

Statistics of Income

Individual Income Tax Returns Line Item Estimates





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Publication 4801 (Rev. 12-2021) Catalogue Number 59952D Department of the Treasury Internal Revenue Service www.irs.gov

Department of the Treasury Internal Revenue Service

Charles P. Rettig Commissioner

Barry W. Johnson

Deputy Chief Data & Analytics Officer, Statistics Director Statistics of Income Division, RAAS

Dave P. Paris Associate Director, Statistics of Income Division

Individual Income Tax Returns Line Item Estimates, 2019

Publication 4801 (Rev. 12-2021)

This 2019 Statistics of Income (SOI) line item estimates publication provides estimates of frequencies and amounts of the entries on the lines of the forms and schedules filed with individual tax returns as shown on the 2019 Individual SOI Complete Report weighted file. The estimates presented here are based on returns filed in Processing Year 2020 that were sampled statistically and then weighted to estimate the entire 2019 Tax Year.

Variations of the Form 1040 include electronically filed returns. The form variations were categorized into the basic forms according to the data reported on the return. For example, if a return was filed electronically and its characteristics indicated that it would otherwise have been filed on paper as a 1040, then it was classified as such statistically.

2019 Complete Report estimates: 157,796,807 Total, all individual returns filed

Estimates of returns filed electronically: 142,162,470 Total, all individual returns filed

Suggested Citation

Statistics of Income—2019 Individual Income Tax Returns Line Item Estimates Internal Revenue Service Washington, D.C.

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This publication was prepared by Adrian Dungan and Michael Parisi, economists with the Individual and Tax-Exempt Special Studies Section.

Totals for Forms and Schedules

Line Item Estimate Totals for Tax Year 2019

In total, the Statistics of Income (SOI) Division collected data from more than 60 IRS individual income tax forms and schedules to produce the estimates in this report. The table presented here breaks these forms and schedules out by number and name, and by total number filed and total number filed electronically.

Totals for Forms and Schedules from Line Item Estimates for Tax Year 2019

Type of Form	Total	Electronically Filed
All returns filed	157,796,807	142,162,470
Form 1040, U.S. Individual Income Tax Return	142,164,886	128,737,582
Form 1040-SR, U.S. Tax Return for Seniors	15,370,013	13,308,612
Schedule 1, Additional Income and Adjustments to Income	67,749,535	61,546,779
Schedule 2, Additional Taxes	31,847,436	29,282,398
Schedule 3, Additional Credits and Payments	41,659,819	38,793,313
Schedule A, Itemized Deductions	17,555,341	15,773,884
Schedule B, Interest and Ordinary Dividends	24,509,399	22,270,550
Schedule C, Profit or Loss From Business (Sole Proprietorship)	31,516,038	27,625,952
Schedule D, Capital Gains and Losses	22,624,729	20,710,932
Schedule E, Supplemental Income and Loss	19,554,982	17,779,087
Schedule EIC, Earned Income Credit	19,170,892	18,207,350
Schedule F, Profit or Loss From Farming	1,802,168	1,647,260
Schedule R, Credit for the Elderly or the Disabled	45,049	33,790
Schedule SE, Self-Employment Tax	21,817,853	19,105,717
Schedule 8812, Additional Child Tax Credit	19,960,254	18,801,087
Form 461, Limitation on Business Losses	5,220	3,337
Form 965-A, Individual Report of Net 965 Tax Liability	21,541	18,499
Form 982, Reduction of Tax Attributes Due to Discharge of Indebtedness		
(and Section 1082 Basis Adjustment)	122,246	113,166
Form 2106, Employee Business Expenses	493,832	386,163
Form 2439, Undistributed Long-Term Capital Gains	3,611	2,562
Form 2441, Child and Dependent Care Expenses	7,204,483	6,854,325
Form 3468, Investment Credit	23,832	23,122
Form 3800, General Business Credit	657,165	617,193
Form 3903, Moving Expenses	113,005	98,380
Form 4136, Credit for Federal Tax Paid on Fuels	305,996	276,132
Form 4562, Depreciation and Amortization	9,998,476	9,207,904
Form 4684, Casualties and Thefts	95,349	86,812
Form 4797, Sales of Business Property	3,282,996	3,033,727
Form 4835, Farm Rental Income and Expenses	488,173	438,795
Form 4952, Investment Interest Expense Deduction	1,398,942	1,271,966
Form 5329, Additional Taxes on Qualified Plans (including IRAs) and Other Tax-Favored Accounts	2,581,137	2,369,704
Form 5405, Repayment of the First-Time Homebuyer Credit	111,075	98,405
Form 5695, Residential Energy Credits	2,079,940	1,884,561
Form 5884, Work Opportunity Credit	6,582	5,952

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Totals for Forms and Schedules from Line Item Estimates for Tax Year 2019—Continued

Type of Form	Total	Electronically Filed
Form 6251, Alternative Minimum Tax-Individuals	5,821,195	5,342,418
Form 6252, Installment Sale Income	463,472	429,253
Form 6765, Credit for Increasing Research Activities	12,728	12,132
Form 6781, Gains and Losses From Section 1256 Contracts and Straddles	417,338	378,413
Form 8283, Noncash Charitable Contributions	3,931,839	3,587,448
Form 8396, Mortgage Interest Credit	101,853	99,109
Form 8582, Passive Activity Loss Limitations	7,892,207	7,293,141
Form 8586, Low-Income Housing Credit	4,264	3,923
Form 8606, Nondeductible IRAs	2,710,268	2,520,461
Form 8615, Tax for Certain Children Who Have Unearned Income	359,546	336,320
Form 8801, Credit for Prior Year Minimum Tax—Individuals, Estates, and Trusts	441,466	400,461
Form 8814, Parents' Election To Report Child's Interest and Dividends	100,566	93,955
Form 8824, Like-Kind Exchanges	56,674	51,524
Form 8829, Expenses for Business Use of Your Home	3,126,581	2,812,494
Form 8839, Qualified Adoption Expenses	100,030	93,454
Form 8846, Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips	24,693	22,469
Form 8853, Archer MSAs and Long-Term Care Insurance Contracts	144,471	132,890
Form 8863, Education Credits (American Opportunity & Lifetime Learning Credits)	9,192,640	8,578,183
Form 8880, Credit for Qualified Retirement Savings Contributions	9,708,336	9,156,601
Form 8889, Health Savings Accounts (HSAs)	14,414,454	13,586,679
Form 8903, Domestic Production Activities Deduction	58,311	55,520
Form 8910, Alternative Motor Vehicle Credit	17,950	17,893
Form 8911, Alternative Fuel Vehicle Refueling Property Credit	28,345	25,562
Form 8917, Tuition and Fees Deduction	1,294,251	1,182,326
Form 8936, Qualified Plug-in Electric Drive Motor Vehicle Credit	167,136	156,643
Form 8938, Statement of Specified Foreign Financial Assets	489,258	389,462
Form 8959, Additional Medicare Tax	5,603,964	5,290,338
Form 8960, Net Investment Income Tax- Individuals, Estates, and Trusts	6,410,663	5,965,162
Form 8962, Premium Tax Credit	5,998,900	5,367,335
Form 8990, Limitation on Business Interest Expense Under Section 163(J)	192,574	188,583
Form 8992, U.S. Shareholder Calculation of Global Intangible Low-Taxed Income (GILTI)	21,754	15,797
Form 8994, Employer Credit for Paid Family and Medical Leave	1,340	1,288
Form 8995, Qualified Business Income Deduction Simplified Computation	30,401,399	28,474,165
Form 8995-A, Qualified Business Income Deduction	3,167,180	3,025,914
Form 8997, Initial and Annual Statement of Qualified Opportunity Fund (QOF)	0,.0.,100	0,020,0
Investments	13,332	11,908

Limitations and Guidelines for the 2019 Line Item Estimates

Since SOI obtained the line counts used in this package from the Tax Year 2019 Individual SOI Complete Report File, they are subject to the same data limitations as the data included in the Complete Report File. These limitations are derived from the fact that these data are statistically sampled, meaning that the line counts are estimates based on samples, and should not be mistaken for actual counts of the entire filing population. While most forms and items are present often enough to provide accurate estimates, some less popular items should be used with a high degree of caution. SOI removed all line items with a sample count of fewer than 10.

The sample used in this study is one of a large number of samples that could have been selected using the same sample design. The estimates calculated from these different samples would vary. The sample estimate and an estimate of its standard error permit the construction of interval estimates with prescribed confidence that the interval includes the population value. Shown below are 95-percent confidence intervals for selected Form 1040 items. (For example, the population value of number of returns for salaries and wages, with 95-percent confidence, is between 129,456,380 and 130,095,129.) These confidence intervals correspond to the estimates for all individual income tax returns filed for Tax Year 2019.

Item	Line number on 1040	95% confidence interval
Salaries and wages	1	129,775,754 (129,456,380 , 130,095,129)
Taxable interest	2b	48,676,014 (48,369,705 , 48,982,323)
Tax-exempt interest	2a	6,242,423 (6,125,536 , 6,359,310)
Ordinary dividends	3b	28,980,261 (28,738,009 , 29,222,513)
Qualified dividends	3a	26,757,958 (26,525,340 , 26,990,576)
Gross IRAs, pensions and annuities	4a	15,641,734 (15,430,421 , 15,853,048)
Taxable IRAs, pensions and annuities	4b	28,284,849 (28,005,944 , 28,563,754)
Total Social Security benefits	5b	30,022,335 (29,732,575 , 30,312,096)
Taxable Social Security benefits	5а	22,416,436 (22,168,862 , 22,664,010)
Total income	6	157,197,473 (157,008,716 , 157,386,230)
Adjusted gross income (amount in thousands)	7	11,966,873,976 (11,947,092,812 , 11,986,655,139)
Basic standard deduction	8	138,307,604 (138,030,377 , 138,584,832)
Additional standard deduction	8	23,725,778 (23,459,380 , 23,992,175)
Total itemized deductions	8	17,348,989 (17,144,805 , 17,553,172)
Qualified business income deduction	9	22,243,545 (22,040,969 , 22,446,120)
Taxable income	10	124,143,848 (123,834,436 , 124,453,260)
Income tax before credits	11	123,689,755 (123,378,935 , 124,000,575)
Total credits	12	59,886,820 (59,533,289 , 60,240,351)
Income tax after credits	13	103,985,756 (103,660,282 , 104,311,231)
Total tax liability	15	109,069,293 (108,744,030 , 109,394,555)
Tax due at time of filing	22	33,269,899 (32,988,506 , 33,551,292)
Overpayment	19	118,897,660 (118,554,451 , 119,240,870)

95-Percent Confidence Intervals for Number of Returns for Selected Items on All Forms 1040

Forms whose line entries have weak estimates (implying a return sampled count less than 50) are listed below:

Description of the Sample for the Line Item Estimates

his section describes the domain of the study, the sample design and selection, data capture and cleaning, the method of estimation, and the sampling variability of the estimates.

Domain of Study

The statistics in this report are estimates from a probability sample of unaudited U.S. Individual Income Tax Returns (Forms 1040 and 1040-SR (including electronic returns)) filed by U.S. citizens and residents during Calendar Year 2020.

All returns processed during 2020 were subjected to sampling except tentative and amended returns. Tentative returns were not subjected to sampling because the revised returns may have been sampled later, while amended returns were excluded because the original returns had already been subjected to sampling. A small percentage of returns were not identified as tentative or amended until after sampling. These returns, along with those that had no income information, frivolous income information, or fraudulent income information, when recognized, were excluded in calculating estimates.

The estimates in this report are intended to represent all returns filed for Tax Year 2019. While most of the returns processed during Calendar Year 2020 were filed for Tax Year 2019, the remaining returns were mostly for prior years, and a few for noncalendar years ending during 2018 and 2019.

Sample Design and Selection

The sample design is a stratified probability sample, in which the population of tax returns is classified into subpopulations, called strata, and an independent sample is randomly selected from each stratum. Strata are defined by the following characteristics:

- 1. Nontaxable (including no alternative minimum tax) with adjusted gross income or expanded income of \$200,000 or more.
- 2. High business receipts of \$50,000,000 or more.
- 3. Presence or absence of special forms or schedules (Form 2555, Form 1116, Form 1040 Schedule C, and Form 1040 Schedule F).

4. Indexed positive or negative income. Sixty variables are used to derive positive and negative incomes. These positive and negative income classes are deflated using the Chain-Type Price Index for the Gross Domestic Product to represent a base year of 2016. (See footnote [1] for details.)

Tax data processed to the IRS Individual Master File at the Enterprise Computing Center at Martinsburg during Calendar Year 2020 were used to assign each taxpayer's record to the appropriate stratum and to determine whether the record should be included in the sample. Records are selected for the sample either if they possess certain combinations of the four ending digits of the Social Security number (SSN), or if their five ending digits of an eleven-digit number generated by a mathematical transformation of the SSN is less than or equal to the stratum sampling rate times 100,000.

Data Capture and Cleaning

Data capture for the SOI sample begins with the designation of a sample of administrative records. While the sample was being selected, the process was continually monitored for sample selection and data collection errors. In addition, a small subsample of returns was selected and independently reviewed, analyzed, and processed for a quality evaluation.

The administrative data and controlling information for each record designated for this sample were loaded into an online submission processing database. Computer data for the selected administrative records were then used to identify inconsistencies, questionable values, and missing values as well as any additional variables that an editor needed to extract for each record.

After the completion of the submission processing center review, data were further validated, tested, and balanced. Adjustments and imputations for selected fields based on prior-year data and other available information were used to make each record internally consistent. Finally, prior to publication, all statistics and tables were reviewed for accuracy and reasonableness considering the provisions of the tax law, taxpayer reporting variations and limitations, economic 12

conditions, and comparability with other statistical series.

Some returns designated for the sample were not available for SOI processing because other areas of IRS needed the return at the same time. For Tax Year 2019, about 0.5 percent of the sample returns were unavailable.

Due to the COVID-19 pandemic, delays in processing Tax Year 2019 returns occurred because of the temporary closing of submission processing centers. Approximately 5.8 million returns were ultimately processed during the beginning of Tax Year 2020. These returns were moved into the Tax Year 2019 study. There were also approximately 8.6 million returns filed for the purpose of receiving Economic Incentive Payments due to COVID-19. These returns had no significant income information included and were excluded in calculating estimates.

Method of Estimation

Weights were obtained by dividing the population count of returns in a stratum by the number of sampled returns for that stratum. The weights were adjusted to correct for misclassified returns and were then applied to the sample data to produce all the estimates in this report.

Sampling Variability

The sample used in this study is one of a large number of samples that could have been selected using the same sample design. The estimates calculated from these different samples would vary. The standard error (SE) of an estimate is a measure of the variation among the estimates from the possible samples and, thus, is a measure of the precision with which an estimate from a particular sample approximates the average of the estimates calculated from all possible samples.

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Line Item Estimates, by Individual Income Tax Form and Schedule for Tax Year 2019

The total estimated line counts for each individual tax form and schedule follow. The number of returns for the lines appears on the pages on the left, while the corresponding amount (in thousands of dollars) for the lines appears on the colored pages on the right.

Total of all	returns	s filed = 157,796,807 El	ectro	nically	Filed	Returns =	142,162,470				
104		artment of the Treasury—Internal Revenue Se S. Individual Income Ta		Retu	(99) rn	201	9 OMB No. 15	45-0074	IRS Use Only-	Do not writ	e or staple in this space.
Filing Status	77,618	,002 54,725,038 Single Married filing jointly		3,719,3		arately (MFS)	21,663,3 Head of house	339 abold (H		71,078	w(er) (QW)
Check only		u checked the MFS box, enter the nam	-		• ·				· <u> </u>	-	
one box.		ild but not your dependent.		pouoo.	ii yot					o quanyn	
Your first name			La	st nam	e					Your soci	al security number
											,
If joint return, s	pouse's	s first name and middle initial	La	st nam	e				;	Spouse's	social security number
Home address	(numbe	er and street). If you have a P.O. box, se	e inst	ructior	IS.					heck here if	ial Election Campaign you, or your spouse if filing
City, town or p	ost offic	e, state, and ZIP code. If you have a fo	reign	addres	s, also	o complete sp	aces below (see inst	ructions). Y =		560 Y = ** 4,923,076
Foreign countr	y name			Fo	reign	province/state	e/county	Fore	ign postal code		an four dependents, ctions and \checkmark here \blacktriangleright
Standard Deduction Age/Blindness		eone can claim: You as a depend Spouse itemizes on a separate return o 27,477,794 Were born before January 2, 195	you v	_260		spouse as a o status alien Spouse:	dependent 11,60 Was born bef		Jany 2 1955	80,56	
Dependents (_		curity number	(3) Relationship to				see instructions):
(1) First name	300 113	Last name		(2) 30	ciai sec			you	Child tax cred	`	Credit for other dependents
(1) 1 101 10110		2001 100100							34,248,732		
									21,573,320		
									7,878,418		
									2,104,724		
	1	Wages, salaries, tips, etc. Attach For	n(s) M	1-2						1	129,775,754
	2a	Tax-exempt interest	2a	1	12,42	23	b Taxable interest	Attach	Sch. B if required		48,676,014
	3a	Qualified dividends	3a	-	,57,9		b Ordinary dividen				28,980,261
Standard Deduction for—	4a	IRA distributions	4a	16,4	195,7	'48	b Taxable amoun			4b	15.641.734
Single or Married	c	Pensions and annuities	4c	30,8	330,6	618	d Taxable amoun	t.		4d	28,284,849
filing separately, \$12,200	5a	Social security benefits	5a	30,	022,	335	b Taxable amoun	t.		5b	22,416,436
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedul	e D if	require	d. lf n	ot required, cl	neck here		🕨 🗖	6	21,705,174
widow(er),	7a	Other income from Schedule 1, line 9								7a	51,889,727
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	1 7a. 1	This is y	our to	otal income			🕨	7b	157,197,473
household, \$18,350	8a	Adjustments to income from Schedul	e 1, lir	ne 22						8a	39.140.137
 If you checked 	b	Subtract line 8a from line 7b. This is y	our a	djuste	d gros	s income			🕨	8b	157.223.137
any box under <i>Standard</i>	9	Standard deduction or itemized de	ductio	ons (fro	m Sc	nedule A) .		9	138,307,604	1	
Deduction, see instructions.	10	Qualified business income deduction	. Attac	ch Forn	n 8995	or Form 899	5-A	10	22,243,545		
see instructions.	11a	Add lines 9 and 10								11a	150.092.578
	b	Taxable income. Subtract line 11a fr	om lin	e 8b. l	fzero	or less, enter	-0			11b	124,143,848
For Disclosure,	Privac	y Act, and Paperwork Reduction Act	Notic	e, see	sepa	rate instruction	ons.	Cat. N	o. 11320B		Form 1040 (2019)

Total of all returns filed 157,796,807 Description of the Treasury-Internal Revence (internal Revence (intera Rev			Amounts of s	ele	cieu	inte	s meu (iii u	nousanus or	uui	iais)		
Filing Status Single Married filing jointy Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only a child but not your dependent. You checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. Your social security number Your first name and middle initial Last name Your social security number If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, town or post office, state, and ZIP code. If you have a foreign province/state/county Foreign postal code If more than four dependent. Standard Spouse can claim: You as a dependent Your spouse as a dependent If wore status allen Age/Bindhess You: Ware born before January 2, 1955 Are bind Spouse: Is bind If first name Last name If 3/2 Relindently in threest. Is 2/3 0/71.046 Is 2/3 0/71.046 Standard Spouse Itemizes on a separate return or you were a dual-status allen Immore than conde dependents Immore than condedependents Obertaction	Total of all	returns	filed = 157,796,807 Ele	ctron	ically I	Filed	Returns =	14	2,162,470				
Check only if you checked the MF3 box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ► Your first name and middle initial Last name Your social security number If joint return, spouse's first name and middle initial Last name Spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ► Your first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Precidential Election Campaign City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Foreign country name Foreign province/state/county Foreign postal code If more than four dependents are instructions and <i>J</i> have > Standard Spouse temizes on a separate return or you were a dual-status alian Dependents (see instructions): (1) Fist name Last name (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (1) Fist name Last name Last name (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (1) Fist name Last name Last name (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (1) Fist name Last name Last name (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (1) Fist name Last name Last name Last name (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (1) Fist name Last name Last name Last name (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (1) Fist name Last name Last name (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (3) Relationship to you (4) / if qual	104	Depar U.S	tment of the Treasury—Internal Revenue Servenue Servenue Servenue Servenue Ta	^{rice} X R	etur	(99) 'N	20	19	OMB No. 1545	-007	4 IRS Use Only-I	Do not wr	ite or staple in this space.
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Cred, there if you, nor your spouse if timp or gover social security number City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Cred, there if you, nor your spouse if timp Cred, there if you will not change your tax or reliand. I wou sease Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and r here > is Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent If more than four dependents, see instructions: (I) First name Last name (2) Social security number (3) Relationship to you (3) Relationship to you (4) 4 / f qualifies for (see instructions): 1 8.273,071,046 2 Tax-exempt interest. 2a 61,575,197 b Tax-bable interest. Attach Form(s) W-2 1 8.273,071,046 3 Qualified dividends 4a 379,260,994 b Tax-bable amount 4b 324,477,673 4 RA distributions 4a 379,260,994 b Tax-bable amount 4b <t< td=""><td>Check only</td><td>lf you</td><td>checked the MFS box, enter the name</td><td></td><td></td><td>• ·</td><td></td><td>_</td><td></td><td>`</td><td>,,</td><td>•</td><td></td></t<>	Check only	lf you	checked the MFS box, enter the name			• ·		_		`	,,	•	
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (bit), wat 35 to po this find.) City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign (print), wat 35 to po this find.) Foreign country name Foreign province/state/country Foreign postal code If more than four dependents, see instructions). Standard Deduction Someone can claim: You as a dependent Your spouse if as a dependent Standard Someone can claim: You as a dependent Your spouse if an a dual-status allen Age/Blindness You: Ware born before January 2, 1955 Are blind Spouse: (1) First name Last name (2) Social security number (3) Relationship to you (4) / / qualifies for (see instructions): (1) First name Last name 1 8.273.071.046 2 3 248 (190,601 43 379.260.994 b Taxable interest. Attach Sch. B if required 2 153.253.476 3 Qualified dividends 5 718.890,477 b Taxable amount 40 324.971.510 4 RAdistributions 4 178.2260.994 b 3.06	Your first name	and mic	Idle initial	Las	st name	9					Y	our soo	cial security number
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Check here if you, or you groups if find. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Check here if you, or you groups if find. Foreign country name Foreign province/state/county Foreign postion of the change your tax or refund. You Standard Someone can claim: You as a dependent Hord the change your tax or refund. You Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Was born before January 2, 1955 Is blind Dependents (see instructions): (2) Social security number (3) Relationship to you (4) ✓ If qualifies for (see instructions): (1) First name Last name Credit or other dependents Is 8.273.071.046 2a Tax-exempt interest. 2a 61.575.197 b Taxable interest. Attach Sch. B if required 3a Qualified dividends 3a 248.190.601 b Taxable amount 4a 78.249.715.10 3a Qualified dividends 5a 718.890.477 b Taxable amount 5b 360.038.763 3a<	lf joint return, s	pouse's	first name and middle initial	Las	st name	9					s	pouse's	s social security number
City, town or post office, state, and ZiP code. If you have a foreign address, also complete spaces below (see instructions). Checking a box bairs will not change your tax or refund. You Spouse Foreign country name Foreign province/state/country Foreign postal code If more than four dependents, see instructions and / here > Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Ware spouse If more than four dependents, see instructions and / here > Deduction Someone can claim: You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind Dependents (see instructions): (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): Child tax credit Credit for other dependents (1) First name Last name Image and a state and	Home address	(number	and street). If you have a P.O. box, see	e insti	ruction	s.					Cł	neck here	if you, or your spouse if filing
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Deduction for - 4a IRA distributions. 4a 379,260,994 b Taxable amount 4b 324,971,510 • Single or Married filing separately, S12,200 c Pensions and annuities 4c 1,290,875,434 d Taxable amount 4d 784.497.673 • Married filing jointly or Qualifying widow(er), S24,400 5a Social security benefits 5a 718,890,477 b Taxable amount 5b 360.038,769 • Married filing jointly or Qualifying widow(er), S24,400 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here b Taxable amount 5b 360.038,769 • Head of household, \$18,350 b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ra 1,031,675,340 • If you checked any box under Standard 9 Standard deduction or itemized deductions (from Schedule A) 9 2,354,080,109 8b 11,966,873.976 • If a Add lines 9 and 10 . . . 10 155,249,163 11a 3.061,683.847 • b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- 11b 9,226.944,218	Standard	3a	Qualified dividends	3a	248,	190	,601	b	Ordinary dividends.	Attac	ch Sch. B if required	3b	331,790,638
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• Head of household, \$18,350 b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income 7b 12,111,799,488 8a Adjustments to income from Schedule 1, line 22 8a 144.925.513 • If you checked any box under Standard Deduction or itemized deductions (from Schedule A) 9 2,354,080,109 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A 10 155.249,163 11a Add lines 9 and 10 11a 3.061.683.847 b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- 11b 9.226.944.218	widow(er),	7a	Other income from Schedule 1, line 9									7a	1,031,675,340
Standard Deduction, see instructions. Subtract line 8 a from line 7b. This is your adjusted gross income 9 2,354,080,109 8b 11.966.873.976 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A 9 2,354,080,109 10 155.249.163 11a Add lines 9 and 10 11a 3.061.683.847 11a 3.061.683.847 b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- 11b 9.226.944.218		b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	7a. T	his is y	our tc	tal income					7b	12,111,799,488
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2019)				m line	e 8b. lf	zero	or less, ente	r -0-					
	For Disclosure,	Privacy	Act, and Paperwork Reduction Act N	lotice	e, see :	separ	ate instruct	ions.		Cat. N	lo. 11320B		Form 1040 (2019)

orm 1040 (2019	9)									Pag
	12a	Tax (see	inst.) Check if any from F	orm(s): 1 📃 881	4 2 4972	3	12a	123,263,31	0	
	b	Add Sche	edule 2, line 3, and line	12a and enter the	total				▶ 12	b 123,689,755
	13a	Child tax	credit or credit for othe	er dependents .			13a	39,718,2	286	
	b	Add Sche	edule 3, line 7, and line	13a and enter the	total				▶ 13	b 58.143.847
	14	Subtract	line 13b from line 12b.	If zero or less, ent	er-0				. 14	106,620,468
	15	Other tax	es, including self-empl	oyment tax, from	Schedule 2, line	10			. 15	30.801.718
	16	Add lines	14 and 15. This is you	r total tax					▶ 16	116.454.739
	17	Federal ir	ncome tax withheld from	m Forms W-2 and	1099				. 17	138.736.488
f you have a	18	Other pay	yments and refundable	credits:						
qualifying child,	а	Earned in	come credit (EIC) .				18a	26,738,39	91	
attach Sch. EIC. f you have	b	Additiona	al child tax credit. Attac	h Schedule 8812			18b	19,867,64	46	
ontaxable combat pay, see	с	American	opportunity credit fror	n Form 8863, line	8		18c	6,940,05	6	
nstructions.	d	Schedule	3, line 14				18d	14,316,00	68	
	е	Add lines	18a through 18d. The	se are your total o	ther payments	and refundable cred	dits .		▶ 18	e 47.896.046
	19	Add lines	17 and 18e. These are	your total paym e	ents				▶ 19	148.250.129
Refund	20	If line 19	is more than line 16, su	btract line 16 fron	n line 19. This is	the amount you over	paid .		. 20	118.897.660
lorana	21a	Amount o	of line 20 you want refu	inded to you. If Fo	orm 8888 is attac	hed, check here .		🕨	21	a 115,836,993
)irect deposit?	►b	Routing r	umber			► c Type:	Checking	g 📃 Savir	ngs	
ee instructions.	►d	Account	number			100,019,045]		
	22	Amount o	of line 20 you want app	lied to your 2020	estimated tax	🕨	22	3,931,4	470	
Amount	23	Amount	you owe. Subtract line	19 from line 16. F	or details on how	v to pay, see instruct	ions .		▶ 23	33,269,899
You Owe	24	Estimated	d tax penalty (see instru	uctions)		🕨	24	11,133,1	65	
hird Party	Do	you want t	o allow another person	(other than your p	paid preparer) to	discuss this return w	vith the IR	S? See instruc	tions.	Yes. Complete belo
Designee	_								L	No
Other than aid preparer)		signee's ne ►			Phone no.			Personal ide number (PIN		
,		-	of perjury, I declare that I	have exemined this		anving ashadulas and a	totomonto		y	adae and balief they are
Sign			nplete. Declaration of prep							suge and belief, they are
lere	Yo	ur signatur	e		Date	Your occupation			If the IRS	sent you an Identity
	κ									PIN, enter it here
oint return?									(see inst.)	
ee instructions. eep a copy for	Sp	pouse's signature. If a joint return, both must sign.			Date	Date Spouse's occupation				sent your spouse an rotection PIN, enter it l
our records.									(see inst.)	
	Ph	one no.			Email address	1				
	_	eparer's na	me	Preparer's signa			Date	PT	IN	Check if:
	Pre	sparor o na					1			
Paid	Pre									3rd Party Desig
Paid Preparer Jse Only	_	m's name	<u> </u>				Phone r	10.		3rd Party Desig

2019 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 1040 (2019	9)										Page 2
	12a	Tax (see i	inst.) Check if any from F	orm(s): 1 📃 8814	4 2 4972	3	12a	1,688,01	14,562		
	b	Add Sche	edule 2, line 3, and line	12a and enter the	total				. ►	12b	1,695,025,831
	13a	Child tax	credit or credit for othe	er dependents .			13a	83,10	09,361		
	b	Add Sche	edule 3, line 7, and line	13a and enter the	total				. ►	13b	134,154,595
	14	Subtract	line 13b from line 12b.	If zero or less, ente	er-0					14	1,560,871,236
	15	Other tax	es, including self-empl	oyment tax, from S	Schedule 2, line [.]	10				15	112,415,834
	16	Add lines	14 and 15. This is you	r total tax					. ►	16	1.674.999.742
	17	Federal ir	ncome tax withheld from	m Forms W-2 and	1099					17	1.267.454.688
• If you have a	18	Other pay	yments and refundable	credits:							
qualifying child,	а	Earned in	ncome credit (EIC) .				18a	64,47	7,508		
attach Sch. EIC. • If you have	b	Additiona	al child tax credit. Attac	h Schedule 8812			18b	35,73	3,023		
nontaxable combat pay, see	с	American	opportunity credit fror	n Form 8863, line 8	3		18c	6,083	8,655		
instructions.	d	Schedule	e 3, line 14				18d	536,4 1	9,562		
	е	Add lines	18a through 18d. The	se are your total o t	ther payments a	and refundable cre	edits .		. 🕨	18e	642.098.503
	19	Add lines	17 and 18e. These are	your total payme	nts	<u></u>	<u></u>		. ►	19	1.912.125.679
Refund	20	If line 19 i	is more than line 16, su	btract line 16 from	line 19. This is t	he amount you ove	erpaid .			20	-433.334.762
	21a	Amount c	of line 20 you want refu	nded to you. If Fo	rm 8888 is attac	hed, check here				21a	335,441,285
Direct deposit? See instructions.	►b	b Routing number									
See instructions.	Puctions. d Account number										
	22	Amount o	of line 20 you want app	lied to your 2020	estimated tax	🕨	22	97,8	93,477		
Amount	23	Amount	you owe. Subtract line	19 from line 16. Fo	or details on hov	v to pay, see instruc	ctions .		. 🕨	23	198,535,581
You Owe	24	Estimated	d tax penalty (see instru	uctions)		🕨	24	2,32	6,757		
Third Party Designee	Do	you want t	to allow another persor	other than your p	aid preparer) to	discuss this return	with the II	RS? See ins	structions.		Yes. Complete below. No
(Other than paid preparer)		signee's			Phone				al identific	ation	
		ne 🕨	af a subara da da stara da st	le su se su				numbe	()		and the life of the second states
Sign			nplete. Declaration of prep							knowledg	e and belief, they are true,
Here	Here Your signature				Date	Your occupation			Prot	the IRS sent you an Identity otection PIN, enter it here ee inst.)	
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupa	tion		Iden		nt your spouse an ection PIN, enter it here
	Ph	Phone no.			Email address				•		
Daid	Pre	eparer's na	me	Preparer's signat	ure		Date		PTIN		Check if:
Paid											3rd Party Designee
Preparer	Fir	m's name	•				Phone	e no.			Self-employed
Use Only	Fin	m's address	s 🕨				•		Firm	's EIN ▶	•
Go to www.irs.gov/Form1040 for instructions and the latest information.											
											()

Electronically Filed Returns = 142,162,470

Е104	Depa	artment of the Treasury-Internal Revenue Ser	/ice	(99)	୭ <u></u> ଜା	10						
		S. Individual Income Ta			ZU		OMB No.		74 IRS Use Only	–Do no	t write	e or staple in this space.
Filing Status	69 <u>,39</u> 0			3,071,990 ried filing sep	arately (MFS)	20,110 Head of hou), 216 Isehold (HOH) 🗌 Qual	64,48 litying w		v(er) (QW)
Check only	lf yo	u checked the MFS box, enter the name	e of s	pouse. If you	u checked th	e HOH	or QW box,	enter th	e child's name if t	the qua	lifyin	g person is
one box.	a ch	ild but not your dependent. 🕨										
Your first name	e and m	iddle initial	La	st name						Your	socia	al security number
If joint return, s	spouse's	s first name and middle initial	La	st name						Spous	se's s	social security number
Home address	(numbe	er and street). If you have a P.O. box, se	e inst	ructions.					Apt. no.	Check h	ere if	al Election Campaign you, or your spouse if filing
City, town or p	ost offic	e, state, and ZIP code. If you have a for	eign a	address, also	o complete s	paces	below (see ir	structio	ns). Y			607 Y = ** 4,255,878
										tax or re	fund.	You Spouse
Foreign countr	y name			Foreign	province/sta	te/cou	nty	Fo	reign postal code			an four dependents, stions and \checkmark here \blacktriangleright
Standard	Som	eone can claim: 🗌 You as a depend	ent	Your	spouse as a	deper	ident					
Deduction		Spouse itemizes on a separate return or			•							
Are/Dindress		23,747,065		_217,806		_		76,576			4,51	
Age/Blindness	You:	Were born before January 2, 195	5	Are blind	Spouse	T			nuary 2, 1955		blind	
Dependents (see ins	,		(2) Social sec	curity number	(;	3) Relationship t	o you	(4) ✓ if Child tax cre			see instructions):
(1) First name		Last name			1							redit for other dependents
									32,104,974		+	
			_						7,376,381	,	_	
			_						1,961,550		_	
			()) •		<u> </u>				1,301,330	_	<u> </u>	118,648,078
	1	Wages, salaries, tips, etc. Attach Form	• •	1		•	 	· ·			1	43,881,805
	2a	Tax-exempt interest	2a	5,718,62 24,422,0					h Sch. B if require		2b	26,225,835
Standard	3a	Qualified dividends	3a	14,729,6					ach Sch. B if requir		3b	13,956,241
Deduction for – Single or Married	4a	IRA distributions	4a				Faxable amou				4b	25.083.301
filing separately, \$12,200	c T-	Pensions and annuities	4c	27,449,6			Faxable amou				1d	19,741,538
 Married filing 	5a	Social security benefits	5a				Faxable amou	int .			5b	19,872,632
jointly or Qualifying widow(er),	6	Capital gain or (loss). Attach Schedule	וזוט	requirea. It n	ot requirea,	спеск і	nere	• •	· · · ► L		6	46,495,208
\$24,400	7a	Other income from Schedule 1, line 9	7ат	· · ·		•		• •			7a 75	141,969,444
 Head of household, 	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and			otal income	·		• •			7b Po	35,368,855
\$18,350	8a	Adjustments to income from Schedule				•		• •			Ba Dh	141.990.810
 If you checked any box under 	b	Subtract line 8a from line 7b. This is ye				•			405.060.70		3b	141,330,010
Standard Deduction,	9	Standard deduction or itemized ded			,		• • •	9	125,063,79			
see instructions.	10	Qualified business income deduction.	Attac	in Form 8998	5 or Form 89	95-A	• • •	10	20.670.900		1	139 617 374
	11a b	Add lines 9 and 10	m lie	· · ·		r 0		• •			1a 15	<u>138.617.274</u> 112.975.925
Fau Dia - I	b	Taxable income. Subtract line 11a fro								. 1	1b	Form 1040 (2019)
For Disclosure,	, Privac	y Act, and Paperwork Reduction Act I	VOLIC	e, see sepa	rate instruc	ions.		Cat.	No. 11320B			Form 1040 (2019)

		Electronica	ally	Filed	Ret	urns =	142	2,162,470				
- 1 0 1					~~`	1	_	I		I		
104		rtment of the Treasury-Internal Revenue Serv 5. Individual Income Tax			99) n	20'	19		- 007			
	0.			etur				OMB No. 154	5-007	4 IRS Use Only-[Do not writ	e or staple in this space.
Filing Status	🗌 s	ingle 🔲 Married filing jointly 🗌	Marri	ied filing	g sep	arately (MFS)	Head of house	nold (H	IOH) 🗌 Qualify	ing widov	w(er) (QW)
Check only	lf you	I checked the MFS box, enter the name	of sp	oouse. I	lf you	checked th	e HOł	H or QW box, ent	er the	child's name if the	qualifyir	ng person is
one box.	a chi	d but not your dependent. 🕨										
Your first name	and mi	ddle initial	Las	t name						Y	our soci	al security number
If joint return, s	pouse's	first name and middle initial	Las	t name						s	pouse's	social security number
Home address	(numbe	r and street). If you have a P.O. box, see	instr	uctions	s.					Apt. no. F	residenti	ial Election Campaign
												f you, or your spouse if filing
City, town or p	ost offic	e, state, and ZIP code. If you have a fore	eign a	ddress	, also	complete s	paces	s below (see instru	uction	a)		\$3 to go to this fund. ox below will not change your
		· · ·	0				•	· ·			c or refund.	You Spouse
Foreign countr	y name			For	eign	province/sta	te/cou	unty	For	eign postal code	f more th:	an four dependents,
Ū į												ctions and ✓ here ►
Standard	Some	eone can claim: You as a depende	ent	-'`	Your	spouse as a	depe	ndent				
Deduction		pouse itemizes on a separate return or v		vere a d	lual-s	tatus alien						
		·								_		
Age/Blindness	You:	Were born before January 2, 1955		Are b		Spouse		Was born befor		uary 2, 1955	Is blinc	1
Dependents (see ins	,		(2) Soci	ial sec	urity number		(3) Relationship to yo	u			see instructions):
(1) First name		Last name								Child tax credit		Credit for other dependents
							_					
	1	Wages, salaries, tips, etc. Attach Form	(s) W∙			1	•		•		1	7,641,104,009
	2a	Tax-exempt interest	2a	54,7			b	Taxable interest.	Attach	n Sch. B if required	2b	132,727,579
Standard	3a	Qualified dividends	3a	218,			b	Ordinary dividends	s. Atta	ch Sch. B if required	3b	292,253,715
Deduction for –	4a	IRA distributions	4a	336,			b	Taxable amount			4b	290,771,092
 Single or Married filing separately, 	с	Pensions and annuities	4c			4,502	d	Taxable amount			4d	690,466,121
\$12,200	5a	Social security benefits	5a	627	,76 ′	1,735	b	Taxable amount	•		5b	318,156,401
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedule	D if re	equired	l. If no	ot required,	check	here		► 🗌	6	772,787,405
widow(er), \$24,400	7a	Other income from Schedule 1, line 9	•		• •		•		·		7a	958,370,909
 Head of 	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	7a. Tł	nis is yo	our to	otal income			·	•	7b	11,100,370,277
household, \$18,350	8a	Adjustments to income from Schedule	1, lin	e 22					·		8a	131,969,962
 If you checked any box under 	b	Subtract line 8a from line 7b. This is yo	our ad	ljusted	gros	s income				🕨	8b	10,968,400,315
Standard 9 Standard deduction or itemized deductions (from Schedule A) 9 2,139,924,42						2,139,924,424						
Deduction, see instructions.	10	Qualified business income deduction.	Attacl	h Form	8995	or Form 89	95-A	1	0	144,577,646		
	11a	Add lines 9 and 10	•						•		11a	2,823,347,807
	b	Taxable income. Subtract line 11a fro	m line	e 8b. lf :	zero	or less, ente	r -0-				11b	8,463,325,563
For Disclosure,	Privacy	Act, and Paperwork Reduction Act N	lotice	e, see s	separ	ate instruc	tions.		Cat. N	No. 11320B		Form 1040 (2019)

Form 1040 (2019	9)								Page 2		
	12a	Tax (see inst.) Check if any from Form(s):	1 8814	2 4972 3	3	12a	112,186,	725			
	b	Add Schedule 2, line 3, and line 12a ar	nd enter the to	tal				. 🕨 12	112,564,630		
	13a	Child tax credit or credit for other depe	endents			13a	37,052	2,176			
	b	Add Schedule 3, line 7, and line 13a ar	nd enter the to	tal				. 🕨 13	54,132,360		
	14	Subtract line 13b from line 12b. If zero	or less, enter	-0				14	96,567,119		
	15	Other taxes, including self-employmen	t tax, from Scl	hedule 2, line 1	0			15	27,858,350		
	16	Add lines 14 and 15. This is your total	tax					. 🕨 16	105,067,420		
	17	Federal income tax withheld from Forn	ns W-2 and 10					17	126,687,244		
• If you have a	18	Other payments and refundable credits	s:								
qualifying child,	а	Earned income credit (EIC)				18a	24,900	,289			
attach Sch. EIC. • If you have	b	Additional child tax credit. Attach Sche	edule 8812 .			18b	18,722	,275			
nontaxable combat pay, see	с	American opportunity credit from Form	n 8863, line 8			18c	6,470,	249			
instructions.	d	Schedule 3, line 14				18d	12,904	,520			
	е	Add lines 18a through 18d. These are	your total othe	er payments a	nd refundable c	redits .		. 🕨 18	44,322,804		
	19	Add lines 17 and 18e. These are your t	total payment	S				. 🕨 19	134,916,179		
Refund	20	If line 19 is more than line 16, subtract	line 16 from lin	ne 19. This is th	ne amount you ov	erpaid .		20	109.501.000		
	21a	Amount of line 20 you want refunded	to you. If Form	n 8888 is attach	ned, check here			► 🗌 🛛 21a	106,726,870		
Direct deposit? See instructions.	►b	Routing number			► c Type:	Checkir	ng 📃 Sa	vings			
	►d	Account number									
	22	Amount of line 20 you want applied to	your 2020 es	timated tax	🕨	22	3,526,4	95			
Amount	23	Amount you owe. Subtract line 19 fro	m line 16. For	details on how	to pay, see instru	uctions .		. 🕨 23	28.433.574		
You Owe	24	Estimated tax penalty (see instructions					9,819,4				
Third Party Designee	Do	you want to allow another person (other	r than your pai	d preparer) to c	liscuss this returr	n with the l	RS? See instru	uctions.	Yes. Complete below.		
(Other than paid preparer)		ignee's		Phone				dentification			
				no. 🕨			number (F	,			
Sign		er penalties of perjury, I declare that I have ex ect, and complete. Declaration of preparer (oth							dge and belief, they are true,		
Here	Yo	ır signature	1	Date	Your occupation	1		If the IRS	sent you an Identity		
Joint return?		0			·			Protection (see inst.)	PIN, enter it here		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both n	nust sign. [Date					the IRS sent your spouse an entity Protection PIN, enter it here ee inst.)		
	Ph	one no.	E	Email address							
Daid			arer's signatur			Date	F	PTIN	Check if:		
Paid									3rd Party Designee		
Preparer Use Only	Fir	n's name 🕨				Phone	e no.		Self-employed		
	Firi	n's address ►						Firm's EIN	•		
	ww.irs.gov/Form1040 for instructions and the latest information.										

2019 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 1040 (2019	9)										Page 2
	12a	Tax (see	inst.) Check if any from F	orm(s): 1 📃 8814	4 2 4972	3	12a	1,549,99	1,335		
	b		edule 2, line 3, and line						. ►	12b	1,556,173,818
	13a	Child tax	credit or credit for othe	er dependents .			13a	78,218	,81 6		
	b	Add Sche	edule 3, line 7, and line	13a and enter the	total				. ►	13b	120,019,835
	14	Subtract	line 13b from line 12b.	If zero or less, ente	er-0					14	1,436,153,983
	15	Other tax	kes, including self-empl	oyment tax, from S	Schedule 2, line [.]	10				15	101,263,634
	16	Add lines	s 14 and 15. This is you	r total tax					. ►	16	1,537,851,646
	17	Federal ir	ncome tax withheld from	m Forms W-2 and	1099					17	1,175,142,601
• If you have a	18	Other pay	yments and refundable	credits:							
qualifying child, attach Sch. EIC.	a	Earned in	ncome credit (EIC) .				18a	61,103	,060		
If you have	b	Additiona	al child tax credit. Attac	h Schedule 8812			18b	33,724	,450		
nontaxable combat pay, see	с	American	n opportunity credit fror	n Form 8863, line 8	3		18c	5,666,	553		
instructions.	d	Schedule	e 3, line 14				18d	487,746	5,815		
	е	Add lines	s 18a through 18d. Thes	se are your total o f	ther payments a	and refundable cre	dits .		. ►	18e	588,072,489
	19	Add lines	s 17 and 18e. These are	e your total payme	nts				. ►	19	1,763,984,644
Refund	20	If line 19	is more than line 16, su	btract line 16 from	line 19. This is t	he amount you ove	rpaid .			20	-401.311.567
	21a	Amount o	of line 20 you want refu	inded to you. If Fo	rm 8888 is attac	hed, check here				21a	313,319,991
Direct deposit? See instructions.	►b	Routing r	number			► c Type:	Checkin	ig 🗌 S	avings		
	►d	Account	number								
	22	Amount o	of line 20 you want app	lied to your 2020	estimated tax	🕨	22	87,991	,575		
Amount	23	Amount	you owe. Subtract line	19 from line 16. Fo	or details on how	v to pay, see instruc	tions .		. 🕨	23	177.243.181
You Owe	24		d tax penalty (see instru	,			24	2,064,	-		
Third Party Designee	Do	you want t	to allow another person	ı (other than your p	aid preparer) to	discuss this return v	vith the IF	RS? See inst	tructions.		Yes. Complete below. No
(Other than paid preparer)		signee's			Phone				l identific	ation	
		ne 🕨 📖			no. 🕨			number	<u> </u>		
Sign			mplete. Declaration of prep							knowleag	e and belief, they are true,
Here	Yo	ur signatur	re		Date	Your occupation			Prote		nt you an Identity IN, enter it here
Joint return? See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupat	ion			ity Prote	nt your spouse an ection PIN, enter it here
	Ph	Phone no.			Email address					,	
	_	eparer's na	ime	Preparer's signat			Date		PTIN		Check if:
Paid									-		3rd Party Designee
Preparer	Fire	m's name	•	1			Phone				Self-employed
Use Only								s EIN 🕨			
Go to www.irs.gov/Form1040 for instructions and the latest information.											
GO to www.lfs.go	JV/FUII	11040 101 1	nstructions and the late	st mornation.							Porm IUTU (2019)

SCHE	EDULE 1 Additional Income and Adjust	monte to Incom	10	0	MB No. 1545-0074
Form	Additional Income and Adjust				2019
Departm	ent of the Treasury Attach to Form 1040 or 1			Δ.	ttachment
iternal	Revenue Service Go to www.irs.gov/Form1040 for instruction	s and the latest informatio	n.	S	equence No. 01
ame(s)	shown on Form 1040 or 1040-SR Total Forms Filed = 67,749,535		Υοι	ur socia	I security number
1		· · · · · · · · · · · · · · · · · · ·			
	v time during 2019, did you receive, sell, send, exchange, or otherw				63,885, □ Yes □ No
	currency?		521,5	10	
ани 1	Taxable refunds, credits, or offsets of state and local income taxes .			1	4,311,147
' 2а	Alimony received			2a	
za b	Date of original divorce or separation agreement (see instructions) ►			2a	344.378
3	Business income or (loss). Attach Schedule C			3	27,256,526
3 4	Other gains or (losses). Attach Form 4797			4	1,994,353
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			5	16,863,660
6	Farm income or (loss). Attach Schedule F			6	1,729,461
7	Unemployment compensation			7	4.363.590
8	Other income. List type and amount ▶			-	+,303,330
0				8	6,462,486
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR	line 7a		9	51,889,727
Part	Adjustments to Income			5	01,000,727
0	Educator expenses			10	3,628,977
11	Certain business expenses of reservists, performing artists, and fee-t				0,020,011
••	Form 2106	•		11	343,227
2	Health savings account deduction. Attach Form 8889			12	2,022,903
3	Moving expenses for members of the Armed Forces. Attach Form 39			13	112,049
4	Deductible part of self-employment tax. Attach Schedule SE			14	20,460,855
5	Self-employed SEP, SIMPLE, and qualified plans			15	951,117
6	Self-employed health insurance deduction			16	3,789,086
7	Penalty on early withdrawal of savings			17	501,306
18a	Alimony paid			18a	491,120
b	Recipient's SSN				
с	Date of original divorce or separation agreement (see instructions)				
19	IRA deduction			19	2,436,686
20	Student loan interest deduction			20	12,719,148
21	Tuition and fees. Attach Form 8917			21	1,285,659
22	Add lines 10 through 21. These are your adjustments to income.	Enter here and on Form	1040 or		
	1040-SR, line 8a			22	39,140,137
or Pa	perwork Reduction Act Notice, see your tax return instructions.	Cat. No. 71479F			040 or 1040-SR) 2019
8 N4	et oper. loss= 1,145,393	22. Dom. Prod. Ded =	55,889		
	ock options= 2,281	22. Archer MSA Ded.=			
	incel. of debt= 518,174	22. Housing ded.=	4,319		
	r. earn. inc. ex= 495,579	22. Other adj.=	189,206		
	ambling inc.= 1,947,628		,		
	xable HSA = 492,627				
8 50	c 965 = 2 973				

8. Sec 965 =

8. 461 Loss Limit = 3,391 8. 8992 Low tx =

2,973

12,136

	EDULE 1 Ad	ditional Income and Adjustments to Income	(DMB No. 1545-0074
Departm	nent of the Treasury	► Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form1040 for instructions and the latest information.	;	20 19 Attachment Sequence No. 01
Name(s) shown on Form 1040 or 1040-SR Total F	orms Filed = 67,749,535	Your soci	al security number
		receive, sell, send, exchange, or otherwise acquire any financial inte		∕ □ Yes □ No
Part	Additional Income			
1	Taxable refunds, credits, or	offsets of state and local income taxes	. 1	5,567,843
2a			. 2a	10.810.673
b	•	eparation agreement (see instructions) ►		
3	Business income or (loss). A	ttach Schedule C	. 3	354,741,301
4		ch Form 4797		19,359,097
5		partnerships, S corporations, trusts, etc. Attach Schedule E		771.975.979
6		h Schedule F		-23,797,084
7	Unemployment compensati	on	. 7	21.395.491
8	Other income. List type and	amount ►		
			8	38,422,215
9		Enter here and on Form 1040 or 1040-SR, line 7a	. 9	1,031,675,340
Part				
10	Educator expenses		. 10	937,722
11		of reservists, performing artists, and fee-basis government officials. At		2,764,429
12	Health savings account dec	uction. Attach Form 8889	. 12	5,728,845
13	Moving expenses for memb	ers of the Armed Forces. Attach Form 3903	. 13	293,751
14	Deductible part of self-emp	oyment tax. Attach Schedule SE	. 14	33,645,174
15	Self-employed SEP, SIMPL	E, and qualified plans	. 15	25,527,840
16	Self-employed health insura	nce deduction	. 16	31,384,974
17	Penalty on early withdrawal	of savings	. 17	243,447
18a	Alimony paid		. 18a	12,374,364
b	Recipient's SSN			
с	Date of original divorce or s	eparation agreement (see instructions) ►		
19	IRA deduction	· · · · · · · · · · · · · · · · · · ·		12,691,089
20	Student loan interest deduc	tion	. 20	14,144,721
21	Tuition and fees. Attach For	m 8917	. 21	3,009,678
22		hese are your adjustments to income. Enter here and on Form 104	0 or . 22	144,925,513
For Pa				1040 or 1040-SR) 2019
	-		•	· · · · · · · · · · · · · · · · · · ·
	et oper. loss= 212,144,84 ock options= 164,283	17 22. Dom. Prod. Ded = 258 22. Archer MSA Ded.= *),101	
	ock options= 164,283 ancel. of debt= 5,460,270		541	
	or. earn. inc. ex= 30,867,452		30,866	
	ambling inc.= 35,756,18	· · · · · · · · · · · · · · · · · · ·		
	ixable HSA = 631,639			
8. Se	ec 965 = 262,314			
8.46	1 Loss Limit = 3,530,839			
8.89	92 Low tx = 2,449,204			

2019 Line Item Estimates—All figures are estimates based on samples.
Number of returns filed for selected lines

SCHEDULE 2 (Form 1040 or 1040-SR) Department of the Treasury Internal Revenue Service		Additional Taxes ► Attach to Form 1040 or 1040-SR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.		DMB No. 1545-0074	
	Name(s) shown on Form 1040 or 1040-SR Total Forms Filed = 31,847,436				
Par	Tax				
1	Alternative mir	nimum tax. Attach Form 6251	. 1	170,478	
2					
3 Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b				3,136,685	
Part	Other T	axes			
4	Self-employme	ent tax. Attach Schedule SE	4	20,460,855	
5	Unreported so	cial security and Medicare tax from Form: 🏻 a 🗌 4137 👘 b 🗌 8919 .5a. 118,20	8 5	5b 41,557	
6		on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Forr		5,203,674	
7a		ployment taxes. Attach Schedule H		177,407	
b	Repayment of	first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	551,698	
8	Taxes from:	a 🗌 Form 8959 🛛 b 🗌 Form 8960			
	8				
9	Section 965 ne				
10	10 Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR,				
	line 15	10	30,801,718		

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 71478U

Schedule 2 (Form 1040 or 1040-SR) 2019

	CHEDULE 2 Additional Taxes					
	partment of the Treasury ► Attach to Form 1040 or 1040-SR. ernal Revenue Service ► Go to www.irs.gov/Form1040 for instructions and the latest information.					
Name(s	ame(s) shown on Form 1040 or 1040-SR Total Forms Filed = 31,847,436					
Part	Tax					
1	Alternative mir	nimum tax. Attach Form 6251	1	2,792,555		
2	Excess advan	ce premium tax credit repayment. Attach Form 8962	2	4,218,714		
3	Add lines 1 an	d 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	6,867,857		
Part	I Other T	axes		· · ·		
4	Self-employm	ent tax. Attach Schedule SE	4	67,278,410		
5	Unreported so	cial security and Medicare tax from Form: a 🗌 4137 b 🗌 8919 .5a14,099	9 5	5b 27,126		
6		on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Forr		6,043,348		
7a	Household em	ployment taxes. Attach Schedule H	7a	1,147,586		
b	Repayment of	first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	280,701		
8	Taxes from:	a 🗌 Form 8959 b 🗌 Form 8960		,		
	c 🗌 Instructio	ons; enter code(s) 8a 10,120,187 8b 28,258,652	8			
9		et tax liability installment from Form 965-A 9 336,826				
10		rough 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SF		112,415,834		

SCH	EDULE 3	Additional Credits and Payments	(OMB No. 1545-0074				
Form	1040 or 1040-SR)			2019				
	ment of the Treasury Revenue Service	► Attach to Form 1040 or 1040-SR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.						
	s) shown on Form 10							
ame(s		Total Forms Filed = 41,659,818	rour soc	ial security number				
Par	t I Nonrefu	ndable Credits			-			
1	Foreign tax cre	dit. Attach Form 1116 if required	1	9,400,344				
2	Credit for child	and dependent care expenses. Attach Form 2441	2	6,375,388	_			
3	Education crea	ducation credits from Form 8863, line 19						
4	Retirement savings contributions credit. Attach Form 8880							
5	Residential en	Residential energy credits. Attach Form 5695						
6	Other credits f	om Form: a 🗌 3800 b 🗌 8801 c 🗌 6a 427,987 6b 244,403	6					
7	Add lines 1 thr	bugh 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	32,829,576				
Part	Other P	nyments and Refundable Credits						
8	2019 estimate	tax payments and amount applied from 2018 return	8	10,012,062	_			
9	Net premium t	x credit. Attach Form 8962	9	2,170,776				
10	Amount paid v	ith request for extension to file (see instructions)	10	1,432,185				
11	Excess social	ecurity and tier 1 RRTA tax withheld	11	1,640,674				
12	Credit for fede	al tax on fuels. Attach Form 4136 Other payments Sec 965	5 12	305,996				
13	Credits from F	orm: a 2439 b Reserved c 8885 d 11,640 205	13	A 4,425 C	15,25			
14	Add lines 8 thr	bugh 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	14,316,068	_			
or Pa	aperwork Reduct	on Act Notice, see your tax return instructions. Cat. No. 71480G Schedule	3 (Form	1040 or 1040-SR) 2019	9			
		6c F8910 16,898						
		6c Sch R 40,998						

6c	F8910	16,898
6c	Sch R	40,998
6c	F8834	*
6c	F8911	26,892
6c	F8936	162,686
6c	F8396	93,937
6c	F8839	63,531
6c	Other Cr	4,638

	EDULE 3		Additi	onal Cr	edits and	Paym	ents		(OMB No. 1545-0074	
•	,					•				2019	
	Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form1040 for instructions and the latest information.			Attachment Sequence No. 03							
Name	s) shown on Form 1040 or 1040									ial security number	_
	Tota	I Forms F	iled = 41,6	59,818							_
Pa	tl Nonrefundable	Credits								_	_
1	Foreign tax credit. Atta	ch Form 1	116 if requ	iired					1	25,454,553	_
2	Credit for child and dep	pendent ca	ire expens	es. Attach F	Form 2441 .				2	3,778,995	
3	Education credits from	Form 886	3, line 19						3	8,572,878	
4	Retirement savings cor	ntributions	credit. Att	ach Form 8	880				4	1,836,811	
5	Residential energy crea	dits. Attach	Form 569	95					5	3,514,580	_
6	Other credits from Forr	m: a 🗌 🕻	3800 I	b 🗌 8801	с 🗌 6а	5,100,79	92 6b 1,559	,074	6		
7	Add lines 1 through 6.	Enter here	and includ	de on Form	1040 or 1040-	SR, line 1	3b		7	50,555,159	_
Par	t II Other Payment	ts and Re	fundable	Credits							_
8	2019 estimated tax pay	yments and	d amount a	applied from	n 2018 return				8	405,055,882	_
9	Net premium tax credit	t. Attach Fo	orm 8962						9	1,971,279	_
10	Amount paid with requ	est for exte	ension to f	ile (see insti	ructions)				10	127,149,592	_
11	Excess social security	and tier 1 I	RTA tax \	withheld .					11	3,802,529	_
12	Credit for federal tax or	n fuels. Att	ach Form	4136		Oth	her payments	Sec 96	5 12	163,730	_
13	Credits from Form: a	2439	b 📃	Reserved	c 🗌 8885	d 🗌	181,656	11,294	13	A 6,929 C	32,898
14	Add lines 8 through 13	. Enter her	e and on F	orm 1040 c	or 1040-SR, lin	e18d .			14	536,419,562	
For P	aperwork Reduction Act N	lotice, see y	our tax ret	urn instruct	ions.	Cat. No. 71	480G	Schedule	3 (Form	1040 or 1040-SR) 201	9
		6c	F8910	40,314							
		6c	Sch R	4,066							
		6c	F8834	*							
		6c	F8911	9,718							
		6c	F8936	642,895							
		6c	F8396	144,391							
		6c	F8839	303,894							
		6c	Other Cı	71,952							

2019 Line Item	Estimates—All figures are estimates based on sample	S.
	Number of returns filed for selected lines	

SCHEDULE A
(Form 1040 or 1040-SR)

Itemized Deductions uleA for instructions and the latest information.

h to Form 1040 or 1040-SR.

OMB No. 1545-0074

Sequence No. 07

20

Attachment

(101111040011040-011)	Go to www.irs.gov/Schedu
(Rev. January 2020)	► Attack
Department of the Treasury	
Internal Devenue Operation (00)	Caution: If you are claiming a net qualifie

Internal Revenue Service (99) **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 or 1040-SR Total schedules filed = 17,555,341			Your	r so	cial security number
Medical and Dental Expenses	1 2 3 4	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) Enter amount from Form 1040 or 1040-SR, line 8b 2 Multiply line 2 by 7.5% (0.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	1 3	4,411,806 4,409,801		4	4,411,806
Taxes You Paid	t c c e 6	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 b State and local real estate taxes (see instructions) . c State and local personal property taxes . c Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . c Other taxes. List type and amount	6	Income Taxe General Sales 16,747,571 15,276,895 7,182,681 16,824,030 16,824,030 951,977	s Ta	x = 7	12,572,613
Interest You Paid Caution: Your mortgage interest deduction may be limited (see instructions).	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	8a	13,702,252	_		11,211,000
	0 6 9	Points not reported to you on Form 1098. See instructions for special rules	8b 8c 8d 8e 9	363,517 988,041 13,655,591 892,918		10	14,182,730
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	12 13	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11 12 13	13,243,560 8,751,741 275,604		14	14,459,211
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (othe disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	8 of	that form. Se	e	15	11,524
Other Itemized Deductions		Other – from list in instructions. List type and amount ► Gambling Loss Deduction = 501,552 Other than gambling deduction Property income, casualty and theft deduction = 15,530	uctio	on = 373,198	<u>B</u>	16	884,303
Total Itemized Deductions		Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 9	stan	 dard deductior	1	17	17,348,989

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR. Cat. No. 17145C Schedule A (Form 1040 or 1040-SR) 2019

SCHEDULE		Itemized Deductions				0	MB No. 1545-0074	
(Rev. January 2020 Department of the Tr	reasu	► Go to www.irs.gov/ScheduleA for instructions and the latest ► Attach to Form 1040 or 1040-SR.				Attachment		
Internal Revenue Service (99)			insti	ructions for line 1	_	S	equence No. 07	
Name(s) shown on	Form	Total schedules filed = 17,555,341			You	r so	cial security number	
Medical		Caution: Do not include expenses reimbursed or paid by others.						
and		Medical and dental expenses (see instructions)	1	107,557,993				
Dental Evenences		Enter amount from Form 1040 or 1040-SR, line 8b 2						
Expenses		Multiply line 2 by 7.5% (0.075)	3		-	4	70.000.405	
Taxes You		State and local taxes.	·			4	79,060,485	
Paid	-						040 445 744	
i ulu	Ċ	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		Income Tax			212,115,741	
		you elect to include general sales taxes instead of income taxes,		General Sale	sia	X =	9,589,295	
		check this box	5a	221,705,036				
		State and local real estate taxes (see instructions)	5b	110,338,593				
		State and local personal property taxes	5c	4,829,277	_			
		Add lines 5a through 5c	5d	333,638,650	_			
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	5.0					
	6	separately)	be	133,714,049	-			
	U		6	2.001.606				
	7	Add lines 5e and 6	L			7	138,949,911	
Interest You Paid Caution: Your mortgage interest deduction may be limited (see		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	8a	180,253,174				
instructions).	ł	 Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	Oh	2 296 407				
		Deinte net reported to you on Form 1009. See instructions for appoint	8b	3,386,497	-			
	C	Points not reported to you on Form 1098. See instructions for special rules	8c	1,061,715				
	c	Mortgage insurance premiums (see instructions)	8d	2,841,620				
		Add lines 8a through 8d	8e	185,020,702				
		Investment interest. Attach Form 4952 if required. See instructions .	9	19,899,016				
		Add lines 8e and 9	·			10	207,442,024	
Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	129,999,522				
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,						
made a gift and got a benefit for it,		see instructions. You must attach Form 8283 if over \$500	12		_			
see instructions.		Carryover from prior year	13					
		Add lines 11 through 13				14	190,114,194	
Casualty and Theft Losses	15	disaster losses). Attach Form 4684 and enter the amount from line 1	8 o	f that form. Se	e			
	40	instructions	•			15	386,744	
Other Itemized Deductions						16	27,652,842	
Total	17	Property income, casualty and theft deduction =871,247Add the amounts in the far right column for lines 4 through 16. Also, etail	enter	r this amount of	-	-	,	
Itemized Deductions		Form 1040 or 1040-SR, line 9	star	 dard deductio	n,	17	645,254,053	
			•					

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR. Cat. No. 17145C Schedule A (Form 1040 or 1040-SR) 2019

γc	

SCHEDULE E (Form 1040 or 104		Interest and Ordinary Dividends		OMB No.		
Department of the Treasury Internal Revenue Service (99)		► Go to www.irs.gov/ScheduleB for instructions and the latest information. ► Attach to Form 1040 or 1040-SR.		20 Attachme Sequence	19 nt No. 08	
Name(s) shown on r		Total schedules filed = 24,509,399	Your	social securi		
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount	
Interest		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 ►				
(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.))					
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			1			
form.	2	Add the amounts on line 1	2	21,976,4	413	
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.	3	10,67		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR,		10,07	•	
	Note:	line 2b .<	4	Amo	ount	
Part II	5	List name of payer ►				
Ordinary Dividends						
(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.))		5			
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm'n						
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 or 1040-SR, line 3b	6	17,384,0)62	
		If line 6 is over \$1,500, you must complete Part III.				
Part III		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide n account; or (c) received a distribution from, or were a grantor of, or a transferor to, a			Yes	No
Foreign Accounts and Trusts	7a	At any time during 2019, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locat country? See instructions				
Caution: If required, failure to file FinCEN Form 114 may		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See FinC and its instructions for filing requirements and exceptions to those requirements.	CEN F	orm 114		
result in substantial	b	If you are required to file FinCEN Form 114, enter the name of the foreign cour financial account is located ►				
penalties. See instructions.	8	During 2019, did you receive a distribution from, or were you the grantor of, or t foreign trust? If "Yes," you may have to file Form 3520. See instructions	ransfe	eror to, a		

SCHEDULE B	; I	Interact and Ordinary Dividende		OMB No.	1545-0074		
(Form 1040 or 104	í l	Interest and Ordinary Dividends Go to www.irs.gov/ScheduleB for instructions and the latest information.		20	19		
Department of the Treasury Internal Revenue Service (99)		► Attach to Form 1040 or 1040-SR.	1	Attachment Sequence N			
Name(s) shown on re	ame(s) shown on return Total schedules filed = 24,509,399		Your	ity number			
Part I	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		Amo	ount		
Interest		interest first. Also, show that buyer's social security number and address \blacktriangleright					
(See instructions and the instructions for Forms 1040 and							
1040-SR, line 2b.)							
Note: If you received a Form 1099-INT, Form 1099-OID, or			1				
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	147,012	151		
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.	3	57,88	9		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4				
	Note:	If line 4 is over \$1,500, you must complete Part III.		Amo	ount		
Part II	5	List name of payer ►					
Ordinary Dividends							
(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)			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 or 1040-SR, line 3b	6	326,113,	336		
		If line 6 is over \$1,500, you must complete Part III.					
		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide n account; or (c) received a distribution from, or were a grantor of, or a transferor to, a			Yes N		
Foreign Accounts and Trusts	7a	At any time during 2019, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locat country? See instructions	 did you have a financial interest in or signature authority over a financial k account, securities account, or brokerage account) located in a foreign 				
Caution: If required, failure to file FinCEN		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See Find and its instructions for filing requirements and exceptions to those requirements .	CEN F	orm 114			
Form 114 may result in substantial	b	If you are required to file FinCEN Form 114, enter the name of the foreign coun financial account is located ►	ntry w	here the			
penalties. See instructions.	8	During 2019, did you receive a distribution from, or were you the grantor of, or t foreign trust? If "Yes." you may have to file Form 3520. See instructions	ransfe	eror to, a			

Cat. No. 17146N

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

Schedule B (Form 1040 or 1040-SR) 2019

2019 Line Item Estimates—All figures	s are estimates based on samples
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Number of returns filed for selected lines

SCHEDULE C
SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-00)74
2019)

No

🗌 No 🗌 No

	nent of the Treasury		•		uctions and the latest information ; partnerships generally must file		65. Sequence No. 09
Name	of proprietor Total schedules filed	= 31.5	516,038			Social s	security number (SSN)
A	Principal business or profession	· · ·	•	o instri	uctions)	B Enter	r code from instructions
~		511, 11101				D Enter	
С	Business name. If no separate	e busin	ess name, leave blank.			D Empl	oyer ID number (EIN) (see instr.)
•							
E	Business address (including s	uite or	room no.) 🕨				
	City, town or post office, state						
F	Accounting method: (1)	Casl	n (2) 🗌 Accrual (;	3) 🗌 🤇	Other (specify) ►		
G	Did you "materially participate	e" in the	e operation of this business	during	2019? If "No," see instructions for	limit on lo	osses . 🗌 Yes 🗌 No
н							
I					n(s) 1099? (see instructions)		
J	If "Yes," did you or will you file	e requi	red Forms 1099?				🗌 Yes 🗌 No
Par							
1					this income was reported to you o		00 007 057
•	,	• •			1		26.267.257 582.667
2							
3 4							26.274.601 4,083,609
4 5	e (,					26,319,184
6					refund (see instructions)		1,133,512
7			•				26,623,688
	Expenses. Enter expe						
8	Advertising	8	6,986,268	18	Office expense (see instructions)	18	8,572,787
9	Car and truck expenses (see			19	Pension and profit-sharing plans	. 19	98,728
	instructions).	9	15,252,745	20	Rent or lease (see instructions):		
10	Commissions and fees .	10	1,511,136	a	Vehicles, machinery, and equipmen	t 20a	2,124,918
11	Contract labor (see instructions)	11	2,543,277	b	Other business property		3,533,936
12	Depletion	12	76,246	21	Repairs and maintenance	. 21	5,134,928
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III)		12,759,472
	included in Part III) (see		E 240 740	23	Taxes and licenses	. 23	6,446,435
	instructions).	13	5,310,746	24	Travel and meals:	0.1	E 62E 474
14	Employee benefit programs	44	218.786	a		. 24 a	5,635,471
15	(other than on line 19) Insurance (other than health)	14 15	6,635,747	b	Deductible meals (see instructions)	. 24b	7.592.967
16	Interest (see instructions):	15		25	,		14.832.262
a	Mortgage (paid to banks, etc.)	16a	476,623	26	Wages (less employment credits)		1,035,349
b	Other	16b	1,504,638	27a	Other expenses (from line 48).		14,096,544
17	Legal and professional services	17	9,318,969	b	Reserved for future use		
28	Total expenses before exper	ises fo	r business use of home. Ad	d lines a	8 through 27a	28	23,791,009
29	Tentative profit or (loss). Subt	ract lin	e 28 from line 7			. 29	27,584,359
30	Expenses for business use of	of your	home. Do not report thes	e expe	nses elsewhere. Attach Form 882	9	
	unless using the simplified me						
	Simplified method filers only					_	
	and (b) the part of your home			63,829			2 000 294
04	Method Worksheet in the inst			iter on I	line 30	. 30	3.900.381
31	Net profit or (loss). Subtract						
	 If a profit, enter on both S 12) and on Schodule SE line 		•	••	· · ·	31	27,256,526
	13) and on Schedule SE, line trusts, enter on Form 1041, line	•	you checked the box on lif	ie i, se		51	
	 If a loss, you must go to lir 				J		
32	If you have a loss, check the k		t describes vour investmen	t in this	activity (see instructions).	otal Box	es Checked = 7,072,4
	 If you checked 32a, enter 						
	Form 1040-NR, line 13) and	on Sch	nondeductible loss (+	V <mark>sus</mark> p	he box on line 1, see the line	32a	All investment is at risk.
	31 instructions) Estates and tr				223,587	32b	Some investment is not

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.

at risk.

