

Form 1040

Department of the Treasury - Internal Revenue Service

(99)

2018

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

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

Your first name and initial

Last name

Your social security number

BRUCE H.

MANN

[REDACTED]

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

ELIZABETH A.

WARREN

[REDACTED]

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.

Apt. no.

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.

If more than four dependents, see inst. and ✓ here ►

CAMBRIDGE, MA 02138

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):
				Child tax credit
				Credit for other dependents

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

PROFESSOR

If the IRS sent you an Identity Protection PIN, enter it here [REDACTED]

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

US SENATOR

If the IRS sent you an Identity Protection PIN, enter it here [REDACTED]

Paid Preparer Use Only

Preparer's name

KEITH D. LOWEY,
CPA

Preparer's signature

PTIN

Firm's EIN

Check if:

 3rd Party Designee
 Self-employed

Firm's name

VERDOLINO & LOWEY, P.C.
124 WASHINGTON ST., SUITE 101

Phone no.

(508) 543-1720

Firm's address

FOXBOROUGH, MA 02035-

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

Form 1040 (2018)

Attach Form(s)
W-2. Also attach
Form(s) W-2G and
1099-R if tax was
withheld.

Standard Deduction for -
● Single or married filing separately, \$12,000
● Married filing jointly or Qualifying widow(er), \$24,000
● Head of household, \$18,000
● If you checked any box under Standard deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	1	579,177.
2a	Tax-exempt interest	2a	2b	4,312.
3a	Qualified dividends	3a	3b	1,351.
4a	IRAs, pensions, and annuities	4a	4b	
5a	Social security benefits	5a	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	320,902.	6	905,742.
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	846,394.
8	Standard deduction or itemized deductions (from Schedule A)		8	60,128.
9	Qualified business income deduction (see instructions)		9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	786,266.
11	a Tax (see inst.) 230,068. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)	b Add any amount from Schedule 2 and check here	11	230,068.
12	a Child tax credit/credit for other dependents _____ b Add any amount from Sch. 3 and check here	► <input checked="" type="checkbox"/>	12	13,936.
13	Subtract line 12 from line 11. If zero or less, enter -0-		13	216,132.
14	Other taxes. Attach Schedule 4		14	14,833.
15	Total tax. Add lines 13 and 14		15	230,965.
16	Federal income tax withheld from Forms W-2 and 1099	SEE STATEMENT 3	16	108,488.
17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863	Add any amount from Schedule 5 98,000.	17	98,000.
18	Add lines 16 and 17. These are your total payments		18	206,488.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		19	
Refund	20 a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	► <input type="checkbox"/>	20a	
Direct deposit? See instructions.	b Routing number	► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number			
Amount You Owe	21 Amount of line 19 you want applied to your 2019 estimated tax	► 21		
	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	►	22	24,477.
	23 Estimated tax penalty (see instructions)	► 23		

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

Form 1040 (2018)

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

OMB No. 1545-0074

2018Attachment
Sequence No. 01

Name(s) shown on Form 1040

BRUCE H. MANN & ELIZABETH A. WARRENYour social security number
[REDACTED]

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	12 323,902.
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13 -3,000.
	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	22 320,902.
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 4,348.
	28 Self-employed SEP, SIMPLE, and qualified plans	28 55,000.
	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 59,348.

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

Schedule 1 (Form 1040) 2018

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Tax**

OMB No. 1545-0074

2018Attachment
Sequence No. **02**

► Attach to Form 1040.

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

Name(s) shown on Form 1040

BRUCE H. MANN & ELIZABETH A. WARRENYour social security number
[REDACTED]

Tax	38-44	Reserved	38-44	
	45	Alternative minimum tax. Attach Form 6251	45	0.
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add the amounts in the far right column. Enter here and include on Form 1040, line 11	47	0.

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

Schedule 2 (Form 1040) 2018

**SCHEDULE 3
(Form 1040)**Department of the Treasury
Internal Revenue Service**Nonrefundable Credits**

OMB No. 1545-0074

2018Attachment
Sequence No. 03

Name(s) shown on Form 1040

BRUCE H. MANN & ELIZABETH A. WARRENYour social security number


Nonrefundable Credits	48 Foreign tax credit. Attach Form 1116 if required	48
	49 Credit for child and dependent care expenses. Attach Form 2441	49
	50 Education credits from Form 8863, line 19	50
	51 Retirement savings contributions credit. Attach Form 8880	51
	52 Reserved	52
	53 Residential energy credit. Attach Form 5695	53 13,936.
	54 Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54
	55 Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55 13,936.

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

Schedule 3 (Form 1040) 2018

SCHEDULE 4
(Form 1040)Department of the Treasury
Internal Revenue Service**Other Taxes**

OMB No. 1545-0074

2018Attachment
Sequence No. **04**

► Attach to Form 1040.

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

Name(s) shown on Form 1040

BRUCE H. MANN & ELIZABETH A. WARRENYour social security number
[REDACTED]

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	8 , 696 .
	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	
	60 a	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	
	62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) <u>SEE STATEMENT 5</u>	62	6 , 137 .
	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	14 , 833 .

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

Schedule 4 (Form 1040) 2018

**SCHEDULE 5
(Form 1040)**Department of the Treasury
Internal Revenue Service**Other Payments and Refundable Credits**

OMB No. 1545-0074

2018Attachment
Sequence No. 05

► Attach to Form 1040.

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

Name(s) shown on Form 1040

BRUCE H. MANN & ELIZABETH A. WARRENYour social security number


Other	65	Reserved	65	
Payments	66	2018 estimated tax payments and amount applied from 2017 return	STMT	6
and	67 a	Reserved	67a	
Refundable	b	Reserved	67b	
Credits	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	74	
	75	Add the amounts in the far right column. These are your total other payments and refundable credits . Enter here and include on Form 1040, line 17	75	98 , 000 .

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

Schedule 5 (Form 1040) 2018

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2018

Attachment Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

BRUCE H. MANN & ELIZABETH A. WARREN

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.	
1	1 Medical and dental expenses (see instructions)	1
2	2 Enter amount from Form 1040, line 7	2
3	3 Multiply line 2 by 7.5% (0.075)	3
4	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4
Taxes You Paid	5 State and local taxes. a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 7 ► <input type="checkbox"/>	5a 56,241. 5b 21,380. 5c 447. 5d 78,068. 5e 10,000. 6
	6 Other taxes. List type and amount ► ----- 7 Add lines 5e and 6	7 10,000.
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ► <input type="checkbox"/> a Home mortgage interest and points reported to you on Form 1098	8a
	b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► ----- 8b	8b
	c Points not reported to you on Form 1098. See instructions for special rules	8c
	d Reserved	8d
	e Add lines 8a through 8c	8e
	9 Investment interest. Attach Form 4952 if required. See instructions	9
	10 Add lines 8e and 9	10
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11 50,128.
If you made a gift and got a benefit for it, see instructions.	12 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12
	13 Carryover from prior year	13
	14 Add lines 11 through 13	14 50,128.
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15
Other Itemized Deductions	16 Other - from list in instructions. List type and amount ► ----- 16	16
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8	17 60,128.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>	

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Interest and Ordinary Dividends

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

► Attach to Form 1040.

