

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

Your first name and initial: **BRUCE H.** Last name: **MANN** Your social security number: [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: **ELIZABETH A.** Last name: **WARREN** Spouse's social security number: [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. [REDACTED] Apt. no. [REDACTED] 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. **CAMBRIDGE, MA 02138** If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			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	If the IRS sent you an Identity Protection PIN, enter it here
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
KEITH D. LOWEY, CPA	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	
VERDOLINO & LOWEY, P.C.	124 WASHINGTON ST., SUITE 101		(508) 543-1720	
	FOXBOROUGH, MA 02035-			

	1	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	1	579,177.
	2a	Tax-exempt interest	2a	2b	4,312.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	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"/>)		11	230,068.
		b Add any amount from Schedule 2 and check here <input checked="" type="checkbox"/>		12	13,936.
	12	a Child tax credit/credit for other dependents b Add any amount from Sch. 3 and check here <input checked="" type="checkbox"/>		13	216,132.
	13	Subtract line 12 from line 11. If zero or less, enter -0-		14	14,833.
	14	Other taxes. Attach Schedule 4		15	230,965.
	15	Total tax. Add lines 13 and 14		16	108,488.
	16	Federal income tax withheld from Forms W-2 and 1099	SEE STATEMENT 3		
	17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863		17	98,000.
		Add any amount from Schedule 5	98,000.	18	206,488.
	18	Add lines 16 and 17. These are your total payments			
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		19	
Refund	20a	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			
	21	Amount of line 19 you want applied to your 2019 estimated tax	21		
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		22	24,477.
	23	Estimated tax penalty (see instructions)	23		

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number

Additional Income		1-9b		1-9b	
	Reserved				
	Taxable refunds, credits, or offsets of state and local income taxes				
	Alimony received				
	Business income or (loss). Attach Schedule C or C-EZ				323,902.
	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>				-3,000.
	Other gains or (losses). Attach Form 4797				
	Reserved				
	Reserved				
	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				
	Farm income or (loss). Attach Schedule F				
	Unemployment compensation				
	Reserved				
	Other income. List type and amount ▶				
	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				320,902.
Adjustments to Income					
	Educator expenses	23			
	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24			
	Health savings account deduction. Attach Form 8889	25			
	Moving expenses for members of the Armed Forces. Attach Form 3903	26			
	Deductible part of self-employment tax. Attach Schedule SE	27		4,348.	
	Self-employed SEP, SIMPLE, and qualified plans	28		55,000.	
	Self-employed health insurance deduction	29			
	Penalty on early withdrawal of savings	30			
	Alimony paid b Recipient's SSN ▶	31a			
	IRA deduction	32			
	Student loan interest deduction	33			
	Reserved	34			
	Reserved	35			
	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)**

Tax

OMB No. 1545-0074

2018
Attachment
Sequence No. **02**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

Your social security number

BRUCE H. MANN & ELIZABETH A. WARREN

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

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **03**

Name(s) shown on Form 1040

Your social security number

BRUCE H. MANN & ELIZABETH A. WARREN

Nonrefundable	48	Foreign tax credit. Attach Form 1116 if required	48	
Credits	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

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

BRUCE H. MANN & ELIZABETH A. WARREN

Your 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) SEE STATEMENT 5	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

▶ Attach to Form 1040.

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **05**

Name(s) shown on Form 1040

Your social security number

BRUCE H. MANN & ELIZABETH A. WARREN

Other	65	Reserved	65	
Payments	66	2018 estimated tax payments and amount applied from 2017 return STMT 6	66	98,000.
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)**

Itemized Deductions

OMB No. 1545-0074

2018

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ 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.

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	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040, line 7	2	
	3	Multiply line 2 by 7.5% (0.075)	3	
	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.
	b	State and local real estate taxes (see instructions)	5b	21,380.
	c	State and local personal property taxes	5c	447.
	d	Add lines 5a through 5c	5d	78,068.
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.
	6	Other taxes. List type and amount ▶	6	
	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		
	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	
	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.
	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	
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

number
amount

12.

