§ 1U4U		nent of the Treasury—Internal Re Individual Incor			201	7	OMB No. 1	545-0074 IF	RS Use On	ly-D	o not write or staple in th	is space.
For the year Jan. 1-De	oc. 31, 201	7, or other tax year beginning			, 2017, 6	ending		, 20		Se	e separate instruct	ions.
Your first name and			Last name							You	ur social security nu	mber
Bernard			Sande	rs								
If a joint return, spo	use's firs	t name and initial	Last name					***************************************		Spc	ouse's social security i	number
Jane O		•	Sande	rs								•
	nber and	street). If you have a P.O. bo	ox, see instr					Ap	t. no.		Make sure the SSN(sand on line 6c are o	
City, town or post-offic	ce. state.	and ZIP code. If you have a for	lon address.	also complete s	pages below (s	ee instru	ictions).			Pi	residential Election Ca	mpaign
	, ,					•	,			Chec	k here if you, or your spous	e if filing
Foreign country nan	ne '			Foreign pro	vince/state/co	ounty		Foreign pos	tal code		y, want \$3 to go to this fund t below will not change you d. You	rtax or
Filing Status	1	Single		<u> </u>		4 [-		-	person). (See instruction	
		Married filing jointly	-						n is a chii	d but	not your dependent, e	enter this
Check only one box.	3	Married filing separa and full name here.	•	spouse's SS	N above	5 T		ame here. ▶ ng widow(er	\/coo.ins	otri to	tions)	
nox.) (See IIIs)	Boxes checked	
Exemptions	6a	<u> </u>	one can cla	um you as a c	dependent,	go no	cneck bo	x oa		•	on 6a and 6b	· <u>2</u>
	b	Spouse) 🗸 if child und	ler ane 17	ن ـــ '	No. of children on 6c who:	
	C	Dependents:		(2) Dependent's octal security num		Depende Lonship t	, in a	alifying for child	l tax credit		 lived with you 	
	(1) First	t name Last name						(see instruct	ions)	_	 did not live with you due to divorce 	
If more than four	,			····						_	or separation (see instructions)	
dependents, see	<u> </u>							<u>_</u>			Dependents on 6c	
instructions and											not entered above	
check here ► 🗌		7.1.1	-411-1-								Add numbers on	2
·····	d				· · · ·	<u> </u>		** * * * * * * * * * * * * * * * * * * *			lines above 🕨	EAD
Income	.7	Wages, salaries, tips,							· +-	7	139,	***************************************
	8a	Taxable interest. Attac	•	-		1		• • •		8a		183.
Attach Form(s)	b	Tax-exempt interest.				8b	1		1.44			
W-2 here, Also	9a	Ordinary dividends. At	tach Sched	dule B if requ	ired	1				9a		
attach Forms	b	Qualified dividends	<i>f</i>			9b	L					
W-2G and 1099-R if tax	10	Taxable refunds, credi			a local inco	me tax	ces			10		
was withheld.	11								·	11	0.64	704
	12	Business income or (lo							— .⊢	12	961,	/64.
lf you did not	13	Capital gain or (loss).						nere -		13 14	·	
get a W-2,	14	Other gains or (losses)	1 1	rm 4/9/ .	· · · i							
see instructions.	15a	IRA distributions .	15a				xable amou		_	5b 6b	\ E	138.
_	16a	Pensions and annuities	16a	bin_ D	·		kable amou		· -		5,	130.
•	17	Rental real estate, roya		· ·	•			on Scheduk	·	17		
	18	Farm income or (loss).				٠.			-	18 19		
	19	Unemployment compe	1 1		,044.	to Tox	enhlo amau		-		11	237.
	20a	Social security benefits			,,044.	n 180	kable amou	n	_	0b	44,	431.
	21 22	Other income. List type Combine the amounts in			es 7 through	21 Thi	Sig HOUR AN	tal income 'l	d=	21 22	1,150,	1 0 0
				COLUMN TOT TITLE	oo i unough	23	5 ,5 your (0		38		1,150,	• د د ب
Adjusted	23				ortiota and	43		•	——[§			
Gross	24	Certain business expense fee-basis government offi				04						
Income	05	-				24	 					
	.25 26	Health savings account Moving expenses. Atta				25 26					•	
	26 27	Deductible part of self-en				27	-	10 06	_		,	
		•					 	18,96	<u>۰- ا</u>			
,	28 29	Self-employed SEP, Si Self-employed health in			ins .	28	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	حسو وليد بيهاو			•	
•	29 30											
٠.	30 - 31a	Penalty on early withdr Alimony paid b Recipi				310						
	32	IRA deduction				31a 32						
	33	Student loan interest d				33		· · · · · · · · · · · · · · · · · · ·	 			
1	33 34	Tuition and fees. Attacl	•			34					•	
	34 35	Domestic production acti				35						
		Add lines 23 through 3				33	<u> </u>				10.0	
	36 37	Subtract line 36 from li				inaam				6	18,9	
	31	CONTRACT INTEGOR HOLD III	يجدد إإزاق	is with action	ren Aloss.	incom	·	• • •	<u>- 1.3</u>	7.	1,131,9	43.