OMB No. 1545-0074

2018

Attachment
Sequence No. 08

BRUCE H. MANN & ELIZABETH A. WARREN

Part I

Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

BANK OF AMERICA

CAPITAL ONE NATIONAL ASSOCIATION

FIRST NATIONAL BANK OF OMAHA

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1
 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
 Attach Form 8815
 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b ►

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

**Ordinary
Dividends**

- 5 List name of payer ►
VANGUARD MARKETING COPORATION

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b ►

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

**Foreign
Accounts
and
Trusts**

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
 If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
 b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►
 8 During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
 If "Yes," you may have to file Form 3520. See instructions

Yes

No

X

X

X

Interest and Dividend Summary

Name: BRUCE H. MANN & ELIZABETH A. WARREN

FEIN/SSN:

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A BANK OF AMERICA	12.							
B CAPITAL ONE NATIONAL ASSOCIATION	403.							
C FIRST NATIONAL BANK OF OMAHA	3,897.							
D VANGUARD MARKETING COPORATION							1,351.	1,349.
E								
F								
G								
H								
I								
J								
K								
Totals	4,312.						1,351.	1,349.

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A									
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
Totals									

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

Social security number (SSN)

ELIZABETH A. WARREN

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

WRITING

C Business name. If no separate business name, leave blank.

► 711510

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ► [REDACTED]

CAMBRIDGE, MA 02138

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

Yes No

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses

►

Yes No

H If you started or acquired this business during 2018, check here

►

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)

► Yes No

J If "Yes," did you or will you file required Forms 1099?

► Yes 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



1 324,687.

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

324,687.

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

8 Advertising	8	18 Office expense	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	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
28 Total expenses before expenses for business use of home. Add lines 8 through 27a		26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7		27 a Other expenses (from line 48)	27a
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).		b Reserved for future use	27b

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

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.

31 324,687.

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 All investment
is at risk.
32b Some investment
is not at risk.

Schedule C - Two-Year Comparison Worksheet**2018**

Business Name:

Description	Tax Year 2017	Tax Year 2018	Increase (Decrease)
INCOME			
GROSS INCOME	430 , 379 .	324 , 687 .	-105 , 692 .
EXPENSES			
LEGAL AND PROFESSIONAL SERVICES	39 , 954 .	0 .	-39 , 954 .
OTHER EXPENSES	1 , 215 .	0 .	-1 , 215 .
NET PROFIT OR (LOSS)	389 , 210 .	324 , 687 .	-64 , 523 .

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

BRUCE H. MANN

A Principal business or profession, including product or service (see instructions)

WRITING

C Business name. If no separate business name, leave blank.

Social security number (SSN)

► 711510

B Enter code from instructions

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ► [REDACTED]

City, town or post office, state, and ZIP code **CAMBRIDGE, MA 02138**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2018, check here

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes 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	18.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	18.
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	18.
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	► <input type="checkbox"/>	7	18.

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

8	Advertising	8	18
9	Car and truck expenses (see instructions)	9	
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	
14	Employee benefit programs (other than on line 19)	14	
15	Insurance (other than health)	15	
16	Interest (see instructions): a Mortgage (paid to banks, etc.)	16a	
	b Other	16b	
17	Legal and professional services	17	
18	Office expense	18	
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions): a Vehicles, machinery, and equipment	20a	
	b Other business property	20b	
21	Repairs and maintenance	21	
22	Supplies (not included in Part III)	22	
23	Taxes and licenses	23	
24	Travel and meals: a Travel	24a	
	b Deductible meals (see instructions)	24b	
25	Utilities	25	
26	Wages (less employment credits)	26	
27a	Other expenses (from line 48)	27a	803.
27b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	803.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-785.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).	30	

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

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.

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.

} 31 -785.

32a All investment
is at risk.
32b Some investment
is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c 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 _____ 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 Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

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

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

OMB No. 1545-0074

2018

Attachment
Sequence No. **12**

Name(s) shown on return

Yo [REDACTED] umber

BRUCE H. MANN & ELIZABETH A. WARREN

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.	(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)
This form may be easier to complete if you round off cents to whole dollars.				
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 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 page 2				7

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.	(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)
This form may be easier to complete if you round off cents to whole dollars.				
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				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 () 102,276.
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 < 102,276. >

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

Schedule D (Form 1040) 2018

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	<102,276.>
<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	
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: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } SEE STATEMENT 8	21	(3,000.)
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input checked="" 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 type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Qualified Dividends and Capital Gain Tax Worksheet - Line 11a

Keep for Your Records

Name(s) shown on return BRUCE H. MANN & ELIZABETH A. WARREN	Your SSN [REDACTED]
Before you begin: <input checked="" type="checkbox"/> See the instructions for line 11a to see if you can use this worksheet to figure your tax. <input checked="" type="checkbox"/> Before completing this worksheet, complete Form 1040 through line 10. <input checked="" type="checkbox"/> If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Schedule 1.	
<p>1. Enter the amount from Form 1040, line 10. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet 1. <u>786,266.</u></p> <p>2. Enter the amount from Form 1040, line 3a* 2. <u>1,349.</u></p> <p>3. Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-. } 3. <u>0.</u> <input type="checkbox"/> No. Enter the amount from Schedule 1, line 13. } 4. Add lines 2 and 3 4. <u>1,349.</u></p> <p>5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- 5. <u>0.</u></p> <p>6. Subtract line 5 from line 4. If zero or less, enter -0- 6. <u>1,349.</u></p> <p>7. Subtract line 6 from line 1. If zero or less, enter -0- 7. <u>784,917.</u></p> <p>8. Enter: \$ 38,600 if single or married filing separately, \$ 77,200 if married filing jointly or qualifying widow(er), \$ 51,700 if head of household. } 8. <u>77,200.</u></p> <p>9. Enter the smaller of line 1 or line 8 9. <u>77,200.</u></p> <p>10. Enter the smaller of line 7 or line 9 10. <u>77,200.</u></p> <p>11. Subtract line 10 from line 9. This amount is taxed at 0% 11. <u>0.</u></p> <p>12. Enter the smaller of line 1 or line 6 12. <u>1,349.</u></p> <p>13. Enter the amount from line 11 13. <u>0.</u></p> <p>14. Subtract line 13 from line 12 14. <u>1,349.</u></p> <p>15. Enter: \$ 425,800 if single, \$ 239,500 if married filing separately, \$ 479,000 if married filing jointly or qualifying widow(er), \$ 452,400 if head of household. } 15. <u>479,000.</u></p> <p>16. Enter the smaller of line 1 or line 15 16. <u>479,000.</u></p> <p>17. Add lines 7 and 11 17. <u>784,917.</u></p> <p>18. Subtract line 17 from line 16. If zero or less, enter -0- 18. <u>0.</u></p> <p>19. Enter the smaller of line 14 or line 18 19. <u>0.</u></p> <p>20. Multiply line 19 by 15% (0.15) 20. <u>0.</u></p> <p>21. Add lines 11 and 19 21. <u>0.</u></p> <p>22. Subtract line 21 from line 12 22. <u>1,349.</u></p> <p>23. Multiply line 22 by 20% (0.20) 23. <u>270.</u></p> <p>24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet 24. <u>229,798.</u></p> <p>25. Add lines 20, 23, and 24 25. <u>230,068.</u></p> <p>26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet 26. <u>230,297.</u></p> <p>27. Tax on all taxable income. Enter the smaller of line 25 or 26. Also include this amount on the entry space on Form 1040, line 11a. If you are filing Form 2555 or 2555-EZ, don't enter this amount on the entry space on Form 1040, line 11a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet 27. <u>230,068.</u></p>	

* If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)Social security number of
person with **self-employment**
income**ELIZABETH A. WARREN****Section B - Long Schedule SE****Part I Self-Employment Tax**

Note: If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I	► <input type="checkbox"/>
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)	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. Note: Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 9	2 324,687.
3	Combine lines 1a, 1b, and 2	3 324,687.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a 299,848.
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b
c	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c 299,848.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b
6	Add lines 4c and 5b	6 299,848.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2018	7 128,400.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$128,400 or more, skip lines 8b through 10, and go to line 11	8a 128,400.
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b
c	Wages subject to social security tax (from Form 8919, line 10)	8c
d	Add lines 8a, 8b, and 8c	8d
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10
11	Multiply line 6 by 2.9% (0.029)	11 8,696.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 4 (Form 1040), line 57 , or Form 1040NR, line 55	12 8,696.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27 , or Form 1040NR, line 27	13 4,348.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$7,920, or (b) your net farm profits² were less than \$5,717.