7,072,436

2019	Line Item	Est	tima	ates	—/	A II	figures	are	estimate	s b	as	ed	on	samples
	_		-	-						-	-	-		

Amounts of selected lines filed (in thousands of dollars)

	CHEDULE C prm 1040 or 1040-SR) Profit or Loss From Business (Sole Proprietorship)					OMB No. 1545-00					
	epartment of the Treasury ternal Revenue Service (99) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form					Attachment					
Name of proprietor Total schedules filed = 31,516,038								Social security number (SSN)			
Α	Principal business or profession, including product or service (see instructions)								code from instructions ▶		
С	Business name. If no separate business name, leave blank.								oyer ID number (EIN) (see instr.)		
E	Business address (including suite or room no.)										
	City, town or post office, state, and ZIP code										
F	Accounting method: (1) □ Cash (2) □ Accrual (3) □ Other (specify) ►										
G											
н											
I						(s) 1099? (see instructions) .					
J Pari		or will you file	e requir	ed Forms 1099?	• •		• •		OYes ONO		
					- I : f	this income was reported to ye					
1								1	1.627.095.539		
2						· · · · · · · · · · · ·		2	10,070,959		
3	Subtract line 2 fr							3	1.617.024.581		
4								4	440,725,045		
5	0		,					5	1,176,299,536		
6	-							6	24,151,395		
7		er income, including federal and state gasoline or fuel tax credit or refund (see instructions)						7	1,200,450,931		
Part				for business use of you							
8	Advertising		8	18,529,746	18	Office expense (see instruction	ons)	18	16,276,581		
9	Car and truck ex	penses (see			19	Pension and profit-sharing pla	ns.	19	1,297,926		
	instructions).		9	116,327,686	20	Rent or lease (see instruction	s):				
10	Commissions an	d fees .	10	20,563,748	a	Vehicles, machinery, and equip	ment	20a	12,345,312		
11	Contract labor (see	instructions)	11	77,451,696	b	Other business property .		20b	44,212,553		
12	Depletion		12	571,942	21	Repairs and maintenance .		21	22,555,123		
13	Depreciation and expense dedu				22	Supplies (not included in Part	III) .	22	50,900,940		
	included in Pa	``			23	Taxes and licenses		23	21,462,693		
	instructions).		13	51,967,346	24	Travel and meals:					
14	Employee benef	it programs			а	Travel		24a	20,378,530		
	(other than on lin		14	3,185,387	b	Deductible meals (see			10 100 100		
15	Insurance (other 1	,	15	23,443,564	_	instructions)	· ·	24b	12.100.158		
16	Interest (see inst	,		4 000 075	25	Utilities	• •	25	36,565,680		
a	Mortgage (paid to		16a	4,028,975	26	Wages (less employment cre	,	26	101,417,379		
b 17	Other		16b	7,735,516 16,001,754	27a	Other expenses (from line 48)		27a	153,366,007		
17	Legal and profession		17	business use of home. Ad		Reserved for future use .		27b	832,966,412		
28 29	•			28 from line 7				28 29	367,484,519		
30	•	. ,			 	nses elsewhere. Attach Form	 8820	23	307,404,313		
	unless using the	simplified me	thod (s				0020				
	and (b) the part of	of your home	used fo	r business: 41	0,266	. Use the Simplif	ied				
	Method Workshe	eet in the instr	uctions	to figure the amount to er	ter on l	ine 30		30	11,264,926		
31	Net profit or (lo	ss). Subtract	line 30	from line 29.							
		ofit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and						31	354,741,301		
	trusts, enter on F						1				
	• If a loss, you n	0					J				
32	2			describes your investmen		,)				
	 If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line nondecluctible loss (+)/suspended loss carryover (-). 11 instructions). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 										

34

Schedu	le C (Form 1040 or 1040-SR) 2019			Page 2
Part				
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	γ?	. 🏾 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	1,121,210)
36	Purchases less cost of items withdrawn for personal use	36	2,191,429)
37	Cost of labor. Do not include any amounts paid to yourself	37	502,360	
38	Materials and supplies	38	1,819,242	2
39	Other costs	39	884,981	
40	Add lines 35 through 39	40		
41		41	1,118,865	<u>; </u>
42 Part	 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4. Information on Your Vehicle. Complete this part only if you are claiming car or and are not required to file Form 4562 for this business. See the instructions for I file Form 4562. 			
43 44	When did you place your vehicle in service for business purposes? (month, day, year) / Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle during 2019.			
а	Business b Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
ь Part	If "Yes," is the evidence written?		🗌 Yes	No No
48	Total other expenses. Enter here and on line 27a	48		

Schedu	le C (Form 1040 or 1040-SR) 2019			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (at	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	-	Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	46,137,06	7
36	Purchases less cost of items withdrawn for personal use	36	252,006,78	37
37	Cost of labor. Do not include any amounts paid to yourself	37	44,178,01	8
38	Materials and supplies	38	69,300,07	6
39	Other costs	39	76,037,79	0
40	Add lines 35 through 39	40		
41	Inventory at end of year	41	46,934,69	3
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car of and are not required to file Form 4562 for this business. See the instructions for file Form 4562.			
43	When did you place your vehicle in service for business purposes? (month, day, year)	/		
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your	vehicle	for:	
а	Business b Commuting (see instructions) c (Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		Yes	🗌 No
b	If "Yes," is the evidence written?		🗌 Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or li	ne 30	•	
		-		
48	Total other expenses. Enter here and on line 27a	48		

Schedule C (Form 1040 or 1040-SR) 2019
2019 Line Item Estimates—All figures are estimates based on samples.
Number of returns filed for selected lines

	HEDULE D Capital	Gains and Log	sses			DMB No. 1545-0074
Depar Intern		20 19 Attachment Sequence No. 12				
Name	e(s) shown on return Total schedules filed = 22,624,729 Tot	al Sales Reported w	ith Form 1099 = ⁻		cial se	ecurity number
	you dispose of any investment(s) in a qualified opportu 'es," attach Form 8949 and see its instructions for addit		•			
Pa	rt I Short-Term Capital Gains and Losses –	Generally Assets	Held One Year	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on t s below. form may be easier to complete if you round off cents le dollars.	(d) Proceeds	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(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 Fo 1099-B for which basis was reported to the IRS and which you have no adjustments (see instruction However, if you choose to report all these transactio on Form 8949, leave this line blank and go to line 1b			3,294,974		
1b	Totals for all transactions reported on Form(s) 8949 w Box A checked	ith . 8,695,977	8,663,679	2,240,047		8,321,023
2	Totals for all transactions reported on Form(s) 8949 w Box B checked	ith . 2,283,389	1,975,177	235,204		1,870,074
3	Totals for all transactions reported on Form(s) 8949 w Box C checked	. 728,955	745,310	77,329		677,794
4	Short-term gain from Form 6252 and short-term gain	or (loss) from Forms 4	4684, 6781, and 8	824	4	438,847
5	Net short-term gain or (loss) from partnership Schedule(s) K-1	s, S corporations,	estates, and t	rusts from	5	1,020,624
6	Short-term capital loss carryover. Enter the amount, i Worksheet in the instructions	f any, from line 8 of y	your Capital Loss	Carryover	6	(2,188,923)
7	Net short-term capital gain or (loss). Combine line term capital gains or losses, go to Part II below. Other			e any long-	7	13,514,860
Ра	rt II Long-Term Capital Gains and Losses –	Generally Assets I	Held More Thar	n One Year	(see	instructions)
lines This	instructions for how to figure the amounts to enter on t s below. form may be easier to complete if you round off cents le dollars.	(d) Proceeds	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from 'art II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)

who	e dollars.			line 2, colum	n (g)	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.	3,484,976	3,456,840			3,390,146
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	8,806,482	8,784,388	1,950,87	'9	8,508,046
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	5,805,860	5,416,992	318,547	7	5,428,326
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.	2,205,036	2,060,715	954,857	7	1,551,504
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	2,251,174
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	1,864,867
13	Capital gain distributions. See the instructions				13	9,854,691
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	(3,818,930)			
15	Net long-term capital gain or (loss). Combine lines 8a the back				15	19.123.656

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

Schedule D (Form 1040 or 1040-SR) 2019

601						1				
	HEDULE D n 1040 or 1040-SR)	Capital Ga	ains and Los	sses			OMB No. 1545-0074			
•		Attach to Form	1040, 1040-SR, or 1	1040-NR.			2019			
	tment of the Treasury al Revenue Service (99)	 Go to www.irs.gov/ScheduleD Use Form 8949 to list your tra 					Attachment Sequence No. 12			
	e(s) shown on return				Your soc		curity number			
	Total schedules filed = 22,624,729 Total Sales Reported with Form 1099 = 7,182,714,050									
		y investment(s) in a qualified opportunity 8949 and see its instructions for additiona	•	•						
Pa	rt I Short-T	erm Capital Gains and Losses—Ge	nerally Assets I	Held One Year o	or Less (see	e ins	tructions)			
		ow to figure the amounts to enter on the	(d)	(e)	(g) Adjustments		(h) Gain or (loss) Subtract column (e)			
This	below. form may be eas le dollars.	ier to complete if you round off cents to	Proceeds (sales price)	Cost (or other basis)	to gain or loss f Form(s) 8949, P line 2, column	rom art I,	from column (d) and combine the result with column (g)			
		ort-term transactions reported on Form				(9)	with column (g)			
Ia	1099-B for whic	h basis was reported to the IRS and for								
		re no adjustments (see instructions). choose to report all these transactions								
		eave this line blank and go to line 1b	388,887,325	390,894,855			-2,007,529			
	Box A checked	nsactions reported on Form(s) 8949 with	3,155,799,478	3,248,547,662	93,901,878		1,153,694			
	Box B checked	nsactions reported on Form(s) 8949 with	1,218,863,056	1,223,292,009	5,164,158		735,205			
3	Totals for all tran Box C checked	nsactions reported on Form(s) 8949 with	162,381,067	170,315,195	2,983,193		-4,950,935			
4	Short-term gain	from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	24	4	1,196,080			
5	Net short-term Schedule(s) K-1	gain or (loss) from partnerships, S	S corporations,	estates, and tr	usts from	5	14,166,652			
6	Worksheet in th					6	<u>(177,543,031)</u>			
7		capital gain or (loss). Combine lines 1a ns or losses, go to Part II below. Otherwise				7	-167,249,861			
Pa		erm Capital Gains and Losses—Ger								
See	instructions for h	ow to figure the amounts to enter on the			(g)		(h) Gain or (loss)			
lines	below.	-	(d) Proceeds	(e) Cost	Adjustments to gain or loss f		Subtract column (e) from column (d) and			
	form may be eas le dollars.	ier to complete if you round off cents to	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column		combine the result with column (g)			
8a		ng-term transactions reported on Form								
		h basis was reported to the IRS and for ve no adjustments (see instructions).								
	However, if you	choose to report all these transactions eave this line blank and go to line 8b	295,697,362	269,725,711			25,971,651			
8b		nsactions reported on Form(s) 8949 with	897,747,847	834,281,891	10,064,93	6	73,530,892			
9	Totals for all tran	nsactions reported on Form(s) 8949 with	415,117,878	305,519,083	-6,917,23		102,681,559			
10	Box E checked Totals for all trar	sactions reported on Form(s) 8949 with								
			648,198,175	471,083,088	-103,422,19	9	73,692,887			
	from Forms 468	4797, Part I; long-term gain from Forms 4, 6781, and 8824				11	264,707,481			
12 13		ain or (loss) from partnerships, S corporat ributions. See the instructions				12 13	221,723,579 58,870,960			
14		al loss carryover. Enter the amount, if any			-	10	30,070,300			
	Worksheet in th	e instructions				14	(277,004,335)			
15		capital gain or (loss). Combine lines 8a t				15	544.189.603			
For F		ion Act Notice, see your tax return instruction		No. 11338H		orm	1040 or 1040-SR) 2019			

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Part III

2019 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Schedule D (Form 1040 or 1040-SR) 2019

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	21,705,174
	• If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, 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 Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains? Yes. Go to line 18.		
	□ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	65,005
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see		
	instructions), enter the amount, if any, from line 18 of that worksheet	19	1,639,906
20	 Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:		
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).		
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040 or 1040-SR) 2019

	Amounts of selected lines filed (in thousands of donais)		
Schedu	ıle D (Form 1040 or 1040-SR) 2019		Page 2
Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	376,939,639
	• If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, 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 Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	4,380,985
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	35,569,340
20	 Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040 or 1040-SR) 2019

SCHEDULE E Supplemental Income and Loss (Form 1040 or 1040-SR) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.									OMB	No. 1545-0074	ł		
(Form I	Department of the Treasury									Cs, etc.)	'l 20 19		
											Attac	hment	
	evenue Service (99) shown on return			.irs.gov/Schedulez id	ormst	ruction	is and th	le latest	mormation.	Your soci		ty number	
	Shown on return	Total	schedules file	d = 19,554,982								ty number	
Part				Real Estate and Ro	-		-			• •			
A Did	l you make any	payme	nts in 2019 that	would require you to	o file F	orm(s)	1099? (see inst	ructions) .			Yes 🗌 No	
B If "			ou file required F									Yes 🗌 No	
<u>1a</u>				treet, city, state, ZIF									
			with Rental Pr		,587				of Rental Pro			65,483	
<u>В</u> С	Number	of Retu	irns with Royal	ties = 1,916	5,186		Tota	al Num	ber of Royalt	ies =	2,8	22,580	
	Type of Prop	oortu	2 For each r	antal real actate prov	o o vetu v li	iatad		Fair	Rental F	Personal	موا ا		
10	(from list be			ental real estate prop port the number of fa use days. Check the	ir rent	al and		-	Days	Days		QJV	
Α		1011)	personal u	se days. Check the meet the requirement	QJV b	OX filo ac	Α						
B	+		a qualified	joint venture. See in	struct	ions.	B						
С							C					\square	
Туре с	of Property:		Į										
1 Sing	le Family Resid	lence	3 Vacation/	Short-Term Rental	5 La	nd		7 Self-	Rental				
2 Mult	i-Family Reside	ence	4 Commerc		6 Ro	yalties	i	8 Othe	er (describe)				
Incom	e:			Properties:		REI	A TV	R	OYALTY B			С	
3					3	9,36	2,622						
4		ved .			4				1,853,677				
Expen													
5					5								
6		•	,		6								
7	-				7								
8					8								
9					9								
10 11					10 11								
12	-			(see instructions)	12	1 93	5,456						
13		•			13	4,55	0,400				562,	528	
14					14							020	
15	•				15								
16	••				16	8,39	5,718						
17					17								
18					18	7,68	2.985		759,299				
19	Other (list) 🕨				19								
20	Total expenses	s. Add I		19	20	9,49	99,341		1,216,292				
21				d/or 4 (royalties). If									
	•			nd out if you must									
					21	9,69	90,848		1.848.668				
22				er limitation, if any,		4 54	5,386		nondeductib				
02-			,		22	\ \			suspended lo 9,362,622	oss carr	yover :	972,473)
23a			•	3 for all rental prope			• •	23a					
b c			-	4 for all royalty prop 12 for all properties				23b 23c					
d			-	18 for all properties				230 23d					
e			-	20 for all properties				23e					
24			•	n on line 21. Do no					10,400,020	. 24	7.09	5,104	
25		•		and rental real estate		-						3,373)
26				income or (loss).									
				on page 2 do not									
), line 5, or Form 1									
	amount in the	total or	n line 41 on page	e2						. 26	9,88	0,261	

SCHEDULE E (Form 1040 or 1040-SR) Department of the Treasury From rental real estate, royalties, partners ► Attach to Form 1040						nips, S	corpo	rations,	estates		Cs, etc.)		⁸ No. 1545-0074
	ent of the Treasury levenue Service (99)		►		gov/ScheduleE fo							Atta	chment Jence No. 13
	shown on return	Total		edules filed =	-	Your social security n							
Part					Estate and Roy an individual, rep	-		-			• •		
					Id require you to ns 1099?		• • •			,			
1a					t, city, state, ZIF								
Α							,						
В													
C													
1b	Type of Prop		2	For each renta	l real estate prop	perty I	isted		_		Person		QJV
	(from list bel	low)	+	personal use c	the number of fa	QJV b	OX		L	Days	Day	/S	
				only if you mee	et the requirement It venture. See in	nts to struct	file as	A					
<u>В</u> С	+			a quamoa join		011001	10110.	B C					
	of Property:							C					
•••	le Family Resid	anca	3	Vacation/Sho	rt-Term Rental	5 1 2	nd		7 Self-	Rontal			
-	i-Family Reside			Commercial	rt-renn nentai		valties			er (describe)			
Incom				Commercial	Properties:			A TA		OYALTY B			С
3	Rents received					3	365.1	37,426					
4	Royalties receiv					4				36,243,503	3		
Expen													
5	Advertising .					5							
6	Auto and travel	l (see ir	nstruc	ctions)		6							
7	Cleaning and m	nainten	nance			7							
8	Commissions.					8							
9	Insurance					9							
10	Legal and othe	•				10						_	
11	Management fe					11	50.00					_	<u> </u>
12	Mortgage intere			, ,	,	12	56,86	6,799				7 4 24	2 640
13 14	Other interest.					13 14						7,12,	3,612
14	Repairs Supplies	• •	• •			14							
16	Taxes	• •	• •			16	54.74	40,277					
17	Utilities					17							
18	Depreciation ex					18	92,54	48,188		4,060,558	3		
19	Other (list) ►					19							
20	Total expenses					20	342,8	326,739		10,684,95	9		
21	Subtract line 20			()									
	result is a (loss												
	file Form 6198					21	22,3	16,308		25,558,54			
22	Deductible rent						(52 7	47,123					24,029,494
02-	on Form 8582	-			all rental prope	22	N .			suspended 365,137,426		ryover	= <u>12,932,565</u>)
23a b					all royalty prope			• •	23a	36,243,503		-	
c					or all properties				23c	56,866,799		-	
d					or all properties				23d				
e					or all properties					353,506,07			
24					n line 21. Do no							125,6	28,659
25					rental real estate					al losses here	e. 25	-	56,878)
26	Total rental re	al esta	ate a	nd royalty inc	ome or (loss).	Comb	ine line	es 24 ar	nd 25. E	Enter the res	ult		
	here. If Parts	II, III,	IV, ar	nd line 40 on	page 2 do not	apply	to yo	u, also	enter t	his amount	on		
					ne 5, or Form 1								
											. 26	58,97	71,781
For Pa	perwork Reduction	on Act	Notic	e, see the separ	rate instructions.			Cat. No. 1	1344L	Scl	nedule E (Form 1040) or 1040-SR) 2019

Schedule	E (Form 10	040 or 1040-SR) 20	19					Attachment Sequence	No. 13		Page 2
Name(s)	shown on r	eturn. Do not enter	name and social secu	irity number i	shown on	other side.				cial securit	y number
Coutio	n. Tha li	26 aamaaraa a	mounto roportod		v roturo	with amoun	to ohou	/n on Schedule(s) K	4		
Part								If you report a loss,		a distribut	ion, dispose of
				-		-		x in column (e) on line			
	con	nputation. If you	report a loss from a	an at-risk ac	tivity for v	vhich any am	nount is i	not at risk, you must (check th	ne box in c	olumn (f) on
	line	28 and attach Fo	orm 6198 (see inst	ructions).							
27	Are yo	u reporting any	loss not allowed	l in a prior	year due	to the at-ris	sk or ba	asis limitations, a pr	ior yea	r unallow	ed loss from a
	•	• •						ed partnership expe	enses?		
	see instructions before completing this section										
28	(a) Name(b) Enter P for partnership; S(c) Check if foreign(d) Employer identification for S corporation(a) Nameforeignidentification number						basis co	heck if mputation	(f) Check if any amount is		
Α					is re	quired	not at risk				
B	Number of PARTNERSHIPS 6,607,188 34.361							10,353,649			
C		Number	r of S-CORPS	53	92,906						305,714
D		Number			52,500						
_		Passive Inco	me and Loss				No	onpassive Income	and Lo	DSS	
	(0)	ssive loss allowed	()	sive income		lonpassive loss		(j) Section 179 exp			passive income
- 1	•	orm 8582 if required	.,	hedule K-1		see Schedule	· ·	deduction from Form			chedule K-1
A		NERSHIPS	PARTNE		PA	RTNERSHI 1,800,285	PS	PARTNERSHIPS	•		NERSHIPS
B C		136,222 CORPS	1,726,90 S-CORF			S-CORPS		222,273 S-CORPS			06,269 ORPS
D		62,467	516.76	-		1,442,213		556,984			<u>0825</u> 29,397
	Totals		2,131,5			1,112,210		550,504			58,082
	Totals	1.246.524				3,079,940		764,497		-,	
30	Add colu	imns (h) and (k)	of line 29a.						30	6,75	55,989
31	Add colu	ımns (g), (i), and	d (j) of line 29b.						31		53,778)
			S corporation in			ombine lines	s 30 and	d 31	32	8,93	9,959
Part I	l Inc	come or Loss	From Estates	and True	sts						
33				(a) Nam	e					(b) Em identification	
Α											
B											
		Pass	ive Income and	Loss				Nonpassive In	ncome	and Los	s
		sive deduction or l			Passive inco			Deduction or loss		(f) Other in	
	(at	tach Form 8582 if r	equired)	from	Schedule	K-1	fro	om Schedule K-1		Schedu	ule K-1
A											
B	T - 4 - 1 -					_				440.74	
	Totals Totals	27.25	4	28	86,095	_		40.554		416,74	9
		37,254 Imns (d) and (f)						40,554	35	644	,649
		imns (c) and (e)							36		903)
		., .,	income or (loss	. Combine	lines 35	and 36 .			37		,957
Part I	V Inc	ome or Loss	From Real Es	tate Mor	tgage l	nvestment	Cond	uits (REMICs)-I	Residu		
38	(a)	Name	(b) Employer ident	ification	(c) Exces	s inclusion fron ules Q, line 2c	(u)	Taxable income (net loss	5)	(e) Incor	me from
	(4)		number			instructions)	fro	om Schedules Q, line 1b		Schédules	Q, line 3b
	O a sea la las			41		605		10,091	00		
39 Part		e columns (d) al mmary	nd (e) only. Enter	the result	nere and	i include in t	ne tota	l on line 41 below	39	12,1	/45
			or (loss) from Fo	rm 4835 4		nolete line 4	2 below		40	442,	386
			. ,			•		5, or Form 1040-NR, line 18 ►	41	16,86	
			ing and fishing			` Г		,			
			ne reported on Fo		•	-					
	(Form 10	65), box 14, cod	le B; Schedule K-	I (Form 112	0-S), box	17, code					
	AC; and \$	Schedule K-1 (Fe	orm 1041), box 14	, code F (se	e instruc	tions) .	42	656,678			
			te professionals. If y								
			net income or (loss)								
			n 1040-NR from all r ider the passive activ		ate activitie	es in which	43	466 685			

Schedul	e E (Form 1	1040 or 1040-SR) 20	19					Attachment Sequence	No. 13		Page 2
Name(s)	shown on	return. Do not enter	name and social sec	urity numbe	er if shown c	on other side.			Your so	cial securi	ty number
Coutio	n. The		mounto roporto		tox rotur	o with omou	nto obou	n on Schedule(s) ł	(1		
Part								: If you report a loss		a distribu	tion, dispose of
					•	•		x in column (e) on lin			•
			report a loss from orm 6198 (see inst		activity for	which any a	mount is r	not at risk, you must	check th	ne box in d	column (f) on
27					or vear di	e to the at-r	isk or ba	asis limitations, a p	rior vea	r unallow	ed loss from a
	passiv	ve activity (if that	t loss was not re	eported o	on Form 8	582), or unr	eimburse	ed partnership exp	enses?		
	see in	structions befor	e completing thi) Enter P fo						es No (f) Check if
28		(a) Nan	ie	pa	artnership; S S corporation	foreign		(d) Employer identification number	basis co	Check if omputation equired	any amount is not at risk
Α					o corporati			number			
В											
C D											
		Passive Inco	me and Loss		Ι		No	onpassive Income	and Lo	 DSS	
		assive loss allowed Form 8582 if required	()	sive income hedule K-1		Nonpassive los (see Schedule		(j) Section 179 exp deduction from Forr			passive income Schedule K-1
Α	PAR	INERSHIPS	PARTN	RSHIPS	6 P	ARTNERSH	-	PARTNERSHIP	S	PART	NERSHIPS
B),139,013	73,315,6			145,146,00		5,253,150			466,984
C D	-	-CORPS ,992,866	S-COR	-		S-CORPS 81.459.320		S-CORPS 21,667,704			ORPS 290,506
29a	Totals		111.054.				-				757,490
b	Totals	45.131.879				226,605,325	5	26,920,854			
30 21		umns (h) and (k			· · ·				30		812,399
31 32		umns (g), (i), and artnership and	S corporation i		 or (loss). (es 30 anc	131	31 32		<u>658,058)</u> 154,341
Part	-		From Estates		. /						
33				(a) Na	ame					(b) En identificati	nployer on number
A B											
D		Pass	ive Income and	Loss			1	Nonpassive I	ncome	and Los	S
	• • •	assive deduction or I		•	(d) Passive income			(e) Deduction or loss		(f) Other income from Schedule K-1	
	(a	ttach Form 8582 if r	equired)	fro	from Schedule K-1			from Schedule K-1			ule K-1
A B											
	Totals			1	4,821,511	1				24,178,	499
b	Totals	1,561,8					6	,086,485			
35 36		umns (d) and (f) umns (c) and (e							35 36		00.010 8,285)
37		.,	income or (loss	 .) . Combi	ine lines 3	 35 and 36 .			37		51,725
Part	V In	come or Loss	From Real E	state Mo	<u> </u>			uits (REMICs)—	Resid		
38	(a) Name	(b) Employer iden number	tification	Sche	ess inclusion fro dules Q, line 20 e instructions)	(u)	Taxable income (net los om Schedules Q, line 11			me from s Q, line 3b
	O a walk in	<u> </u>				54	41	1,329			
39 Part		ie columns (d) a ummary	nd (e) only. Ente	r the resu	lit nere ar	ia include in	the total	l on line 41 below	39	3,1	/99
40			or (loss) from Fo	rm 4835	. Also, co	mplete line	42 below		40	4,49	4,334
41		. ,				,	1040-SR), line	5, or Form 1040-NR, line 18►	41	771,9	75,979
42			iing and fishing ne reported on Fo								
	0	0	le B; Schedule K-	,							
			orm 1041), box 14				42 1	48,688,143			
43			te professionals. If								
			net income or (loss n 1040-NR from all	•	•						
			nder the passive acti				43 4	40,589,086			
										-	

Schedule E (Form 1040 or 1040-SR) 2019

		Estimates—A Number of ret	-			JIES.	
SCHEDULE EIC		Earne	d Income	e Credit	1040	L	OMB No. 1545-0074
(Form 1040 or 1040-SR)		Qualify		2019			
	Complete and attac	ch to Form 1040 o	r 1040-SR only	r if you have a	1040-SR		
Department of the Treasury Internal Revenue Service (99)	qualifying child. ► Go to www.irs.gov/	ScheduleEIC for t	ne latest inform	ation.	EIC		Attachment Sequence No. 43
Name(s) shown on return To	tal schedules filed =	19,170,892				Your se	ocial security number
Before you b	יחוחם	nstructions for For a qualifying child		0-SR, line 18a, to	make sure that (a	a) you can t	ake the EIC, and (b)
							's social security card. or SSN on the child's
		curity card is not cor					
• If you take		curity card is not cor l who didn't live w are not eligible, you	rect, call the Soci ith you for mor- u may not be allo	al Security Admini e than half of the wed to take the cr	stration at 1-800-77 year. edit for up to 10 ye	22-1213. ears. See the	instructions for details.
• If you take • It will take	social sec claim the EIC for a chila the EIC even though you a	eurity card is not cor I who didn't live w are not eligible, you ur return and issu	rect, call the Soci ith you for mor- u may not be allo e your refund ij	al Security Admini e than half of the wed to take the cr you do not fill in	stration at 1-800-77 year. edit for up to 10 ye	22-1213. ears. See the	instructions for details.
• If you take • It will take	social sec claim the EIC for a child the EIC even though you e us longer to process yo	eurity card is not cor I who didn't live w are not eligible, you ur return and issu	rect, call the Soci ith you for mor- u may not be allo e your refund ij	al Security Admini e than half of the wed to take the cr you do not fill in	stration at 1-800-77 year. edit for up to 10 ye all lines that app	22-1213. ears. See the	instructions for details. qualifying child. Child 3
• If you take • It will take • It will take Qualifying Ch 1 Child's name If you have more th	social sec claim the EIC for a chila the EIC even though you a e us longer to process yo ild Information han three qualifying to list only three to get	eurity card is not cor I who didn't live w are not eligible, you ur return and issu Chile	rect, call the Soci ith you for mor a may not be all e your refund if d 1	al Security Admini e than half of the wed to take the cre you do not fill in Chi	stration at 1-800-77 year. edit for up to 10 ye all lines that app	22-1213. ears. See the ly for each	instructions for details. qualifying child. Child 3
• If you take • It will take • It will take Qualifying Ch 1 Child's name If you have more th children, you have	social sec claim the EIC for a chila the EIC even though you a e us longer to process yo ild Information han three qualifying to list only three to get	eurity card is not cor I who didn't live w are not eligible, you ur return and issu Chile	rect, call the Soci ith you for mor a may not be all e your refund if d 1	al Security Admini e than half of the wed to take the cre you do not fill in Chi	stration at 1-800-77 year. edit for up to 10 ye all lines that app	22-1213. ears. See the ly for each	instructions for details. qualifying child. Child 3

	showing a live birth.	19,168,887	9,767,324	3,337,885
3	Child's year of birth	Year <u>19.170.892</u> If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year 9.767.324 If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year 3.337.885 If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.
4 a	a Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?	Yes. No. 1,361,735 <i>line 4b.</i>	Yes. No. 394,613 <i>ve 4b.</i> <i>line 5.</i>	Yes. No. (124,565 line 5.
I	Was the child permanently and totally disabled during any part of 2019?	513.188No.Go to line 5.The child is not a qualifying child.	Go to The child is not a qualifying child.	Go to The child is not a line 5. qualifying child.
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	19,170,892	9,767,324	3,337,885
6	 Number of months child lived with you in the United States during 2019 If the child lived with you for more than half of 2019 but less than 7 months, enter "7." 			
	The shild are been and ind in 2010 and	19,170,892	9,766,322	3 337 885

montns

Do not enter more than 12

months.

• If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12."

certificate, or hospital medical records

months.

Do not enter more than 12

.....

3,337,885

months.

เกิดเกิดจ

Do not enter more than 12

SCHEDULE EIC (Form 1040 or 1040-SR) Department of the Treasury Internal Revenue Service (99)	Comple qualifyi	Earned Income Credit Qualifying Child Information ete and attach to Form 1040 or 1040-SR only if you have a ing child. www.irs.gov/ScheduleEIC for the latest information.	1040 1040-SR	EIC		OMB No. 1545-0074	
Name(s) shown on return Tot	al schedı	ules filed = 19,170,892			Your	social security number	
Before you begin:		• See the instructions for Form 1040 or 1040-SR, line 18a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.					
		• Be sure the child's name on line 1 and social security number (SS Otherwise, at the time we process your return, we may reduce or social security card is not correct, call the Social Security Admini	disallow yo	our EIC. If	the name	•	
		IC for a child who didn't live with you for more than half of the n though you are not eligible, you may not be allowed to take the cr	~	to 10 year	rs. See th	e instructions for details.	

CAUTION • It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Q	ualifying Child Information	C	hild 1	С	hild 2	С	hild 3
1	Child's name	First name	Last name	First name	Last name	First name	Last name
	If you have more than three qualifying children, you have to list only three to get the maximum credit.						
2	Child's SSN						
	The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 18a, unless the child was born and died in 2019. If your child was born and died in 2019 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.						
3	Child's year of birth	Veer		Veer		Veer	
		Year If born after 20 younger than yo filing jointly), s go to line 5.	00 and the child is ou (or your spouse, if kip lines 4a and 4b;	Year If born after 20 younger than y filing jointly), s go to line 5.	00 and the child is ou (or your spouse, if kip lines 4a and 4b;	younger than y	000 and the child is ou (or your spouse, if kip lines 4a and 4b;
4 :	a Was the child under age 24 at the end of 2019, a student, and younger than you (or	Yes.	No.	Yes.	No.	Yes.	No.
	your spouse, if filing jointly)?	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.
I	b Was the child permanently and totally disabled during any part of 2019?	Yes.	No.	Yes.	No.	Yes.	No.
_		Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.
5	Child's relationship to you						
	(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)						
6	Number of months child lived with you in the United States during 2019						
	• If the child lived with you for more than half of 2019 but less than 7 months, enter "7."						
	• If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12."	Do not enter months.	months more than 12	Do not enter months.	months more than 12	Do not enter months.	months

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

Schedule EIC (Form 1040 or 1040-SR) 2019

2019 Line Item Estimates—All figures are estimates based on samples.
Number of returns filed for selected lines

2011	EDULE F	P	rofit or Loss	: From	. Farm	ninơ			0	MB No. 154	5-0074
Form	1040 or 1040-SR)					•				୭ ⋒ ∎	9
	ent of the Treasury		40, Form 1040-SR,						4	∠∠ () ■ Attachment	•
		w.irs.g	gov/ScheduleF for	instructio	ons and th	ne latest i	nformation		_	Sequence No	
Jame o	f proprietor Total schedules filed = 1	,802,	168					Social sec	urity r	number (SSN	1)
A Prir	ncipal crop or activity	в	Enter code from F	Part IV	C Ac	counting r	nethod:	D Employe	er ID n	umber (EIN)	(see instr.)
						Cash	Accrual				
E Did	you "materially participate" in the operati	on of t	his business during	2019? If "	No," see i	nstruction	is for limit o	n passive l	osses	Yes	🗌 No
F Did	you make any payments in 2019 that wo	uld req	uire you to file Forn	n(s) 1099?	See instru	uctions				Yes	🗌 No
<u>a If"</u>	Yes," did you or will you file required Forn	n(s) 10	99?							Yes	No No
Part	Farm Income – Cash Method	I. Cor	mplete Parts I and	d II. (Accr	ual meth	od. Com	plete Parts	II and III,	and	Part I, line	9.)
1a	Sales of livestock and other resale items	s (see i	nstructions)			. 1a	349	,063			
b	Cost or other basis of livestock or other	items	reported on line 1a			. 1b	194,	214			
С	Subtract line 1b from line 1a								1c	367,	188
2	Sales of livestock, produce, grains, and	other p	products you raised		. _.				2	964,	608
3a	Cooperative distributions (Form(s) 1099-	PATR). <mark>3a ** 4</mark> 2	27,972	3b	Taxable	amount .		3b	** 414,	908
4a	Agricultural program payments (see inst	ructior	ns). 4a ** 4	83,175	4b	Taxable	amount .		4b	** 478,	194
5a	Commodity Credit Corporation (CCC) lo	ans re	ported under election	on	. _.				5a	** 3,6	13
b	CCC loans forfeited		. 5b **	1,185	5c	Taxable	amount .	[5c	** 1,1	48
6	Crop insurance proceeds and federal cr	op disa	aster payments (see	e instructio	ns):						
а	Amount received in 2019		. 6a 1	41,153	6b	Taxable	amount .		6b	** 129,	905
С	If election to defer to 2020 is attached, o	heck l	nere	🕨	6d	Amount	deferred fro	om 2018	6d	7,3	
7	Custom hire (machine work) income .								7	** 154,	354
8	Other income, including federal and stat	e gaso	oline or fuel tax crec	lit or refun	d (see inst	ructions)			8	** 521,	491
9	Gross income. Add amounts in the rig	ght co	lumn (lines 1c, 2, 3	3b, 4b, 5a	, 5c, 6b,	6d, 7, and	d 8). If you	use the			
	accrual method, enter the amount from								9	1,490	,830
Part	Farm Expenses—Cash and A	Accru	al Method. Do n	ot include	e persona	al or living	g expense	s. See ins	truct	ions.	
10	Car and truck expenses (see			23	Pension	and profit-	-sharing pla	ins	23	2,5	57
	instructions). Also attach Form 4562	10	490,462	24	Rent or le	ease (see	instructions	s):			
11	Chemicals	11	455,584	а			y, equipme	F	24a		
12	Conservation expenses (see instructions)	12	25,649	b			s, etc.) .	- F	24b		
13	Custom hire (machine work)	13	402,160	25	•		enance.	F	25	1,198	
14	Depreciation and section 179 expense		4 000 005	26		•		F	26	540,	1/6
	(see instructions)	14	1,302,095	27	•		iousing .	F	27		
15	Employee benefit programs other than		00 570	28	• •			F	28	1,088	
	on line 23	15	22,570	29				• • •	29	999,	959
16	Feed	16	931,660	30	Utilities				30		
17	Fertilizers and lime	17	611,370	31		-	g, and med	licine .	31		
18	Freight and trucking	18	1 057 472	32	Utner ex	penses (sp	ресіту):	ł	00		
19	Gasoline, fuel, and oil	19	1,057,173	a					32a		
20	Insurance (other than health)	20	887,095	b					32b		
21	Interest (see instructions):	01-	338,722	C d					32c		
a L	Mortgage (paid to banks, etc.)	21a		d					32d		
b		21b	416,690 265,526	e f					32e		
22	Labor hired (less employment credits)	22		f	tions				32f	4 740	600
33	Total expenses. Add lines 10 through 3 Net farm profit or (loss). Subtract line 3								33	1.716	
.5/4	If a profit, stop here and see instructions	od tron			iven evh		Nondedu	uctible Los	34 s (+)	1,729,4 / Suspende	d Carryov
34	in a promit, stop here and see instructions	or w	nere to report. It a lo	uss, comp	iete iines :	55 and 36		10 004		Suspende	
								19.924			
34 35 36	Reserved for future use. Check the box that describes your invest	tm t	in this potivity as -		tions for:	uborc to	oport vour l	19,924			

**Denotes that the line item is the addition of both cash and accrual methods of accounting

	Amounts of selected lines filed (in thousands of donars)	
SCHEDULE F (Form 1040 or 1040-SR)	Profit or Loss From Farming	OMB No. 1
Department of the Treasury	 Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1065. Go to www.irs.gov/ScheduleF for instructions and the latest information. 	20 Attachment

Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 106
► Go to www.irs.gov/ScheduleF for instructions and the latest information.

OMB No. 1545-0074
2019
Attachment Sequence No. 14

	of proprietor Total schedules filed =		168			test in	Ionnation	Social se		number (SSN)
		_			_					
Pri	ncipal crop or activity	в	Enter code from P	art IV	C Accour	_	ethod: Accrual	D Employ	/er ID n	number (EIN) (see instr.)
Dic	you "materially participate" in the operati	ion of t	his business during	2019? If "	No," see instr	uctions	for limit c	on passive	losses	S Yes No
Dic	you make any payments in 2019 that wo	uld req	uire you to file Form	(s) 1099?	See instructio	ns .				🗌 Yes 🗌 No
lf "	Yes," did you or will you file required Form	n(s) 109	99?							🗌 Yes 🗌 No
Par	Farm Income—Cash Method	I. Cor	nplete Parts I and	II. (Accru	ual method.	Comp	lete Parts	s II and III	, and	Part I, line 9.)
1a	Sales of livestock and other resale items	s (see ir	nstructions)			1a	37,21	5,440		
b	Cost or other basis of livestock or other	•				1b		94,335		
с	Subtract line 1b from line 1a		•			· · ·		-	1c	15,521,105
2	Sales of livestock, produce, grains, and	other p	products you raised						2	86,822,455
3a	Cooperative distributions (Form(s) 1099	•	1 1	430,987	3b Tax	able a	mount		3b	** 18,289,168
4a	Agricultural program payments (see inst	,		313,376					4b	**11,263,271
5a	Commodity Credit Corporation (CCC) lo		,						5a	** 675,676
b	CCC loans forfeited	•		9.832	5c Tax	able a	mount		5c	** 111,562
6	Crop insurance proceeds and federal cr			- 1				-		
a	Amount received in 2019	•		66,747	1	able a	mount		6b	** 5,501,977
c	If election to defer to 2020 is attached, o						eferred fro		6d	476,748
7									7	** 5,040,189
8	Other income, including federal and stat					ions)			8	**10,881,566
9	Gross income. Add amounts in the right	ght col	umn (lines 1c, 2, 3	b, 4b, 5a,	5c, 6b, 6d,	7, and	8). If you	use the		151,370,746
01	accrual method, enter the amount from								9	
art	•	ACCrua	ai wielnoa. Do no		•					
0	Car and truck expenses (see		4 700 005	23	Pension and	•	•••		23	13,460
	instructions). Also attach Form 4562	10	1,732,095	24	Rent or lease			,		l
1		11	7,681,365	1	Vehicles, ma				24a	
2	Conservation expenses (see instructions)	12	121,403 5,331,934	1	Other (land, a		-		24b	10,749,149
3	Custom hire (machine work)	13	5,551,554	25	Repairs and I				25	
4	Depreciation and section 179 expense (see instructions)	14	33,590,948	26 27	Seeds and pl Storage and				26 27	10,375,842
5	Employee benefit programs other than			28	Supplies .	• •			28	5,305,277
	on line 23	15	301,546	29	Taxes .				29	4,047,522
6	Feed	16	17,752,932	30	Utilities .				30	
7	Fertilizers and lime	17	13,205,468	31	Veterinary, bi	reeding	, and med	dicine .	31	
8	Freight and trucking	18		32	Other expense	es (spe	ecify):			
9	Gasoline, fuel, and oil	19	6,237,892	а					32a	
0	Insurance (other than health)	20	5,996,694	b					32b	
1	Interest (see instructions):			c					32c	
а	Mortgage (paid to banks, etc.)	21a	4,967,932	d					32d	
b	Other	21b	4,557,653	e					32e	
2	Labor hired (less employment credits)	22	6,822,958	f					32f	
3	Total expenses. Add lines 10 through 3							🕨	33	177,199,580
4	Net farm profit or (loss). Subtract line 3	33 from	n line 9 Țotal of a	ll unmar	ked expens	es _. ;	38,407,5		34	-23,797,084
	If a profit, stop here and see instructions						Nondedu			Suspended Carryo
			-					267,93	2	
35	Reserved for future use.									
5 6	Reserved for future use. Check the box that describes your invest	stment	in this activity and s	ee instruc	tions for whe	e to re	port your	loss:		

**Denotes that the line item is the addition of both cash and accrual methods of accounting

Schedu	le F (Form 1040 or 1040-SR) 2019		Page
Part	Farm Income—Accrual Method (see instructions).		
37	Sales of livestock, produce, grains, and other products (see instructions)	37	964,608
38a	Cooperative distributions (Form(s) 1099-PATR) . 38a ** 427,972 38b Taxable amount	38b	** 414,908
39a	Agricultural program payments	39b	** 478,194
40 a	Commodity Credit Corporation (CCC) loans: CCC loans reported under election	40a	** 3,613
b	CCC loans forfeited . . . 40b ** 1,185 40c Taxable amount . .	40c	** 1,148
41	Crop insurance proceeds	41	** 129,905
42	Custom hire (machine work) income	42	** 154,354
43	Other income (see instructions)	43	** 521,491
44	Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43)	44	9,504
45	Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797 45		
46	Cost of livestock, produce, grains, and other products purchased during the year 46	-	
47	Add lines 45 and 46	-	
48	Inventory of livestock, produce, grains, and other products at end of year		
49	Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47*	49	
50	Gross income. Subtract line 49 from line 44. Enter the result here and on Part I, line 9	50	9,503
50 If you		50 than th	

Part IV Principal Agricultural Activity Codes

Do not file Schedule F (Form 1040 or 1040-SR) to report the following.

• Income from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis. Instead, file

Schedule C (Form 1040 or 1040-SR). • Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead, file Schedule C (Form 1040 or

other pet animals. Instead, file Schedule C (Form 1040 or 1040-SR).

• Sales of livestock held for draft, breeding, sport, or dairy purposes. Instead, file Form 4797.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six-digit number on line B.

Crop Production

- 111100 Oilseed and grain farming
- 111210 Vegetable and melon farming

- 111300 Fruit and tree nut farming
- 111400 Greenhouse, nursery, and floriculture production
- 111900 Other crop farming

Animal Production

- 112111 Beef cattle ranching and farming
- 112112 Cattle feedlots
- 112120 Dairy cattle and milk production
- 112210 Hog and pig farming
- 112300 Poultry and egg production
- 112400 Sheep and goat farming
- 112510 Aquaculture
- 112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

Schedule F (Form 1040 or 1040-SR) 2019

Amounts of selected lines filed (in thousands of dollars)

Schedu	e F (Form 1040 or 1040-SR) 2019		Page 2
Part	Farm Income – Accrual Method (see instruction:	s).	
37	Sales of livestock, produce, grains, and other products (see instruction	ons)	37 86,822,455
38a	Cooperative distributions (Form(s) 1099-PATR) . 38a ** 23,43	30,987 38b Taxable amount 3	88b ** 18,289,168
39a	Agricultural program payments	13,376 39b Taxable amount 3	89b ** 11,263,271
40 a	Commodity Credit Corporation (CCC) loans: CCC loans reported under election		l0a ** 675,676
b	CCC loans forfeited	,832 40c Taxable amount 4	HOc ** 111,562
41	Crop insurance proceeds		41 ** 5,501,977
42	Custom hire (machine work) income		42 ** 5,040,189
43	Other income (see instructions)		43 ** 10,881,566
44 45	Add amounts in the right column for lines 37 through 43 (lines 37, 38 Inventory of livestock, produce, grains, and other products at beginn not include sales reported on Form 4797		44 3,217,382
46	Cost of livestock, produce, grains, and other products purchased du	ring the year <u>46</u>	
47	Add lines 45 and 46		
48	Inventory of livestock, produce, grains, and other products at end of	year	
49	Cost of livestock, produce, grains, and other products sold. Subtract	t line 48 from line 47*	49
50	Gross income. Subtract line 49 from line 44. Enter the result here an	nd on Part I, line 9	50 1,763,817
,	use the unit-livestock-price method or the farm-price method of valui tract line 47 from line 48. Enter the result on line 49. Add lines 44 and	5 , S	an the amount on line
Part		49. Enter the total on line 50 and on Part 1, line 9.	
	Do not file Schedule F (Form 1040 or 1040-SR) to	111200 Emit and the sub-time in t	
	report the following.	111300Fruit and tree nut farming111400Greenhouse, nursery, and floric	ulture production
CAUTI	Income from providing agricultural services such as	111900 Other crop farming	
	soil preparation, veterinary, farm labor, horticultural, or gement for a fee or on a contract basis. Instead, file	Animal Production	
	ule C (Form 1040 or 1040-SR).	112111 Beef cattle ranching and farming	g

• Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead, file Schedule C (Form 1040 or 1040-SR).

• Sales of livestock held for draft, breeding, sport, or dairy purposes. Instead, file Form 4797.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six-digit number on line B.

Crop Production

- 111100 Oilseed and grain farming
- 111210 Vegetable and melon farming

- 112111 Beef cattle ranching and farming
- 112112 Cattle feedlots
- Dairy cattle and milk production 112120
- Hog and pig farming 112210
- 112300 Poultry and egg production
- 112400 Sheep and goat farming
- 112510 Aquaculture
- 112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

2019 Line Item Estimates—All figures are estimates based on samples.

49

Schedule F (Form 1040 or 1040-SR) 2019

**Denotes that the line item is the addition of both cash and accrual methods of accounting

50

Schedule R	Credit for the Fiderly or the Disabled 1 🕒 🗕 🗕	Jo. 15 4	45-0074
(Form 1040 or 1040-SR)	1040-SR	01	9
Department of the Treasury Internal Revenue Service (99)	 ▶ Attach to Form 1040 or 1040-SR. ▶ Go to www.irs.gov/ScheduleR for instructions and the latest information. 		o. 16
Name(s) shown on return	Total schedules filed = 45,049 Your social secur	rity nu	mber
You may be able to	take this credit and reduce your tax if by the end of 2019:		
• You were age 65 But you must also r	 or older or • You were under age 65, you retired on permanent and total disability income. meet other tests. See instructions. 	ility,	and
	s, the IRS can figure the credit for you. See instructions.		
Part I Check t	he Box for Your Filing Status and Age		
If your filing status	s is: And by the end of 2019: Check or	ıly o	ne box:
Single, Head of household	1 You were 65 or older	1	
Qualifying widow(e		2	
	3 Both spouses were 65 or older	3	
	4 Both spouses were under 65, but only one spouse retired on permanent and total disability	4	
Married filing jointly	5 Both spouses were under 65, and both retired on permanent and total disability	5	
	6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability	6	
	7 One spouse was 65 or older, and the other spouse was under 65 and not retired on permanent and total disability	7	
Married filing	${f 8}$ You were 65 or older and you lived apart from your spouse for all of 2019 .	8	
separately	9 You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2019	9	
Did you check	Yes — Skip Part II and complete Part III on the back.		
box 1, 3, 7, or 8?	No — Complete Parts II and III.		
Part II Statem	ent of Permanent and Total Disability (Complete only if you checked box 2, 4, 5, 6, or 9 above	ə.)	
	physician's statement for this disability for 1983 or an earlier year, or you filed or go r tax years after 1983 and your physician signed line B on the statement, and	ot a	
in 2019, cheo	continued disabled condition, you were unable to engage in any substantial gainful act ck this box	ivity ►	

• If you **didn't** check this box, have your physician complete the statement in the instructions. You **must** keep the statement for your records.

	Amounts of selected lines filed (in thousands of dollars)	
Schedule R (Form 1040 or 1040-SR)	Credit for the Elderly or the Disabled	
	► Attach to Form 1040 or 1040-SR.	
Department of the Treasury Internal Revenue Service (99)	► Go to www.irs.gov/ScheduleR for instructions and the latest information. R Attachment Sequence No. 16	
Name(s) shown on return	Total schedules filed = 45,049 Your social security number	
You may be able to	take this credit and reduce your tax if by the end of 2019:	_
• You were age 65 But vou must also	or older or • You were under age 65, you retired on permanent and total disability, and you received taxable disability income. neet other tests. See instructions.	
	s, the IRS can figure the credit for you. See instructions.	
	he Box for Your Filing Status and Age	—
If your filing status		X:
Single, Head of household	1 You were 65 or older	
Qualifying widow(el		
	3 Both spouses were 65 or older	
Married filing jointly	 4 Both spouses were under 65, but only one spouse retired on permanent and total disability	
	5 Both spouses were under 65, and both retired on permanent and total disability	
	6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability	
	 7 One spouse was 65 or older, and the other spouse was under 65 and not retired on permanent and total disability	
Married filing	8 You were 65 or older and you lived apart from your spouse for all of 2019 8 \Box	
separately	 9 You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2019	
Did you check	Yes → Skip Part II and complete Part III on the back.	
box 1, 3, 7, or 8?	No — Complete Parts II and III.	
Part II Statem	ent of Permanent and Total Disability (Complete only if you checked box 2, 4, 5, 6, or 9 above.)	_
If: 1 You filed a	physician's statement for this disability for 1983 or an earlier year, or you filed or got a r tax years after 1983 and your physician signed line B on the statement, and	
2 Due to your in 2019, chec	continued disabled condition, you were unable to engage in any substantial gainful activity ck this box	
 If you check 	ked this box, you don't have to get another statement for 2019.	
-	't check this box, have your physician complete the statement in the instructions. You must atement for your records.	
For Paperwork Reduct	ion Act Notice, see your tax return instructions. Cat. No. 11359K Schedule R (Form 1040 or 1040-SR) 20)19

Schedu	le R (Form 1040 or 1040-SR) 2019		Page 2
Part	III Figure Your Credit		
10	If you checked (in Part I): Enter: Box 1, 2, 4, or 7 Box 3, 5, or 6 Box 8 or 9	10	
	Did you check Yes You must complete line 11. box 2, 4, 5, 6, No Enter the amount from line 10 on line 12 and go to line 13.		
11	 If you checked (in Part I): Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total. Box 2, 4, or 9, enter your taxable disability income. Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total. 	11	*
TIP	For more details on what to include on line 11, see Figure Your Credit in the instructions.		
12	If you completed line 11, enter the smaller of line 10 or line 11. All others, enter the amount from line 10	12	45,049
13	Enter the following pensions, annuities, or disability income that you	12	
а	(and your spouse if filing jointly) received in 2019. Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see instructions)	-	
b	Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see instructions)		
С	Add lines 13a and 13b. (Even though these income items aren't taxable, they must be included here to figure your credit.) If you didn't receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c		
14	Enter the amount from Form 1040 or 1040-SR, Inc. 14		
15	If you checked (in Part I): Enter: Box 1 or 2 \$7,500 Box 3, 4, 5, 6, or 7 \$10,000 Box 8 or 9 \$5,000		
16	Subtract line 15 from line 14. If zero or less, enter -0		
17	Enter one-half of line 16		
18	Add lines 13c and 17	18	43,669
19	Subtract line 18 from line 12. If zero or less, stop; you can't take the credit. Otherwise, go to line 20.	19	43.010
20	Multiply line 19 by 15% (0.15)	20	
21	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	21	
22	Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21. Also enter this amount on Schedule 3 (Form 1040 or 1040-SR), line 6 (check box c and enter "Sch R" on the line next to that box)	22	40,998

Schedule R (Form 1040 or 1040-SR) 2019

* Data not shown because of the small number of sample returns on which it is based.

Schedu	le R (Form 1040 or 1040-SR) 2019		Page 2
Part	III Figure Your Credit		· · · · · ·
10	If you checked (in Part I): Enter: Box 1, 2, 4, or 7 .	10	
11	Did you check box 2, 4, 5, 6, or 9 in Part I? Yes You must complete line 11. No If you checked (in Part I): Enter the amount from line 10 on line 12 and go to line 13. • Box 6, add \$5,000 to the taxable disability income of the Yes		
	 Box 0, add \$6,000 to the taxable disability income of the spouse who was under age 65. Enter the total. Box 2, 4, or 9, enter your taxable disability income. Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total. 	11	*
тр 12	For more details on what to include on line 11, see Figure Your Credit in the instructions. If you completed line 11, enter the smaller of line 10 or line 11. All others, enter the amount	10	
13	from line 10	12	230,558
а	Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see instructions)		
b	Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see instructions)		
С	Add lines 13a and 13b. (Even though these income items aren't taxable, they must be included here to figure your credit.) If you didn't receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c		
14	Enter the amount from Form 1040 or 1040-SR, 14 line 8b. 1		
15	If you checked (in Part I): Enter: Box 1 or 2 . . \$7,500 Box 3, 4, 5, 6, or 7 . . \$10,000 Box 8 or 9 . . \$5,000		
16	Subtract line 15 from line 14. If zero or less, enter 16 474,060		
17 18	Enter one-half of line 16 17 237,039 Add lines 13c and 17 . <	18	237,441
19 20	Subtract line 18 from line 12. If zero or less, stop; you can't take the credit. Otherwise, go to line 20	19 20	54,415
20 21	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	20	
22	Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21. Also enter this amount on Schedule 3 (Form 1040 or 1040-SR), line 6 (check box c and enter "Sch R" on the line next to that box)	22	4,066
		(Form 1	040 or 1040-SR) 2019

* Data not shown because of the small number of sample returns on which it is based.

SCHEDULE SE			OMB No. 1545-0074		
(Form 1040 or 1040-SR) Self-Employment Ta		Тах	2019		
Department of the Treasury Internal Revenue Service (99)			Attachment Sequence No. 17		
Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) Social security number of person with self-employment income ▶ Total schedules filed = 21,817,853 with self-employment income ▶					
Before you begin: To determine if you must file Schedule SE, see the instructions.					

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

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



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

1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	521,506
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	(20,197)
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	20,207,631
3	Combine lines 1a, 1b, and 2	3	
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	20,519,814
	Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	Self-employment tax. If the amount on line 4 is:		
	• \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.		
	 More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. 		
	Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 .	5	20,460,855
6	Deduction for one-half of self-employment tax.		
	Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27		
D			

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

SCHEDULE SE (Form 1040 or 1040-SR) Self-Employment Tax		OMB No. 1545-0074			
Department of the Treasury Internal Revenue Service (99)			Attachment Sequence No. 17		
		Social security number of person with self-employment income ►			
Before you begin: To determine if you must file Schedule SE, see the instructions.					

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

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



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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	10,286,550
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	(175,403)
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	667,370,345
3	Combine lines 1a, 1b, and 2	3	
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b.	4	625,507,909
	Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	Self-employment tax. If the amount on line 4 is:		
	• \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.		
	 More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. 		
	Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 .	5	67,278,410
6	Deduction for one-half of self-employment tax.		
	Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 6		
For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 11358Z Schedule SE	(Form	1040 or 1040-SR) 2019

	Number of returns filed for selecte	u illes		
Schedu	le SE (Form 1040 or 1040-SR) 2019	Attachment Sequence No.	17	Page 2
Name c	f person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)	Social security number of pers	son	
		with self-employment income	e►	
Secti	on B-Long Schedule SE			
Par	I Self-Employment Tax			
Note:	If your only income subject to self-employment tax is church employee in	come, see instructions. Also	see i	nstructions for the
definit	tion of church employee income.			
Α	If you are a minister, member of a religious order, or Christian Science pra \$400 or more of other net earnings from self-employment, check here and			
1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional me		1a	521,506
b	If you received social security retirement or disability benefits, enter the amo Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (1b	(20,197
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 10 than farming). Ministers and members of religious orders, see instruction report on this line. See instructions for other income to report. Note: S nonfarm optional method (see instructions)	ons for types of income to kip this line if you use the	2	20.207.631
3	Combine lines 1a, 1b, and 2		3	
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, en		4a	20,519,814
	Note: If line 4a is less than \$400 due to Conservation Reserve Program payment	ts on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15	and 17 here	4b	
С	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-em less than \$400 and you had church employee income, enter -0- and cont		4c	20,445,891
5a	Enter your church employee income from Form W-2. See instructions definition of church employee income	s for 5a 29,219		
h	Multiply line 5a by 92 35% (0 9235) If less than \$100 enter -0-	······	5h	

.

Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2019

Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$132,900 or more, skip lines

Wages subject to social security tax (from Form 8919, line 10)

Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form** 1040 or 1040-SR), line 14, or Form 1040-NR, line 27

b Unreported tips subject to social security tax (from Form 4137, line 10) . .

Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)

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

Deduction for one-half of self-employment tax.

\$8,160, or (b) your net farm profits² were less than \$5,891.

line 16. Also include this amount on line 4b above

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

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

Maximum amount of combined wages and self-employment earnings subject to social security tax or

Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040 or 1040-SR),

Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,891 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment

of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.

Enter the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,440. Also include

Enter the smaller of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on

⁴ From Sch. C, line 7; and Sch. K-	l (Form 1065), box 14, code C.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

6

7

8a

С

d

9

10

11

12

13

14

15

16

17

method

Add lines 4c and 5b

Schedule SE (Form 1040 or 1040-SR) 2019

20,460,855

2,077,578

19.804.960

20,460,855

20,460,855

18.036

12,652

5.440

132,900

6

7

8d

9

10

11

12

14

15

16

17

8a

8b

8c

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13

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2,074,777

9,352

5.692

. . . .

Schedule SE (Form 1040 or 1040-SR) 2019	Attachment Sequence No. 17 F		
Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)	Social security number of person with self-employment income ►		

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.

Α	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			
1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	10,286,550	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	(175,403)	
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). 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)	2	667.370.345	
3	Combine lines 1a, 1b, and 2	3		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	625,507,909	
	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
С	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception : If less than \$400 and you had church employee income , enter -0- and continue	4c	627,565,347	
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income5a784,000			
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0	5b		
6	Add lines 4c and 5b	6	628,289,372	
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 2019	7	132,900	
8a b	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$132,900 or more, skip lines 8b through 10, and go to line 11	-		
С	Wages subject to social security tax (from Form 8919, line 10) 8c 44,121			
d	Add lines 8a, 8b, and 8c	8d	155,988,240	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9		
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	49,057,239	
11	Multiply line 6 by 2.9% (0.029)	11	18,220,130	
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040 or 1040-SR),			
	line 4, or Form 1040-NR, line 55	12	67,278,410	
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 or 1040-SR), line 14, or Form 1040-NR, line 27 13			
Part				
	Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more than			
	0, or (b) your net farm profits ² were less than \$5,891.			
14	Maximum income for optional methods	14	5,440	
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,440. Also include		,	
	this amount on line 4b above	15	103,612	
	Irm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,891			
	so less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment east \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.			
16	Subtract line 15 from line 14.	16		
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on			
.,	line 16. Also include this amount on line 4b above	17	58.709	

 1 From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A. 4 From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

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.

2019 Line Item Estimates—All figures are estimates based on samples.

Number of returns filed for selected lines

SCHEDULE 8812

(Form 1040 or 1040-SR)

Additional Child Tax Credit

▶ Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2 Q Attachment Sequence No. 47

Your social security number

1040

1040-SR

1040-NR

8812

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total schedules filed = 19,960,254

Par	All Filers		
	on: If you file Form 2555, stop here; you cannot claim the additional child tax credit.		
1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: 1040 and Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents		
	1040-SR filers: Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a).	1	19,959,587
	1040-NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).		
2	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49	2	12,772,328
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	19,913,627
4	Number of qualifying children under 17 with the required social security number: x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit	4	19,831,133
_	TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.		40 700 540
5	Enter the smaller of line 3 or line 4	5	19,790,540
6a	Earned income (see instructions)	-	
b 7	Nontaxable combat pay (see instructions).6b62,750Is the amount on line 6a more than \$2,500?		
7	■ No. Leave line 7 blank and enter -0- on line 8.		
	Yes. Subtract \$2,500 from the amount on line 6a. Enter the result 7 19,888,545		
8	Multiply the amount on line 7 by 15% (0.15) and enter the result $\dots \dots \dots$	8	19,888,207
Ū	Next. On line 4, is the amount \$4,200 or more?		,,
	○ No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15.		
	☐ Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.		
Part	II Certain Filers Who Have Three or More Qualifying Children		
9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions91,471,798		
10	1040 andEnter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8.1010593,833		
	1040-NR filers: Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.		
11	Add lines 9 and 10		
12	1040 andEnter the total of the amounts from Form 1040 or 1040-SR, line1040-SR filers:18a, and Schedule 3 (Form 1040 or 1040-SR), line 11.		
	1040-NR filers: Enter the amount from Form 1040-NR, line 67. 12 1,630,370		
13	Subtract line 12 from line 11. If zero or less, enter -0	13	233,286
14	Enter the larger of line 8 or line 13	14	1,814,889
	Next, enter the smaller of line 5 or line 14 on line 15.		
Part			
15	This is your additional child tax credit	15	19.853.166

15 19,853,166



2019 Line Item Estimates—All figures are estimates based on samples.

Amounts of selected lines filed (in thousands of dollars)

SCHEDULE 8812

(Form 1040 or 1040-SR)

Additional Child Tax Credit

▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

1040 1040-SR 1040-NR 8812

20 Q

Sequence No. 47

Attachment

OMB No. 1545-0074

Your social security number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total schedules filed = 19,960,254

Part						
Cautio		m 2555, stop here; you cannot claim the additional child tax credi				
1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: 1040 and Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents					
	1040-SR filers: Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a).				1	74,284,229
	1040-NR filers:	Enter the amount from line 8 of your Child Tax Credit and Credit for Worksheet (see the instructions for Form 1040-NR, line 49).	Other	Dependents		
2	Enter the amount	t from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR,	line 49		2	20,047,743
3	Subtract line 2 fr	om line 1. If zero, stop here; you cannot claim this credit			3	54,236,486
4		ying children under 17 with the required social security number:				
		If zero, stop here; you cannot claim this credit			4	50,383,736
		r of children you use for this line is the same as the number of children y and Credit for Other Dependents Worksheet.	ou use	d for line 1 of the		
5	Enter the smalle	r of line 3 or line 4			5	42,482,963
6a		see instructions)	6a	585,954,081		
b		bat pay (see instructions)				
7	Is the amount on	line 6a more than \$2,500?				
	_	line 7 blank and enter -0- on line 8.				
		ct \$2,500 from the amount on line 6a. Enter the result	7	536,145,685		
8		bunt on line 7 by 15% (0.15) and enter the result			8	80,422,373
		is the amount \$4,200 or more?				
		8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part 5 or line 8 on line 15.	II and	enter the smaller		
	Otherw	8 is equal to or more than line 5, skip Part II and enter the amount vise, go to line 9.	from 1	ine 5 on line 15.		
Part	Certain	Filers Who Have Three or More Qualifying Children				
9	Withheld social	security, Medicare, and Additional Medicare taxes from				
		xes 4 and 6. If married filing jointly, include your spouse's amounts				
		ur employer withheld or you paid Additional Medicare Tax or tier 1				
	RRTA taxes, see		9	2,207,596		
10	1040 and	Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR),				
	1040-SR filers:	line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes				
		that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8.	10	C24 200		
	1040 ND Cl.		10	631,390		
	1040-NK mers:	Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and				
		entered on line 60.				
11	Add lines 9 and		11	2,838,986		
12	1040 and	Enter the total of the amounts from Form 1040 or 1040-SR, line				
14		18a, and Schedule 3 (Form 1040 or 1040-SR), line 11.				
		Enter the amount from Form 1040-NR, line 67.	12	8,755,446		
13		from line 11. If zero or less, enter -0			13	426,598
14		of line 8 or line 13			14	4,994,514
	0	maller of line 5 or line 14 on line 15.				-,, -
Part	Addition	al Child Tax Credit				
15	This is your add	litional child tax credit			15	35,714,521
					Enter	this amount on



Form 1040, line 18b; rorm 1040, line 18b; Form 1040-SR, line 18b; or Form 1040-NR, line 64.

_	461	Limitation on Business Losses	_ (OMB No. 1545-228			
orm	TVI			2019			
anart	ment of the Treasury	► Attach to your tax return.					
	Revenue Service	► Go to www.irs.gov/Form461 for instructions and the latest information.		Attachment Sequence No. 46 1			
lame(s) shown on return	Total Forms Filed = 5,220	Identifying	entifying number			
Par		come/Loss Items uctions if you are filing a tax return other than Form 1040 or 1040-SR.					
1	Enter amount fi	rom Form 1040 or 1040-SR, line 1	. 1	2,598			
2		rom Schedule 1 (Form 1040 or 1040-SR), line 3					
3	Enter amount fi	rom Form 1040 or 1040-SR, line 6	. 3				
4		rom Schedule 1 (Form 1040 or 1040-SR), line 4	. 4				
5		rom Schedule 1 (Form 1040 or 1040-SR), line 5	. 5				
6		rom Schedule 1 (Form 1040 or 1040-SR), line 6					
7		rom Schedule 1 (Form 1040 or 1040-SR), line 7					
8		ome, gain, or losses from a trade or business not reported on lines 1 through 7		256			
9	Combine lines	1 through 8	. 9	5,220			
Par		nent for Amounts Not Attributable to Trade or Business uctions if you are filing a tax return other than Form 1040 or 1040-SR.					
10		ne or gain reported on lines 1 through 8 that is not attributable to a trade or business		1,495			
11	Enter any losse business. See i	es or deductions reported on lines 1 through 8 that are not attributable to a trade		730			
12	Subtract line 1 ⁻	from line 10	. 12	2,008			
		on on Losses					
13		egative number, enter it here as a positive number. If line 12 is a positive number, en					
	it here as a neg	ative number	· 13	2,008			
14	Add lines 9 and	13	. 14	5,220			
15		(or \$510,000 if married filing jointly)		5,220			
16	1 (Form 1040 c	id 15. If less than zero, enter the amount from line 16 as a positive number on Sched r 1040-SR), line 8. See instructions if you are filing a tax return other than a Form 10	040				
	1040 CD If-	zero or greater, do not attach this form to your tax return	· 16	3.365			

Form	461	Limitation on Business Losses	ŀ	OM	B No. 1545-2283
				6 2	2019
	ment of the Treasury	Attach to your tax return.			achment
	I Revenue Service	Go to www.irs.gov/Form461 for instructions and the latest information.			quence No. 461
Name(s) shown on return	Total Forms Filed = 5,220	Identifyi	ng nu	mber
Par		come/Loss Items uctions if you are filing a tax return other than Form 1040 or 1040-SR.			
1	Enter amount fi	rom Form 1040 or 1040-SR, line 1		1	316,024
2		rom Schedule 1 (Form 1040 or 1040-SR), line 3		2	
3	Enter amount fi	rom Form 1040 or 1040-SR, line 6	. :	3	
4	Enter amount fi	rom Schedule 1 (Form 1040 or 1040-SR), line 4	. 4	4	
5	Enter amount fi	rom Schedule 1 (Form 1040 or 1040-SR), line 5	. 4	5	
6	Enter amount fi	rom Schedule 1 (Form 1040 or 1040-SR), line 6	. (6	
7	Enter amount fi	rom Schedule 1 (Form 1040 or 1040-SR), line 7		7	
8	Enter other inco	ome, gain, or losses from a trade or business not reported on lines 1 through 7	. 8	8	304,292
9	Combine lines	1 through 8	. 9	9	-3,192,396
Par		nent for Amounts Not Attributable to Trade or Business uctions if you are filing a tax return other than Form 1040 or 1040-SR.			
10	Enter any incor	ne or gain reported on lines 1 through 8 that is not attributable to a trade or business	. 1	0	1,292,855
11		es or deductions reported on lines 1 through 8 that are not attributable to a trade	e or		
	business. See i		· 1	1	65,559
12	Subtract line 1 ⁻	I from line 10	. 1	2	1,227,296
Par	Limitati	on on Losses			
13		egative number, enter it here as a positive number. If line 12 is a positive number, er			
		ative number		3	-1,227,296
_14	Add lines 9 and	113	. 1	4	-4,419,692
15		(or \$510,000 if married filing jointly)		5	1,852,116
16	1 (Form 1040 c	nd 15. If less than zero, enter the amount from line 16 as a positive number on Scheo or 1040-SR), line 8. See instructions if you are filing a tax return other than a Form 10	040		
	or 1040-SR. If z	zero or greater, do not attach this form to your tax return	· 1	6	-3,501,183
For P	rivacy Act and Pa	perwork Reduction Act Notice, see the separate instructions. Cat. No. 16654	41		Form 461 (2019)

Form 965-A
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Individual Report of Net 965 Tax Liability

► Go to www.irs.gov/Form965A for instructions and the latest information.