403.

3,897.

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 form.

2 Add the amounts on line 1

2 4,312.

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 1040, line 2b ▶

4 4,312.

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

Amount

Part II

Ordinary Dividends

5 List name of payer ▶
VANGUARD MARKETING COPORATION

1,351.

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 on that form.

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

6 1,351.

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.

Yes No

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

X

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

X

827501 10-24-18

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

ELIZABETH A. WARREN

Social security number (SSN)

B Enter code from instructions
711510

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

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
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 Yes No

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	324,687.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	324,687.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	324,687.
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):	20	
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	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:	24	
16a	a Mortgage (paid to banks, etc.)	16a		24a	a Travel	24a	
16b	b Other	16b		24b	b Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
18				26	Wages (less employment credits)	26	
19				27a	27 a Other expenses (from line 48)	27a	
20				27b	b Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	0.	28		28	0.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	324,687.	29		29	324,687.
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		30		30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	324,687.	31		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	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.	32a	

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

Social security number (SSN)

B Enter code from instructions
711510

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

WRITING

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 **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 Yes No

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	7	18.

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	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	803.
				b	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).
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.

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

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2018

Attachment
Sequence No. **12**

Name(s) shown on return

BRUCE H. MANN & ELIZABETH A. WARREN

Year  Number 

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions				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

<p>16 Combine lines 7 and 15 and enter the result</p>	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. 		
<p>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.</p>		
<p>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</p>	18	
<p>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</p>	19	
<p>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.</p>		
<p>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) </p> <p style="text-align: center; margin-left: 350px;">} SEE STATEMENT 8</p> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(3,000.)
<p>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.</p>		

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]
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Before you begin:

- ✓ See the instructions for line 11a to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 through line 10.
- ✓ 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.

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>	
2. Enter the amount from Form 1040, line 3a*	2.	<u>1,349.</u>	
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>	
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>	
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	<u>1,349.</u>	
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	<u>784,917.</u>	
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>	
9. Enter the smaller of line 1 or line 8	9.	<u>77,200.</u>	
10. Enter the smaller of line 7 or line 9	10.	<u>77,200.</u>	
11. Subtract line 10 from line 9. This amount is taxed at 0%	11.	<u>0.</u>	
12. Enter the smaller of line 1 or line 6	12.	<u>1,349.</u>	
13. Enter the amount from line 11	13.	<u>0.</u>	
14. Subtract line 13 from line 12	14.	<u>1,349.</u>	
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>	
16. Enter the smaller of line 1 or line 15	16.	<u>479,000.</u>	
17. Add lines 7 and 11	17.	<u>784,917.</u>	
18. Subtract line 17 from line 16. If zero or less, enter -0-	18.	<u>0.</u>	
19. Enter the smaller of line 14 or line 18	19.	<u>0.</u>	
20. Multiply line 19 by 15% (0.15)	20.	<u>0.</u>	
21. Add lines 11 and 19	21.	<u>0.</u>	
22. Subtract line 21 from line 12	22.	<u>1,349.</u>	
23. Multiply line 22 by 20% (0.20)	23.	<u>270.</u>	
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>	
25. Add lines 20, 23, and 24	25.	<u>230,068.</u>	
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>	
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>	

* 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.

<p>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"/></p>		
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)	
1b	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	
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	324,687.
3	Combine lines 1a, 1b, and 2	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.	299,848.
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	
4c	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	299,848.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	
5b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	
6	Add lines 4c and 5b	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	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	128,400.
8b	Unreported tips subject to social security tax (from Form 4137, line 10)	
8c	Wages subject to social security tax (from Form 8919, line 10)	
8d	Add lines 8a, 8b, and 8c	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	
11	Multiply line 6 by 2.9% (0.029)	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	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	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	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	

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 income⁴ 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	
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	

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.