Form 1040 (2017)			
	38	Amount from line 37 (adjusted gross income)	38	1,131,925.
*	39a	Check You were born before January 2, 1953, Blind. Total boxes		
Tax and		If: Spouse was born before January 2, 1953, ☐ Blind. checked ▶ 39a 2		
Credits ·	b	If your spouse itemizes on a separate return or you were a dual-status allen, check here▶ 39b 39b		
		Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	242,231.
Standard Deduction	40		41	889,694.
for—	41	Subtract into 40 noth into 00	42	0.
 People who check any 	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions		889,694.
box on line	43	Taxable income. Subtract line 42 from line 41, If line 42 is more than line 41, enter -0-	43	
39a or 39b or who can be	44	Tax (see instructions). Check if any from: a	44	297,550.
claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45	1,506.
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
instructions.	47	Add lines 44, 45, and 46	47	299,056.
All others:	48	Foreign tax credit. Attach Form 1116 if required		
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441		
separately, "	50	Education credits from Form 8863, line 19	7.64	
\$6,350	51	Retirement savings contributions credit. Attach Form 8880 51		
Married filing jointly or	i .	Child tax credit. Attach Schedule 8812, if required.		1
Qualifying widow(er),	52.			,
\$12,700	53	riesidential chergy or care.		
Head of	54	Other credits from Form: a 3800 b 8801 c 54		
household, \$9,350	55	Add lines 48 through 54. These are your total credits	55	200 056
<u></u>	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	299,056.
	57	Self-employment tax. Attach Schedule SE	57	37,931.
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
Taxes	60a	Household employment taxes from Schedule H.	. 60a,	
· -	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
		Health care: Individual responsibility (see instructions) Full-year coverage 🗵	61	0.
	61	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	6,895.
	62	_	63	343,882.
	63	Add lifes 50 tillough bz. This is your total tax	00	34370021
Payments	64	1 oddiu modnie tak willione new zamie		·
	65	2017 estimated tax payments and amount applied from 2016 return 65 149,139.		
If you have a qualifying	66a	Earned income credit (EIC) 66a		
child, attach	b	Nontaxable combat pay election 66b		
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67		•
<u>نـــــن</u>	68	American opportunity credit from Form 8863, line 8 68	1	e .
	69	Net premium tax credit. Attach Form 8962 69		
•	70	Amount paid with request for extension to file	7.00	
	71	Excess social security and tier 1 RRTA tax withheld 71		•
. `	72	Credit for federal tax on fuels. Attach Form 4136	r.	
•		Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐ 73		
* 4	73	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	347,372.
· 	74		74	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,490.
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	3,490.
Direct deposit?	▶ b	Routing number		•
	► d	Account number		
instructions.	77	Amount of line 75 you want applied to your 2018 estimated tax ▶		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
You Owe	79	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS (see instructions)?	. Comr	olete below. X No
Designee	Des	signee's Phone Personal iden		
Designee		ne ▶ no. ▶ number (PIN)		<u> </u>
Sign		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowlet By list all amounts and sources of income Freceived during the tax year. Declaration of preparer (other than taxpayer) is based on all infor		
Here		ur signature Date Your occupation	1	ne phone number
Joint return? See	100		Dayun	le priorie Ramber
instructions.	2	Government Service		
Keep a copy for your records.	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the IR	S sent you an Identity Protection
, , , , , , , , , , , , , , , , , , , ,		Writer	here (se	e inst.)
Paid	Prin	nt/Type preparer's name Preparer's signature Date	Check	☐ if PTIN
Preparer				ployed
Use Only	Fim	n's name Self-Prepared	Firm's	EIN- >
winy		n's address ▶		· · · · · · · · · · · · · · · · · · ·

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074

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

Department of the Treasury

Internal Revenue Se			, see t	ine instructions for line		Sequence No. 07
Name(s) shown on	Fom	n 1040			You	ır social security number
Bernard &	Ja	ne O Sanders				
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1	2,700.	<i>B</i> ,	
Dental	2	Enter amount from Form 1040, line 38 2 1,131,925.	3. 7	•		
	3	Multiply line 2 by 7.5% (0.075)	3	84,894.		
Expenses	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	4	0.
Taxes You	5	State and local (check only one box):	T		3	
Paid		a kincome taxes, or	5	189,530.		
		b General sales taxes		•	- 4	
	6	Real estate taxes (see instructions)	6	26,792.		/
	7	Personal property taxes	7		1 2	
	8	Other taxes. List type and amount		***************************************	~ · .	
			8		; ;	
	9	Add lines 5 through 8			9	216,322.
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	14,153.	7.0	
You Paid		Home mortgage interest not reported to you on Form 1098. If paid	2 1			•
24 g		to the person from whom you bought the home, see instructions	4		2	
Note:		and show that person's name, identifying no., and address ▶			, S	
Your mortgage					۶ ۽	
interest deduction may			11			
be limited (see	12	Points not reported to you on Form 1098. See instructions for	H]	
instructions).	12	special rules	12			
	12	Mortgage insurance premiums (see instructions)	13			
Magazia da	14	Investment interest. Attach Form 4952 if required. See instructions	14		-15	*
Exert Control		Add lines 10 through 14	<u> </u>		15	14,153.
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more,	12			
Charity	10	see instructions.	16	36,300.	. 2	
-	47			30,300.	- S	
If you made a gift and got a	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17			
benefit for it,	40	Carryover from prior year	18			
see instructions.				·	19	36,300.
Casualty and		Add lines 16 through 18				30,300.
Theft Losses	20	enter the amount from line 18 of that form. See instructions .			20	
Job Expenses					20	
and Certain	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required.			***	
Miscellaneous		•	21	16,046.	4	
Deductions	22	See instructions. ► Employee business expenses Tax preparation fees	22	220.	3 E	t
* * * * * * * * * * * * * * * * * * *				220.		
er:	23	Other expenses—investment, safe deposit box, etc. List type				
: ···		and amount >	23		20 %	
a company	24	Add lines of through 09	24	16 266		
		Add lines 21 through 23	24	16,266.	5 5	
,	25		26	22,639.	ړ. ۰. ۲	•
	26 27	Multiply line 25 by 2% (0.02)			27	0.
Other		Other—from list in instructions. List type and amount		<u> </u>	38	
Miscellaneous	28	Other—from list in instructions. List type and amount				
Deductions					28	
·, ·	29	Is Form 1040, line 38, over \$156,900?		······································	-0	
Total	29		المامة أبراء	- nali man		
Itemized Deductions					29	242,231.
Deductions				3	20	Z7Z7ZJI.
		Yes. Your deduction may be limited. See the Itemized Deduction was to figure the amount to enter	JUUI IS	J		2 ¹⁰ 4 2 ⁴ 25
22.	00	Worksheet in the instructions to figure the amount to enter.	··	aur atandard) "
enga Residente	30	If you elect to itemize deductions even though they are less the deduction, check here			ů,	•
		doddonon, oncon nois		<u> </u>		

SCHEDULE B (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99) **Interest and Ordinary Dividends**

► Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

2017

Attachment
Sequence No. 08

Name(s) shown on return Your social security number Bernard & Jane O Sanders Part I **Amount** 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 interest first. Also, show that buyer's social security number and address US Senate Federal Credit Union 79.68 (See instructions US Senate Federa; Credit Union 103.64 and the instructions for Form 1040A, or Form 1040, line 8a.) 1 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 183.32 form. 2 Add the amounts on line 1 2 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 3 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040. line 8a 183.32 Note: If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of paver ▶ **Ordinary Dividends** (See instructions and the instructions for Form 1040A, or Form 1040, line 9a.) 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 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form dividends shown 1040. line 9a . on that form. Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a Yes No foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. At any time during 2017, did you have a financial interest in or signature authority over a financial **Foreign** account (such as a bank account, securities account, or brokerage account) located in a foreign Accounts × and Trusts 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 (See instructions.) and its instructions for filing requirements and exceptions to those requirements If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located During 2017, 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 .