OMB No. 1545-0074

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Check this box if this is an amended report

Name	of taxpayer with a net 965 tax lia	bility		Total	Forms	Filed =	21,541					Identifying nur	nber	Taxable yea	ar of reporting	
Par	t Report of Net 9	65 Ta	x Liab	ility an	d Elec	tion T	o Pay in Installr	nents								
	(a) Year of Section 965(a) Inclusion, Liability Assumed, or Liability Triggering Event (see instructions)	(b) Taxpayer's Net Tax Liability d, with all t 965 amounts (see instructions)			(c) Taxpayer's Net Tax Liability without 965 amounts (see instructions)			Net 9 (subtract colu	(d) Net 965 Tax Liability btract column (c) from column (b))			(e) S Corporation Shareholder Tota Deferred Net 965 Tax Liability (line total from Part III, column (g see instructions)				
1													1			
_2																2
3																3
4																4
5																5
									_							6
7									_							7
8																8
	(f) Net 965 Tax Liability eligible for installment payment (subtract column (e) from colu see instructions)		Insta Ele	g) Ilment ction ade No		be paid Imn (g) is	(h) 5 Tax Liability in full for Year 1 s "No," enter amount column (f))	Net 965 to be paid i (if column (g) is " from column (f) a	n inst Yes,"	allments enter amount	Transfe	ansferred (Out), Transferred In, of bu		(k Tax Identifica of buyer/tra seller/tra	tion Number Insferee or	
1														1		
2																2
3																3
4																4
5																5
6																6
7																7
8																8
Par	t II Record of Amo	unt of	Net 9	65 Tax	Liabili	ity Pai	id by the Taxpa	/er (see instru	ctio	ns)						
	(a) Year of Section 965(a) Inclusion, Liability Assumed, or Triggering Event			b) or Year 1			(c) Paid for Year 2	Paid	(d) I for Y	Year 3	I	(e) Paid for Year 4		(f) Paid for Ye	ear 5	
1																1
_ 2																2
3																3
4																4
5																5
6																6
7																7
8															005 A	8

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

Cat. No. 71277H

Form 965-A (Rev. 1-2020)

Individual Report of Net 965 Tax Liability

Depart	965-A January 2020) Imment of the Treasury al Revenue Service					vidual Report			2			OMB No. 1545-007	74
Che	eck this box if this is an a	mended	l repor	t									
Name	of taxpayer with a net 965 tax lia	ability		Total	Forms Filed	= 21,541				Identifying nur	nber	Taxable year of reporting	
Par	t Report of Net 9	965 Tax	 Liab 	ility an	d Election	To Pay in Install	ments						
	(a) Year of Section 965(a) Inclusion, Liability Assumed, or Liability Triggering Event (see instructions)		9	(b) r's Net Ta with all 65 amoun e instruction	ts	Taxpayer's N wit 965 a	(c) Taxpayer's Net Tax Liability without 965 amounts (see instructions)			ility column (b))	Deferr (line tota	(e) pration Shareholder Total ed Net 965 Tax Liability I from Part III, column (g), see instructions)	
1													1
2													2
3													3
4													4
5													5
6													6
7													7
8													8
	(f) Net 965 Tax Liability eligible for installment payment (subtract column (e) from colu see instructions)		Insta Ele	g) Ilment ction ade No	to be pa (if column (g	(h) 965 Tax Liability aid in full for Year 1) is "No," enter amount m column (f))	(i) Net 965 Tax to be paid in ir (if column (g) is "Yes from column (f) and	nstallments s," enter amount	Transfe	(j) Net 965 Tax Liab erred (Out), Tran equent Adjustm (see instruction	sferred In, ents, if any	(k) Tax Identification Number of buyer/transferee or seller/transferor	
													1
2													2
3													3
4													4
<u>5</u> 6													5
7													7
													8
Par	Becord of Amo	unt of	Net 9	65 Tax	l iability P	aid by the Taxpa	ver (see instruct	ions)					
	(a)												
	Year of Section 965(a) Inclusion, Liability Assumed, or Triggering Event			b) r Year 1		(c) Paid for Year 2		d) or Year 3		(e) Paid for Year 4		(f) Paid for Year 5	
1													1
_ 2													2
3													3
4													4
5		<u> </u>											5
6		L											6
7													7
8													8
For P	rivacy Act and Paperwork	Reductio	on Act	Notice, s	see the separ	ate instructions.		Cat. N	lo. 71277H			Form 965-A (Rev.	. 1-2020)

art I	Reco	ord of Amount o	f Net 965 Tax L	iability Paid b	y the T	axpayer (continue	d)							Page
		(g) d for Year 6	(t Paid for	_	-	(i) Paid for Year 8		(j) Net 965 Tax Liability F (see instru	Remaining Unpaid ctions)			t 965 T	k) ax Liability Reporting Year	
1														1
2														2
3														3
4 5														4
6														i
7														
8														8
otals									6,708				4,226	
art I			eholder: Repor			Net 965 Tax Liabi	litv		,	ocated	Fror	n an	,	tion a
	Elec	tion To Defer Su	ich Net 965 Tax	Liability			,						e eerpera	
	Year of 965(a) Inclusion		a) ation Name	(b) S Corporatio Tax Identifica Number		(c) axpayer's Net Tax Liability with only 965 amounts from this S Corporation (see instructions)	Tax	(d) payer's Net Tax Liability without 965 amounts (see instructions)	(e) Net 965 Tax Lia related to 965 amo this S Corporation column (d) from co	unts from (subtract	Def Elec	f) erral tion ade No	(g) Deferred Net 965 (if column (f) is " amount from c	Yes," en
1	2017													
otal				 			 					•	1,024	
2	2018													
otal				<u> </u>								•	65	
	F						<u> </u>							
3	2019													
otal												►	*	

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	-A (Rev. 1-:		N											Page
Part I	Re			ability Paid b	y the	e Taxpayer (continue	d)							
	I	(g) Paid for Year 6	(h) Paid for `	/ear 7		(i) Paid for Year 8		(j) Net 965 Tax Liability F (see instru				t 965 T	k) Tax Liability Reporting Year	
1														1
2														2
3							_							:
4 5							_							4
5														
7														
3														8
otals							►		757,020				329,014	
art I	S C Ele	Corporation Share ction To Defer Suc	holder: Report h Net 965 Tax	of Calculation	on o	f Net 965 Tax Liabi	lity	Related to 965	Amounts Allo	cated	Fror	n an	S Corporation	on a
	Year of 965(a)	(a) S Corporati	on Name	(b) S Corporatio Tax Identifica		(c) Taxpayer's Net Tax Liability with only 965 amounts from this S Corporation	Tax	(d) payer's Net Tax Liability without 965 amounts (see instructions)	(e) Net 965 Tax Lia related to 965 amou this S Corporation	unts from (subtract	Def Elec	f) erral ction ade	(g) Deferred Net 965 Ta (if column (f) is "Ye	s," en
	Inclusion			Number		(see instructions)		(see instructions)	column (d) from co	lumn (c))	Yes	No	amount from colu	ımn (e
1	2017													
otal												•	814,563	
2	2018													
otal				<u>.</u>								►	6,944	
3	2019			-			<u> </u>							
	2013													

		ntil the liability is fully paid)				
	(a) Election or Transfer Year	(b) S Corporation Na	ame	(c) S Corporation Tax Identification Number	(d) Beginning Deferred Net 965 Tax Liability (see instructions)	
1						1
2						1
3						
4						
5						
6						
7						
8						
9 0						1
	(e) Reserved for Future Use	(f) Net 965 Tax Liability Triggered (see instructions)	(g) Deferred 965 Net Tax Liability Transferred (Out) or Transferred In by Agreement, if any (see instructions)	(h) Tax Identification Number of Transferee or Transferor	(i) Deferred Net Tax Liability at the end of this Reporting Year (add columns (d), (e), (f), and (g)) (see instructions)	
1		()			
2		()			
3		()			
4		()			
1 2 3 4 5 6		()			
_						
7)			_
3)			
2			1			-

Form 965-A (Rev. 1-2020)

Form 96 Part	65-A (Rev. 1-2020)	eferred Net 965 Tax Liability Relat	ed to 965 Amounts Allocated Fi	rom S Corporations		Page 3
r ar c	(required every year	until the liability is fully paid)		on o corporations		
	(a) Election or Transfer Year	(b) S Corporation Na	me	(c) S Corporation Tax Identification Number	(d) Beginning Deferred Net 965 Tax Liability (see instructions)	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
	(e) Reserved for Future Use	(f) Net 965 Tax Liability Triggered (see instructions)	(g) Deferred 965 Net Tax Liability Transferred (Out) or Transferred In by Agreement, if any (see instructions)	(h) Tax Identification Number of Transferee or Transferor	(i) Deferred Net Tax Liability at the end of this Reporting Year (add columns (d), (e), (f), and (g)) (see instructions)	
1		()			1
2		()			2
3		()			3
4		()			4
5		()			5
6		()			6
_7		()			7
8		()			8
9		()			9
10)			10
Tota					847,550	
If mor	e lines are needed for any Pa	rt on this form, attach additional sheets.			Form 965-A (Be	

	982	Reduction of Tax Attributes Due to Discharge of Indebtedness (and Section 1082 Basis Adjustment))	OMB No. 1545-0046	
Departm	larch 2018) nent of the Treasury Revenue Service	 Attach this form to your income tax return. Go to www.irs.gov/Form982 for instructions and the latest information. 	Attachment Sequence No. 94		
Name s	shown on return	Total Forms Filed = 122,246	ying nui	mber	
Part	t I General	Information (see instructions)			
1	Amount exclud	led is due to (check applicable box(es)):			
а	•	debtedness in a title 11 case		🛛	
b	Discharge of ir	debtedness to the extent insolvent (not in a title 11 case)		🛛	
С		ualified farm indebtedness			
d		ualified real property business indebtedness			
е		ualified principal residence indebtedness (Caution: See instructions before checking			
		d after 2017.)	• •		
2		f discharged indebtedness excluded from gross income	2	122,246	
3		o treat all real property described in section 1221(a)(1), relating to property held for			
		ne ordinary course of a trade or business, as if it were depreciable property?			
Part		on of Tax Attributes. You must attach a description of any transactions res			
		der section 1017. See Regulations section 1.1017-1 for basis reduction ordering			
	required	partnership consent statements. (For additional information, see the instruction	is for I	Part II.)	
Inter	amount exclud	ed from gross income:			
4	For a discharg	e of qualified real property business indebtedness applied to reduce the basis of			
	depreciable re	al property	4	7,481	
5	That you elect	under section 108(b)(5) to apply first to reduce the basis (under section 1017) of		,	
	depreciable pr		5	*	
6	Applied to red	uce any net operating loss that occurred in the tax year of the discharge or carried			
		year of the discharge	6		
				344	
			0	344	
7	Applied to red	ice any general business credit carryover to or from the tax year of the discharge		*	
7 8		uce any general business credit carryover to or from the tax year of the discharge .	7		
	Applied to red	ace any minimum tax credit as of the beginning of the tax year immediately after the	7		
8	Applied to red tax year of the	uce any minimum tax credit as of the beginning of the tax year immediately after the discharge		*	
	Applied to red tax year of the Applied to red	Lice any minimum tax credit as of the beginning of the tax year immediately after the discharge	7 8	*	
8 9	Applied to red tax year of the Applied to red carryovers to t	uce any minimum tax credit as of the beginning of the tax year immediately after the discharge	7	*	
8	Applied to reduce tax year of the Applied to reduce arryovers to the Applied to reduce arryovers to the Applied to reduce to reduce the Applied to reduce arryovers to the Applied to reduce ar	uce any minimum tax credit as of the beginning of the tax year immediately after the discharge	7 8 9	* 482	
8 9	Applied to reduce tax year of the Applied to reduce arryovers to the Applied to reduce arryovers to the Applied to reduce and DO NOT use in the Applied to reduce arryover are the Applied to reduce are the Applied to redu	uce any minimum tax credit as of the beginning of the tax year immediately after the discharge	7 8	*	
8 9	Applied to reduce tax year of the Applied to reduce arryovers to the Applied to reduce arryovers to the Applied to reduce arryover are the Applied to reduce are the Applied t	Lice any minimum tax credit as of the beginning of the tax year immediately after the discharge	7 8 9 10a	* * 482 21,370	
8 9 10a b	Applied to redutax year of the Applied to red carryovers to t Applied to red DO NOT use in Applied to red checked	uce any minimum tax credit as of the beginning of the tax year immediately after the discharge	7 8 9	* 482	
8 9 10a b 11	Applied to redutax year of the Applied to red carryovers to t Applied to red DO NOT use in Applied to red checked For a discharg	Lice any minimum tax credit as of the beginning of the tax year immediately after the discharge	7 8 9 10a	* * 482 21,370	
8 9 10a b	Applied to redutax year of the Applied to red carryovers to t Applied to red DO NOT use in Applied to red checked For a discharg Depreciable pr	The basis of your principal residence. Enter amount here ONLY if line 1e is the basis of your principal residence to reduce the basis of: operty used or held for use in a trade or business or for the production of income if	7 8 9 10a 10b	* 482 21,370 4,895	
8 9 10a b 11	Applied to redutax year of the Applied to red carryovers to t Applied to red DO NOT use in Applied to red checked For a discharg Depreciable pr	Lice any minimum tax credit as of the beginning of the tax year immediately after the discharge	7 8 9 10a	* * 482 21,370	
8 9 10a b 11 a	Applied to reduce tax year of the Applied to reducerryovers to the Applied to reduceryovers to the Applied to reducerryovers to the	The basis of your principal residence. Enter amount here ONLY if line 1e is the of qualified farm indebtedness applied to reduce the basis of:	7 8 9 10a 10b 11a	* * 482 21,370 4,895 0	
8 9 10a b 11	Applied to reduce tax year of the Applied to reducerryovers to the Applied to reduceryovers to the Applied to reducerryovers to the	The basis of your principal residence. Enter amount here ONLY if line 1e is the basis of your principal residence to reduce the basis of:	7 8 9 10a 10b	* 482 21,370 4,895	
8 9 10a b 11 a b	Applied to reduce tax year of the Applied to reduce the reduced of the tax of	The case of discharge of qualified farm indebtedness	7 8 9 10a 10b 11a 11b	* * 482 21,370 4,895 0 *	
8 9 10a b 11 a	Applied to reduce tax year of the Applied to reduce the reduced of the tax of	The basis of your principal residence. Enter amount here ONLY if line 1e is the of qualified farm indebtedness applied to reduce the basis of:	7 8 9 10a 10b 11a	* * 482 21,370 4,895 0	
8 9 10a b 11 a b c	Applied to redutax year of the Applied to reducarryovers to t Applied to red DO NOT use in Applied to red DO NOT use in Applied to red checked For a discharg Depreciable prinot reduced on Land used or h Other property	Lice any minimum tax credit as of the beginning of the tax year immediately after the discharge	7 8 9 10a 10b 11a 11b 11c	* * 482 21,370 4,895 0 * 0	
8 9 10a b 11 a b	Applied to redutax year of the Applied to reducarryovers to t Applied to red DO NOT use in Applied to red DO NOT use in Applied to red checked For a discharg Depreciable prinot reduced on Land used or h Other property	The case of discharge of qualified farm indebtedness	7 8 9 10a 10b 11a 11b	* * 482 21,370 4,895 0 *	
8 9 10a b 11 a b c	Applied to redutax year of the Applied to reducaryovers to t Applied to red DO NOT use in Applied to red Checked For a discharg Depreciable prinot reduced on Land used or h Other property Applied to reduced	Lice any minimum tax credit as of the beginning of the tax year immediately after the discharge	7 8 9 10a 10b 11a 11b 11c	* * 482 21,370 4,895 0 * 0	

Under section 1081(b), the corporation named above has	excluded \$	from its gross income
for the tax year beginning	and ending	
Under that section, the corporation consents to have the	basis of its property adjusted in accordance	with the regulations prescribed
under section 1082(a)(2) in effect at the time of filing its inc	come tax return for that year. The corporatior	n is organized under the laws
of		

(State of incorporation)

Note: You must attach a description of the transactions resulting in the nonrecognition of gain under section 1081.

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 17066E

* Data not shown because of the small number of sample returns on which they are based.

2019 Line Item Estimates—All figures are estimates based on samples.
Amounts of selected lines filed (in thousands of dollars)

	ent of the Treasury Revenue Service		ch this form to your income tax retur /Form982 for instructions and the lat		Attachment Sequence No. 94
	nown on return	Total Forms Filed =	122,246	Identifying n	
Part	l Genera	I Information (see instruction	ns)		
1 b c d e	Discharge of i Discharge of i Discharge of o Discharge of o Discharge of was discharge	qualified farm indebtedness qualified real property business i qualified principal residence ind ed after 2017.)	vent (not in a title 11 case)	tions before checking th	
2 3 Part	Do you elect customers in t	to treat all real property describ the ordinary course of a trade or	cluded from gross income bed in section 1221(a)(1), relating r business, as if it were depreciable must attach a description of ar	to property held for sale e property?	to · □ Yes □ N
	basis ur required	nder section 1017. See Regula I partnership consent stateme	ations section 1.1017-1 for basis ents. (For additional information,	s reduction ordering rule	es, and, if applica
nter 4			isiness indebtedness applied to r		7,481
5			ply first to reduce the basis (und		*
6			t occurred in the tax year of the d	•	344
7 8	Applied to red	duce any minimum tax credit as	carryover to or from the tax year of the beginning of the tax year in	nmediately after the	*
9		· ·	tax year of the discharge, includ		482
0a		duce the basis of nondepreciab in the case of discharge of qualif	le and depreciable property if not <i>ied farm indebtedness</i>	reduced on line 5.	
b	Applied to re-	c ,	al residence. Enter amount here		
1 a	-	property used or held for use in a	s applied to reduce the basis of: a trade or business or for the proc		
b	Land used or	held for use in a trade or busine	ss of farming	11b	*
с	Other property	y used or held for use in a trade	or business or for the production	of income 11c	• 0
2	Applied to red	luce any passive activity loss and	d credit carryovers from the tax ye	ar of the discharge 12	*
3	Applied to red	duce any foreign tax credit carry	over to or from the tax year of the	discharge 13	*

		nennie greee meenie
for the tax year beginning	and ending	·
Under that section, the corporation consents to	have the basis of its property adjusted in accordance wit	h the regulations prescribed
under section 1082(a)(2) in effect at the time of f	filing its income tax return for that year. The corporation is o	organized under the laws
of		
(State o	of incorporation)	

Note: You must attach a description of the transactions resulting in the nonrecognition of gain under section 1081.

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 17066E

* Data not shown because of the small number of sample returns on which they are based.

Form **2106 Employee Business Expenses** OMB No. 1545-0074 (for use only by Armed Forces reservists, gualified performing artists, fee-basis state or local 209 government officials, and employees with impairment-related work expenses) Attach to Form 1040, 1040-SR, or 1040-NR. Attachment Sequence No. **129** Department of the Treasury ▶ Go to www.irs.gov/Form2106 for instructions and the latest information. Internal Revenue Service (99) Your name Social security number Occupation in which you incurred expenses Total Forms Filed = 493,832 Part I **Employee Business Expenses and Reimbursements** Column A Column B

Step 1 Enter Your Expenses		Other Than Meals	Meals
Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	277,351	
Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	143,335	
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals	3	138,542	
Business expenses not included on lines 1 through 3. Don't include meals	4	329,965	
Meals expenses (see instructions)	5		191,162
Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	474,751	
	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work. Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals Business expenses not included on lines 1 through 3. Don't include meals Meals expenses (see instructions) Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) 1 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work. 2 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals 3 Business expenses not included on lines 1 through 3. Don't include meals 4 Meals expenses (see instructions) 5 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)1277,351Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work2143,335Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals3138,542Business expenses not included on lines 1 through 3. Don't include meals4329,965Meals expenses. In Column A, add lines 1 through 4 and enter the result. In Column5

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that weren't reported to you in			
box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12			
of your Form W-2 (see instructions)	7	14,862	5,547

Step 3 Figure Expenses To Deduct

10	Add the amounts on line 9 of both columns and enter the total here. Also, enter the total (Form 1040 or 1040-SR), line 11 (or Form 1040-NR, line 34). Employees with impairm expenses, see the instructions for rules on where to enter the total on your return	10	476.277		
9	Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return. In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50)	9			191,122
8	Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040 or 1040-SR, line 1 (or on Form 1040-NR, line 8)	8	470,798		191,122

2019 Line Item Estimates—All figures are estimates based on samples.

Amounts of selected lines filed (in thousands of dollars)

Form **2106** Employee Business Expenses (for use only by Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and employees with impairment-related work expenses)

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form2106 for instructions and the latest information.

Department of the Treasury Internal Revenue Service (99) Your name

Total Forms Filed = 493,832

Part I

Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses			Column A Other Than Meals	Column B Meals
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	2,678,819	
2	Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	193,222	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals	3	354,531	
4	Business expenses not included on lines 1 through 3. Don't include meals	4	1,358,657	
5	Meals expenses (see instructions)	5		506,653
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	4,585,230	

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7	Enter reimbursements received from your employer that weren't reported to you in			
	box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12			
	of your Form W-2 (see instructions)	7	56,584	20,698

Step 3 Figure Expenses To Deduct

8	Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040 or 1040-SR, line 1 (or on Form 1040-NR, line 8)	8	4,532,21	2	491,776
	Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9	In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50)	9			248,003
10	10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule 1 (Form 1040 or 1040-SR), line 11 (or Form 1040-NR, line 34). Employees with impairment-related work expenses, see the instructions for rules on where to enter the total on your return				
For F	Paperwork Reduction Act Notice, see your tax return instructions. Cat. No.				Form 2106 (2019)

OMB No. 1545-0074

Attachment Sequence No. **129**

g

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Occupation in which you incurred expenses | Social security number
Form 2106 (2019)

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Part	II Vehicle Expenses								
	n A-General Information (You must complete th	is sec	tion if you are		(a) \	Vehicle 1	(1	b) Veł	nicle 2
	ng vehicle expenses.)					1		-	
11	Enter the date the vehicle was placed in service				/	/		/	/
12	Total miles the vehicle was driven during 2019					miles			miles
13	Business miles included on line 12					miles			miles
14	Percent of business use. Divide line 13 by line 12.					%			%
15	Average daily roundtrip commuting distance					miles			miles
16			 fear line 10			miles			miles
17	Other miles. Add lines 13 and 16 and subtract the					miles		Vaa	miles
18 19	Was your vehicle available for personal use during Do you (or your spouse) have another vehicle avail							Yes Yes	
20	Do you have evidence to support your deduction?							Yes	
20 21								Yes	
	If "Yes," is the evidence written?	ions i	for Part II to find c	 Nut whe	ther to co				
22	Multiply line 13 by 58¢ (0.58). Enter the result here						22		,853
	on C-Actual Expenses	unu						201	,000
			(a) Vel	hicle 1		(b) Veh	nicle 2	
			(1)			· · · · ·	,		
23	Gasoline, oil, repairs, vehicle insurance, etc.	23							
24a	Vehicle rentals	24a							
b	Inclusion amount (see instructions)	24b							
с	Subtract line 24b from line 24a	24c							
25	Value of employer-provided vehicle (applies only								
	if 100% of annual lease value was included on								
	Form W-2-see instructions).	25							
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage on line 14	27							
28	Depreciation (see instructions)	28			000				
29 Sootia	Add lines 27 and 28. Enter total here and on line 1 on D-Depreciation of Vehicles (Use this section		if you owned the y		829	mploting So	ation () for th	<u>a vehiele)</u>
Secu	D-Depreciation of venicies (Use this section	Only	(a) Ve		nu are cu	<u> </u>	b) Ver		ie venicie.)
			(a) ve	nicie i		, (i	b) ver	licie 2	
30	Enter cost or other basis (see instructions) .	30							
31	Enter section 179 deduction and special allowance								
•	(see instructions)	31							
32	Multiply line 30 by line 14 (see instructions if you								
	claimed the section 179 deduction or special								
	allowance)	32							
33	Enter depreciation method and percentage (see								
	instructions)	33					_		
34	Multiply line 32 by the percentage on line 33 (see								
	instructions)	34							
35	Add lines 31 and 34	35							
36	Enter the applicable limit explained in the line 36								
07	instructions	36					_		
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the smaller of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38							

Form **2106** (2019)

Form 21	06 (2019)							Page 2
Part	II Vehicle Expenses							
	on A-General Information (You must complete th	is sec	tion if you are		(a)	Vehicle 1	(b) \/	obielo 2
	ng vehicle expenses.)		,		(a)	venicie i	(0) V	ehicle 2
11	Enter the date the vehicle was placed in service			11	/	/	/	/
12	Total miles the vehicle was driven during 2019			12		miles		miles
13	Business miles included on line 12			13		miles		miles
14	Percent of business use. Divide line 13 by line 12.					%		%
15	Average daily roundtrip commuting distance			15		miles		miles
16	Commuting miles included on line 12			16		miles		miles
17	Other miles. Add lines 13 and 16 and subtract the	total	from line 12	17		miles		miles
18	Was your vehicle available for personal use during	off-d	uty hours?				. 🗌 Yes	🗌 No
19	Do you (or your spouse) have another vehicle avai	lable	for personal use? .				. 🗌 Yes	🗌 No
20	Do you have evidence to support your deduction?							🗌 No
21	If "Yes," is the evidence written?						. 🗌 Yes	
Section	on B-Standard Mileage Rate (See the instruct							
22	Multiply line 13 by 58¢ (0.58). Enter the result here	and	on line 1....				22 2,4	39,167
Secti	on C—Actual Expenses					1 .		
			(a) Ver	nicle 1		(b) Vehicle	2
00		00						
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
24a		24a						
b	Inclusion amount (see instructions)	24b 24c						
С	Subtract line 24b from line 24a	240						
25	Value of employer-provided vehicle (applies only							
	if 100% of annual lease value was included on Form W-2—see instructions).	25						
26	Add lines 23, 24c, and 25.	25						
20 27	Multiply line 26 by the percentage on line 14	20						
28	Depreciation (see instructions)	27						
29	Add lines 27 and 28. Enter total here and on line 1	29		213	,318			
-	on D -Depreciation of Vehicles (Use this section		if you owned the y				ction C for	the vehicle.)
			(a) Vel			, <u> </u>	b) Vehicle	,
30	Enter cost or other basis (see instructions) .	30						
31	Enter section 179 deduction and special allowance							
	(see instructions)	31				_		
32	Multiply line 30 by line 14 (see instructions if you							
	claimed the section 179 deduction or special	32						
00		32						
33	Enter depreciation method and percentage (see instructions)	33						
24	Multiply line 32 by the percentage on line 33 (see	- 55						
34	instructions)	34						
35	Add lines 31 and 34	35						
36	Enter the applicable limit explained in the line 36							
50	instructions	36						
37	Multiply line 36 by the percentage on line 14	37						
38								
30	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						
							 For	m 2106 (2019)

73

	CORRECTED			
Name, address, and ZIP code of RIC or REIT	OMB No. 1545-0145	Notice to Shareholder Long-Term Cap		
Total Forms Filed = 3,611	2019	For calendar year 2019, or other tax year of the regulated investment company (RIC) real estate investment trust (REIT)		
		beginning	, 2019, and	
	Form 2439	ending	, 20	
Identification number of RIC or REIT	1a Total undistributed long-	-term capital gains		
	2,379		Сору А	
Shareholder's identifying number	1b Unrecaptured section 12	250 gain	Attach to	
	0		Form 1120-RIC or Form 1120-REIT	
Shareholder's name, address, and ZIP code	1c Section 1202 gain	1d Collectibles (28%) gain		
	*	0	For Instructions	
	2 Tax paid by the RIC or F	REIT on the box 1a gains	and Paperwork Reduction Act Notice, see back of	
	2,019		Copies A and D.	
Form 2439 Cat. No. 11858E	www.irs.gov/Form2439	Department of the Treasu	ıry - Internal Revenue Servi	

	DRRECTED				
Name, address, and ZIP code of RIC or REIT	OMB No. 1545-0145	Notice to Shareholder of Undistribu Long-Term Capital Gains			
Total Forms Filed = 3,611	2019	For calendar year 2019, or other tax year of the regulated investment company (RIC) or real estate investment trust (REIT)			
		beginning,	2019, and		
	Form 2439	ending,			
Identification number of RIC or REIT	1a Total undistributed long-te	erm capital gains	_		
	3,555		Сору А		
Shareholder's identifying number	1b Unrecaptured section 125	Attach to Form 1120-RIC			
	0		or Form 1120-RIC		
Shareholder's name, address, and ZIP code	1c Section 1202 gain	1d Collectibles (28%) gain			
	*	0	For Instructions		
	2 Tax paid by the RIC or RE	and Paperwork Reduction Act Notice, see back of			
	733		Copies A and D.		
Form 2439 Cat. No. 11858E	www.irs.gov/Form2439	Department of the Treasury	- Internal Revenue Service		

Form	2441	Child	and Depend	lent Care E	Expens	ses	1040 1040-SR		OMB No. 1545-0074
1 Onn			Attach to Form 1		-		1040-NR		2019
Dopartr	ment of the Treasury						2441)	Attachment
	Revenue Service (99)	► GC	o to <i>www.irs.gov/Fo</i> lates	t information.	ictions and	a the	2441		Sequence No. 21
Name(s	s) shown on return	Tot	al Forms Filed =	7,204,48	3			Your so	cial security number
			and dependent ca ns under "Married						unless you meet the s, check this box.
Par			ations Who Pro an two care prov				nplete this pa	rt.	
1	(a) Care provider's name			(b) Address t. no., city, state, and	I ZIP code)		(c) Identifying nu (SSN or EIN)	nber	(d) Amount paid (see instructions)
									7,080,546
			ou receive	No		-	plete only Part		
.		-	care benefits?	Yes			plete Part III or		
(Form	1040 or 1040-SF	R), line 7a; or	n your home, you r Form 1040-NR, lir	ne 59a.	ment taxe	es. ⊦or de	tails, see the in	structio	ns for Schedule 2
Part			Dependent Car	•					
2	Information abo	ut your qual	ifying person(s).	t you have more			-		uctions. Qualified expenses you
	Eirot	(a) Qualifyir	ng person's name	Loot	a)		person's social y number	incurre	ed and paid in 2019 for the son listed in column (a)
	First			Last				per	
									6,586,486
									2,492,692
3	Add the amount	s in column	(c) of line 2. Don't	enter more thar	n \$3,000 fe	or one qu	alifying persor		2,402,002
	or \$6,000 for tw	o or more pe	ersons. If you com	pleted Part III, er	nter the an	nount froi	m line 31 . .	3	6,496,596
4	,							4	7,146,031
5	• •		your spouse's ea			•	was a student		4 469 992
~			tructions); all othe	rs, enter the am	ount from	line 4 .		5	4,468,882 6,439,189
6 7	Enter the smalle	,	4, or 5 m 1040 or 1040-	 SB line 8h: or	 Form			6	0,439,109
•	1040-NR, line 35					7			
8	Enter on line 8 tl	he decimal a	mount shown belo	ow that applies t		-	e 7		
	If line 7 is:			If line 7 is					
	B	ut not D	ecimal		But not	Decin	nal		
			mount is	Over	over	amou	ntis		
	\$0-15		.35	\$29,000-		.27			7 202 4984
	15,000-17	-	.34		-33,000	.26		8	7,203,480 .
	17,000—19 19,000—21	,	.33	í í	-35,000	.25			
	21,000-23	,	.32 .31		-37,000 -39,000	.24 .23			
	23,000-25	,	.30	í í	-41,000	.22			
	25,000-27	,	.29		-43,000	.22			
	27,000-29		.28		–No limit	.20			
9		by the decin	nal amount on lin	e 8. If you paid	2018 exp	penses in	2019, see the	9	6,437,955
10	•		mount from the C		1	IO			, - ,
11			dent care expens			-	ne 10 here and		
			r 1040-SR), line 2;					11	6,375,388
For P	aperwork Reduc	tion Act No	tice, see your tax	return instruct	ions.		Cat. No. 11862M	. 1	Form 2441 (2019)

Form	2441	Chil	d and Depend		-	10	40 40-SR 40-NR		OMB No. 1545-0074
	nent of the Treasury	▶	Go to www.irs.gov/F				2441	1 J	Attachment
	Revenue Service (99) s) shown on return			st information.				Your se	Sequence No. 21
Name(3	shown on return	1	Total Forms Filed =	7,204,48	3			l our se	
requir	ements listed in	the instruct	tions under "Married	Persons Filing S	Separately."	If you meet	these requ	iremen	t unless you meet the ts, check this box.
Par			izations Who Pro				ete this pa	rt.	
1	(a) Care provider's name	5	(number, street, a	(b) Address pt. no., city, state, and	d ZIP code)	(c)	Identifying nur (SSN or EIN)	nber	(d) Amount paid (see instructions)
									42,803,117
			l you receive ent care benefits?	——— No ——— Yes		 Complet Complet 	-		
(Form	1040 or 1040-8	vas provideo SR), line 7a;	d in your home, you or Form 1040-NR, li	may owe employ ine 59a.					
Pari			d Dependent Ca						
2	Information at		alifying person(s).	If you have more		Qualifying pers			UCTIONS. Qualified expenses you
	First	(a) Qual	ifying person's name	Last	(5)	security nun			red and paid in 2019 for the rson listed in column (a)
									27,312,293
									40.054.000
3	Add the amou	nts in colun	nn (c) of line 2. Don'	t enter more that	n \$3,000 for	r one qualify	ing person		10,851,389
	or \$6,000 for t	wo or more	persons. If you corr	npleted Part III, ei	nter the amo	ount from lin	e31	3	19,041,969
4			e. See instructions					4	593,112,932
5			ter your spouse's eanstructions); all othe				s a student	5	301,571,416
6	Enter the sma		,,					6	18,648,084
7	Enter the amount of the the amount of the second se		Form 1040 or 1040	-SR, line 8b; or	Form · 7				
8			I amount shown bel			nt on line 7			
	If line 7 is	: But not	Decimal	If line 7 is	s: But not	Decimal			
	-	over	amount is	Over	over	amount is			
	\$0-	15,000	.35	\$29,000	-31,000	.27	_		
	15,000-	17,000	.34	31,000	-33,000	.26		8	Χ.
	17,000—	19,000	.33	33,000	-35,000	.25			
	19,000—	-	.32		-37,000	.24			
	21,000-	,	.31	,	-39,000	.23			
	23,000-	-	.30	,	-41,000	.22			
	25,000 <i>—</i> 27,000 <i>—</i>		.29 .28		—43,000 —No limit	.21 .20			
9			.20 cimal amount on lir	1 '			19, see the	9	3,973,031
10	Tax liability lin		e amount from the ((sheet 10			9	0,070,001
11			endent care expen		-		0 here and		
) or 1040-SR), line 2					11	3,778,995
For P	aperwork Redu	uction Act I	Notice, see your ta	x return instruct	ions.	Cat	. No. 11862M		Form 2441 (2019)

Form	2441 (2019)		Page 2
Par	t III Dependent Care Benefits		· · · · · ·
	Enter the total amount of dependent care benefits you received in 2019. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership. Enter the amount, if any, you carried over from 2018 and used in 2019 during the grace period.	12	1,568,176
10	See instructions	13	5,419
15	Enter the total amount of qualified expenses incurred in 2019 for the	14 15	(67,850)
17	care of the qualifying person(s) 16 1,424,804 Enter the smaller of line 15 or 16 17 17	-	
18	Enter your earned income. See instructions	-	
	earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). 19 4,468,882 • If married filing separately, see instructions. 19 4,468,882		
	 All others, enter the amount from line 18. Enter the smallest of line 17, 18, or 19	-	
22	Is any amount on line 12 from your sole proprietorship or partnership? No. Enter -0 Yes. Enter the amount here	22	5.079
	Subtract line 22 from line 15 23 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	2,921
	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0	25	1,270,295
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0 Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8, enter "DCB".	26	422,295
	To claim the child and dependent care credit, complete lines 27 through 31 below.		

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28	Add lines 24 and 25	28	1,273,075
29	Subtract line 28 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid		
	2018 expenses in 2019, see the instructions for line 9	29	
30	Complete line 2 on the front of this form. Don't include in column (c) any benefits shown on line		
	28 above. Then, add the amounts in column (c) and enter the total here	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and		
	complete lines 4 through 11	31	6,496,596
			Form 2441 (2019)

79

29

30

31

19,041,969

Form 2441 (2019)

Form 2441 (2019) Page 2 Part III Dependent Care Benefits 12 Enter the total amount of dependent care benefits you received in 2019. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership. 12 5,360,179 **13** Enter the amount, if any, you carried over from 2018 and used in 2019 during the grace period. 10,988 13 65,955 **14** Enter the amount, if any, you forfeited or carried forward to 2020. See instructions 14 15 16 Enter the total amount of qualified expenses incurred in 2019 for the 16 13,605,528 **17** Enter the **smaller** of line 15 or 16. 17 18 593,112,932 **19** Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). 19 301,571,416 • If married filing separately, see instructions. • All others, enter the amount from line 18. 20 21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19) . . . 21 22 Is any amount on line 12 from your sole proprietorship or partnership? **No.** Enter -0-. 22 17,194 23 24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions 24 4,590 25 Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0- 25 4,440,663 26 Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8. On the dotted line next to Form 1040 26 847.354 To claim the child and dependent care credit, complete lines 27 through 31 below. 27 28 4,445,252 29 Subtract line 28 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid

30 Complete line 2 on the front of this form. **Don't** include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here

Departm	B468 Investment Credit Attach to your tax return. Go to www.irs.gov/Form3468 for instructions and the latest information.		OMB No. 1545-0155
	shown on return	Identifying	Sequence No. 174 number
	Total Forms Filed = 23,832		
Part	Information Regarding the Election To Treat the Lessee as the Purchaser of Inve	stment C	Credit Property
-	are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4		
	ng information. If you acquired more than one property as a lessee, attach a statement showing the	informatio	on below.
1	Name of lessor		
2	Address of lessor		
3	Description of property		
4	Amount for which you were treated as having acquired the property		
Part	Qualifying Advanced Coal Project Credit, Qualifying Gasification Project Credit Advanced Energy Project Credit	, and Qu	alifying
5	Qualifying advanced coal project credit (see instructions):		
a	Qualified investment in integrated gasification combined cycle property		
-	placed in service during the tax year for projects described in section		
	48A(d)(3)(B)(i)		
b	Qualified investment in advanced coal-based generation technology property		
	placed in service during the tax year for projects described in section		
	48A(d)(3)(B)(ii)		
с	Qualified investment in advanced coal-based generation technology property		
	placed in service during the tax year for projects described in section		
	48A(d)(3)(B)(iii)		
d	Total. Add lines 5a, 5b, and 5c	. 5d	490
6	Qualifying gasification project credit (see instructions):		
а	Qualified investment in qualified gasification property placed in service during		
	the tax year for which credits were allocated or reallocated after October 3,		
	2008, and that includes equipment that separates and sequesters at least 75%		
	of the project's carbon dioxide emissions \$ × 30% (0.30) 6a	_	
b	Qualified investment in property other than in a above placed in service during		
	the tax year	0.	
c 7	Total. Add lines 6a and 6b	. 6 C	· ·
7	Qualifying advanced energy project credit (see instructions): Qualified investment in advanced energy project property placed in ser	vice	
	during the tax year		350
	x 30% (0		330
8	Reserved for future use	. 8	
9	Enter the applicable unused investment credit from cooperatives (see instructions)	-	511
10	Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, Part III, line 1a		1,349
	perwork Reduction Act Notice, see separate instructions. Cat. No. 12276E		Form 3468 (2019)

orm V	3468 Investment Credit	0	MB No. 1545-0155
	 Attach to your tax return. For to www.irs.gov/Form3468 for instructions and the latest information. 	A	ttachment equence No. 174
ame(s) shown on return Total Forms Filed = 23,832	dentifying n	umber
Part	Information Regarding the Election To Treat the Lessee as the Purchaser of Invest	tment C	redit Property
you	are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4,	1990) ele	ction, provide t
llow	ing information. If you acquired more than one property as a lessee, attach a statement showing the ir	nformatio	n below.
1	Name of lessor		
2	Address of lessor		
3	Description of property		
4	Amount for which you were treated as having acquired the property		
art	Qualifying Advanced Coal Project Credit, Qualifying Gasification Project Credit, a Advanced Energy Project Credit	and Qua	litying
5	Qualifying advanced coal project credit (see instructions):		
а	Qualified investment in integrated gasification combined cycle property		
	placed in service during the tax year for projects described in section		
	48A(d)(3)(B)(i)		
b	Qualified investment in advanced coal-based generation technology property		
	placed in service during the tax year for projects described in section		
	48A(d)(3)(B)(ii)		
С	Qualified investment in advanced coal-based generation technology property		
	placed in service during the tax year for projects described in section		
	48A(d)(3)(B)(iii)		
d	Total. Add lines 5a, 5b, and 5c	. 5d	249
5	Qualifying gasification project credit (see instructions):		
а	Qualified investment in qualified gasification property placed in service during		
	the tax year for which credits were allocated or reallocated after October 3,		
	2008, and that includes equipment that separates and sequesters at least 75%		
h	of the project's carbon dioxide emissions \$ × 30% (0.30) 6a	_	
b	Qualified investment in property other than in a above placed in service during		
-	the tax year	60	*
с 7	Total. Add lines 6a and 6b	. 6c	
7	Qualified investment in advanced energy project property placed in service	ce	
	during the tax year \ldots		13,174
	× 30% (0.3		13,174
8	Reserved for future use	. 8	
9	Enter the applicable unused investment credit from cooperatives (see instructions)		79
0	Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, Part III, line 1a		13,654
-	perwork Reduction Act Notice, see separate instructions. Cat. No. 12276E		Form 3468 (20

Form 34	l68 (2019)		Page 2
Part	III Rehabilitation Credit and Energy Credit		i.
11	Rehabilitation credit (see instructions for requirements that must be met):		
а	Check this box if you are electing under section $47(d)(5)$ to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions. Note: This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent		
b	Enter the dates on which the 24- or 60-month measuring period begins		
	and ends		
С	Enter the adjusted basis of the building as of the beginning date above (or the first day of your holding period, if later)		
d	Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 11b above		
	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:		
е	Pre-1936 buildings under the transition rule (see instructions) $\$$ × 10% (0.10)	11e	1,601
f	Certified historic structures under the transition rule (see instructions) $2 \times 20\%$ (0.20)	11f	4,007
g	Certified historic structures with expenditures paid or incurred after		004
	2017 and not under the transition rule (see instructions) \dots \$ $\times 4\%$ (0.04) Note: This credit is allowed for a 5-year period beginning in the tax year that the qualified rehabilitated	11g	334
	building is placed in service.		
	For properties identified on line 11f or 11g, complete lines 11h and 11i.		
h	Enter the assigned NPS project number or the pass-through entity's employer identification number (see instructions)		
i	Enter the date that the NPS approved the Request for Certification of Completed Work (see instructions)		
12	Energy credit:		
а	Basis of property using geothermal energy placed in service during the tax year		
	(see instructions)	12a	530
b	Basis of property using solar illumination or solar energy placed in service during the tax year that is attributable to periods after December 31, 2005, and the construction of which began before		
	2020 (see instructions)	12b	15,224
С	Basis of property using solar illumination or solar energy placed in service during the tax year and the construction of which began in 2020 (see instructions)	12c	58
	Qualified fuel cell property (see instructions):		
d	Basis of property placed in service during the tax year that was acquired after December 31, 2005, and before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by		
	the taxpayer after December 31, 2005, and before October 4, 2008 \$ × 30% (0.30)	12d	
е	Applicable kilowatt capacity of property on line 12d (see instructions) . ► × \$1,000	12e	
f	Enter the lesser of line 12d or line 12e	12f	*
g	October 3, 2008, and the construction of which began before 2020 $\times 30\%$ (0.30)	10-	
h	Applicable kilowatt capacity of property on line 12g (see instructions) .	12g 12h	
i	Enter the lesser of line 12g or line 12h \ldots	12i	14
i	Basis of property placed in service during the tax year and the construction of which began		
,	in 2020	12j	
k	Applicable kilowatt capacity of property on line 12j (see instructions)	12k	
I.	Enter the lesser of line 12j or line 12k	121	0
	Qualified microturbine property (see instructions):		
m	Basis of property placed in service during the tax year that was acquired after December 31, 2005,		
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after		
	December 31, 2005	12m	
n	Kilowatt capacity of property on line 12m	12n	
0	Enter the lesser of line 12m or line 12n	120	172

* Data not shown because of the small number of sample returns on which they are based.

Form 34	68 (2019)		Page 2
Part	II Rehabilitation Credit and Energy Credit		
11	Rehabilitation credit (see instructions for requirements that must be met):		
а	Check this box if you are electing under section $47(d)(5)$ to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions. Note: This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent		
b	Enter the dates on which the 24- or 60-month measuring period begins		
с	and ends Enter the adjusted basis of the building as of the beginning date above (or the first day of your holding period, if later)		
d	Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 11b above		
	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:		
е	Pre-1936 buildings under the transition rule (see instructions) \$ × 10% (0.10)	11e	8,347
f	Certified historic structures under the transition rule (see instructions) \$ × 20% (0.20) Certified historic structures with expenditures paid or incurred after	11f	268,516
g	2017 and not under the transition rule (see instructions)	11g	55,693
	Note: This credit is allowed for a 5-year period beginning in the tax year that the qualified rehabilitated building is placed in service.	iig	
	For properties identified on line 11f or 11g, complete lines 11h and 11i.		
h	Enter the assigned NPS project number or the pass-through entity's employer identification number (see instructions)		
i	Enter the date that the NPS approved the Request for Certification of Completed Work (see instructions)		
12	Energy credit:		
а	Basis of property using geothermal energy placed in service during the tax year (see instructions)	10-	1 244
h	(see instructions)	12a	1,244
b	Basis of property using solar illumination or solar energy placed in service during the tax year that is attributable to periods after December 31, 2005, and the construction of which began before 2020 (see instructions) $\dots \dots \dots$	12b	544,110
с	Basis of property using solar illumination or solar energy placed in service during the tax year and the	120	011,110
	construction of which began in 2020 (see instructions)	12c	4,158
	Qualified fuel cell property (see instructions):		
d	Basis of property placed in service during the tax year that was acquired after December 31, 2005,		
	and before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by		
	the taxpayer after December 31, 2005, and before October 4, 2008 \$ × 30% (0.30)	12d	
e f	Applicable kilowatt capacity of property on line 12d (see instructions) .	12e	*
f a	Enter the lesser of line 12d or line 12e	12f	
g	October 3, 2008, and the construction of which began before 2020 × 30% (0.30)	12g	
h	Applicable kilowatt capacity of property on line 12g (see instructions) . ► × \$3,000	129	
i	Enter the lesser of line 12g or line 12h	12i	1,169
j	Basis of property placed in service during the tax year and the construction of which began		-
	in 2020	12j	
k	Applicable kilowatt capacity of property on line 12j (see instructions)	12k	
I	Enter the lesser of line 12j or line 12k	121	0
-	Qualified microturbine property (see instructions):		
m	Basis of property placed in service during the tax year that was acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection by the taxpayer after		
	December 31, 2005	12m	
n	Kilowatt capacity of property on line 12m	12n	
0	Enter the lesser of line 12m or line 12n	120	106

* Data not shown because of the small number of sample returns on which they are based.

Form **3468** (2019)

orm 3468 (2019)		Page
Part III Rehabilitation Credit and Energy Credit (continued)		
Combined heat and power system property (see instructions):		
Caution: You can't claim this credit if the electrical capacity of the property is more than 50		
megawatts or has a mechanical energy capacity of more than 67,000 horsepower or an equivalent		
combination of electrical and mechanical energy capabilities.		
p Basis of property placed in service during the tax year that was acquired after October 3, 2008,		
and the basis attributable to construction, reconstruction, or erection by the taxpayer after		
October 3, 2008	12p	
q If the electrical capacity of the property is measured in:		
Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or less.		
• Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or		
less	12g	
r Multiply line 12p by line 12q	12r	529
Qualified small wind energy property (see instructions):		
 Basis of property placed in service during the tax year that was acquired after October 3, 2008, and 		
before January 1, 2009, and the basis attributable to the construction, reconstruction, or erection by		
the taxpayer after October 3, 2008, and before January 1, 2009 . $\$$ × 30% (0.30)	12s	
t Enter the smaller of line 12s or \$4,000	123 12t	0
	121	0
u Basis of property placed in service during the tax year that is attributable to periods after December 31, 2008, and the construction of which began before		
$2020 \dots 31, 2008, and the construction of which began before 30\% (0.30)$	10.	0
Ψ × 00 /0 (0.00)	12u	0
V Basis of property placed in service during the tax year and the construction of which began	10	0
in 2020	12v	0
Geothermal heat pump systems (see instructions):		
w Basis of property placed in service during the tax year that was acquired after October 3, 2008, and		
the basis attributable to construction, reconstruction, or erection by the taxpayer after		
October 3, 2008	12w	*
Qualified investment credit facility property (see instructions):		
x Basis of property the construction of which began before 2021 (other than wind facility		
property and the construction of which began after 2016) placed in service during the		
tax year	12x	252
v Basis of wind facility property placed in service during the tax year and the construction of which		
began during 2017	12y	0
Z Basis of wind facility property placed in service during the tax year and the construction of which		
began during 2018 or 2020	12z	175
a Basis of wind facility property placed in service during the tax year and the construction of which		
began during 2019	12aa	*
13 Enter the applicable unused investment credit from cooperatives (see instructions)	13	*
14 Add lines 11e, 11f, 11g, 12a, 12b, 12c, 12f, 12i, 12l, 12o, 12r, 12t, 12u, 12v, 12w, 12x, 12y, 12z, 12aa		
and 13. Report this amount on Form 3800, Part III, line 4a	14	22,556
		Form 3468 (201

* Data not shown because of the small number of sample returns on which they are based.

