
| Adjustments to Income | 23 | Educator expenses | 23 | |
| | 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . | 24 | |
| | 25 | Health savings account deduction. Attach Form 8889 . . | 25 | |
| | 26 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 26 | |
| | 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | 5,039. |
| | 28 | Self-employed SEP, SIMPLE, and qualified plans . . | 28 | |
| | 29 | Self-employed health insurance deduction | 29 | |
| | 30 | Penalty on early withdrawal of savings | 30 | |
| | 31a | Alimony paid b Recipient's SSN ► _____ | 31a | |
| | 32 | IRA deduction | 32 | |
| | 33 | Student loan interest deduction | 33 | |
| | 34 | Reserved | 34 | |
| | 35 | Reserved | 35 | |
| | 36 | Add lines 23 through 35 | 36 | 5,039. |

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

Schedule 1 (Form 1040) 2018

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

► **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

Matthew J Sauls

Your social security number

533-08-4743

**Other
Taxes**

| | | | |
|------------|--|------------|---------|
| 57 | Self-employment tax. Attach Schedule SE | 57 | 10,077. |
| 58 | Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required | 59 | |
| 60a | Household employment taxes. Attach Schedule H | 60a | |
| b | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 60b | |
| 61 | Health care: individual responsibility (see instructions) | 61 | 0. |
| 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____ | 62 | |
| 63 | Section 965 net tax liability installment from Form 965-A 63 | | |
| 64 | Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14 | 64 | 10,077. |

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

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Schedule 4 (Form 1040) 2018

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2018
Attachment
Sequence No. **09**

| | | |
|--|--|--|
| Name of proprietor Matthew J Sauls | | Social security number (SSN) 533-08-4743 |
| A Principal business or profession, including product or service (see instructions) seattle | B Enter code from instructions ► 9 9 9 9 9 9 | |
| C Business name. If no separate business name, leave blank. Doc Sportivo mobi/Vom Services | D Employer ID number (EIN) (see instr.) 8 3 1 4 2 7 3 4 2 | |
| E Business address (including suite or room no.) ► 100 melrose Ave E Ste 017-1101, Apt. 1101 City, town or post office, state, and ZIP code Seattle, WA 98102 | | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ► | | |
| G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| H If you started or acquired this business during 2018, check here . <input type="checkbox"/> | | |
| I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| J If "Yes," did you or will you file required Forms 1099? . <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part I Income

| | | |
|---|----------|--|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ► <input type="checkbox"/> | 1 | |
| 2 Returns and allowances | 2 | |
| 3 Subtract line 2 from line 1 | 3 | |
| 4 Cost of goods sold (from line 42) | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 Gross income. Add lines 5 and 6 ► | 7 | |

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | |
|--|------------|-----------------|---|------------|---------------|
| 8 Advertising | 8 | | 18 Office expense (see instructions) | 18 | |
| 9 Car and truck expenses (see instructions). | 9 | | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | -80,000. | 20 Rent or lease (see instructions): | | |
| 11 Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment | 20a | |
| 12 Depletion | 12 | | b Other business property | 20b | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions). | 13 | | 21 Repairs and maintenance | 21 | |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | |
| 15 Insurance (other than health) | 15 | | 23 Taxes and licenses | 23 | |
| 16 Interest (see instructions): | | | 24 Travel and meals: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | |
| b Other | 16b | | b Deductible meals (see instructions) | 24b | |
| 17 Legal and professional services | 17 | | 25 Utilities | 25 | 128. |
| | | | 26 Wages (less employment credits) | 26 | |
| | | | 27a Other expenses (from line 48) | 27a | 1,081. |
| | | | b Reserved for future use | 27b | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a ► | 28 | -78,791. | | | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 78,791. | | | |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 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 | | | | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. | 31 | 78,791. | | | |
| 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), line 12 (or Form 1040NR, line 13) and 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. | | | 32a <input type="checkbox"/> All investment is at risk. | | |
| | | | 32b <input type="checkbox"/> Some investment is not at risk. | | |

Part III Cost of Goods Sold (see instructions)

| | |
|-----------|--|
| 33 | Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation) |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 37 | Cost of labor. Do not include any amounts paid to yourself 37 |
| 38 | Materials and supplies 38 |
| 39 | Other costs 39 |
| 40 | Add lines 35 through 39 40 |
| 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 42 |