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury Internal Revenue Service (99)

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

OMB No. 1545-0074

2017

Attachment
Sequence No. 09

Social security number (SSN) Name of proprietor Bernard Sanders B Enter code from instructions Principal business or profession, including product or service (see instructions) $\triangleright |7|1|1|5|1|0$ Book Author D. Employer ID number (EIN) (see instr.) C Business name. If no separate business name, leave blank. E Business address (including suite or room no.) City, town or post office, state, and ZIP code (2) Accrual (3) ☐ Other (specify) ▶ Accounting method: (1) X Cash Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses G н X No ☐ Yes Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . No Yes If "Yes," did you or will you file required Forms 1099? . . Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 855,631. 2 3 855,631. Subtract line 2 from line 1 . . 3 Cost of goods sold (from line 42) 4 4 5 855,631. Gross profit. Subtract line 4 from line 3 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . 6 **7**: 855,631. Gross income. Add lines 5 and 6 . Part II Expenses. Enter expenses for business use of your home only on line 30. Advertising 18 Office expense (see instructions) 18 19 Pension and profit-sharing plans . 19 9 Car and truck expenses (see 20 Rent or lease (see instructions): instructions). 10 Commissions and fees . 10 а Vehicles, machinery, and equipment 20a Other business property . . . 11 Contract labor (see instructions) 11 b 21 12 Depletion . . . 12 Repairs and maintenance Depreciation and section 179 25. 22 Supplies (not included in Part III) . 22 exnense deduction (not 23 -Taxes and licenses 23 included in Part III) (see 24 13 Travel, meals, and entertainment: instructions). . . . Employee benefit programs 24a (other than on line 19). . Deductible meals and Insurance (other than health) 15 15 entertainment (see instructions) . 24b 122. 16 25 25 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits). 26 Other 27a Other expenses (from line 48) . . 16b 27a 17 Legal and professional services 17 b. Reserved for future use . . . 27b Total expenses before expenses for business use of home. Add lines 8 through 27a 147. 28 29 29 855,484. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both 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. 31 855,484. If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and 32a All investment is at risk. on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and 32b Some investment is not trusts, enter on Form 1041, line 3. at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

Schedu	e C (Form 1040) 2017			⊬age ∠
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (att		olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry? 	Tyes .	□ 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		w
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		<u> </u>
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	Information on Your Vehicle. Complete this part only if you are claiming car or and are not required to file Form 4562 for this business. See the instructions for file Form 4562.	r truci line 1	c expenses or 3 to find out it	i line 9 fyou must
43 44	When did you place your vehicle in service for business purposes? (month, day, year) Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your			,
	the first backwall and	Other		
. a	DUSTITION	•	□ Ves	□ No
45	Was your vehicle available for personal use during off-duty hours?			<u> </u>
46	Do you (or your spouse) have another vehicle available for personal use?.	• •	[. Yes	∐ Ņo
47a	Do you have evidence to support your deduction?		🗌 Yes	☐ No
b		ne 30	Yes	☐ No
Pari	Other Expenses. List pelow business expenses not included on lines of 20 of in	110 00	•	
	·			
	, 			
			<u>.</u>	
			•	
AD.	Total other expenses Enter here and on line 27a	I AR I		

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

2017

Attachment
Sequence No. 09

Name of proprietor Social security number (SSN) Jane O Sanders A B Enter code from instructions Principal business or profession, including product or service (see instructions) ▶ | 7 | 1 | 1 | 5 | 1 | 0 Book Author D Employer ID number (EIN) (see instr.) c Business name. If no separate business name, leave blank. E Business address (including suite or room no.) City, town or post office, state, and ZIP code F (2) Accruai (3) ☐ Other (specify) ► Accounting method: (1) X Cash Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses G \times Н X No Yes Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . ☐ Yes □No If "Yes," did you or will you file required Forms 1099? Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 106,250. Form W-2 and the "Statutory employee" box on that form was checked . . . Returns and allowances 2 2 Subtract line 2 from line 1 / . . 3 106,250. Cost of goods sold (from line 42) . 4 106,250. 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 106,250. Gross income. Add lines 5 and 6 Part II Expenses. Enter expenses for business use of your home only on line 30. 18 Advertising 8 Office expense (see instructions) 18 19 Pension and profit-sharing plans 19 Car and truck expenses (see instructions). 20 Rent or lease (see instructions): Commissions and fees . . ! 10 10 а Vehicles, machinery, and equipment 20a 11 Contract labor (see instructions) 11 . b Other business property . . . 20b Repairs and maintenance Depletion . . . 21 12 Depreciation and section 179 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see instructions). 13 24 Travel, meals, and entertainment: Employee benefit programs а 24a (other than on line 19). . 14 Deductible meals and 15 Insurance (other than health) 15 entertainment (see instructions) . 24h 16 25 25 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits). 26 Other 16b 27a Other expenses (from line 48). . . 27a **£**7 Legat and professional services 17 b Reserved for future use ... 27b 28 Total expenses before expenses for business use of home, Add lines 8 through 27a 28 29 Tentative profit or (loss). Subtract line 28 from line 7. 29 106,250. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both 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. 106,250. · If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and 32a All investment is at risk. on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and 32b Some investment is not trusts, enter on Form 1041, line 3. at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