Form 34	168 (2019)		Page 3
Part			Fage U
i ai i	Combined heat and power system property (see instructions):		
	Caution: You can't claim this credit if the electrical capacity of the property is more than 50		
	megawatts or has a mechanical energy capacity of more than 67,000 horsepower or an equivalent		
	combination of electrical and mechanical energy capabilities.		
р	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after		
	October 3, 2008	12p	
a	If the electrical capacity of the property is measured in:		
•	• Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or less.		
	• Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or		
	less	12q	
r	Multiply line 12p by line 12q	12r	1,460
	Qualified small wind energy property (see instructions):		
S	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and		
	before January 1, 2009, and the basis attributable to the construction, reconstruction, or erection by		
	the taxpayer after October 3, 2008, and before January 1, 2009 . $\qquad \qquad $	12s	
t	Enter the smaller of line 12s or \$4,000	12t	0
u	Basis of property placed in service during the tax year that is attributable to periods		
	afterDecember31,2008,andtheconstructionofwhichbeganbefore2020<		0
		12u	0
v	Basis of property placed in service during the tax year and the construction of which began in 2020	10.	0
	Geothermal heat pump systems (see instructions):	12v	0
147	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and		
~~~	the basis attributable to construction, reconstruction, or erection by the taxpayer after		
	October 3, 2008	12w	*
	Qualified investment credit facility property (see instructions):		
х	Basis of property the construction of which began before 2021 (other than wind facility		
	property and the construction of which began after 2016) placed in service during the		
	tax year	12x	3,025
У	Basis of wind facility property placed in service during the tax year and the construction of which		
	began during 2017	12y	0
Z	Basis of wind facility property placed in service during the tax year and the construction of which		
_	began during 2018 or 2020	12z	86
aa	Basis of wind facility property placed in service during the tax year and the construction of which	10-5	*
10	began during 2019	12aa 13	*
13 14	Add lines 11e, 11f, 11g, 12a, 12b, 12c, 12f, 12i, 12l, 12o, 12r, 12t, 12u, 12v, 12w, 12x, 12y, 12z, 12a	13	
	and 13. Report this amount on Form 3800, Part III, line 4a	14	889,297
·			Form <b>3468</b> (2019)

* Data not shown because of the small number of sample returns on which they are based.

Form **3468** (2019)

Form	3800	General Busine	ess Credit	(	DMB No. 1545-0895
	ent of the Treasury Revenue Service (99)	<ul> <li>Go to www.irs.gov/Form3800 for instru-</li> <li>You must attach all pages of Form 3800, p</li> </ul>			Attachment Sequence No. 22
Name(s) shown on return		Total Forms Filed = 657,165		Identifying nu	mber
Part	Current Y	ear Credit for Credits Not Allowed Again	st Tentative Minimum Tax	(TMT)	
	(See instr	uctions and complete Part(s) III before Parts	I and II.)		
1		s credit from line 2 of all Parts III with box A che	i i		97,645
2		credits from line 2 of all Parts III with box B chec			00.057
3		able passive activity credits allowed for 2019. Se			36,357
4	-	general business credit to 2019. Enter the amo structions for statement to attach	bunt from line 2 of Part III with	box C 4	77 111
5		eneral business credit from 2020. Enter the amo			77,111
Ŭ	checked. See in				
6	Add lines 1, 3, 4	, and 5		6	196,723
Part		e Credit			
7	Regular tax befo	pre credits:			
	Schedule 2 (F 1040-NR, lines • Corporations.	nter the sum of the amounts from Form 1040 c form 1040 or 1040-SR), line 2, or the sum of s 42 and 44	the amounts from Form J, Part I, line 2; or the		
		e of your return		7	610.513
8	lines 1a and 1 Alternative minir • Individuals. En • Corporations.	trusts. Enter the sum of the amounts from F b; or the amount from the applicable line of your num tax: tter the amount from Form 6251, line 11 Enter -0	return     .     .     .     .       .     .     .     .     .       .     .     .     .	8	24,558
9	Add lines 7 and		<i>.</i>	9	611.556
10a	Foreign tax cred	lit	<b>10</b> a		
b	-	e credits (see instructions)		37	
с	Add lines 10a ar			<b>10</b> c	399,672
11	Net income tax	. Subtract line 10c from line 9. If zero, skip lines	12 through 15 and enter $-0-$ on	line 16 <b>11</b>	577.863
••	Net income tax				011.000
12	Net regular tax	Subtract line 10c from line 7. If zero or less, ent	er -0 <b>12</b> 576,7	772	
13		25) of the excess, if any, of line 12 over		.63	
14	Tentative minim				
		ter the amount from Form 6251, line 9		~ ~	
	-	Enter -0		37	
		trusts. Enter the amount from Schedule I (For			
15		r of line 13 or line 14		15	448.659
16		from line 11. If zero or less, enter -0			546.408
17		er of line 6 or line 16			163,834
		: See the line 17 instructions if there has been			
For Pa	-	n Act Notice, see separate instructions.	Cat. No. 12392F		Form <b>3800</b> (2019)

Form	3800	General Business Credit	C	OMB No. 1545-0895					
Department of the Treasury Internal Revenue Service (99)		<ul> <li>Go to www.irs.gov/Form3800 for instructions and the latest information.</li> <li>You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.</li> </ul>	Å	20 <b>19</b> Attachment Sequence No. <b>22</b>					
Name(s	) shown on return	Total Forms Filed = 657,165	entifying nu	mber					
Part	Current	Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TM	Т)						
		tructions and complete Part(s) III before Parts I and II.)							
1		ess credit from line 2 of all Parts III with box A checked	. 1	899,305					
2		y credits from line 2 of all Parts III with box B checked <b>2</b> 171.182							
3		icable passive activity credits allowed for 2019. See instructions		110,747					
4	checked. See	of general business credit to 2019. Enter the amount from line 2 of Part III with box instructions for statement to attach	. 4	3,001,661					
5		general business credit from 2020. Enter the amount from line 2 of Part III with box instructions							
6	Add lines 1, 3,		. 6	4.011.713					
Part		le Credit							
7	Regular tax be								
	Schedule 2 1040-NR, lin	Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form es 42 and 44							
		s. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the ne of your return	. 7	169.189.868					
8		trusts. Enter the sum of the amounts from Form 1041, Schedule G, 1b; or the amount from the applicable line of your return							
	<ul> <li>Corporations</li> </ul>	Enter the amount from Form 6251, line 11	. 8	728,175					
	<ul> <li>Estates and</li> </ul>	trusts. Enter the amount from Schedule I (Form 1041), line 54							
9	Add lines 7 an	d8	. 9	169.918.043					
10a	Eoroign tax or	edit							
b	-	ble credits (see instructions)	_						
c	Add lines 10a		. 10c	5,914,115					
11	Net income t	<b>ax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line ⁻	16 <b>11</b>	164.002.855					
••				101.002.000					
12	Net regular ta	IX. Subtract line 10c from line 7. If zero or less, enter -0       12       163,276,891	1						
13		0.25) of the excess, if any, of line 12 over \$25,000. See <b>13</b> 38,123,529							
14	Tentative mini								
		Enter the amount from Form 6251, line 9							
		s. Enter -0	2						
		trusts. Enter the amount from Schedule I (Form 1041),							
15		ter of line 13 or line 14	. 15	139.611.882					
16		5 from line 11. If zero or less, enter -0- . . . . . . . . . . .		24.446.092					
17		<b>Iler</b> of line 6 or line 16		1,097,992					
	C corporation reorganization	ns: See the line 17 instructions if there has been an ownership change, acquisition,	or						
For Pa	perwork Reduct	ion Act Notice, see separate instructions. Cat. No. 12392F		Form <b>3800</b> (2019)					

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	II Allowable Credit (continued)		
ote:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -	0- on	line 26.
8	Multiply line 14 by 75% (0.75). See instructions	18	19,514
9	Enter the greater of line 13 or line 18	19	23,392
20	Subtract line 19 from line 11. If zero or less, enter -0	20	68,713
1	Subtract line 17 from line 20. If zero or less, enter -0	21	68,693
2	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	5.873
23	Passive activity credit from line 3 of all Parts III with box B checked 23 3,961		
24	Enter the applicable passive activity credit allowed for 2019. See instructions	24	1,926
25	Add lines 22 and 24	25	7,749
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	6,348
27	Subtract line 13 from line 11. If zero or less, enter -0	27	577,863
8	Add lines 17 and 26	28	167,945
9	Subtract line 28 from line 27. If zero or less, enter -0	29	568,411
0	Enter the general business credit from line 5 of all Parts III with box A checked	30	233,952
81	Reserved	31	
2	Passive activity credits from line 5 of all Parts III with box B checked 32 163,703		
3	Enter the applicable passive activity credits allowed for 2019. See instructions	33	91.777
4	Carryforward of business credit to 2019. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	65,494
5	Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
6	Add lines 30, 33, 34, and 35	36	349.942
57	Enter the <b>smaller</b> of line 29 or line 36	37	301,997
88	<ul> <li>Credit allowed for the current year. Add lines 28 and 37.</li> <li>Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return.</li> <li>Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 )</li> </ul>		
	Corporations. Form 1120, Schedule J, Part I, line 5c	38	427,987

Form **3800** (2019)

Form 3	800 (2019)		Page <b>2</b>
Par			
Note:	: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -(	)- on	line 26.
18	Multiply line 14 by 75% (0.75). See instructions	18	7,246,610
19	Enter the greater of line 13 or line 18	19	7,259,212
20	Subtract line 19 from line 11. If zero or less, enter -0	20	4,319,013
21	Subtract line 17 from line 20. If zero or less, enter -0	21	4,236,323
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	61,076
23	Passive activity credit from line 3 of all Parts III with box B checked 23 2,683		
24	Enter the applicable passive activity credit allowed for 2019. See instructions	24	3.002
25	Add lines 22 and 24	25	64,078
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	33,784
27	Subtract line 13 from line 11. If zero or less, enter -0	27	125,879,327
28	Add lines 17 and 26	28	1,131,776
29	Subtract line 28 from line 27. If zero or less, enter -0	29	124,747,551
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	3.840.435
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32 669,855		
33	Enter the applicable passive activity credits allowed for 2019. See instructions	33	522,036
34	Carryforward of business credit to 2019. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	3,112,664
35	Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	7,475,136
37	Enter the <b>smaller</b> of line 29 or line 36	37	3,969,017
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51	38	5,100,792
			Form <b>3800</b> (2019)

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For	rm 3800	0 (2019)			Page <b>3</b>
Nar	me(s) sl	nown on return		Identifying nun	nber
P	art II	General Business Credits or Eligible Small Business Credits (see inst	ructio	ons)	
Сс	omple	te a separate Part III for each box checked below. See instructions.			
Α		General Business Credit From a Non-Passive Activity E			
в		General Business Credit From a Passive Activity <b>F</b> Reserved			
С		General Business Credit Carryforwards 🛛 🛛 🖸 Eligible Small Busir	iess C	redit Carryforward	S
D		General Business Credit Carrybacks H 🗌 Reserved			
Т	If yo	u are filing more than one Part III with box A or B checked, complete and attach first an	additio	nal Part III combinir	ng amounts from
	all Pa	arts III with box A or B checked. Check here if this is the consolidated Part III			
		(a) Description of credit		(b)	(c) Enter the
		any line where the credit is from more than one source, a separate Part III is needed for each bugh entity.		If claiming the credit from a pass-through entity, enter the EIN	appropriate amount
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		1,523
	b	Reserved	1b		
	С	Increasing research activities (Form 6765)	1c		65,910
	d	Low-income housing (Form 8586, Part I only)	1d		6,781
	е	Disabled access (Form 8826) (see instructions for limitation)	1e		4,841
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		1,065
	g	Indian employment (Form 8845)	1g		6,236
	h	Orphan drug (Form 8820)	1h		1,498
	i	New markets (Form 8874)	<b>1</b> i		1,382
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		5,182
	k	Employer-provided child care facilities and services (Form 8882) (see instructions			
		for limitation)	1k		19,768
	1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		4,127
	m	Low sulfur diesel fuel production (Form 8896)	1m		1,042
	n	Distilled spirits (Form 8906)	1n		434
	ο	Nonconventional source fuel (carryforward only)	10		*
	р	Energy efficient home (Form 8908)	1p		6,799
	q	Energy efficient appliance (carryforward only)	1q		*
	r	Alternative motor vehicle (Form 8910)	1r		3,394
	s	Alternative fuel vehicle refueling property (Form 8911)	1s		3,144
	t	Enhanced oil recovery credit (Form 8830)	1t		936
	u	Mine rescue team training (Form 8923)	1u		*
	v	Agricultural chemicals security (carryforward only)	1v		0
	w	Employer differential wage payments (Form 8932)	1w		646
	х	Carbon oxide sequestration (Form 8933)	1x		*
	у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		10,568
	z	Qualified plug-in electric vehicle (carryforward only)	1z		*
	aa	Employee retention (Form 5884-A)	1aa		7,182
	bb	General credits from an electing large partnership (carryforward only)	1bb		127
	zz	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		3,680
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		141,382
	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		8,188
	с 4а	Investment (Form 3468, Part III) (attach Form 3468)	4a		23,021
	b	Work opportunity (Form 5884)	4b		84,602
	c	Biofuel producer (Form 6478)	4c		2,118
	d	Low-income housing (Form 8586, Part II)	4d		8,960
	e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		1,113
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		207,865
	g	Qualified railroad track maintenance (Form 8900)	4g		425
	9 h	Small employer health insurance premiums (Form 8941)	4h		2,070
	i	Increasing research activities (Form 6765)	4i		100,830
	i	Employer credit for paid family and medical leave (Form 8994)	4j		13,045
	J Z		4z		1,377
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		1,377
	6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		

* Data not shown because of the small number of sample returns on which they are based.

Form **3800** (2019)

Form 3	300 (2019)			Page <b>3</b>
Name(s	) shown on return		Identifying nun	nber
Part		ructio	ons)	
	lete a separate Part III for each box checked below. See instructions. General Business Credit From a Non-Passive Activity <b>E</b> Reserved			
	General Business Credit From a Non-Passive Activity <b>E</b> Reserved General Business Credit From a Passive Activity <b>F</b> Reserved			
	General Business Credit Carryforwards <b>G</b> Eligible Small Busin		redit Carnyforward	e
-	General Business Credit Carrybacks H Reserved	1633 0	fear oan ylor ward	3
	you are filing more than one Part III with box A or B checked, complete and attach first an	additio	nal Part III combinir	a amounts from
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
	On any line where the credit is from more than one source, a separate Part III is needed for each		If claiming the credit from a pass-through	Enter the appropriate
-	hrough entity.	4.0	entity, enter the EIN	amount
1a b	Investment (Form 3468, Part II only) (attach Form 3468)	1a 1b		14,070
	Reserved	1c		050.004
c d	Low-income housing (Form 8586, Part I only)	1d		659,334
e u	Disabled access (Form 8826) (see instructions for limitation)	1e		<u>33,218</u> 10,344
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		57,926
g	Indian employment (Form 8845)	1g		33,147
h	Orphan drug (Form 8820)	1h		3,065
i	New markets (Form 8874)	1i		729
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1i		1,694
, k	Employer-provided child care facilities and services (Form 8882) (see instructions			.,
		1k		7,462
I.	Biodiesel and renewable diesel fuels (attach Form 8864)	11		7,956
m	Low sulfur diesel fuel production (Form 8896)	1m		9,221
n	Distilled spirits (Form 8906)	1n		6,320
0	Nonconventional source fuel (carryforward only)	10		*
р	Energy efficient home (Form 8908)	1p		127,951
q	Energy efficient appliance (carryforward only)	1q		*
r	Alternative motor vehicle (Form 8910)	1r		5,752
S	Alternative fuel vehicle refueling property (Form 8911)	1s		26,957
t	Enhanced oil recovery credit (Form 8830)	1t		781
u	Mine rescue team training (Form 8923)	1u		*
v	Agricultural chemicals security (carryforward only)	1v		0
w	Employer differential wage payments (Form 8932)	1w		1,422
x	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y 1z		25,370
z aa		12 1aa		15 202
bb		1bb		<u>15,302</u> 52
zz				52
	credits (see instructions)	1zz		14,197
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		1,072,021
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		31,634
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		905,235
b	Work opportunity (Form 5884)	4b		621,919
С	Biofuel producer (Form 6478)	4c		8,572
d	Low-income housing (Form 8586, Part II) . . . . . . . . . . .	4d		91,901
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		31,519
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		1,473,235
g	Qualified railroad track maintenance (Form 8900)	4g		34,312
h	Small employer health insurance premiums (Form 8941)	4h		6,886
i	Increasing research activities (Form 6765)	4i		1,348,328
j	Employer credit for paid family and medical leave (Form 8994)	4j		4,239
z 5	Other	4z 5		13,535
5 6	Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	5 6		
	$r_{\rm eq}$ into $z$ , $\sigma$ , and $\sigma$ and onto there and on the applicable line of ratting $r_{\rm eq}$ .	1 0		

* Data not shown because of the small number of sample returns on which they are based.

Form **3800** (2019)

-	m <b>3903</b> Moving Expenses		0	OMB No. 1545-0074		
Form <b>JJUJ</b> Department of the Treasury Internal Revenue Service (99)		► Go to www.irs.gov/Form3903 for instructions and the latest information.		20 <b>19</b> Attachment Sequence No. <b>170</b>		
ame(s	s) shown on ret	Total Forms Filed = 113,005	Your socia	al security number		
3efo	re you beg	<b>gin:</b> You can deduct moving expenses only if you are a <b>Member of the Armed Force</b> requirements. See the instructions to find out if you qualify.	es and n	neet certain oth		
1	Transport	ation and storage of household goods and personal effects (see instructions)	. 1	82,344		
2	Travel (inc cost of me	ne . <b>2</b>	100,473			
3	Add lines	1 and 2	. 3	112,003		
4		total amount the government paid you for the expenses listed on lines 1 and 2 that is <b>no</b> n box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your For code <b>P</b>		34,603		
5	ls line 3 <b>m</b>	ore than line 4?				
	□ No.	You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8.	m			
	☐ Yes.	Subtract line 4 from line 3. Enter the result here and on Schedule 1 (Form 1040 of 1040-SR), line 13; or Form 1040-NR, line 26. This is your <b>moving expense deduction</b> .	or 5	103,412		

	3903	Moving Expenses	L	OMB No. 1545-0074				
Departm	nent of the Treat Revenue Servic	wry ► Go to www.irs.gov/Form3903 for instructions and the latest information.		20 <b>19</b> Attachment Sequence No. <b>170</b>				
Name(s	) shown on ret	Total Forms Filed = 113,005	Your s	ocial security number				
Befor	re you be	es and	l meet certain other					
1	Transport	ation and storage of household goods and personal effects (see instructions)	. 1	185,740				
2	Travel (ind cost of m	luding lodging) from your old home to your new home (see instructions). <b>Do not</b> include the als	ne . <u>2</u>	2 117,246				
3	Add lines	1 and 2	. 3	302,986				
4		total amount the government paid you for the expenses listed on lines 1 and 2 that is <b>n</b> o n box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your For code <b>P</b>	m	48,006				
5	ls line 3 <b>n</b>	ore than line 4?						
	□ No.	You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8.	m					
	🗌 Yes.	Subtract line 4 from line 3. Enter the result here and on Schedule 1 (Form 1040 of 1040-SR), line 13; or Form 1040-NR, line 26. This is your <b>moving expense deduction</b> .		5 259,127				
For Pa	aperwork	Reduction Act Notice, see your tax return instructions. Cat. No. 12490K		Form <b>3903</b> (2019)				



Department of the Treasury

Internal Revenue Service (99)

Credit for Federal Tax Paid on Fuels

2019 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

▶ Go to www.irs.gov/Form4136 for instructions and the latest information.

OMB No. 1545-0162 Attachment 23 Sequence No.

Taxpayer identification number

Name (as shown on your income tax return) Total Forms Filed = 305.996

> Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

#### Nontaxable Use of Gasoline 1

Note: CRN is credit reference number.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Off-highway business use		\$ .183	)		
b	Use on a farm for farming purposes		.183	}		362
С	Other nontaxable use (see Caution above line 1)		.183	J	\$ 273,781	
d	Exported		.184		*	411

#### Nontaxable Use of Aviation Gasoline 2

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cre	(e) CRN	
а	Use in commercial aviation (other than foreign trade)		\$ .15		\$ 178		354
b	Other nontaxable use (see Caution above line 1)		.193		1,282		324
С	Exported		.194		0		412
d	LUST tax on aviation fuels used in foreign trade		.001		*		433

#### 3 Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye. <b>Exception.</b> If any of the diesel fuel included in this claim <b>did</b> contain visible evidence of dye, attach an explanation and check here							
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cre	edit	(e) CRN
а	Nontaxable use		\$ .243	1			
b	Use on a farm for farming purposes		.243	}	\$ 46,999		360
С	Use in trains		.243		*		353
d	Use in certain intercity and local buses (see <b>Caution</b> above line 1)		.17		*		350
е	Exported		.244		0		413

е Exported

#### Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation) 4

Claimant certifies that the kerosene did not contain visible evidence of dye. Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cre	edit	(e) CRN
а	Nontaxable use taxed at \$.244		\$ .243	1			
b	Use on a farm for farming purposes		.243	}	\$ 7,766		346
С	Use in certain intercity and local buses (see <b>Caution</b> above line 1)		.17		*		347
d	Exported		.244		0		414
е	Nontaxable use taxed at \$.044		.043		0		377
f	Nontaxable use taxed at \$.219		.218		*		369
For Pa	perwork Reduction Act Notice, see the separate inst	tructions.	Cat. No. 12625R			orm <b>41</b>	<b>136</b> (2019)

# Form **4136**

Department of the Treasury

Internal Revenue Service (99)

# Credit for Federal Tax Paid on Fuels

▶ Go to www.irs.gov/Form4136 for instructions and the latest information.

Attachmen 23 Sequence No.

Taxpayer identification number

OMB No. 1545-0162

Name (as shown on your income tax return) Total Forms Filed = 305.996

> Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

#### Nontaxable Use of Gasoline 1

Note: CRN is credit reference number.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Off-highway business use		\$ .183	]		
b	Use on a farm for farming purposes		.183	<b></b> }		362
С	Other nontaxable use (see <b>Caution</b> above line 1)		.183	J	\$ 132,377	
d	Exported		.184		*	411

#### 2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cre	edit	(e) CRN
а	Use in commercial aviation (other than foreign trade)		\$ .15		\$ 164		354
b	Other nontaxable use (see Caution above line 1)		.193		805		324
С	Exported		.194		0		412
d	LUST tax on aviation fuels used in foreign trade		.001		0		433

#### 3 Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye. <b>Exception.</b> If any of the diesel fuel included in this claim <b>did</b> contain visible evidence of dye, attach an explanation and check here							
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cree	dit (e) CRN	
а	Nontaxable use		\$ .243	)			
b	Use on a farm for farming purposes		.243	}	\$ 22,047	360	
С	Use in trains		.243		*	353	
d	Use in certain intercity and local buses (see <b>Caution</b> above line 1)		.17		*	350	
е	Exported		.244		0	413	

#### Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation) 4

Claimant certifies that the kerosene did not contain visible evidence of dye. Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here . 🕨 🗌 (a) Type of use (b) Rate (c) Gallons (d) Amount of credit (e) CRN Nontaxable use taxed at \$.244 \$.243 а b .243 Use on a farm for farming purposes 3,719 346 Use in certain intercity and local buses (see Caution С above line 1) .17 347 Exported .244 0 d 414 Nontaxable use taxed at \$.044 0 е .043 377 * f Nontaxable use taxed at \$.219 .218 369 For Paperwork Reduction Act Notice, see the separate instructions. Form 4136 (2019) Cat. No. 12625R

#### Form 4136 (2019)

#### 5 Kerosene Used in Aviation (see Caution above line 1)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cred	it (e) CRN
а	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$ .200		\$ 174	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219		.175		179	355
С	Nontaxable use (other than use by state or local government) taxed at \$.244		.243		7,766	346
d	Nontaxable use (other than use by state or local government) taxed at \$.219		.218		*	369
е	LUST tax on aviation fuels used in foreign trade		.001		*	433

#### 6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

#### Registration No.

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

	<b>Exception.</b> If any of the diesel fuel included in this claim <b>did</b> contain visible evidence of dye, attach an explanation and check here					
		(b) Rate	(c) Gallons	(d) Amount of cred	it (e) CRN	
а	Use by a state or local government	\$ .243		\$ 46,999	360	
b	Use in certain intercity and local buses	.17		*	350	

# 7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

## Registration No. ►

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim did contain visible	evidence of	dye, attach an expla	anation and check here	 ▶	

		(b) Rate	(c) Gallons	(d) Amount of cred	it (e) CRN
а	Use by a state or local government	\$ .243	1		
b	Sales from a blocked pump	.243	}	\$ 7,766	346
С	Use in certain intercity and local buses	.17		*	347

#### 8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation Registration No. ►

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$ .175		\$ 179		355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244		.200		174		417
С	Nonexempt use in noncommercial aviation		.025		*		418
d	Other nontaxable uses taxed at \$.244		.243		7,766		346
е	Other nontaxable uses taxed at \$.219		.218		*		369
f	LUST tax on aviation fuels used in foreign trade		.001		*		433

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### 5 Kerosene Used in Aviation (see Caution above line 1)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$ .200		\$ 618	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219		.175		278	355
С	Nontaxable use (other than use by state or local government) taxed at \$.244		.243		3,719	346
d	Nontaxable use (other than use by state or local government) taxed at \$.219		.218		*	369
е	LUST tax on aviation fuels used in foreign trade		.001		0	433

#### 6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

#### Registration No.

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

	Exception. If any of the dieseifuel included in this claim did contain visible evidence of dye, attach an explanation and check here					
		(b) Rate	(c) Gallons	(d) Amount of cred	lit (e) CRN	
а	Use by a state or local government	\$ .243		\$ 22,047	360	
b	Use in certain intercity and local buses	.17		*	350	

#### 7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

#### Registration No. ►

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

	<b>Exception.</b> If any of the kerosene included in this claim <b>did</b> contain visible	evidence of	dye, attach an expla	nation and check here	· · 🕨 🗖
		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	l lse by a state or local government	\$ 243	J		

	See by a state of local geventment	φ		1		1 1	1	
b	Sales from a blocked pump	.243	}	\$	3,719		346	
С	Use in certain intercity and local buses	.17			*		347	

## 8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation Registration No. ►

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN
on (other than foreign trade)		\$ .175		\$ 278		355
on (other than foreign trade)		.200		618		417
mmercial aviation		.025		*		418
xed at \$.244		.243		3,719		346
xed at \$.219		.218		*		369
s used in foreign trade		.001		0		433
	mmercial aviation ked at \$.244 ked at \$.219	mmercial aviation ked at \$.244 ked at \$.219	in (other than foreign trade) \$.175 in (other than foreign trade) .200 immercial aviation .025 ked at \$.244 .243 ked at \$.219 .218	In (other than foreign trade)\$ .175In (other than foreign trade).200Immercial aviation.025Immercial aviation.243Immercial \$.219.218	In (other than foreign trade)\$ .175\$ 278In (other than foreign trade).200618Immercial aviation.025*Ixed at \$.244.2433,719Ixed at \$.219.218*	Image: constraint of the second se

* Data not shown because of the small number of sample returns on which they are based.

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#### Reserved for future use 9

		(b) Rate	(c) Gallons of alcohol	(d) Amount of cro	edit	(e) CRN
а	Reserved for future use			\$		
b	Reserved for future use					
10	Biodiesel or Renewable Diesel Mixture Credit		Registration No.			

#### 10 **Biodiesel or Renewable Diesel Mixture Credit**

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. Renewable diesel mixtures. Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, both of which have been edited as discussed in the instructions for line 10. See the instructions for line 10 for information about renewable diesel used in aviation.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of cre	edit	(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures	\$1.00		\$ 0		388
b	Agri-biodiesel mixtures	1.00		0		390
С	Renewable diesel mixtures	1.00		0		307

#### Nontaxable Use of Alternative Fuel 11

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See instructions.

		(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)		\$.183		\$ 3,112	419
b	"P Series" fuels		.183		*	420
С	Compressed natural gas (CNG) (see instructions)		.183		*	421
d	Liquefied hydrogen		.183		0	422
е	Fischer-Tropsch process liquid fuel from coal (including peat)		.243		0	423
f	Liquid fuel derived from biomass		.243		*	424
g	Liquefied natural gas (LNG) (see instructions)		.243		*	425
h	Liquefied gas derived from biomass		.183		*	435

#### 12 Alternative Fuel Credit

#### Registration No. ►

Registration No. ►

		(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of cre	edit	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)	\$ .50		\$ 725		426
b	"P Series" fuels	.50		14		427
С	Compressed natural gas (CNG) (see instructions)	.50		*		428
d	Liquefied hydrogen	.50		0		429
е	Fischer-Tropsch process liquid fuel from coal (including peat)	.50		0		430
f	Liquid fuel derived from biomass	.50		0		431
g	Liquefied natural gas (LNG) (see instructions)	.50		*		432
h	Liquefied gas derived from biomass	.50		0		436
i	Compressed gas derived from biomass	.50		*		437

* Data not shown because of the small number of sample returns on which they are based.

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#### Reserved for future use 9

## Registration No. ►

		(b) Rate	(c) Gallons of alcohol	(d) Amount of cr	edit	(e) CRN
а	Reserved for future use			\$		
b	Reserved for future use					
10	Biodiesel or Renewable Diesel Mixture Credit		Registration No	.►		

#### 10 **Biodiesel or Renewable Diesel Mixture Credit**

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. Renewable diesel mixtures. Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, both of which have been edited as discussed in the instructions for line 10. See the instructions for line 10 for information about renewable diesel used in aviation.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of cre	edit	(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures	\$1.00		\$ 0		388
b	Agri-biodiesel mixtures	1.00		0		390
С	Renewable diesel mixtures	1.00		0		307

#### 11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See instructions.

		(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)		\$ .183		\$ 297	419
b	"P Series" fuels		.183		*	420
с	Compressed natural gas (CNG) (see instructions)		.183		*	421
d	Liquefied hydrogen		.183		0	422
е	Fischer-Tropsch process liquid fuel from coal (including peat)		.243		0	423
f	Liquid fuel derived from biomass		.243		*	424
g	Liquefied natural gas (LNG) (see instructions)		.243		*	425
h	Liquefied gas derived from biomass		.183		*	435

#### 12 **Alternative Fuel Credit**

#### Registration No. ►

		(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of cre	dit	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)	\$ .50		\$ 1,026		426
b	"P Series" fuels	.50		3		427
С	Compressed natural gas (CNG) (see instructions)	.50		*		428
d	Liquefied hydrogen	.50		0		429
е	Fischer-Tropsch process liquid fuel from coal (including peat)	.50		0		430
f	Liquid fuel derived from biomass	.50		0		431
g	Liquefied natural gas (LNG) (see instructions)	.50		*		432
h	Liquefied gas derived from biomass	.50		0		436
i	Compressed gas derived from biomass	.50		*		437

* Data not shown because of the small number of sample returns on which they are based.

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### 13 Registered Credit Card Issuers

### Registration No. >

Registration No. ►

		(b) Rate	(c) Gallons	(d) Amount of credi	t (e) CRN
а	Diesel fuel sold for the exclusive use of a state or local government	\$ .243		\$ 46,999	360
b	Kerosene sold for the exclusive use of a state or local government	.243		7,766	346
С	Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219	.218		*	369

## 14 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution: There is a reduced credit rate for use in	n certain intercity a	and local bu	uses (type of use 5	5). See instructions.	

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cr	edit	(e) CRN
а	Nontaxable use		\$ .197		\$ 0		309
b	Exported		.198		0		306

### 15 Diesel-Water Fuel Emulsion Blending

	(b) Rate	(c) Gallons	(d) A	Amount of cr	edit	(e) CRN
Blender credit	\$ .046		\$	0		310

## 16 Exported Dyed Fuels and Exported Gasoline Blendstocks

		(b) Rate	(c) Gallons	(d) Amount of cr	edit	(e) CRN			
а	Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001	\$ .001		\$ *		415			
b	Exported dyed kerosene	.001		0		416			
17	Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 12; Form 1120, Schedule J, line 20b; Form 1120-S, line 23c; Form 1041, Schedule G, line 16b; or the proper line of other returns								

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13	Registered Credit Card Issuers		. ►		
		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Diesel fuel sold for the exclusive use of a state or local government	\$ .243		\$ 22.047	360
b	Kerosene sold for the exclusive use of a state or local government	.243		3,719	346
С	Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219	.218		*	369

## 14 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution: There is a reduced credit rate for use in	n certain intercity ar	nd local bu	uses (type of use 5	). See instructions.	

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cr	edit	(e) CRN
а	Nontaxable use		\$ .197		\$ 0		309
b	Exported		.198		0		306

### 15 Diesel-Water Fuel Emulsion Blending

	(b) Rate	(c) Gallons	(d) /	Amount of cr	edit	(e) CRN
Blender credit	\$ .046		\$	310		

Registration No. ►

### 16 Exported Dyed Fuels and Exported Gasoline Blendstocks

		\$ .001 \$ .001					(e) CRN
а	Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001	\$ .001		\$	0		415
b	Exported dyed kerosene	.001			0		416
17	<b>Total income tax credit claimed.</b> Add lines 1 through 16, column Schedule 3 (Form 1040 or 1040-SR), line 12; Form 1120, Schedule J line 23c; Form 1041, Schedule G, line 16b; or the proper line of other	, line 20b; Fo	orm 1120-S,	7 \$	163,730		

* Data not shown because of the small number of sample returns on which they are based.

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Form	4562		Depreciatio				C	OMB No. 1545-0172
FUIII			(Including Info		-	erty)		2019
	ment of the Treasury	► Go to	► Atta www.irs.gov/Form456	ch to your tax 2 for instruction		test information.		Attachment Sequence No. <b>179</b>
	I Revenue Service (99) (s) shown on return			ss or activity to w				ifying number
		Total F	Forms Filed = 9,9	98,476				
Pa		•	rtain Property Und					
		-	ed property, compl	ete Part V be	efore you co	omplete Part I.		
1	Maximum amount						1	
2			placed in service (se				2	1,501,029
3			perty before reduction		•	,	3	
4			ne 3 from line 2. If zer				4	
5	separately, see ins					er -0 If married filing	-	0 770 040
6	1 2	escription of proper	· · · · · · · ·	(b) Cost (busi		(c) Elected cost	5	2,773,248
0	(a) L	escription of proper	ty		ness use only)	(C) Elected Cost		
7	Listed property Fr	ter the amount	from line 29		7	128,409		
			property. Add amount			1	8	2,305,857
9			aller of line 5 or line 8				9	2,305,823
10			from line 13 of your				10	193,449
11	-		=			r line 5. See instructions	11	2,548,619
12	Section 179 expen	se deduction. A	dd lines 9 and 10, bu	ut don't enter	more than lir	ne 11	12	2,278,761
13	Carryover of disalle	owed deduction	to 2020. Add lines 9	and 10, less	line 12 🕨	13		
Note	: Don't use Part II	or Part III below	for listed property. Ir	nstead, use P	art V.			
				•	•	ude listed property. See	instru	uctions.)
14				/ (other than	listed prope	erty) placed in service		
	during the tax year						14	1,591,451
			1) election				15	1,336
	Other depreciation						16	966,140
Pa		preclation (D	on't include listed	,	e instructio	ns. <b>)</b>		
17	MACPS doduction	s for assots play	and in convice in tax y	Section A	na hoforo 20-	10	17	5 200 000
			-	-	-	19	17	5,389,808
10	asset accounts, ch			-	-			
	,					e General Depreciation	Svst	em
		(b) Month and year	(c) Basis for depreciation	(d) Recovery		-		
(a)	Classification of property	placed in service	(business/investment use only-see instructions)	period	(e) Conventio	n <b>(f)</b> Method	( <b>g)</b> D	epreciation deduction
<b>19</b> a	3-year property		64,544					63,854
b	5-year property		680,863					678,024
c	7-year property		573,595					571,745
c	10-year property		60,880					60,543
e	15-year property		136,344					136,141
	20-year property		34,139					33,778
	25-year property		7,669	25 yrs.		S/L		7,660
h	Residential rental		950,907	27.5 yrs.	MM	S/L		947,950
		termined type	1,924	27.5 yrs.	MM	S/L		1,896
Ì	i Nonresidential rea		408,425	39 yrs.	MM	S/L		407,324
		tal GDS cost	2,465,978		MM	S/L		,457,370
00-		- Assets Place	-	2019 Tax Ye	ar Using the	Alternative Depreciatio	on Sys	
	Class life		14,163	12 yrs.				<u>14,161</u> 1,091
	12-year 30-year		<u>1,140</u> 4,626	30 yrs.	MM			4,654
	40-year		1,799	40 yrs.	MM			1,829
	rt IV Summary	See instructio		10 yr 5.	141141	UIL	L	1,020
	Listed property. Er	•					21	1,886,184
				lines 19 and	20 in colum	n (g), and line 21. Enter		1,000,104
			of your return. Partne				22	9,707,819
23			ed in service during t					
	portion of the basis	s attributable to	section 263A costs .	<u> </u>	<u> </u>	23 *		
For F	aperwork Reduction	Act Notice, see	separate instructions.		Cat.	No. 12906N		Form <b>4562</b> (2019)

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	4562		Depreciatio	on and A	mortizat	ion		OMB No. 1545-0172				
Form	TJUZ	(Including Information on Listed Property) ► Attach to your tax return. ► Go to www.irs.gov/Form4562 for instructions and the latest information.										
	ment of the Treasury	► Go to		•		tost information		Attachment				
	Revenue Service (99) (s) shown on return			ss or activity to w				Sequence No. <b>179</b>				
	(-)	Total I		98,476				.,,				
Par	t Election To	Expense Ce	rtain Property Und	der Section	179		4					
	Note: If you	have any liste	ed property, comple	ete Part V b	efore you co	omplete Part I.						
1			,				1					
2			placed in service (se				2	37,140,649				
3						ions)	3					
4 5							4					
5	separately, see inst						5	2,786,423,861				
6		escription of proper			ness use only)	(c) Elected cost	5	2,700,423,001				
	(-) -		-,	(.,		(.,						
7	Listed property. En	ter the amount	from line 29		7	1,837,065						
8	Total elected cost of	of section 179 p	property. Add amount	ts in column (	c), lines 6 an	d7	8	45,447,639				
9	Tentative deduction	n. Enter the <b>sm</b>	aller of line 5 or line 8	3			9	45,426,134				
10	Carryover of disallo	wed deduction	from line 13 of your	2018 Form 4	562		10	5,055,959				
11				•	,	r line 5. See instructions	11	732,313,150				
12						e <u>11</u>	12	45,212,064				
13			to 2020. Add lines 9			13						
-			for listed property. Ir			de listed property. Cos	inate	(ationa)				
						Ide listed property. See erty) placed in service						
14	during the tax year.						14	22 644 722				
15			1) election				15	33,644,732				
	Other depreciation						16	13,631 6,580,596				
			on't include listed				1.0	0,300,390				
				Section A		,						
17	MACRS deductions	s for assets pla	ced in service in tax y	/ears beginnii	ng before 20 ⁻	9	17	51,085,673				
18	If you are electing	to group any a	ssets placed in servi	ice during the	e tax year int	o one or more general						
	asset accounts, ch											
	Section E			g 2019 Tax Y	ear Using th	e General Depreciatior	I Syst	em				
(a) (	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Conventio	n <b>(f)</b> Method	<b>(g)</b> D	epreciation deduction				
19a	3-year property		2,138,511					560,814				
b	5-year property		14,613,251					2,426,152				
C	7-year property		12,695,121					1,428,351				
-	10-year property		3,177,308					238,893				
-	15-year property		4,476,462				<u> </u>	180,486				
	20-year property		2,004,864	0.5			<u> </u>	58,791				
	25-year property		971,142	25 yrs.	L / L /	S/L	─	45,158				
h	Residential rental	ermined type	169,491,674	27.5 yrs.	MM	S/L	┼──	3,610,570				
	property undet Nonresidential real	-	52,190 55,183,764	27.5 yrs.	MM MM	<u> </u>	+	35,916 784,383				
I		tal GDS cost	264,804,287	39 yrs.	MM			,369,513				
	1 1 2			 2019 Tax Ve		Alternative Depreciation						
20a	Class life		753,572			S/L		37,232				
	12-year		51,216	12 yrs.		S/L		1,817				
-	30-year		2,633,336	30 yrs.	MM	S/L	+	61,594				
	40-year		1,161,390	40 yrs.	MM	S/L	1	17,090				
	t IV Summary (	See instructio		· · · · ·		· · ·						
	Listed property. En						21	11,567,389				
22						n (g), and line 21. Enter						
			of your return. Partne	-	-	-see instructions .	22	157,591,330				
23			ed in service during t									
	•		section 263A costs .			23 *		- 4500				
For F	aperwork Reduction	Act Notice, see	separate instructions.		Cat.	No. 12906N		Form <b>4562</b> (2019)				

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Form Pai		d Proper		clude a				ertain	other	veh	icles	s, ce	rtain	aircraf	t, and	prope		Page <b>2</b> ed for
	Note:	ainment, ı For any ve	hicle for	which y	ou are i	using	, g the							g lease	expens	e, com	plete <b>or</b>	<b>1y</b> 24a,
		olumns (a) <b>— Deprec</b> i	-											for po		outor	obilos )	
242	a Do you have e	-									_				vidence v		-	No
Туре	(a) e of property (list vehicles first)	(b)	(c) Busines investment	s/ tuse Cost	(d) or other b		Basis	(e) for depre ness/inves use only	ciation stment	(f	) overy	Me	(g) ethod/ vention	De	(h) preciatior eduction		(i) lected sec	tion 179
25	Special dep the tax year			e for qua				erty pla	ced in				25	28	0,621			
26	Property use				· · ·							-	- 20	20	0,021			
-				%			1	,583,39	95					1,3	68,755			
				%														
				%														
27	Property use	ed 50% or l	less in a		busine	ss u						0 //		00	7 0 7 0			
				%				448,540 al 26e +				5/L -		38	7,072	_		
				%				.945.92				S/L - S/L -				_		
28	Add amount	s in colum	 n (h) line		uah 27	Fnt		,,-	-	21 r	haue		28	1.8	36,184	_		
	Add amount				-						•					29	128,409	
			())		Section													
	plete this sect our employees,																	vehicles
30	Total busines the year ( <b>don</b> '				ng ^V	<b>(a)</b> ′ehicle	e 1		<b>b)</b> icle 2		<b>(c)</b> Vehicl			<b>(d)</b> nicle 4		<b>(e)</b> iicle 5		<b>f)</b> cle 6
	Total commut Total other miles driven	ting miles dr personal	iven durii	ng the yea														
33	Total miles lines 30 thro	driven dur	ing the		ld													
34	Was the veh	-			Ye	s	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
• •	use during o					-												
35	Was the veh than 5% ow	icle used p	orimarily	by a mo	re													
36	Is another ver	nicle availabl	le for per	sonal use'	?													
	wer these que e than 5% ow	estions to d	letermin		neet an	exce	eption						-				s who <b>ar</b>	en't
37	Do you mair your employ			cy staten													Yes	No
38	Do you mair employees?																	
39	Do you treat	all use of v	vehicles	by emplo	oyees as	s pei	rsona	l use?										
40	Do you provuse of the vertex												-		ees abo 			
41	Do you mee	t the requir	rements	concerni	ng quali	fied	autor	nobile o	demon	strati	on u	se? S	ee inst	ruction	s			
	Note: If you		o 37, 38,	, 39, 40, 0	or 41 is	"Yes	s," do	n't com	plete \$	Section	on B	for th	e cove	red veł	icles.			
Par	rt VI Amor	tization				-								6				
		<b>a)</b> on of costs		<b>(b</b> Date amo beg	rtization		Amor	<b>(c)</b> rtizable ar	nount		Cod	<b>(d)</b> de secti	on	(e) Amortiz perio percer	ation d or	Amortiz	<b>(f)</b> ation for th	nis year
42	Amortization	of costs tl	hat begi	ns during	your 20	)191	tax ye	ear (see	instru	ction	s):							
									_									
								267,91	y									

43	Amortization of costs that bega	an before your 20 ⁻	19 tax year				43	575,249
44	Total. Add amounts in column	n (f). See the instru	ictions for where to report	ί			44	763,347

	4562 (2019)	Proper	ty (Include		mobil	20 00	rtain	othor	vohio		oort	ain a	iroroft	and	propo		Page <b>2</b>
Fa		-	recreation, c				riam	other	venic	ies,	Cen	an a	ircrait,	anu	prope	ny us	eu ior
	Note:	For any vel	hicle for whic through (c) of	h you	are usir	ng the							lease e	expense	e, comp	olete <b>on</b>	<b>ily</b> 24a,
	Section A	– Depreci	ation and Ot	her Inf	ormati	on (Ca	ution:	See th	e instru	uctio	ns for	limits	for pas	senger	autom	obiles.)	
24a	Do you have ev	idence to su	1 I	ess/inve	stment u	ise clain		Yes	No	24	b lf"	Yes," is	s the evi	dence v	vritten?	Yes	🗌 No
	<b>(a)</b> e of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	(c Cost or of	<b>i)</b> ther basis		(e) Basis for depreciation (business/investment use only)		<b>(f)</b> Recov perio	very Metho		nod/					
25	Special depr the tax year		llowance for				erty pla	iced ir				25	5 54	4,682			
26	Property use				•								0,01	1,002			
			%			4	6,146,5	82					5,61	9,710			
			%														
07	Property use	d 50% or l	%	fied by	oinooo												
27	Froperty use	u 50% or i	w w w w w w w	neu bu	Silless		,925,68	2			5/L -		433	,020			
			%				al 26e +				5/L -		100	,020			
			%			5	1,072,2	.64			5/L -						
	Add amounts			-					21, pa	age 1	۱.	28	11,56	67,389			
29	Add amounts	s in columr	n (i), line 26. E												<b>29</b> 1,	837,065	j
Com	plete this section	on for vehic	les used by a		tion B-							r" or r	alatad r	arson	lf vou pr	ovided v	ohiclos
	our employees,																Venicies
					(a		- -	b)		(c)	İ		d)		e)		
30	Total business the year ( <b>don'</b>			U U	Vehio	cle 1	Vehi	icle 2	Ve			Vehi	hicle 4 Ver		ehicle 5 Vehicle 6		cle 6
	Total commuti Total other miles driven		(noncomm														
33	Total miles of lines 30 throu	driven duri	ing the year.	Add													
34	Was the vehi	icle availab	le for person		Yes	No	Yes	No	Yes	;	No	Yes	No	Yes	No	Yes	No
35	Was the vehi than 5% owr	icle used p		more													
36	Is another veh		-														
00			C-Questio		Employ	vers W	ho Pro	vide V	/ehicle	s fo	r Use	by Th	eir Em	plovee	s		
	wer these que e than 5% own	stions to d	etermine if yo	ou meet	t an exc	eption						-				who <b>ar</b> o	en't
37	Do you main your employe		ten policy sta		-		-		use o			incluo	ding co	mmutir 	ng, by 	Yes	No
38	Do you main employees?		ten policy stat														
39	Do you treat					-											
40		hicles, and	d retain the in	formati	on rece	ived?											
41	Do you meet														• •		
Der			o 37, 38, 39, 4	10, or 4	1 is "Ye	es," do	n't com	plete	Sectior	n B f	or the	cover	ed vehi	cles.			
Par	t VI Amori	tization											(e)				
	(a) (b) Description of costs begins			ition	Amor	<b>(c)</b> tizable ar	mount		<b>(d)</b> Code section			(e) Amortization period or Amo percentage		Amortiza	<b>(f)</b> nortization for this year		
42	Amortization	of costs th	nat begins du	ring yo	ur 2019	tax ye	ar (see	instru	ctions)	:							
						0	,920,23	32									
43	Amortization	of costs th	nat began bef	fore voi	ur 2019									43	2.	337,686	;
	Total. Add a		-	-		-							<u></u>	44		389,402	
															F	orm <b>456</b>	<b>52</b> (2019)

Form <b>4684</b>	Casualties and Thefts	OMB No. 1545-01	77
Form <b>TUUT</b> Department of the Treasury Internal Revenue Service	<ul> <li>Go to www.irs.gov/Form4684 for instructions and the latest information.</li> <li>Attach to your tax return.</li> <li>Use a separate Form 4684 for each casualty or theft.</li> </ul>	2019 Attachment Sequence No. 26	
Name(s) shown on tax return	Total Forms Filed = 95,349	Identifying number	

SECTION A—Personal Use Property (Use this section to report casualties and thefts of property not used in a trade or business or for income-producing purposes. You must use a separate Form 4684 (through line 12) for each casualty or theft event involving personal use property. If reporting a qualified disaster loss, see the instructions for special rules that apply before completing this section.)

If the casualty or theft loss is attributable to a federally declared disaster, check here in and enter the FEMA disaster declaration number. (See instructions.)

1 Description of properties (show type, location (city, state, and ZIP code), and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft. If you checked the box and entered the FEMA disaster declaration number above, enter the ZIP code for the property most affected on the line for Property **A**.

	Type of Property	City and State	ZIP Code	Date Acquired
Property A				
Property <b>B</b>				
Property C				
Property D				

				perties			
			Α	В	С		D
2	Cost or other basis of each property	2					
3	Insurance or other reimbursement (whether or not you						
	filed a claim) (see instructions)	3					
	<b>Note:</b> If line 2 is <b>more</b> than line 3, skip line 4.						
4	Gain from casualty or theft. If line 3 is <b>more</b> than line 2, enter the difference here and skip lines 5 through 9 for						
	that column. See instructions if line 3 includes insurance						
	or other reimbursement you did not claim, or you						
	received payment for your loss in a later tax year	4					
5	Fair market value <b>before</b> casualty or theft	5					
6	Fair market value <b>after</b> casualty or theft	6					
7	Subtract line 6 from line 5	7					
8	Enter the <b>smaller</b> of line 2 or line 7	8					
9	Subtract line 3 from line 8. If zero or less, enter -0	9					
10	Casualty or theft loss. Add the amounts on line 9 in column		-			10	
11	Enter \$100 (\$500 if qualified disaster loss rules apply; see i		,			11	
12	Subtract line 11 from line 10. If zero or less, enter -0					12	
	<b>Caution:</b> Use only one Form 4684 for lines 13 through 18.						0.047
13	Add the amounts on line 4 of all Forms 4684	•				13	3,947
14	Add the amounts on line 12 of all Forms 4684. If you have			•			45,712
	the instructions	·				14	40,712
	<b>Caution:</b> See instructions before completing line 15.						
15	• If line 13 is <b>more</b> than line 14, enter the difference here complete the rest of this section.	e and	on Schedule D. Do	not			
	• If line 13 is equal to line 14, enter -0- here. Do not comp	lete th	e rest of this section	n.			
	• If line 13 is <b>less</b> than line 14, and you have no qualified						
	\$500 reduction on line 11 on any Form(s) 4684, enter -0- have gualified disaster losses subject to the \$500 reductio		•				
	and enter the smaller of this difference or the amount of	,				15	36,827
	reporting those losses. Enter that result here and on		•				
	1040-SR), line 16, or Form 1040-NR, Schedule A, line						
	deduction, also include on Schedule A (Form 1040 or 104 your standard deduction (see the Instructions for Forms						
	complete the rest of this section if all of your casualty or						
	\$500 reduction.			,			
16	Add lines 13 and 15. Subtract the result from line 14					16	11,103
17	Enter 10% of your adjusted gross income from Form 104	0 or 1	040-SR, line 8b, or	Form 1040-NR, li	ne 35. Estates		
	and trusts, see instructions	•				17	12,280
18	Subtract line 17 from line 16. If zero or less, enter -0 Also	o, ente	er the result on Sch	edule A (Form 104	0 or 1040-SR),		
	line 15, or Form 1040-NR, Schedule A, line 6. Estates and		,				
	your tax return	•				18	7,681
For I	Paperwork Reduction Act Notice, see instructions.		C	at. No. 12997O			Form <b>4684</b> (2019)

2019 Line Item Estimates—All figures are estimates based on samples.

Amounts of selected lines filed (in thousands of dollars)

Form <b>46884</b> Department of the Treasury Internal Revenue Service	Casualties and Thefts ► Go to www.irs.gov/Form4684 for instructions and the latest information. ► Attach to your tax return. ► Use a separate Form 4684 for each casualty or theft.	-	OMB No. 1545-0177						
Name(s) shown on tax return	g number								
SECTION A—Personal Use Property (Use this section to report casualties and thefts of property not used in a trade or business or for income-producing purposes. You must use a separate Form 4684 (through line 12) for each casualty or theft event involving personal use property. If reporting a qualified disaster loss, see the instructions for special rules that apply before completing this section.)									

If the casualty or theft loss is attributable to a federally declared disaster, check here 🗌 and enter the FEMA disaster declaration number. (See instructions.)

1 Description of properties (show type, location (city, state, and ZIP code), and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft. If you checked the box and entered the FEMA disaster declaration number above, enter the ZIP code for the property most affected on the line for Property A.

	Type of Property	City and State	ZIP Code	Date Acquired
Property A				
Property B				
Property C				
Property D				

			Α	В	С		D	
2	Cost or other basis of each property	2						
3	Insurance or other reimbursement (whether or not you							
	filed a claim) (see instructions)	3						
	<b>Note:</b> If line 2 is <b>more</b> than line 3, skip line 4.							
4	Gain from casualty or theft. If line 3 is <b>more</b> than line 2, enter the difference here and skip lines 5 through 9 for							
	that column. See instructions if line 3 includes insurance							
	or other reimbursement you did not claim, or you							
	received payment for your loss in a later tax year	4						
5	Fair market value <b>before</b> casualty or theft	5						
6	Fair market value <b>after</b> casualty or theft	6						
7	Subtract line 6 from line 5	7						
8	Enter the <b>smaller</b> of line 2 or line 7	8						
9	Subtract line 3 from line 8. If zero or less, enter -0	9						
10	Casualty or theft loss. Add the amounts on line 9 in column		0			10		
11	Enter \$100 (\$500 if qualified disaster loss rules apply; see i					11		
12	Subtract line 11 from line 10. If zero or less, enter -0	·			· · · ·	12		
	<b>Caution:</b> Use only one Form 4684 for lines 13 through 18.							
	Add the amounts on line 4 of all Forms 4684					13	95,551	
14	14 Add the amounts on line 12 of all Forms 4684. If you have losses not attributable to a federally declared disaster, see						1,576,292	
	the instructions	·			· · · ·	14	1,570,292	
	<b>Caution:</b> See instructions before completing line 15.							
15	• If line 13 is more than line 14, enter the difference here	e and	on Schedule D. Do	not				
	complete the rest of this section.	lata th	a reat of this costion					
	<ul> <li>If line 13 is equal to line 14, enter -0- here. Do not comp</li> <li>If line 13 is less than line 14, and you have no qualified</li> </ul>							
	\$500 reduction on line 11 on any Form(s) 4684, enter -0-	here	and go to line 16. If	you				
	have qualified disaster losses subject to the \$500 reduction	,				15	968,497	
	and enter the smaller of this difference or the amount of reporting those losses. Enter that result here and on		• • •			15	300,437	
	1040-SR), line 16, or Form 1040-NR, Schedule A, line		•					
	deduction, also include on Schedule A (Form 1040 or 104							
	your standard deduction (see the Instructions for Forms complete the rest of this section if all of your casualty or							
	\$500 reduction.	lineiti	USSES are subject to					
16	Add lines 13 and 15. Subtract the result from line 14				[	16	679,895	
17	Enter 10% of your adjusted gross income from Form 104	0 or -	1040-SR, line 8b, or	Form 1040-NR, line	35. Estates	T		
	and trusts, see instructions					17	100,144	
18	Subtract line 17 from line 16. If zero or less, enter -0 Also				· · ·			
	line 15, or Form 1040-NR, Schedule A, line 6. Estates and		,	n the "Other deduct	ions" line of		040 577	
<b>-</b>	your tax return	•		· · · · · · ·		18	613,577	
For Paperwork Reduction Act Notice, see instructions. Cat. No. 129970							Form <b>4684</b> (2019)	
			hment Sequence No.	26		1.1		Page
------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------	--------------------------------------------	--------------------------------------------------------	------------------------	-----------------------------	------------	-------------------------------------------
vame	(s) shown on tax return. Do not enter name and identifying number i	IT SHOW	n on other side.			Identifyi	ng nun	nber
SFC	TION B—Business and Income-Producing P	rone	rtv					
	rt I Casualty or Theft Gain or Loss (Use a	-	-	ach casualty	or theft			
	Description of properties (show type, location, and date a						artv lo	st or damaged fro
15	the same casualty or theft. See instructions if claiming a	loss d	ue to a Ponzi-type	investment sch				
	Property A							
	Property B							
	Property C							
	Property D Properties							
			Α	В.		C		D
20	Cost or adjusted basis of each property	20				•		_
	Insurance or other reimbursement (whether or not you							
	filed a claim). See the instructions for line 3	21						
	Note: If line 20 is more than line 21, skip line 22.							
22	Gain from casualty or theft. If line 21 is <b>more</b> than line 20, enter the difference here and on line 29 or line 34, column (c), except as provided in the instructions for line 33. Also, skip lines 23 through 27 for that column. See the instructions for line 4 if line 21 includes insurance or other reimbursement you did not							
	claim, or you received payment for your loss in a later tax year	22						
23	Fair market value <b>before</b> casualty or theft	23						
24	Fair market value after casualty or theft	24						
25	Subtract line 24 from line 23	25						
26	Enter the <b>smaller</b> of line 20 or line 25	26						
	<b>Note:</b> If the property was totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20.							
27	Subtract line 21 from line 26. If zero or less, enter -0	27						
	Casualty or theft loss. Add the amounts on line 27. Enter the						28	
Pa	t II Summary of Gains and Losses (from s	separ	ate Parts I)	(b) Losses		ties or theft	s	(c) Gains from
	(a) Identify casualty or theft			<i>(i)</i> Trade, busin rental, or roya property	lty pro	(ii) Income- ducing prop	- berty	casualties or thefts includible in income
	Casualty or Theft	of P	roperty Held O	ne Year or L	ess			
29				(	) (		)	
				(	) (		)	
	Totals. Add the amounts on line 29		30	(	) (		)	
31	Combine line 30, columns (b)(i) and (c). Enter the net gair not otherwise required, see instructions					4797 is 	31	9,606
32	Enter the amount from line 30, column (b)(ii) here. Individu			•				
	Schedule A (Form 1040 or 1040-SR), line 16, or Form 1			•				
	property used as an employee.) Estates and trusts, partne Casualty or Theft o	· ·	•	-			32	
22	Casualty or theft gains from Form 4797, line 32						33	807
34				(	) (		)	001
•.				(	) (		)	
35	Total losses. Add amounts on line 34, columns (b)(i) and (b	o)(ii) .	35	( 21,768	) (	5,349	)	
36	Total gains. Add lines 33 and 34, column (c)						36	10,914
37	Add amounts on line 35, columns (b)(i) and (b)(ii)						37	27,006
38	If the loss on line 37 is <b>more</b> than the gain on line 36:							
а	Combine line 35, column (b)(i) and line 36, and enter the n the <b>Note</b> below. All others, enter this amount on Form 4 instructions		ine 14. lf Form 479		ise require	ed, see	38a	21,638
b	Enter the amount from line 35, column (b)(ii) here. Individu Schedule A (Form 1040 or 1040-SR), line 16, or Form 1 property used as an employee.) Estates and trusts, e Partnerships and S corporations, see the <b>Note</b> below	040-N nter c	IR, Schedule A, line In the "Other dedu	e 7. (Do not inc uctions" line of	lude any l your tax	oss on return.	38b	5,340
39	If the loss on line 37 is <b>less</b> than or <b>equal</b> to the gain on lin see the <b>Note</b> below. All others, enter this amount on Form 4	e 36, d	combine lines 36 an	d 37 and enter h	ere. Partne	erships,	39	10,750
	<b>Note:</b> Partnerships, enter the amount from line 38a, 38b, c S corporations, enter the amount from line 38a or 38b on F	or 39 o	n Form 1065, Sche	dule K, line 11.				

Form	4684 (2019)	Attac	hment Sequence No. 2	6			Page <b>2</b>
Name	(s) shown on tax return. Do not enter name and identifying number i	if show	n on other side.		Identif	ying nui	nber
	TION B-Business and Income-Producing P				<b>f</b> t )		
	rt I Casualty or Theft Gain or Loss (Use a			,	,		
19	Description of properties (show type, location, and date at the same casualty or theft. See instructions if claiming a						
	Property A						·
	Property B						
	Property C						
	Property D		-				
				Prop	erties		
			A	В	C		D
20	Cost or adjusted basis of each property	20					
21	Insurance or other reimbursement (whether or not you						
	filed a claim). See the instructions for line 3	21					
	Note: If line 20 is more than line 21, skip line 22.						
22	Gain from casualty or theft. If line 21 is <b>more</b> than line 20, enter the difference here and on line 29 or line 34, column (c), except						
	as provided in the instructions for line 33. Also, skip lines 23						
	through 27 for that column. See the instructions for line 4 if line						
	21 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year	22					
22	Fair market value <b>before</b> casualty or theft	22					
	Fair market value <b>after</b> casualty or theft	23					
25	Subtract line 24 from line 23	25					
26	Enter the <b>smaller</b> of line 20 or line 25	26					
	Note: If the property was totally destroyed by casualty or						
	lost from theft, enter on line 26 the amount from line 20.						
27	Subtract line 21 from line 26. If zero or less, enter -0	27					
28	Casualty or theft loss. Add the amounts on line 27. Enter the	he tota	al here and on line 29	<b>or</b> line 34 (see inst	ructions) .	28	
Pa	t II Summary of Gains and Losses (from s	separ	ate Parts I)	(b) Losses from	casualties or the	efts	(c) Gains from
_	(a) Identify casualty or theft			(i) Trade, business, rental, or royalty property	(ii) Incom producing pro		casualties or thefts includible in income
	Casualty or Theft	of P	roperty Held On	e Year or Less			
29				()	(	)	
~~					(	)	
	Totals. Add the amounts on line 29			()		)	
31	Combine line 30, columns (b)(i) and (c). Enter the net gain not otherwise required, see instructions			m 4797, line 14. If F	orm 4797 is	31	-227,214
32	Enter the amount from line 30, column (b)(ii) here. Individu			income-producing	nroperty on		
02	Schedule A (Form 1040 or 1040-SR), line 16, or Form 1						
	property used as an employee.) Estates and trusts, partne	rships	, and S corporations,	, see instructions		32	
	Casualty or Theft o	f Pro	perty Held More	e Than One Yea	ar		
	Casualty or theft gains from Form 4797, line 32 $\ldots$ .			<u>.</u>		33	62,215
34				()	(	)	
		\ <i>(</i> :)		( ) (759.222 )	( 667,633	)	
35	Total losses. Add amounts on line 34, columns (b)(i) and (b Total gains. Add lines 33 and 34, column (c).					)	149,228
36 37	Add amounts on line 35, columns (b)(i) and (b)(ii)					36 37	1,425,967
38	If the loss on line 37 is <b>more</b> than the gain on line 36:	• •				57	1,420,007
	Combine line 35, column (b)(i) and line 36, and enter the n	et gaiı	n or (loss) here. Partn	erships and S corp	orations, see		
	the Note below. All others, enter this amount on Form 4	1797,	ine 14. If Form 4797	7 is not otherwise r	equired, see		
		• •				38a	-732,087
k	Enter the amount from line 35, column (b)(ii) here. Individu Schedule A (Form 1040 or 1040-SR), line 16, or Form 1						
	property used as an employee.) Estates and trusts, e						
	Partnerships and S corporations, see the <b>Note</b> below .					38b	686,610
39	If the loss on line 37 is less than or equal to the gain on lin						
	see the Note below. All others, enter this amount on Form 4					39	122,915
	<b>Note:</b> Partnerships, enter the amount from line 38a, 38b, c S corporations, enter the amount from line 38a or 38b on F						

Form 4684 (2019)	Attachment Sequence No. 26		Page <b>3</b>
Name(s) shown on tax return		Identifying number	

SECTION C-Theft Loss Deduction for Ponzi-Type Investment Scheme Using the Procedures in Revenue Procedure 2009-20 (Complete this section in lieu of Appendix A in Revenue Procedure 2009-20. See instructions.)

Pa	rt Computation of Deduction			
40	Initial investment	40		
41	Subsequent investments (see instructions)	41		
42	Income reported on your tax returns for tax years prior to the discovery year			
	(see instructions)	42		
43	Add lines 40, 41, and 42	43		
44	Withdrawals for all years (see instructions)	44		
45	Subtract line 44 from line 43. This is your total qualified investment	45		
46	Enter 0.95 (95%) if you have no potential third-party recovery. Enter 0.75 (75%) if you have			
	potential third-party recovery	46		
47	Multiply line 46 by line 45	47		
48	Actual recovery	48		
49	Potential insurance/Securities Investor Protection Corporation (SIPC) recovery	49		
50	Add lines 48 and 49. This is your total recovery	50		
51	Subtract line 50 from line 47. This is your deductible theft loss. Include this amount on line			
	28 of Section B, Part I. Do not complete lines 19-27 for this loss. Then complete Section B,			
	Part II.........................	51	3,926	
Pa	t II Bequired Statements and Declarations (See instructions)			

Required Statements and Declarations (See instructions.)

• I am claiming a theft loss deduction pursuant to Revenue Procedure 2009-20 from a specified fraudulent arrangement conducted by the following individual or entity.

Name of individual or entity

Taxpayer identification number (if known)

Address

• I have written documentation to support the amounts reported in Part I of this Section C.

• I am a qualified investor, as defined in section 4.03 of Revenue Procedure 2009-20.

• If I have determined the amount of my theft loss deduction using 0.95 on line 46 above, I declare that I have not pursued and do not intend to pursue any potential third-party recovery, as that term is defined in section 4.10 of Revenue Procedure 2009-20.

• I agree to comply with the conditions and agreements set forth in Revenue Procedure 2009-20 and this Section C.

• If I have already filed a return or amended return that does not satisfy the conditions in section 6.02 of Revenue Procedure 2009-20, I agree to all adjustments or actions that are necessary to comply with those conditions. The tax year(s) for which I filed the return(s) or amended return(s) and the date(s) on which they were filed are as follows:

	Amounts of selected lines filed (in thousands of	f dollars)		
Form	4684 (2019) Attachment Sequence No. 26			Page <b>3</b>
Name	(s) shown on tax return		Identifying number	
Pro	CTION C—Theft Loss Deduction for Ponzi-Type Investment Scheme Usir cedure 2009-20 (Complete this section in lieu of Appendix A in Revenue Pro	ng the Proc ocedure 200	edures in Revenue 9-20. See instructions	.)
Pa	rt I Computation of Deduction			
40	Initial investment	40		
41	Subsequent investments (see instructions)	41		
42	Income reported on your tax returns for tax years prior to the discovery year (see instructions)	42		
43	Add lines 40, 41, and 42	43		
44	Withdrawals for all years (see instructions)	44		
45	Subtract line 44 from line 43. This is your total qualified investment	45		
46	Enter 0.95 (95%) if you have no potential third-party recovery. Enter 0.75 (75%) if you have			
	potential third-party recovery	46	·	
47	Multiply line 46 by line 45	47		
48	Actual recovery	48		
49	Potential insurance/Securities Investor Protection Corporation (SIPC) recovery	49		
50	Add lines 48 and 49. This is your total recovery	50		
51	Subtract line 50 from line 47. This is your deductible theft loss. Include this amount on line 28 of Section B, Part I. Do not complete lines 19–27 for this loss. Then complete Section B,			
B	Part II	51	432,301	

Part II Required Statements and Declarations (See instructions.)

• I am claiming a theft loss deduction pursuant to Revenue Procedure 2009-20 from a specified fraudulent arrangement conducted by the following individual or entity.

Name of individual or entity _

Taxpayer identification number (if known)

Address

• I have written documentation to support the amounts reported in Part I of this Section C.

• I am a qualified investor, as defined in section 4.03 of Revenue Procedure 2009-20.

• If I have determined the amount of my theft loss deduction using 0.95 on line 46 above, I declare that I have not pursued and do not intend to pursue any potential third-party recovery, as that term is defined in section 4.10 of Revenue Procedure 2009-20.

• I agree to comply with the conditions and agreements set forth in Revenue Procedure 2009-20 and this Section C.

• If I have already filed a return or amended return that does not satisfy the conditions in section 6.02 of Revenue Procedure 2009-20, I agree to all adjustments or actions that are necessary to comply with those conditions. The tax year(s) for which I filed the return(s) or amended return(s) and the date(s) on which they were filed are as follows:

Form 4684 (2019)	Attachment Sequence No. 26	Page

Name(s) shown on tax return

Identifying number

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#### SECTION D—Election To Deduct Federally Declared Disaster Loss in Preceding Tax Year (See instructions.) Part I Election Statement

By providing all of the information below, the taxpayer elects, under section 165(i) of the Internal Revenue Code, to deduct a loss attributable to a federally declared disaster and that occurred in a federally declared disaster area in the tax year immediately preceding the tax year the loss was sustained.

Attach this Section D to your return or amended return for the tax year immediately preceding the tax year the loss was sustained to claim the disaster loss deduction.

**52** Provide the name or a description of the federally declared disaster.

53 Provide the date or dates (mm/dd/yyyy) of the loss or losses attributable to the federally declared disaster.

54 Specify the address, including the city or town, county or parish, state and ZIP code where the damaged or destroyed property was located at the time of the disaster.

#### Part II Revocation of Prior Election

By providing all of the information below, the taxpayer revokes the prior election under section 165(i) of the Internal Revenue Code to deduct a loss attributable to a federally declared disaster and that occurred in a federally declared disaster area in the tax year immediately preceding the tax year the loss was sustained.

Attach this Section D to your amended return for the tax year immediately preceding the tax year the loss was sustained to remove the previous disaster loss deduction.

- 55 Provide the name or a description of the federally declared disaster and the address of the property that was damaged or destroyed and for which the election was claimed.
- 56 Specify the date (mm/dd/yyyy) you filed the prior election, which you are now revoking. (See instructions and note that new rules went into effect on October 13, 2016.)
- 57 Enclose your payment or otherwise provide evidence for, or explanation of, your arrangements for the repayment of the amount of any credit or refund which you received and which resulted from the prior election (which you are now revoking).

Form 4684 (2019)	Attachment Sequence No. 26	Page 4

Name(s) shown on tax return

Identifying number

#### SECTION D—Election To Deduct Federally Declared Disaster Loss in Preceding Tax Year (See instructions.) Part I Election Statement

By providing all of the information below, the taxpayer elects, under section 165(i) of the Internal Revenue Code, to deduct a loss attributable to a federally declared disaster and that occurred in a federally declared disaster area in the tax year immediately preceding the tax year the loss was sustained.

Attach this Section D to your return or amended return for the tax year immediately preceding the tax year the loss was sustained to claim the disaster loss deduction.

**52** Provide the name or a description of the federally declared disaster.

53 Provide the date or dates (mm/dd/yyyy) of the loss or losses attributable to the federally declared disaster.

54 Specify the address, including the city or town, county or parish, state and ZIP code where the damaged or destroyed property was located at the time of the disaster.

#### Part II Revocation of Prior Election

By providing all of the information below, the taxpayer revokes the prior election under section 165(i) of the Internal Revenue Code to deduct a loss attributable to a federally declared disaster and that occurred in a federally declared disaster area in the tax year immediately preceding the tax year the loss was sustained.

Attach this Section D to your amended return for the tax year immediately preceding the tax year the loss was sustained to remove the previous disaster loss deduction.

- 55 Provide the name or a description of the federally declared disaster and the address of the property that was damaged or destroyed and for which the election was claimed.
- 56 Specify the date (mm/dd/yyyy) you filed the prior election, which you are now revoking. (See instructions and note that new rules went into effect on October 13, 2016.)
- 57 Enclose your payment or otherwise provide evidence for, or explanation of, your arrangements for the repayment of the amount of any credit or refund which you received and which resulted from the prior election (which you are now revoking).

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# 2019 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

	<b>4707</b>		Sales of B	usiness Pro	pertv		0	MB No. 1545-0184
Form	4797				capture Amount F(b)(2))	S		2019
	rtment of the Treasury			to your tax return				ttachment
	al Revenue Service	► Go to www.ir	s.gov/Form4797	for instructions an	d the latest informa			Sequence No. 27
Nam	e(s) shown on return	Total Forms Fi	led = 3,2	82,996		Identifying n	umbe	r
1	Enter the gross proceeds							007.044
Da	substitute statement) that y				ess and Involunt			297,844
Га					Year (see instru		510115	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plu improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
								2,197,135
3	Gain, if any, from Form 468	84 line 39					3	11,235
4	Section 1231 gain from ins						4	185,895
5	Section 1231 gain or (loss)						5	14,500
6	Gain, if any, from line 32, fr		0				6	641,020
7	Combine lines 2 through 6						7	2,803,386
	Partnerships and S corport line 10, or Form 1120-S, So Individuals, partners, S co line 7 on line 11 below an losses, or they were reca	chedule K, line 9. Sk orporation shareho nd skip lines 8 and ptured in an earlier	kip lines 8, 9, 11, a blders, and all oth 9. If line 7 is a ga year, enter the g	and 12 below. <b>ners.</b> If line 7 is zero ain and you didn't l gain from line 7 as	o or a loss, enter the a have any prior year s	amount from section 1231		
•	Schedule D filed with your	•					0	251,080
8	Nonrecaptured net section		•				8	
9	Subtract line 8 from line 7. 9 is more than zero, enter capital gain on the Schedu	r the amount from I	ine 8 on line 12 b	below and enter the	e gain from line 9 as	a long-term	9	136,415
Pa	rt II Ordinary Gains					<u></u>		
10	-				d 1 year or less):			
								424,953
11	Loss, if any, from line 7 .						11	( 959,568 )
12	Gain, if any, from line 7 or a						12	251,080
13	Gain, if any, from line 31						13	570,599
14	Net gain or (loss) from Forr						14	12,270
15	Ordinary gain from installm						15	2,216
16	Ordinary gain or (loss) from	-					16	1,646
17	Combine lines 10 through	16					17	1,963,691
18	For all except individual re and b below. For individua				ine of your return and	l skip lines a		
а	If the loss on line 11 include from income-producing pro property used as an employ	operty on Schedule	A (Form 1040 or	Form 1040-SR), line	e 16. (Do not include	any loss on	18a	*
b	Redetermine the gain or (							
	(Form 1040 or Form 1040-	SR), Part I, line 4 .					18b	1,963,682 Form <b>4797</b> (2019)
LOL I	Paperwork Reduction Act	wouce, see separa	te mstructions.		Cat. No. 130861			1.0111 <b>- 1.31</b> (2019)

	4797	ļ	Sales of B	usiness Pro	perty		Ĺ	0MB No. 1545-0184
Form	4/3/	(Also Invol	untarv Conve		capture Amount	S		2019
	rtment of the Treasury			to your tax return				Attachment
	nal Revenue Service	► Go to www.irs	s.gov/Form4797	for instructions an	d the latest informa			Sequence No. 27
Nam	ne(s) shown on return	Total Forms Fil	ed = 3,2	82,996		Identifying n	umbe	r
1	Enter the gross proceeds		<b>U</b> 1		· · /	,	-	400 500 000
D٥	substitute statement) that						1	162,528,600
ГG					ss and Involunta Year (see instru		sions	s From Other
	Than Casually		Froperty new		(e) Depreciation	(f) Cost or o	hor	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	allowed or allowable since acquisition	basis, plu improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
								148,986,605
3	Gain, if any, from Form 468	34, line 39			• • • • • • •		3	122,700
4	Section 1231 gain from ins	tallment sales from I	- orm 6252, line 26	or 37			4	8,713,885
5	Section 1231 gain or (loss)		-				5	2,480,162
6	Gain, if any, from line 32, fr		0				6	55,214,743
7	Combine lines 2 through 6				as follows		7	215,518,095
	Individuals, partners, S c line 7 on line 11 below ar losses, or they were reca Schedule D filed with your	nd skip lines 8 and 9 ptured in an earlier	9. If line 7 is a ga year, enter the g	in and you didn't ł jain from line 7 as	nave any prior year s	section 1231		