DOES NOT APPLY

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2018
Attachment
Sequence No. 32

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

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 ... 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.	5	109,400.
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	<ul style="list-style-type: none"> 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 refigured 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 refigured 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 refigured 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: <ul style="list-style-type: none"> • \$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: <ul style="list-style-type: none"> • \$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

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Attachment
Sequence No. **71**

Name(s) shown on return **BRUCE H. MANN & ELIZABETH A. WARREN** Your social security number XXXXXXXXXX

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.
--	----	--	--	--------

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

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**

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

Attachment
Sequence No. **72**

Name(s) shown on your tax return
BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number or EIN
[REDACTED]

Part I Investment Income

Section 6013(g) election (see instructions)

Section 6013(h) election (see instructions)

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	

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

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)

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

	Description	Line	Amount
(a)	N/A	N/A	N/A
(b)	N/A	N/A	N/A

2. 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.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income
(Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)			
(b)			

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 **4.** 351.

5. Enter the amount of total itemized deductions reported on Form 1040 **5.** 60,128.

6. 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. <u>N/A</u>

7. Subtract line 6e from line 5 **7.** 60,128.

8. Enter the lesser of line 7 or line 4 **8.** 351.

TIP

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	X N/A	= N/A
	(b)	N/A	X 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	=

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

MASSACHUSETTS

Name(s) **BRUCE H MANN & ELIZABETH A WARREN** Your social security number or EIN XXXXXXXXXX

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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Residential Energy Credit

▶ Go to www.irs.gov/Form5695 for instructions and the latest information.
▶ Attach to Form 1040 or Form 1040NR.

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.

<p>1 Qualified solar electric property costs</p> <p>2 Qualified solar water heating property costs</p> <p>3 Qualified small wind energy property costs</p> <p>4 Qualified geothermal heat pump property costs</p> <p>5 Add lines 1 through 4</p> <p>6 Multiply line 5 by 30% (0.30)</p> <p>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.) ▶</p> <p>Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.</p> <p>b Print the complete address of the main home where you installed the fuel cell property.</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Number and street Unit No.</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">City, State, and ZIP code</p> <p>8 Qualified fuel cell property costs</p> <p>9 Multiply line 8 by 30% (0.30)</p> <p>10 Kilowatt capacity of property on line 8 above ▶ _____ X \$1,000</p> <p>11 Enter the smaller of line 9 or line 10</p> <p>12 Credit carryforward from 2017. Enter the amount, if any, from your 2017 Form 5695, line 16</p> <p>13 Add lines 6, 11, and 12</p> <p>14 Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)</p> <p>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</p> <p>16 Credit carryforward to 2019. If line 15 is less than line 13, subtract line 15 from line 13</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7a</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p>	<p>46,452.</p> <p></p> <p></p> <p></p> <p>46,452.</p> <p>13,936.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>13,936.</p> <p>230,068.</p> <p>13,936.</p> <p>0.</p>
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LHA For Paperwork Reduction Act Notice, see your tax return instructions.



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

Qualified Business Income After Deductions

Activity: _____

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

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		

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 UBIA	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 UBIA		
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 UBIA		
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
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 S 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
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
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.
<hr/>	
TOTAL TO SCHEDULE 5, LINE 66	98,000.
<hr/>	

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 7
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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.
<hr/>	
TOTAL TO SCHEDULE A, LINE 5A	56,241.
<hr/>	

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

2018 Form 1
MA18001011019

Massachusetts Resident Income Tax Return
FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2018 or other taxable

Year beginning Ending

BRUCE H MANN
ELIZABETH A WARREN
CAMBRIDGE

MA 02138

Fill in if: Original return Amended return Amended return due to federal change

State Election Campaign Fund:

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

a. Total federal income **905742**
b. Federal adjusted gross income **846394**

1. **Filing status** (select one only):
 Single
 Married filing jointly
 Married filing separate return
 Head of household

You are a custodial parent who has released claim to exemption for child(ren)