P. C. 10. 19	e C (Form 1040) 2017	. Page ∠
Part	Cost of Goods Sold (see instructions)	
33	Method(s) used to value closing inventory: a	ttach explanation)
34	value closing inventory: a Cost b Lower of cost or market c Other (at Was there any change in determining quantities, costs, or valuations between opening and closing inventor "Yes," attach explanation	· · · · · · · · · · · · · · · · · · ·
∶ 35 >-	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
	Purchases less cost of items withdrawn for personal use	36
36	Cost of labor. Do not include any amounts paid to yourself	37
37		38
38	Materials and supplies	
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	Information on Your Vehicle. Complete this part only if you are claiming car of and are not required to file Form 4562 for this business. See the instructions for file Form 4562.	or truck expenses on line 9 line 13 to find out if you must
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 2017, enter the number of miles you used your	r vehicle for:
а	Business b Commuting (see instructions) 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
47a	Do you have evidence to support your deduction?	Yes No
b	If "Yes," is the evidence written? Other Expenses, List below business expenses not included on lines 8–26 or lin	Yes No
Part	Other Expenses, List below business expenses not included on lines 6–20 or	inte 30.
		<u>.</u>
******	·	
	Total other expenses. Enter here and on line 27a	·

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

20 17

Attachment
Sequence No. 09

Social security number (SSN) Name of proprietor Jane O Sanders Principal business or profession, including product or service (see instructions) B Enter code from instructions ► | 5 | 4 | 1 | 6 | 0 | 0 VEDA Commissioner C Business name. If no separate business name, leave blank. D - Employer ID number (EIN) (see instr.) E Business address (including suite or room no.) City, town or post office, state, and ZIP code F Accounting method: (1) X Cash (2) Accrual (3) · ☐ Other (specify) ▶ · Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses No G н Yes X No Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . ☐ No If "Yes," did you or will you file required Forms 1099? Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 50. Returns and allowances . 2 50. Subtract line 2 from line 1 3 Cost of goods sold (from line 42) 50. Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 50. 7 Gross income. Add lines 5 and 6 . Part II Expenses. Enter expenses for business use of your home only on line 30. Advertising 18 Office expense (see instructions) 18 8 19 Pension and profit-sharing plans 19 9 Car and truck expenses (see 20 instructions). . . . Rent or lease (see instructions): 10 10 Commissions and fees а Vehicles, machinery, and equipment 20a 11 b Contract labor (see instructions) 11 Other business property . . . 20b Depletion . . 12 12 21 Repairs and maintenance . . . 21 13 Depreciation and section 179 22 Supplies (not included in Part III) . expense deduction (not 23 -Taxes and licenses 23. included in Part III) (seeinstructions). 13 24 Travel, meals, and entertainment: 14 Employee benefit programs 24a (other than on line 19). . Deductible meals and 15 Insurance (other than health) 15 entertainment (see instructions) . 24h 25 Utilities 25 Mortgage (paid to banks, etc.) 26 а 16a Wages (less employment credits). 26 Other 16b 27a Other expenses (from line 48) . 27a 17 Legal and professional services 17 b. Reserved for future use . 27b 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 29 29 50. Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29. . If a profit, enter on both 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). Estatés and trusts, enter on Form 1041, line 3. 31 50. If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both 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 32a 🗌 All investment is at risk. 32b Some investment is not trusts, enter on Form 1041, line 3. at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

REV 11/15/17 Intuit on clp.sp

Part	Cost of Goods Sold (see instructions)			, ago =
1 476	The Source Goods Source (Source)			-
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (att	tach exp	olanation)	,
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation	ory?	☐ Yes	□ 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		r truck line 13	cexpenses or 3 to find out it	line 9 you must
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 2017, enter the number of miles you used your	vehicle	for:	
а	Business b Commuting (see instructions) 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
47a	Do you have evidence to support your deduction?		Yes	□ No
b	If "Yes," is the evidence written?			☐ No
Part	Other Expenses. List below business expenses not included on lines 8-26 or li	ne 30.		
vo en tra tra for e				
	<u> </u>		-	
			t	
			· · · · · · · · · · · · · · · · · · ·	
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## SCHEDULE SE (Form 1040)

Self-Employment Tax

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

Attachment Sequence No. 17

OMB No. 1545-0074

Department of the Treasury internal Revenue Service (99)

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

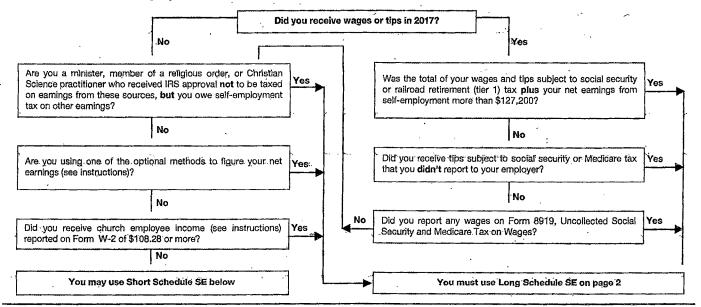
Social security number of person with self-employment income.

Jane O Sanders

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

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

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



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

1a·	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	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		3*
	this line. See instructions for other income to report	2	106,300.
3	Combine lines 1a, 1b, and 2	3	106,300.
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't		
	file this schedule unless you have an amount on line 1b	4	. 98,168.
	Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	Self-employment tax. If the amount on line 4 is:		
	• \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55	1.	(
	<ul> <li>More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result.</li> </ul>		
	Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	15,020.
6	Deduction for one-half of self-employment tax.		
	Multiply line 5 by 50% (0.50). Enter the result here and on Form	100	
	1040, line 27, or Form 1040NR, line 27 6 7,510.		