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

| | |
|------------|---|
| 43 | When did you place your vehicle in service for business purposes? (month, day, year) ▶ |
| 44 | Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for: |
| a | Business |
| b | Commuting (see instructions) |
| c | Other |
| 45 | Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 47a | Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

| | |
|--|------------------|
| Apps/software/web services | 81. |
| Other business expenses | 1,000. |
| | |
| | |
| | |
| | |
| | |
| 48 Total other expenses. Enter here and on line 27a | 48 1,081. |

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

- **Attach to Form 1040 or Form 1040NR.**
► **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2018Attachment
Sequence No. **12**

Name(s) shown on return

Matthew J Sauls

Your social security number

533-08-4743

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 2,229. | 2,272. | | -43. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -43. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back | | | | 15 |

Part III Summary

| | | | |
|---|---|-----------|---------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -43. |
| <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. | | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ► | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ► | 19 | |
| 20 | Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> </div> </div> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 | (43.) |
| 22 | Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR. | | |

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2018
Attachment
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

Matthew J Sauls

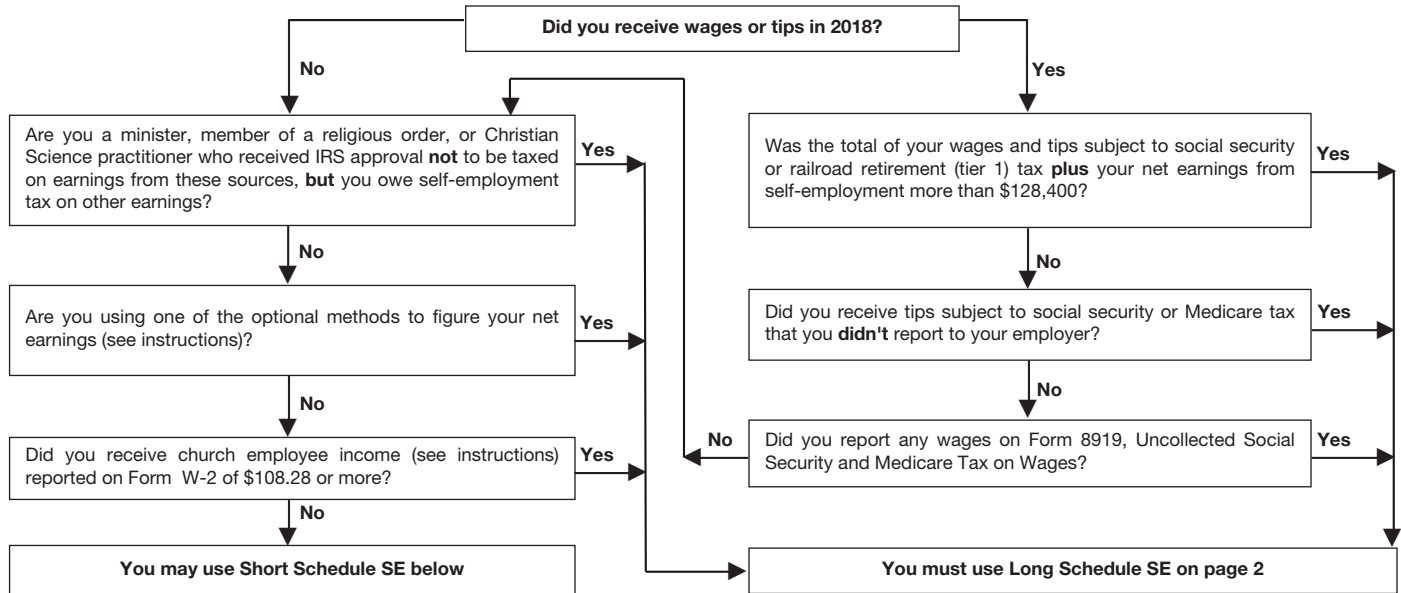
Social security number of person
with **self-employment** income ►

533-08-4743

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only if** you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

| | | |
|--|-------------|---------|
| 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A | 1a | |
| b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH | 1b (|) |
| 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report | 2 | 78,791. |
| 3 Combine lines 1a, 1b, and 2 Exempt-Notary (. . . 7,469.) | 3 | 71,322. |
| 4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b. ► | 4 | 65,866. |
| Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. | | |
| 5 Self-employment tax. If the amount on line 4 is: • \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55 • More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55 | 5 | 10,077. |
| 6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27 | 6 | 5,039. |

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

Matthew J Sauls

Identifying number

533-08-4743

Part I 2018 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))
- 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))
- d** Combine lines 1a, 1b, and 1c

1a**1b** ()**1c** ()**1d****Commercial Revitalization Deductions From Rental Real Estate Activities**

- 2a** Commercial revitalization deductions from Worksheet 2, column (a)
- b** Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)
- c** Add lines 2a and 2b

2a ()**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

3a

78,791.