14	Maximum income for optional methods	14 5,280.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,280. Also include this amount on line 4b above	15

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$5,717 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Form **6251**Department of the Treasury
Internal Revenue Service (99)

DOES NOT APPLY

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2018Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number
[REDACTED]**BRUCE H. MANN & ELIZABETH A. WARREN****Part I Alternative Minimum Taxable Income**

1 Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.)	1 786,266.
2a If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 8	2a 10,000.
b Tax refund from Schedule 1 (Form 1040), line 10 or line 21	2b
c Investment interest expense (difference between regular tax and AMT)	2c
d Depletion (difference between regular tax and AMT)	2d
e Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount	2e
f Alternative tax net operating loss deduction	2f
g Interest from specified private activity bonds exempt from the regular tax	2g
h Qualified small business stock, see instructions	2h
i Exercise of incentive stock options (excess of AMT income over regular tax income)	2i
j Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j
k Disposition of property (difference between AMT and regular tax gain or loss)	2k
l Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l
m Passive activities (difference between AMT and regular tax income or loss)	2m
n Loss limitations (difference between AMT and regular tax income or loss)	2n
o Circulation costs (difference between regular tax and AMT)	2o
p Long-term contracts (difference between AMT and regular tax income)	2p
q Mining costs (difference between regular tax and AMT)	2q
r Research and experimental costs (difference between regular tax and AMT)	2r
s Income from certain installment sales before January 1, 1987	2s
t Intangible drilling costs preference	2t
3 Other adjustments, including income-based related adjustments	3
4 Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$718,800, see instructions.)	4 796,266.

Part II Alternative Minimum Tax (AMT)

5 Exemption. (If you were under age 24 at the end of 2018, see instructions.) IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ...	5 109,400.
Single or head of household \$500,000 \$70,300	}
Married filing jointly or qualifying widow(er) 1,000,000 109,400	}
Married filing separately 500,000 54,700	}
If line 4 is over the amount shown above for your filing status, see instructions.	
6 Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6 686,866.
7 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported qualified dividends on Form 1040, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result.	7 188,393.
8 Alternative minimum tax foreign tax credit (see instructions)	8
9 Tentative minimum tax. Subtract line 8 from line 7	9 188,393.
10 Add Form 1040, line 11a (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 46. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 48. If you used Schedule J to figure your tax on Form 1040, line 11a, refigure that tax without using Schedule J before completing this line (see instructions)	10 230,068.
11 AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45	11 0.

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

Form **6251 (2018)**

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12 Enter the amount from Form 6251, line 6. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 7	12 686,866.
13 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	13 1,349.
14 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	14
15 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	15 1,349.
16 Enter the smaller of line 12 or line 15	16 1,349.
17 Subtract line 16 from line 12	17 685,517.
18 If line 17 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result ►	18 188,123.
19 Enter: • \$77,200 if married filing jointly or qualifying widow(er), • \$38,600 if single or married filing separately, or • \$51,700 if head of household.	19 77,200.
20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	20 784,917.
21 Subtract line 20 from line 19. If zero or less, enter -0	21 0.
22 Enter the smaller of line 12 or line 13	22 1,349.
23 Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23 0.
24 Subtract line 23 from line 22	24 1,349.
25 Enter: • \$425,800 if single • \$239,500 if married filing separately • \$479,000 if married filing jointly or qualifying widow(er) • \$452,400 if head of household	25 479,000.
26 Enter the amount from line 21	26 0.
27 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	27 784,917.
28 Add line 26 and line 27	28 784,917.
29 Subtract line 28 from line 25. If zero or less, enter -0	29 0.
30 Enter the smaller of line 24 or line 29	30 0.
31 Multiply line 30 by 15% (0.15) ►	31
32 Add lines 23 and 30	32 0.
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.	
33 Subtract line 32 from line 22	33 1,349.
34 Multiply line 33 by 20% (0.20) ►	34 270.
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.	
35 Add lines 17, 32, and 33	35
36 Subtract line 35 from line 12	36
37 Multiply line 36 by 25% (0.25)	37
38 Add lines 18, 31, 34, and 37	38 188,393.
39 If line 12 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	39 188,500.
40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40 188,393.

Additional Medicare Tax

2018

Attachment
Sequence No. 71

- If any line does not apply to you, leave it blank. See separate instructions.
- Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
- Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	622,177.	
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4	622,177.	
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.	
6 Subtract line 5 from line 4. If zero or less, enter -0-	6	372,177.	
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.....	7	3,350.	

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	299,848.	
9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.	
10 Enter the amount from line 4	10	622,177.	
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	0.	
12 Subtract line 11 from line 8. If zero or less, enter -0-	12	299,848.	
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13	2,699.	

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16 Subtract line 15 from line 14. If zero or less, enter -0-	16		
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV.....	17		

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V	18	6,049.
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Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	11,235.	
20 Enter the amount from line 1	20	622,177.	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	9,022.	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22	2,213.	
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24	2,213.	

Net Investment Income Tax -
Individuals, Estates, and Trusts

2018

Attachment
Sequence No. 72

► Attach to your tax return.

► Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number or EIN

Part I Investment Income		<input type="checkbox"/> Section 6013(g) election (see instructions)
		<input type="checkbox"/> Section 6013(h) election (see instructions)
		<input type="checkbox"/> Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	4 , 312 .
2	Ordinary dividends (see instructions)	2	1 , 351 .
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	- 3 , 000 .
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	- 3 , 000 .
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	2 , 663 .

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	351 .
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	351 .
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	351 .

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12	2 , 312 .
Individuals:			
13	Modified adjusted gross income (see instructions)	13	846 , 394 .
14	Threshold based on filing status (see instructions)	14	250 , 000 .
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	596 , 394 .
16	Enter the smaller of line 12 or line 15	16	2 , 312 .
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	88 .
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Part III - Deductions Properly Allocable to Investment Income (Individuals Only)

- Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

<u>Description</u>	<u>Line</u>	<u>Amount</u>
(a) N/A	N/A	N/A
(b) N/A	N/A	N/A

- Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to \$10,000, \$5,000 if MFS)

2. 351.

- Enter the amounts of other Itemized Deductions properly allocable to investment income

(Description and Form 8960 line number where they'll be reported):

<u>Description</u>	<u>Line</u>	<u>Amount</u>
(a) _____	_____	_____
(b) _____	_____	_____

- Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3

4. 351.

- Enter the amount of total itemized deductions reported on Form 1040

5. 60,128.

- Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(a) Investment Interest Expense	N/A
(b) Casualty Losses (other than losses described in section 165(c)(1))	N/A
(c) Medical Expenses	N/A
(d) Gambling Losses	N/A
(e) Total of lines 6(a) through 6(d)	6e. N/A

- Subtract line 6e from line 5

7. 60,128.

- Enter the lesser of line 7 or line 4

8. 351.



This is the amount of itemized deductions that are properly allocable to investment income. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1 - 3.	IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.
Miscellaneous Itemized Deductions properly allocable to investment income:		
1. (a) N/A	N/A	N/A
(b) N/A	N/A	N/A
2. State, local, and foreign income taxes	351.	x 1.0000 = 351.
Itemized Deductions		
Included on Line 3 of Part III:		
3. (a) _____	X _____	= _____
(b) _____	X _____	= _____

Form **8960****Net Investment Income Tax -
Individuals, Estates, and Trusts****2018****MASSACHUSETTS**

Name(s)

BRUCE H MANN & ELIZABETH A WARREN

Your social security number or EIN

Part I Investment Income Section 6013(g) election Regulations section 1.1411-10(g) election

1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)	1	4 , 298 .
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)	2	1 , 351 .
3	Annuities from nonqualified plans	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b	
c	Combine lines 4a and 4b	4c	0 .
5a	Net gain or loss from disposition of property from Form 1040, combine lines 13 and 14; or from Form 1041, combine lines 4 and 7	5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax	5b	
c	Adjustment from disposition of partnership interest or S corporation stock	5c	
d	Combine lines 5a through 5c	5d	
6	Changes in investment income for certain CFCs and PFICs	6	
7	Other modifications to investment income	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	5 , 649 .

Part II State Income Tax Pro-ration for 2018 Income Tax Payments

9	State total income	9	908 , 728 .
10	State income tax payments for 2018	10	51 , 034 .
11	2018 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	11	317 .

Part III State Income Tax Pro-ration for 2017 Estimate Payments Made in 2018

12	State estimate payments for 2017	12	0 .
13	Percent of state income taxes attributable to investment income for 2017	13	
14	2017 state estimate payments attributable to investment income. Line 12 times line 13	14	0 .

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2018

15	Balance of prior years tax plus extension payments paid in 2018	15	5 , 207 .
16	Percent of state income taxes attributable to investment income for 2017	16	. 006441
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16	17	34 .

Part V Reduction of State Tax Deduction

18	Reduction of state tax deduction	18	()
19	Percent of state income taxes attributable to investment income for 2017	19	
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	20	() 0 .

Part VI Total State Income Tax Payments Attributable to Investment Income

21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	21	351 .
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Form **8960** (2018)

Residential Energy Credit

OMB No. 1545-0074

► Go to www.irs.gov/Form5695 for instructions and the latest information.

► Attach to Form 1040 or Form 1040NR.

2018Attachment
Sequence No. 158

Name(s) shown on return

BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number
[REDACTED]**Part I Residential Energy Efficient Property Credit** (See instructions before completing this part.)**Note:** Skip lines 1 through 11 if you only have a credit carryforward from 2017.

1 Qualified solar electric property costs	1	46 , 452 .
2 Qualified solar water heating property costs	2	
3 Qualified small wind energy property costs	3	
4 Qualified geothermal heat pump property costs	4	
5 Add lines 1 through 4	5	46 , 452 .
6 Multiply line 5 by 30% (0.30)	6	13 , 936 .
7a Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.)	7a	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11. b Print the complete address of the main home where you installed the fuel cell property.		
Number and street		Unit No.
City, State, and ZIP code		
8 Qualified fuel cell property costs	8	
9 Multiply line 8 by 30% (0.30)	9	
10 Kilowatt capacity of property on line 8 above ► X \$1,000	10	
11 Enter the smaller of line 9 or line 10	11	
12 Credit carryforward from 2017. Enter the amount, if any, from your 2017 Form 5695, line 16	12	
13 Add lines 6, 11, and 12	13	13 , 936 .
14 Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	230 , 068 .
15 Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 53; or Form 1040NR, line 50	15	13 , 936 .
16 Credit carryforward to 2019. If line 15 is less than line 13, subtract line 15 from line 13	16	0 .

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

Form 5695 (2018)

Part II Nonbusiness Energy Property Credit (Reserved for Future Use)

Qualified Business Income After Deductions

Activity: _____

1.	Qualified business income before deductions	<u>324,687.</u>
2.	Deductible part of self-employment income:	
a.	Net income subject to self-employment tax from this activity	<u>324,687.</u>
b.	Total income subject to self-employment tax	<u>324,687.</u>
c.	Line 2a divided by line 2b (not greater than 1.000)	<u>1.000000000</u>
d.	Amount from Schedule 1 (Form 1040), line 27	<u>4,348.</u>
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	<u>4,348.</u>
3.	Self-employed SEP, SIMPLE and qualified plans:	
a.	Net income subject to self-employment tax from this activity	<u>324,687.</u>
b.	Net earnings from SCHEDULE C	<u>324,687.</u>
c.	Line 3a divided by line 3b (not greater than 1.000)	<u>1.000000000</u>
d.	Amount from Schedule 1 (Form 1040), line 28	<u>55,000.</u>
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity	<u>55,000.</u>
4.	Self-employed health insurance deduction:	
a.	Health insurance payments from this activity	_____
b.	Health insurance limits for activity above	_____
c.	Lesser of line 4a or line 4b	_____
d.	Reserved	_____
e.	Reserved	_____
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity	_____
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions	<u>265,339.</u>

Activity: _____

1.	Qualified business income before deductions	_____
2.	Deductible part of self-employment income:	
a.	Net income subject to self-employment tax from this activity	_____
b.	Total income subject to self-employment tax	_____
c.	Line 2a divided by line 2b (not greater than 1.000)	_____
d.	Amount from Schedule 1 (Form 1040), line 27	_____
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	_____
3.	Self-employed SEP, SIMPLE and qualified plans:	
a.	Net income subject to self-employment tax from this activity	_____
b.	Net earnings from _____	_____
c.	Line 3a divided by line 3b (not greater than 1.000)	_____
d.	Amount from Schedule 1 (Form 1040), line 28	_____
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity	_____
4.	Self-employed health insurance deduction:	
a.	Health insurance payments from this activity	_____
b.	Health insurance limits for activity above	_____
c.	Lesser of line 4a or line 4b	_____
d.	Reserved	_____
e.	Reserved	_____
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity	_____
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions	_____

Net Qualified Business Income

Qualified business losses from activities with net losses:

If taxable income before this deduction is over \$207,500 (\$415,000 if MFJ), do not include losses from Specified Service Trade or Businesses.

1. Total net losses from activities with net losses: 785.

Qualified Business income from activities with net income:

If taxable income before this deduction is over \$207,500 (\$415,000 if MFJ), do not include income from Specified Service Trade or Businesses

2. Total qualified business income from activities with net income: **265,339.**

3. Net qualified business income. Subtract line 1 from line 2 264,554.

If zero or less, stop. This loss is carried over to next year.

Otherwise, carry allocated QBI to the Qualified Business Income Deduction Worksheet.

Qualified Business Income Deduction Worksheet

Activity: _____

1. Allocated qualified business income	264,554.
a. Multiply line 1 by 20%	52,911.
b(i). 50% of W-2 wages	0.
b(ii). 25% of W-2 wages plus 2.5% of UBA	0.
b(iii). Greater of b(i) or b(ii)	0.
c. Cooperative dividends adjustment	0.

Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?

Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.

No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?

Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.

No. Continue to line 1d.

d. Subtract line 1b(iii) from line 1a	
e. Taxable income before this deduction	
f. Threshold amount \$157,500 (\$315,000 if MFJ)	
g. Subtract line 1f from line 1e	
h. Divide line 1g by \$50,000 (\$100,000 if MFJ)	
i. Multiply line 1d by line 1h	
j. Subtract line 1i and 1c from line 1a. This is your activity's qualified income	0.

Activity: _____

1. Allocated qualified business income	
a. Multiply line 1 by 20%	
b(i). 50% of W-2 wages	
b(ii). 25% of W-2 wages plus 2.5% of UBA	
b(iii). Greater of b(i) or b(ii)	
c. Cooperative dividends adjustment	

Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?

Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.

No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?

Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.

No. Continue to line 1d.

d. Subtract line 1b(iii) from line 1a	
e. Taxable income before this deduction	
f. Threshold amount \$157,500 (\$315,000 if MFJ)	
g. Subtract line 1f from line 1e	
h. Divide line 1g by \$50,000 (\$100,000 if MFJ)	
i. Multiply line 1d by line 1h	
j. Subtract line 1i and 1c from line 1a. This is your activity's qualified income	

Activity: _____

1. Allocated qualified business income	
a. Multiply line 1 by 20%	
b(i). 50% of W-2 wages	
b(ii). 25% of W-2 wages plus 2.5% of UBA	
b(iii). Greater of b(i) or b(ii)	
c. Cooperative dividends adjustment	

Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?

Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.

No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?

Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.

No. Continue to line 1d.

d. Subtract line 1b(iii) from line 1a	
e. Taxable income before this deduction	
f. Threshold amount \$157,500 (\$315,000 if MFJ)	
g. Subtract line 1f from line 1e	
h. Divide line 1g by \$50,000 (\$100,000 if MFJ)	
i. Multiply line 1d by line 1h	
j. Subtract line 1i and 1c from line 1a. This is your activity's qualified income	



FORM 1040	WAGES RECEIVED AND TAXES WITHHELD				STATEMENT	1
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T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T PRESIDENT AND FELLOWS OF HARVARD COLLEGE	402,897.	80,056.	20,221.		7,961.	8,679.
S UNITED STATES SENATE	176,280.	26,219.	8,613.		7,961.	2,556.
TOTALS	579,177.	106,275.	28,834.		15,922.	11,235.

FORM 1040	QUALIFIED DIVIDENDS	STATEMENT	2
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NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
VANGUARD MARKETING COPORATION	1,351.	1,349.
TOTAL INCLUDED IN FORM 1040, LINE 3A		1,349.

FORM 1040	FEDERAL INCOME TAX WITHHELD	STATEMENT	3
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T S DESCRIPTION	AMOUNT
T PRESIDENT AND FELLOWS OF HARVARD COLLEGE	80,056.
S UNITED STATES SENATE	26,219.
FORM 8959, LINE 24	2,213.
TOTAL TO FORM 1040, LINE 16	108,488.

SCHEDULE 1	SEP DEDUCTION	STATEMENT	4
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ELIZABETH A. WARREN

1. PLAN CONTRIBUTION RATE OR SELF-EMPLOYED PERSON'S RATE	.200000
2. NET EARNINGS FROM SCHEDULE C, SCHEDULE F, OR SCHEDULE K-1	324,687.
3. DEDUCTION FOR SELF-EMPLOYMENT TAX FROM SCHEDULE 1, LINE 27	4,348.
4. SUBTRACT LINE 3 FROM LINE 2	320,339.
5. MULTIPLY LINE 4 TIMES LINE 1	64,068.
6. MULTIPLY \$275,000 BY YOUR PLAN CONTRIBUTION RATE. ENTER THE RESULT BUT NOT MORE THAN \$55,000	55,000.
7. ENTER THE SMALLER OF LINE 5 OR LINE 6	55,000.
8. CONTRIBUTION DOLLAR LIMIT	55,000.
*IF ANY ELECTIVE DEFERRALS WERE MADE, GO TO LINE 9.	
*OTHERWISE, SKIP LINES 9 THROUGH 18 AND ENTER THE SMALLER OF LINE 7 OR LINE 8 ON LINE 19.	
9. ALLOWABLE ELECTIVE DEFERRALS	
10. SUBTRACT LINE 9 FROM LINE 8	
11. SUBTRACT LINE 9 FROM LINE 4	
12. ENTER ONE-HALF OF LINE 11	
13. ENTER THE SMALLEST OF LINES 7, 10 OR 12	
14. SUBTRACT LINE 13 FROM LINE 4	
15. ENTER THE SMALLER OF LINE 9 OR LINE 14	
*IF CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16.	
*OTHERWISE, SKIP LINES 16 THROUGH 18.	
16. SUBTRACT LINE 15 FROM LINE 14	
17. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER)	
18. ENTER THE SMALLER OF LINE 16 OR LINE 17	
19. ADD LINES 13, 15 AND 18. ENTER HERE AND ON LINE 28, SCHEDULE 1	55,000.

SCHEDULE 4	OTHER TAXES	STATEMENT	5
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DESCRIPTION	AMOUNT
FROM FORM 8959	6,049.
FROM FORM 8960	88.
TOTAL TO SCHEDULE 4, LINE 62	6,137.



SCHEDULE 5	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 6
DESCRIPTION		AMOUNT
2ND QTR ESTIMATE PAYMENT - JOINT		15,257.
3RD QTR ESTIMATE PAYMENT - JOINT		24,500.
4TH QTR ESTIMATE PAYMENT - JOINT		24,500.
PRIOR YEAR OVERPAYMENT APPLIED - JOINT		33,743.
TOTAL TO SCHEDULE 5, LINE 66		98,000.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 7
DESCRIPTION		AMOUNT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE		20,221.
UNITED STATES SENATE		8,613.
MASSACHUSETTS 1ST QTR ESTIMATE PAYMENTS		670.
MASSACHUSETTS 2ND QTR ESTIMATE PAYMENTS		10,430.
MASSACHUSETTS 3RD QTR ESTIMATE PAYMENTS		5,550.
MASSACHUSETTS 4TH QTR ESTIMATE PAYMENTS		5,550.
MASSACHUSETTS PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS		5,207.
TOTAL TO SCHEDULE A, LINE 5A		56,241.

SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT	8
1. ENTER THE AMOUNT FROM FORM 1040, LINE 10		786,266.	
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT		3,000.	
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-		789,266.	
4. ENTER THE SMALLER OF LINE 2 OR LINE 3		3,000.	
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT			
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15			
7. ADD LINES 4 AND 6			
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0-			
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT		102,276.	
10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7			
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-	3,000.		
12. ADD LINES 10 AND 11		3,000.	
13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0-		99,276.	

SCHEDULE SE	NON-FARM INCOME	STATEMENT	9
DESCRIPTION	AMOUNT		
WRITING	324,687.		
TOTAL TO SCHEDULE SE, LINE 2	324,687.		

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT	10
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MASSACHUSETTS			
DESCRIPTION	AMOUNT		
PRESIDENT AND FELLOWS OF HARVARD COLLEGE	20,221.		
UNITED STATES SENATE	8,613.		
2018 1ST QTR ESTIMATE PAYMENT	670.		
2018 2ND QTR ESTIMATE PAYMENT	10,430.		
2018 3RD QTR ESTIMATE PAYMENT	5,550.		
2018 4TH QTR ESTIMATE PAYMENT	5,550.		
TOTAL TO STATE FORM 8960, LINE 10	51,034.		