8	Nonrecaptured net section	•					8	11,210,965
9	Subtract line 8 from line 7. 9 is more than zero, enter	the amount from li	ne 8 on line 12 b	elow and enter the	e gain from line 9 as			41,600,154
Pa	capital gain on the Schedu rt II Ordinary Gains					<u></u>	9	, ,
	Ordinary gains and losses			/	d 1 vear or less):			
-								
								17,974,413
11	Loss, if any, from line 7.	· · · · · · ·					11	( 14,806,442
12	Gain, if any, from line 7 or a						12	3,742,599
13	-						13	13,041,354
14	Net gain or (loss) from Forr						14	-281,300
15	Ordinary gain from installm						15	196,808
16	Ordinary gain or (loss) from						16	110,396
17	Combine lines 10 through	-					17	19,977,830
18 a	For all except individual re and b below. For individua If the loss on line 11 include	turns, enter the amo I returns, complete li es a loss from Form 4	unt from line 17 c nes a and b belov 684, line 35, colur	n the appropriate li v. nn (b)(ii), enter that p	ne of your return and part of the loss here. E	Enter the loss		
	from income-producing pro							*
	property used as an employ						18a	~
b	Redetermine the gain or ( (Form 1040 or Form 1040-						18b	19,989,764
For	Paperwork Reduction Act	Notice, see separat	e instructions.		Cat. No. 13086I			Form <b>4797</b> (2019

Form 4797 (2019)

19	(a) Description of section 1245, 1250, 1252, 1254, or 125	5 prope	erty:			(b) Date acqu (mo., day, y	uired rr.)	<b>(c)</b> Date sold (mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on lines 19A through 19D	). ►	Property A	Property	в	Property	С	Property D
20	Gross sales price (Note: See line 1 before completing.) .	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
04	Tatal agin Culturat line 02 from line 00	04						
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:	050						
	Depreciation allowed or allowable from line 22       .         Enter the smaller of line 24 or 25a.       .	25a 25b	251,309					
26	If section 1250 property: If straight line depreciation was used.	200	201,000					
20	enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions	26a						
	Applicable percentage multiplied by the <b>smaller</b> of line							
D	24 or line 26a. See instructions.	26b						
С	Subtract line 26a from line 24. If residential rental property							
-	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
	Additional depreciation after 1969 and before 1976.	26d						
	Enter the <b>smaller</b> of line 26c or 26d	26e 26f						
	Add lines 26b, 26e, and 26f	201 26g	3,718					
	If section 1252 property: Skip this section if you didn't	209	5,710					
27	dispose of farmland or if this form is being completed							
	for a partnership.							
а	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage. See instructions	27b						
	Enter the <b>smaller</b> of line 24 or 27b	27c	*					
28	If section 1254 property:							
а	Intangible drilling and development costs, expenditures							
	for development of mines and other natural deposits,							
	mining exploration costs, and depletion. See instructions	28a						
b	Enter the <b>smaller</b> of line 24 or 28a	28b	97					
29	If section 1255 property:							
а	Applicable percentage of payments excluded from							
	income under section 126. See instructions	29a	*					
	Enter the smaller of line 24 or 29a. See instructions . Immary of Part III Gains. Complete property colur	29b	through D throu	 ah line 29h l	hefore	<u>aoina to lin</u>	e 30	
				911 1110 200 1		going to int	000.	
30	Total gains for all properties. Add property columns A thro	uah D	line 24				30	1,022,722
31	Add property columns A through D, lines 25b, 26g, 27c, 2	•					31	570,596
32	Subtract line 31 from line 30. Enter the portion from case						•••	
Par		 79 and	I 280F(b)(2) Wh	en Busines	s Us	se Drops to	32 50%	641,722 o or Less
	(see instructions)					-		
						(a) Sectio 179	n	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable	in prior	years		33			
34	Recomputed depreciation. See instructions				34			
35	Recapture amount. Subtract line 34 from line 33. See the	instructi	ions for where to re	nort	35			

Form	4797 (2019)							Page
Pa	rt III Gain From Disposition of Property Unc (see instructions)	ler Se	ctions 1245, 12	250, 1252, 1	254,	and 1255		
19	(a) Description of section 1245, 1250, 1252, 1254, or 125	5 prope	erty:			(b) Date acqu (mo., day, y		(c) Date sold (mo., day, yr.)
A								
E	8							
C								
C				1				
	These columns relate to the properties on lines 19A through 19D	). ►	Property A	Property	в	Property	с	Property D
20	Gross sales price (Note: See line 1 before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable.	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
b	Enter the <b>smaller</b> of line 24 or 25a	25b	5,293,201					
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions .	26a						
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions.	26b						
c	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976.	260						
	Enter the <b>smaller</b> of line 26c or 26d	26e						
	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g	93,438					
9 27	If section 1252 property: Skip this section if you didn't	209	00,100					
21	dispose of farmland or if this form is being completed for a partnership.							
a	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage. See instructions	27b						
	Enter the <b>smaller</b> of line 24 or 27b	27c	*					
	If section 1254 property:							
	Intangible drilling and development costs, expenditures							
d	for development of mines and other natural deposits,							
	mining exploration costs, and depletion. See instructions	28a						
b	Enter the <b>smaller</b> of line 24 or 28a	28b	17,045					
29	If section 1255 property:							
а	Applicable percentage of payments excluded from income under section 126. See instructions	29a						
	Enter the <b>smaller</b> of line 24 or 29a. See instructions .	29b	*					
Sun	nmary of Part III Gains. Complete property colur	nns A	through D throug	gh line 29b b	efore	e going to lin	e 30.	
30	Total gains for all properties. Add property columns A thro	•					30	68,318,185
31	Add property columns A through D, lines 25b, 26g, 27c, 2	8b, and	29b. Enter here an	d on line 13 .	•		31	13,041,354
32				<u></u>		<u></u>	32	55,276,831
Par	t IV Recapture Amounts Under Sections 17 (see instructions)	79 and	1 280F(b)(2) Wh	en Busines	s Us	e Drops to	<b>50</b> %	or Less
						(a) Sectio 179	'n	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable	in prior	years		33			
34	Recomputed depreciation. See instructions				34			
35	Recapture amount. Subtract line 34 from line 33. See the	<u>instruc</u> t	<u>ions for where to</u> re	port	35			Form <b>/707</b> (001

18	2019 Line Item Estin Num					mates based on s acted lines	amples.		
Departm	toj (Crop and Livestoc (ent of the Treasury ► Attac	k Shar Income h to Fo	es (Not Ca e not subj orm 1040,	ash) Re ect to s Form 1	ceived by self-emplo 040-SR, o	<b>Expenses</b> Landowner (or Sub-l oyment tax) or Form 1040-NR. atest information.	.essor))	2 2 Att	1B No. 1545-0074
	) shown on tax return	VV VV VV.1	15.90V/F0	1114030			Your so		ity number
	Total Forms	Filed	- 488 1	73					
	Total Total	Theu	- 400,1				Employ	er ID numl	per (EIN), if any
				<u> </u>					
Α	Did you actively participate in the operat	ion of	this farm	during	2019? 5	See instructions .		• •	
Part	Gross Farm Rental Income	Based	l on Pro	ductio	on. Incl	ude amounts conv	erted to ca	ash or th	ne equivalent
1	Income from production of livestock, pro	oduce.	arains. a	nd oth	er crops			1	195,162
2a	Cooperative distributions (Form(s) 1099-		•	2a	76,434	2b Taxabl	e amount	2b	
3a	Agricultural program payments (see inst		,	3a	175,49	3 3b Taxabl	e amount	3b	174,561
4	Commodity Credit Corporation (CCC) lo								
a	CCC loans reported under election .			1 1		· · · · · · · ·	· · · .	4a	*
b	CCC loans forfeited			4b	0 (acc inst	<b>4c</b> Taxable	e amount	4c	
5 a	Crop insurance proceeds and federal cro Amount received in 2019	•		5a	(see insti 26,085	,	amount	5b	21,681
c	If election to defer to 2020 is attached, c					Amount deferred fr		5d	,
6	Other income, including federal and stat	e gasc	oline or fu	el tax o				6	212,215
7	Gross farm rental income. Add amoun								
	and on Schedule E (Form 1040 or 1040-	SR), lir	ne 42 .		• •		🕨	7	448,888
Part	Expenses—Farm Rental Prop	erty.	Do not i	nclude	e persor	nal or living expens	es.		
8	Car and truck expenses (see				21	Pension and pr	ofit-sharing		
U	Schedule F (Form 1040 or 1040-SR)					plans	0	21	*
	instructions). Also attach Form 4562	8	37,0	800	22	Rent or lease:			
9	Chemicals	9	48,	573	а	Vehicles, machir	<b>3</b> /		
10	Conservation expenses (see instructions)	10	4,8	377		equipment (see inst	ructions)	22a	
11	Custom hire (machine work)	11	32,	070	b	Other (land, animals		22b	
12	Depreciation and section 179 expense deduction not claimed elsewhere	12	121	,371	23 24	Repairs and mainte		23 24	111,625 46,559
13	Employee benefit programs other than	12	131	,371	24	Seeds and plants Storage and wareh		24	40,555
15	on line 21 (see Schedule F (Form 1040				26	Supplies	•	26	62,636
	or 1040-SR) instructions)	13		*	27	Taxes		27	309,663
14	Feed	14	10,	213	28	Utilities		28	
15	Fertilizers and lime	15	65,	999	29	•	ling, and		
16	Freight and trucking	16				medicine		29	
17 18	Gasoline, fuel, and oil	17 18		566	30	Other expenses (sp	• •	30a	
10 19	Interest (see instructions):	10	183	,804	a			30a 30b	
a	Mortgage (paid to banks, etc.)	19a	36,	556	C C			30c	
b	Other	19b		141	d			30d	
20	Labor hired (less employment credits)				е			30e	
	(see Schedule F (Form 1040 or 1040-SR) instructions)			40	f			30f	
31	1040-SR) instructions)          Total expenses. Add lines 8 through 30	20		512	g		<b>\</b>	30g 31	200 570
32	Net farm rental income or (loss). Subtr on Schedule E (Form 1040 or 1040-SR instructions	act lin ), line	e 31 fron 40. If the	n line 7 e result	. If the re is a los	s, you <b>must</b> go to li	it here and ne 34. See		<u>388,576</u> 460,631
33	Reserved for future use							33	
34	If line 32 is a loss, check the	box 1	that des	cribes	your i	nvestment in this		34a 🗌	All investment is at r
	See instructions						• • •	} 34b ┌	Some investment is
с	You may have to complete Form 8582								at risk.
	you checked. If you checked box 34b, y either case, enter the <b>deductible loss</b>								
	See instructions							34c	85,566

Departm	toj (Crop and Livestoc) (I ent of the Treasury ► Attac	k Shar Income h to Fe	ental Income es (Not Cash) Rece e not subject to sel orm 1040, Form 104 irs.gov/Form4835 f	eived by If-empl 40-SR,	y Landowne loyment tax) or Form 104	r (or Sub-Less 0-NR.	or))		DMB No. 1545-0074
Name(s	) shown on tax return						Your soc	al secu	urity number
	Total Forms	Filed	= 488,173				Employer	· ID nui	nber (EIN), if any
Α	Did you actively participate in the operat	ion of	this farm during 2	2019? \$	See instruct	ions			└── └─ └─ └─ └─ └─ └─ └─ └─ └─ └─ └─ └─
Part			-						the equivalent
1								1	
ו 2a	Income from production of livestock, pro Cooperative distributions (Form(s) 1099-			trops 1,138,4		2 <b>b</b> Taxable arr		2b	4,464,990
3a	Agricultural program payments (see instr			1,095,7		<b>3b</b> Taxable an		3b	1,089,271
4	Commodity Credit Corporation (CCC) loa	-							
а	CCC loans reported under election .					· · · · ·	· .	4a	*
b 5	CCC loans forfeited			0		<b>Ic</b> Taxable am	ount	4c	
a	Amount received in 2019			131,4 ⁴		<b>5b</b> Taxable am	ount	5b	108,198
с	If election to defer to 2020 is attached, c	heck l	here 🕨 🗌	50	d Amount d	leferred from a	2018	5d	
6	Other income, including federal and state							6	3,286,940
7	Gross farm rental income. Add amount and on Schedule E (Form 1040 or 1040-							7	9,766,256
Part	II Expenses—Farm Rental Prop	erty.	Do not include	perso	nal or living	g expenses.			
8	Car and truck expenses (see			21		and profit-	•		
	Schedule F (Form 1040 or 1040-SR) instructions). Also attach <b>Form 4562</b>		10.070		•		• •	21	*
9	Chemicals	8	43,272 315,643	22 a	Rent or lea Vehicles,	ase: machinery,	and		
10	Conservation expenses (see instructions)	10	18,977	- ŭ		it (see instruct		22a	
11	Custom hire (machine work)	11	125,515	b	Other (land	d, animals, etc	.)	22b	
12	Depreciation and section 179 expense			23		nd maintenan		23	302,851
	deduction not claimed elsewhere	12	965,177	24		d plants		24	263,109
13	Employee benefit programs other than			25	-	nd warehousi	-	25	67 700
	on line 21 (see Schedule F (Form 1040 or 1040-SR) instructions)	13	*	26 27				26 27	67,722 906,471
14	Feed	14	13,072	28				27	500,471
15	Fertilizers and lime	15	478,903	29	Veterinary				
16	Freight and trucking	16			medicine			29	
17	Gasoline, fuel, and oil	17	72,950	30	Other exp	enses (specify	/):		
18	Insurance (other than health)	18	283,394	a				30a	
19	Interest (see instructions):	100	220.027	b				30b	
a b	Mortgage (paid to banks, etc.) Other	19a 19b	330,937 143,621	c d				30c 30d	
20	Labor hired (less employment credits)	100	140,021	e				30e	
	(see Schedule F (Form 1040 or			f				30f	
	1040-SR) instructions)	20	39,038	g				30g	
31	Total expenses. Add lines 8 through 30	•						31	5,343,930
32	Net farm rental income or (loss). Subtr on Schedule E (Form 1040 or 1040-SR) instructions	), line	40. If the result is	s a los	ss, you <b>mus</b>	st go to line 3		00	4 422 226
33	Reserved for future use						• •	32 33	4,422,326
34	If line 32 is a loss, check the						```	34a	All investment is at risk.
	See instructions						. }	34b	
c	You may have to complete <b>Form 8582</b> you checked. If you checked box 34b, y either case, enter the <b>deductible loss</b> See instructions	ou <b>m</b> i here	ust complete For	<b>m 619</b> e E (Fo	8 before go orm 1040 o	ing to Form 8 or 1040-SR), I	582. In ine 40.	34c	616,750
For Pa	perwork Reduction Act Notice, see your tax	return	instructions.		Ca	t. No. 13117W			Form <b>4835</b> (2019)

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### 2019 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines



### **Investment Interest Expense Deduction**

Go to www.irs.gov/Form4952 for the latest information.
 Attach to your tax return.

20**19** Attachment Sequence No. **5**1

OMB No. 1545-0191

Name(s) shown on return

Total Forms Filed = 1,398,942

Identifying number

#### Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2019 (see instructions)	1	966,194
2	Disallowed investment interest expense from 2018 Form 4952, line 7	2	665,728
3	Total investment interest expense. Add lines 1 and 2	3	1,384,159

#### Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from		
	the disposition of property held for investment)		
b	Qualified dividends included on line 4a         .         .         .         4b         1,042,689		
С	Subtract line 4b from line 4a	4c	1,242,240
d	Net gain from the disposition of property held for investment		
е	Enter the smaller of line 4d or your net capital gain from the disposition		
	of property held for investment. See instructions		
f	Subtract line 4e from line 4d	4f	285,442
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions	4g	133,492
h	Investment income. Add lines 4c, 4f, and 4g	4h	1,257,863
5	Investment expenses (see instructions)	5	377,928
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0	6	1,213,591
Dout	III Investment Interest Evenence Deduction		

#### Part III Investment Interest Expense Deduction

For Pa	aperwork Reduction Act Notice, see page 4.	Cat. No. 13177Y		Form <b>4952</b> (2019)
8	Investment interest expense deduction. Enter	er the <b>smaller</b> of line 3 or line 6. See instructions	8	1,199,444
	line 3. If zero or less, enter -0		7	689.247
7	Disallowed investment interest expense to b	be carried forward to 2020. Subtract line 6 from		

	1952 Investment Interest Expense Deduction > Go to www.irs.gov/Form4952 for the latest information.		OMB No. 1545-0191
	► Attach to your tax return.		Attachment Sequence No. <b>51</b>
Name(s	shown on return Total Forms Filed = 1,398,942	dentifying	
Par	Total Investment Interest Expense		
1	Investment interest expense paid or accrued in 2019 (see instructions)	. 1	27,542,411
2	Disallowed investment interest expense from 2018 Form 4952, line 7	. 2	29,579,088
3	Total investment interest expense. Add lines 1 and 2	. 3	57,121,499
Part	II Net Investment Income		
4a b	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)4a181,681,342Qualified dividends included on line 4a4a4b84,136,170	_	
c	Subtract line 4b from line 4a	. 4c	97,545,171
d	Net gain from the disposition of property held for investment		
e	Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment. See instructions		
f	Subtract line 4e from line 4d	. 4f	26,950,977
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instruction	າs <b>4g</b>	3,936,893
h	Investment income. Add lines 4c, 4f, and 4g	. 4h	128,433,041
5	Investment expenses (see instructions)		7,938,422
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0	. 6	121,292,304
Part	Investment Interest Expense Deduction		
7	Disallowed investment interest expense to be carried forward to 2020. Subtract line 6 from line 3. If zero or less, enter -0	. 7	30,122,686
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	. 8	26,998,813
For Pa	perwork Reduction Act Notice, see page 4. Cat. No. 13177Y		Form <b>4952</b> (2019)

122	2019	ine Item Estimates—All figures a∟ Number of returns filed		•		
	5000 I	Additional Taxes on	Qualified Pl	ane		MB No. 1545-0074
Form	5329   ₍	Including IRAs) and Other				୬⋒ <b>₄</b> ₀
	nent of the Treasury	► Attach to Form 1040, 10	040-SR, or 1040-NR.		At	∠U I S tachment
	Revenue Service (99)	► Go to www.irs.gov/Form5329 for instr tax. If married filing jointly, see instructions.	uctions and the lates	t information.		equence No. 29
		Total Forms Filed = 2,581,137				-
		Home address (number and street), or P.O. box	if mail is not delivered to	your home		Apt. no.
	Your Address Only	City, town or post office, state, and ZIP code. If	you have a foreign addre	ess, also complete the		
	Are Filing This by Itself and Not	spaces below. See instructions.				an amended
With	Your Tax Return	Foreign country name	Foreign province/state	e/county		check here ►
				, county	i oroigii p	
		tax on early distributions, you may be able				
or For		filing Form 5329. See the instructions for Sc on Early Distributions. Complete the				
Fai		ed retirement plan (including an IRA) or				
	directly on Form	040, 1040-SR, or 1040-NR-see above	e). You also may ha	ve to complete this	part to	indicate that you
		ption to the additional tax on early distrik				
1 2	•	ded in income. For Roth IRA distributior ded on line 1 that are not subject to the			1	1,744,375
2	•	ception number from the instructions:			2	747,595
3		tional tax. Subtract line 2 from line 1			3	1,273,561
4		10% (0.10) of line 3. Include this ar				4 000 000
	· · · · ·	m 1040-NR, line 57			4	1,269,309
		ount on line 4 instead of 10%. See instr		, you may have to		
Part		on Certain Distributions From Edu				
		amount in income, on Schedule 1 (Fo on savings account (ESA), a qualified tui				R, line 21, from a
5		n income from a Coverdell ESA, a QTP,			5	224,871
6	Distributions included of	n line 5 that are not subject to the addit			6	
7	•				7	148,835
8		0% (0.10) of line 7. Include this amount 0-NR, line 57.			8	144,995
Part	Additional Tax	on Excess Contributions to Tradit	tional IRAs. Comp	lete this part if you		,
		2019 than is allowable or you had an a		•	_	
9	,	butions from line 16 of your 2018 Form 53 contributions for 2019 are less than	1	. If zero, go to line 15	9	
10		see instructions. Otherwise, enter -0		10		
11	2019 traditional IRA dis	tributions included in income (see instru	ictions)	11		
12		ior year excess contributions (see instru	· · · · ·	12	10	
13 14		2			13 14	
15	,	r 2019 (see instructions)	•		15	
16		ons. Add lines 14 and 15			16	37,685
17		06) of the <b>smaller</b> of line 16 <b>or</b> the value of your 1000 (1000) 020). Include this amount on Schedule 2 (Form 1000)			17	27,514
Part		on Excess Contributions to Roth				
	IRAs for 2019 than	n is allowable or you had an amount on	line 25 of your 2018	Form 5329.		
18		butions from line 24 of your 2018 Form 53	1	. If zero, go to line 23	18	54,240
19		outions for 2019 are less than your max stions. Otherwise, enter -0-		19		
20		your Roth IRAs (see instructions)		<b>20</b> 6,608		
21					21	
22 23	•	butions. Subtract line 21 from line 18. If r 2019 (see instructions)			22 23	57,020
23 24		ons. Add lines 22 and 23			23	88,849
25	Additional tax. Enter 6% (0.0	06) of the <b>smaller</b> of line 24 <b>or</b> the value of your F	Roth IRAs on December	31, 2019 (including 2019		
	contributions made in 2020)	. Include this amount on Schedule 2 (Form 104	0 or 1040-SR), line 6, or	Form 1040-NR, line 57	25	81,661

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

Cat. No. 13329Q

Form **5329** (2019)

	2019 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)		123
Departm	5329       Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts ► Attach to Form 1040, 1040-SR, or 1040-NR.         For to www.irs.gov/Form5329 for instructions and the latest information.		MB No. 1545-0074
Name c	of individual subject to additional tax. If married filing jointly, see instructions. <b>Total Forms Filed =</b> 2,581,137		cial security number
	Home address (number and street), or P.O. box if mail is not delivered to your home		Apt. no.
	Your Address Only City, town or post office, state, and ZIP code. If you have a foreign address, also complete the		
	Are Filing This spaces below. See instructions.	If this is	an amended
	by Itself and Not Your Tax Return		check here ►
	Foreign country name Foreign province/state/county	Foreign	postal code
or Form	only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040 or 1040-SR), line 6, or 1040-NR, line 57, without filing Form 5329. See the instructions for Schedule 2 (Form 1040 or 1040-SR), line 6, or	for Form	1040-NR, line 57.
Part	Additional Tax on Early Distributions. Complete this part if you took a taxable distribution 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless glicectly on Form 1040, 1040-SR, or 1040-NR—see above). You also may have to complete this qualify for an exception to the additional tax on early distributions or for certain Roth IRA distribution	you are part to	reporting this tax indicate that you
1	Early distributions included in income. For Roth IRA distributions, see instructions	1	26,119,515
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions).		
	Enter the appropriate exception number from the instructions:	2	9,741,192
3	Amount subject to additional tax. Subtract line 2 from line 1	3	16,378,322
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 57	4	1,664,419
	<b>Caution:</b> If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.		
Part	Additional Tax on Certain Distributions From Education Accounts and ABLE Acco	unts. (	Complete this part
	if you included an amount in income, on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLE account	1040-N	
5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account	5	601,278
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	,
7	Amount subject to additional tax. Subtract line 6 from line 5	7	379,415
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040 or 1040-		
	SR), line 6, or Form 1040-NR, line 57	8	37,959
Part	Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you traditional IRAs for 2019 than is allowable or you had an amount on line 17 of your 2018 Form 532		uted more to your
9	Enter your excess contributions from line 16 of your 2018 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2019 are less than your maximum		
	allowable contribution, see instructions. Otherwise, enter -0	_	
11	2019 traditional IRA distributions included in income (see instructions) <b>11</b>	_	
12 13	2019 distributions of prior year excess contributions (see instructions) 12	10	
13 14	Add lines 10, 11, and 12       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . </td <td>13</td> <td></td>	13	
14 15	Excess contributions for 2019 (see instructions)	14	
16	Total excess contributions. Add lines 14 and 15	16	232,863
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2019 (including		
	2019 contributions made in 2020). Include this amount on Schedule 2 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 57	_	10,715
Part		outed r	nore to your Roth
18	IRAs for 2019 than is allowable or you had an amount on line 25 of your 2018 Form 5329.	18	280,767
	Enter your excess contributions from line 24 of your 2018 Form 5329. See instructions. If zero, go to line 23	10	200,101
19	If your Roth IRA contributions for 2019 are less than your maximum allowable		

		19		
20	2019 distributions from your Roth IRAs (see instructions)	<b>20</b> 76,464		
21	Add lines 19 and 20		21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter	-0	22	
23	Excess contributions for 2019 (see instructions)		23	182,702
24	Total excess contributions. Add lines 22 and 23		24	377,401
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December	31, 2019 (including 2019		
	contributions made in 2020). Include this amount on Schedule 2 (Form 1040 or 1040-SR), line 6, o	r Form 1040-NR, line 57	25	19,756
For Pr	ivacy Act and Paperwork Reduction Act Notice, see your tax return instructions.	Cat. No. 13329Q		Form <b>5329</b> (2019)

Form 53	329 (2019	9)									Page <b>2</b>
Part						Coverdell ESAs. C or you had an amoun	•	•			•
26	Enter	the excess c	ontributions from lin	e 32 c	of your 2018 Form	5329. See instruction	s. If zero, g	o to l	ine 31	26	
27						were less than the					
			le contribution, see				27				
28	2019	distributions	from your Coverde	ell ESA	As (see instructio	ns)	28				
29	Add li	ines 27 and 2	28							29	
30						6. If zero or less, ente				30	
31	Exces	s contributio	ons for 2019 (see in	struct	ions)					31	
32	Total	excess cont	ributions. Add lines	30 ar	nd 31					32	*
33	Addit	ional tax. E	nter 6% (0.06) of	the s	maller of line 3	2 <b>or</b> the value of you	ur Coverde	ell ES	As on		
						2020). Include this a					
										33	*
Part						cher MSAs. Comple				ur emp	ployer contributed
	I	more to your	Archer MSAs for 2	019 tl	han is allowable	or you had an amount	t on line 41	of yo	our 2018	3 Form	า 5329.
34	Enter	the excess c	ontributions from lin	ne 40 d	of your 2018 Forn	n 5329. See instructior	ns. If zero, g	jo to	line 39	34	
35	If the	contribution	s to your Archer M	ISAs f	for 2019 are less	than the maximum					
			•			)	35				
36						, line 8	36				
37	Add li	ines 35 and 3	36							37	
38						4. If zero or less, ente				38	
39										39	
40										40	8,669
41						40 <b>or</b> the value of y					
••						2020). Include this a					
										41	5.733
Part						Health Savings Ad				nplete	
						ted more to your HS		•	•	•	
			ne 49 of your 2018			,					,
42			=			orm 5329. If zero, go t	o line 47			42	
43					•	than the maximum					
10						)	43				
44							44				
45		ines 43 and 4	-							45	
46						2. If zero or less, ente				46	
47		-								47	
48										48	406,688
49						f your HSAs on Decembe					400,000
	contrib	outions made ir	n 2020). Include this am	nount o	n Schedule 2 (Form	1040 or 1040-SR), line 6,	or Form 104	0-NR,	line 57	49	314,315
Part \						ABLE Account. C	omplete th	is pa	rt if con	tributi	ons to your ABLE
			2019 were more that								
50										50	*
51			· · ·			ne value of your ABLE					<i>.</i> .
						1040-SR), line 6, or F				51	*
Part						alified Retirement	•		-	<b>As).</b> (	Complete this part
		-			-	on from your qualified		-			
52				•	,					52	
53										53	
54										54	6,638
55						is amount on Sched					
	1040-	-SR), line 6, c								55	6,638
Sign H	Here O	nly if You	Under penalties of perju	ry, I de	clare that I have exam	ined this form, including accorreparer (other than taxpayer) i	ompanying att	achmer	nts, and to	the bes	at of my knowledge and
Are Fi	iling Th	nis Form									
		Not With	•								
Your	Tax Re	eturn	Your signature					V D	ate		
Paid		Print/Type prep	parer's name		Preparer's signature	)	Date		Check	if	PTIN
Prep	arer								self-em	ployed	
Use		Firm's name	•					Firm	's EIN ►		
030		Firm's address	•					Phor	ne no.		

Form 50	329 (2019	ור	Amounto	01 3010			or aonare	,			Page <b>2</b>
Part		,	Tax on Excess	Contrik	utions to Covor		omploto th	io port	if the	000	
rait			SAs for 2019 were m				•	•			
26			contributions from line					-		26	10020.
27			ons to your Coverc	-							
			ole contribution, see				27				
28	2019	distributions	from your Coverde	ll ESAs (	see instructions) .		28				
29	Add li	ines 27 and 2	28							29	
30	Prior	year excess	contributions. Subtr	act line a	29 from line 26. If ze	ro or less, ente	er-0		. [	30	
31			ons for 2019 (see ins						_	31	
32			ributions. Add lines							32	*
33			Enter 6% (0.06) of t								
			19 (including 2019 of 10 CD)							00	*
Part	(Form		40-SR), line 6, or For Tax on Excess C							33	
rari			r Archer MSAs for 20			•		-	-		•
34			contributions from line		-			-		<b>34</b>	10020.
35			is to your Archer M	•						04	
00			ution, see instruction				35				
36			from your Archer N				36				
37		ines 35 and 3								37	
38	Prior	year excess	contributions. Subtr	act line	37 from line 34. If ze	ro or less, ente	er-0		. [	38	
39			ons for 2019 (see ins		,					39	
40	Total	excess cont	ributions. Add lines	38 and 3	39				· [	40	23,690
41			Enter 6% (0.06) of								
			19 (including 2019 o								
Part			40-SR), line 6, or For Tax on Excess							41	705
42		amount on li	n your behalf, or yo ne 49 of your 2018 I contributions from li	Form 532	29.					wab	ple or you had an
43			ons to your HSAs		-	-					
			ution, see instructior				43				
44	2019	distributions	s from your HSAs fro	m Form	8889, line 16		44				
45		ines 43 and 4							·	45	
46		5	contributions. Subtr						-	46	
47			ons for 2019 (see ins		,				·  -	47	
48			ributions. Add lines [•] 6% (0.06) of the <b>small</b> e						.	48	884,342
49	contrib	outions made ir	n 2020). Include this am	ount on So	chedule 2 (Form 1040 o	⁻ 1040-SR), line 6,	or Form 104	0-NR, lir	ne 57	49	32,050
Part \			Tax on Excess C			E Account. C	omplete th	is part	if contr	ibuti	ons to your ABLE
50			2019 were more tha							50	*
50			ons for 2019 (see ins		,					50	
51			nter 6% (0.06) of the sthis amount on Sche							51	*
Part			Tax on Excess A							-	Complete this part
			t receive the minimu				•		.9	-,	
52	Minim	num required	d distribution for 201	9 (see in	structions)					52	
53	Amou	int actually c	distributed to you in a	2019 .					. [	53	
54			rom line 52. If zero o						-	54	10.469
55			Enter 50% (0.50) o								
	1040-	-SR), line 6, o	or Form 1040-NR, lir							55	5,236
		nly if You	Under penalties of perjur belief, it is true, correct, a	y, I declare	that I have examined this e. Declaration of preparer (o	form, including acco other than taxpayer) is	ompanying atta s based on all i	chments nformatio	, and to t on of whicl	he bes h prep	st of my knowledge and arer has any knowledge.
		nis Form I Not With		-		,				-	2
	Tax Re		Your signature					Date	e		
		Print/Type pre	5	Pre	eparer's signature		Date		- 	_ :r	PTIN
Paid					-				Check L self-empl	_ if oyed	
Prep		Firm's name	•	I			1	Firm's I	EIN 🕨		L
Use	Uniy	Initial and the second sec									

* Data not shown because of the small number of sample returns on which they are based.

Form **5329** (2019)

•	5405 ovember 2019) nent of the Treasury	Repayment of the First-Time Homebuyer Credit ► Attach to Form 1040, 1040-SR, 1040-NR, or 1040-X.	At	MB No. 1545-0074
Internal	Revenue Service	► Go to www.irs.gov/Form5405 for instructions and the latest information.		equence No. <b>58</b>
		Total Forms Filed = 111,075		
Par	Disposit	ion or Change in Use of Main Home for Which the Credit Was Claimed		
1		you disposed of, or ceased using as your main home, the home for which you claimed t	he . ►_	
2	If you meet the	following conditions, check here		► 🗌
	community.	use if married) am, or was, a member of the uniformed services or Foreign Service, or an em I sold the home, or it ceased to be my main home, in connection with Government or uty service. No repayment of the credit is required (see instructions). Stop here.		
3	Check the box	below that applies to you. See the instructions for the definition of "related person."		
а		ding through foreclosure) the home to a person who isn't related to me and had a gain on the to Part II below.	sale (a	s figured in Part III
b	•	ding through foreclosure) the home to a person who isn't related to me and didn't have a gain $w$ ). No repayment of the credit is required. Stop here.	on the	sale (as figured in
c		ome to a related person OR I gave the home to someone other than my spouse (or ex-spou Go to Part II below.	se as p	part of my divorce
d	I converted below.	the entire home to a rental or business use OR I still own the home but no longer use it as my	main h	ome. Go to Part II
е	I transferred	the home to my spouse (or ex-spouse as part of my divorce settlement). The full name of my	ex-spo	use is 🕨
	The response	sibility for repayment of the credit is transferred to your spouse or ex-spouse. Stop here.		
f	My home w	as destroyed, condemned, or sold under threat of condemnation and I had a gain (see instruct	ions).	
g	My home w	as destroyed, condemned, or sold under threat of condemnation and I didn't have a gain (see	instruc	tions).
h		er who claimed the credit died in 2019. No repayment of the credit is required of the deceased n for 2019 with the deceased taxpayer, see instructions. Otherwise, stop here.	taxpay	/er. If you are filing
Part	II Repaym	ent of the Credit		
4		nt of the credit you claimed on Form 5405 for 2008. See instructions if you filed a joint return checked the box on line 3f or 3g.	4	58,200
5	Enter the amou	nt of the credit you repaid with your tax returns for the years 2010 through 2018	5	55,185
6		from line 4. If you checked the box on line 3f or 3g, see instructions. If you checked the box or line 7. Otherwise, skip line 7 and go to line 8	6	55,196
7	Enter the gain c	n the disposition of your main home (from line 15 below)	7	13,643
8	-	credit to be repaid. See instructions	8	76,507
		amount from line 8 on your 2019 Schedule 2 (Form 1040 or 1040-SR), line 7b; or Form		
Part	III Form 54	05 Gain or (Loss) Worksheet		
throug and 12	h condemnation	art only if your home was destroyed or you sold your home to someone who isn't related or under threat of condemnation). See Pub. 523, Selling Your Home, for information on wha your home through condemnation, see chapter 1 in Pub. 544, Sales and Other Dispositions of as 9 and 10.	at to er	nter on lines 9, 10
9	Selling price of	home, insurance proceeds, or gross condemnation award	9	14,618
10	Selling expense	es (including commissions, advertising and legal fees, and seller-paid loan charges) or ting the condemnation award	10	8,960
11		from line 9. This is the amount realized on the sale of the home	11	14,618
12		of home sold (see instructions)	12	13,614
13	•	me homebuyer credit claimed on Form 5405 minus the amount of the credit you repaid with		
		for the years 2010 through 2018	13	13,616

14Subtract line 13 from line 12. This is the adjusted basis for purposes of repaying the credit.15Subtract line 14 from line 11.

• If line 15 is more than -0-, you have a gain. Check the box on line 3a and complete Part II. **However**, check the box on line 3f (instead of the box on line 3a) if your home was destroyed or you sold the home through condemnation or under threat of condemnation. Then complete Part II if the event occurred in 2017.

• If line 15 is -0- or less, check the box on line 3b. However, if your home was destroyed or you sold the home through condemnation or under threat of condemnation, check the box on line 3g instead. You don't have to repay the credit.

14,618

15,622

14

15

	2019 Line Item Estimates—All figures are estimates based on samples.		127
Departn Internal	Dovember 2019) <ul> <li>Attach to Form 1040, 1040-SR, 1040-NR, or 1040-X.</li> <li>For to www.irs.gov/Form5405 for instructions and the latest information.</li> <li>Contemporation</li> <li>Contemporati</li></ul>	AS	MB No. 1545-0074 ttachment equence No. <b>58</b> al security number
Name S	Total Forms Filed = 111,075	1 2001	
Par	Disposition or Change in Use of Main Home for Which the Credit Was Claimed		
1 2	Enter the date you disposed of, or ceased using as your main home, the home for which you claimed the credit (MM/DD/YYYY) (see instructions).	► ployee	
	extended duty service. No repayment of the credit is required (see instructions). Stop here.		
3	Check the box below that applies to you. See the instructions for the definition of "related person."		
а	☐ I sold (including through foreclosure) the home to a person who isn't related to me and had a gain on the below). Go to Part II below.		-
b	I sold (including through foreclosure) the home to a person who isn't related to me and didn't have a gain Part III below). No repayment of the credit is required. Stop here.	on the	e sale (as figured in
C	I sold the home to a related person OR I gave the home to someone other than my spouse (or ex-spou settlement). Go to Part II below.	se as	part of my divorce
d	I converted the entire home to a rental or business use OR I still own the home but no longer use it as my below.	main	home. Go to Part II
е	I transferred the home to my spouse (or ex-spouse as part of my divorce settlement). The full name of my	ex-spo	ouse is 🕨
	The responsibility for repayment of the credit is transferred to your spouse or ex-spouse. Stop here.		
f	My home was destroyed, condemned, or sold under threat of condemnation and I had a gain (see instruct	ons).	
g	My home was destroyed, condemned, or sold under threat of condemnation and I didn't have a gain (see	nstruc	ctions).
h	The taxpayer who claimed the credit died in 2019. No repayment of the credit is required of the deceased a joint return for 2019 with the deceased taxpayer, see instructions. Otherwise, stop here.	taxpa	yer. If you are filing
Part	I Repayment of the Credit		
4	Enter the amount of the credit you claimed on Form 5405 for 2008. See instructions if you filed a joint return for 2008 or you checked the box on line 3f or 3g	4	366,952
5	Enter the amount of the credit you repaid with your tax returns for the years 2010 through 2018	5	221,749
6	Subtract line 5 from line 4. If you checked the box on line 3f or 3g, see instructions. If you checked the box on line 3a, go to line 7. Otherwise, skip line 7 and go to line 8	6	145,203
7	Enter the gain on the disposition of your main home (from line 15 below)	7	574,055
8	Amount of the credit to be repaid. See instructions	8	58,796
	<b>Next:</b> Enter the amount from line 8 on your 2019 Schedule 2 (Form 1040 or 1040-SR), line 7b; or Form 1040-NR, line 59b.		
Part	III Form 5405 Gain or (Loss) Worksheet		
throug and 12	Complete this part only if your home was destroyed or you sold your home to someone who isn't related h condemnation or under threat of condemnation). See Pub. 523, Selling Your Home, for information on wha 2. But if you sold your home through condemnation, see chapter 1 in Pub. 544, Sales and Other Dispositions of at to enter on lines 9 and 10.	t to e	nter on lines 9, 10,
9	Selling price of home, insurance proceeds, or gross condemnation award	9	3,217,719
10	Selling expenses (including commissions, advertising and legal fees, and seller-paid loan charges) or expenses in getting the condemnation award	10	326,615
11	Subtract line 10 from line 9. This is the amount realized on the sale of the home	11	2,891,105
12	Adjusted basis of home sold (see instructions)	12	2,397,232
13	Enter the first-time homebuyer credit claimed on Form 5405 minus the amount of the credit you repaid with		
	your tax returns for the years 2010 through 2018	13	40,213
14	Subtract line 13 from line 12. This is the adjusted basis for purposes of repaying the credit	14	2,357,019

15 . . • If line 15 is more than -0-, you have a gain. Check the box on line 3a and complete Part II. However, check the box on line 3f (instead of the box on line 3a) if your home was destroyed or you sold the home through condemnation or under threat of condemnation. Then complete Part II if the event occurred in 2017.

• If line 15 is -0- or less, check the box on line 3b. However, if your home was destroyed or you sold the home through condemnation or under threat of condemnation, check the box on line 3g instead. You don't have to repay the credit.

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

534,085

15

407



Department of the Treasury Internal Revenue Service Name(s) shown on return

# **Residential Energy Credits**

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

OMB No. 1545-0074

Total Forms Filed = 2,079,940

#### 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 2018.

1	Qualified solar electric property costs		1	517,664
2	Qualified solar water heating property costs		2	96,773
3	Qualified small wind energy property costs		3	30,646
4	Qualified geothermal heat pump property costs		4	47,802
5	Add lines 1 through 4		5	624,386
6	Multiply line 5 by 30% (0.30)		6	624,386
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in conr main home located in the United States? (See instructions.)	· · ·	7a	Yes No
	<b>Caution:</b> If you checked the "No" box, you cannot take a credit for qualified fuel c lines 7b through 11.	ell property. Skip		
b	Print the complete address of the main home where you installed the fuel cell proper	ty.		
	Number and street	Unit No.		
	City, State, and ZIP code	1		
8	Qualified fuel cell property costs	15,392		
9	Multiply line 8 by 30% (0.30)	15,392	-	
10	Kilowatt capacity of property on line 8 above	14,365		
11	Enter the smaller of line 9 or line 10		11	14,352
12	Credit carryforward from 2018. Enter the amount, if any, from your 2018 Form 5695,	line 16	12	282,033
13	Add lines 6, 11, and 12		13	877,989
14	Limitation based on tax liability. Enter the amount from the Residential Energy Credit Limit Worksheet (see instructions)		14	893,050
15	<b>Residential energy efficient property credit.</b> Enter the smaller of line 13 or line 14. amount on Schedule 3 (Form 1040 or 1040-SR), line 5; or Form 1040-NR, line 50.	Also include this	15	774,488
16	Credit carryforward to 2020. If line 15 is less than line 13, subtract line 15 from line 13	355,524		
For Pa	perwork Reduction Act Notice, see your tax return instructions.	. 13540P		Form <b>5695</b> (2019)



Department of the Treasury Internal Revenue Service Name(s) shown on return

### **Residential Energy Credits**

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



Total Forms Filed = 2,079,940

#### 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 2018.

1	Qualified solar electric property costs			1	10,431,907
2	Qualified solar water heating property costs			2	539,521
3	Qualified small wind energy property costs			3	111,382
4	Qualified geothermal heat pump property costs			4	668,425
5	Add lines 1 through 4			5	11,751,236
6	Multiply line 5 by 30% (0.30)			6	3,525,408
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in comain home located in the United States? (See instructions.)	• •	►	7a	Yes No
	<b>Caution:</b> If you checked the "No" box, you cannot take a credit for qualified fue lines 7b through 11.	el cel	ll property. Skip		
b	Print the complete address of the main home where you installed the fuel cell prop	perty			
	Number and street		Unit No.		
	City, State, and ZIP code				
8	Qualified fuel cell property costs	8	172,416		
9	Multiply line 8 by 30% (0.30)	9	51,728		
10	Kilowatt capacity of property on line 8 above	10	9,865,643		
11	Enter the smaller of line 9 or line 10			11	38,904
12	Credit carryforward from 2018. Enter the amount, if any, from your 2018 Form 569	5, lir	ne 16	12	1,108,114
13	Add lines 6, 11, and 12			13	4,672,425
14	Limitation based on tax liability. Enter the amount from the Residential Energ Credit Limit Worksheet (see instructions)		ficient Property	14	17,470,198
15	<b>Residential energy efficient property credit.</b> Enter the smaller of line 13 or line amount on Schedule 3 (Form 1040 or 1040-SR), line 5; or Form 1040-NR, line 50			15	3,175,508
16		16	1,496,917		
For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat.	No. 1	3540P		Form <b>5695</b> (2019)

Form 5695 (2019)

# 2019 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Page **2** 

Par	II Nonbusiness Energy Property Credit		
17a	Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)	17a	Yes No
	<b>Caution:</b> If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.		
b	Print the complete address of the main home where you made the qualifying improvements.		
	Caution: You can only have one main home at a time.		
	Number and street Unit No.		
	City, State, and ZIP code		
с	Were any of these improvements related to the construction of this main home?	17c	🗌 Yes 🗌 No
	<b>Caution:</b> If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.		
18	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)	18	153,104
19	Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).		
а	Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC	19a	332,822
b	Exterior doors that meet or exceed the version 6.0 Energy Star program requirements	19b	289,803
С	Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home	19c	164,462
d	Exterior windows and skylights that meet or exceed the version 6.0 Energy		,
	Star program requirements         19d         400,395	-	
е	Maximum amount of cost on which the credit can be figured <b>19e</b> \$2,000	-	
f	If you claimed window expenses on your Form 5695 prior to 2019, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0		
g	Subtract line 19f from line 19e. If zero or less, enter -0		
ĥ	Enter the smaller of line 19d or line 19g	19h	391,238
20	Add lines 19a, 19b, 19c, and 19h	20	840,541
21 22	Multiply line 20 by 10% (0.10)	21	840,541
22	Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).		
a b	Energy-efficient building property. Do not enter more than <b>\$300</b>	22a 22b	273,545
c	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more	220	348,020
	than <b>\$50</b>	22c	98,740
23	Add lines 22a through 22c	23	593,822
24 05	Add lines 21 and 23	24	1,252,500
25 26	Maximum credit amount. (If you jointly occupied the home, see instructions)	25 26	\$500
 27	Subtract line 26 from line 25. If zero or less, <b>stop;</b> you cannot take the nonbusiness energy property		
	credit	27	1,412,190
28	Enter the smaller of line 24 or line 27	28	1,250,682
29	Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)	29	
30	Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Schedule 3 (Form 1040 or 1040-SR), line 5; or Form 1040-NR, line 50	30	1,241,227

Form **5695** (2019)

	Amounts of selected lines filed (in thousands of dollars)		
Form 56	95 (2019)		Page <b>2</b>
Par	Nonbusiness Energy Property Credit		
17a b	Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)	17a	🗌 Yes 🗌 No
	Number and street Unit No.		
	City, State, and ZIP code		
С	Were any of these improvements related to the construction of this main home?	17c	Yes No
18	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)	18	61,194
19	Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).		
а	Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC	19a	957,157
b	Exterior doors that meet or exceed the version 6.0 Energy Star program requirements	19b	665,206
с	Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home	19c	1,251,387
d	Exterior windows and skylights that meet or exceed the version 6.0 EnergyStar program requirements19d2,442,170		
е	Maximum amount of cost on which the credit can be figured <b>19e</b> \$2,000	-	
f	If you claimed window expenses on your Form 5695 prior to 2019, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0		
g	Subtract line 19f from line 19e. If zero or less, enter -0		
h	Enter the smaller of line 19d or line 19g	19h	645,376
20 21	Add lines 19a, 19b, 19c, and 19h       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .	20 21	3,519,126
22	Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).	21	351,939
а	Energy-efficient building property. Do not enter more than \$300	22a	80,701
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than <b>\$150</b>	22b	51,677
С	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than <b>\$50</b>	22c	4,894
23	Add lines 22a through 22c	23	137,272
24 25	Add lines 21 and 23	24 25	<b>489,211</b> \$500
25 26	Enter the amount, if any, from line 18.	26	\$500
27	Subtract line 26 from line 25. If zero or less, <b>stop;</b> you cannot take the nonbusiness energy property		
	credit	27	675,507
28	Enter the smaller of line 24 or line 27	28	337,000
29	Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)	29	
30	Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Schedule 3 (Form 1040 or 1040-SR), line 5; or Form 1040-NR, line 50	30	331,157

Form **5695** (2019)

Form	5884	Work Opportunity Credit		OMB No. 1545-0219
Departr	ecember 2016) nent of the Treasury Revenue Service	<ul> <li>Attach to your tax return.</li> <li>Information about Form 5884 and its separate instructions is at www.irs.gov/form</li> </ul>	5884.	Attachment Sequence No. <b>77</b>
Name(s	) shown on return	Total Forms Filed = 6,582	Identify	ving number
1	or incurred du	pplicable line below the total qualified first- or second-year wages paid ring the tax year, and multiply by the percentage shown, for services of p are certified as members of a targeted group.		
а		year wages of employees who worked 120 hours but fewer than 400 hours .\$× 25% (0.25)	1a	620
b	Qualified first- for you at least	year wages of employees who worked 400 hours \$× 40% (0.40)	1b	959
С	Qualified seco long-term fami	nd-year wages of employees certified as ly assistance recipients \$× 50% (0.50)	1c	1,060
2		1b, and 1c. See instructions for the adjustment you must make to ages	2	2,021
3		nity credit from partnerships, S corporations, cooperatives, estates, and ructions)	3	4,728
4	S corporations	nd 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and , stop here and report this amount on Schedule K. All others, stop here amount on Form 3800, Part III, line 4b	4	6,582
5		ted to patrons of the cooperative or beneficiaries of the estate or trust	5	
6		estates, and trusts, subtract line 5 from line 4. Report this amount on rt III, line 4b	6	
For Pa	perwork Reductio	n Act Notice, see separate instructions. Cat. No. 13570D		Form <b>5884</b> (Rev. 12-201

Form	5884	Work Opportunity Credit		OMB No. 1545-0219
Departr	y. December 2016) PAttach to your tax return. Partment of the Treasury rnal Revenue Service Information about Form 5884 and its separate instructions is at www.irs.gov/form588		5884.	Attachment Sequence No. <b>77</b>
Name(s	me(s) shown on return Total Forms Filed = 6,582		Identify	ving number
1	or incurred du	pplicable line below the total qualified first- or second-year wages paid ring the tax year, and multiply by the percentage shown, for services of o are certified as members of a targeted group.		
а	Qualified first- for you at least	year wages of employees who worked 120 hours but fewer than 400 hours .\$× 25% (0.25)	1a	4,339
b	Qualified first- for you at least	year wages of employees who worked 400 hours	1b	12,153
С		nd-year wages of employees certified as ly assistance recipients \$× 50% (0.50)	1c	3,220
2		1b, and 1c. See instructions for the adjustment you must make to ages	2	19,712
3		nity credit from partnerships, S corporations, cooperatives, estates, and ructions)	3	44,387
4	S corporations	nd 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and , stop here and report this amount on Schedule K. All others, stop here amount on Form 3800, Part III, line 4b	4	64,099
5		ted to patrons of the cooperative or beneficiaries of the estate or trust	5	
6		estates, and trusts, subtract line 5 from line 4. Report this amount on rt III, line 4b	6	
For Pa	aperwork Reductio	n Act Notice, see separate instructions. Cat. No. 13570D		Form <b>5884</b> (Rev. 12-2016)

Department of the Treasury Internal Revenue Service (99) Alternative Minimum Tax—Individuals

▶ Go to www.irs.gov/Form6251 for instructions and the latest information.
 ▶ Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074
2019
Attachment Sequence No. <b>32</b>

Your social security number

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Total Forms Filed = 5,821,195

Part	Alternative Minimum Taxable Income (See instructions for how to complete each line.)		
1	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	5,817,454
2a	If filing Schedule A (Form 1040 or 1040-SR), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 9.	2a	5,768,233
b	Tax refund from Schedule 1 (Form 1040 or 1040-SR), line 1 or line 8	2b	(296,193)
c	Investment interest expense (difference between regular tax and AMT)	2c	43,475
d	Depletion (difference between regular tax and AMT)	2d	17,299
е	Net operating loss deduction from Schedule 1 (Form 1040 or 1040-SR), line 8. Enter as a positive amount .	2e	167,124
f	Alternative tax net operating loss deduction	2f	( 105,170 )
g	Interest from specified private activity bonds exempt from the regular tax	2g	662,952
ĥ	Qualified small business stock, see instructions	2h	13,663
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	11,666
i	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	132,308
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	359,393
I	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	21	722.699
m	Passive activities (difference between AMT and regular tax income or loss)	2m	699,513
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	369,269
ο	Circulation costs (difference between regular tax and AMT).	20	1,701
р	Long-term contracts (difference between AMT and regular tax income)	2p	5,546
q	Mining costs (difference between regular tax and AMT)	2q	11,928
r	Research and experimental costs (difference between regular tax and AMT)	2r	12,417
s	Income from certain installment sales before January 1, 1987	2s	( * )
t	Intangible drilling costs preference	2t	1,524
3	Other adjustments, including income-based related adjustments	3	97,246
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is		
	more than \$733,700, see instructions.)	4	5,809,948
Part			
5	Exemption. (If you were under age 24 at the end of 2019, see instructions.)		
	IF your filing status is AND line 4 is not over THEN enter on line 5		
	Single or head of household \$ 510,300 \$ 71,700		
	Married filing jointly or qualifying widow(er) 1,020,600 111,700		
	Married filing separately	5	5,633,907
	If line 4 is <b>over</b> the amount shown above for your filing status, see instructions.		
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and		
	11, and go to line 10	6	2,980,387
7	<ul> <li>If you are filing Form 2555, see instructions for the amount to enter.</li> </ul>		
	• If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; <b>or</b> you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here.	7	2,924,722
	• All others: If line 6 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result.		
	Alternative minimum tax foreign tax credit (see instructions)	8	1,360,889
9	Tentative minimum tax. Subtract line 8 from line 7	9	2,867,678
10	Add Form 1040 or 1040-SR, line 12a (minus any tax from Form 4972), and Schedule 2 (Form 1040 or 1040-SR), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040 or 1040-SR), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 12a, refigure that tax without using Schedule J before completing this line (see instructions)	10	4,993,416
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0 Enter here and on Schedule 2 (Form 1040 or		
	1040-SR), line 1	11	170,478
For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 13600G		Form <b>6251</b> (2019)

## Alternative Minimum Tax—Individuals

▶ Go to www.irs.gov/Form6251 for instructions and the latest information. ► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074
2019
Attachment Sequence No. <b>32</b>

Form **6251** 

Department of the Treasury Internal Revenue Service (99)

Name(s)	shown on Form 1040, 1040-SR, or 1040-NR Total Forms Filed = 5,821,195	Your socia	al sec	urity number	
Part	Alternative Minimum Taxable Income (See instructions for how to complete each	h line.)			
1	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-S 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-S enter the result here. (If less than zero, enter as a negative amount.)	SR and	1	1,542,233,551	
2a	If filing Schedule A (Form 1040 or 1040-SR), enter the taxes from Schedule A, line 7; otherwise, en amount from Form 1040 or 1040-SR, line 9		2a	95,994,867	
b	Tax refund from Schedule 1 (Form 1040 or 1040-SR), line 1 or line 8.	Г	2b	(971.591	)
c	Investment interest expense (difference between regular tax and AMT)	H	2c	850,714	
d	Depletion (difference between regular tax and AMT)	t t	2d	222,105	
e	Net operating loss deduction from Schedule 1 (Form 1040 or 1040-SR), line 8. Enter as a positive amo	-	2e	86,795,454	
f	Alternative tax net operating loss deduction		2f	( 18,210,144	)
g	Interest from specified private activity bonds exempt from the regular tax		2g	987,373	
h	Qualified small business stock, see instructions	[	2h	269,874	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	[	2i	2,780,258	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		2j	448,041	
k	Disposition of property (difference between AMT and regular tax gain or loss)		2k	-2,647,095	
I	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . $\  \   .$		21	-1,099,372	
m	Passive activities (difference between AMT and regular tax income or loss)		2m	876,422	
n	Loss limitations (difference between AMT and regular tax income or loss)		2n	809,962	
ο	Circulation costs (difference between regular tax and AMT).		20	989,623	
р	Long-term contracts (difference between AMT and regular tax income)	H	2p	151,379	
q	Mining costs (difference between regular tax and AMT)		2q	100,988	
r	Research and experimental costs (difference between regular tax and AMT)	-	2r	-164,705	
S	Income from certain installment sales before January 1, 1987		2s	(	_)
t			2t 3	451,282	
3	Other adjustments, including income-based related adjustments	T	3	-848,006	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and li more than \$733,700, see instructions.)		4	1,710,640,262	
Part		· ·	•	1,710,040,202	
5	Exemption. (If you were under age 24 at the end of 2019, see instructions.)				
	IF your filing status is AND line 4 is not over THEN enter on line 5				
	Single or head of household \$ 510,300 \$ 71,700				
	Married filing jointly or qualifying widow(er) 1,020,600 111,700				
	Married filing separately		5	523,852,579	
	If line 4 is <b>over</b> the amount shown above for your filing status, see instructions.				
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7,	9, and			
_	11, and go to line 10	· ·	6	1,350,711,153	
7	• If you are filing Form 2555, see instructions for the amount to enter.				
	• If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; you reported				
	qualified dividends on Form 1040 or 1040-SR, line 3a; <b>or</b> you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), complete		7	324,818,168	
	Part III on the back and enter the amount from line 40 here.		-		
	• All others: If line 6 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result.				
8	Alternative minimum tax foreign tax credit (see instructions)		8	19,475,179	
9	Tentative minimum tax. Subtract line 8 from line 7		9	305,486,980	
10	Add Form 1040 or 1040-SR, line 12a (minus any tax from Form 4972), and Schedule 2 (Form 1 1040-SR), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040 or 1040 line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 12a, refigure that tax v using Schedule J before completing this line (see instructions)	0-SR), vithout	10	369,341,041	
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0 Enter here and on Schedule 2 (Form 1	F			
	1040-SR), line 1		11	2,792,555	
For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 13600G			Form 6251 (20	19)

Form 6	251 (2019)		Page <b>2</b>
Part	· · · · · · · · · · · · · · · · · · ·		
	Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksh	eet in	the instructions.
12	Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	
13	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Forms 1040 and 1040-SR or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040 or 1040-SR), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	13	2,346,482
14	Enter the amount from Schedule D (Form 1040 or 1040-SR), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	14	311,642
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 <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	2,337,207
16	Enter the <b>smaller</b> of line 12 or line 15	16	
17	Subtract line 16 from line 12	17	
18	If line 17 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result	18	1,705,865
19	Enter:		
	<ul> <li>\$78,750 if married filing jointly or qualifying widow(er),</li> </ul>		
	\$39,375 if single or married filing separately, or	19	
	• \$52,750 if head of household.		
20	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 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 or 1040-SR, line 11b; if zero or less, enter -0 If you are filing Form 2555, see instructions for the amount to enter	20	
21	Subtract line 20 from line 19. If zero or less, enter -0		
22	Enter the <b>smaller</b> of line 12 or line 13	22	
23	Enter the <b>smaller</b> of line 21 or line 22. This amount is taxed at 0%	23	
24	Subtract line 23 from line 22	24	
25	Enter:		
	• \$434,550 if single		
	\$244,425 if married filing separately	25	
	<ul> <li>\$488,850 if married filing jointly or qualifying widow(er)</li> </ul>		
	• \$461,700 if head of household		
26	Enter the amount from line 21	26	
27	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 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 or 1040-SR, line 11b; if zero or less, enter -0 If you are filing Form 2555, see instructions for the amount to enter	27	
28	Add line 26 and line 27	28	
29	Subtract line 28 from line 25. If zero or less, enter -0-	29	
30	Enter the smaller of line 24 or line 29	30	
31	Multiply line 30 by 15% (0.15)	31	1,574,586
32	Add lines 23 and 30	32	,- ,
	If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.		
33		33	
34	Multiply line 33 by 20% (0.20)	34	505,638
04	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         Subtract         Subtract	36	
30 37	Multiply line 36 by 25% (0.25)	37	206,992
37 38	Add lines 18, 31, 34, and 37	37	200,002
		30	
39	If line 12 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result	39	1,990,483
40	Enter the <b>smaller</b> of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	

Form **6251** (2019)

Form 62	251 (2019)		Page <b>2</b>
Part			
	Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksh	eet in	the instructions.
12	Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	
13	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Forms 1040 and 1040-SR or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040 or 1040-SR), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	13	579,700,011
14	Enter the amount from Schedule D (Form 1040 or 1040-SR), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	14	17,235,861
15 16 17	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 <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15 16 17	596,688,207
18	If line 17 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result	18	185,793,137
19	Enter: • \$78,750 if married filing jointly or qualifying widow(er), • \$39,375 if single or married filing separately, or • \$52,750 if head of household.	19	
20	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 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 or 1040-SR, line 11b; if zero or less, enter -0 If you are filing Form 2555, see instructions for the amount to enter	20	
21 22	Subtract line 20 from line 19. If zero or less, enter -0-         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .	21 22	
22	Enter the <b>smaller</b> of line 12 or line 13	22	
23 24		23	
25			
	• \$434,550 if single		
	\$244,425 if married filing separately	25	
	• \$488,850 if married filing jointly or qualifying widow(er)		
	• \$461,700 if head of household		
26	Enter the amount from line 21	26	
27	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 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 or 1040-SR, line 11b; if zero or less, enter -0 If you are filing Form 2555, see instructions for the amount to enter	27	
28	Add line 26 and line 27	28	
29	Subtract line 28 from line 25. If zero or less, enter -0	29	
30	Enter the smaller of line 24 or line 29	30	
31	Multiply line 30 by 15% (0.15)	31	12,326,340
32	Add lines 23 and 30	32	
	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	00.000.051
34	Multiply line 33 by 20% (0.20)	34	88,029,351
o	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         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         . <td>35</td> <td></td>	35	
36 27	Subtract line 35 from line 12	36	2,928,990
37 38	Multiply line 36 by 25% (0.25)	37 38	2,320,330
	Add lines 18, 31, 34, and 37	30	
39	Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result Enter the <b>smaller</b> of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this	39	336,038,534
40	amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	Farme 6251 (0010)

Form 6251 (2019)

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Departm	Form <b>6252</b> Department of the Treasury Internal Revenue Service Service Go to www.irs.gov/Form6252 for the latest information.			OMB No. 1545-0228
Name(s				number
	<u> </u>			
1	Description of			
2a	Date acquired	(mm/dd/yyyy) ► b Date sold (mm/dd/yyyy) ► erty sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4.		. Yes No
3 4		perty you sold to a related party a marketable security? If "Yes," complete Part		
-		Ill for the year of sale and the 2 years after the year of sale		
Part		Profit and Contract Price. Complete this part for all years of the installment a		
5		cluding mortgages and other debts. Don't include interest, whether stated or unstate		402,019
6		bts, and other liabilities the buyer assumed or took the property		
		e instructions)		
7	Subtract line 6	from line 5		
8	Cost or other I	Dasis of property sold		
9		Ilowed or allowable		
10	•	s. Subtract line 9 from line 8		
11		and other expenses of sale		
12		ure from Form 4797, Part III (see instructions)		338.301
13 14	•	11, and 12       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .		,
				400,463
15		described on line 1 above was your main home, enter the amount of your excluductions). Otherwise, enter -0-		2,913
16		Subtract line 15 from line 14		398,396
17		3 from line 6. If zero or less, enter -0		5,899
18		e. Add line 7 and line 17		399,225
Part		ent Sale Income. Complete this part for all years of the installment agreeme		
19	Gross profit p	ercentage (expressed as a decimal amount). Divide line 16 by line 18. (For years a	fter	
		e, see instructions)		
20	If this is the ye	ar of sale, enter the amount from line 17. Otherwise, enter -0	. 20	
21	•	eived during year (see instructions). Don't include interest, whether stated or unstated	1. <b>21</b>	428,484
22	Add lines 20 a		. 22	431,467
23		eived in prior years (see instructions). Don't include interest,		
~ ~		d or unstated		
24		ale income. Multiply line 22 by line 19		
25 26		of line 24 that is ordinary income under the recapture rules (see instructions)		1,266
Part		Party Installment Sale Income. Don't complete if you received the final pa		
27	Name addres	s, and taxpayer identifying number of related party	yment u	lis lar year.
21				
28	Did the related	I party resell or dispose of the property ("second disposition") during this tax year? .		. 🗌 Yes 🗌 No
29		to question 28 is "Yes," complete lines 30 through 37 below unless one of the fo		
		x that applies.		
а		d disposition was more than 2 years after the first disposition (other than dispositions checked, enter the date of disposition (mm/dd/yyyy)		etable securities). If
b		sposition was a sale or exchange of stock to the issuing corporation.		
c		d disposition was an involuntary conversion and the threat of conversion occurred aft	er the firs	t disposition.
d		d disposition occurred after the death of the original seller or buyer.		
е	🗌 It can be e	stablished to the satisfaction of the IRS that tax avoidance wasn't a principal purpose s checked, attach an explanation (see instructions).	for either	of the dispositions.
30		f property sold by related party (see instructions)	. 30	*
31		price from line 18 for year of first sale		*
32	Enter the <b>sma</b>	Iler of line 30 or line 31	. 32	*
33	Total payment	s received by the end of your 2019 tax year (see instructions)		*
34		3 from line 32. If zero or less, enter -0		*
35		t by the gross profit percentage on line 19 for year of first sale		*
36		of line 35 that is ordinary income under the recapture rules (see instructions)		0
37	Subtract line 3	6 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)	. 37	*

For Paperwork Reduction Act Notice, see page 4.

Form <b>6252</b> Department of the Treasury		Installment Sale Income ► Attach to your tax return. ► Use a separate form for each sale or other disposition of property on the installment meth	od.	2019 Attachment
Go to www.irs.gov/Form6252 for the latest information.      Name(s) shown on return			Sequence No. 67	
Name(5)	Shown on return	Total Forms Filed = 463,472	Identifying r	lumber
1	Description of	property ►		
2a		(mm/dd/yyyy) ▶ b Date sold (mm/dd/yyyy) ▶		
3	Was the prope	erty sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4.		. 🗌 Yes 🗌 No
4		erty you sold to a related party a marketable security? If "Yes," complete Part		
		Ill for the year of sale and the 2 years after the year of sale		
Part		Profit and Contract Price. Complete this part for all years of the installment a	-	
5	•	cluding mortgages and other debts. <b>Don't</b> include interest, whether stated or unstate	ed 5	325,656,498
6	subject to (see	bts, and other liabilities the buyer assumed or took the property instructions)		
7		from line 5	_	
8		basis of property sold         8	_	
9		Ilowed or allowable         9           S. Subtract line 9 from line 8         10	_	
10 11	•		_	
12		and other expenses of sale         11           ure from Form 4797, Part III (see instructions)         12	-	
13		11, and 12	. 13	85,261,118
14		3 from line 5. If zero or less, <b>don't</b> complete the rest of this form (see instructions)		240,395,380
15		v described on line 1 above was your main home, enter the amount of your exclud		210,000,000
		uctions). Otherwise, enter -0-		766,674
16	Gross profit.	Subtract line 15 from line 14	. 16	240,009,316
17		3 from line 6. If zero or less, enter -0		494,456
18		e. Add line 7 and line 17		323,328,344
Part		ent Sale Income. Complete this part for all years of the installment agreeme		
19		ercentage (expressed as a decimal amount). Divide line 16 by line 18. (For years af e, see instructions)		
20	If this is the ye	ar of sale, enter the amount from line 17. Otherwise, enter -0	. 20	
21	•	eived during year (see instructions). Don't include interest, whether stated or unstated	. 21	63,071,137
22	Add lines 20 a		. 22	63,400,307
23	•	eived in prior years (see instructions). <b>Don't</b> include interest, d or unstated	2	
24		ale income. Multiply line 22 by line 19		45,974,263
25		of line 24 that is ordinary income under the recapture rules (see instructions)		209,716
26 Part		5 from line 24. Enter here and on Schedule D or Form 4797 (see instructions) <b>Party Installment Sale Income. Don't</b> complete if you received the final particular terms of the second sec		45,764,547
27				
21	Name, addres	s, and taxpayer identifying number of related party		
28	Did the related	I party resell or dispose of the property ("second disposition") during this tax year? .		
29	If the answer	to question 28 is "Yes," complete lines 30 through 37 below unless one of the fo		
а		<b>x that applies.</b> d disposition was more than 2 years after the first disposition (other than dispositions	of marke	able securities) If
	this box is	checked, enter the date of disposition (mm/dd/yyyy)		
b		sposition was a sale or exchange of stock to the issuing corporation.	outles for	dian a s ^{iti}
с С		d disposition was an involuntary conversion and the threat of conversion occurred afted disposition occurred after the death of the original seller or buyer.	er the first	disposition.
d e		stablished to the satisfaction of the IRS that tax avoidance wasn't a principal purpose f	for either c	of the dispositions
C		s checked, attach an explanation (see instructions).		
30		f property sold by related party (see instructions)	. 30	*
31		price from line 18 for year of first sale		*
32		ller of line 30 or line 31		*
33	Total payment	s received by the end of your 2019 tax year (see instructions)		*
34		3 from line 32. If zero or less, enter -0		*
35		by the gross profit percentage on line 19 for year of first sale		*
36		of line 35 that is ordinary income under the recapture rules (see instructions)		0
37		6 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)	. 37	*
		ion Act Notice, see page 4. Cat. No. 13601R		Form <b>6252</b> (2019)
* Data	not shown be	cause of the small number of sample returns on which they are based.		

Form <b>6765</b>	Credit fo	r Increasing Re	search Activi	ties		OMB No. 1545-0619	
(Rev. December 2019) Department of the Treasury Internal Revenue Service	► Go to www.irs.g	► Attach to your ta gov/Form6765 for instruct		formation.		Attachment Sequence No. <b>81</b>	
Name(s) shown on return	Total Forms Filed =	12,728			Identifyin	ıg number	
Section A-Regular Credit. Skip this section and go to Section B if you are electing or previously elected (and are not revoking) the alternative simplified credit.							
1 Certain amount	s paid or incurred to energ	y consortia (see instruc	tions)		. 1	*	
2 Basic research	payments to qualified orga	anizations (see instructio	ons)				

2	Basic research payments to qualified organizations (see instructions)	2				
3	Qualified organization base period amount	3				
4	Subtract line 3 from line 2. If zero or less, enter -0			4	*	
5	Wages for qualified services (do not include wages used in figuring the work					
	opportunity credit)	5				
6	Cost of supplies	6				
7	Rental or lease costs of computers (see instructions)	7				
8	Enter the applicable percentage of contract research expenses. See instructions	8				
9	Total qualified research expenses. Add lines 5 through 8	9				
10	Enter fixed-base percentage, but not more than 16% (0.16) (see instructions)	10	9	6		
11	Enter average annual gross receipts. See instructions	11				
12	Multiply line 11 by the percentage on line 10	12				
13	Subtract line 12 from line 9. If zero or less, enter -0	13				
14	Multiply line 9 by 50% (0.50)	14				
15	Enter the smaller of line 13 or line 14			15	<b>i</b> 1,481	
16	Add lines 1, 4, and 15			16	1,926	
17	Are you electing the reduced credit under section 280C?  Yes No					
	If "Yes," multiply line 16 by 15.8% (0.158). If "No," multiply line 16 by 209	6 (0.2	0) and see the			
	instructions for the statement that must be attached. Members of controlled	group	s or businesses			
	under common control, see instructions for the statement that must be attached			17	1 926	

Section B-Alternative Simplified Credit. Skip this section if you are completing Section A.

18	Certain amounts paid or incurred to energy consortia (see the line 1 instructions)	· ·			18	0
19	Basic research payments to qualified organizations (see the line 2 instructions)	19				
20	Qualified organization base period amount (see the line 3 instructions)	20				
21	Subtract line 20 from line 19. If zero or less, enter -0				21	*
22	Add lines 18 and 21				22	*
23	Multiply line 22 by 20% (0.20)				23	*
24	Wages for qualified services (do not include wages used in figuring the work					
	opportunity credit)	24				
25	Cost of supplies	25				
26	Rental or lease costs of computers (see the line 7 instructions)	26				
27	Enter the applicable percentage of contract research expenses. See the line 8					
		27				
28	Total qualified research expenses. Add lines 24 through 27	28				
29	Enter your total qualified research expenses for the prior 3 tax years. If you had					
	no qualified research expenses in any one of those years, skip lines 30 and 31	29				
30	Divide line 29 by 6.0	30				
31	Subtract line 30 from line 28. If zero or less, enter -0	31				
32	Multiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line 28 by 6	6% (0.	.06).		32	1,442
33	Add lines 23 and 32				33	1,443
34	Are you electing the reduced credit under section 280C? ► Yes □ No □					
	If "Yes," multiply line 33 by 79% (0.79). If "No," enter the amount from line 33 and see the line 17					
	instructions for the statement that must be attached. Members of controlled g					
	under common control, see instructions for the statement that must be attached				34	1,443

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 13700H

Form 6765 (Rev. 12-2019)

Form	6765	Credit for Increasing Research A	ctivities		0	MB No. 1545-0619
Departn	Rev. December 2019) Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form6765 for instructions and the latest information.					Attachment Sequence No. <b>81</b>
	Revenue Service ) shown on return	Total Forms Filed = 12,728		Identify		
Section	on A_Begular	Credit. Skip this section and go to Section B if you are electing	or previously elect	ed (and	aro	not revoking) the
	ative simplified	credit.			are	
1	Certain amour	nts paid or incurred to energy consortia (see instructions)			1	*
2		n payments to qualified organizations (see instructions)	2			
3	Qualified orga	nization base period amount	3			
4	Subtract line 3	B from line 2. If zero or less, enter -0			4	*
5		alified services (do not include wages used in figuring the work edit)	5			
6	Cost of suppli	es	6			
7	Rental or lease	e costs of computers (see instructions)	7			
8	Enter the appli	cable percentage of contract research expenses. See instructions	8			
9	Total qualified	research expenses. Add lines 5 through 8	9			
10	Enter fixed-ba	se percentage, but not more than 16% (0.16) (see instructions)	10	%		
11	Enter average	annual gross receipts. See instructions	11			
12	Multiply line 1	1 by the percentage on line 10	12			
13	Subtract line 1	2 from line 9. If zero or less, enter -0	13			
14	Multiply line 9	by 50% (0.50)	14			
15	Enter the sma	<b>ller</b> of line 13 or line 14			15	73,320
16	Add lines 1, 4,	and 15		. 🗋	16	96,633
17	Are you electir	ng the reduced credit under section 280C? ► Yes □ No □				
	If "Yes," mult	iply line 16 by 15.8% (0.158). If "No," multiply line 16 by 20	% (0.20) and see	the		
		r the statement that must be attached. Members of controlled				
	under commo	n control, see instructions for the statement that must be attached	d	.   .	17	16,740
Section	on B-Alternati	ive Simplified Credit. Skip this section if you are completing Sec	tion A.			
18	Certain amour	nts paid or incurred to energy consortia (see the line 1 instructions	3)		18	0
19	Basic research	n payments to qualified organizations (see the line 2 instructions)	19			
20	Qualified orga	nization base period amount (see the line 3 instructions)	20			
21	Subtract line 2	0 from line 19. If zero or less, enter -0-		. 1	21	*
22	Add lines 18 a	nd 21		. 1	22	*
23	Multiply line 22	2 by 20% (0.20)		. 1	23	*
24	Wages for qua	alified services (do not include wages used in figuring the work				