Social security number of person with self-employment income

Berna	rd Sande	ers		
Section	B-Long	Schedule	SE	
Part I	Self-En	nployment	Tax	 

	If your only income subject to self-employment tax is <b>church employee income,</b> see instructions. Also ion of church employee income.	⊳s <del>ec</del> i	nstructions for the
<b>A</b>	If you are a minister, member of a religious order, or Christian Science practitioner and you fill had \$400 or more of other net earnings from self-employment, check here and continue with Pa	led Fort I .	orm 4361, but you
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note:</b> 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 Z	1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, fine 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. <b>Note:</b> Skip this line if you use the nonfarm		
	optional method (see instructions)	2	855,484.
3.	Combine lines 1a, 1b, and 2.	3	855,484.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	790,039.
h.	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.  If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	45	
b	Combine lines 4a and 4b. If less than \$400, <b>stop;</b> you don't owe self-employment tax.	7.5	
C	Exception: If less than \$400 and you had church employee income, enter -0- and continue	4c	790,039.
5a	Enter your <b>church employee income</b> 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	0.
6	Add lines 4c and 5b	6	790,039.
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 2017	7	127,200 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 \$127,200 or more, skip lines 8b through 10, and go to line 11  8a 161,549.		
b	Unreported tips subject to social security tax (from Form 4137, line 10) 8b		·
E	Wages subject to social security tax (from Form 8919, line 10)		
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	22 011
11	Multiply line 6 by 2.9% (0.029)	12	22,911. 22,911.
12 13	Deduction for one-half of self-employment tax.	12	22,911.
.13	Multiply line 12 by 50% (0.50). Enter the result here and on	5.8	
	Form 1040, line 27, or Form 1040NR, line 27		
Part		1	
	Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more		
than \$	7,800, or (b) your net farm profits² were less than \$5,631.		
14	Maximum income for optional methods	14	5,200 00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,200. Also		
	include this amount on line 4b above	15	
and als	rm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,631 to less than 72.189% of your gross nonfarm income, and (b) you had net earnings from self-employment ast \$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	Enfer the smaller of: two-thirds (%) of gross nonfarm income! (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.

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.

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 **625**1

Department of the Treasury

Internal Revenue Service (99)

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

# Alternative Minimum Tax—Individuals

► Go to www.irs.gov/Form6251 for instructions and the latest information.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017

Attachment Sequence No. **32** 

Your social security number

Bernard & Jane O Sanders Alternative Minimum Taxable Income (See instructions for how to complete each line.) 1 If filling Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) 889,694 2 Reserved for future use . . . . . . . Taxes from Schedule A (Form 1040), line 9 3 216,322 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line 4 n 5 6 If Form 1040, line 38, is \$156,900 or less, enter -0 -. Otherwise, see instructions . . . . 6 24,544. 7 Tax refund from Form 1040, line 10 or line 21 7 Investment interest expense (difference between regular tax and AMT). . . . . . . . . 8 9 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount . . . . . . 10 10 11 11 Interest from specified private activity bonds exempt from the regular tax 12 12 0. 13 13 14 Exercise of incentive stock options (excess of AMT income over regular tax income) . . . . . Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 16 17 Disposition of property (difference between AMT and regular tax gain or loss) . . . 17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 18 18 19 19 Passive activities (difference between AMT and regular tax income or loss) . . . . . . . 20 20 21 21 .22 Long-term contracts (difference between AMT and regular tax income) 22 23 23 Research and experimental costs (difference between regular tax and AMT) . . . . . . 24 25 Income from certain installment sales before January 1, 1987 . . . . . . . . . . . . . . . . . . 25 26 Other adjustments, including income-based related adjustments . . . . . 27 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)... 1,081,472. 28 Alternative Minimum Tax (AMT) 29 Exemption. (If you were under age 24 at the end of 2017, see instructions.) IF your filing status is . . . AND line 28 is not over ... THEN enter on line 29 ... \$120,700 . . . . . . Single or head of household . . . . \$54,300 Married filing jointly or qualifying widow(er) 160,900 . . . . . . 84,500 80,450 . . . . . . 42,250 29 0. If line 28 is over the amount shown above for your filing status, see instructions. 30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, 1,081,472. 30 31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported gualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as 299,056. 31 refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. 32 Alternative minimum tax foreign tax credit (see instructions) . . . . 32 33 Tentative minimum tax. Subtract line 32 from line 31 299.056. 33 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44. refigure that tax without using Schedule J before completing this line (see instructions) . . . . . . . . . . . . 34 297,550. AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45. 35 1,506.

Par	Tax Computation Using Maximum Capital Gains Rates  Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax W	orksh	eet in the instructions.
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	·
37	Enfer the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are diling Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filling Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39	40	
41	Subtract line 40 from line 36	41	
42	If line 41 is \$187,800 or less (\$93,900 or less if married filling separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filling separately) from the result	42	·
43	Enter:		
	• \$75,900 if married filing jointly or qualifying widow(er),	1	
	• \$37,950 if single or married filing separately, or • \$50,800 if head of household.	43	
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, 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 43; if zero or less, enter -0 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	• •
45	Subtract line 44 from line 43. If zero or less, enter -0	45	
46	Enter the smaller of line 36 or line 37	46	
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
48	Subtract line 47 from line 46	48	
49	Enter:	,	
	• \$418,400 if single	ŀ	
	• \$235,350 if married filing separately	49	
•	• \$470,700 if married filing jointly or qualifying widow(er)		
-1-	• \$444,550 if head of household		
50	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, 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 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	24.4	
52	Add line 50 and line 51	51	
	Subtract line 52 from line 49. If zero or less, enter -0-	52 53	
	Enter the smaller of line 48 or line 53	54	
	Multiply line 54 by 15% (0.15)	55	
	Add lines 47 and 54	56	
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		· · · · · · · · · · · · · · · · · · ·
57	Subtract line 56 from line 46	57	
	Multiply line 57 by 20% (0.20)	58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
	Add lines 41, 56, and 57	59	•
	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (0.25)	61	•
62	Add lines 42, 55, 58, and 61	62	,
	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63	
	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not		
	enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31.	64	

Department of the Treasury

Internal Revenue Service Name(s) shown on return

Part IV

Additional Medicare Tax

▶ 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.