2018 Form 1, pg. 2

MA18001021019

Massachusetts Resident Income Tax Return

3. Wages, salaries, tips	3	579177
4. Taxable pensions and annuities	4	
5. Mass. bank interest: a.	12 - b. exemption 200	STATEMENT 1 = 5 0
6a. Business/profession income/loss	6a	323902
6b. Farming income/loss	6b	
7. Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	
8a. Unemployment	8a	
8b. Mass. lottery winnings	8b	
9. Other income from Schedule X, line 5	9	
10. TOTAL 5.1% INCOME	10	903079
11a. Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11a	2000
11b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	2000
12. Child under age 13, or disabled dependent/spouse care expenses	12	
13. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/18, or disabled dependent(s)		
Not more than two. a.	x \$3,600 = 13	
14. Rental deduction. a.	+ 2 = 14	
15. Other deductions from Schedule Y, line 19	15	
16. Total deductions. Add lines 11 through 15	16	4000
17. 5.1% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	899079
18. Exemption amount	18	10200
19. 5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	888879
20. INTEREST AND DIVIDEND INCOME	20	5649
21. TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20	21	894528

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

857011 01-04-19

APRIL 3, 2019

17:19:52

2018 Form 1, pg. 3

MA18001031019

Massachusetts Resident Income Tax Return

22.	TAX ON 5.1% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	X	22	52330
23.	12% INCOME. Not less than "0."	a. 0	x .12 = 23	23
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."	Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 20, 23 or 24	24	
25.	Credit recapture amount (from Credit Recapture Schedule)		25	
26.	Additional tax on installment sale		26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28			
28.	TOTAL INCOME TAX. Add lines 22 through 26		28	52330
29.	Limited Income Credit		29	
30.	Income tax due to another state or jurisdiction		30	
31.	Other credits from Credit Manager Schedule		31	1000
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"		32	51330
33.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		33a	
	b. Organ Transplant Fund		33b	
	c. Massachusetts AIDS Fund		33c	
	d. Massachusetts U.S. Olympic Fund		33d	
	e. Massachusetts Military Family Relief Fund		33e	
	f. Homeless Animal Prevention and Care		33f	
	Total. Add lines 33a through 33f		33	
34.	Use tax due on Internet, mail order and other out-of-state purchases		34	
35.	Health care penalty a. You + b. Spouse - c. Fed. health care penalty		35	
36.	Amended return only. Overpayment from original return		36	
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36		37	51330

2018 Form 1, pg. 4

MA18001041019

Massachusetts Resident Income Tax Return

38.	Massachusetts income tax withheld	38	28834
39.	2017 overpayment applied to your 2018 estimated tax	39	
40.	2018 Massachusetts estimated tax payments	40	22200
41.	Payments made with extension	41	
42.	Amended return only. Payments made with original return. Not less than "0"	42	
43.	Earned Income Credit. a. Number of qualifying children b. Amount from U.S. return	x .23 = 43	
Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception			
44.	Senior Circuit Breaker Credit	44	
45.	Other Refundable Credits	45	
46.	TOTAL. Add lines 38 through 45	46	51034
47.	Overpayment. Subtract line 37 from line 46	47	
48.	Amount of overpayment you want applied to your 2019 estimated tax	48	
49.	Refund. Subtract line 48 from line 47. Mail to Massachusetts DOR, P.O. Box 7000, Boston, MA 02204	49	

Direct deposit of refund. Type of account

RTN # account #

Fill in if the Department of Revenue may discuss this return with the preparer shown here.

I do not want preparer to file my return electronically

Print paid preparer's name

KEITH

D. LOWEY CPA

Paid preparer's signature

x

(this may delay your refund)

Dat

Check if self-employed

Paid preparer's

SSN/PTIN

Paid preparer's phone

508 543 1720

Paid preparer's EIN

10 of 10

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

TOTAL DUE INCLUDING UNDERPAYMENT PENALTY \$317

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APRIL 3, 2019

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2018 Schedule B
MA18010011019

BRUCE H MANN [REDACTED]

Part 1. Interest and Dividend Income

1. Total interest income	1	4312
2. Total ordinary dividends	2	1351
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	5663
5. Total interest from Massachusetts banks	5	12
6. Other interest and dividends to be excluded	SEE STATEMENT 2	6
7. Subtotal	7	2
8. Allowable deductions from your trade or business	8	
9. Subtotal	9	5649

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Short-term capital gains	10
11. Long-term capital gains on collectibles and pre-1996 installment sales	11
12. Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12
13. Add lines 10 through 12	13
14. Allowable deductions from your trade or business	14
15. Subtotal	15
16. Short-term capital losses	16
17. Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17
18. Prior short-term unused losses for years beginning after 1981	18
19. Combine lines 15 through 18	19
20. Short-term losses applied against interest and dividends	20

2018 Schedule B, pg. 2
MA18010021019

21. Available short-term losses	21
22. Short-term losses applied against long-term gains	22
23. Short-term losses available for carryover in 2019	23
24. Short-term gains and long-term gains on collectibles	24
25. Long-term losses applied against short-term gain	25
26. Subtotal	26
27. Long-term gains deduction	27
28. Short-term gains after long-term gains deduction	28

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29. Enter the amount from line 9	29	5649
30. Short-term losses applied against interest and dividends	30	
31. Subtotal interest and dividends	31	5649
32. Long-term losses applied against interest and dividends	32	
33. Adjusted interest and dividends	33	5649
34. Enter the amount from line 28	34	

Part 4. Taxable Interest, Dividends and Certain Capital Gains

35. Adjusted gross interest, dividends and certain capital gains	35	5649
36. Excess exemptions	36	
37. Subtract line 36 from line 35	37	5649
38. Interest and dividends taxable at 5.1%	38	5649
39. Taxable 12% capital gains	39	0
40. Available short-term losses for carryover in 2019	40	

2018 Schedule C

MA18011011019

Massachusetts Profit or Loss From Business

BRUCE H MANN
BRUCE H MANN
WRITING

CAMBRIDGE

711510

MA 02138

Accounting method: Cash Accrual Other (specify) No. of employeesFill in if you materially participated in the operation of this business during 2018

Fill in if you are applying a suspended passive-activity loss on this schedule

Fill in if you claimed the small business exemption from the sales tax on purchase of taxable energy or heating fuel during 2018

Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter the result in line 32 and in Schedule B, line 3

Caution: If this income was reported to you on Form W-2 and the "statutory employee" box on that form was checked, fill in here:

1. a. Gross receipts or sales	18	a - b = 1	18
b. Returns and allowances		2	
2. Cost of goods sold and/or operations		3	18
3. Gross profit. Subtract line 2 from line 1		4	
4. Other income		5	18
5. Total income. Add line 3 and line 4		6	
6. Advertising		7	
7. Bad debts from sales or services		8	
8. Car and truck expenses		9	
9. Commissions and fees		10	
10. Depletion		11	
11. Depreciation and Section 179 deduction		12	
12. Employee benefit programs		13	
13. Insurance			
14. Interest			
a. mortgage interest paid to financial institutions		a + b = 14	
b. other interest		15	
15. Legal and professional services		16	
16. Office expense		17	
17. Pension and profit-sharing			