	opportunity cr	edit)	24			
25	Cost of suppli	es	25			
26	Rental or lease	e costs of computers (see the line 7 instructions)	26			
27		icable percentage of contract research expenses. See the line 8				
	instructions .		27			
28	Total qualified	research expenses. Add lines 24 through 27	28			
29		al qualified research expenses for the prior 3 tax years. If you had search expenses in any one of those years, skip lines 30 and 31	29			
30	Divide line 29	by 6.0	30			
31		0 from line 28. If zero or less, enter -0	31			
32	Multiply line 3 ⁻	1 by 14% (0.14). If you skipped lines 30 and 31, multiply line 28 by	/ 6% (0.06)	. :	32	26,155
33		nd 32			33	26,230
34		ng the reduced credit under section 280C? $\blacktriangleright$ Yes $\Box$ No $\Box$				
	lf "Yes," multi	ply line 33 by 79% (0.79). If "No," enter the amount from line 3	33 and see the line	e 17		
	instructions for	r the statement that must be attached. Members of controlled	groups or busines	sses		
	under commo	n control, see instructions for the statement that must be attached	<u>d</u>	. :	34	21,573
For Pa	perwork Reduct	ion Act Notice, see separate instructions. Cat. No.	13700H	F	Form	6765 (Rev. 12-2019)

Form 6765 (Rev. 12-2019)

#### Section C-Current Year Credit

35	Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies)	35	*
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0-	36	3,369
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	10,071
38	Add lines 36 and 37	38	12,725
	<ul> <li>Estates and trusts, go to line 39.</li> </ul>		
	• Partnerships and S corporations not electing the payroll tax credit, stop here and report this amount on Schedule K.		
	• Partnerships and S corporations electing the payroll tax credit, complete Section D and report on Schedule K the amount on this line reduced by the amount on line 44.		
	• Eligible small businesses, stop here and report the credit on Form 3800, Part III, line 4i. See instructions for the definition of eligible small business.		
	• Filers other than eligible small businesses, stop here and report the credit on Form 3800, Part III, line 1c.		
	<b>Note:</b> Qualified small business filers, other than partnerships and S corporations, electing the payroll tax credit must complete Form 3800 before completing Section D.		
39	Amount allocated to beneficiaries of the estate or trust (see instructions)	39	
40	Estates and trusts, subtract line 39 from line 38. For eligible small businesses, report the credit on		
	Form 3800, Part III, line 4i. See instructions. For filers other than eligible small businesses, report the		
	credit on Form 3800, Part III, line 1c	40	
	on D—Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if the p pply. See instructions.	ayroll	tax election does

<ul> <li>41 Check this box if you are a qualified small business electing the payroli tax credit. See instructions  </li> <li>42 Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See instructions</li></ul>			Form	6765 (Rev. 12-2019)
<ul> <li>42 Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See instructions</li> <li>43 General business credit carryforward from the current year (see instructions). Partnerships and S</li> </ul>	44	line 36, line 42, or line 43. Enter here and on the applicable line of Form 8974, Part 1, column (e). Members of controlled groups or businesses under common control, see instructions for the statement	44	0
42 Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See	43		43	*
44 Observations of the second state of the sec	41 42		42	*

Form 6765 (Rev. 12-2019)

Page **2** 

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#### Section C-Current Year Credit

35	Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies)	35	*
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0	36	37,951
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	202,529
38	Add lines 36 and 37	38	240,480
	<ul> <li>Estates and trusts, go to line 39.</li> </ul>		
	• Partnerships and S corporations not electing the payroll tax credit, stop here and report this amount on Schedule K.		
	• Partnerships and S corporations electing the payroll tax credit, complete Section D and report on Schedule K the amount on this line reduced by the amount on line 44.		
	• Eligible small businesses, stop here and report the credit on Form 3800, Part III, line 4i. See instructions for the definition of eligible small business.		
	• Filers other than eligible small businesses, stop here and report the credit on Form 3800, Part III, line 1c.		
	<b>Note:</b> Qualified small business filers, other than partnerships and S corporations, electing the payroll tax credit must complete Form 3800 before completing Section D.		
39	Amount allocated to beneficiaries of the estate or trust (see instructions)	39	
40	Estates and trusts, subtract line 39 from line 38. For eligible small businesses, report the credit on Form 3800, Part III, line 4i. See instructions. For filers other than eligible small businesses, report the		
	credit on Form 3800, Part III, line 1c	40	
	on D—Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if the p ply. See instructions.	ayroll	tax election does

		Form	6765 (Rev. 12-2019)									
44	Partnerships and S corporations, enter the smaller of line 36 or line 42. All others, enter the smallest of line 36, line 42, or line 43. Enter here and on the applicable line of Form 8974, Part 1, column (e). Members of controlled groups or businesses under common control, see instructions for the statement that must be attached	44	0									
43	General business credit carryforward from the current year (see instructions). Partnerships and S corporations, skip this line and go to line 44	43	*									
42	Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See instructions	42	*									
41	Check this box if you are a qualified small business electing the payroll tax credit. See instructions											
Departn	Gains and Losses From Section 1256 Contracts and Straddles Go to www.irs.gov/Form6781 for the latest information. Attach to your tax return. Ide								OMB No. 1545-0644			
---------	--------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------	-----------------------------------	----------------	--------------------------------------------	---------------------------------------------	--------------	----------------------------------------------------------------------------------------	---------------------------------------------------------	----------	----------------------------------------------------------------------------------------------------------
Name(s	) shown on tax return	n <b>Tota</b> l	Forms I	Filed =	417,33	8					Identify	ying number
Check	all applicable box	es (see instructior	ns). A	Mixed	straddle	electior	1		С 🗌 Мі	xed straddle a	accoun	t election
Par	Section	1256 Contrac	B ts Mark			addle id	entification	election	n <b>D</b> 🗌 Ne	t section 1256	6 contr	acts loss election
i an		(a) Identific			lainet			(b)	(Loss)	(c) Gaii	n	
		(u) raoriant						()	(2000)	(0) 0.0	•	
1												
							Ι					•
2		s on line 1 in colur	. ,	( )				(	)		3	414 475
3 4		). Combine line 2, justments. See ins						· · ·		· · · ·	4	414,475 2,456
5	Combine lines 3	•									5	412,793
	<b>Note:</b> If line 5 stinstructions.	shows a net gain,	skip line	6 and en	ter the g	ain on li	ne 7. Partn	erships	and S corpo	orations, see		
6		If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carr back. Enter the loss as a positive number. If you didn't check box D, enter -0								6	2,278	
7	Combine lines 5	and 6									7	410,958
8		hort-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule n Form 8949 (see instructions) .									8	393,283
9		tal gain or (loss) (see instructions)									9	410,959
Part	Gains a	nd Losses Fro	om Stra								com	oonents.
Secti	on A-Losses	From Stradd	les									
	(a) Description of	f property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) G sales		(e) Cost or o basis plus expense of s	ther is r	(f) Loss. f column (e) more than (d), ter difference. herwise, enter -0	(g) Unrecogniz gain on offsetting positions	9	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0
10												
											1	
	Enter the short- Form 8949. See	instructions .				· · ·					11a	( 2,947
b	Enter the long-te Form 8949. See	erm portion of los instructions .						on line	11 of Scheo	lule D or on	11b	( 212
Secti	on B-Gains											
	(	<b>a)</b> Description of pro	perty			(b) Date entered into or acquired	closed out		I) Gross les price	<b>(e)</b> Cost or c basis plu expense of	s	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0
12												
13a	Enter the short-t 8949. See instru	erm portion of ga ctions	ins from li	ne 12, col	umn (f), h	nere and	include on	line 4 o 	f Schedule D	or on Form	13a	1,710
b	Enter the long-te 8949. See instru		ns from lin	ie 12, colu 	mn (f), he	ere and i	include on li	ne 11 o 	f Schedule D	or on Form	13b	241
Part	III Unrecog	gnized Gains	From Po	ositions	Held o	on Las	t Day of T	Tax Ye	ear. Memo	Entry Only (	see in	structions)
		<b>(a)</b> Description of p	property				<b>(b)</b> Date acquired	on last	market value business day tax year	<b>(d)</b> Cost or c basis as adjuste		(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0
14												

Form	Gains and Losses From Section 1256 Contracts and Straddles										OMB No. 1545-0644	
	nent of the Treasury Revenue Service		► Go t				for the late tax return.	st info	rmation.			ttachment equence No. <b>82</b>
	) shown on tax return	Tota	Forms		417,33	-				1		ving number
Check	all applicable boxe	es (see instructior	,	_	straddle lle-by-str		n Jentification	electio		xed straddle a t section 1256		t election acts loss election
Part	Section	1256 Contrac	ts Mark					1				
		(a) Identific	cation of	account				(b	) (Loss)	(c) Gain	1	
1												
2	Add the amounts		. ,	( )				(	)		•	0.470.400
3 4	Net gain or (loss) Form 1099-B adj							· ·			3 4	<u>3,473,422</u> -1,443
5	Combine lines 3										5	3,471,979
	<b>Note:</b> If line 5 s instructions.	-			-							
6	If you have a net back. Enter the lo										6	138,182
		·		,		,					•	150,102
7	Combine lines 5										7	3,610,160
8	Short-term capit on Form 8949 (se									chedule D or	8	1 444 059
9	Long-term capit or on Form 8949	al gain or (loss)	. Multiply	line 7 by	60% (0.6	i0). Ente	er here and i	include	on line 11 of		9	<u>1,444,058</u> 2,166,102
Part	Gains ar	d Losses Fro	om Stra	ddles. /	Attach a	separa	ate stateme	ent list	ing each stra	addle and its		ponents.
Secti	on A-Losses	From Stradd	lles	1	1							
	(a) Description of property(b) Date entered into or acquired(c) Date closed out or sold(d) Gross sales price(e) Cost or other basis plus expense of sale(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter(g) Unrecog gain of offsett				<b>(g)</b> Unrecognize gain on offsetting positions		(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0					
10												
11a	Enter the short-t Form 8949. See i	•	sses from	line 10, c	column (l	h), here	and include	e on lir	ne 4 of Schec	lule D or on	11a	( 49.225 )
b	Enter the long-te Form 8949. See i											( 95,394 )
Secti	on B—Gains F	From Straddle	es					· ·			11b	( 33,334 )
	(8	) Description of pro	perty			(b) Date entered into or acquire	closed out		( <b>d)</b> Gross ales price	(e) Cost or of basis plus expense of s	6	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0
12												
	E de la de la de la de				(0)			1		E.		
13a	Enter the short-te 8949. See instruc	tions			• • •			· ·			13a	479,329
b	Enter the long-te 8949. See instruct	tions									13b	330,025
Part	III Unrecog	nized Gains	From Po	ositions	Held o	on Las	t Day of T	Fax Y	ear. Memo	Entry Only (	see in	
	rt III Unrecognized Gains From Positions He				<b>(b)</b> Date acquired	on last	ir market value t business day if tax year	<b>(d)</b> Cost or of basis as adjuster		(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0		
14												
												- 6704 (10.10)

Form **6781** (2019)

#### Ξ. ...

40		2019 Line It			igures are estir ns filed for sele			d on sar	nples.		
(Rev. De Departm	<b>8283</b> accember 2014) nent of the Treasury Revenue Service	▶ Informatio	Attach	to your tax re of over \$500 f	aritable Con eturn if you claimed for all contributed p ts separate instruct	l a to prop	otal deduc erty.	ction	form8283	Attachm	. 1545-0908 ent e No. <b>155</b>
-	) shown on your inc	ome tax return	Forms Fi		1,839	.10113	5 15 at ww	w.n3.gov/	01110200.	Identifying	number
Note.	Figure the amo				re completing this	for	m. See v	our tax re	turn instru	uctions.	
	on A. Donate groups	ed Property of s of similar iter	f <b>\$5,000 (</b> ms) for w	or Less and hich you c	d Publicly Trad laimed a deduc an \$5,000 (see ir	ed tior	Securit	<b>ies</b> —List 000 or I	t in this	section only	
Par	Inform	ation on Dona	ted Prop	erty—If you	i need more spa	ce,	attach a				
1	• •	me and address of the onee organization	e	check the bo	property is a vehicle (se x. Also enter the vehicl unless Form 1098-C is	e ider	ntification	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name a the number of shares.)			
Α											
в											
С											
D											
Е											
Note.	If the amount y	ou claimed as a	deduction	for an item is	s \$500 or less, you	ı do	not have	e to comp	lete colur	nns (e), (f), ar	ıd (g).
	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	<b>(f)</b> Hov	v acquired donor	(g) Donor's cost or adjusted basis		(h) Fair	market valu		Method used to the fair market	determine
Α					2,479,045		3,843	,229			
B C											
D											
E Part	entire ir contribu	nterest in a pro ution listed in Pa	operty list art I; also	ed in Part attach the r	operty—Comple I. Complete line required stateme	es 3 ent (	Ba throu (see inst	igh 3c if ructions)	conditio		
	If Part II applie	es to more than c	one proper	ty, attach a s	for which you gav eparate statemen	t.			iterest ►		
b	rotai amount	claimed as a dec		the property	listed in Part I: (		For this for any provide the second s	prior tax y	ears		
С	from the done	dress of each or ee organization a e organization (donee	above):	to which an	ıy such contributi	on v	vas mad	e in a pric	or year (co	omplete only	if different
	Address (number,	street, and room or s	suite no.)								
	City or town, state	e, and ZIP code									
d			-		erty is located or	-					
е	Name of any	person, other tha	an the don	ee organizat	ion, having actual	pos	ssession	of the pro	operty 🕨		
3a	Is there a resproperty? .	striction, either t		-	nt, on the donee		-	se or dis	pose of t	he donated	Yes No
b c	organization in the property, designate the	n cooperative fur including the righ person having s	ndraising) t It to vote d uch income	he right to the onated secure, possession	nization or anothe ne income from th rities, to acquire tl n, or right to acqu a particular use?	e do ne p ire?	roperty b	roperty or by purcha	to the pose or othe	ossession of erwise, or to	

For Paperwork Reduction Act Notice, see separate instructions.

Form	8283				aritable Con eturn if you claimed					OMB No.	1545-0908	
Departn	ecember 2014) nent of the Treasury Revenue Service	▶ Informatio		of over \$500 f	for all contributed p is separate instruct	rope	erty.		orm8283	Attachme Sequenc	ent e No. <b>155</b>	
	s) shown on your inc	ome tax return	Forms Fi		1,839		15 at www	w.ii s.gov/i	011110203.	Identifying	number	_
Note	Figure the amo			•	re completing this	form	I See vo	our tax ret	urn instru	ctions		_
	-				d Publicly Trad						, items (c	
	groups	s of similar iter	ms) for w	hich you c	laimed a deduc an \$5,000 (see in	tion	of \$5,0					
Par	t Inform	ation on Dona	ted Prop	e <b>rty</b> —If you	need more space	ce, a	attach a					_
1	• •	me and address of th onee organization	e	check the bo	property is a vehicle (se x. Also enter the vehicle unless Form 1098-C is a	ident	tification	(For a ve	ehicle, enter or securities,	n of donated pro the year, make, i enter the compa ber of shares.)	model, and	d
Α												_
В												
С												
D												
Е												_
Note.	Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete column								nns (e), (f), an	d (g).	_	
	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)		v acquired donor	(g) Donor's cost or adjusted basis		.,	market value	e (i)	Method used to the fair market		_
Α				32,242,318 55,818,167						_		
B C											_	
												_
E												_
Part	entire ir	nterest in a pro	operty list	ed in Part	operty—Comple I. Complete line required stateme	s 3a	a throu	gh 3c if	conditio			
2a					for which you gave eparate statement		s than a	n entire in	terest 🕨			_
b	Total amount	claimed as a deo	duction for	the property	listed in Part I: (1 (2		For this t For any p	ax year orior tax y	► ears ►			_
С	from the done	dress of each or ee organization a e organization (donee	above):	to which an	y such contributio	on wa	as made	e in a prio	r year (cc	mplete only	if differen	t
	Address (number,	street, and room or s	suite no.)									_
	City or town, state	e, and ZIP code										_
d	For tangible p	roperty, enter th	e place wh	ere the prop	erty is located or l	kept	•					_
е	Name of any	person, other tha	an the don	ee organizati	ion, having actual	poss	session	of the pro	operty ►			_
3a		striction, either t			nt, on the donee'	s rig	ht to us	se or disp	cose of t	he donated	Yes No	>
b	organization in the property, i designate the	n cooperative fu including the righ person having s	ndraising) t nt to vote d uch income	he right to th onated secure, possession	nization or another the income from the rities, to acquire th th, or right to acqui	e doi le pro	nated pr operty b	operty or y purchas	to the po se or othe	ossession of rwise, or to		
C		-			a particular use?						(Pay 10.001	4)
For Pa	aperwork Reduct	tion Act Notice, s	ee separate	instructions.		Cat. N	vo. 62299J	1		Form <b>8283</b>	(Rev. 12-201	4)

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Authorized signature

Form	n 8283 (Rev. 12-2014)									Page
Nam	e(s) shown on your inc	come tax return							Ider	ntifying number
Sec	similar ite traded se	Property Over \$5,000 (Exc ems) for which you claimed ecurities reported in Section ems. An appraisal is general	lad nA).	eduction of m Provide a sep	ore ara	than \$5,000 per i te form for each p	iterr prop	or group (exception or group (exception of the second second second second second second second second second s	t con	tributions of publicly
Pa	art I Inform	nation on Donated Prop	pert	<b>y</b> —To be cor	np	leted by the taxp	aye	er and/or the ap	prais	ser.
4	Check the box	that describes the type of prop	berty	donated:						
		onservation Contribution	d e f	Art* (contribut Other Real Es Securities		of less than \$20,000)	)	g   Collectibles     h   Intellectual     i   Vehicles		j 🗌 Other erty
othe	r similar objects.	ulptures, watercolors, prints, drawi	-	·			-		ripts, I	historical memorabilia, and
		s, stamps, books, gems, jewelry, sp you must attach a qualified ap					abov	/e.		
5	(a) Description	n of donated property (if you need , attach a separate statement)		(b) If tangible p	prop	erty was donated, give a ondition of the property			rall	(c) Appraised fair market value
Α								137,808		
В										
С										
D	(1) 5									
	(d) Date acquired by donor (mo., yr.)     (e) How acquired by donor     (f) Donor's cost or adjusted basis     (g) For bargain sales, enter amount received       (h) Amount claime deduction							(i) Date of contribution		
Α	118,455 2,361 102,874			() bate of contribution						
В				110,455		2,301		102,074		
С										
D	_									
Pa		ayer (Donor) Statement e of \$500 or less. See ins			INC	luded in Part I at	voc	e that the appra	lisai	identifies as naving
Ide		wing item(s) included in Part I			est o	of my knowledge an	nd b	elief an appraised y	value	of not more than \$500
		fying letter from Part I and de							, and o	
Sian	nature of taxpayer (c	donor) 🕨						Date ►		
		ration of Appraiser						Butor		
l dec	lare that I am not the	donor, the donee, a party to the tra								
	ied to any person who aisals during my tax ye	o is related to any of the foregoing ear for other persons.	perso	ns. And, if regular	ly us	sed by the donor, done	e, or	party to the transactio	n, I pe	erformed the majority of m
Also,	I declare that I perform a	appraisals on a regular basis; and that								
		aisal fees were not based on a percer alified appraisal or this Form 8283 ma								
		pject to a penalty under section 6695A misstatement results from my apprais								
Sig			an rai		50011	barroa nom procenting of	naon		11100 01	
Hei				Title	►			Date ►		
Busir	ness address (includin	g room or suite no.)							Identi	fying number
City	an taum atota and ZI	Deede								
Gity	or town, state, and ZIF	- code								
Pa	rt IV Done	e Acknowledgment-To	o be	completed b	ov t	he charitable or	nan	ization.		
This	charitable organiza	ation acknowledges that it is a o			-		-		onated	d property as described
port	ion thereof) within 3	 nization affirms that in the even 3 years after the date of receipt ment does not represent agreei	t, it w	ill file Form 828	82,	Donee Information R				
	0	ntend to use the property for a			uid	in market value.			►	🗌 Yes 🗌 No
	e of charitable organiz					Employer identificat	ion r	number	F	
Addr	ess (number, street, a	nd room or suite no.)				City or town, state, ar	nd ZI	P code		

Title

Date

Form	1 8283 (Rev. 12-2014)						Page
Nam	e(s) shown on your inco	ome tax return				Ide	entifying number
	similar iter traded see similar iter	Property Over \$5,000 (Exc ms) for which you claimed curities reported in Section ms. An appraisal is general	a deduction of mor A). Provide a separ	e than \$5,000 per ite ate form for each pro	m or group (exce operty donated u	ept co nless i	ntributions of publicl
Pa		nation on Donated Prop		pleted by the taxpa	yer and/or the a	apprai	ser.
4	a 🗌 Art* (contrib	onservation Contribution	erty donated: d  Art* (contributior e Other Real Estat f Securities		g  Collectib h Intellectu i Vehicles		j 🗌 Other perty
othe **Col	r similar objects. llectibles include coins,	Ilptures, watercolors, prints, drawin , stamps, books, gems, jewelry, sp /ou must attach a qualified app	orts memorabilia, dolls, et	c., but not art as defined at	-	uscripts,	historical memorabilia, an
5		of donated property (if you need attach a separate statement)		perty was donated, give a l condition of the property at		verall	(c) Appraised fair market value
A B							42,462,580
С							
D						0	
	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, en amount received	er (h) Amount claime deduction		tructions (i) Date of contribution
A B			9,089,745	684,884	8,539,747		
С							
D	rt II Taxpa	yer (Donor) Statement				<u> </u>	
		ving item(s) included in Part I ying letter from Part I and des			belief an appraise	d value	e of not more than \$50
_	nature of taxpayer (d rt III Declai	onor) ► ration of Appraiser			Date	•	
l dec marr	lare that I am not the c	donor, the donee, a party to the tra is related to any of the foregoing (					
value value unde subst	d. I certify that the appra as described in the qua rstand that I may be subj tantial or gross valuation	ppraisals on a regular basis; and that aisal fees were not based on a percer lified appraisal or this Form 8283 ma ect to a penalty under section 6695A misstatement results from my appraise	tage of the appraised prope y subject me to the penalty if I know, or reasonably shou	erty value. Furthermore, I under under section 6701(a) (aiding Id know, that my appraisal is	erstand that a false or fr and abetting the under to be used in connection	audulent rstatemer n with a r	overstatement of the proper nt of tax liability). In addition return or claim for refund and
Sig Hei			Title ►		Date	►	
	ness address (including	g room or suite no.)					ifying number
City	or town, state, and ZIP	code					
Pa	rt IV Donee	• Acknowledgment – To	be completed by	the charitable orga	nization.		
	•	tion acknowledges that it is a over the following date ►	qualified organization u	nder section 170(c) and	that it received the	donate	ed property as describe
Furt port	hermore, this organi ion thereof) within 3	ization affirms that in the even years after the date of receipt, nent does not represent agreer	, it will file Form 8282,	Donee Information Ret			
	s the organization in e of charitable organiza	tend to use the property for ar	n unrelated use? .	Employer identification		. ►	Yes No
Addr	ess (number, street, an	nd room or suite no.)		City or town, state, and	∠IP code		
Auth	orized signature			Title		Date	
				- I			- 0000

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### 2019 Line Item Estimates—All figures are estimates based on samples.

Number of returns filed for selected lines

OMB No. 1545-0074 Mortgage Interest Credit 8396 (For Holders of Qualified Mortgage Credit Certificates Issued by State or Local Governmental Units or Agencies) ► Go to www.irs.gov/Form8396 for the latest information. Department of the Treasury Attachment Sequence No. 138 Attach to Form 1040, 1040-SR, or 1040-NR. Internal Revenue Service (99) Name(s) shown on your tax return Your social security number Total Forms Filed = 101.853 Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return. Name of Issuer of Mortgage Credit Certificate Mortgage Credit Certificate Number Issue date Before you begin Part I, figure the amounts of any of the following credits you are claiming: credit for the elderly or the disabled, alternative motor vehicle credit, and qualified plug-in electric drive motor vehicle credit. Part I **Current Year Mortgage Interest Credit** 1 Interest paid on the certified indebtedness amount. If someone else (other than your spouse if filing jointly) also held an interest in the home, enter only your share of the interest paid . . . . . . 1 2 Enter the certificate credit rate shown on your Mortgage Credit Certificate. Do not enter the interest 2 rate on your home mortgage % . . . . . . . . . . . If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced your 3 mortgage and received a reissued certificate, see the instructions for the amount to enter 3 97,344 You must reduce your deduction for home mortgage interest on Schedule A (Form 1040 or 1040-SR) by the amount on line 3. 4 Enter any 2016 credit carryforward from line 16 of your 2018 Form 8396 . 4 8,639 5 Enter any 2017 credit carryforward from line 14 of your 2018 Form 8396 . 5 9,643 6 Enter any 2018 credit carryforward from line 17 of your 2018 Form 8396 . 6 13,240 7 7 99.553 Add lines 3 through 6 . . 8 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet. See instructions . 8 95.058 9 Current year mortgage interest credit. Enter the smaller of line 7 or line 8. Also include this amount in the total on Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51. Check box c on that line and enter "8396" in the space next to that box . . 9 92.758 Part II Mortgage Interest Credit Carryforward to 2020 (Complete only if line 9 is less than line 7.) 10 Add lines 3 and 4 10 11 Enter the amount from line 7 11 12 12 Enter the larger of line 9 or line 10. 13 Subtract line 12 from line 11 . . . 13 14 2018 credit carryforward to 2020. Enter the smaller of line 6 or line 13 14

	8396	Mortgage Interest Credit	L	OMB No. 1545-0074	
Form	0000	(For Holders of Qualified Mortgage Credit Certificates Issued by State or Local Governmental Units or Agencies)		2019	
	nent of the Treasury	► Go to <i>www.irs.gov/Form</i> 8396 for the latest information.		Attachment	
	Revenue Service (99)	► Attach to Form 1040, 1040-SR, or 1040-NR.	Your soci	Sequence No. <b>138</b> al security number	
		Total Forms Filed = 101,853			
Enter th	ne address of your m	nain home to which the qualified mortgage certificate relates if it is different from the address shown on your ta	ax return.		
Name c	of Issuer of Mortgage	e Credit Certificate Mortgage Credit Certificate Number	Issue date	;	
		<b>art I,</b> figure the amounts of any of the following credits you are claiming: credit for icle credit, and qualified plug-in electric drive motor vehicle credit.	the elde	erly or the disabled,	
Par	Current	Year Mortgage Interest Credit			
1		on the certified indebtedness amount. If someone else (other than your spouse if fili Id an interest in the home, enter only your share of the interest paid			
2	Enter the certi	ficate credit rate shown on your Mortgage Credit Certificate. Do not enter the inter-	est		
		ome mortgage	. 2	%	
3		% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced your received a reissued certificate, see the instructions for the amount to enter	our . <b>3</b>	154,058	
		duce your deduction for home mortgage interest on Schedule A (Form 1040 he amount on line 3.	or		
4	Enter any 2010	. 4	16,862		
5	Enter any 201	Enter any 2017 credit carryforward from line 14 of your 2018 Form 8396			
6	Enter any 2018	8 credit carryforward from line 17 of your 2018 Form 8396	. 6	19,355	
7	Add lines 3 thr	rough 6	. 7	237,464	
8	Limitation bas	ed on tax liability. Enter the amount from the Credit Limit Worksheet. See instructions	. 8	604,010	
9	in the total on	<b>mortgage interest credit.</b> Enter the <b>smaller</b> of line 7 or line 8. Also include this amou Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51. Check box <b>c</b>	on		
		nter "8396" in the space next to that box		,	
Part	Mortga	ge Interest Credit Carryforward to 2020 (Complete only if line 9 is less than	n line 7.	)	
10	Add lines 3 an	d 4	. 10	)	
11	Enter the amo	unt from line 7	. 11	I	
12	Enter the large	<b>er</b> of line 9 or line 10	. 12	2	
13	Subtract line 1	2 from line 11	. 13	3	
14	2018 credit ca	arryforward to 2020. Enter the smaller of line 6 or line 13	. 14	<u> </u>	
15	Subtract line 1	4 from line 13	. 15	5	
16	2017 credit ca	. 16	3		
17	2019 credit ca	arryforward to 2020. Subtract line 9 from line 3. If zero or less, enter -0	. 17		
For Pa	perwork Reduct	tion Act Notice, see your tax return instructions. Cat. No. 62502X		Form <b>8396</b> (2019)	

9	8582	Passive Activity Loss Limitati	ons	c	MB No. 1545-1008
Form	JJOZ	► See separate instructions.			୭ <b>⋒4 ۵</b>
Departm	nent of the Treasury	Attach to Form 1040, Form 1040-SR, or Form			
	Revenue Service (99)	► Go to www.irs.gov/Form8582 for instructions and the late	est information.	Ś	Sequence No. 88
Name(s	) shown on return	Total Forms Filed = 7,892,207		Identifying r	number
Part	2010 Pa	ssive Activity Loss			
r ar i		Complete Worksheets 1, 2, and 3 before completing Part I.			
Ronta		Activities With Active Participation (For the definition of act	ive participation	500	
		or Rental Real Estate Activities in the instructions.)		300	
1a		net income (enter the amount from Worksheet 1, column (a)) .	1a 2,543,977	7	
b		net loss (enter the amount from Worksheet 1, column (b)) .	1b ( 3,291,651		
с		allowed losses (enter the amount from Worksheet 1, column (c))	1c ( 1,683,414		
d	Combine lines	1a, 1b, and 1c		. 1d	4,781,658
Comr	nercial Revitali	zation Deductions From Rental Real Estate Activities			
2a	Commercial re	vitalization deductions from Worksheet 2, column (a)	2a (*	)	
b	Prior year una	llowed commercial revitalization deductions from Worksheet 2,			
	column (b) .		2b ( *	)	
C	Add lines 2a a			. 2c	( 45 )
_	her Passive Ac				
3a		net income (enter the amount from Worksheet 3, column (a))	3a 2,703,33		
b		net loss (enter the amount from Worksheet 3, column (b))	3b ( 1,865,91 3c ( 1,422,58		
c d	-	allowed losses (enter the amount from Worksheet 3, column (c)) 3a, 3b, and 3c	3c ( 1,422,58	. 3d	4 000 0 40
					4,003,949
4		1d, 2c, and 3d. If this line is zero or more, stop here and includes are allowed, including any prior year unallowed losses entered	•		
		ses on the forms and schedules normally used		. 4	7,879,975
	If line 4 is a los	-			7,079,975
		• Line 2c is a loss (and line 1d is zero or more), skip Par	t II and go to Part	III.	
		• Line 3d is a loss (and lines 1d and 2c are zero or more	-		to line 15.
Cauti	on: If your filing	status is married filing separately and you lived with your spouse	at any time durin	ng the year,	do not complete
Part II		ad, go to line 15.			
Part		Allowance for Rental Real Estate Activities With Active	-		
		ter all numbers in Part II as positive amounts. See instructions for a	an example.		
5		ller of the loss on line 1d or the loss on line 4		. 5	2,790,606
6		D. If married filing separately, see instructions	6 2,766,060		
7		adjusted gross income, but not less than zero. See instructions	7 2,934,472		
		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on vise, go to line 8.			
8	Subtract line 7	-	8 1.396.828		
9		from line 6	,,	ions 9	1,396,828
10		ller of line 5 or line 9	•	. <b>10</b>	1,396,828
10		oss, go to Part III. Otherwise, go to line 15.		. 10	1,330,020
Part		Allowance for Commercial Revitalization Deductions Fr	om Rental Real	Estate A	ctivities
	-	ter all numbers in Part III as positive amounts. See the example for			
11		reduced by the amount, if any, on line 10. If married filing separate			*
12	Enter the loss	from line 4		. 12	
13	Reduce line 12	2 by the amount on line 10		. 13	27
14		llest of line 2c (treated as a positive amount), line 11, or line 13 .	<u> </u>	. 14	*
Part		osses Allowed			
15		e, if any, on lines 1a and 3a and enter the total			1,245,617
16		Illowed from all passive activities for 2019. Add lines 10, 14, and			
		v to report the losses on your tax return		. 16	3,736,272
For Pa	perwork Reduct	ion Act Notice, see instructions.	Cat. No. 63704F		Form <b>8582</b> (2019)

Departm	<b>B582</b>	Passive Activity Loss Limitations ► See separate instructions. ► Attach to Form 1040, Form 1040-SR, or Form 1041. ► Go to www.irs.gov/Form8582 for instructions and the latest information.		DMB No. 1545-1008
	Revenue Service (99) ) shown on return		Identifying	Sequence No. 88 number
		Total Forms Filed = 7,892,207		
Part		assive Activity Loss		
		Complete Worksheets 1, 2, and 3 before completing Part I.		
		Activities With Active Participation (For the definition of active participation,	see	
• .		or Rental Real Estate Activities in the instructions.)		
1a b		net income (enter the amount from Worksheet 1, column (a)) . <b>1a 92,711,89</b> net loss (enter the amount from Worksheet 1, column (b)) <b>1b</b> ( <b>50,068,78</b>		
b C		hallowed losses (enter the amount from Worksheet 1, column (c)) 1c ( 81,543,67		
d				-38,900,558
		zation Deductions From Rental Real Estate Activities	. 10	-30,300,330
2a		evitalization deductions from Worksheet 2, column (a)   <b>2a</b>  ( *		
b		allowed commercial revitalization deductions from Worksheet 2,		
	column (b)			
с	Add lines 2a a		. 2c	( 1.245 )
	her Passive Ac			· · · · · · · · · · · · · · · · · · ·
3a	Activities with	net income (enter the amount from Worksheet 3, column (a)) .   3a   168,882,7	734	
b	Activities with	net loss (enter the amount from Worksheet 3, column (b)) 3b ( 70,433,8	318 )	
С	Prior years' ur	allowed losses (enter the amount from Worksheet 3, column (c)) 3c ( 104,597, 1	112)	
d	Combine lines	3a, 3b, and 3c	. 3d	-6,148,196
4	<ul> <li>4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used</li></ul>			
		<ul> <li>Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and</li> </ul>		to line 15
Cauti	on: If your filing	status is married filing separately and you lived with your spouse at any time durin	-	
		ead, go to line 15.		•
Part	Special	Allowance for Rental Real Estate Activities With Active Participation		
	Note: En	ter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the sma	ller of the loss on line 1d or the loss on line 4	. 5	108,011,503
6		0. If married filing separately, see instructions 6 414,088,7	50	
7		adjusted gross income, but not less than zero. See instructions 7 845,548,6	10	
		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on vise, go to line 8.		
8	Subtract line 7			
9		by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instruction		26,181,557
10		<b>Iler</b> of line 5 or line 9	. 10	13,466,092
		oss, go to Part III. Otherwise, go to line 15.		
Part	III Special	Allowance for Commercial Revitalization Deductions From Rental Real	Estate A	ctivities
		ter all numbers in Part III as positive amounts. See the example for Part II in the instru		
11	Enter \$25,000	reduced by the amount, if any, on line 10. If married filing separately, see instructions	s. 11	*
12		from line 4		
13		2 by the amount on line 10		48,060
14		<b>llest</b> of line 2c (treated as a positive amount), line 11, or line 13	. 14	*
Part		osses Allowed		
15		ne, if any, on lines 1a and 3a and enter the total		33,583,116
16		allowed from all passive activities for 2019. Add lines 10, 14, and 15. See instruction		
		v to report the losses on your tax return	.   16	82,475,197
For Pa	perwork Reduct	tion Act Notice, see instructions. Cat. No. 63704F		Form <b>8582</b> (2019)

Form	8586	L	.ow-Income Ho	using Credit		OMB No. 1545	5-0984
Departn	ecember 2016) nent of the Treasury	► Information about	► Attach to your	tax return. tructions is at <i>www.irs.gov/fc</i>	orm8586	Attachment Sequence No.	36a
	Revenue Service (99) s) shown on return					ig number	
		Total Forms F					
Par		Placed in Service Bef				1	
1		orms 8609-A attached for					
2	the close of th	e preceding tax year? numbers (BINs) of the bu	Yes No	ngs accounted for on line If "Yes," enter the b creased basis. If you nee	ouilding		
	(i)	(ii)	(iii)	(iv)			
3	Current year	credit from attached Form	n(s) 8609-A for buildin	gs placed in service befor		*	
4							
•				· · · · · · · · · · ·		403	
5				ips and S corporations, sto	•		
				here and report this amo		426	
	, -	, , , , , , , , , , , , , , , , , , , ,					
6				tructions)			
7			•	unt on Form 3800, Part III,			
Part	Buildings	Placed in Service After	er 2007				
8		rms 8609-A attached for b					
9	Has there been the close of the	e preceding tax year? numbers (BINs) of the bu	ied basis of any build	ngs accounted for on line	ouilding		
	(i)	(ii)		(iv)			
10			s) 6609-A for buildings	placed in service after 200		*	
11	Low-income	housing credit for buildi	ngs placed in servic	e after 2007 from partne	erships,	528	
12	Add lines 10 here and repo	and 11. Estates and trust ort this amount on Sched	s, go to line 13. Partr ule K. All others, stop	herships and S corporation here and report this amo	is, stop ount on	529	
13	Amount alloca	ted to beneficiaries of the	estate or trust (see inc	tructions)	13		
14	Estates and t	rusts, subtract line 13 fro	m line 12. Report thi	s amount on Form 3800,	Part III,		
For Pa		ion Act Notice, see General		Cat. No. 63987I		Form <b>8586</b> (Rev.	12-2016)

Form	Elevent Low-Income Housing Credit		OMB No. 1545-0984
Departn	ecember 2016) Hent of the Treasury Bevrous Sorvice (00) Information about Form 8586 and its instructions is at www.irs.gov/form8586.		Attachment Sequence No. <b>36a</b>
	s) shown on return	ntifying	g number
110,10	Total Forms Filed = 4,264		-
Par	Buildings Placed in Service Before 2008		· · · · · ·
1	Number of Forms 8609-A attached for buildings placed in service before		
2	Has there been a decrease in the qualified basis of any buildings accounted for on line 1 since the close of the preceding tax year? Yes No If "Yes," enter the building identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule.		
	(i) (ii) (iii) (iv)		
3	Current year credit from attached Form(s) 8609-A for buildings placed in service before 2008 (see instructions)	3	*
4	Low-income housing credit for buildings placed in service before 2008 from partnerships, S corporations, estates, and trusts	4	749
5	Add lines 3 and 4. Estates and trusts, go to line 6. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 1d, column (c)	5	2,120
		•	
6 7	Amount allocated to beneficiaries of the estate or trust (see instructions)	6	
1		7	
Part	II Buildings Placed in Service After 2007		
8	Number of Forms 8609-A attached for buildings placed in service after		
9	2007		
	(i) (ii) (iii) (iv)		
10	Current year credit from attached Form(s) 8609-A for buildings placed in service after 2007 (see instructions)	10	*
11	Low-income housing credit for buildings placed in service after 2007 from partnerships, S corporations, estates, and trusts.	11	15,479
12	Add lines 10 and 11. Estates and trusts, go to line 13. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 4d, column (c)	12	15,620
13	Amount allocated to beneficiaries of the estate or trust (see instructions)	13	
14	Estates and trusts, subtract line 13 from line 12. Report this amount on Form 3800, Part III, line 4d, column (c)	14	
For Pa	aperwork Reduction Act Notice, see General Instructions. Cat. No. 639871		Form <b>8586</b> (Rev. 12-2016)

_ \$	<b>3606</b>	Nondeduc	tible IRAs				OMB No. 1545-0074
		► Go to www.irs.gov/Form8606 for ins	structions and the late	st info	rmation.		2019
	ent of the Treasury Revenue Service (99)	► Attach to 2019 Form 10	40, 1040-SR, or 1040-N	NR.			Attachment Sequence No. <b>48</b>
Name. I	f married, file a separate fo	Total Forms Filed = 2,710,268	See instructions.		,	Your socia	security number
	Your Address	Home address (number and street, or P.O. box if m	nail is not delivered to your l	home)			Apt. no.
Filing	f You Are This Form by	City, town or post office, state, and ZIP code. If you	u have a foreign address, al	lso com	plete the spaces	below (see	instructions).
	and Not With Tax Return	Foreign country name	Foreign province/state/cou	nty		Foreign pos	tal code
Part		ble Contributions to Traditional IRAs		From	Traditional,	, SEP, ai	nd SIMPLE IRAs
	· · · · · · · · · · · · · · · · · · ·	part only if one or more of the following a					
		ondeductible contributions to a traditiona					
		stributions from a traditional, SEP, or SIM RA in 2019 or an earlier year. For this purp					
		d charitat	ole distribution,				
		ed part, but not all, of your traditional, SE ble contributions to a traditional IRA in 20		to Ro	th IRAs in 20	19 <b>and</b> y	ou made
1		uctible contributions to traditional IRAs					874,425
2	-	20, through April 15, 2020. See instructior is in traditional IRAs. See instructions .		• •		. 1	1,009,665
3						. 2	1,575,488
•	In 2019, did you take		<ul> <li>Enter the amount f</li> </ul>	from li	ne 3 on line 1		, ,
	from traditional, SEI	P, or SIMPLE IRAs,	Do not complete the	he res	t of Part I.		
	or make a Roth IRA		Go to line 4.				
4		itions included on line 1 that were made fro	om January 1, 2020, tl	hroug	h April 15, 202		30,312
5	Subtract line 4 from		· · · · · · ·	•••		. 5	1,569,227
6	31, 2019, plus any	all your traditional, SEP, and SIMPLE IRA outstanding rollovers. Subtract any repay ns (see 2019 Forms 8915-C and 8915-D)	ments of qualified	6	436,056		
7	not include rollover (see 2019 Forms) one-time distribution returned contribution	tions from traditional, SEP, and SIMPLE rs (other than repayments of qualified dis 8915-C and 8915-D)), qualified charitate on to fund an HSA, conversions to a ons, or recharacterizations of traditional	saster distributions ble distributions, a Roth IRA, certain IRA contributions	7	531,781		
8	Enter the net amou	nt you converted from traditional, SEP, ar	nd SIMPLE IRAs to	_			
-				8	102,517		
9 10	Divide line 5 by lir	ne 9. Enter the result as a decimal rour					
11	Multiply line 8 by	is 1.000 or more, enter "1.000"	of the amount you	10	491,681		
12		RAs. Also enter this amount on line 17 . ine 10. This is the nontaxable portion of		11	97,224	_	
13	that you did not co	nvert to a Roth IRA		12	484,708	. 13	708,761
14		m line 3. This is <b>your total basis in tradit</b>					1,385,601
15a		m line 7			-		
b	Enter the amount of and 8915-D (see in	on line 15a attributable to qualified disast structions). Also, enter this amount on 2 applicable	ter distributions from 2019 Form 8915-C, li	2019 ne 22,	Forms 8915 , <b>or</b> 2019 Foi	-C rm	11,247
С	Taxable amount. S Form 1040 or 1040	Subtract line 15b from line 15a. If more th -SR, line 4b; or 2019 Form 1040-NR, line	an zero, also include 16b	this a	mount on 20	19 . <b>15c</b>	
	-	subject to an additional 10% tax on the a the distribution. See instructions.	amount on line 15c if	r you \	were under a	ge	5 9606 (as is)

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

Form **8606** (2019)

	<b>3606</b>	► Go to www	<b>Nondeductible IRAs</b> Go to www.irs.gov/Form8606 for instructions and the latest information.				OMB No. 1545-0074		
Department of the Treasury         Internal Revenue Service (99)    Attach to 2019 Form 1040, 1040-SR, or 1040-NR.						A S	ttachment equence No. <b>48</b>		
Name. I	ame. If married, file a separate form for each spouse required to file 2019 Form 8606. See instructions. Total Forms Filed = 2,710,268 Your social security number								security number
	Your Address	Home address (numb	per and street, or P.O. bo	x if mail is not delivered to your	r home)			A	pt. no.
Filing	f You Are This Form by and Not With	City, town or post off	ice, state, and ZIP code.	If you have a foreign address, a	also cor	nplete the spaces	s below (	(see i	nstructions).
Your	Tax Return	Foreign country name	9	Foreign province/state/co	unty		Foreign	posta	al code
Part			s to Traditional IF more of the followi	RAs and Distributions ing apply.	From	Traditional	, SEP,	, an	d SIMPLE IRAs
	•		ributions to a tradit	• • • •					
	traditional IF repayment c one-time dis	A in 2019 or an ea f a qualified disas tribution to fund a	arlier year. For this ter distribution (see In HSA, conversion	SIMPLE IRA in 2019 and purpose, a distribution d 2019 Forms 8915-C an , recharacterization, or re , SEP, and SIMPLE IRAs	loes no d 891 eturn o	ot include a ro 5-D)), qualifie of certain con	ollover d chari tributic	(oth itabl ons.	er than a e distribution,
				2019 or an earlier year.			i o uno	a yo	amado
1				As for 2019, including					
•	-			ctions				1	5,911,865
2 3		IS IN TRADITIONAL IR/		8	• •			2 3	38,182,085
C	In 2019, did you take from traditional, SEP or make a Roth IRA	a distribution , or SIMPLE IRAs,	No	<ul> <li>Enter the amount</li> <li>Do not complete the amount</li> <li>Go to line 4.</li> </ul>			· _		
4	Enter those contribu	tions included on	line 1 that were mac	le from January 1, 2020,	throug	h April 15, 20	20	4	195,826
5	Subtract line 4 from	line 3						5	37,986,259
6	31, 2019, plus any	outstanding rollov	ers. Subtract any re	IRAs as of December epayments of qualified -D)	6	297,902,657	7		
7	<b>not</b> include rollover (see 2019 Forms & one-time distribution returned contribution	s (other than repa 3915-C and 8915 on to fund an H ons, or recharacte	ayments of qualified i-D)), qualified cha SA, conversions to erizations of traditio	PLE IRAs in 2019. <b>Do</b> d disaster distributions ritable distributions, a o a Roth IRA, certain onal IRA contributions	7	17,620,387	,		
8				P, and SIMPLE IRAs to	8	2,792,368			
9	Add lines 6, 7, and			<b>9</b> 318,315,411					
10				rounded to at least 3	10	1,466,212			
11				on of the amount you 7..........	11	949,118			
12	Multiply line 7 by li that you did not cor			n of your distributions	12	1,630,069			
13	Add lines 11 and 12							13	3,857,956
14 15a		-		aditional IRAs for 2019		-		14	34,324,129
15a ⊾								5a	16,269,239
b	and 8915-D (see in	structions). Also,	enter this amount o	saster distributions from on 2019 Form 8915-C, I	ine 22	2, <b>or</b> 2019 Fo	rm	5b	119,112
С	Form 1040 or 1040	-SR, line 4b; or 20	19 Form 1040-NR,	e than zero, also include line 16b ......			. 1	5c	16,150,126
	Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.								

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

Form 8	606 (2019)							Page <b>2</b>	
Part				onal, SEP, or SIMPLE IRAs to F		a Dath I			
16	Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2019.         If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2019         16								
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions)							239,652	
18			Subtract line 17 from lir 0-SR, line 4b; or 2019 Fo	ne 16. If more than zero, also inclu rm 1040-NR, line 16b	de this amount on		18	265,064	
Part	ШD	istributio	ns From Roth IRAs						
	a ch	rollover (of	ther than a repayment o stribution, one-time dist	distribution from a Roth IRA in 2019 f a qualified disaster distribution ( ribution to fund an HSA, recharac	see 2019 Forms 8	3915-C	and 8	915-D)), qualified	
19	homeb	uyer distrik		from Roth IRAs in 2019, including ed disaster distributions (see instri	uctions). Also see		19	413,491	
20	Qualifie	ed first-time	e homebuyer expenses (s	see instructions). <b>Do not</b> enter mor			20	5,490	
21			om line 19. If zero or less	-		1	21	409,750	
22	Enter y	our basis ir	n Roth IRA contributions	(see instructions). If line 21 is zero,	stop here		22	251,616	
23			om line 21. If zero or less an additional tax (see ins	s, enter -0- and skip lines 24 and 23 structions)			23	227,429	
24	•			tional, SEP, and SIMPLE IRAs and tions			24	24,303	
25a	Subtrac	ct line 24 fr	om line 23. If zero or less	, enter -0- and skip lines 25b and 2	5c		25a	208,528	
b	<ul> <li>b Enter the amount on line 25a attributable to qualified disaster distributions from 2019 Forms 8915-C and 8915-D (see instructions). Also, enter this amount on 2019 Form 8915-C, line 23, or 2019 Form 8915-D, line 14, as applicable</li> <li>25b *</li> </ul>								
c	Taxabl	e amount.	Subtract line 25b from li	ne 25a. If more than zero, also inclu rm 1040-NR, line 16b	de this amount on	2019	25c	207,516	
Are Fi by Its	Here On iling This	ly if You s Form Not With	Under penalties of perjury, I dec	clare that I have examined this form, including a plete. Declaration of preparer (other than taxpay	ccompanying attachmer	its, and to tion of whic	the bes ch prepa	t of my knowledge and arer has any knowledge.	
Paid			reparer's name	Preparer's signature	Date	Check [	_	PTIN	
Prep		Firm's name	•	1		Firm's E			
Use	Only	Firm's addre				Phone n			

Form **8606** (2019)

Form 86	606 (2019)							Page <b>2</b>	
Part				tional, SEP, or SIMPLE IR		a Roth I	RA in	2010	
16	Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2019						16	9,978,209	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions)					int on	17	2,687,636	
18	Form 1	040 or 104	0-SR, line 4b; or 2019	line 16. If more than zero, al Form 1040-NR, line 16b	so include this amount on		18	7,290,573	
Part	Part III Distributions From Roth IRAs Complete this part only if you took a distribution from a Roth IRA in 2019. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2019 Forms 8915-C and 8915-D)), qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).								
19									
20			· · ·	s (see instructions). <b>Do not</b> er -time homebuyer distributions			20	32,427	
21	Subtrac	ct line 20 fr	om line 19. If zero or le	ss, enter -0- ......		[	21	3,707,690	
22	Enter y	our basis ir	n Roth IRA contribution	s (see instructions). If line 21 i	s zero, stop here		22	4,422,580	
23				ess, enter -0- and skip lines 2 instructions)			23	1,388,369	
24	-			ditional, SEP, and SIMPLE If uctions	•		24	908,919	
25a	Subtrac	ct line 24 fr	om line 23. If zero or le	ss, enter -0- and skip lines 25	b and 25c		25a	1,095,922	
b	and 89	15-D (see	instructions). Also, ent	e to qualified disaster distributer this amount on 2019 Form	8915-C, line 23, or 2019		25b	*	
С				ı line 25a. If more than zero, a					
	Form 1	040 or 104		Form 1040-NR, line 16b.			25c	1,092,491	
Are Fi by Itse	ling Thi	Not With	belief, it is true, correct, and c	declare that I have examined this form, omplete. Declaration of preparer (other th	han taxpayer) is based on all informa	tion of whic			
Tour					<b>_</b> ]	PTIN			
Paid Prep	arer			Preparer's signature	Date	Check self-emp	oloyed		
Use		Firm's name				Firm's E			
	•	Firm's address ► Phone no				0.	Form <b>8606</b> (2019)		

## 2019 Line Item Estimates—All figures are estimates based on samples.

Number of returns filed for selected lines



Department of the Treasury Internal Revenue Service (99)

Name shown on return

Tax for Certain Children Who Have Unearned Income

Attach to your Form	1040 or Form 1040-NR.
1	and the second second states and the second states and the second s

► Go to www.irs.gov/Form8615 for instructions and the latest information.

OMB No. 1545-0074
2019
Attachment Sequence No. <b>33</b>

Total Forms Filed = 359,546

Your social security number

*Before you begin:* If you must use the Schedule D Tax Worksheet or have income from farming or fishing, see the instructions. Also see **Pub. 929,** Tax Rules for Children and Dependents. It explains how to figure your tax using the **Schedule D Tax Worksheet** or **Schedule J** (Form 1040 or 1040-SR).

A Parent's name (first, initial, and last). Caution: See the instructions before completing.	B Parent's social security number

#### Part I Net Unearned Income

1	Enter your unearned income. See the instructions	1	359,546
2	If you <b>did not</b> itemize deductions on <b>Schedule A</b> (Form 1040 or Form 1040-NR), enter \$2,200. Otherwise, see the instructions	2	359,546
3	Subtract line 2 from line 1. If zero or less, <b>stop;</b> do not complete the rest of this form but <b>do</b> attach it to your return	3	359,546
4	Enter your <b>taxable income</b> from Form 1040, line 11b; or Form 1040-NR, line 41. If you file Form 2555, see the instructions	4	319,810
5	Enter the <b>smaller</b> of line 3 or line 4. If zero, <b>stop;</b> do not complete the rest of this form but <b>do</b> attach it to your return	5	319,810
Part	Tax		

For Pa	perwork Reduction Act Notice, see your tax return instructions.	t. No.	64113U		Form 8615 (2019)
	line 42. See the instructions. If you file Form 2555, see the instructions		🕨 🗌	7	270,685
	the tax, check here. If applicable, include this amount on your Form 1040, line 12		•		
	Tax Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040 or 1040				
7	Enter the tax on the amount on line 4. See the instructions. If the Qualified Divide	nds a	and Capital Gain		
6	Subtract line 5 from line 4	6	274,178		

_	<b>8615</b> Tax for Certain Children Who		0	MB No. 1545-0074		
	Have Ollearlieu lincollie		2019			
	Ment of the Treasury         Attach to your Form 1040 or Form 1040-NR.           Revenue Service (99)         Go to www.irs.gov/Form8615 for instructions and the latest information		AS	uttachment Sequence No. <b>33</b>		
Name	shown on return Total Forms Filed = 359,546	Your socia	our social security number			
Befor	<ul> <li>re you begin: If you must use the Schedule D Tax Worksheet or have income from farming or fishing,</li> <li>Pub. 929, Tax Rules for Children and Dependents. It explains how to figure your tax us</li> <li>Worksheet or Schedule J (Form 1040 or 1040-SR).</li> </ul>					
A Par	rent's name (first, initial, and last). Caution: See the instructions before completing.	B Parent	's soci	al security number		
Par	t I Net Unearned Income					
1	Enter your unearned income. See the instructions		1	5,732,666		
2	\$2,200. 	2	793,023			
3	attach it	3	4,939,643			
4	Enter your <b>taxable income</b> from Form 1040, line 11b; or Form 1040-NR, line 41. If you file For see the instructions	m 2555, · · · ·	4	5,063,913		
5	attach it	5	4,533,054			
Par	t II Tax					
6	Subtract line 5 from line 4	859				
7 Enter the tax on the amount on line 4. See the instructions. If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040 or 1040-SR) is used to figure the tax, check here. If applicable, include this amount on your Form 1040, line 12a; or Form 1040-NR,						
For P	Ine 42. See the instructions. If you file Form 2555, see the instructions	. ▶Ц	7	937,092 Form <b>8615</b> (2019)		
				101110010(2019)		

Form <b>8801</b>
Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

For Paperwork Reduction Act Notice, see instructions.

# Credit for Prior Year Minimum Tax—

► Go to www.irs.gov/Form8801 for instructions and the latest information. ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-1073
2019
Attachment Sequence No. <b>74</b>

Cat. No. 10002S

Identifying	number

Total Forms Filed = 441,466		entifying numb	y number	
Part	Net Minimum Tax on Exclusion Items			
1	Combine lines 1 and 2e of your 2018 Form 6251. Estates and trusts, see instructions	. 1	377.050	
2	Enter adjustments and preferences treated as exclusion items (see instructions)	. 2	372,619	
3	Minimum tax credit net operating loss deduction (see instructions)	. 3	( 10,111	
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more t \$718,800 and you were married filing separately for 2018, see instructions		350,937	
5	Enter: \$109,400 if married filing jointly or qualifying widow(er) for 2018; \$70,300 if single or head household for 2018; or \$54,700 if married filing separately for 2018. Estates and trusts, enter \$24,6		441,466	
6	Enter: \$1,000,000 if married filing jointly or qualifying widow(er) for 2018; \$500,000 if single, head household, or married filing separately for 2018. Estates and trusts, enter \$81,900		441,466	
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	. 7	61,020	
8	Multiply line 7 by 25% (0.25).	. 8	61,020	
9	Subtract line 8 from line 5. If zero or less, enter -0 If under age 24 at the end of 2018, see instructions	s <u>9</u>	414,222	
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. For 1040-NR filers, see instructions.	orm <b>10</b>	262,626	
11	<ul> <li>If for 2018 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>If for 2018 you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported qualified dividends on Form 1040, line 3a (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 18a and 19, column (2),</li> </ul>			
	of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040-NR filers, see instructions.	11	256,702	
	• All others: If line 10 is \$191,100 or less (\$95,550 or less if married filing separately for 2018), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately for 2018) from the result. Form 1040-NR filers, see instructions.			
12	Minimum tax foreign tax credit on exclusion items (see instructions)	. 12	80,912	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	. 13	254,545	
14	Enter the amount from your 2018 Form 6251, line 10, or 2018 Form 1041, Schedule I, line 55	. 14	267,238	
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0	. 15	52,983	
For Pa	perwork Reduction Act Notice, see instructions. Cat. No. 10002S		Form 8801 (2019	

Form <b>8801</b>
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#### Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

For Paperwork Reduction Act Notice, see instructions.

Credit for Prior Year Minimum Tax— Individuals, Estates, and Trusts

▶ Go to www.irs.gov/Form8801 for instructions and the latest information
Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-1073
2019
Attachment Sequence No. <b>74</b>

Form 8801 (2019)

Identifying number

Name(S)	Total Forms Filed = 441,466	laentitying	, numb	
Part	Net Minimum Tax on Exclusion Items			
1	Combine lines 1 and 2e of your 2018 Form 6251. Estates and trusts, see instructions		1	203.768.606
2	Enter adjustments and preferences treated as exclusion items (see instructions)		2	7,559,805
3	Minimum tax credit net operating loss deduction (see instructions)		3	( 3,038,800 )
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If mo \$718,800 and you were married filing separately for 2018, see instructions		4	213,774,387
5	Enter: \$109,400 if married filing jointly or qualifying widow(er) for 2018; \$70,300 if single or h household for 2018; or \$54,700 if married filing separately for 2018. Estates and trusts, enter \$2		5	42,089,655
6	Enter: \$1,000,000 if married filing jointly or qualifying widow(er) for 2018; \$500,000 if single, household, or married filing separately for 2018. Estates and trusts, enter \$81,900		6	351,180,969
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9		7	110,932,417
8	Multiply line 7 by 25% (0.25)		8	27,733,112
9	Subtract line 8 from line 5. If zero or less, enter -0 If under age 24 at the end of 2018, see instruction	ons	9	38,251,104
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part I 1040-NR filers, see instructions.	. Form	10	188,246,391
11	<ul> <li>If for 2018 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>If for 2018 you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported qualified dividends on Form 1040, line 3a (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040-NR filers, see instructions.</li> <li>All others: If line 10 is \$191,100 or less (\$95,550 or less if married filing separately for 2018), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately for 2018) from the result. Form 1040-NR filers, see instructions.</li> </ul>		11	40,966,959
12	Minimum tax foreign tax credit on exclusion items (see instructions)		12	1,488,980
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11		13	39,509,375
14	Enter the amount from your 2018 Form 6251, line 10, or 2018 Form 1041, Schedule I, line 55 .		14	41,066,707
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0		15	1,392,902

Cat. No. 10002S

Form 8801 (2019)			Page <b>2</b>
Part	II Minimum Tax Credit and Carryforward to 2020		
16	Enter the amount from your 2018 Form 6251, line 11, or 2018 Form 1041, Schedule I, line 56	16	91,642
17	Enter the amount from line 15	17	
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	83,667
19	2018 credit carryforward. Enter the amount from your 2018 Form 8801, line 26	19	317.086
20	Enter your 2018 unallowed qualified electric vehicle credit (see instructions)	20	*
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	361,500
22	Enter your 2019 regular income tax liability minus allowable credits (see instructions)	22	295,375
23	Enter the amount from your 2019 Form 6251, line 9, or 2019 Form 1041, Schedule I, line 52	23	261,552
24	Subtract line 23 from line 22. If zero or less, enter -0	24	243,897
25	<b>Minimum tax credit.</b> Enter the <b>smaller</b> of line 21 or line 24. Also enter this amount on your 2019 Schedule 3 (Form 1040 or 1040-SR), line 6 (check box <b>b</b> ); Form 1040-NR, line 51 (check box <b>b</b> ); or Form 1041, Schedule G, line 2c.	25	243,897
26	Credit carryforward to 2020. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	213,918
			Form <b>8801</b> (2019)

Form 8	801 (2019)		Page <b>2</b>
Part	Minimum Tax Credit and Carryforward to 2020		<u>_</u>
16	Enter the amount from your 2018 Form 6251, line 11, or 2018 Form 1041, Schedule I, line 56	16	2,196,012
17	Enter the amount from line 15	17	
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	803,110
19	2018 credit carryforward. Enter the amount from your 2018 Form 8801, line 26	19	7,575,884
20	Enter your 2018 unallowed qualified electric vehicle credit (see instructions)	20	*
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	8,856,923
22	Enter your 2019 regular income tax liability minus allowable credits (see instructions)	22	37,615,613
23	Enter the amount from your 2019 Form 6251, line 9, or 2019 Form 1041, Schedule I, line 52.	23	35,519,095
24	Subtract line 23 from line 22. If zero or less, enter -0	24	3,469,258
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2019 Schedule 3 (Form 1040 or 1040-SR), line 6 (check box b); Form 1040-NR, line 51 (check box b); or Form 1041, Schedule G, line 2c.	25	1,549,063
26	Credit carryforward to 2020. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	7,307,860 Form <b>8801</b> (2019)
* Data	a not shown because of the small number of sample returns on which they are based.		

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166

Form 8	801 (2019)		Page 3
Part	· · · · · · · · · · · · · · · · ·		
	Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Work	sneet II	n the instructions.
	<b>Caution:</b> If you didn't complete the 2018 Qualified Dividends and Capital Gain Tax Worksheet, the 2018 Schedule D Tax Worksheet, or Part V of the 2018 Schedule D (Form 1041), see the instructions before completing this part.*		
27	Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2018, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions	27	
	Caution: If for 2018 you filed Form 1040-NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.		
28	Enter the amount from line 6 of your 2018 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2018 Schedule D Tax Worksheet, or the amount from line 26 of the 2018 Schedule D (Form 1041), whichever applies*	28	
	If you figured your 2018 tax using the 2018 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.		
29	Enter the amount from line 19 of your 2018 Schedule D (Form 1040), or line 18b, column (2), of the 2018 Schedule D (Form 1041)	29	
30	Add lines 28 and 29, and enter the <b>smaller</b> of that result or the amount from line 10 of your 2018 Schedule D Tax Worksheet	30	
31	Enter the <b>smaller</b> of line 27 or line 30	31	
32	Subtract line 31 from line 27	32	
33	If line 32 is \$191,100 or less (\$95,550 or less if married filing separately for 2018), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately for 2018 from the result. Form 1040-NR filers, see instructions	33	
34	Enter: • \$77,200 if married filing jointly or qualifying widow(er) for 2018, • \$38,600 if single or married filing separately for 2018, • \$51,700 if head of household for 2018, or	34	
	• \$2,600 for an estate or trust. Form 1040-NR filers, see instructions.		
35	Enter the amount from line 7 of your 2018 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2018 Schedule D Tax Worksheet, or the amount from line 27 of the 2018 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2018 Schedule D (Form 1041), enter the amount from your 2018 Form 1040, line 10, or 2018 Form 1041, line		
•••	22, whichever applies; if zero or less, enter -0 Form 1040-NR filers, see instructions	35	
36 37	Subtract line 35 from line 34. If zero or less, enter -0-       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . <td>36 37</td> <td></td>	36 37	
37 38	Enter the <b>smaller</b> of line 36 or line 37	38	
39	Subtract line 38 from line 37	39	
40	Enter:		
	• \$425,800 if single for 2018,		
	<ul> <li>\$239,500 if married filing separately for 2018,</li> </ul>		
	<ul> <li>\$479,000 if married filing jointly or qualifying widow(er) for 2018,</li> <li>\$452,400 if head of household for 2018, or</li> </ul>	40	
	• \$12,700 for an estate or trust.		
	Form 1040-NR filers, see instructions.		
41	Enter the amount from line 36	41	
42	Form 1040 filers, enter the amount from line 7 of your 2018 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2018 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2018 Schedule D (Form 1041) or line 18 of your 2018 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2018 Schedule D (Form 1041), enter the amount from the am		
	your 2018 Form 1041, line 22; if zero or less, enter -0 Form 1040-NR filers, see instructions	42	

* The 2018 Qualified Dividends and Capital Gain Tax Worksheet is in the 2018 Instructions for Form 1040. The 2018 Schedule D Tax Worksheet is in the 2018 Instructions for Schedule D (Form 1040) (or the 2018 Instructions for Schedule D (Form 1041)).

<b>Farma</b> 00			<b>7</b>
			Page 3
Part		abaat	in the instructions
	Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Work	sneet	
	<b>Caution:</b> If you didn't complete the 2018 Qualified Dividends and Capital Gain Tax Worksheet, the 2018 Schedule D Tax Worksheet, or Part V of the 2018 Schedule D (Form 1041), see the instructions before completing this part.*		
27	Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2018, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions <b>Caution:</b> If <b>for 2018</b> you filed Form 1040-NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.	27	
28	Enter the amount from line 6 of your 2018 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2018 Schedule D Tax Worksheet, or the amount from line 26 of the 2018 Schedule D (Form 1041), whichever applies*	28	
	If you figured your 2018 tax using the 2018 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.		
29	Enter the amount from line 19 of your 2018 Schedule D (Form 1040), or line 18b, column (2), of the 2018 Schedule D (Form 1041)	29	
30	Add lines 28 and 29, and enter the <b>smaller</b> of that result or the amount from line 10 of your 2018 Schedule D Tax Worksheet	30	
31	Enter the <b>smaller</b> of line 27 or line 30	31	
32	Subtract line 31 from line 27	32	
33	If line 32 is \$191,100 or less (\$95,550 or less if married filing separately for 2018), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately for 2018 from the result. Form 1040-NR filers, see instructions	33	
34	Enter:		
	<ul> <li>\$77,200 if married filing jointly or qualifying widow(er) for 2018,</li> <li>\$38,600 if single or married filing separately for 2018,</li> <li>\$51,700 if head of household for 2018, or</li> <li>\$2,600 for an estate or trust.</li> <li>Form 1040-NR filers, see instructions.</li> </ul>	34	
35	Enter the amount from line 7 of your 2018 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2018 Schedule D Tax Worksheet, or the amount from line 27 of the 2018 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2018 Schedule D (Form 1041), enter the amount from your 2018 Form 1040, line 10, or 2018 Form 1041, line 22, whichever applies; if zero or less, enter -0 Form 1040-NR filers, see instructions	35	
36	Subtract line 35 from line 34. If zero or less, enter -0	36	
37	Enter the <b>smaller</b> of line 27 or line 28	37	
38 39	Enter the smaller of line 36 or line 37         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .	38 39	
40	Enter: • \$425,800 if single for 2018, • \$239,500 if married filing separately for 2018, • \$479,000 if married filing jointly or qualifying widow(er) for 2018, • \$452,400 if head of household for 2018, or • \$12,700 for an estate or trust. Form 1040-NR filers, see instructions.	40	
41	Enter the amount from line 36	41	
42	Form 1040 filers, enter the amount from line 7 of your 2018 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2018 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2018 Schedule D (Form 1041) or line 18 of your 2018 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2018 Schedule D (Form 1041), enter the amount from your 2018 Form 1041, line 22; if zero or less, enter -0 Form 1040-NR filers, see instructions	42	
* The 2	018 Qualified Dividends and Capital Gain Tax Worksheet is in the 2018 Instructions for Form 1040. The 2018 Schedule D Tax Worksheet	et is in t	he 2018 Instructions

for Schedule D (Form 1040) (or the 2018 Instructions for Schedule D (Form 1041)).

Departm	<b>8814</b> Parents' Election To Report Child's Interest and DividendNent of the Treasury Revenue Service (99)> Go to www.irs.gov/Form8814 for the latest inform > Attach to parents' Form 1040, 1040-SR, or 1040-	<b>S</b> ation.		(	1B No. 1545-0074
	s) shown on your return Total Forms Filed = 100,566		Your socia	_	
file a s	<b>on:</b> The federal income tax on your child's income, including qualified dividends an separate tax return for the child instead of making this election. This is because y could take on his or her own return. For details, see <i>Tax benefits you cannot take</i> in	ou cannot ta	ike certain		
ΑΟ	Child's name (first, initial, and last)		B Child's	s socia	l security numb
C If	f more than one Form 8814 is attached, check here				►
Part	Child's Interest and Dividends To Report on Your Return				
<b>1</b> a	Enter your child's <b>taxable</b> interest. If this amount is different from the amounts s Forms 1099-INT and 1099-OID, see the instructions	shown on the	e child's	1a	16,142
b	Enter your child's <b>tax-exempt</b> interest. <b>Do not</b> include this amount on line 1a	1b 57	2		
2a	Enter your child's ordinary dividends, including any Alaska Permanent Fund div	idends. If yo	ur child		E2 220
b	received any ordinary dividends as a nominee, see the instructions Enter your child's qualified dividends included on line 2a. See the instructions	<b>2b</b>   20,8		2a	53,220
3	Enter your child's capital gain distributions. If your child received any capital gain nominee, see the instructions	20		3	19,016
4	Add lines 1a, 2a, and 3. If the total is \$2,200 or less, skip lines 5 through 12 and total is \$11,000 or more, <b>do not</b> file this form. Your child <b>must</b> file his or her own income			4	60,664
5	Base amount. Enter 2,200		[	5	
6	Subtract line 5 from line 4			6	15,819
	If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- or line 12. Otherwise, go to line 7.	n line 11, an	d go to		
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)	7			
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)	8			
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return	<b>9</b> 12,	399		
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return	<b>10</b> 11,	410		
11	Add lines 9 and 10			11	13,957
12	Subtract line 11 from line 6. Include this amount in the total on Schedule 1040-SR), line 8, or Form 1040-NR, line 21. In the space next to that line, entry show the amount. If you checked the box on line C above, see the instructions. G	er "Form 88	14" and	12	11,594
Part	Tax on the First \$2,200 of Child's Interest and Dividends				
13	Amount not taxed. Enter 1,100			13	
14	Subtract line 13 from line 4. If the result is zero or less, enter -0		[	14	60,221
15	<ul> <li>Tax. Is the amount on line 14 less than \$1,100?</li> <li>No. Enter \$110 here and see the Note below.</li> </ul>	} .	[	15	60,221
	<b>Yes.</b> Multiply line 14 by 10% (0.10). Enter the result here and see the <b>Note</b> bel If you checked the box on line C above, see the instructions. Otherwise, include the				

Note: If you checked the box on line C above, see the instructions. Otherwise, include the amount from line 15 in the tax you enter on Form 1040 or 1040-SR, line 12a, or Form 1040-NR, line 42. Be sure to check box 1 on Form 1040 or 1040-SR, line 12a, or check box a on Form 1040-NR, line 42.

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

Form **8814** (2019)

2019 Line Item Estimates—All figures	are estimates based on samples.
Amounts of selected lines file	d (in thousands of dollars)

Departm Internal F	<b>B814</b> Parents' Election To Report Child's Interest and Dividends         Interest and Dividends       Go to www.irs.gov/Form8814 for the latest information.         Revenue Service (99)       Attach to parents' Form 1040, 1040-SR, or 1040-NR.	A	20 <b>19</b> wttachment equence No. <b>40</b>
Name(s)	shown on your return Total Forms Filed = 100,566 Your soc	ial secu	rity number
file a s child c	on: The federal income tax on your child's income, including qualified dividends and capital gain distribut separate tax return for the child instead of making this election. This is because you cannot take certa could take on his or her own return. For details, see <i>Tax benefits you cannot take</i> in the instructions. Child's name (first, initial, and last)	in tax	
AC		15 500	
C If	f more than one Form 8814 is attached, check here	<u> </u>	►
Part	Child's Interest and Dividends To Report on Your Return		
1a	Enter your child's <b>taxable</b> interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions	1a	22,335
b 2a	Enter your child's <b>tax-exempt</b> interest. <b>Do not</b> include this amount on line 1a <b>1b 1b 1b 1b 1b 1b 1b 1b</b>	2a	139,816
ь З	Enter your child's qualified dividends included on line 2a. See the instructions 2b 37,211 Enter your child's capital gain distributions. If your child received any capital gain distributions as a nominee, see the instructions	3	55,723
4	Add lines 1a, 2a, and 3. If the total is \$2,200 or less, skip lines 5 through 12 and go to line 13. If the total is \$11,000 or more, <b>do not</b> file this form. Your child <b>must</b> file his or her own return to report the income	4	217,875
5 6	Base amount. Enter 2,200    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .   <	5 6	46,111
U	If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and go to line 12. Otherwise, go to line 7.		
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)       7		
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)		
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return914,714		
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return		00 704
11 12	Add lines 9 and 10	11	33,764
	1040-SR), line 8, or Form 1040-NR, line 21. In the space next to that line, enter "Form 8814" and show the amount. If you checked the box on line C above, see the instructions. Go to line 13 below	12	12,336
Part			
13	Amount not taxed. Enter 1,100	13	
14	Subtract line 13 from line 4. If the result is zero or less, enter -0	14	64,012
15	Tax. Is the amount on line 14 less than \$1,100?         No. Enter \$110 here and see the Note below.         Yes. Multiply line 14 by 10% (0.10). Enter the result here and see the Note below.	15	6,424
Form [·]	If you checked the box on line C above, see the instructions. Otherwise, include the amount from line 15 1040 or 1040-SR, line 12a, or Form 1040-NR, line 42. Be sure to check box <b>1</b> on Form 1040 or 1040-SR, rm 1040-NR, line 42.		

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

Cat. No. 10750J

Form 8814 (2019)

		Number of rea	turns filed for selec	cted lines		
Departm	B824 nent of the Treasury Revenue Service	(and section	-Kind Exchang 1043 conflict-of-int Attach to your tax return 8824 for instructions ar	erest sales)		OMB No. 1545-1190 20 <b>19</b> Attachment Sequence No. <b>109</b>
Name(s)	) shown on tax return	Total Forms Filed = 5	56,674		Identi	fying number
Part	Information	on the Like-Kind Exchang	e			
1 or 2	if you are filing this to property described of	property should be described o form to report the disposition of on line 1 or line 2 is real or perso kind property given up:	property exchanged in	a previously reported re	lated par	y like-kind exchange.
-						
2	Description of like-	kind property received:				
3	Date like-kind prop	perty given up was originally acc	quired (month, day, yea	ar)		3 MM/DD/YYYY
4	Date you actually t	ransferred your property to the	other party (month, da	y, year)	🗋	4 MM/DD/YYYY
5		perty you received was identifi ons for 45-day written identifica				5 MM/DD/YYYY
6	Date you actually r	eceived the like-kind property fi	rom other party (month	n, day, year). See instruct	ions	6 MM/DD/YYYY
7		of the property given up or rece n intermediary)? See instruction				
proper	rty became your repl	if a related party sold property acement property; and none of t change had been a sale. If one o	he exceptions in line 1	1 applies to the exchange	. Instead,	report the disposition
Part		rty Exchange Information	1		<b>D</b> I · · ·	
8	Name of related party			Relationship to you	Related pa	rty's identifying number

Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)

9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange?

10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received?

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

- 11 If one of the exceptions below applies to the disposition, check the applicable box.
  - $\mathbf{a}$   $\Box$  The disposition was after the death of either of the related parties.
  - **b** The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
  - c Vou can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation. See instructions.

Departn	B824 nent of the Treasury Revenue Service	Like-Kind Exchanges (and section 1043 conflict-of-interest sales) ► Attach to your tax return. ► Go to www.irs.gov/Form8824 for instructions and the latest informati	on.		DMB No. 1545-1190
Name(s	) shown on tax retur	n Total Forms Filed = 56,674		Identifyin	g number
Part	Informa	tion on the Like-Kind Exchange			