OMB No. 1545-0074 2017

Attachment Sequence No. **71** 

Your social security number

Bernard & Jane. O Sanders Part I Additional Medicare Tax on Medicare Wages 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 127,200. 2 Unreported tips from Form 4137, line 6 . . . 2 3 Wages from Form 8919, line 6 . . . . 127,200. Add lines 1 through 3 . . . . . . . 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 6 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and Part II Additional Medicare Tax on Self-Employment Income Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter 888,207. -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) Enter the following amount for your filing status: Married filing jointly. . . . . . . . . . . . \$250,000 Single, Head of household, or Qualifying widow(er) \$200,000 250,000. 127,200. Subtract line 10 from line 9. If zero or less, enter -0-. . . 122,800. 765,407. Subtract line 11 from line 8, If zero or less, enter -0-... Additional Medicare Tax on self-employment income, Multiply line 12 by 0.9% (0.009). Enter 6,889. here and go to Part III . . . . . . . . . . . . Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . 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 31 

	1040-PR, and 1040-SS filers, see instructions) and go to Part V	<i>i</i> .		18	6,889.
Part	V Withholding Reconciliation			<u> </u>	
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	2,342.		2 -
20	Enter the amount from line 1	20	127,200.		·
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	1,844.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is withholding on Medicare wages			22	498.
23	Additional Medicare Tax withholding on railroad retirement (RFW-2, box 14 (see instructions)	RTA)	compensation from Form	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and with federal income tax withholding on Form 1040, line 64 (	d 23. Form	Also include this amount	24	498.

Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by

Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR,

0.9% (0.009). Enter here and go to Part IV

**Total Additional Medicare Tax** 

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on your tax return

# Net Investment Income Tax— Individuals, Estates, and Trusts ► Attach to your tax return. ► Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB-No. 1545-2227

Attachment Sequence No. 72

Your social security number or EIN

Ber	nard & Jane O Sanders	·		
Par	Investment Income Section 6013(g) election (see instruc	tions)		
	☐ Section 6013(h) election (see instruc			
	Regulations section 1.1411-10(g) ele			· · · · · · · · · · · · · · · · · · ·
3	Taxable interest (see instructions)		1	183.
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,			
	etc. (see instructions)	4a		,
, p	Adjustment for net income or loss derived in the ordinary course of			
	a non-section 1411 trade or business (see instructions)	4b	200	
.C	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)	5a		
b _.	Net gain or loss from disposition of property that is not subject to	T T		
	net investment income tax (see instructions)	5b	4	
C	Adjustment from disposition of partnership interest or S corporation			
	stock (see instructions)	5c		
ď	Combine lines 5a through 5c		5d	
6	Adjustments to investment income for certain CFCs and PFICs (see i		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	183.
Part		<del></del>	Posta especia	
9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b 38.		
C	Miscellaneous investment expenses (see instructions)	9c		20
d	Add lines 9a, 9b, and 9c		9d	. 38.
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10	<u> </u>	11	38.
	Tax Computation	40.00	1	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Inc.		-50	. 7: A F
	17. Estates and trusts complete lines 18a-21. If zero or less, enter -0		12	145.
40	Individuals:	1401 3 333 005		
13 14	Modified adjusted gross income (see instructions)	13 1,131,925.		. *
15	Threshold based on filing status (see instructions)	14 250,000. 15 881,925.		•
	Subtract line 14 from line 13. If zero or less, enter -0			
16			16	145.
17	Net investment income tax for individuals. Multiply line 16 by 3.8 include on your tax return (see instructions)	3% (.038). Enter here and		-
	Estates and Trusts:	the common and common sections of the common	17	6
18a	Net investment income (line 12 above)	1400		
	Deductions for distributions of net investment income and	18a		
. <b>b</b>	deductions under section 642(c) (see instructions)	18b		
^	Undistributed net investment income. Subtract line 18b from 18a (see	100		
U	instructions). If zero or less, enter -0-	400		
19a	Adjusted gross income (see instructions)	18c		
b		198		
D	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
С	Subtract line 19b from line 19a. If zero or less, enter -0-	190		
20	Find an Alice and all the Alice at the Alice at the Alice	<del></del>	20	
21	Net investment income tax for estates and trusts. Multiply line 20 b		20	******
		oy 3.6% (.U36). Enter nere	21	

Department of the Treasury Internal Revenue Service (99)

# Passive Activity Loss Limitations See separate instructions.

► Attach to Form 1040 or Form 1041.

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

OMB No. 1545-1008

Attachment Sequence No. 88

Name(s) shown on return

Identifying number

Bern	ard & Jane O Sanders							
Part								
	Caution: Complete Worksheets 1, 2, and 3 before completing F				Terribania.			
Renta Speci	I Real Estate Activities With Active Participation (For the definition at Allowance for Rental Real Estate Activities in the instructions.)	ofa	ctive particip	ation, see		7		
1a	Activities with net income (enter the amount from Worksheet 1,							
	column (a))	<u>1a</u>						
b	Activities with net loss (enter the amount from Worksheet 1, column							
	(b))	1b	1		4			
C	Prior years' unallowed losses (enter the amount from Worksheet 1,	١.	<u> </u> ,					
•	column (c))	1c	<u>  [:</u>		4			
d		• •	<del> </del>	<del>,</del>	. 1d			
	nercial Revitalization Deductions From Rental Real Estate Activities	es ∳2a	<i>V</i> :					
	Commercial revitalization deductions from Worksheet 2, column (a)	20	1		4			
b.	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	(					
_	Add lines 2a and 2b		<u> </u>		2c	(	99998833 (	
	her Passive Activities		<u> </u>	<u> </u>				
	Activities with net income (enter the amount from Worksheet 3,	Ï						
Ja _.	column (a))	За		0.				
ĥ,	Activities with net loss (enter the amount from Worksheet 3, column	<u></u>	1	***************************************				
-	(b))	.3b	-((	0.	)	100		
	Prior years' unallowed losses (enter the amount from Worksheet 3,							
	column (c))	3с	(		)			
d	Combine lines 3a, 3b, and 3c				3d		0.	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here		,					
	your return; all losses are allowed, including any prior year unallowed							
	2b, or 3c. Report the losses on the forms and schedules normally use	4	<u> </u>	0.				
	If line 4 is a loss and:  • Line 1d is a loss, go to Part II.		ar a <del>es</del> ta an in					
	Line 2c is a loss (and line 1d is zero or mol					trtrtrtrtrtrtr		
O-141	<ul> <li>Line 3d is a loss (and lines 1d and 2c are z</li> <li>If your filing status is married filing separately and you lived with y</li> </ul>							
	or Part III. Instead, go to line 15.	roui s	spouse at an	y ume dam	ig ine	· year, <b>uo not</b> cor	Ilbiere	
Part		th A	ctive Partic	ination				
- Cit	Note: Enter all numbers in Part II as positive amounts. See instru							
5	Enter the smaller of the loss on line 1d or the loss on line 4				5	·		
6	Enter \$150,000. If married filling separately, see instructions	6	1		200		(4) (C.)	
7.	Enter modified adjusted gross income, but not less than zero (see instructions)	7	3.					
`	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9,		2000000		ferie.			
-	enter -0- on line 10. Otherwise, go to line 8.		19:50:59		56.60			
8	Subtract line 7 from line 6	8			*(0	17		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filir	ig sep	arately, see in	structions	9/	1		
10	Enter the smaller of line 5 or line 9				10		0.	
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.	<u>.                                </u>	· · · · · · · · · · · · · · · · · · ·					
Part		ictio	ns From Re	ental Real	Esta	te Activities		
	Note: Enter all numbers in Part III as positive amounts. See the				177	IS.		
11 40:	Enter \$25,000 reduced by the amount, if any, on line 10. If married filling separately, see instructions							
12 ⁻ 13	Enter the loss from line 4	• `• •	12					
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or		13					
Part					14			
15	Add the Comment of th	<del></del>			15	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
16	Total losses allowed from all passive activities for 2017. Add I				13			
			10, 14, and		16	•		
For Pag	perwork Reduction Act Notice, see instructions. BAA	· · · ·		SVIB Inlud.cg.dp.sa:	<u></u>	Form <b>8582</b>	(2017)	
			******					