3b ()

0.

3c ()**3d**

78,791.

- 4** 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
- If line 4 is a loss and:

4

78,791.

- 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** Enter the **smaller** of the loss on line 1d or the loss on line 4
- 6** Enter \$150,000. If married filing separately, see instructions
- 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.
- 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
- 10** Enter the **smaller** of line 5 or line 9
- If line 2c is a loss, go to Part III. Otherwise, go to line 15.

6**7****8****5****9****10**

0.

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
- 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

11**12****13****14****Part IV Total Losses Allowed**

- 15** Add the income, if any, on lines 1a and 3a and enter the total
- 16** **Total losses allowed from all passive activities for 2018.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return

15**16**

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶ | | | | | |

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

| Name of activity | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|--|--|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total. Enter on Form 8582, lines 2a and 2b ▶ | | | |

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
| | (a) Net income (line 3a) | (b) Net loss (line 3b) | (c) Unallowed loss (line 3c) | (d) Gain | (e) Loss |
| Doc Sportivo mobi/Vom Services | 78,791. | 0. | | 78,791. | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶ | 78,791. | 0. | | | |

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|-------------------|--|----------|-----------|--------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total ▶ | | | 1.00 | | |

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|-------------------|--|----------|-----------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total ▶ | | | 1.00 | |

| | | |
|-----------------------------------|---|-------------------------|
| Form 14039 (April 2017) | Department of the Treasury - Internal Revenue Service <h2 style="margin: 0;">Identity Theft Affidavit</h2> | OMB Number 1545-2139 |
|-----------------------------------|---|-------------------------|

Complete this form if you need the IRS to mark an account to identify questionable activity.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting *(Required for all filers)*

- ☒ 1. I am submitting this Form 14039 for myself
- ☐ 2. This Form 14039 is submitted in response to a 'Notice' or 'Letter' received from the IRS
- Please provide 'Notice' or 'Letter' number(s) on the **line to the right**
 - Please check box 1 in **Section B** and see special mailing and faxing instructions on reverse side of this form.
- ☐ 3. I am submitting this Form 14039 on behalf of my 'dependent child or dependent relative'
- Please complete **Section E** on reverse side of this form.
 - Caution:** If filing this on behalf of your 'dependent child or dependent relative', filing this form will protect his or her tax account but it will **not** prevent the victim in **Section C** below from being claimed as a dependent by another person.
- ☐ 4. I am submitting this Form 14039 on behalf of another person *(other than my dependent child or dependent relative)*
- Please complete **Section E** on reverse side of this form.

Section B - Reason For Filing This Form *(Required)*

Check only **ONE** of the following boxes that apply to the person listed in **Section C** below.

- ☐ 1. Someone used my information to file taxes
- ☒ 2. I don't know if someone used my information to file taxes, but I'm a victim of identity theft

Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates.
 If needed, please attach additional information and/or pages to this form.

Past belongings were either lost or thrown away.

Section C - Name and Contact Information of Identity Theft Victim *(Required)*

| | | | |
|--------------------|------------|----------------|--|
| Victim's last name | First name | Middle initial | Taxpayer Identification Number <i>(Please provide 9-digit Social Security Number)</i> |
| Sauls | Matthew | J | 533-08-4743 |

Current mailing address *(apartment or suite number and street, or P.O. Box)* If deceased, please provide last known address

100 melrose Ave E Ste 017-1101, Apt. 1101

| | | |
|--------------|-------|----------|
| Current city | State | ZIP code |
| Seattle | WA | 98102 |

| | |
|--|--|
| Tax Year(s) you experienced identity theft <i>(If not known, enter 'Unknown' in one box below)</i> | What is the last year you filed a return |
| | 2015 |

| | |
|--|--|
| Address used on last filed tax return <i>(If different than 'Current')</i> | Names used on last filed tax return <i>(If different than 'Current')</i> |
| | |

| | | |
|--|-------|----------|
| City <i>(on last tax return filed)</i> | State | ZIP code |
| | | |

| | |
|---|----------------------|
| Telephone number with area code <i>(Optional)</i> If deceased, please indicate 'Deceased' | Best time(s) to call |
| Home telephone number (206) 414-8652 Cell phone number (206) 579-0928 | Whenever |

Language in which you would like to be contacted ☒ English ☐ Spanish

Section D - Penalty of Perjury Statement and Signature *(Required)*

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information entered on this Form 14039 is true, correct, complete, and made in good faith.

| | |
|---|-------------|
| Signature of taxpayer, or representative, conservator, parent or guardian | Date signed |
| | |

Submit this completed form to either the mailing address or the FAX number provided on the reverse side of this form.