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2018 Schedule C, pg. 2
MA18011021019

18. Rent or lease	a. vehicles, machinery and equipment b. other business property	a + b =	18
19.	Repairs and maintenance		19
20.	Supplies		20
21.	Taxes and licenses		21
22.	Travel		22
23.	a. Total meals b. Enter 50% of 23a subject to limitations	a - b =	23
24.	Utilities		24
25.	Wages		25
26.	Other expenses	SEE STATEMENT 3	26
27.	Total expenses. Add lines 6 through 26		27
28.	Tentative profit or loss. Subtract line 27 from line 5		28
29.	Expenses for business use of your home		29
30.	Abandoned Building Renovation Deduction		30
31.	Net profit or loss. Subtract total of line 29 and line 30 from line 28		31
32.	Is interest (other than from Massachusetts banks) or dividend income reported on U.S. Schedule C, lines 1 and/or 6 or Schedule C-EZ, line 1? Yes <input checked="" type="checkbox"/> No. If "yes," see instructions		32
33.	If you have a loss, you must check the statement that describes your investment in this activity.	X 33a. All investment at risk 33b. Some investment is not at risk	

Schedule C-1. Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory: Cost Lower of cost or market Other

Fill in if there was any change in determining quantities, costs or valuations between opening & closing inventory? If Yes, enclose explanation

1. Inventory at beginning of year	1
2. a. Purchases	
b. Items withdrawn for personal use	a - b = 2
3. Cost of labor	3
4. Materials and supplies	4
5. Other costs	5
6. Add lines 1 through 5	6
7. Inventory at end of year	7
8. Cost of goods sold and/or operations. Subtract line 7 from line 6	8

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2018 Schedule C

MA18011011019

Massachusetts Profit or Loss From Business

ELIZABETH A WARREN
ELIZABETH A WARREN
WRITING

CAMBRIDGE

711510

MA 02138

Accounting method: Cash Accrual Other (specify) No. of employeesFill in if you materially participated in the operation of this business during 2018

Fill in if you are applying a suspended passive-activity loss on this schedule

Fill in if you claimed the small business exemption from the sales tax on purchase of taxable energy or heating fuel during 2018

Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter the result in line 32 and in Schedule B, line 3

Caution: If this income was reported to you on Form W-2 and the "statutory employee" box on that form was checked, fill in here:

1. a. Gross receipts or sales	324687	a - b = 1	324687
b. Returns and allowances		2	
2. Cost of goods sold and/or operations		3	324687
3. Gross profit. Subtract line 2 from line 1		4	
4. Other income		5	324687
5. Total income. Add line 3 and line 4		6	
6. Advertising		7	
7. Bad debts from sales or services		8	
8. Car and truck expenses		9	
9. Commissions and fees		10	
10. Depletion		11	
11. Depreciation and Section 179 deduction		12	
12. Employee benefit programs		13	
13. Insurance			
14. Interest			
a. mortgage interest paid to financial institutions		a + b = 14	
b. other interest			
15. Legal and professional services		15	
16. Office expense		16	
17. Pension and profit-sharing		17	

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MA18011021019

18. Rent or lease	a. vehicles, machinery and equipment b. other business property	a + b = 18
19.	Repairs and maintenance	19
20.	Supplies	20
21.	Taxes and licenses	21
22.	Travel	22
23.	a. Total meals b. Enter 50% of 23a subject to limitations	a - b = 23
24.	Utilities	24
25.	Wages	25
26.	Other expenses	26
27.	Total expenses. Add lines 6 through 26	27 0
28.	Tentative profit or loss. Subtract line 27 from line 5	28 324687
29.	Expenses for business use of your home	29
30.	Abandoned Building Renovation Deduction	30
31.	Net profit or loss. Subtract total of line 29 and line 30 from line 28	31 324687
32.	Is interest (other than from Massachusetts banks) or dividend income reported on U.S. Schedule C, lines 1 and/or 6 or Schedule C-EZ, line 1? Yes <input checked="" type="checkbox"/> No. If "yes," see instructions	32
33.	If you have a loss, you must check the statement that describes your investment in this activity.	33a. All investment at risk 33b. Some investment is not at risk

Schedule C-1. Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory: Cost Lower of cost or market Other

Fill in if there was any change in determining quantities, costs or valuations between opening & closing inventory? If Yes, enclose explanation

1. Inventory at beginning of year	1
2. a. Purchases	
b. Items withdrawn for personal use	a - b = 2
3. Cost of labor	3
4. Materials and supplies	4
5. Other costs	5
6. Add lines 1 through 5	6
7. Inventory at end of year	7
8. Cost of goods sold and/or operations. Subtract line 7 from line 6	8

2018 Schedule EC

MA18SWC011019

Solar and Wind Energy Credit

BRUCE

H MANN

CAMBRIDGE

MA 02138

Costs of renewable solar and/or wind energy source property

Note: This credit can only be taken once for the principal residence indicated above. Do not include repair or maintenance costs.

1. Cost of renewable solar and/or wind energy property installed in your principal Massachusetts residence in 2018	1	46452
2. Enter any U.S. HUD grant or rebate for such expenditures	2	0
3. Net 2018 expenditures. Subtract line 2 from line 1	3	46452
4. Enter 15% of line 3	4	6968
5a. Maximum allowable credit for principal residence	5a	1000
5b. Total prior years credit taken by taxpayer for this principal residence	5b	0
5c. Subtract line 5b from line 5a. Not less than "0"	5c	1000
6. 2018 Massachusetts Energy Credit. Enter line 4 or line 5c, whichever is less	6	1000
7a. Enter 2015 unused Massachusetts Energy Credit (from 2017 Schedule EC, line 11, col. c)	7a	0
7b. Enter 2016 unused Massachusetts Energy Credit (from 2017 Schedule EC, line 11, col. c)	7b	0
7c. Enter 2017 unused Massachusetts Energy Credit (from 2017 Schedule EC, line 11, col. c)	7c	0
8. Massachusetts Energy Credit available this year. Add lines 6, 7a, 7b and 7c	8	1000

Computation of Energy Credit allowable on return

9. Tax from return (see instructions)	9	52330
10. Massachusetts Energy Credit allowable this year. Not more than \$1,000. You must enclose Sch. EC with your return	10	1000

Unused Massachusetts Energy Credit Carryover

11.	a. Unused credits from prior years Year and current year credit	b. Portion used this year	c. Unused credit available
2016 (2017 Sch. EC, line 12, col. c)			2019
2017 (2017 Sch. EC, line 12, col. c)			2019-2020
2018 (2018 Sch. EC, line 6)	1000	1000	0 2019-2021
12. Totals	1000	1000	0

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2018 Schedule HC

MA18029011019

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

BRUCE

H MANN

- 1a. Date of birth 04 27 50 1b. Spouse's date of birth 06 22 49 1c. Family size 2
2. Federal adjusted gross income 2 846394
3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2018, you turned 18, you
were a part-year resident or a taxpayer was deceased.