Caution: The worksheets must be filed Worksheet 1 For Form 8582, Lines 1	with your tax reto a, 1b, and 1c (S	urn. Kee ee instru	p a cop ctions.)	y for you	r record	s.			
	Current year			Prior years		Overall gain or loss			
Name of activity	(a) Net income (b) Net loss (line 1a) (line 1b)			(c) Unallowed loss (line 1c)		(d) Gain		(e) Loss	
				ļ		ļ			
	<u> </u>		•	<u> </u>				<u> </u>	
	,								
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶									
Worksheet 2-For Form 8582, Lines 2	a and 2b (See in	struction	ns.)	·					
Name of activity	(a) Current deductions (		unal	(b) Prior year lowed deductions (l		line 2b)	(c)	Overall loss	
			÷						
Total. Enter on Form 8582, lines 2a and 2b ▶ Worksheet 3—For Form 8582, Lines 3							*		
Worksheet 3—For Form 8582, Lines 3	<b>a, 3b, and 3c</b> (Se	ee instru	ctions.)	T		Τ .	·		
Name of activity	Current year		Prior years			Overall g	erall gain or loss		
Name of activity	(a) Net income (b) Net to (line 3a) (line 3b)				c) Unallowed oss (line 3c) (d)		-Gain	(e) Loss	
						<u> </u>			
				<del>                                     </del>					
· ·									
Total. Enter on Form 8582, lines 3a, 3b, and 3c		-							
Worksheet 4—Use this worksheet if a	n amount is sho	wn on F	orm 85	82, line	10 or 14	(See in	struction	s.)	
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) L	,	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a)	
					<del>v, »</del>				
		:				······································			
Total				1.0	00 -				
Worksheet 5—Allocation of Unallowed	r		IS.)						
Name of activity	Name of activity  Form or schedule and line number to be reported on (see instructions)  (see instructions)		oss (b)		) Ratio (c		c) Unallowed loss		
					r		<del></del>		
					*****************				
Total		. ▶		,		1.00			
	. ,	•			<u>R</u> 6V.02/	13/18 istuit op.clg	5 <b>0</b> .	Form 8582 (2017)	

# 1040X

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

An to www.irs.gov/Form1040X for instructions and the latest information.

OMB No. 1545-0074

(Rev. Ja	(nuary 2019) Go to www.irs.gov/rottition	6444			***************************************		*******************************
	Civilia to carolina Jane	2016 2015		и.			
Other	year. Enter one: calendar year or fiscal year	ear (month and year	ended	1):	1	f., 1	bou
Your fin	st name and initial	Last name		Your social security number			
Bernai	Li	Sanders			Secureta	nocial co	ourity number
if a joint	return, spouse's first name and initial	Last namo			Shonae a	រ ១០៤នេះ ចម	Culity number
Jane C		Sanders		T			
Current	home address (number and street), If you have a P.O. box, see instru	ictions.		Apt. no.	Your pho	ne number	
		······································		<u> </u>			
City, to	wn or post office, state, and ZIP code. If you have a foreign address,	elso complete spaces belo	w. See	instructions.			
		······································					-110
Foreign	country name	Foreign province/stat	te/coun	100	reign post	III COOB	
chang from a	ided return filing status. You must chack one box evening your filing status. Caution: In general, you can't call joint return to separate returns after the due date.	hange your filing stat		L			erage (or, for kempt). See inst
Sin	gle   Married filing jointly   Married filing sead of household (If the qualifying person is a child but	parately L. Quali	see i	widow(er) nstructions.)			
<u> Пне</u>				A. Original amount	B. Net cf	anga-	,,
	Use Part III on the back to explain any	changes		reported or as	amount of	Increase	C, Correct
			T	previously adjusted (see instructions)	or (decre	nase)	amount
	ne and Deductions	anyaihaali la					
1	Adjusted gross income, if a net operating loss (NOL)	carryback is	1			1	
	included, check here		2				
2	Itemized deductions or standard deduction		3		<del> </del>		
3	Subtract line 2 from line 1	, , , , , , , , , , , , , , , , , , ,			<u> </u>		·····
4a	Exemptions (amended returns for years before 2018 complete Part I on page 2 and enter the amount from	n line 29	4a				
b	Qualified business Income deduction (2018 amended	retums only)	4b				
5	Taxable income. Subtract line 4a or 4b from line 3.	If the result is zero				l	
	or less, enter -0		5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Tax L	iability						
6	Tax. Enter method(s) used to figure tax (see instruction	ons):	6				
777	Credits. If a general business credit carryback is include	led check here ▶ □	7				
. 7	Subtract line 7 from line 6. If the result is zero or less	enter -0-	8				
8	Health care: individual responsibility (see instructions	, onter o	9				
9	Health care: individual responsibility (see instructions	,	10				
10	Other taxes		11				
11	Total tax. Add lines 8, 9, and 10	,		~			
Paym	ients	itu and for 1 DDTA					
12	Federal income tax withheld and excess social secur tax withheld. (If changing, see instructions.)		12		.,		
13	Estimated tax payments, including amount applied return	from prior year's	13				
14	Earned income credit (EIC)		14				
15	Refundable credits from: Schedule 8812 Fo	rm(s) 2439					
	□4136   □8863   □8885	☐ 8962 or	15				,
	Other (specify):	An file Age maid with		antroburn and a	dditional		
16	Total amount paid with request for extension of time	to file, tax paid with	ongii	iai retuin, anu a	aunionai	16	
	tax paid after return was filed	ond line 16			, ,	17	
17	Total payments. Add lines 12 through 15, column C,	and me to		· · · · · · · · · · · · · · · · · · ·		<del>  ''</del>	· · · · · · · · · · · · · · · · · · ·
	nd or Amount You Owe	+ municipality adjusted	t hu th	o IDS		18	
18	Overpayment, if any, as shown on original return or a	s previously adjusted	a by ti		• •	19	
19	Subtract line 18 from line 17. (If less than zero, see in	Structions.)			• •	20	
20	Amount you owe. If line 11, column C, is more than	mos 19, enter me din	al Al IO	overnaid on thi	e return	21	***************************************
21	If line 11, column C, is less than line 19, enter the diff	erence. This is the ar	nount	anathaid ou (u	o i quilli	22	
22	Amount of line 21 you want refunded to you		. ,				
23	Amount of line 21 you want applied to your (enter year	ar): estim	ated !		lata and		form on page 2.

