Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

The first territory control	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
IVAN J BATES	
Spouse's name	Spouse's social security number
	Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	1 . 1
1 Adjusted gross income	
 Total tax Federal income tax withheld from Form(s) W-2 and Form(s) 1099 Total tax Total tax	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insuthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tempayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funde Withdrawal Consent.	for rejection of the transmission, (b) the reason the U.S. Treasury and its designated Financial nt indicated in the tax preparation software for stitution to debit the entry to this account. This minate the authorization. To revoke (cancel) an requests must be received no later than 2 in the processing of the electronic payment of the payment. I further acknowledge that the
Electronic Funds Withdrawal Consent.	
Taxpayer's PIN: check one box only X I authorize CPA, PA to enter or generating the control of	arata my DINI
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.	
Your signature ► Date	●▶
Spouse's PIN: check one box only	
	erate my PIN as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.	
Spouse's signature ▶ Date	•▶
Practitioner PIN Method Returns Only—continue b	elow
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	
Ento o El 1197 III. Entor your six digit El III Tollowed by your live-digit self-selected FIII.	Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incommendation authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provider	ome tax return (original or amended) I am now submitting this return in accordance with the
ERO's signature ▶ Date	e ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	Single X Married filing jointly Cubecked the MFS box, enter the nonis a child but not your dependen	ame of			_		–	_		
Your first name	and mi	ddle initial	Last na	me				١	our so	cial securit	y number
IVAN J			BATE	S							
If joint return, s	pouse's	first name and middle initial	Last na	me				8	Spouse's	s social sec	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.						ntial Election	on Campaign or your
City, town, or post office. If you have a foreign address, also complete spaces below.						o go to		tly, want \$3 Checking a			
Foreign country			F	Foreign province/state/	count	у				or refund.	
At any time du	ıring 20	20, did you receive, sell, send, excl	nange, c	or otherwise acquire	any	financial inte	rest in	any virtual curr	ency?	Yes	X No
Standard Deduction		eone can claim:		•			t				
Age/Blindness	s You:	☐ Were born before January 2, 1	956	Are blind Spe	ouse	: Was b	orn be	efore January 2,	1956	ls bl	ind
Dependent	s (see	instructions):		(2) Social security	,	(3) Relations	ship	(4) 🗸 if qua	lifies for	(see instru	ctions):
If more	(1) F	rst name Last name		number		to you		Child tax cred	dit	Credit for oth	her dependents
than four dependents,						Daughte		×			ᆗ
see instruction	s					Daughte	r	×			╡
and check here ►											╡──
nere 🕨 🔛			(.) .	14.0							
Attach	_1_	Wages, salaries, tips, etc. Attach F	1, ,	vv-2					1		19,274. 177.
Sch. B if	2a	·	2a			axable intere			2b	+	
required.	3a 4a		3a 4a			rdinary divid axable amou			3b 4b	+	
	⁄ 4 а 5а		ч а 5а	2,290.		axable amou		ROLLOVE	_ —	_	0.
Standard	6a		6a	2,230.		axable amou			6b	+	
Deduction for—	7	Capital gain or (loss). Attach Sche		frequired If not rea					7	+	
 Single or Married filing 	8	Other income from Schedule 1, lin				, SHOOK HOLD			8	30	93,561.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,			ome				9		23,012.
\$12,400 Married filing	10	Adjustments to income:		,							
jointly or Qualifying	а					1	0a	1,036	.		
widow(er),	b	Charitable contributions if you take			inst		0b	,			
\$24,800 • Head of	С	Add lines 10a and 10b. These are				_			10c	;]	1,036.
household, \$18,650	11	Subtract line 10c from line 9. This	-	-					11	42	21,976.
If you checked	12	Standard deduction or itemized	deduct	ions (from Schedule	A)				12		46,365.
any box under Standard	13	Qualified business income deduct	ion. Atta	ach Form 8995 or Fo	rm 8	995-A			13		30,170.
Deduction, see instructions.	14	Add lines 12 and 13							14		76,535.
osc mondonoris.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less,	ente	r-0			15	34	45,441.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 8814	4 2 🗌 4972	3 🗌			16	72,572.
	17	Amount from Schedule 2, lin	ne3						17	
	18	Add lines 16 and 17							18	72,572.
	19	Child tax credit or credit for	other dependent	ts					19	2,900.
	20	Amount from Schedule 3, lin	ne7						20	600.
	21	Add lines 19 and 20							21	3,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	69,072.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				23	2,078.
	24	Add lines 22 and 23. This is	your total tax					. ▶	24	71,150.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	15	,008.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	,						25d	15,008.
	26	2020 estimated tax payment							26	50,000.
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		,		30				
occ morractions.	31	Amount from Schedule 3, lin				31			1	
	32	Add lines 27 through 31. The					edits	. ▶	32	
	33	Add lines 25d, 26, and 32. T							33	65,008.
	34	If line 33 is more than line 24							34	03,000.
Refund	35a	Amount of line 34 you want							35a	
Direct deposit?	> b	Routing number X X X			► c Type:				SSA	
See instructions.	►d	Account number X X X						Savings		
	36	Amount of line 34 you want					$\stackrel{\sim}{\vdash}$			
A									07	6,917.
Amount You Owe	37	Subtract line 33 from line 24		-					37	0,917.
For details on		Note: Schedule H and Sch	,	,		of the	taxes you o	owe for		
how to pay, see		2020. See Schedule 3, line 1				1	I	775		
instructions.	38	Estimated tax penalty (see in				38		775.		
Third Party		you want to allow another					☐ Yes. Co	mploto k	olow	X No
Designee				Phone				nal identi		A NO
		signee's me ▶		no.				er (PIN) 🕨		
Sign	Un	der penalties of perjury, I declare t	that I have examine	ed this return and	accompanying sc	hedules		, ,		st of my knowledge and
_		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation					nt you an Identity
	L									IN, enter it here
Joint return?					ATTORNEY			`	inst.) ►	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupa	tion				nt your spouse an ection PIN, enter it here
your records.					PSYCHOLOG	TST			inst.) ▶	The section of the se
	——Ph	one no.		Email address	1010110200	101		, ·	,	
		eparer's name	Preparer's signat			Date		PTIN		Check if:
Paid		CPA				30.0	l			Self-employed
Preparer	Ei-				CPA, PA			Dhor	ne no.	
Use Only		m's name ▶ m's address ▶			OFA, PA			_		
Co to use of the			at informs - 41	,				Firm	s EIN 🕨	
GO TO WWW.Irs.go	JV/FOIT	n1040 for instructions and the late	st information.		BAA	REV	/ 08/30/21 PRO			Form 1040 (2020)