1 or 2	if you are filing	real property should be described on line 1 or 2. However, you may describe p this form to report the disposition of property exchanged in a previously reporte bed on line 1 or line 2 is real or personal property located outside the United Sta	ed related	d party li	ke-kind exchange.
1	Description of	like-kind property given up:			
2	Description of	like-kind property received:			
3	Date like-kind	property given up was originally acquired (month, day, year)		3	MM/DD/YYYY
4	Date you actu	ally transferred your property to the other party (month, day, year)		4	MM/DD/YYYY
5		property you received was identified by written notice to another party (more than the party in the party is a second sec		/, 5	MM/DD/YYYY
6	Date you actu	ally received the like-kind property from other party (month, day, year). See ins	tructions	6	MM/DD/YYYY
7		ange of the property given up or received made with a related party, either direct ghat an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to F			🗌 Yes 🗌 No
prope	rty became your	form if a related party sold property into the exchange, directly or indirectly (sur replacement property; and none of the exceptions in line 11 applies to the exchange had been a sale. If one of the exceptions on line 11 applies to the exc	ange. Ins	tead, rep	port the disposition
Part		Party Exchange Information			
8	Name of related pa	arty Relationship to you	Rela	ited party's	s identifying number
	Address (no., stree	et, and apt., room, or suite no., city or town, state, and ZIP code)			

9	During this tax year (and before the date that is 2 years after the last transfer of property that was part of	
	the exchange), did the related party sell or dispose of any part of the like-kind property received from you	
	(or an intermediary) in the exchange? $\ldots$	🗌 No

10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received?

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

- 11 If one of the exceptions below applies to the disposition, check the applicable box.
  - $\mathbf{a}$   $\Box$  The disposition was after the death of either of the related parties.
  - **b** The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
  - c Vou can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation. See instructions.

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Basis of replacement property. Subtract line 37 from line 33 . .

### 2019 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form 8	324 (2019)		Page <b>2</b>
Name(s	) shown on tax return. Do not enter name and social security number if shown on other side.	our socia	al security number
Part	III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received	ed	
Cauti	on: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other eporting of multi-asset exchanges in the instructions.		ke-kind) property,
Note:	Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line	15.	
12	Fair market value (FMV) of other property given up       1       12       5.136		
13	Adjusted basis of other property given up    Image: Comparison of the property given up    Image: Comparison of the property given up		
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14	3,869
	<b>Caution:</b> If the property given up was used previously or partly as a home, see <b>Property used as home</b> in the instructions.		
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced		
	(but not below zero) by any exchange expenses you incurred. See instructions	15	21.587
16	FMV of like-kind property you received	16	53,243
17	Add lines 15 and 16	17	55.482
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses <b>not</b> used on line 15. See instructions	18	55,337
19	Realized gain or (loss). Subtract line 18 from line 17	19	55,367
20	Enter the smaller of line 15 or line 19, but not less than zero	20	17.902
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21	1.281
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies. See instructions	22	17.694
23	<b>Recognized gain.</b> Add lines 21 and 22	23	18.253
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24	52.493
25 Part	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	55.171
	cognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest request only if the cost of the replacement property is more than the basis of the divested property. Enter the number from the upper right corner of your certificate of divestiture. ( <b>Do not</b> attach a copy of your certificate. Keep the certificate with your records.)	uiremei	nts. This part can
27	Description of divested property ►		
28	Description of replacement property ►		
29	Date divested property was sold (month, day, year)	29	MM/DD/YYYY
30	Sales price of divested property. See instructions   .   .   .   30	-	
31 32	Basis of divested property         31           Realized gain. Subtract line 31 from line 30	32	
33 34	Cost of replacement property purchased within 60 days after date of sale       33         Subtract line 33 from line 30. If zero or less, enter -0-	34	
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35	
36	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797. See instructions	36	
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	

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	Amounts of selected lines filed (in thousands of dollars)		
Form 8	324 (2019)		Page <b>2</b>
Name(s	) shown on tax return. Do not enter name and social security number if shown on other side.	our soci	al security number
Part			
	on: If you transferred and received (a) more than one group of like-kind properties or (b) cash or othe eporting of multi-asset exchanges in the instructions.	r (not li	ke-kind) property,
	Complete lines 12 through 14 <b>only</b> if you gave up property that was not like-kind. Otherwise, go to line	15	
12	Fair market value (FMV) of other property given up		
13	Adjusted basis of other property given up		
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or		
	(loss) in the same manner as if the exchange had been a sale	14	1,142,424
	Caution: If the property given up was used previously or partly as a home, see Property used as		
	home in the instructions.		
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced		
40	(but not below zero) by any exchange expenses you incurred. See instructions	15	5.110.553
16 17	FMV of like-kind property you received	16	54,325,250
17	Add lines 15 and 16	17	59.435.803
18	expenses <b>not</b> used on line 15. See instructions	18	31,315,981
19	Realized gain or (loss). Subtract line 18 from line 17	19	28,119,823
20	Enter the smaller of line 15 or line 19, but not less than zero	20	3.345.570
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21	88.584
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on Schedule D		
	or Form 4797, unless the installment method applies. See instructions	22	3.275.040
23	<b>Recognized gain.</b> Add lines 21 and 22	23	3.363.624
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24	24.764.821
25 Part	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23 Deferral of Gain From Section 1043 Conflict-of-Interest Sales	25	29.569.051
Note: federa nonre	This part is to be used <b>only</b> by officers or employees of the executive branch of the federal government al government (including certain spouses, minor or dependent children, and trustees as described in se cognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest rec ed <b>only</b> if the cost of the replacement property is more than the basis of the divested property.	ection 1	043) for reporting
26	Enter the number from the upper right corner of your certificate of divestiture. ( <b>Do not</b> attach a copy of your certificate. Keep the certificate with your records.)		
27	Description of divested property ►		
28	Description of replacement property ►		
29	Date divested property was sold (month, day, year)	29	MM/DD/YYYY
30	Sales price of divested property. See instructions	-	
31 32	Basis of divested property	32	
33 34	Cost of replacement property purchased within 60 days after date of sale       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .	34	
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35	
36	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule D		

. . . . . . . .

or Form 4797. See instructions . . . . . .

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Deferred gain. Subtract the sum of lines 35 and 36 from line 32 . . . .

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### 2019 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form <b>8829</b>	► File only
Department of the Treasury Internal Revenue Service (99)	▶ (

Name(s) of proprietor(s)

## **Expenses for Business Use of Your Home**

y with Schedule C (Form 1040 or 1040-SR). Use a separate Form 8829 for each home you used for business during the year. Go to www.irs.gov/Form8829 for instructions and the latest information.

Your social security number

2019 Attachment Sequence No. **176** 

OMB No. 1545-0074

Total	Forms	Filed =	3,126,581
			0,120,001

Part	Part of Your Home Used for Business							
1	Area used regularly and exclusively for business, re	egularl	y for daycare, c	or for	storage of inventory			
	or product samples (see instructions)					1	2,894,056	
2	Total area of home					2	2,898,370	
3	Divide line 1 by line 2. Enter the result as a percenta	ige .				3		%
	For daycare facilities not used exclusively for bus	siness	s, go to line 4. A	All oth	ners, go to line 7.			
4	Multiply days used for daycare during year by hours	s used	per day	4	hr.			
5	If you started or stopped using your home for dayc	care du	uring the year,					
	see instructions; otherwise, enter 8,760			5	hr.			
6	Divide line 4 by line 5. Enter the result as a decimal a			6				
7	Business percentage. For daycare facilities not us							
	line 3 (enter the result as a percentage). All others, e	enter th	ne amount from	line 3	i ▶	7		%
Part								
8	Enter the amount from Schedule C, line 29, plus any g						2 0 4 2 9 0 2	
	minus any loss from the trade or business not derived from					8	2,943,893	
	See instructions for columns (a) and (b) before completing lines		(a) Direct expen	ses	(b) Indirect expenses			
9	Casualty losses (see instructions)	9	*		12,170			
10	Deductible mortgage interest (see instructions)	10	47,715		1,021,711			
11	Real estate taxes (see instructions)	11	58,804		292,584			
12	Add lines 9, 10, and 11		91,296		1,057,546			
13	Multiply line 12, column (b), by line 7			13	1,053,865			
14	Add line 12, column (a), and line 13					14	1,095,069	
15	Subtract line 14 from line 8. If zero or less, enter -0-					15	2,115,927	
16	Excess mortgage interest (see instructions)	16	18,729		525,624			
17	Excess real estate taxes (see instructions)	17	141,289		710,605	-		
18 10		18	72,752		1,859,133	-		
19 00		19	61,904 134,740		615,866	-		
20	Repairs and maintenance	20 21	197,435		917,687			
21			80,190		2,283,351 768,687			
22 23	Other expenses (see instructions)Add lines 16 through 22		460.406		2,504,621	-		
23 24	Multiply line 23, column (b), by line 7			24				
24 25	Carryover of prior year operating expenses (see inst				2,498,971 662,520			
26	Add line 23, column (a), line 24, and line 25					26	2,748,894	
27	Allowable operating expenses. Enter the <b>smaller</b> of					27	1,998,632	
28	Limit on excess casualty losses and depreciation. S					28	1,935,163	
29				29	3,506	20	1,000,100	
30	Depreciation of your home from line 42 below			30	1,201,567			
31	Carryover of prior year excess casualty losses and depreci			31	345,181			
32	Add lines 29 through 31					32	1,230,757	
33	Allowable excess casualty losses and depreciation.					33	787,387	
34	Add lines 14, 27, and 33					34	2,371,503	
35	Casualty loss portion, if any, from lines 14 and 33. C					35	9,683	
36	Allowable expenses for business use of your ho	ome. S	Subtract line 35	from	line 34. Enter here			
	and on Schedule C, line 30. If your home was used t	for mo	re than one bus	iness	, see instructions 🕨	36	2,370,031	
Part	Depreciation of Your Home							
37	Enter the smaller of your home's adjusted basis or i	its fair	market value (s	ee ins	structions)	37	1,167,803	
38	Value of land included on line 37					38	680,701	
39	Basis of building. Subtract line 38 from line 37 .					39	1,159,346	
40	Business basis of building. Multiply line 39 by line 7					40	1,154,870	
41	Depreciation percentage (see instructions)					41	2,029	%
42	Depreciation allowable (see instructions). Multiply line		y line 41. Enter	here a	and on line 30 above	42	1,201,567	
Part	V Carryover of Unallowed Expenses to 20	)20						
43	Operating expenses. Subtract line 27 from line 26. If					43	965,688	
44	Excess casualty losses and depreciation. Subtract li					44	498,826	
For Pa	perwork Reduction Act Notice, see your tax return instri a not shown because of the small number of same	uction	s. urns on which	thev	Cat. No. 13232M are based.		Form <b>8829</b>	(2019)

	8829	Expenses for B	usir	ness Use o	f Yo	our Home		OMB No. 1545-0074
Form	DOZJ	► File only with Schedule C (Form					each	2019
	nent of the Treasury			business during	-			Attachment
	Revenue Service (99) s) of proprietor(s)	► Go to www.irs.gov/Form8	829 10	or instructions an	d the	latest information.	Vauraaa	Sequence No. <b>176</b> ial security number
Name(s	s) of prophetor(s)	rour soc	lai security number					
Par	t I Part of	Your Home Used for Business					i.	
1		ularly and exclusively for business, re						
•		mples (see instructions)						1,082,201
2								6,236,625
3		y line 2. Enter the result as a percenta acilities not used exclusively for bu	-				. 3	%
4	-	used for daycare during year by hours			4	1	nr.	
5		or stopped using your home for days			-	•		
5		ns; otherwise, enter 8,760			5	l r	nr.	
6		y line 5. Enter the result as a decimal			6			
7	Business perc	centage. For daycare facilities not us	ed ex	clusively for bu	sines	s, multiply line 6 b	у	
		e result as a percentage). All others, e	enter t	he amount from	line 3	3 🕨	▶ 7	%
Part		Your Allowable Deduction						
8		unt from Schedule C, line 29, <b>plus</b> any g						83,434,305
	-	from the trade or business not derived fro			-	1		00,404,000
•		for columns (a) and (b) before completing lines		(a) Direct exper	ises	(b) Indirect expenses	;	
9 10	•	es (see instructions)	9 10	*		79,255		
10		ortgage interest (see instructions)xes (see instructions).	11	<u>227,740</u> 91,798		11,106,054	_	
12		0, and 11		324,024		1,542,038 12,727,346	-	
13		2, column (b), by line 7			13	1,825,043	-	
14		olumn (a), and line 13			-		. 14	2,149,066
15		14 from line 8. If zero or less, enter -0-					-	92,222,662
16		age interest (see instructions)	16	63,546		3,695,755		52,222,002
17	-	state taxes (see instructions)	17	178,144		2,987,712		
18	Insurance .		18	78,687		3,024,234		
19	Rent		19	560,378		11,352,354	_	
20		naintenance	20	224,782		3,927,701	_	
21			21	351,796		8,908,887	_	
22	•	es (see instructions)	22	105,825		2,041,606	_	
23 24		hrough 22		1,563,158	04	35,938,249	_	
24 25		orior year operating expenses (see inst			24	6,447,623	-	
26		olumn (a), line 24, and line 25.			•		. 26	11,664,773
27		erating expenses. Enter the <b>smaller</b> of						6,192,755
28		ss casualty losses and depreciation. S						86,029,907
29		Ity losses (see instructions)			29	5,766		
30	Depreciation of	of your home from line 42 below			30	1,184,172		
31		or year excess casualty losses and deprec			31	1,339,622		
32		hrough 31						2,529,560
33		ess casualty losses and depreciation.						887,256
34		27, and 33						9,229,077
35	•	portion, if any, from lines 14 and 33. C	-			· /		17,683
36		penses for business use of your hour hour hour hour hour hour base of your hour base used the second						9,211,394
Part		iation of Your Home	-			,		0,211,004
37		Iller of your home's adjusted basis or	its fai	r market value (s	see in	structions)	. 37	376,989,785
38		included on line 37						64,123,088
39		ing. Subtract line 38 from line 37 .						312,866,698
40		s of building. Multiply line 39 by line 7						44,919,822
41		percentage (see instructions)						42,306 %
42 Port		allowable (see instructions). Multiply lin		by line 41. Enter	here a	and on line 30 abov	e <b>42</b>	1,184,172
Part 43		ver of Unallowed Expenses to 20 penses. Subtract line 27 from line 26. I		than zoro ontor	-0		. 43	E 472 049
43 44		Ity losses and depreciation. Subtract I						5,472,018 1,642,304

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 13232M * Data not shown because of the small number of sample returns on which they are based.

Form	8839	Qı	ualified A	dop	tio	n Expe	nses				C	омв No 20	. 1545-0 ) <b>1 9</b>	
	nent of the Treasury Revenue Service (99)		Attach to Form			,					A	ttachm Sequenc	ent	
	) shown on return	► Go to www.irs.	-		struc	ctions and ti	ne latest	ntorma	ation.	Your soc				
		Total Forms File		0,030								-		
Par		on About Your Eligib				<b>n</b> —You <b>n</b>	nust co	mplet	e thi	s part.	See	instru	uctior	ns for
	details, inc	luding what to do if yo	u neea more	e spac		eck if child wa	s						1-	<u> </u>
		(a)	(b)	(c)	-	(d)	(e)			(f)			(g Che	
1	C	hild's name	Child's year of birth	born <b>be</b> 2002 a	fore	a child with special	a foreign		ide	Child's ntifying nu	mber		adop became	tion final in
	First	Last		disable		needs	child			, ,			2019 or	earlier
Child 1														
Child 2														
Child 3													Γ	
Cauti	on: If the child w	/as a foreign child, see S	pecial rules	in the	inst	tructions fo	r line 1.	colum	n (e).	before		omple	te Pa	rt II or
		employer-provided ado	•								<b>,</b>			
Part	Adoption	Credit												
						Child 1	Child	2	Cł	nild 3	-			
2	Maximum adop (see instructions	otion credit per child. E	nter \$14,080	2										
3	•	m 8839 for a prior year	 for the same											
Ŭ	child? $\square$ No.													
	Yes.	See instructions for the	amount to											
	enter		J	3	4	45,194	23,6	37	10	),026	-			
4	Subtract line 3 f	rom line 2		4										
-	Subtract line of			-										
5	Qualified adopt	tion expenses (see instru	uctions)	5	:	38,413	11,2	19	3	,047				
		qualified adoption expen												
6	•	adoption expenses you p <b>er</b> of line 4 or line 5		6		00.405	44.0	10	2	047				
6 7		adjusted gross income (se	 e instructions	)		38,405	11,2	<b>7</b>	3	,047	-			
8	Is line 7 more th			, · ·	•									
	•	nes 8 and 9, and enter -0-												
		ct \$211,160 from line 7						8			-			
9		y \$40,000. Enter the res ore than 1.000 ...									9	×		
10	Multiply each ar	mount on line 6 by line 9		10										
11		from line 6				37,161	11,2 <i>°</i>		,	045				
12		ts on line 11									12	3	8,169	
13		vard, if any, from prior ye									10	-	- حم م	
14	Add lines 12 and	9 instructions d 13									13 14		<u>2,877</u> 4.958	
15		nt from line 5 of the Credi									15		4,9 <u>58</u> 3,531	
16		it. Enter the smaller of lir											-	
	SR), line 6, or F	orm 1040-NR, line 51. Cł	neck box <b>c</b> or	n that li	ine a	and enter "	<b>8839"</b> in	the sp	bace					
		is smaller than line 14, yo	-		car	rryforward (					16		3,531	) (a.c
For Pa	perwork Reductio	on Act Notice, see your tax	return instruc	tions.			Cat. N	o. 22843	3L			Forn	003	<b>9</b> (2019)

Form       88839       Qualified Adoption Expenses         Department of the Treasury Internal Revenue Service (99) <ul> <li>Attach to Form 1040, 1040-SR, or 1040-NR.</li> <li>Go to www.irs.gov/Form8839 for instructions and the latest information.</li> <li>Name(s) shown on return</li> <li>Total Forms Filed = 100,030</li> <li>Part II Information About Your Eligible Child or Children—You must complete this part. S</li> <li>details, including what to do if you need more space.</li> <li> <ul> <li>(a)</li> <li>(b)</li> <li>(c)</li> <li>(d)</li> <li>(e)</li> <li>(f)</li> /ul></li></ul>	nber (g) Check if adoption became final ir 2019 or earlier
Department of the Treasury Internal Revenue Service (99)       > Attach to Form 1040, 1040-SR, or 1040-NR.         Name(s) shown on return       Fort I       Go to www.irs.gov/Form8839 for instructions and the latest information.         Part I       Information About Your Eligible Child or Children—You must complete this part. S         details, including what to do if you need more space.         1       (a) Child's name       Check if child was— (b) Child's year of birth       (d) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Sequence No. 38 al security number See instructions fo (g) Check if adoption became final ir 2019 or earlier
Internal Revenue Service (99)       > Go to www.irs.gov/Form8839 for instructions and the latest information.         Name(s) shown on return       Total Forms Filed =       100,030       Your social         Part1       Information About Your Eligible Child or Children—You must complete this part. S       details, including what to do if you need more space.       Your social         1       Child's name       (a)       Child's year of birth       Check if child was—       (f)         First       Last       Child's year of birth       Cool of birth       cool of birth       cool of birth       child was—         Child       1       Child       Image: Social cool of birth       child was—       (f)       child's identifying num of birth         Child       1       Child's name       Image: Child social cool of birth       Image: Child social cool of birth       Image: Child social cool of birth       foreign child identifying num of birth         Child       1       Image: Child social cool of birth       Image: Child social cool o	Sequence No. 38 al security number See instructions fo (g) Check if adoption became final ir 2019 or earlier
Internal Revenue Service (99)       > Go to www.irs.gov/Form8839 for instructions and the latest information.         Name(s) shown on return       Total Forms Filed =       100,030       Your social         Part1       Information About Your Eligible Child or Children—You must complete this part. S       details, including what to do if you need more space.       Check if child was—       (f)         1       (a)       (b)       Child's year of birth       Check if child was—       (f)         First       Last       Child's year of birth       (c)       (d)       (e)       (f)         Child       1       Child's name       Child's year of birth       (c)       (c)       (d)       (e)       (f)         Child       1       (b)       Child's year of birth       (c)       (d)       (e)       (f)         Child       1       (b)       (c)       (d)       (e)       (f)       (c)         Child       1       (c)       (d)       (e)       (f)       (c)       (f)         Child       1       (c)       (d)       (c)       (d)       (c)       (d)         Child       1       (c)       (c)       (c)       (c)       (c)       (c)         Child       1	Sequence No. 38 al security number See instructions fo (g) Check if adoption became final ir 2019 or earlier
Part I       Information About Your Eligible Child or Children—You must complete this part. S         details, including what to do if you need more space.         1       (a)       (b)       Check if child was—       (f)         Child's name       (b)       Child's year of birth       (c)       (c)       (c)       (c)         First       Last       Child's year of birth       of birth       (c)       (c)       (c)       (c)       (c)         Child       1       Image: Child is pear of birth       (c)       (c)       (c)       (c)       (c)       (c)         Child       1       Image: Child is pear of birth       Image: Child is pear of	See instructions fo
details, including what to do if you need more space.         1       (a) Child's name       (b) Child's year of birth       Check if child was— (c) born before a child with special needs       (f) child's identifying num         Child 1       Last       (b) Child's year of birth       (c) born before disabled       (d) a child midentifying num       (f) Child's identifying num         Child 1       Child       (c) a c	nber (g) Check if adoption became final ir 2019 or earlier
details, including what to do if you need more space.         1       (a) Child's name       (b) Child's year of birth       Check if child was— (c) born before a child with special needs       (f) child's identifying num         Child 1       Last       (b) Child's year of birth       (c) born before disabled       (d) a child midentifying num       (f) Child's identifying num         Child 1       Child       (c) a c	nber (g) Check if adoption became final ir 2019 or earlier
(a) Child's name       (b) Child's year of birth       (c) born before 2002 and disabled       (d) a child with special needs       (e) a child a foreign child       (f) Child's identifying num         Child 1       Last       Image: Comparison of the second disabled       Image: Comparison o	nber became final in 2019 or earlier
1       Child's name       Child's year of birth       born before 2002 and disabled       a child with special needs       a child sidentifying num of birth         Child 1       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I <td>nber adoption became final ir 2019 or earlier</td>	nber adoption became final ir 2019 or earlier
First     Last     Last     disabled     Integer       Child     Image: Child     Image: Child     Image: Child     Image: Child       Child     Image: Child     Image: Child     Image: Child     Image: Child       Child     Image: Child     Image: Child     Image: Child     Image: Child       Child     Image: Child     Image: Child     Image: Child     Image: Child       Child     Image: Child     Image: Child     Image: Child     Image: Child       Child     Image: Child     Image: Child     Image: Child     Image: Child       Child     Image: Child     Image: Child     Image: Child     Image: Child       Child     Image: Child     Image: Child     Image: Child     Image: Child       Child     Image: Child     Image: Child     Image: Child     Image: Child       Child     Image: Child     Image: Child     Image: Child     Image: Child       Child     Image: Child     Image: Child     Image: Child     Image: Child       Child     Image: Child     Image: Child     Image: Child     Image: Child       Child     Image: Child     Image: Child     Image: Child     Image: Child       Child     Image: Child     Image: Child     Image: Child     Image: Child	2019 or earlier
Child       Image:	rou complete Part II o
Child     Image: Child       2     Image: Child       3     Image: Child       3     Image: Child       Caution: If the child was a foreign child, see Special rules in the instructions for line 1, column (e), before years	rou complete Part II o
2       Image: Child 3       Image: Child 3 <td>rou complete Part II o</td>	rou complete Part II o
3	ou complete Part II o
	ou complete Part II o
Part III. If you received <b>employer-provided adoption benefits</b> , complete Part III on the back next.	
Part II         Adoption Credit           Child 1         Child 2         Child 3	
2 Maximum adoption credit per child. Enter \$14,080	
(see instructions)	
3 Did you file Form 8839 for a prior year for the same child?  No. Enter -0	
□ Yes. See instructions for the amount to	
enter. <b>3</b> 562,089 274,679 108,673	
4 Subtract line 3 from line 2	
<b>5</b> Qualified adoption expenses (see instructions) <b>5</b> 426,466 120,281 29,094	
Caution: Your qualified adoption expenses may not	
be equal to the adoption expenses you paid in 2019.	
6       Enter the smaller of line 4 or line 5       6       351,957       116,847       29,002         7       Enter modified adjusted gross income (see instructions)       .       .       .       .       7	
8 Is line 7 more than \$211,160?	
<b>No.</b> Skip lines 8 and 9, and enter -0- on line 10.	
Yes. Subtract \$211,160 from line 7         8	
9 Divide line 8 by \$40,000. Enter the result as a decimal (rounded to at least three places). Do not enter more than 1.000	9 × .
10         Multiply each amount on line 6 by line 9         10         10	
<b>11</b> Subtract line 10 from line 6         .         .         . <b>11</b> 322,296         104,655         16,840	
<b>12</b> Add the amounts on line 11	<b>12</b> 444,566
<b>13</b> Credit carryforward, if any, from prior years. See your Adoption Credit Carryforward Worksheet in the 2018 Form 8839 instructions	12 1 652 267
<b>14</b> Add lines 12 and 13	131,653,367142,097,933
15 Enter the amount from line 5 of the Credit Limit Worksheet in the instructions	<b>15</b> 303,894
16 Adoption Credit. Enter the smaller of line 14 or line 15 here and on Schedule 3 (Form 1040 or 1040-	
SR), line 6, or Form 1040-NR, line 51. Check box <b>c</b> on that line and enter <b>"8839"</b> in the space next to box <b>c</b> . If line 15 is smaller than line 14, you may have a credit carryforward (see instructions)	<b>16</b> 303,894
For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 22843L	Form <b>8839</b> (2019

	t III Employer-Provided Adoption Benefits		Child	1	Child 2	Child 3		
7	Maximum exclusion per child. Enter \$14,080 (see instructions)	17		-				
8	Did you receive employer-provided adoption benefits for a prior year for the same child?							
	<b>No.</b> Enter -0							
	<b>Yes.</b> See instructions for the amount to enter.	18					-	
)	Subtract line 18 from line 17	19						
)	Employer-provided adoption benefits you received in							
	2019. This amount should be shown in box 12 of your 2019 Form(s) W-2 with code <b>T</b>	20						
I	Add the amounts on line 20						21	*
2	Enter the <b>smaller</b> of line 19 or line 20. But if the child was a child with special needs and the adoption							
	became final in 2019, enter the amount from line 19.	22						
3	Enter modified adjusted gross income (from the works			I				
Ļ	the instructions)	• •	. 23					
	$\square$ No. Skip lines 24 and 25, and enter -0- on line 26.							
	☐ <b>Yes.</b> Subtract \$211,160 from line 23		. 24					
5	Divide line 24 by \$40,000. Enter the result as a decima places). Do not enter more than 1.000					× .		
							-	
5	Multiply each amount on line 22 by line 25	26						
	······································							
7	Excluded benefits. Subtract line 26 from line 22	27						
3	Add the amounts on line 27						28	*
)	Taxable benefits. Is line 28 more than line 21?							
	No. Subtract line 28 from line 21. Also, include this line 1 of Form 1040 or 1040-SR or line 8 of line next to line 1 of Form 1040 or 1040-SR or "AB."	Form	1040-NR	On t	he dotted			
	Yes. Subtract line 21 from line 28. Enter the result the total you would enter on line 1 of Form Form 1040-NR by the amount on Form 8839, 1 of Form 1040 or 1040-SR or line 8 of Form dotted line next to the entry line.	1040 line 2	or 1040- 9. Enter tl	SR or ne res	r line 8 of ult on line	}	29	*
	You may be able to claim the adoption credit in F	Part II	on the fro	nt of t	his form if an	y of the follow	ving apply	
	• You paid adoption expenses in 2018, those ex the adoption was not final by the end of 2018.	pense	es were no	ot fully	y reimbursed	by your empl	loyer or ot	herwise, ar
ſ	<b>IP</b> The total adoption expenses you paid in 201	_						

- The total adoption expenses you paid in 2019 were not fully reimbursed by your employer or otherwise, and the adoption became final in 2019 or earlier.
- You adopted a child with special needs and the adoption became final in 2019.

Form 8839 (2019)

* Data not shown because of the small number of sample returns on which they are based.

	839 (2019)							Page <b>2</b>
Par	t III Employer-Provided Adoption Benefits		Child	11	Child 2	Child 3		
17 18	Maximum exclusion per child. Enter \$14,080 (see instructions)	17	Chic	1				
19 20	Subtract line 18 from line 17	19 20						
21	Add the amounts on line 20						21	*
22	Enter the <b>smaller</b> of line 19 or line 20. But if the child was a child with special needs and the adoption became final in 2019, enter the amount from line 19.	22						
23	Enter modified adjusted gross income (from the works							
24	the instructions)							
25 26	Divide line 24 by \$40,000. Enter the result as a decima places). Do not enter more than 1.000					× .		
20	Multiply each amount of the 22 by the 23	20					-	
27	Excluded benefits. Subtract line 26 from line 22	27						
28	Add the amounts on line 27						28	*
29	Taxable benefits. Is line 28 more than line 21?							
	No. Subtract line 28 from line 21. Also, include this amount, if more than zero, on line 1 of Form 1040 or 1040-SR or line 8 of Form 1040-NR. On the dotted line next to line 1 of Form 1040 or 1040-SR or line 8 of Form 1040-NR, enter "AB."							
	Yes. Subtract line 21 from line 28. Enter the result the total you would enter on line 1 of Form Form 1040-NR by the amount on Form 8839, 1 of Form 1040 or 1040-SR or line 8 of Form dotted line next to the entry line.	1040 line 2	or 1040 9. Enter	-SR c the re	or line 8 of sult on line		29	*
	You may be able to claim the adoption credit in F	Part II	on the fr	ont of	this form if any	y of the follow	ing apply	·.
Γ.	• You paid adoption expenses in 2018, those ex the adoption was not final by the end of 2018.	pense	s were r	not ful	ly reimbursed	by your empl	oyer or of	therwise, and
Ľ	• The total adoption expenses you paid in 2019 adoption became final in 2019 or earlier.	9 wer	e not ful	ly reir	mbursed by yo	our employer	or otherw	wise, and the
	<ul> <li>You adopted a child with special needs and the</li> </ul>	ador	tion bec	ame f	inal in 2019.			

* Data not shown because of the small number of sample returns on which they are based.

Form **8839** (2019)
Form <b>8846</b>	Credit for Employer	Social Security and Medic	are Taxes	OMB No. 1545-0123
Form <b>UUTU</b>	Paid or	n Certain Employee Tips		2019
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to your tax return.</li> <li>Go to www.irs.gov/Form8846 for the latest information.</li> </ul>			Attachment Sequence No. <b>98</b>
Name(s) shown on return	n Total Forms Filed =	24,693	Identif	lying number

**Note:** Claim this credit **only** for employer social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1.

1	Tips received by employees for services on which you paid or incurred employer social security and Medicare taxes during the tax year (see instructions)	1	12,168
2	Tips not subject to the credit provisions (see instructions)	2	2,556
3	Creditable tips. Subtract line 2 from line 1	3	12,168
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$132,900, see instructions and check here	4	12.168
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations	5	13,484
6	Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f	6	24,693
For Pa	aperwork Reduction Act Notice, see instructions. Cat. No. 16148Z	· · · · · ·	Form 8846 (2019)

Form <b>88446</b> Department of the Treasury Internal Revenue Service	Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips > Attach to your tax return. > Go to www.irs.gov/Form8846 for the latest information.	OMB No. 1545-0123
Name(s) shown on return	Total Forms Filed = 24,693	ying number

**Note:** Claim this credit **only** for employer social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1.

1	Tips received by employees for services on which you paid or incurred employer social security and Medicare taxes during the tax year (see instructions)	1	1,068,618
2	Tips not subject to the credit provisions (see instructions)	2	77,617
3	Creditable tips. Subtract line 2 from line 1	3	991,001
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$132,900, see instructions and check here	4	75,692
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations	5	130,915
6	Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f	6	206,607
For Pa	aperwork Reduction Act Notice, see instructions. Cat. No. 16148Z		Form <b>8846</b> (2019)

Departm Internal	8853 ent of the Treasury Revenue Service (99)	► Go to www.irs	Archer M Term Care Ins .gov/Form8853 for ins Attach to Form 1040,	<b>urance C</b> tructions and t	he latest information. 40-NR.		MB No. 1545-0074
Name(s	) shown on return	otal Forms Filed =	144,471		Social security number of MSA account holder. If both spouses have MSAs, see instructions ►		
Secti	on A. Archer MSA	s. If you have only	a Medicare Advar	tage MSA, s	kip Section A and comple	te Se	ction B.
Par	jointly and bo	Contributions an	d Deductions. Se pouse have high c	e instruction	s before completing this alth plans with self-only o	part.	If you are filing
1	Total employer cont	ributions to your Arc	her MSA(s) for 2019		. 1 7,000		
2			[·] 2019, including tho include rollovers. Se		1 January 1, 2020, through	2	10,426
3			rt and Worksheet in t			3	6,450
4	self-employed, ente	r your earned incom			deductible health plan. (If which the high deductible		5 70 /
_	health plan was esta	,				4	5,791
5	Schedule 1 (Form 1	040 or 1040-SR), lir	ne 22, or Form 1040	-NR, line 34.	so include this amount on On the dotted line next to er "MSA" and the amount	5	*
		more than line 5, you	may have to pay an	additional tax	. See instructions.		
Part	Archer MSA	Distributions					
6a	Total distributions y	ou and your spouse i	received in 2019 from	n all Archer MS	SAs (see instructions)	6a	8,126
b	account. Also inclu	de any excess cont	ributions (and the e	arnings on th	MSA or a health savings nose excess contributions) instructions	6b	*
с	Subtract line 6b fror	n line 6a 🛛 . 🗳 .				6c	7,982
7	Unreimbursed qualit	ied medical expense	es (see instructions)			7	6,935
8	this amount in the t	otal on Schedule 1 (I	Form 1040 or 1040-5	SR), line 8, or	ess, enter -0 Also include Form 1040-NR, line 21. On SA" and the amount	8	*
9a	If any of the distribu (see instructions), cl		e 8 meet any of the	Exceptions t	o the Additional 20% Tax		
b	subject to the addit 1040-SR), line 8, or	ional 20% tax. Also i Form 1040-NR, line	nclude this amount i 60. Check box c on	n the total on Schedule 2 (F	s included on line 8 that are Schedule 2 (Form 1040 or orm 1040 or 1040-SR), line line next to the box	9b	*
Secti	on B. Medicare	Advantage MSA E s in 2019 from a I	Distributions. If yo	u are filing j	pintly and both you and y nplete a separate Section	your s	
10	Total distributions y	ou received in 2019 f	rom all Medicare Adv	antage MSAs	(see instructions)	10	4,531
11			· · · · · · · · · · · · · · · · · · ·			11	5,236
12	-0 Also include th	is amount in the tot on the dotted line ne	tal on Schedule 1 (F	orm 1040 or rm 1040 or 10	ne 10. If zero or less, enter 1040-SR), line 8, or Form 040-SR), line 8, enter "Med	12	*
13a	If any of the distribu (see instructions), cl		e 12 meet any of the	-	to the Additional 50% Tax		
b	Additional 50% tax additional 50% tax. the end of 2018. Als or Form 1040-NR, I	a. Enter 50% (0.50) of See instructions for so include this amou ine 60. Check box of	the amount to enter i nt in the total on Scl on Schedule 2 (For	f you had a M nedule 2 (Forn m 1040 or 104	e 12 that are subject to the ledicare Advantage MSA at n 1040 or 1040-SR), line 8, 40-SR), line 8, or box b on to the box	13b	0
For Pa	perwork Reduction Ac	t Notice, see your tax	return instructions		Cat. No. 24091H		Form <b>8853</b> (2019)

Departm Internal	8853 ent of the Treasury Revenue Service (99)	► Go to www.irs.	Archer MS erm Care Insu gov/Form8853 for instru Attach to Form 1040, 10	rance Contractions and the 40-SR, or 104	e latest information. 0-NR.	Δ	MB No. 1545-0074
Name(s	) shown on return	Total Forms Filed =	144,471		Social security number of MSA account holder. If both spouses have MSAs, see instructions ►		
Secti	on A. Archer	MSAs. If you have only	a Medicare Advanta	ige MSA, sk	kip Section A and comple	te Se	ction B.
Part	Part I Archer MSA Contributions and Deductions. See instructions before completing this part. If you are filing jointly and both you and your spouse have high deductible health plans with self-only coverage, complete a separate Part I for each spouse.						
1	Total employer	r contributions to your Arch	er MSA(s) for 2019 .		. <b>1</b> 19,381		
2		ontributions you made for that were for 2019. Don't i			January 1, 2020, through	2	18,621
3		on from the Line 3 Limitation Chart and Worksheet in the instructions					16,651
4	Compensation (see instructions) from the employer maintaining the high deductible health plan. (If self-employed, enter your earned income from the trade or business under which the high deductible						
_	•	health plan was established.)				4	480,034
5	Schedule 1 (Fo	orm 1040 or 1040-SR), lin	e 22, or Form 1040-N	IR, line 34. 0	On the dotted line next to		
		orm 1040 or 1040-SR), line				5	*
Part		2 is more than line 5, you <b>MSA Distributions</b>	may have to pay an ac		See instructions.		
6a		ons you and your spouse r	eceived in 2019 from a	all Archer MS	As (see instructions) .	6a	25,249
b	Distributions ir account. Also	ncluded on line 6a that y	ou rolled over to and ributions (and the ear	ther Archer nings on the	MSA or a health savings ose excess contributions)	6b	*
с	Subtract line 6					6c	25,187
7	Unreimbursed	qualified medical expense	s (see instructions) .			7	23,917
8	Taxable Archet this amount in	er MSA distributions. Sub	tract line 7 from line 60 form 1040 or 1040-SR	:. If zero or le ), line 8, or F	ss, enter -0 Also include form 1040-NR, line 21. On A" and the amount	8	*
9a	If any of the dia (see instruction		e 8 meet any of the <b>E</b>		the Additional 20% Tax ►		
b	Additional 20% subject to the a 1040-SR), line	<b>% tax</b> (see instructions). Er additional 20% tax. Also in	nclude this amount in 60. Check box c on So	the total on the total on the total on the total on the total of total of the total of the total of tot	included on line 8 that are Schedule 2 (Form 1040 or orm 1040 or 1040-SR), line ine next to the box	9b	*
Secti	on B. Medica distribu	are Advantage MSA D	istributions. If you	are filing jo	intly and both you and y plete a separate Section	/our s	
10		ons you received in 2019 fr		-		10	21,628
11		qualified medical expense	· ,			11	23,702
12	-0 Also inclu	de this amount in the tot 21. On the dotted line new	al on Schedule 1 (Fo t to Schedule 1 (Form	rm 1040 or ⁻ n 1040 or 104	ne 10. If zero or less, enter 1040-SR), line 8, or Form 40-SR), line 8, enter "Med		
10-						12	*
13a	(see instruction	the distributions included on line 12 meet any of the <b>Exceptions to the Additional 50% Tax</b> ructions), check here					
b	additional 50% the end of 201 or Form 1040-	5 tax. See instructions for t 8. Also include this amour	he amount to enter if <u>y</u> nt in the total on Sche on Schedule 2 (Form	/ou had a Me dule 2 (Form 1040 or 104	12 that are subject to the edicare Advantage MSA at 1040 or 1040-SR), line 8, 0-SR), line 8, or box b on the box	125	0
For Pa		ion Act Notice, see your tax			Cat. No. 24091H	13b	0 Form <b>8853</b> (2019)
		ion Authonice, see your lax			Jal. 190. 2403 111		(2019)

* Data not shown because of the small number of sample returns on which they are based.

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Form 8	353 (2019	)		Attachment Seque	ence No. 39	Page 2
Name o	of policyho	older (as shown on return)	Social securit policyholder			
Secti	on C.	Long-Term Care (LTC) Insurance Contracts. See File before completing this section.	ing Requiremen		C in the	instructions
	lf mor	re than one Section C is attached, check here				🕨 🗌
14a	Name	of insured ► b S	Social security num	ber of insured	•	
15	qualifi insura	19, did anyone other than you receive payments on a per of ed LTC insurance contract covering the insured or receive a nce policy covering the insured?	ccelerated death t	penefits under a	life . 🗌 Ye	es 🗌 No
16	Was tl	he insured a terminally ill individual?			. 🗌 Ye	es 🗌 No
		If "Yes" and the <b>only</b> payments you received in 2019 were acc o you because the insured was terminally ill, skip lines 17 throu				
17	from b	LTC payments received on a per diem or other periodic basis box 1 of all Forms 1099-LTC you received with respect to the box 3 is checked	insured on which	the "Per diem"	17 6	64,448
	insura excluc throug	<b>on: Don't</b> use lines 18 through 26 to figure the taxable amounce contract that isn't a <b>qualified</b> LTC insurance contract dable from your income (for example, if the benefits aren't pair accident or health insurance), report the amount not exclution 1040 or 1040-SR), line 8.	t. Instead, if the d for personal injur	benefits aren't ies or sickness		
18	Enter	the part of the amount on line 17 that is from <b>qualified</b> LTC ins	urance contracts		18	50.911
19		erated death benefits received on a per diem or other periodic		•		*
<b>~</b> ~	,	ceived because the insured was terminally ill. See instructions			19 20	
20	Note:	nes 18 and 19		••••	20	51,209
21		ly \$370 by the number of days in the LTC period	21	64,255		
22	Costs	incurred for qualified LTC services provided for the insured eriod (see instructions)	during the	80,477		
23		the larger of line 21 or line 22		97.786		
24		pursements for qualified LTC services provided for the insured		01,100		
24			-	59,039		
	Cautio	on: If you received any reimbursements from LTC contracted August 1, 1996, see instructions.				
25		em limitation. Subtract line 24 from line 23			25	84,449
26		ble payments. Subtract line 25 from line 20. If zero or less, enter				
		tal on Schedule 1 (Form 1040 or 1040-SR), line 8. On the dott or 1040-SR), line 8, enter "LTC" and the amount			06	1 000
	10-01				26	1,228 rm <b>8853</b> (2019)

Form 8	853 (2019)	Attachment Sequence No. 39 Page 2
Name c	of policyholder (as shown on return)	Social security number of policyholder ►
Secti	ion C. Long-Term Care (LTC) Insurance Co before completing this section.	ntracts. See Filing Requirements for Section C in the instructions
	If more than one Section C is attached, check h	ere
14a	Name of insured ►	
15	qualified LTC insurance contract covering the insurance policy covering the insured?	vments on a per diem or other periodic basis under a sured or receive accelerated death benefits under a life
16	•	d in 2019 were accelerated death benefits that were skip lines 17 through 25 and enter -0- on line 26. □ Yes
17	from box 1 of all Forms 1099-LTC you received v	other periodic basis. Enter the total of the amounts         vith respect to the insured on which the "Per diem"         ••••••••••••••••••••••••••••••••••••
	insurance contract that isn't a <b>qualified</b> LTC i excludable from your income (for example, if the l	the taxable amount of benefits paid under an LTC nsurance contract. Instead, if the benefits aren't benefits aren't paid for personal injuries or sickness amount not excludable as income on Schedule 1
18	Enter the part of the amount on line 17 that is from	qualified LTC insurance contracts 18 2,095,019
19	you received because the insured was terminally il	a or other periodic basis. Don't include any amounts           I. See instructions
20	Add lines 18 and 19	
21	Multiply \$370 by the number of days in the LTC pe	riod <b>21</b> 7,110,026
22	Costs incurred for qualified LTC services provide LTC period (see instructions)	
23	Enter the larger of line 21 or line 22	<b>23</b> 8,837,482
24	Reimbursements for qualified LTC services provid LTC period	<b>24</b> 2,163,908
	before August 1, 1996, see instructions.	
25	Per diem limitation. Subtract line 24 from line 23 .	<b>.</b>
26	the total on Schedule 1 (Form 1040 or 1040-SR),	If zero or less, enter -0 Also include this amount in line 8. On the dotted line next to Schedule 1 (Form unt

Form **88663** Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Total Forms Filed =

Education Credits (American Opportunity and Lifetime Learning Credits)

9,192,640

Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	II, line 30	1	7,017,605
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				
	or qualifying widow(er)	2	7,017,605		
3	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for	2	6,958,459		
4	the amount to enter	3	0,900,409	-	
4	credit	4	7,013,424		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	7,013,424		
6	If line 4 is:		, ,		
	• Equal to or more than line 5, enter 1.000 on line 6		. )		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rot	undec	to	6	7,013,424
	at least three places)				
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th				
	conditions described in the instructions, you can't take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box			7	7,013,424
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter			8	0.040.050
Part	on Form 1040 or 1040-SR, line 18c. Then go to line 9 below	• •		0	6,940,056
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instructions)	9	7,013,424
10	After completing Part III for each student, enter the total of all amounts from a		,		7,010,424
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	2,294,603
11	Enter the smaller of line 10 or \$10,000			11	2,294,603
12	Multiply line 11 by 20% (0.20)			12	2,294,603
13	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or				
	qualifying widow(er)	13	2,294,603	-	
14	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
		14	2,294,603	-	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	2 205 570		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	10	2,285,579		
10	qualifying widow(er)	16	2,285,579		
17	If line 15 is:		2,200,079		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rour				
	places)			17	2,285,579
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•	,	18	2,285,579
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit				
	instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3			19	7,879,521
For Pa	perwork Reduction Act Notice, see your tax return instructions. Ca		Form <b>8863</b> (2019)		

Form	8863	
Form	8863	

Department of the Treasury

CAUTION

Internal Revenue Service (99)

## Education Credits (American Opportunity and Lifetime Learning Credits)

9,192,640

Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074 2019 Attachment Sequence No. 50 Your social security number

Name(s) shown on return Total Forms Filed =

Comple

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Par	I Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 30	1	15,812,102
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				
	or qualifying widow(er)	2	901,582,640		
3	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	3	389,664,164		
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education		540.040.000		
_		4	512,348,208		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	-	100 117 012		
e	qualifying widow(er)	5	100,117,812		
6	Equal to or more than line 5, enter 1.000 on line 6		)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rol			6	6,846,319
	at least three places)				0,040,010
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of th				
'	conditions described in the instructions, you <b>can't</b> take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box			7	15,352,737
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter	the a	amount here and		
	on Form 1040 or 1040-SR, line 18c. Then go to line 9 below			8	6,083,655
Part	II Nonrefundable Education Credits				
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•	,	9	9,269,083
10	After completing Part III for each student, enter the total of all amounts from a				
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	17,781,778
11	Enter the smaller of line 10 or \$10,000			11	11,827,987
12	Multiply line 11 by 20% (0.20)			12	2,365,598
13	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or	10	000 400 000		
		13	222,423,688		
14	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	125,112,787		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on	14	120,112,707		
10	line 18, and go to line 19	15	97,487,672		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or		01,101,012		
	qualifying widow(er)	16	32,544,716		
17	If line 15 is:				
	<ul> <li>Equal to or more than line 16, enter 1.000 on line 17 and go to line 18</li> </ul>				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rout				
	places)	17	22,179,392		
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	,	18	2,266,491	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit				
	instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3	•		19	8,572,878
For Pa	aperwork Reduction Act Notice, see your tax return instructions.	t. No.	25379M		Form <b>8863</b> (2019)

Form 8863 (2019) Name(s) shown on return

Your social security number

CAUT		n you're claiming either the American t. Use additional copies of page 2 as needed for	
Part	III Student and Educational Institution Information	n. See instructions.	
	Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of your tax return)	
22	Educational institution information (see instructions)		—
	. Name of first educational institution	<b>b.</b> Name of second educational institution (if any)	
(*	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> </ol>	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.	
(2	2) Did the student receive Form 1098-T  Yes  No from this institution for 2019?	(2) Did the student receive Form 1098-T from this institution for 2019?	
(:	B) Did the student receive Form 1098-T from this institution for 2018 with box Yes No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2018 with box Yes No 7 checked?	D
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer identification numb (EIN) if you're claiming the American opportunity credit if you checked "Yes" in (2) or (3). You can get the E from Form 1098-T or from the institution.	or
		⁻	
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?	Yes – <b>Stop!</b> Go to line 31 for this student. No – Go to line 24.	
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	Yes — Go to line 25. No — <b>Stop!</b> Go to line 31 for this student.	
25	Did the student complete the first 4 years of postsecondary education before 2019? See instructions.	Yes - <b>Stop!</b> Go to line 31 for this No - Go to line 26. student.	
26	Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?	Yes - <b>Stop!</b> Go to line 31 for this student. No - Complete lines 27 through 30 for this studen	t.
CAUT	you complete lines 27 through 30 for this student, don't o	fetime learning credit for the <b>same student</b> in the same year. If complete line 31.	
	American Opportunity Credit	7,017,605 27,	<u>25</u> 6
27	Adjusted qualified education expenses (see instructions). Don		*
28	Subtract \$2,000 from line 27. If zero or less, enter -0		
29			<u>.</u>
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts fine Learning Credit		
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		, , )
* Dat	a not shown because of the small number of sample return	Form <b>8863</b> (20 ⁻	19)

Form 8863 (2019) Name(s) shown on return

Page <b>2</b>
Your social security number

iiiiy	number	
	1	

CAUT	Complete Part III for each student for whon opportunity credit or lifetime learning credit each student.					for
Part	Student and Educational Institution Information	<b>n.</b> See ir	structions.			
20	Student name (as shown on page 1 of your tax return)		tudent social secur our tax return) I	ity number (as s	shown on page	1 of
22	Educational institution information (see instructions)					
	. Name of first educational institution	<b>b.</b> N	ame of second edu	ucational institut	ion (if any)	
(*	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> </ol>	(1)	Address. Number a post office, state, a instructions.	and street (or P. and ZIP code. If	O. box). City, to a foreign addre	wn or ss, see
(2	2) Did the student receive Form 1098-T from this institution for 2019?		Did the student rec from this institutior		3-T 🗌 Yes	🗌 No
(:	B) Did the student receive Form 1098-T from this institution for 2018 with box Yes No 7 checked?		Did the student rec from this institutior 7 checked?			🗌 No
(4	<ul> <li>Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</li> </ul>		Enter the instituti (EIN) if you're clain if you checked "Y from Form 1098-T	ning the Americ es" in <b>(2)</b> or <b>(3</b> )	an opportunity ( ). You can get	credit or
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?		s — <b>Stop!</b> to line 31 for this s	tudent. 🗌 No	— Go to line 24	
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		s — Go to line 25.		<ul> <li>— Stop! Go to I this student.</li> </ul>	ine 31
25	Did the student complete the first 4 years of postsecondary education before 2019? See instructions.	🗌 Go	s — <b>Stop!</b> to line 31 for this dent.	🗌 No	— Go to line 26	
26	Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?	Go	s — <b>Stop!</b> to line 31 for this dent.		<ul> <li>Complete line ough 30 for this s</li> </ul>	
CAUT	You <b>can't</b> take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't o		-	e <b>same studen</b> t	<b>t</b> in the same ye	ar. If
	American Opportunity Credit				21,476,356	80,837
27	Adjusted qualified education expenses (see instructions). <b>Dor</b>				27 1,634,640	*
28 29	Subtract \$2,000 from line 27. If zero or less, enter -0 Multiply line 28 by 25% (0.25)				28 29	
29 30	If line 28 is zero, enter the amount from line 27. Otherwise, a				14,651,528	58,412
	enter the result. Skip line 31. Include the total of all amounts f Lifetime Learning Credit				<b>30</b> 1,102,139	*
31	Adjusted qualified education expenses (see instructions). Incl				17,628,511	*
	III, line 31, on Part II, line 10				<b>31</b> 152,003	0 63 (2019)
* Dat	a not shown because of the small number of sample return	s on wh	ich they are based	ł.	Form <b>OO</b>	(2019)

orm <b>8880</b> Credit			► Attach to	Form 1040, 1040-SR, o gov/Form8880 for the l	or 1040-NR.		utio	ns –	OMB No. 1545-0074
me(s) shown on return Total For		Total Forn	ns Filed = 9,7(	08,336				Your soci	al security number
	You can	not take this c	credit if <b>either</b> of t	the following applies	S.				
Â		ount on Form 104 married filing joi		8b; or Form 1040-NR, .	line 35, is more t	than \$3	2,000	(\$48,000 i	f head of household
UTION				oution or elective deferr or <b>(c)</b> was a <b>student</b> (s			nuary	1, 2002; <b>(k</b>	) is claimed as a
							(a	i) You	(b) Your spous
				BLE account contribu					
	•	•		ollover contributions		1	69	94,421	195,321
				employer plan, volunt					
				s for 2019 (see instruc	,	2	-	502,802	1,073,575
	dd lines 1 and			<b>before</b> the due da		3	8,8	01,829	1,216,893
				ons). If married filing j	· · ·				
				structions for an exce		4	3	41,796	143,400
	•					5		380,449	1,204,835
			aller of line 5 or \$2,0			6		398,955	1,208,783
						0			
<b>7</b> Ad				t take this credit				. 7	
	dd the amour	nts on line 6. If z	zero, <b>stop;</b> you can'		_.	 			
	dd the amour nter the amou	nts on line 6. If z unt from Form 1	zero, <b>stop;</b> you can' 040 or 1040-SR, lir	t take this credit .	 NR, line		90,68	. 7	
8 Er 35	dd the amour nter the amou 5	nts on line 6. If z unt from Form 1	zero, <b>stop;</b> you can' 040 or 1040-SR, lir	t take this credit . ne 8b;* or Form 1040· ...........	NR, line			. 7	
8 Er 35	dd the amour nter the amou 5 nter the appli	nts on line 6. If z unt from Form 1  cable decimal a	zero, <b>stop;</b> you can' 040 or 1040-SR, lir  mount from the tab	t take this credit . ne 8b;* or Form 1040  le below.	NR, line <b>8</b>			. 7	
8 Er 35	dd the amour nter the amou 5	nts on line 6. If z unt from Form 1  cable decimal a	zero, <b>stop;</b> you can' 040 or 1040-SR, lir 	t take this credit . ne 8b;* or Form 1040  le below. And your filing statu	NR, line 8	9,6	90,68	. 7	
8 Er 35	dd the amour nter the amou 5 nter the appli If line	nts on line 6. If z unt from Form 1  cable decimal a	zero, <b>stop;</b> you can' 040 or 1040-SR, lir  mount from the tab Married	t take this credit . ne 8b;* or Form 1040  le below. And your filing statu Head of	NR, line NR, line <b>8</b> <b>8</b> <b>8</b> <b>8</b> <b>8</b> <b>8</b> <b>8</b> <b>8</b>	9,6	90,68	. 7	
8 Er 35	dd the amour nter the amou 5 nter the appli	nts on line 6. If z unt from Form 1  cable decimal a 8 is—	zero, <b>stop;</b> you can' 040 or 1040-SR, lir mount from the tab Married filing jointly	t take this credit . he 8b;* or Form 1040  he below. And your filing statu Head of household	NR, line 8	ied filin	 90,68 g	. 7	
8 Er 35	dd the amoun nter the amou 5 nter the appli If line Over-	nts on line 6. If z unt from Form 1  cable decimal a 8 is— But not over—	zero, <b>stop;</b> you can' 040 or 1040-SR, lir  mount from the tab Married filing jointly Enter o	t take this credit . he 8b;* or Form 1040-  le below. And your filing statu Head of household n line 9—	NR, line 8 s is— Single, Marr separate Qualifying v	ied filin y, 6	 90,68 g	. 7	
8 Er 35	dd the amoun nter the amou 5 nter the appli If line Over-	nts on line 6. If z unt from Form 1  cable decimal a 8 is— But not over— \$19,250	zero, <b>stop;</b> you can' 040 or 1040-SR, lir  mount from the tab Married filing jointly Enter o 0.5	t take this credit . he 8b;* or Form 1040- he below. And your filing statu Head of household n line 9– 0.5	NR, line 8 s is— Single, Marri Separate Qualifying w 0.5	ied filin ly, or vidow(e	 90,68 g	. 7	
8 Er 35	dd the amoun nter the amou 5 nter the appli If line Over \$19,250	nts on line 6. If z unt from Form 1  cable decimal a 8 is— But not over—	zero, <b>stop;</b> you can' 040 or 1040-SR, lir  mount from the tab Married filing jointly Enter o	t take this credit . he 8b;* or Form 1040-  le below. And your filing statu Head of household n line 9—	NR, line 8 s is— Single, Marr separate Qualifying v	9,6	 90,68 g	. 7	9,690,686
8 Er 35	dd the amoun nter the amou 5 nter the appli If line Over-	nts on line 6. If z unt from Form 1  cable decimal a 8 is— But not over— \$19,250 \$20,750	zero, <b>stop;</b> you can' 040 or 1040-SR, lir  mount from the tab Married filing jointly Enter o 0.5 0.5	t take this credit . he 8b;* or Form 1040-  he below. And your filing statu Head of household n line 9– 0.5 0.5	NR, line Single, Mann Separate Qualifying w 0.5 0.2	ied filin ly, or <i>i</i> idow(e	 90,68 g	. <b>7</b>	
8 Er 35	dd the amoun ter the amount inter the appli If line Over	nts on line 6. If z unt from Form 1  cable decimal a 8 is – But not over – \$19,250 \$20,750 \$28,875	zero, <b>stop;</b> you can' 040 or 1040-SR, lir umount from the tab Married filing jointly <b>Enter o</b> 0.5 0.5 0.5	t take this credit . he 8b;* or Form 1040-  he below. And your filing statu Head of household n line 9— 0.5 0.5 0.5	s is— Single, Marr separate Qualifying w 0.5 0.2 0.1	9,6 ied filin sly, or vidow(e	 90,68 g	. <b>7</b>	9,690,686
8 Er 35	dd the amour nter the amou 5 nter the appli If line Over \$19,250 \$20,750 \$28,875	nts on line 6. If z unt from Form 1  cable decimal a 8 is— But not over— \$19,250 \$20,750 \$20,750 \$28,875 \$31,125	zero, <b>stop;</b> you can 040 or 1040-SR, lir umount from the tab Married filing jointly <b>Enter o</b> 0.5 0.5 0.5 0.5	t take this credit . ne 8b;* or Form 1040-  le below. And your filing statu Head of household n line 9– 0.5 0.5 0.5 0.2	s is – Single, Marr separate Qualifying v 0.5 0.2 0.1 0.1	9,6 ried filin ely, or vidow(e	 90,68 g	. <b>7</b>	9,690,686
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* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

	BB880 ent of the Treasury Credit for Qualified Retirement Savings Contributions ► Attach to Form 1040, 1040-SR, or 1040-NR.						ns –	20 <b>19</b> Attachment	
	evenue Service								Sequence No. 54
me(s) sl	hown on return	Total Forr	ms Filed = 9,7	08,336				Your socia	al security number
				the following applies					
		ount on Form 104 married filing joi		8b; or Form 1040-NR, li	ne 35, is more i	than \$3	2,000	(\$48,000 it	f head of household;
UTION	1110 0010			oution or elective deferra ; or <b>(c)</b> was a <b>student</b> (se			nuary 1	1, 2002; <b>(b</b>	) is claimed as a
							(a	) You	(b) Your spouse
				BLE account contributions .		1	2.3	83,400	778,656
	•	•		employer plan, volunta			2,0	00,100	110,000
				s for 2019 (see instruct		2	14,7	778,177	2,268,428
3 A	Add lines 1 and	d2				3		161,577	3,047,084
				before the due dat					
				ons). If married filing jo					
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			ero or less, enter -0			5		829,617	2,905,923 1,580,007
6 I	n each columr	olumn, enter the <b>smaller</b> of line 5 or \$2,000							
		•				6	10,		
7 /	Add the amour	nts on line 6. If z	zero, <b>stop;</b> you can	't take this credit				. 7	12,100,866
7 / 8 E	Add the amour Enter the amou	nts on line 6. If z unt from Form 1	zero, <b>stop;</b> you can	't take this credit ne 8b;* or Form 1040-1		 	717,76	. 7	
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· / / / · / · / · / · · · · / · · · · ·	Add the amour Enter the amou 35 Enter the applie 0ver \$19,250 \$20,750 \$28,875 \$31,125 \$32,000 \$38,500 \$41,500 \$44,000 \$44,000 \$64,000 Multiply line 7 I Limitation base Credit for qua	nts on line 6. If z unt from Form 1 cable decimal a 8 is— But not over— \$19,250 \$20,750 \$28,875 \$31,125 \$32,000 \$38,500 \$41,500 \$44,000 \$44,000 \$64,000 \$64,000 CHAR If by line 9 cod on tax liability alified retireme	Zero, <b>stop;</b> you can 1040 or 1040-SR, li  mount from the tak <u>Married</u> filing jointly <u>Enter c</u> 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	't take this credit ne 8b;* or Form 1040-N 	NR, line sis — Single, Marriseparate Qualifying w 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.0 0.0	ried filin aly, or vidow(e	717,70	. 7 50 9 9 10 ns 11	x 0. 2,166,576 16,247,275

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

Form <b>8889</b>
Department of the Treasury

**Health Savings Accounts (HSAs)** 

OMB No. 1545-0074

Attachment Sequence No. **52** 

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

Internal Revenue Service **•** Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Total Forms Filed = 14,414,454 Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ►

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. I and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions)	□ Se	lf-only 🗌 Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	2,094,396
3	If you were under age 55 at the end of 2019 and, on the first day of <b>every</b> month during 2019, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,500 (\$7,000 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3	12,633,153
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs	4	25,813
5	Subtract line 4 from line 3. If zero or less, enter -0	5	12,633,050
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter	6	12,384,008
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions)	7	1,504,783
8	Add lines 6 and 7	8	12,393,679
9	Employer contributions made to your HSAs for 2019         .         .         .         9         11,250,447		
10	Qualified HSA funding distributions         .         .         .         .         10         62,453		
11	Add lines 9 and 10	11	11,270,385
12	Subtract line 11 from line 8. If zero or less, enter -0	12	11,160,905
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25	13	2.022.903
	Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).		
Part	<b>II HSA Distributions.</b> If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	rate I	HSAs, complete
14a	Total distributions you received in 2019 from all HSAs (see instructions)	14a	8,641,719
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return (see instructions)	14b	89,351
С	Subtract line 14b from line 14a	14c	8,605,990
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	8,345,055
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box	16	382,169
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional		
	20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8 are box b an Earm 1040-NR, line 60. Enter "HSA" and the amount on the line part to the box	176	251,964
Eor Do	line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box       .         perwork Reduction Act Notice, see your tax return instructions.       Cat. No. 37621P	17b	Form <b>8889</b> (2019)
TOL EQ	iperwork neuronation Activotice, see your tax return instructions. Cat. No. 3/621P		

	Amounts of selected lines filed (in thousands of dollars)		
	Health Savings Accounts (HSAs)	0	MB No. 1545-0074
Internal I	hert of the Treasury Revenue Service         ► Attach to Form 1040, 1040-SR, or 1040-NR.           ► Go to www.irs.gov/Form8889 for instructions and the latest information.	A	uttachment Sequence No. <b>52</b>
Name(s)	) shown on Form 1040, 1040-SR, or 1040-NR Total Forms Filed = 14,414,454 Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ►		
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	requ	ired.
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. I and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions)	□ Se	lf-only 🗌 Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	6,300,427
3	If you were under age 55 at the end of 2019 and, on the first day of <b>every</b> month during 2019, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,500 (\$7,000 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3	71,569,257
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs	4	40,977
5	Subtract line 4 from line 3. If zero or less, enter -0	5	71,532,608
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter	6	67,663,366
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions)	7	1,563,296
8 9	Add lines 6 and 7         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •         •	8	69,226,662
10	Qualified HSA funding distributions         .         .         .         .         .         10         135,863		
11	Add lines 9 and 10	11	28,756,784
12	Subtract line 11 from line 8. If zero or less, enter -0	12	41,705,680
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25	13	5,728,845
Part		irate I	HSAs, complete
14a	Total distributions you received in 2019 from all HSAs (see instructions)	14a	21,599,116
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	227,455
с	Subtract line 14b from line 14a	14c	21,371,662
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	20,852,869
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this		

518,792 16 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), 71,640 line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box 17b For Paperwork Reduction Act Notice, see your tax return instructions. Form 8889 (2019) Cat. No. 37621P

amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter

Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	7,914
19	Qualified HSA funding distribution	19	*
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter "HSA" and the amount	20	10,230
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HDHP" and the amount on the line next		
	to the box	21	10.230

F	orm 88	389 (2019)		Page <b>2</b>
	Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
	18	Last-month rule	18	4,201
	19	Qualified HSA funding distribution	19	*
	20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter "HSA" and the amount	20	6,867
	21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HDHP" and the amount on the line next		
_		to the box	21	688
				Form <b>8889</b> (2019)

<b>8903</b> Form <b>0</b> (Rev. December 2018) Department of the Treasury Internal Revenue Service Name(s) as shown on return		Domestic F	Production Activ	ities	Deduction		OMB No. 1545-1	984	
		<ul> <li>Attach to your tax return.</li> <li>Go to www.irs.gov/Form8903 for instructions and the latest information.</li> </ul>					Attachment Sequence No.	nt e No. <b>143</b>	
		Total Forms Filed =	58,311			Identify	ing number		
	production activiti	nplete column (a), unless you ies. Enter amounts for all act ed production activities.		Oil-r	(a) related production activ	rities	<b>(b)</b> All activities		
1		tion gross receipts (DPGR) .		1	49		2,220		
2		goods sold. If you are us	-						
•		method, skip lines 2 and 3 .		2	27		283	<u> </u>	
3		and losses allocable to DPG		3	27		330		
4		e small business simplified o of goods sold and other de							
		to DPGR. All others, skip line		4	*		*		
5	Add lines 2 throug			5	28		964		
6	-	m line 1		6	48		2,218		
7		tion activities income fron		-				<u> </u>	
	-	ps and S corporations (see i		7	*		4,761		
8	Add lines 6 and 7	. Estates and trusts, go to lin	e 9. All others, skip line						
	9 and go to line 10	0		8					
9	Amount allocated	d to beneficiaries of the	estate or trust (see						
	instructions) .			9					
10a	-	fied production activities							
		ne 9, column (a), from line 8 n line 8, column (a). If zero or		10a	1,045				
b	Qualified produc	tion activities income. Esta	tes and trusts, subtract						
	from line 8, column through 21, and e	), from line 8, column (b). A nn (b). If zero or less, enter nter -0- on line 22	-0- here; skip lines 11	10b			5,756		
11	domestic product	ates, and trusts. Enter your ion activities deduction .		• •	]				
		your taxable income figured				11	5,756		
	•	empt organizations, see inst	,						
12		of line 10b or line 11. If zer		•	•	10	5 500		
10		ine 22				12 13	5,589 5,446		
		2		14a		15	5,440		
		related qualified production a			/	14b	*		
		from line 13			-	15	5,446		
		(see instructions)				16	818		
		s from estates, trusts, and							
	instructions) .					17	2,057		
18		17. Estates and trusts, go to	-		-	18			
19		to beneficiaries of the estate	-	-		19		L	
20		s, subtract line 19 from line 1				20	2,866	<b> </b>	
21		mitation. Enter 50% of line 2				21	2,866		
22		of line 15 or line 21				22	2,866	<u> </u>	
23	-	ction activities deduction 1 6				23	52,963		
24		d group allocation (see instru				23	*	+	
		ction activities deduction.						$\vdash$	
		pplicable line of your return (				25	55,834		
For F	Paperwork Reductio	n Act Notice, see separate ins	tructions.	Cat.	No. 37712F	·	Form 8903 (Rev. 12	2-2018)	

#### ..... ~ d .... n **.**: . .... л n

Rev. December 2018) Department of the Treasury Internal Revenue Service		Domestic Pr	oduction Activ	ities	Deduction		OMB No. 1545-198	84
			Attach to your tax ret	urn.			Attachment	
		► Go to www.irs.gov/Form8903 for instructions and the latest information.					Sequence No. 14	43
Name(s) as shown on return Total Forms Filed = 58,311					Identify	ing number		
	production activ	mplete column (a), unless you ha ties. Enter amounts for all activit ted production activities.		Oil-r	<b>(a)</b> elated production activ	ities	<b>(b)</b> All activities	
1 2		ction gross receipts (DPGR) . If goods sold. If you are using		1	33,690		2,285,415	
	simplified overal	method, skip lines 2 and 3 .		2	7,937		1,265,946	
3	Enter deductions	and losses allocable to DPGR (	see instructions) .	3	13,373		311,001	
4		he small business simplified over						
		of goods sold and other dedu	-					
_		to DPGR. All others, skip line 4		4	*		4 757 004	
5	Add lines 2 throu	5		5	21,907		1,757,984 527,432	
6 7		om line 1		6	11,783		527,452	
•		lips and S corporations (see ins		7	*		276,832	
8	•	7. Estates and trusts, go to line s	,				210,002	
	9 and go to line	-	-	8				
9	Amount allocat	ed to beneficiaries of the e	state or trust (see					
	instructions) .			9				
10a	Oil-related qua	lified production activities in	come. Estates and					
		ine 9, column (a), from line 8, c m line 8, column (a). If zero or le		10a	11,877			
b	Qualified produ	ction activities income. Estates	s and trusts, subtract					
	from line 8, colution through 21, and	b), from line 8, column (b). All o Imn (b). If zero or less, enter -0 enter -0- on line 22....	- here; skip lines 11	10b			873,408	
11	<ul> <li>Individuals, es domestic produc</li> </ul>	n (see instructions): tates, and trusts. Enter your ad tion activities deduction		• •				
		er your taxable income figured w				11	1,989,917	
	•	xempt organizations, see instruc	,					
12		r of line 10b or line 11. If zero o			•			
		line 22				12	501,097	
		12			4,715	13	45,099	
		-related qualified production act		-	,	14b	*	
		from line 13			•	15	44,958	
16		s (see instructions)				16	449,329	
		es from estates, trusts, and					,	
	instructions) .					17	242,209	
18	Add lines 16 and	17. Estates and trusts, go to lin	e 19. All others, skip lir	ne 19 a	nd go to line 20	18		
19	Amount allocate	d to beneficiaries of the estate o	r trust (see instructions	s) .		19		
20	Estates and trus	ts, subtract line 19 from line 18.	All others, enter amour	nt from	line 18	20	691,538	
21	Form W-2 wage	limitation. Enter 50% of line 20				21	345,769	
22		of line 15 or line 21				22	30,798	
23	-	ction activities deduction from					000.071	
<b>.</b> -	1099-PATR, box					23	223,371	
24 25		ed group allocation (see instruct				24	~	
25		uction activities deduction. Co applicable line of your return (se				25	254,174	
For F		on Act Notice, see separate instru			No. 37712F	20	Form <b>8903</b> (Rev. 12-2	2018)

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## 2019 Line Item Estimates—All figures are estimates based on samples.

Number of returns filed for selected lines

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

## **Alternative Motor Vehicle Credit**

► Attach to your tax return.

► Go to www.irs.gov/Form8910 for instructions and the latest information.

OMB No. 1545-1998

Total Forms Filed = 17,950

	2019			
n.	Attachment Sequence No. <b>68</b>			
Identifying number				

Note:

- Use this form to claim the credit for certain alternative motor vehicles.

• C	aim the credit for certain plug-in electric vehicles on Form 8936.				
Par	t Tentative Credit				
Use a	a separate column for each vehicle. If you need more columns, use	;			
additi	onal Forms 8910 and include the totals on lines 7 and 11.				
1	Year, make, and model of vehicle	1			
2	Vehicle identification number (see instructions)	2			
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3			
4	Tentative credit (see instructions for amount to enter)	4	17,949		*
	If you did NOT use your vehicle for business or investment purpose Part II and go to Part III. All others, go to Part II.	es an	d did not have a credit fi	rom a	partnership or S corporation
Par	Credit for Business/Investment Use Part of Vehicle	е			
5	Business/investment use percentage (see instructions)	5		%	%
6	Multiply line 4 by line 5	6			
7	Add columns (a) and (b) on line 6	7	2,104		
8 Alternative motor vehicle credit from partnerships and S corporations (see instructions) .					*
9	Business/investment use part of credit. Add lines 7 and 8. Part	nershi	ps and S corporations,		
	stop here and report this amount on Schedule K. All others, report	t this a	amount on Form 3800,		0.400
Part III, line 1r					2,108
Part	III Credit for Personal Use Part of Vehicle				
10	If you skipped Part II, enter the amount from line 4. If you				
	completed Part II, subtract line 6 from line 4	10			
11	Add columns (a) and (b) on line 10			11	16,899
12	Enter the amount from Form 1040 or 1040-SR, line 12b (or Form	1040	-NR, line 45)	12	
13	Personal credits from Form 1040, 1040-SR, or 1040-NR (see ins	13	6,775		
14	Subtract line 13 from line 12. If zero or less, enter -0- and stop	here.	You cannot claim the		
	personal use part of the credit				17,942
15	Personal use part of credit. Enter the smaller of line 11 or line				
	(Form 1040 or 1040-SR), line 6 (or Form 1040-NR, line 51). Ch				10.000
	enter "8910" in the space next to that box. If line 14 is smaller the	an lin	e 11, see instructions	15	16,898
For P	aperwork Reduction Act Notice, see separate instructions.		Cat. No. 37720F		Form <b>8910</b> (2019)

2019 Line Item Estimates—All figures are estimates based on samples.

Amounts of selected lines filed (in thousands of dollars)

Alternative	Motor	Vehicle	Credit

► Attach to your tax return.

► Go to www.irs.gov/Form8910 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Form 8910

Total Forms F	iled = 17,950
---------------	---------------

Identifying number

Note								