Form 1	JAUX (Rev. 1-2019)						***************************************		
Par	Exemptions	and Dependents		**************************************			2 t 2 te = le	d from what	
you re	olete this part only if a eported on the return 2018 return).	ny information relat you are amending.	ing to exemptions (to This would include a	dependents change in t	if ami he nui	mber of exempti	ons (of depend	ents if amending	
	For 2018 amended returns only, leave li other applicable lines. Note: See the Form 1040 or, for amend the Form 1040A instructions. See also t		ed returns for years before 2018,			A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount	
24	Yourself and spoudependent, you can	se. Caution: If s 't claim an exemptione blank.	orneone can claim on for yourself. If ame	you as a anding your	24				
25 26	Your dependent child	dren who lived with ren who didn't live wi	you						
<ul> <li>Other dependents</li> <li>Total number of exemptions. Add lines 24 through 27. If amending your 2018 return, leave line blank</li> </ul>					27	***************************************			
29	Multiply the number amount shown in amending. Enter the	of exemptions claim the instructions for result here and on	med on line 28 by the r line 29 for the yea line 4a on page 1 of l	exemption ar you are this form, If	29				
30	List ALL dependents	(children and other	s) claimed on this am	ended return T	. If mo	ore than 4 depend	dents, see inst. a ualifies for (see in	etructions!	
	ndents (see instructions) ) First name	: Last name	(b) Social security number	(c) Relatio		Child tax cred	Credit for o	ther dependents	
						<u> </u>			
						<u> </u>			
***************************************	***************************************					<del></del>		H	
Par		Election Campa		l					
241	Evolunation	of Changes, In th	or spouse did not prevented below and new or change	ow, tell us w	ny you	are ming ronn	1040X.		
Under staten based	financial interest in	or signature authori y of this form for y clare that I have filed a	n original return and mat lief, this amended return	ount located i	ed this , and c	amended return, in complete. Declaration	cvisca concaun		
Your	ignature	n, both must sign.	Date 4-5-19 Date	Your occupation Writer Spouse's occu	ou				
Pair	Predarer UserOnli	/	4-2-19					on any any that he will be a promise that we had a been been	
Pressa	er's sionature		Date	Firm's address		if self-employed)			
Print/t	ypė preparer's namė		Check if self			number	EIN		

# SCHEDULE B (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

# **Interest and Ordinary Dividends**

➤ Attach to Form 1040A or 1040.
➤ Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 08

Name(s) shown on i	***********		Your	social securi	ty numb	or		
Bernard & Jane		arc						
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 >		Am	ount 79	61		
(See instructions and the instructions for		US Senate Federal Credit Union US Senate Federal Credit Union			************	3 64		
Form 1040A, or Form 1040, line 8a.)			1					
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	_	Add the amounts on line 1	2		183	3 3		
form.	2 3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.  Attach Form 8815.	3					
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	4			3 3		
	Note:	If line 4 is over \$1,500, you must complete Part III.		Am	ount			
Part II	5	List name of payer				_		
Ordinary		PART-480-00-00-00-00-00-00-00-00-00-00-00-00-0				-		
Dividends						_		
(See instructions and the instructions for						-		
Form 1040A, or Form 1040, line 9a.)			5					
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	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6					
on that form.	Note:	If the 6 is over \$1.500 yet must complete mart ill.	***************************************		г			
Part III	You m	oust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; ( on account; or (c) received a distribution from, or were a grantor of, or a transferor to, a forei	gri iru	31, 	Yes	No		
Foreign Accounts	7a	At any time during 2017, 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						
and Trusts		country? See instructions	and	Financial		<b>/</b>		
(See instructions	.)	Accounts (FBAR), to report that financial interest or signature authority? See Find and its instructions for filing requirements and exceptions to those requirements.	, , , ,	· · · ·		<b>✓</b>		
	b	If you are required to file FInCEN Form 114, enter the name of the foreign countinancial account is located During 2017, did you receive a distribution from, or were you the grantor of, or to	ransfe	eror to, a				
	8	favoire trust? If "Ves." volumey have to file form 3520, See instructions	6 F					