3a You: <input checked="" type="checkbox"/>	Full-year MCC	Part-year MCC	No MCC/None
3b Spouse: <input checked="" type="checkbox"/>	Full-year MCC	Part-year MCC	No MCC/None

If you filled in the full-year or part-year MCC choice, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2018, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.
- 4a. Private insurance, including ConnectorCare (complete line(s) 4f and/or 4g below) You Spouse
- 4b. MassHealth. Fill in and go to line 5 You Spouse
- 4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5 You Spouse
- 4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5 You Spouse
- 4e. Other government program (enter the program name(s) only in lines 4f and/or 4g below). **Note:** Health Safety Net is not considered insurance or minimum creditable coverage. You Spouse

- 4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.
HARVARD PILGRIM HEALTH CARE INC

- 4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.
HARVARD PILGRIM HEALTH CARE INC

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2018, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

2018 Schedule HC, pg. 2

Uninsured for All or Part of 2018

6. Was your income in 2018 at or below 150% of the federal poverty level?

6 Yes No

If you answer Yes, you are not subject to a penalty in 2018. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2018, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only** if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2018. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2018, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, check below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2018. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. **Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance?

8a You Yes No
Spouse Yes No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2018 tax year?

8b You Yes No
Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. **Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2018 tax year?

9 You Yes No
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.

2018 Schedule HC, pg. 3

BRUCE

H MANN

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2018 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements 10 You Yes No
as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? Spouse Yes No

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule 11 You Yes No
HC Worksheet for Line 11 in the instructions? Spouse Yes No

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

12. Were you able to purchase affordable private health insurance that met minimum creditable coverage 12 You Yes No
requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? Spouse Yes No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2018 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do **not** assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

[REDACTED]

[REDACTED]

2018 Schedule CMS

MA18647011019

[REDACTED]

BRUCE H MANN

[REDACTED] 1000

Section 1. Non-refundable credits

1a. CREDIT TYPE	1b. NON-EXPIRING	1c. PERIOD END DATE	1d. CERTIFICATE NUMBER	1e. CREDIT AVAILABLE	1f. CREDIT TAKEN THIS YEAR	1g. CREDIT SHARED THIS YEAR
SLRWND		12 31 18		1000	1000	

1h. Total. Enter total amount of credit(s) taken this year here and where indicated above 1000

[REDACTED]

2018 Schedule CMS, pg. 2

MA18647021019
[REDACTED]

Section 2. Refundable credits

2a. CREDIT TYPE	2b. PERIOD END DATE	2c. CERTIFICATE NUMBER	2d. CREDIT AVAILABLE OR CERTIFICATE BALANCE	2e. REDUCTION IN BALANCE FOR REFUND	2f. REFUNDABLE CREDIT TAKEN
--------------------	------------------------	---------------------------	--	--	--------------------------------

2g. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1

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[REDACTED]

2018 Schedule CMS, pg. 3

MA18647031019
[REDACTED]

Section 3. Non-refundable credits received from Massachusetts K-1 schedules

3a. FEDERAL ID NUMBER OF CREDIT SOURCE	3b. CREDIT TYPE	3c. NON- EXPIRING	3d. PERIOD END DATE	3e. CERTIFICATE NUMBER	3f. CREDIT RECEIVED	3g. CREDIT TAKEN THIS YEAR	3h. CREDIT SHARED THIS YEAR
---	--------------------	----------------------	------------------------	---------------------------	------------------------	-------------------------------	--------------------------------

3i. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1

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2018 Schedule CMS, pg. 4

MA18647041019

Section 4. Refundable credits received from Massachusetts K-1 schedules

4a. FEDERAL ID NUMBER OF CREDIT SOURCE	4b. CREDIT TYPE	4c. PERIOD END DATE	4d. CERTIFICATE NUMBER	4e. CREDIT AVAILABLE OR CERTIFICATE BALANCE	4f. REDUCTION IN BALANCE FOR REFUND	4g. REFUNDABLE CREDIT TAKEN
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4h. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1

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APRIL 3, 2019

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2018 Form M-2210

MA18653011019

Underpayment of Massachusetts Estimated
Income Tax**BRUCE H MANN & ELIZABETH A WARREN**

You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2019.

You were a resident of Massachusetts for 12 months and not liable for taxes during 2017.

Your estimated payments and withholding equal or exceed your 2017 tax (where taxable year was 12 months and a return was filed).

Part 1. Required annual payment

1. 2018 tax	1	52330
2. Total credits	2	1000
3. Balance	3	51330
4. Enter 80% of line 3 or 66.667% of line 3 if you are a qualified farmer or fisherman	4	41064
5. Enter 2017 tax liability after credits	5	55947
6. Enter the smaller of line 4 or line 5	6	41064

Part 2. Figuring your underpayment

		Installment due dates			
		a. April 18, 2018	b. June 15, 2018	c. Sept. 15, 2018	d. Jan. 15, 2019
7. Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns	7	10266	10266	10266	10266
8. Estimated taxes paid and taxes withheld for each installment	8	7879	17639	12759	12757
9. Overpayment of previous installments	9			7373	9866
10. Total	10	7879	17639	20132	22623
11. Overpayment	11		7373	9866	12357
12. Underpayment	12	2387			

2018 Form M-2210, pg. 2

MA18653021019

Underpayment of Massachusetts Estimated
Income Tax

BRUCE H MANN & ELIZABETH A WARREN

Part 3. Figuring your underpayment penalty

- | | | | |
|-----|--|----|----------|
| 13. | Enter the date you paid the amount in line 12 or the 15th day of the 4th month after the close of the taxable year, whichever is earlier | 13 | 06 10 18 |
| 14. | Number of days from the due date of installment to the date shown in line 13 | 14 | 53 |
| 15. | Number of days in line 14 after 4/18/18 and before 7/1/18 | 15 | 53 |
| 16. | Number of days in line 14 after 6/30/18 and before 10/1/18 | 16 | |
| 17. | Number of days in line 14 after 9/30/18 and before 1/1/19 | 17 | |
| 18. | Number of days in line 14 after 12/31/18 and before 4/15/19 | 18 | |
| 19. | Underpayment in line 12 x (number of days in line 15 ÷ 365) x 6% | 19 | 21 |
| 20. | Underpayment in line 12 x (number of days in line 16 ÷ 365) x 6% | 20 | |
| 21. | Underpayment in line 12 x (number of days in line 17 ÷ 365) x 6% | 21 | |
| 22. | Underpayment in line 12 x (number of days in line 18 ÷ 365) x 7% | 22 | |
| 23. | Penalty. Add all amounts shown in lines 19 through 22. Enter this amount on Form 1, line 50; Form 1-NR/PY, line 54; or Form 3M | 23 | 21 |

[REDACTED]

[REDACTED]

2018 Schedule INC
MA18INC011019

BRUCE H MANN [REDACTED]

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
04 2103580 53 6002558	20221 8613	402897 176280	16640	10517	W2 W2
TOTALS	28834	579177	16640	10517	

857271 12-05-18

[REDACTED]
APRIL 3, 2019

[REDACTED]
17:19:52

BRUCE H. MANN & ELIZABETH A. WARREN

[REDACTED]

MA 1/1-NR/PY INTEREST INCOME FROM MASSACHUSETTS BANKS STATEMENT 1

DESCRIPTION	AMOUNT
BANK OF AMERICA	12.
TOTAL TO FORM 1, LINE 5 OR FORM 1-NR/PY, LINE 7	12.

MA B OTHER DIVIDEND AND INTEREST INCOME TO BE EXCLUDED STATEMENT 2

DESCRIPTION	AMOUNT
U.S. INTEREST	2.
TOTAL TO SCHEDULE B, LINE 6	2.

MA C SCHEDULE C - OTHER BUSINESS EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
PROFESSIONAL ORGANIZATION DUES	803.
TOTAL TO SCHEDULE C, LINE 26	803.