Apt. no.
 \$1 You \$1 Spouse TOTAL **2**
You Spouse
You Spouse
You Spouse
Name/address changed since 2017
Fill in if noncustodial parent
Fill in if filing Schedule TDS

2. Exemptions

a. Personal exemptions **2a** **8800**
b. Number of dependents. (Do not include yourself or your spouse.) Enter number **X \$1,000 = 2b**
c. Age 65 or over before 2019 You + Spouse = **2** **X \$700 = 2c** **1400**
d. Blindness You + Spouse = **X \$2,200 = 2d**
e. Medical/dental **2e**
f. Adoption **2f**
g. Total exemptions. Add lines 2a through 2f. Enter here and on line 18 **2g** **10200**

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

857001 01-04-19

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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

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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 <input checked="" type="checkbox"/>	22	52330
23. 12% INCOME. Not less than "0." a. <input type="checkbox"/> 0	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 <input type="checkbox"/> + b. Spouse <input type="checkbox"/> - c. Fed. health care penalty <input type="checkbox"/>	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

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2018 Schedule B
MA18010011019

BRUCE

H MANN

SEE STATEMENT 2

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	6	2
7. Subtotal	7	5649
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	

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	5 6 4 9
30. Short-term losses applied against interest and dividends	30	
31. Subtotal interest and dividends	31	5 6 4 9
32. Long-term losses applied against interest and dividends	32	
33. Adjusted interest and dividends	33	5 6 4 9
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	5 6 4 9
36. Excess exemptions	36	
37. Subtract line 36 from line 35	37	5 6 4 9
38. Interest and dividends taxable at 5.1%	38	5 6 4 9
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 employees

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

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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
			803
27. Total expenses. Add lines 6 through 26			27
			803
28. Tentative profit or loss. Subtract line 27 from line 5			28
			-785
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
			-785
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?			32
	Yes <input checked="" type="checkbox"/> No. If "yes," see instructions		
33. If you have a loss, you must check the statement that describes your investment in this activity.		<input checked="" type="checkbox"/>	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 employees

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

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APRIL 3, 2019

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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			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.			
		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 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.	Year	a. Unused credits from prior years 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	0 2019-2021
12.	Totals		1000	0

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)	<input checked="" type="checkbox"/> You	<input checked="" type="checkbox"/> 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. **HARVARD PILGRIM HEALTH CARE INC** [redacted] Fill in if you were not issued Form MA 1099-HC. [redacted]

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

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.

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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

Table with 2 rows (You, Spouse) and 12 columns (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 as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? | 10 | You | Yes | No |
| | | 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 HC Worksheet for Line 11 in the instructions? | 11 | You | Yes | No |
| | | 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 requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? | 12 | You | Yes | No |
| | | 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.

2018 Schedule CMS
MA18647011019

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

2018 Schedule CMS, pg. 2

MA18647021019

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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2018 Schedule CMS, pg. 3

MA18647031019



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
---	--------------------	------------------------	---------------------------	--	--	--------------------------------

4h. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1

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			

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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

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2018 Schedule INC
MA18INC011019

BRUCE

H MANN

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	20221	402897	16640		W2
53 6002558	8613	176280		10517	W2

TOTALS	28834	579177	16640	10517	
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DESCRIPTION	AMOUNT
MA 1/1-NR/PY INTEREST INCOME FROM MASSACHUSETTS BANKS	STATEMENT 1
BANK OF AMERICA	12.
TOTAL TO FORM 1, LINE 5 OR FORM 1-NR/PY, LINE 7	12.

DESCRIPTION	AMOUNT
MA B OTHER DIVIDEND AND INTEREST INCOME TO BE EXCLUDED	STATEMENT 2
U.S. INTEREST	2.
TOTAL TO SCHEDULE B, LINE 6	2.

DESCRIPTION	AMOUNT
MA C SCHEDULE C - OTHER BUSINESS EXPENSES	STATEMENT 3
PROFESSIONAL ORGANIZATION DUES	803.
TOTAL TO SCHEDULE C, LINE 26	803.