Section E – Representative, Conservator, Parent or Guardian Information (Required if completing Form 14039 on someone else's behalf)Check only **ONE** of the following five boxes next to the reason you are submitting this form

- ☐ **1. The taxpayer is deceased and I am the surviving spouse**
• No attachments are required, including death certificate.
- ☐ **2. The taxpayer is deceased and I am the court-appointed or certified personal representative**
• Attach a copy of the court certificate showing your appointment.
- ☐ **3. The taxpayer is deceased and a court-appointed or certified personal representative has not been appointed**
• Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.
• Indicate your relationship to decedent: ☐ Child ☐ Parent/Legal Guardian ☐ Other _____
- ☐ **4. The taxpayer is unable to complete this form and I am the appointed conservator or have Power of Attorney/Declaration of Representative authorization per IRS Form 2848**
• Attach a **copy** of documentation showing your appointment as conservator or POA authorization.
• If you have an IRS issued **Centralized Authorization File (CAF) number, enter the nine-digit number:**
- ☐ **5. The person is my dependent child or my dependent relative**
By checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the dependent's behalf.
• Indicate your relationship to person: ☐ Parent/Legal Guardian ☐ Fiduciary Relationship per IRS Form 56
☐ Power of Attorney ☐ Other _____

Representative's name

Last name

First name

Middle initial

Representative's current mailing address (City, town or post office, state, and ZIP code)

Representative's telephone number

Instructions for Submitting this Form

Submit this completed and signed form to the IRS via **Mail** or **FAX** to specialized IRS processing areas dedicated to assist you. In **Section C** of this form, be sure to include the Social Security Number in the 'Taxpayer Identification Number' field.

Help us avoid delays:

- Choose one method of submitting this form either by Mail or by FAX, not both.
- Please provide clear and readable photocopies of any additional information you may choose to provide.
- Note that 'tax returns' may not be submitted to either the mailing address or FAX number.

| Submitting by Mail | Submitting by FAX |
|---|---|
| <ul style="list-style-type: none"> • If you checked Box 1 in Section B in response to a notice or letter received from the IRS, return this form and if possible, a copy of the notice or letter to the address contained in the notice or letter. • If you checked Box 1 in Section B of Form 14039, are unable to file your tax return electronically because the primary and/or secondary SSN was misused, attach this Form 14039 to the back of your paper tax return and submit to the IRS location where you normally file your tax return. • If you've already filed your paper return, please submit this Form 14039 to the IRS location where you normally file. Refer to the 'Where Do You File' section of your return instructions or visit IRS.gov and input the search term 'Where to File'. • If you checked Box 2 in Section B of Form 14039 (no current tax-related issue), mail this form to: Department of the Treasury Internal Revenue Service Fresno, CA 93888-0025 | <ul style="list-style-type: none"> • If you checked Box 1 in Section B of Form 14039 and are submitting this form in response to a notice or letter received from the IRS. If it provides a FAX number, you should send there. If no FAX number is shown on the notice or letter, please follow the mailing instructions on the notice or letter. • Include a cover sheet marked 'Confidential'. • If you checked Box 2 in Section B of Form 14039 (no current tax-related issue), FAX this form toll-free to: 855-807-5720 |

Privacy Act and Paperwork Reduction Notice

Our legal authority to request the information is 26 U.S.C. 6001. The primary purpose of the form is to provide a method of reporting identity theft issues to the IRS so that the IRS may document situations where individuals are or may be victims of identity theft. Additional purposes include the use in the determination of proper tax liability and to relieve taxpayer burden. The information may be disclosed only as provided by 26 U.S.C. 6103. Providing the information on this form is voluntary. However, if you do not provide the information it may be more difficult to assist you in resolving your identity theft issue. If you are a potential victim of identity theft and do not provide the required substantiation information, we may not be able to place a marker on your account to assist with future protection. If you are a victim of identity theft and do not provide the required information, it may be difficult for IRS to determine your correct tax liability. If you intentionally provide false information, you may be subject to criminal penalties. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W-CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send this form to this address. Instead, see the form for filing instructions. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.