• U:	se this form to claim the credit for certain alternative motor vehicle	s.						
• C	aim the credit for certain plug-in electric vehicles on Form 8936.							
Par	t I Tentative Credit							
Use a	separate column for each vehicle. If you need more columns, use							
additi	onal Forms 8910 and include the totals on lines 7 and 11.							
1	Year, make, and model of vehicle	1						
2	Vehicle identification number (see instructions)	2						
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3						
4	Tentative credit (see instructions for amount to enter)	4	53,597		*			
Next:	If you did NOT use your vehicle for business or investment purpos	es an	d did not have a credit fr	om a	partnership or S corporation,			
skip F	Part II and go to Part III. All others, go to Part II.							
Part		e						
5	Business/investment use percentage (see instructions)	5		%	%			
6	Multiply line 4 by line 5	6						
7	Add columns (a) and (b) on line 6			7	1,849			
8	Alternative motor vehicle credit from partnerships and S corporation	tions	(see instructions) .	8	*			
9	Business/investment use part of credit. Add lines 7 and 8. Part	nershi	ps and S corporations,					
	stop here and report this amount on Schedule K. All others, report	t this a	amount on Form 3800,		4.070			
	Part III, line 1r			9	1,870			
Part	Credit for Personal Use Part of Vehicle							
10	If you skipped Part II, enter the amount from line 4. If you							
	completed Part II, subtract line 6 from line 4	10						
11	Add columns (a) and (b) on line 10			11	51,834			
12	12         Enter the amount from Form 1040 or 1040-SR, line 12b (or Form 1040-NR, line 45)         12							
13	Personal credits from Form 1040, 1040-SR, or 1040-NR (see ins	13	9,589					
14	Subtract line 13 from line 12. If zero or less, enter -0- and stop	here.	You cannot claim the					
	personal use part of the credit	14	558,886					
15	Personal use part of credit. Enter the smaller of line 11 or line							
(Form 1040 or 1040-SR), line 6 (or Form 1040-NR, line 51). Check box <b>c</b> on that line and								
	enter "8910" in the space next to that box. If line 14 is smaller the	an lin	e 11, see instructions	15	40,314			
For Pa	aperwork Reduction Act Notice, see separate instructions.		Cat. No. 37720F		Form <b>8910</b> (2019)			

* Data not shown because of the small number of sample returns on which they are based.

OMB No. 1545-1998

Attachment Sequence No. **68** 

2019 Line Item Estimates—All figures are estimates based on samples.
Number of returns filed for selected lines

Form	<b>B911</b>	Alternative Fuel Vehicle Refueling Property Credit		OMB No. 1545-1981
(Rev. February 2020)       ► Attach to your tax return.         Department of the Treasury Internal Revenue Service       ► Go to www.irs.gov/Form8911 for instructions and the latest information.			Attachment Sequence No. <b>151</b>	
Name(s	s) shown on return	Total Forms Filed = 28,345	Identifyi	ng number
Par	Total Co	ost of Refueling Property		
1	Total cost of o	qualified alternative fuel vehicle refueling property placed in service during the tax is New in the instructions)	1	28,341
Part		or Business/Investment Use Part of Refueling Property		20,341
2		stment use part (see instructions)	2	1.616
3		pense deduction (see instructions)	3	1,010
4	Subtract line 3		4	
5	Multiply line 4		5	
6		ness/investment use part of credit (see instructions)	6	2.020
7		ler of line 5 or line 6	7	1,616
8	Alternative fue instructions) .	el vehicle refueling property credit from partnerships and S corporations (see	8	*
9	stop here and	estment use part of credit. Add lines 7 and 8. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part		
	III, line 1s	· · · · · · · · · · · · · · · · · · ·	9	1,620
Part		or Personal Use Part of Refueling Property		
10		from line 1. If zero, stop here; do not file this form unless you are claiming a credit		
	on line 9		10	
11		) by 30% (0.30)	11	
12		sonal use part of credit (see instructions)	12	
13		<b>ler</b> of line 11 or line 12	13	26,911
14	Regular tax be	fore credits:		
	and Schedul Form 1040, I of the amour	Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, le 2 (Form 1040 or 1040-SR), line 2 (the sum of the amounts from ine 11a, and Schedule 2 (Form 1040), line 46, for 2018); or the sum the from Form 1040-NR, lines 42 and 44. Enter the regular tax before credits from your return.	14	
15		duce regular tax before the alternative fuel vehicle refueling property credit:		
а	Foreign tax cre			
b	Certain allowal	ole credits (see instructions)		
с	Add lines 15a	and 15b	15c	22,982
16	Net regular tax	x. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not file		
		s you are claiming a credit on line 9	16	26,909
17	Tentative minir	num tax (see instructions):		
	<ul> <li>Individuals. E</li> </ul>	nter the amount from Form 6251, line 9.		
	<ul> <li>Other filers. form or sche</li> </ul>	Enter the tentative minimum tax from your alternative minimum tax	17	19,461
18	Subtract line	17 from line 16. If zero or less, stop here; do not file this form unless you are		
	claiming a crea		18	26,892
19	1040 or 1040-9	<b>part of credit.</b> Enter the <b>smaller</b> of line 13 or line 18 here and on Schedule 3 (Form SR), line 6 (Schedule 3 (Form 1040), line 54, for 2018); Form 1040-NR, line 51; or the		
	appropriate lin	e of your return. If line 18 is smaller than line 13, see instructions	19	26,892

For Paperwork Reduction Act Notice, see instructions.

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Cat. No. 37721Q

Form	<b>R911</b>	Alternative Fuel Vehicle Refueling Property Credit		OMB No. 1545-1981
	bruary 2020)			
	ent of the Treasury Revenue Service	<ul> <li>Attach to your tax return.</li> <li>Go to www.irs.gov/Form8911 for instructions and the latest information.</li> </ul>		Attachment Sequence No. <b>151</b>
	shown on return		Identify	l ing number
		Total Forms Filed = 28,345	-	-
Part		ost of Refueling Property		1
1		qualified alternative fuel vehicle refueling property placed in service during the tax		
Dout		<i>t's New</i> in the instructions)	1	109,598
Part		or Business/Investment Use Part of Refueling Property           stment use part (see instructions)	2	75.040
2 3		(pense deduction (see instructions)	2	75,312
4	Subtract line 3		4	
5		by 30% (0.30)	5	
6		iness/investment use part of credit (see instructions)	6	59,917
7		<b>Iler</b> of line 5 or line 6	7	20,143
8	Alternative fu	el vehicle refueling property credit from partnerships and S corporations (see		
	instructions) .		8	*
9		estment use part of credit. Add lines 7 and 8. Partnerships and S corporations,		
		report this amount on Schedule K. All others, report this amount on Form 3800, Part		
Part		or Personal Use Part of Refueling Property	9	20,332
10		from line 1. If zero, stop here; <b>do not</b> file this form unless you are claiming a credit		
10			10	
11		) by 30% (0.30)	11	
12		sonal use part of credit (see instructions)	12	
13		ller of line 11 or line 12	13	9,814
14	Regular tax be	fore credits:		
	• Individuals. I	Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a,		
		le 2 (Form 1040 or 1040-SR), line 2 (the sum of the amounts from		
		line 11a, and Schedule 2 (Form 1040), line 46, for 2018); or the sum	14	
		nts from Form 1040-NR, lines 42 and 44. Enter the regular tax before credits from your return.		
15		duce regular tax before the alternative fuel vehicle refueling property credit:		
а	Foreign tax cre			
b	•	ble credits (see instructions)		
с	Add lines 15a		15c	80,854
16	Net regular ta	k. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not file		
	this form unles	s you are claiming a credit on line 9	16	1,342,397
17		num tax (see instructions):		
		Enter the amount from Form 6251, line 9.		
	<ul> <li>Other filers. form or sche</li> </ul>	Enter the tentative minimum tax from your alternative minimum tax	17	1,107,576
18	Subtract line claiming a cree	17 from line 16. If zero or less, stop here; <b>do not</b> file this form unless you are dit on line 9	18	235,136
19	<b>Personal use</b> 1040 or 1040-	<b>part of credit.</b> Enter the <b>smaller</b> of line 13 or line 18 here and on Schedule 3 (Form SR), line 6 (Schedule 3 (Form 1040), line 54, for 2018); Form 1040-NR, line 51; or the e of your return. If line 18 is smaller than line 13, see instructions		9,718
For Pa		ion Act Notice, see instructions. Cat. No. 37721Q	13	Form <b>8911</b> (Rev. 2-202

#### Number of returns filed for selected lines **Tuition and Fees Deduction** OMB No. 1545-0074 Form (Rev. January 2020) ► Attach to Form 1040 or 1040-SR. Attachment Department of the Treasury ▶ Go to www.irs.gov/Form8917 for the latest information. Sequence No. 60 Internal Revenue Service Your social security number Name(s) shown on return 1,294,251 Total Forms Filed = Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction. You can't take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student for the same tax year. Before you begin: ✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below. ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments. • For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36. • For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22. • For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR. (a) Student's name (as shown on page 1 of your tax return) (b) Student's social security (c) Adjusted gualified 1 number (as shown on page expenses (see instructions) First name Last name 1 of your tax return) Student 1 1.286.956 1,286,956 18,460 18,460 Student 2 * * * Student 3 Student 4 1,286,956 Add the amounts on line 1, column (c), and enter the total 2 2 3 Enter the amount from your "total income" line of Form 1040 or 1040-SR . . . . . . . . 3 4 • For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36. • For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22. • For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed . . . . . 4 Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), 5 stop; you can't take the deduction for tuition and fees . . . . . . . . . 5 1,288,236 * If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Effect of the Amount of Your Income on the Amount of Your Deduction in Pub. 970 to figure the amount to enter on line 5. 6 Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? Yes. Enter the smaller of line 2, or \$2,000. 6 1,285,659 **No.** Enter the smaller of line 2, or \$4,000.

2019 Line Item Estimates—All figures are estimates based on samples.

**Also enter** this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See *www.irs.gov/Form8917* to find out if the line references above for 2019 have changed.

Form	8917	1		and Fees De				OMB No. 1545-0	074
Departn	ev. January 2020)          Attach to Form 1040 or 1040-SR.          epartment of the Treasury          Go to www.irs.gov/Form8917 for the latest information.				Attachment Sequence No.	60			
	) shown on return	Total Forms F	iled =	1,294,251			Your social	security number	
	Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation e							ovtends the dedu	uctio
Â		ns). File a separate Fo							ucuo
CAUTI	U.N.	te both an educatior tfor the same tax yea		m Form 8863 and	d the	tuition and fees de	eduction fr	om this form fo	or th
Befo	re you begin:	✔ To see if you quantum	alify for this	deduction, see W	ho Cá	an Take the Deductio	n in the ins	structions below.	
		If you file Form 1	040 or 104	0-SR, figure any w	rite-iı	n adjustments.			
		<ul> <li>For 2018: Figu</li> <li>1040), line 36.</li> </ul>	re any write	e-in adjustments to	be e	ntered on the dotted	line next t	o Schedule 1 (Fo	orm
		<ul> <li>For 2019: Figu</li> <li>1040 or 1040-SF</li> </ul>		e-in adjustments to	be e	ntered on the dotted	line next t	o Schedule 1 (Fo	orm
				Figure any write-in 040 and 1040-SR.		stments for Schedule	e 1 (Form 1	040 or 1040-SR	); see
1	(a) Stud	ent's name (as shown or	n page 1 of y	our tax return)		(b) Student's social s		(c) Adjusted qual	
	First name	Las	st name			number (as shown o 1 of your tax retu		expenses (see instructions)	Ð
		Student 1				,	,	9,697,402	
		Student 2						153,894	
								*	
•	Add the emounter	Student 3		Student 4				9,851,332	
2	Add the amounts of	on line 1, column (c), a	and enter tr		•••••		2	9,001,002	
3	Enter the amount 1040-SR	from your "total inc	ome" line	of Form 1040 or	3				
4	(Form 1040), lines	the total of the amour 23 through 33, plus a tted line next to Scheo	ny write-in	adjustments you					
		20: Enter the total of t	•						
		1040 or 1040-SR), lin		,					
		ts you entered on the		e next to					
	,	1040 or 1040-SR), lin							
		See www.irs.gov/Form for 2019 have change			4		_		
5		m line 3.* If the resul ke the deduction for t						78,544,988	
		rm 2555, 2555-EZ, or <i>unt of Your Income or</i> n line 5.							
6	<b>Tuition and fees</b> filing jointly)?	deduction. Is the ar	nount on li	ne 5 more than \$6	65,00	0 (\$130,000 if marrie	ed		
	Yes. Enter the	smaller of line 2, or \$	2,000.					• • • •	
	<b>No</b> Enter the	smaller of line 2, or \$	4 000		• •		6	3,009,678	
			,, J						

**Also enter** this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See *www.irs.gov/Form8917* to find out if the line references above for 2019 have changed.

## 2019 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form 8936	Qualified Plug-in Electric Drive Motor Vehicle Credit (Including Qualified Two-Wheeled Plug-in Electric Vehicles)
Department of the Treasury	Attach to your tax return.
Internal Revenue Service	Go to www.irs.gov/Form8936 for instructions and the latest information.



Name(s) shown on return

Total Forms Filed = 167,136 Identifying number

### Note:

• Use this form to claim the credit for certain plug-in electric vehicles.

• Claim the credit for certain alternative motor vehicles on Form 8910.

Part	Tentative Credit			
	separate column for each vehicle. If you need more colum dditional Forms 8936 and include the totals on lines 12 and	(a) Vehicle 1	(b) Vehicle 2	
1	Year, make, and model of vehicle	1		
2	Vehicle identification number (see instructions)	2		
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3		
4a	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions	4a		
b	Phase-out percentage (see instructions)	4b	%	%
c	Tentative credit. Multiply line 4a by line 4b	4c		

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Part	II Credit for Business/Investment Use Part of	Vehio	cle			
5	Business/investment use percentage (see instructions)	5		%		%
6	Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6				
7	Section 179 expense deduction (see instructions) .	7				
8	Subtract line 7 from line 6	8				
9	Multiply line 8 by 10% (0.10)	9				
10	Maximum credit per vehicle	10	2	2,500		2,500
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11				
12	Add columns (a) and (b) on line 11			12	7,101	
13	Qualified plug-in electric drive motor vehicle credit from p (see instructions)	13	1,281			
14	<ul> <li>Business/investment use part of credit. Add lines 12 and 13. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y</li> <li><b>14</b> 8,382</li> </ul>					
	· · · ·				-,	

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

For Paperwork Reduction Act Notice, see separate instructions.

## 8936 Qualified Plug-in Electric Drive Motor Vehicle Credit (Including Qualified Two-Wheeled Plug-in Electric Vehicles) Department of the Treasury Internal Revenue Service Attach to your tax return. So to www.irs.gov/Form8936 for instructions and the latest information.

167,136



Identifying number

### Note:

Name(s) shown on return

• Use this form to claim the credit for certain plug-in electric vehicles.

Total Forms Filed =

• Claim the credit for certain alternative motor vehicles on Form 8910.

Part	Tentative Credit			
	separate column for each vehicle. If you need more colum dditional Forms 8936 and include the totals on lines 12 and	(a) Vehicle 1	(b) Vehicle 2	
1	Year, make, and model of vehicle	1		
2	Vehicle identification number (see instructions)	2		
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3		
4a	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions	4a		
b	Phase-out percentage (see instructions)	4b	%	%
с	Tentative credit. Multiply line 4a by line 4b	4c		

**Next:** If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Credit for Business/Investment Use Part of	Vehio	cle			
Business/investment use percentage (see instructions)	5		%		%
Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6				
Section 179 expense deduction (see instructions) .	7				
Subtract line 7 from line 6	8				
Multiply line 8 by 10% (0.10)	9				
Maximum credit per vehicle	10	2	2,500		2,500
For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11				
Add columns (a) and (b) on line 11			12	15,900	
			13	4,028	
S corporations, stop here and report this amount on Sch	nedule	e K. All others, report this	14	19,928	
	Business/investment use percentage (see instructions)         Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11         Section 179 expense deduction (see instructions)         Subtract line 7 from line 6         Multiply line 8 by 10% (0.10)         Maximum credit per vehicle         For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10         Add columns (a) and (b) on line 11         Qualified plug-in electric drive motor vehicle credit from p (see instructions)         Business/investment use part of credit. Add lines S corporations, stop here and report this amount on Sch	Business/investment use percentage (see instructions)       5         Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11       6         Section 179 expense deduction (see instructions)       7         Subtract line 7 from line 6       8         Multiply line 8 by 10% (0.10)       9         Maximum credit per vehicle       10         For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10       11         Add columns (a) and (b) on line 11          Qualified plug-in electric drive motor vehicle credit from partner (see instructions)          Business/investment use part of credit. Add lines 12 ar S corporations, stop here and report this amount on Schedule	Business/investment use percentage (see instructions)       5         Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11       6         Section 179 expense deduction (see instructions)       7         Subtract line 7 from line 6       8         Multiply line 8 by 10% (0.10)       9         Maximum credit per vehicle       10         For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled       10	Business/investment use percentage (see instructions)       5       %         Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11       6         Section 179 expense deduction (see instructions)       7         Subtract line 7 from line 6       8         Multiply line 8 by 10% (0.10)       9         Maximum credit per vehicle       10       2,500         For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10       11         Add columns (a) and (b) on line 11       11       12         Qualified plug-in electric drive motor vehicle credit from partnerships and S corporations (see instructions)       13         Business/investment use part of credit. Add lines 12 and 13. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this       13	Business/investment use percentage (see instructions)       5       %         Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11       6         Section 179 expense deduction (see instructions)       7         Subtract line 7 from line 6       7         Multiply line 8 by 10% (0.10)       9         Maximum credit per vehicle       10         Z,500       10         For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10       11         Add columns (a) and (b) on line 11       11         Add columns (a) and (b) on line 11       12         Use instructions)       13         4,028         Business/investment use part of credit. Add lines 12 and 13. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this

Form 8936 (2019)

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art	Credit for Personal Use Part of Vehicle				
			(a) Vehicle 1		(b) Vehicle 2
5	If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15			
6	Multiply line 15 by 10% (0.10)	16			
7	Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17			
8	For vehicles with four or more wheels, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17	18			
9	Add columns (a) and (b) on line 18			19	162,951
)	Enter the amount from Form 1040 or Form 1040-SR, line	or Form 1040-NR, line 45	20		
	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)				72,529
	Subtract line 21 from line 20	22	166,843		
	<b>Personal use part of credit.</b> Enter the <b>smaller</b> of lin Schedule 3 (Form 1040 or 1040-SR), line 6 (or Form 1040 that line and enter "8936" in the space next to that box. If see instructions	)-NR, iline	line 51). Check box <b>c</b> on 22 is smaller than line 19,	23	162,686
	see instructions			23	162,686 Form <b>8</b>

Form 8	936 (2019)					Page <b>2</b>
Part	III Credit for Personal Use Part of Vehicle					
			(a) Vehicle 1		<b>(b)</b> ∨	ehicle 2
15	If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15				
16	Multiply line 15 by 10% (0.10)	16				
17	Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17				
18	For vehicles with four or more wheels, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17	18				
19	Add columns (a) and (b) on line 18			19	735,642	
20	Enter the amount from Form 1040 or Form 1040-SR, line	12b,	or Form 1040-NR, line 45	20		
21	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)				139,060	
22	Subtract line 21 from line 20				11,961,833	
23	<b>Personal use part of credit.</b> Enter the <b>smaller</b> of lin. Schedule 3 (Form 1040 or 1040-SR), line 6 (or Form 1040 that line and enter "8936" in the space next to that box. If see instructions	)-NR, i line :	line 51). Check box <b>c</b> on 22 is smaller than line 19,	23	642.895	
	see instructions	<u>· ·</u>		23	042,095	Form <b>8936</b> (2019)
						,

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2019 Line Item Estimates—All figures are estimates based on samples.
Number of returns filed for selected lines

Банта	8938	Statement of	Specified Fore	ign Fi	nancial Assets	i	OMB No. 1545-2195
► Go to www			/Form8938 for instructi				2019
Department of the Treasury Internal Revenue Service <b>For calendar year 20</b>			Attach to your to y	tax return , 20		, 20	Attachment
		-	x year beginning		<u> </u>		Sequence No. 175
п	you have attached co	ntinuation statements	s, check here 📋	NUMDe	er of continuation sta	tements	5
1	Name(s) shown on ret	urn Total Forms Fi	led = 489,258	3	2 Taxpayer Identi	fication	Number (TIN)
3	Type of filer				1		
	a 🗌 Specified indiv		Partnership		Corporation	d	
4	the partnership or corp	oration. If you checked b	box 3d, enter the name a	and TIN o	me and TIN of the specified the specified person w specified individual or sp	ho is a c	urrent beneficiary of the
	a Name				b TIN		
Par		sit and Custodial A					<del>.</del>
1							
2	Maximum Value of All						\$427,543
3	Number of Custodial	Accounts (reported in I	² art V)			🖻	\$ 94,167
<u>4</u> 5					<u> </u>		
Part		Assets Summary	This closed during the	lax year :			Yes No
1		sets (reported in Part V	//)			•	
2	<del>_</del>				· · · · · · · ·		\$ 163,323
3		ets acquired or sold du					
Part	, ,		<u> </u>		ancial Assets (see		
			(c) Amount rep			ere repo	· · · · · · · · · · · · · · · · · · ·
	(a) Asset Category	(b) Tax item	form or sch		(d) Form and line		e) Schedule and line
<b>1</b> F	oreign Deposit and	1a Interest	\$ 205,651	+/-			
Cus	todial Accounts	1b Dividends	\$ 73,236	+/-			
		1c Royalties	\$ 23	+/-			
		1d Other income	\$ 10,330	+/-			
		1e Gains (losses)	\$ 25,019	+/-			
		1f Deductions	\$ 3.273	+/-			
		1g Credits	\$ 5,665	+/-			
<b>2</b> O	ther Foreign Assets	2a Interest	\$ 20,771	+/-			
		2b Dividends	\$ 32,467	+/-			
		2c Royalties	\$ 1,642	+/-			
		2d Other income	\$ 32,603	+/-			
		2e Gains (losses)	\$ 16,210	+/-			
		2f Deductions	\$ 7,442	+/-			
		2g Credits	\$ 5,372	+/-			
Part		cified Foreign Fina			•		
	reported specified fore			ollowing f	forms, enter the numbe	er of su	ch forms filed. You do
	ed to include these as				- ··· ·	. –	
	umber of Forms 3520		lumber of Forms 3520		3. Numb	er of ⊦o	rms 5471
4. Ni	umber of Forms 8621	5. N	lumber of Forms 8865				
Part	V Detailed Inform (see instructions		eign Deposit and C	ustodia	Account Included	in the	Part I Summary
<u>If</u>		,					
	have more than one ac	· · · · · · · · · · · · · · · · · · ·	Custodial				
1	Type of account	Deposit		4	2 Account number or	other de	esignation
3	Check all that apply	-	ned during tax year / owned with spouse		ccount closed during t o tax item reported in P	-	th respect to this asset
4							\$
5				of the ac	count into U.S. dollars	?	Yes No
6	•	' to line 5, complete all					
	(a) Foreign currency i account is maintained		oreign currency excha ert to U.S. dollars	nge rate ı	used to (c) Source of ex Treasury Depart		ate used if not from U.S. ureau of the Fiscal Service

Form	8938	S	tatemen	t of Spe	cified Foreig	gn Fi	nanci	ial Assets		OMB No. 1545-2195
Form			Go to www.	•	8938 for instruction			t information.		2019
	ment of the Treasury		dar voor 00		Attach to your tax beginning			ling Of	•	Attachment
	Revenue Service		ndar year 20	or tax year		, 20	and end	• ·		Sequence No. 175
IT	you have attac	ned contir	nuation state	ements, che	ск nere	Numbe	er of co	ntinuation state	ments	
1	Name(s) show	n on return	Total Fo	rms Filed =	489,258		2	Taxpayer Identific	cation	Number (TIN)
3	Type of filer									
	a 🗌 Specifie	ed individu	al <b>k</b>	o 🗌 Partner	rship	c 🗌	Corpora	ation	d	Trust
4	the partnership	or corporal	ion. If you che	ecked box 3d		d TIN o	f the spe	cified person who	is a cu	idual who closely holds urrent beneficiary of the erson to list.)
	a Name						b	TIN		
Par	tl Foreign	Deposit	and Custor	dial Accou	nts Summary					
1	Number of Dep	oosit Acco	unts (reporte	d in Part V).					. 🕨	
2	Maximum Valu		•							\$323,106,264
3					)					+ 00 0 17 001
4					<u></u>					\$ 69,047,081
5 Dor		- ·			osed during the ta	x year?	<b>·</b> · · ·		• •	Yes No
Par 1	Number of For		sets Sumn							
2		<u> </u>	<u></u>	,	 					\$263,812,652
3	Were any forei							 		
Part		-			Specified Forei					
		<b>, , , , , , , , , ,</b>			(c) Amount repor	-	1	•	e repo	,
	(a) Asset Cateo	gory	( <b>b)</b> Tai	x item	form or sched			Form and line		) Schedule and line
<b>1</b> F	oreign Deposit a		1a Interest		\$ 1,881,740	+/-				·
	stodial Accounts		1b Dividen	ds	\$ 2,097,678	+/-				
			1c Royaltie	s	\$ 3,485	+/-				
			1d Other in	icome	\$ 483,403	+/-				
			1e Gains (le	osses)	<u>\$ 1,318,709</u>	+/-				
			1f Deducti	ons	\$ 46.925	+/-				
			1g Credits		<u>\$ 97,154</u>	+/-				
20	ther Foreign Ass	ets	2a Interest		\$ 753,263	+/-				
			2b Dividen		\$ 2,667,186	+/-				
			2c Royaltie		\$ 64,164	+/-				
			2d Other in		\$ 4,446,021	+/-				
			2e Gains (le 2f Deducti	,	\$ <u>5,819,327</u> \$ <u>333,217</u>	+/- +/-				
			2g Credits	0115	\$ 139,904	+/-				
Part	W Excepte	d Specifi	•	Financial	Assets (see inst		 1S)			
If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.         1. Number of Forms 3520       2. Number of Forms 3520-A       3. Number of Forms 5471         4. Number of Forms 8621       5. Number of Forms 8865       4. Number of Forms 8621										
Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)										
If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).										
1	Type of accou		Deposi		Sustodial			unt number or ot		signation
3	Check all that		<b>c</b> 🗌 Accoun	t jointly owne	ed with spouse	1 🗌 N	lo tax ite	•		h respect to this asset
		-		-		t the ac	count ir	nto U.S. dollars?	• •	Yes No
6	If you answere		-			- احمر م				
	<ul><li>(a) Foreign currency in which account is maintained</li><li>(b) Foreign currency exchange rate used to convert to U.S. dollars</li><li>(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service</li></ul>									

2019 Line Item Estimates—All figures are estimates based on samples.
Number of returns filed for selected lines

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Form

8959

Department of the Treasury Internal Revenue Service

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



Name(s)	shown on return Total Forms Filed = 5,603,964		Your so	cial secu	irity number
Part	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	5,372,262		
2	Unreported tips from Form 4137, line 6	2	6,413		
3	Wages from Form 8919, line 6	3	1,206		
4	Add lines 1 through 3	4	5,372,267		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately	_	E E00 400		
-	Single, Head of household, or Qualifying widow(er) \$200,000	5	5,588,198		4 004 007
6	Subtract line 5 from line 4. If zero or less, enter -0			6	4,261,627
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).			_	4 259 490
Dout	Part II			7	4,258,480
Part					
8	Self-employment income from Schedule SE (Form 1040 or 1040-SR), Section				
	A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR or		1,317,823		
0	1040-SS filers, see instructions.)	8	1,317,023	-	
9	Enter the following amount for your filing status: Married filing jointly				
	Married filing jointly         \$250,000           Married filing separately         \$125,000				
	Single, Head of household, or Qualifying widow(er)	9	5,409,911		
10	Enter the amount from line 4	10	5,409,911	-	
11	Subtract line 10 from line 9. If zero or less, enter -0	11	1,311,521	-	
12	Subtract line 11 from line 8. If zero or less, enter -0			12	1,187,395
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (			12	
15	go to Part III	,		13	1,187,078
Part					
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14				
••		14	4,852		
15	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying widow(er) \$200,000	15	5,336,906		
16	Subtract line 15 from line 14. If zero or less, enter -0	· · ·		16	3,939
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lir				
	Enter here and go to Part IV			17	3,947
Part	V Total Additional Medicare Tax				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040 or 1				. =
	box a) (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions), and go to F	Part V		18	4,790,111
Part					
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	5,367,573	_	
20	Enter the amount from line 1	20		_	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
• •	withholding on Medicare wages	21	5,370,518		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add				
	withholding on Medicare wages			22	4,062,899
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation 14 (see instructions)			23	3,053
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also incl federal income tax withholding on Form 1040 or 1040-SR, line 17 (Form 1	040-N	R, 1040-PR, or		
	1040-SS filers, see instructions)			24	4,065,866
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Cat. No.	59475X		Form 8959 (2019)

2019 Line Item Estimates—All figures are estimates based on samples.

Form **8959** 

Department of the Treasury Internal Revenue Service

<b>U</b>	•
Amounts of selected lines filed	(in thousands of dollars)

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

OMB No. 1545-0074 20 9 4 Attachment Sequence No. 71

Name(s	Total Forms Filed = 5,603,964		Yours	social secu	rity number
Par	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	2,102,682,049		
2	Unreported tips from Form 4137, line 6	2	23,744	_	
3	Wages from Form 8919, line 6	3	49,748	_	
4	Add lines 1 through 3	4	2,102,755,541	_	
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately	_	1,323,323,515		
~	Single, Head of household, or Qualifying widow(er) \$200,000	5			025 542 794
6	Subtract line 5 from line 4. If zero or less, enter -0				925,542,781
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).				8,329,887
Part	Part II Additional Medicare Tax on Self-Employment Income			1	0,323,007
8	Self-employment income from Schedule SE (Form 1040 or 1040-SR), Section				
	A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8	284,551,504		
9	Enter the following amount for your filing status:	0	204,001,004	_	
3	Married filing jointly.				
	Married filing separately				
	Single, Head of household, or Qualifying widow(er)	9	1,281,104,843		
10	Enter the amount from line 4	10	1,201,104,040		
11		11	147,723,074		
12	Subtract line 11 from line 8. If zero or less, enter -0			12	198,632,037
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (				
10		1,787,689			
Part	go to Part III				
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14				
	(see instructions)	14	1,193,207		
15	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying widow(er) \$200,000	15	1,263,861,740		
16	Subtract line 15 from line 14. If zero or less, enter -0				290,064
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin	ne 16 I	by 0.9% (0.009	·	
	Enter here and go to Part IV			17	2,610
Part					
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040 or 1				10,120,187
Devi	box a) (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions), and go to F	Part V		18	10,120,107
Part					
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form	10	20 407 004		
20	W-2, enter the total of the amounts from box 6	19 20	38,197,081	_	
		20		_	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	30,488,876		
00	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add			<u> </u>	
22	withholding on Medicare wages			× 22	7,768,505
22	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation				1,100,000
23	14 (see instructions)			23	4,767
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also incl				
	federal income tax withholding on Form 1040 or 1040-SR, line 17 (Form 1)				7 770 074
Far P	1040-SS filers, see instructions)			24	7,773,271
FOL DS	perwork Reduction Act Notice, see your tax return instructions.	Jat. No.	59475X		Form 8959 (2019)

Form	8960
Depart	ment of the Treasury

Internal Revenue Service (99)

## Net Investment Income Tax— Individuals, Estates, and Trusts ► Attach to your tax return.

OMB No. 1545-2227
20 <b>19</b>
Attachment 70
Sequence No. <b>(2</b> )

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

Name(s)	shown on your tax return Total Forms Filed = 6,410,663	Your so	cial se	curity number or EIN
Part				
	<ul> <li>Section 6013(h) election (see instructions)</li> <li>Boxes cl</li> <li>Regulations section 1.1411-10(g) election (see instructions)</li> </ul>			ed = 13,789
1			1	•
2	Ordinary dividends (see instructions)		2	5,473,270 4,518,823
2			2	<u>4,518,623</u> 118,608
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see		•	110,000
та	instructions)	510		
b	Adjustment for net income or loss derived in the ordinary course of a non-	519		
Ň	section 1411 trade or business (see instructions)	770		
с	Combine lines 4a and 4b		4c	1,757,319
5a	Net gain or loss from disposition of property (see instructions) 5a 4,499,8	370		.,,
b	Net gain or loss from disposition of property that is not subject to net			
	investment income tax (see instructions)	20		
с	Adjustment from disposition of partnership interest or S corporation stock (see			
	instructions)	94		
d	Combine lines 5a through 5c		5d	4,398,882
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	13,043
7	Other modifications to investment income (see instructions)		7	535,557
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	5,968,600
Part				
9a	Investment interest expenses (see instructions)			
b	State, local, and foreign income tax (see instructions)			
C d	Miscellaneous investment expenses (see instructions)		04	0 505 400
d 10	Add lines 9a, 9b, and 9c       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . </td <td></td> <td>9d 10</td> <td>2,525,122</td>		9d 10	2,525,122
11	Total deductions and modifications. Add lines 9d and 10		11	81,565 2,558,708
Part		•••		2,000,700
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 1	3–17		
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0		12	5,534,438
	Individuals:	İ		
13	Modified adjusted gross income (see instructions)	,885		
14	Threshold based on filing status (see instructions)	53		
15	Subtract line 14 from line 13. If zero or less, enter -0	55		
16	Enter the smaller of line 12 or line 15		16	5,506,178
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and income tax for individuals.	clude		
	on your tax return (see instructions)	· ·	17	5,432,786
	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)			
С	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0			
19a	Adjusted gross income (see instructions)			
b	Highest tax bracket for estates and trusts for the year (see instructions) <b>19b</b>			
c	Subtract line 19b from line 19a. If zero or less, enter -0			
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			
	include on your tax return (see instructions)		21	

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

Cat. No. 59474M

Form 8960 (2019)

Form Departm Internal F		OMB No. 1545-2227			
Name(s)	Your soo	cial se	curity number or EIN		
Part					
1	Taxable interest (see instructions)		-	1	90,073,121
2	Ordinary dividends (see instructions)		-	2	212,128,357
3	Annuities (see instructions)		· ·	3	4,645,064
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	<b>4a</b> 702,21	7,327		
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions)	<b>4b</b> -626,45			
С	Combine lines 4a and 4b			4c	75,762,525
5a	Net gain or loss from disposition of property (see instructions)	<b>5a</b> 738,350	),217		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	<b>5b</b> -195,83	2,482		
С	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	<b>5c</b> -37,375	5,013		
d	Combine lines 5a through 5c			5d	505,142,722
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		[	6	2,503,519
7	Other modifications to investment income (see instructions)		[	7	-8,633,294
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	881,622,015
Part	II Investment Expenses Allocable to Investment Income and Modified	ications			
9a	Investment interest expenses (see instructions)	<b>9a</b> 18,301,			
b	State, local, and foreign income tax (see instructions)	<b>9b</b> 5,980,1			
С	Miscellaneous investment expenses (see instructions)	<b>9c</b> 1,472,3	65		
d	Add lines 9a, 9b, and 9c		-	9d	25,753,583
10	Additional modifications (see instructions)			10	489,831
11	Total deductions and modifications. Add lines 9d and 10			11	26,243,413
Part					
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, e Estates and trusts, complete lines 18a–21. If zero or less, enter -0 Individuals:			12	870,074,803
13	Modified adjusted gross income (see instructions)	13 3,993,1	62,722		
14	Threshold based on filing status (see instructions)	<b>14</b> 1,509,36	67,795		
15	Subtract line 14 from line 13. If zero or less, enter -0	15 2,492,1			
16	Enter the smaller of line 12 or line 15			16	743,649,205
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En	ter here and in	clude		
	on your tax return (see instructions)	•••••		17	28,258,652
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			
С	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)				
b	Highest tax bracket for estates and trusts for the year (see instructions)				
С	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% (0.1				
	include on your tax return (see instructions)			21	
For Pa	perwork Reduction Act Notice, see your tax return instructions.	at. No. 59474M			Form <b>8960</b> (2019)



Department of the Treasury Internal Revenue Service

## **Premium Tax Credit (PTC)**

OMB No. 1545-0074 2  $\bigcirc$ g

Sequence No. 73

Attachment

► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return

Total Forms Filed =

5,998,900

Your social security number

 $\blacktriangleright$ You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box . .

Pa	tl Annu	ual and Monthly	Contr	ibution A	mount						
1	Tax family s	ize. Enter your tax fa	mily size	e (see instruc	tions)					1	5,997,896
2a	Modified AG	al. Enter your modifie	ed AGI (s	ee instructio	ns)			2a	5,976,992		
b	b Enter the total of your dependents' modified AGI (see instructions)										
3	Household income. Add the amounts on lines 2a and 2b (see instructions)									3	5,863,774
4		Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. <b>a</b> $\Box$ Alaska <b>b</b> $\Box$ Hawaii <b>c</b> $\Box$ Other 48 states and DC									
5	Household income as a percentage of federal poverty line (see instructions)										%
6	Did you ente	er 401% on line 5? (\$	- See instr	uctions if you	u entered less	than 100	%.)				
	<b>No.</b> Continue to line 7.										
	<ul> <li>Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.</li> </ul>										
7	Applicable F	igure. Using your line	5 perce	ntage, locate	your "applica	ble figure"	on the table in	the in	structions	7	5,537,104
8a	Annual contrib	oution amount. Multiply li	ne 3 by			<b>b</b> Mont	hly contributio	n amoi	unt. Divide line 8a		
		to nearest whole dollar a		· ·	399,036				nole dollar amount	8b	5,391,819
Par		nium Tax Credit									
9	Are you allo	cating policy amount	s with ar	nother taxpa	/er or do you	want to us	e the alternativ	/e calc	ulation for year of m	iarriaç	ge (see instructions)?
		to Part IV, Allocation c	•					-	No. Continue to	line	10.
10		ructions to determin	•			•	-	23.			
		ontinue to line 11. Co atinue to line 24.	ompute y	your annual	PTC. Then sk	ip lines 12	2–23				nes 12–23. Compute ad continue to line 24.
	Annual	(a) Annual enrollment		ual applicable	(c) An		(d) Annual ma		(e) Annual premium	tax	(f) Annual advance
С	Annual Calculation         premiums (Form(s) 1095-A, line 33A)         SLCSP premium (Form(s) 1095-A, line 33B)         contribution amount (line 8a)         premium assistance (subtract (c) from (b), if zero or less, enter -0-)         credit allowed (smaller of (a) or (c)						payment of PTC (Form(s) 1095-A, line 33C)				
11	Annual Totals	2,878,252	2,8	350,335	2,872	,896	2,767,2	12	2,764,203		3,025,479
Calculation 1095-A lines 21-32 (Form(s) 1095-A lines (amount from line 8b (subtract (c) from (b) if				f (smaller of (a) or (	ŀ	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)					
12	January								1,784,677		2,005,579
13	February								1,806,350		2,030,946
14	March								1,775,393		1,996,541
15	April								1,728,095		1,933,848
16	May								1,670,246		1,856,787
17	June								1,617,329		1,790,407
18	July								1,586,031		1,757,091
19	August								1,548,670		1,703,948
20	September								1,510,662		1,666,424
21	October								1,484,562		1,638,258
22	November								1,474,505		1,610,344
23	December								1,435,765		1,571,050
24		um tax credit. Enter t								24	5,181,984
25	Advance pa	yment of PTC. Enter	the amo	ount from line	e 11(f) or add	lines 12(f)	through 23(f) a	nd ent	er the total here	25	5,767,630
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0 Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27								26	2,169,772		
Par	illi Repa	ayment of Exce	ss Adv	ance Pay	ment of th	e Premi	ium Tax Cr	edit			
27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here									27	3,018,032
28	Repayment	limitation (see instru	ctions)							28	2,610,098
29		ance premium tax c									
		or 1040-SR), line 2,								29	3,018,032
Ear D	Form 8962 (2019) Cat. No. 37784Z Form 8962 (2019)										



Department of the Treasury Internal Revenue Service

Name shown on your return

**Premium Tax Credit (PTC)** 



► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form8962 for instructions and the latest information.

Total Forms Filed =

5,998,900

Your social security number

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box . . . .

Par	tl Annu	ual and Monthly	Contribution A	mount						
1	Tax family s	1	12,202							
2a	Modified AGI. Enter your modified AGI (see instructions)									
b	Enter the total of your dependents' modified AGI (see instructions)									
3	Household income. Add the amounts on lines 2a and 2b (see instructions)									221,463,949
4	Federal pov	ertv line. Enter the fe	ederal poverty line an	nount from Ta	able 1-1. 1	-2. or 1-3 (see	instruct	tions). Check the		
			overty table used.		b 🗌 H			8 states and DC	4	
5	Household in	ncome as a percentag	ge of federal poverty I	ine (see instruc	ctions) .				5	%
6	Did you ente									
	No. Cor									
	How to r									
7	Applicable F	igure. Using your line	5 percentage, locate	your "applica	ble figure"	on the table in	the inst	tructions	7	3,165,366
8a	Annual contrib	oution amount. Multiply li			<b>b</b> Mont	hly contribution	n amou	nt. Divide line 8a		
-		to nearest whole dollar a		,592,464	, ,			ole dollar amount	8b	1,049,717
Par			Claim and Rec							
9		• •								ge (see instructions)?
			of Policy Amounts, or Pa				-	<b>No.</b> Continue to	line	10.
10			e if you can use line		•	-	23.			
		ontinue to line 11. Co itinue to line 24.	ompute your annual	PIC. Then sk	ap lines 12	2–23	L			les 12–23. Compute d continue to line 24.
			(h) Annual annliaghla				vinauna			
	Annual	(a) Annual enrollment premiums (Form(s)	(b) Annual applicable SLCSP premium	(c) An contribution		(d) Annual ma premium assis		(e) Annual premium credit allowed		(f) Annual advance payment of PTC (Form(s)
С	alculation	1095-A, line 33A)	(Form(s) 1095-A,	(line		(subtract (c) fro	· · · ·	(smaller of (a) or (c		1095-A, line 33C)
									28,146,867	
	Annual Totals	31,365,096	33,362,737	(c) Mo	•	27,287,1		25,973,737		
	Monthly	<ul> <li>(a) Monthly enrollment premiums (Form(s)</li> </ul>	(b) Monthly applicable SLCSP premium	contributio	n amount	(d) Monthly ma premium assi		(e) Monthly premium	n tax	(f) Monthly advance payment of PTC (Form(s)
	alculation	1095-A, lines 21–32,	(Form(s) 1095-A, lines	(amount fro		(subtract (c) fro		credit allowed (smaller of (a) or (c		1095-A, lines 21–32,
		column A)	21–32, column B)	monthly ca	•	zero or less, er	nter -0-)			column C)
12	January							1,337,214		1,501,366
13	February							1,356,313		1,528,763
14	March							1,335,973		1,502,137
15	April							1,304,185		1,457,955
16	May							1,267,926		1,409,460
17	June							1,238,557		1,369,290
18	July							1,206,148		1,336,527
19	August							1,175,247		1,293,828
20	September							1,143,153		1,259,331
21	October							1,124,656		1,241,498
22	November							1,118,262		1,223,753
23	December							1,112,111		1,217,909
24	Total premiu	um tax credit. Enter t	he amount from line	11(e) or add li	ines 12(e)	through 23(e) a	and ente	er the total here	24	40,519,523
25	Advance pa	yment of PTC. Enter	the amount from line	e 11(f) or add	lines 12(f)	through 23(f) a	nd ente	r the total here	25	44,415,415
26	Net premiur	n tax credit. If line 24	1 is greater than line	25. subtract li	ne 25 fron	n line 24. Enter	the dif	ference here and		
20	on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0 Stop									
here. If line 25 is greater than line 24, leave this line blank and continue to line 27								26	1,970,893	
Part III Repayment of Excess Advance Payment of the Premium Tax Credit										1
27			If line 25 is greater th	an line 24, sub	tract line 2	4 from line 25.	Enter th	e difference here	27	5,867,591
28	Repayment	limitation (see instru	ctions)				• •		28	3,083,327
29			redit repayment. En							
			or Form 1040-NR, lin						29	4,218,714
For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 37784Z										Form 8962 (2019)
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### 2019 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form 8	962 (2019)						Page 2			
Part	IV Allocation of Pol	icv Amoun	ts							
	lete the following information f			s. See instructio	ns for allocation details	5.				
Alloc	ation 1									
30	(a) Policy Number (Form 10	095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start r	month (d) Allocation stop mo				
	Allocation percentage applied to monthly amounts	<b>(e)</b> Prei	nium Percentage	(f) SLC	SP Percentage	(g) A	dvance Payment of the PTC Percentage			
Alloc	ation 2									
31	(a) Policy Number (Form 10	095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start r	nonth	(d) Allocation stop month			
	Allocation percentage applied to monthly amounts	<b>(e)</b> Prei	nium Percentage	(f) SLC	SP Percentage	(g) Advance Payment of the PT Percentage				
Alloc	ation 3									
32	(a) Policy Number (Form 10	095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start r	nonth	(d) Allocation stop month			
	Allocation percentage applied to monthly amounts	<b>(e)</b> Prei	nium Percentage	(f) SLC	SP Percentage	<b>(g)</b> A	dvance Payment of the PTC Percentage			
	ation 4									
33	(a) Policy Number (Form 10	J95-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start r	nonth	(d) Allocation stop month			
	Allocation percentage applied to monthly amounts	<b>(e)</b> Prei	nium Percentage	(f) SLC	SP Percentage	(g) A	dvance Payment of the PTC Percentage			
34	Have you completed all poli		cations?	I						
34		cy amount allo	0410151							

**Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and nonallocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

**No.** See the instructions to report additional policy amount allocations.

### Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a)	Alternative family size	• •	Alternative monthly atribution amount	(c)	Alternative start month	(d)	Alternative stop month
36	Alternative entries for your spouse's SSN	(a)	Alternative family size		Alternative monthly stribution amount	(c)	Alternative start month	(d)	Alternative stop month

Form 8962 (2019)

				•	,		
Form 8	962 (2019)						Page <b>2</b>
Part							
Comp	lete the following information	for up to four p	olicy amount allocation	s. See instructior	ns for allocation details	<b>.</b>	
Alloc	ation 1		1				
30	(a) Policy Number (Form 10	095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start r	nonth	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	<b>(e)</b> Pre	mium Percentage	(f) SLCS	SP Percentage	<b>(g)</b> A	dvance Payment of the PTC Percentage
Alloc	ation 2						
31	(a) Policy Number (Form 10	095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start r	nonth	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	<b>(e)</b> Pre	mium Percentage	(f) SLCS	SP Percentage	<b>(g)</b> A	dvance Payment of the PTC Percentage
	ation 3						
32	(a) Policy Number (Form 10	095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start r	nonth	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	<b>(e)</b> Pre	mium Percentage	(f) SLCS	SP Percentage	(g) A	dvance Payment of the PTC Percentage
	ation 4						
33	(a) Policy Number (Form 10	095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start r	nonth	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	<b>(e)</b> Pre	mium Percentage	(f) SLCS	SP Percentage	(g) A	dvance Payment of the PTC Percentage
34	Have you completed all poli	cv amount allo	ocations?				
	Yes. Multiply the amou	nts on Form 1 om Forms 109	095-A by the allocation 5-A, if any, to compute a	a combined total	for each month. Enter	the con	ated policy amounts and non- nbined total for each month on 24.
	<b>No.</b> See the instructions	s to report add	itional policy amount all	ocations.			

### Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a)	Alternative family size	• •	Alternative monthly ntribution amount	(c)	Alternative start month	(d)	Alternative stop month
36	Alternative entries for your spouse's SSN	(a)	Alternative family size	<b>(b)</b> cor	Alternative monthly ntribution amount	(c)	Alternative start month	(d)	Alternative stop month
									Form <b>8962</b> (2019)

Form

(Rev. December 2019)

### 2019 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Limitatior	1	on	Busin	ess	Interest	Expense
			-		4	-

Under Section 163(j)

Attach to your tax return.

OMB No. 1545-0123

Department of the Treasury ▶ Go to www.irs.gov/Form8990 for instructions and the latest information. Internal Revenue Service

Total Forms Filed =

Taxpayer name(s) shown on tax return

### 192,574

Identification number

### Computation of Allowable Business Interest Expense Part I

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

### Section I-Business Interest Expense

1	Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1	102,895		
2	Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2	1,654		
3	Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3	21,635		
4	Floor plan financing interest expense. See instructions	4	141		
5	Total business interest expense. Add lines 1 through 4		🕨	5	123,635

### Section II—Adjusted Taxable Income

### **Taxable Income**

6	Taxable income. See instructions												6	127,232
-														

Additions (adjustments to be made if amounts are taken into account on line 6)

7	Any item of loss or deduction which is not properly allocable to a trade or business of the taxpayer. See instructions	7	1,638	
8	Any business interest expense not from a pass-through entity. See instructions	8	97,595	
9	Amount of any net operating loss deduction under section 172	9	1,587	
10	Amount of any qualified business income deduction allowed under section 199A	10	47,102	
11	Deduction for depreciation, amortization, or depletion attributable to a trade or business. See instructions	11	12,366	
12	Amount of any loss or deduction items from a pass-through entity. See instructions	12	23,453	
13	Other additions. See instructions	13	1,752	
14	Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14	54,496	
15	Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15	9,501	
16	<b>Total.</b> Add lines 7 through 15			16

Reductions (adjustments to be made if amounts are taken into account on line 6)

17	Any item of income or gain which is not properly allocable to a trade or					_
	business of the taxpayer. See instructions	17	( 1,955 )			
18	Any business interest income not from a pass-through entity. See instructions	18	( 593 )			
19	Amount of any income or gain items from a pass-through entity. See instructions	19	( 25.766 )			
20	Other reductions. See instructions	20	( 235 )			
21	Total. Combine lines 17 through 20			21	( 26,433	)
22	Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter -0-	·.) .	🕨	22	180,318	

### Section III—Business Interest Income

23	Current year business interest income. See instructions	23	1,648		
24	Excess business interest income from pass-through entities (total of Schedule				
	A, line 44, column (g); and Schedule B, line 46, column (d))	24	14,981		
25	Total. Add lines 23 and 24			25	16,233

For Paperwork Reduction Act Notice, see the instructions.

Departr	<b>8990</b> ev. December 2019)         partment of the Treasury         ernal Revenue Service    Limitation on Business Interest Expense Under Section 163(j)           • Attach to your tax return.         • Go to www.irs.gov/Form8990 for instructions and the latest information.						
Гахрау	er name(s) shown on	tax return Total Forms Filed = 192,574		1	dentific	ation	number
Par	Comput	ation of Allowable Business Interest Expense					
		all taxpayers subject to section 163(j). Schedule A and Schedule B new r shareholder of a pass-through entity subject to section 163(j).	ed to l	be completed	l befor	e Parl	t I when the
Sect	ion I—Busines	s Interest Expense					
1		business interest expense (not including floor plan financing se), before the section 163(j) limitation	1	4,003,136	6		
2	Disallowed bus not apply to a p	siness interest expense carryforwards from prior years. (Does partnership)	2	272,292			
3 4	current year (Se	ss business interest expense treated as paid or accrued in chedule A, line 44, column (h))	3	2,011,39 57,442	0		
5	•	s interest expense. Add lines 1 through 4			►	5	6,344,260
Sect	ion II—Adjuste	ed Taxable Income					
		Taxable Income					
6	Taxable incom	ne. See instructions				6	114,855,025
		Additions (adjustments to be made if amounts are taken into	o acco	ount on line (	6)		
7	-	ss or deduction which is not properly allocable to a trade or	_				
•		taxpayer. See instructions	7	2,530,307			
8 9	-	nterest expense not from a pass-through entity. See instructions net operating loss deduction under section 172	8 9	2,667,693			
9 10	-	qualified business income deduction allowed under section 199A	10	10,997,76 5,888,707			
11	•	depreciation, amortization, or depletion attributable to a trade or	11	4,917,45			
12	Amount of an instructions .	y loss or deduction items from a pass-through entity. See	12	31,821,80	00		
13	Other additions	s. See instructions	13	2,572,66	7		
14		year partner's excess taxable income (Schedule A, line 44,	14	40,788,03	88		
15		year S corporation shareholder's excess taxable income ne 46, column (c))	15	45,513,27	'3		
16	Total. Add line	s 7 through 15				16	147,697,709
		Reductions (adjustments to be made if amounts are taken in	to acc	count on line	6)		
17		acome or gain which is not properly allocable to a trade or a taxpayer. See instructions	17	( 13,097,3:	32)		
18		nterest income not from a pass-through entity. See instructions	18	( 428,942			
19	•	income or gain items from a pass-through entity. See instructions	19	( 60,401,0	<b>53</b> )		
20		ns. See instructions	20	( 809,774	)		,
21 22		e lines 17 through 20				21 22	( 74,737,101
		ess Interest Income	<u>.)</u> .	<u></u>		22	188,632,642
23		usiness interest income. See instructions	23	420,404			
24	=	ss interest income from pass-through entities (total of Schedule		-120,104			
	A, line 44, colu	mn (g); and Schedule B, line 46, column (d))	24	7,050,59	6		
25	Total. Add line	s 23 and 24				25	7,470,999
		on Act Notice, see the instructions. Cat. No. 3781	· ·		•		<b>8990</b> (Rev. 12-201

Form 8990 (Rev. 12-2019)

## Section IV-Section 163(j) Limitation Calculations

Limitation on Business Interest Expense		
26       Multiply adjusted taxable income (line 22) by 30% (0.30). See instructions       26       178,465         27       Business interest income (line 25)       27       27         28       Floor plan financing interest expense (line 4)       28       28         29       Total. Add lines 26, 27, and 28       28	29	179,368
Allowable Business Interest Expense		
<b>30 Total current year business interest expense deduction.</b> See instructions	30	112,213
Carryforward		
<b>31</b> Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0)	31	18,495
Part II Partnership Pass-Through Items		
Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allo and are not carried forward by the partnership. See the instructions for more information.	cated to	the partners
Excess Business Interest Expense		
32 Excess business interest expense. Enter amount from line 31	32	
Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37	.)	
33 Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)	33	
<b>34</b> Subtract line 33 from line 26. (If zero or less, enter -0)	34	
<b>35</b> Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0)	35	
<b>36 Excess Taxable Income.</b> Multiply line 35 by line 22	36	
Excess Business Interest Income		
<b>37</b> Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0)	37	
Part III S Corporation Pass-Through Items		
Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allow See the instructions for more information.	cated to	the shareholders.
Excess Taxable Income		
38 Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)	38	
<b>39</b> Subtract line 38 from line 26. (If zero or less, enter -0)	39	
40 Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0)	40	
41 Excess Taxable Income. Multiply line 40 by line 22	41	

### **Excess Business Interest Income**

42	Excess business interest income. Su	ubtract the sum of lines	1, 2, and 3 from line 25. (If zero or less,

enter -0-.)......

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Page 2

	Limitation on Business Interest Expense		
26 27 28 29	Multiply adjusted taxable income (line 22) by 30% (0.30). See instructions       26       89,651,676         Business interest income (line 25)       27       27         Floor plan financing interest expense (line 4)       28       28         Total. Add lines 26, 27, and 28       5       5       5       5	29	97,180,117
	Allowable Business Interest Expense		
30	Total current year business interest expense deduction. See instructions	30	5,641,782
	Carryforward		
	Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0) Partnership Pass-Through Items II is only completed by a partnership that is subject to section 163(j). The partnership items below are allow are not carried forward by the partnership. See the instructions for more information.	31 cated	to the partners
	Excess Business Interest Expense		
32	Excess business interest expense. Enter amount from line 31	32	
	Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.	)	
83 84 85 86	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)	33 34 35 36	·
	Excess Business Interest Income	-	
37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0)	37	
Part	<b>S Corporation Pass-Through Items</b> III is only completed by S corporations that are subject to section 163(j). The S corporation items below are alloc the instructions for more information.	ated	to the sharehold
	Excess Taxable Income		
88 89 10 11	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)	38 39 40 41	
	Excess Business Interest Income		
42	<b>Excess business interest income.</b> Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0).	42	
		Forn	n <b>8990</b> (Rev. 12-2

Form 89	990 (Rev. 12-2019)								Page <b>3</b>
SCH	EDULE A Summary of I	Partner's Sect	ion 163(j) Exce	ss Items					
Any ta	axpayer that owns an interest in a	a partnership subj	ect to section 163(	i) should complete S	Schedule A before	completing Part I.			
	(a) Name of partnership		Exce	ss Business Interest Ex	pense	(f) Current year	(g) Current year	(h) Excess business	(i) Current year excess business interest
		<b>(b)</b> EIN	(c) Current year	(d) Prior year carryforward	<b>(e)</b> Total ((c) plus (d))	excess taxable income	excess business interest income	interest expense treated as paid or accrued (see instructions)	expense carryforward ((e) minus (h))
43									
44	 Total ►								
SCH	EDULE B Summary of S		Shareholder's E	xcess Taxable I	ncome and Exc	cess Business I	nterest Income	)	

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

	(a) Name of S corporation	<b>(b)</b> EIN	(c) Current year excess taxable income	(d) Current year excess business interest income
45				
46	Total			
				Farm 8000 (Day, 10.0010)

Form **8990** (Rev. 12-2019)

									- 0
	0 (Rev. 12-2019)	<b>B</b>	400(i) E						Page
		Partner's Sect			Oshashila Ahafai	le tie - Deut I			
Any ta	xpayer that owns an interest in	a partnersnip subje				e completing Part I.		(h.) [	(i) Current year
	(a) Name of partnership	<b>(b)</b> EIN	Exce (c) Current	ss Business Interest E	(e) Total	(f) Current year excess	(g) Current year excess business	(h) Excess business interest expense treated as paid or accrued	excess business interes expense carryforward
			year	year carryforward	((c) plus (d))	taxable income	interest income	(see instructions)	((e) minus (h))
43									
44	Total								
	DULE B Summary of S		hareholder's E	xcess Taxable	Income and E	xcess Business I	nterest Income	)	
	xpayer that is required to comp completing Part I.	lete Part I and is a	shareholder in an S	S corporation that I	nas excess taxabl	e income or excess b	usiness interest ind	come should comple	ete Schedule B
	<b>(a)</b> Na	me of S corporation			<b>(b)</b> EIN	(c) Current yea taxable inc		<b>(d)</b> Current y business inte	
45									

►

Form 8990 (Rev. 12-2019)

Form **OJJ/** (Rev. January 2020)

### 2019 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

U.S.	Shareholder	<b>Calculation</b> d	of Global	Intangible
	Low-T	axed Income	(GILTI)	_

► Go to www.irs.gov/Form8992 for instructions and the latest information.

Attachment Sequence No. **992** 

OMB No. 1545-0123

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_____

Department of the Treasury Internal Revenue Service

<b>Total Forms F</b>	Filed =	21,754
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Name of U.S. shareholder

Name of person filing this return

2

в	Identifvi

dentifying	number
------------	--------

A Identifying number

Part	Net Controlled Foreign Corporation (CFC) Tested Income					
1	1	13,996				
2	Sum of Pro Rata Share of Net Tested Loss. Enter total from Schedule A, line 1, c	olumi	n(f)	2	(11,502)	
3	Net CFC Tested Income. Combine lines 1 and 2. If zero or negative, stop here .			3	21,714	
Part	II Calculation of Global Intangible Low-Taxed Income (GILTI)					
1	Net CFC Tested Income. Enter amount from Part I, line 3			1	12,398	
2	2 Deemed Tangible Income Return (DTIR). Multiply the total from Schedule A, line 1, column (g), by 10% (0.10)					
3a	Sum of Pro Rata Share of Tested Interest Expense. Enter total from Schedule A, line 1, column (j)	3a	1,489			
b	Sum of Pro Rata Share of Tested Interest Income. Enter total from Schedule A, line 1, column (i)	3b	971			
С	Specified Interest Expense. Subtract line 3b from line 3a. If zero or less, enter -0-	·		3c	1,372	
4	Net DTIR. Subtract line 3c from line 2. If zero or less, enter -0			4	7,350	
5	GILTI. Subtract line 4 from line 1			5	12,038	
For Pa	perwork Reduction Act Notice, see separate instructions. Cat. No. 3	37816\	/	For	m <b>8992</b> (Rev. 1-2020)	

# U.S. Shareholder Calculation of Global Intangible Low-Taxed Income (GILTI)

۱.

Attachment

A Identifying number

B Identifying number

▶ (	Go to	o www.	irs.gov/	Form8992	for	instructions	and	the	latest	inforn	nation
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Sequence No. 992

OMB No. 1545-0123

Name of person filing this re	Total Forms Filed =	21,754
	Total Total Total Theu -	21,734

Name of U.S. shareholder

Department of the Treasury Internal Revenue Service

Form **8992** 

(Rev. January 2020)

Par	Net Controlled Foreign Corporation (CFC) Tested Income				
1	Sum of Pro Rata Share of Net Tested Income. Enter total from Schedule A, line 1,	column (e	)	1	3,398,570
2	Sum of Pro Rata Share of Net Tested Loss. Enter total from Schedule A, line 1, co	lumn (f)		2	(2,297,024
3	Net CFC Tested Income. Combine lines 1 and 2. If zero or negative, stop here .			3	1,101,547
Part	II Calculation of Global Intangible Low-Taxed Income (GILTI)				
1	Net CFC Tested Income. Enter amount from Part I, line 3			1	2,783,704
2	Deemed Tangible Income Return (DTIR). Multiply the total from Schedule A, lin 10% (0.10)			2	431,223
3a	Sum of Pro Rata Share of Tested Interest Expense. Enter total from Schedule		19,307		
b	Sum of Pro Rata Share of Tested Interest Income. Enter total from Schedule A, line 1, column (i)	3b 5	57,020		
С	Specified Interest Expense. Subtract line 3b from line 3a. If zero or less, enter -0-			3c	90,037
4	Net DTIR. Subtract line 3c from line 2. If zero or less, enter -0			4	366,606
5	GILTI. Subtract line 4 from line 1			5	2,417,097
For Pa	perwork Reduction Act Notice, see separate instructions. Cat. No. 37			For	m <b>8992</b> (Rev. 1-202

Departm	<b>B9994</b> nent of the Treasury Revenue Service	►Att	er Credit for Paid Family and Medical Leave ► Attach to your tax return. www.irs.gov/Form8994 for instructions and the latest information.			
	) shown on return	Total Forms Filed =	1,340	Identifying	Attachment Sequence No. <b>994</b> number	
A	employee(s) to	whom wages are paid (prorated for a	ast 2 weeks of annual paid family and media any part-time employees)? See instructions. ns for an exception that may apply to a partners			
В	employee? Se	e instructions.	nedical leave of at least 50% of the wages r ns for an exception that may apply to a partners			
С	☐ Yes.		e qualifying employee during the tax year? See ns for an exception that may apply to a partners			
D	in your written	policy and otherwise comply with "no	who was not covered by the Family and Medica on-interference" language? See instructions. Ins for an exception that may apply to a partners			
1	qualifying emp Leave Credit	oloyee(s) while on family and medica	figured for wages paid during your tax year to y al leave (if you use the Paid Family and Med d)). See instructions for the adjustment you m	lical	*	
2	Employer cred	t for paid family and medical leave fror	m partnerships and S corporations (see instruction	ons) 2	1,291	

3	Add lines 1 and 2. Partnerships and S corporations, report	this amount on Schedule K. All others,		
	report this amount on Form 3800, Part III, line 4j		3	1,292
For Pa	perwork Reduction Act Notice, see separate instructions.	Cat. No. 37804G		Form 8994 (2019)

Form       8994       Employer Credit for Paid Family and Medical         Department of the Treasury Internal Revenue Service <ul> <li>Attach to your tax return.</li> <li>Go to www.irs.gov/Form8994 for instructions and the latest information</li> </ul>				formation.		
Name(s	s) shown on return	Total Forms Filed =	1,340	Identify	ying number	
A	employee(s) to	whom wages are paid (prorated for a	ast 2 weeks of annual paid family and mean any part-time employees)? See instructions. ns for an exception that may apply to a partne			
В	employee? See	instructions.	medical leave of at least 50% of the wages			
С	☐ Yes.		e qualifying employee during the tax year? Se ns for an exception that may apply to a partne			
D	in your written p	policy and otherwise comply with "no	who was not covered by the Family and Medion-interference" language? See instructions.			
1	qualifying empl Leave Credit W	oyee(s) while on family and medic	figured for wages paid during your tax year to al leave (if you use the Paid Family and Mod)). See instructions for the adjustment you	edical	1 *	
2	Employer credit	for paid family and medical leave from	m partnerships and S corporations (see instruc	tions)	2 400	
3			ons, report this amount on Schedule K. All o	thers,	3 410	
For Pa	aperwork Reduction	on Act Notice, see separate instruction	ns. Cat. No. 37804G		Form <b>8994</b> (2019	

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Form

### 2019 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

<b>Qualified Business Income Deduction</b>	Dr
Simplified Computation	

► Attach to your tax return.

► Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-0123 n 20 9 Attachment Sequence No. 55 Your taxpayer identification number 3,167,180 Total Forms 8995A Filed =

Name(s	s) shown on return Total Forms 8995 Filed = 30,401,399 Total Forms 8995A Fil	ed =	Your taxpa 3,167,180	ıyer ide	ntification number
1	(a) Trade, business, or aggregation name	i	(b) Taxpayer identification number	1	Qualified business income or (loss)
i					
ii	Number of forms with trade, business, or aggregations = 29,228,	795			
iii	Number of forms with ag	ggre	gation business o	pera	tions = 653,985
iv					
v			1		
2 3 4 5	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)         Qualified business net (loss) carryforward from the prior year         Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20)	2 3 4	26,274,150 ( 6,296,689 17,568,119	5	19,020,959
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	9,374,061		
7 8	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year         year         Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	7	( 163,206 )		
9	or less, enter -0			9	8,685,117
10 11 12 13	Qualified business income deduction before the income limitation. Add lines 5 ar Taxable income before qualified business income deduction	11 12 13	<b>30,423,509</b> 15,042,319 <b>29,867,772</b>	10	25,720,785
14 15	Income limitation. Multiply line 13 by 20% (0.20)	ente	r this amount on	14 15	<b>29,865,763</b> 21,693,097
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater tha			16	( 10,140,216 )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0-			17	( 191,761 )
For Pr	vivacy Act and Paperwork Reduction Act Notice, see instructions.	. No. 3	37806C		Form <b>8995</b> (2019

8995

Department of the Treasury

Internal Revenue Service

2019 Line Item Estimates—All figures are estimates based on samples.

		Amounts	of selected line	es filed (in thousands	s of do	ollars)			
9	8995	Qua	lified Busin	ess Income Ded	ucti	on		0	MB No. 1545-0123
Form	5550	-		ed Computation					୬ <b>ଲ 4 0</b>
<b>_</b> .			-	h to your tax return.					2019
	nent of the Treasury Revenue Service	► Go to www		for instructions and the la	atest in	formation			Attachment Sequence No. <b>55</b>
Name(s)	) shown on return <b>Total I</b>	Forms 8995 Filed =	30,401,399	Total Forms 8995A F	iled =	3,16	Your taxpa 57,180	yer idei	ntification number
1		(a) Trade, busi	ness, or aggregation n	ame	i	<b>(b)</b> Taxı dentificatio	-		Qualified business income or (loss)
i									
ii	Number c	of trade, business, or	aggregations =	48,029,187					
iii				Number o	faggr	egation	business	oper	ations = 905,001
iv									
v									
2	column (c) .			e lines 1i through 1v,	2		59,666		
3		· · ·		/ear	3		<b>07,624</b> )		
4	•			If zero or less, enter -0-	4	428,4	55,730	F	170,871,183
5 6		ness income compone		ip (PTP) income or (loss)				5	170,071,100
0			•		6	12.00	7,204		
7	•	•		ryforward from the prior		,••	.,_• .		
			. ,		7	( 1,74	<b>6,833</b> )		
8	Total qualified	REIT dividends and P	TP income. Comb	oine lines 6 and 7. If zero					
-	or less, enter -				8		8,355		2 540 602
9				0)				9 10	2,519,603
10 11				uction	1	4,439,8		10	173,390,786
12		•			12		75,816		
13						3.625.	198.812		
14								14	725,039,694
15				of line 10 or line 14. Als					
								15	151,496,920
16	•	· , ,		ines 2 and 3. If greater th		-		16	( <b>343,985,240</b> )
17	zero, enter -0-		<u></u>	orward. Combine lines 6				17	
For Pri	vacy Act and Pa	perwork Reduction Act	Notice, see instruc	tions. C	at. No. 3	7806C			Form <b>8995</b> (2019)



Department of the Treasury Internal Revenue Service Name

## Initial and Annual Statement of Qualified Opportunity Fund (QOF) Investments

► Go to *www.irs.gov/Form*8997 for instructions and the latest information.

### Total Forms Filed = 13,332

Tax identification number (see instructions)

G

Attachment

OMB No. 1545-0123

Q

### Part I Total QOF investment holdings at beginning of tax year

### If different from last year's ending QOF investment holdings, attach explanation.

(a)	(a) (b) (c) Iified Opportunity Fund (QOF) investment acquired EIN (MM/DD/YYYY) (For example, 100 shares or 25% interest)		Deferred gain held in QOF		
Qualified Opportunity Fund (QOF)		<b>(d)</b> Amount of short-term deferred gain remaining in QOF	<b>(e)</b> Amount of long-term deferred gain remaining in QOF		
			394	2,021	
Enter the totals, if	any, from continu				
Enter the totals fro	om columns (d) an	d (e)			

### Part II Current tax year capital gains deferred by investing in QOF

(-)	(1-)	(-)		Deferred gain in	nvested in QOF
<b>(a)</b> Qualified Opportunity Fund (QOF) EIN	(b) Date QOF investment acquired (MM/DD/YYYY)	(c) Description of interest acquired (For example, 100 shares or 25% interest)		<b>(d)</b> Amount of short-term deferred gain remaining in QOF	<b>(e)</b> Amount of long-term deferred gain remaining in QOF
				2,118	10,081
Enter the totals, if	any, from continu	ation sheet	►		
Enter the totals fro	om columns (d) an	d (e). See instructions for reporting on Form 894	9		
For Paperwork Rec	luction Act Notice,	see your tax return instructions.	Cat. No. 378	321R	Form <b>8997</b> (2019



Department of the Treasury

Internal Revenue Service

## **Initial and Annual Statement of Qualified Opportunity Fund (QOF) Investments**

► Go to www.irs.gov/Form8997 for instructions and the latest information.



Name

### Total Forms Filed =

### 13,332

Tax identification number (see instructions)

### Total QOF investment holdings at beginning of tax year Part I If different from last year's ending QOF investment holdings, attach explanation. Deferred gain held in QOF **(a)** Qualified Opportunity Fund (QOF) (b) Date QOF (c) Description of QOF investment (d) Amount of short-term (e) Amount of long-term investment acquired (For example, 100 shares or 25% interest) deferred gain remaining in QOF deferred gain remaining in QOF EÌN (MM/DD/YYYY) 262,531 2,540,534 Enter the totals, if any, from continuation sheet . . . . ► Enter the totals from columns (d) and (e) . . . Þ Current tax year capital gains deferred by investing in QOF Part II Deferred gain invested in QOF (b) Date QOF investment acquired (MM/DD/YYYY) **(a)** Qualified Opportunity Fund (QOF) EIN (c) Description of interest acquired (d) Amount of short-term (e) Amount of long-term (For example, 100 shares or 25% interest) deferred gain remaining in QOF deferred gain remaining in QOF 860,694 9,586,920 Enter the totals, if any, from continuation sheet . . . . . . . . . . . . . . . . Enter the totals from columns (d) and (e). See instructions for reporting on Form 8949 ►

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

Cat. No. 37821R

Form 8997 (2019)

Part III QOF	investments di	sposed of during current tax year		
(-)	0->	(-)		ain included n of QOF interest
<b>(a)</b> Qualified Opportunity Fund (QOF) EIN	(b) Date QOF sold or disposed (MM/DD/YYYY)	<b>(c)</b> Description of interest disposed (For example, 100 shares or 25% interest)	(d) Amount of previously deferred short-term gain now included in taxable income	(e) Amount of previously deferred long-term gain now included in taxable income
			*	427
Enter the totals, if	any, from continu	ation sheet		
Enter the totals fro	om columns (d) an	d (e). See instructions for reporting on Form 8949 ►		

Check this box if you disposed of any investment(s) and didn't receive a Form 1099-B reporting the disposition from the qualified opportunity fund or other third party. See the Instructions for Form 8949 for reporting requirements of any gain or loss.

### Part IV Total QOF investment holdings at year end due to deferrals (see instructions) Deferred gain invested in QOF investment **(a)** Qualified Opportunity Fund (QOF) EIN **(b)** Date QOF (c) Description of interest acquired (For example, 100 shares or 25% interest) (d) Amount of short-term (e) Amount of long-term investment acquired (MM/DD/YYYY) deferred gain invested in QOF deferred gain invested in QOF 2,087 11,001 Enter the totals, if any, from continuation sheet . . . Enter the totals from columns (d) and (e) . ► . . . . . . . . . . Form 8997 (2019)

Form 8997 (2019)				Page <b>2</b>	
Part III QOF	investments di	sposed of during current tax year			
(-)	0-3		Deferred gain included due to disposition of QOF interest		
(a) Qualified Opportunity Fund (QOF) EIN	(b) Date QOF sold or disposed (MM/DD/YYYY)	(c) Description of interest disposed (For example, 100 shares or 25% interest)	(d) Amount of previously deferred short-term gain now included in taxable income	(e) Amount of previously deferred long-term gain now included in taxable income	
			*	122,584	
Enter the totals, if	any, from continu	ation sheet			
Enter the totals fro	om columns (d) an	d (e). See instructions for reporting on Form 8949			

Check this box if you disposed of any investment(s) and didn't receive a Form 1099-B reporting the disposition from the qualified opportunity fund or other third party. See the Instructions for Form 8949 for reporting requirements of any gain or loss.

<b>(a)</b> Qualified Opportunity Fund (QOF) EIN	(b) Date QOF investment acquired (MM/DD/YYYY)	<b>(c)</b> Description of interest acquired (For example, 100 shares or 25% interest)	Deferred gain invested in QOF investment	
			<b>(d)</b> Amount of short-term deferred gain invested in QOF	<b>(e)</b> Amount of long-term deferred gain invested in QOF
			1,377,522	13,719,255
inter the totals, if	any, from continu	ation sheet		
inter the totals fro	om columns (d) an	d (e)		
			1	Form <b>8997</b> (2