SCHEDULE 1 (Form 1040)

IVAN J

Additional Income and Adjustments to Income

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

BATES

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. 01

OMB No. 1545-0074

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	303,561.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		000 504
Par	t II Adjustments to Income	9	303,561.
	-	40	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	1,036.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	1,036.

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number BATES IVAN J Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17... 3 Part II Other Taxes 4 Self-employment tax. Attach Schedule SE 4 2,072. Unreported social security and Medicare tax from Form: $\mathbf{a} \square 4137$ 5 5 6 Additional tax on IRAs, other qualified retirement plans, and other tax-favored 6 7a b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required 7b **a** ☐ Form 8959 **b** × Form 8960 8 Taxes from: **c** ☐ Instructions; enter code(s) 8 6. Section 965 net tax liability installment from Form 965-A . . . 9 Add lines 4 through 8. These are your total other taxes. Enter here and on Form 10 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b 10 2,078.

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

REV 08/30/21 PRO

BAA

Schedule 2 (Form 1040) 2020

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

	2020
١.	Attachment Sequence No. 03
Your soc	ial security number

	time(s) shown on Form 1040, 1040-SR, or 1040-NR EVAN J BATES Your social				
	t I Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses. Attach Form 2441			2	600.
3		3			
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other credits from Form: a \square 3800 b \square 8801 c \square			6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or			7	600.
Par	t II Other Payments and Refundable Credits				
8	Net premium tax credit. Attach Form 8962		8		
9		9			
10	Excess social security and tier 1 RRTA tax withheld		10		
11	Credit for federal tax on fuels. Attach Form 4136			11	
12	Other payments or refundable credits:				
а	Form 2439	12a			
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b			
С	Health coverage tax credit from Form 8885	12c			
d	Other:	12d			
е	Deferral for certain Schedule H or SE filers (see instructions) .	12e			
f	Add lines 12a through 12e			12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, of	r 1040-NR, I	ine 31	13	
For Pa	perwork Reduction Act Notice, see your tax return instructions.	REV 08/30/21 PR	0	Schedule	e 3 (Form 1040) 2020

SCHEDULE A (Form 1040)

Itemized Deductions

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

Attachment

Sequence No. 07

OMB No. 1545-0074

Department of the Treasury 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) snown on	FOIII	1040 or 1040-5h			Tour	SOC	iai security number
IVAN J		BATES					
Medical		Caution: Do not include expenses reimbursed or paid by others.					
and	1	Medical and dental expenses (see instructions)	1				
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2					
Expenses		Multiply line 2 by 7.5% (0.075)	3				
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4	4	
Taxes You	5	State and local taxes.					
Paid	а	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	5a	27,032			
	b	State and local real estate taxes (see instructions)	5b	22,872			
	C	State and local personal property taxes	5с		_		
	C	Add lines 5a through 5c	5d	49,904			
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing					
		separately)	5e	10,000			
	6	Other taxes. List type and amount ▶					
			6				
	7	Add lines 5e and 6	<u> </u>		7		10,000.
Interest	8	Home mortgage interest and points. If you didn't use all of your home					
You Paid		mortgage loan(s) to buy, build, or improve your home, see					
Caution: Your mortgage interest		instructions and check this box					
deduction may be	а	Home mortgage interest and points reported to you on Form 1098.					
limited (see instructions).		See instructions if limited	8a	27,025	-		
,	b	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					
		<u> </u>					
			8b				
	C	Points not reported to you on Form 1098. See instructions for special	0				
		rules	8c		+		
		Mortgage insurance premiums (see instructions)	8d	07.005	-		
		Add lines 8a through 8d	8e	27,025	-		
		Investment interest. Attach Form 4952 if required. See instructions . Add lines 8e and 9	9		٠,		07 005
0.0.			<u> </u>		- 1	0	27,025.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see	44	0.040			
Charity	40	instructions	11	8,840	-		
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	500			
got a benefit for it, see instructions.	12	Carryover from prior year	13	300	-		
see man denoms.		Add lines 11 through 13	-		-1	4	0.240
Convolty and		Casualty and theft loss(es) from a federally declared disaster (other			_	-	9,340.
Casualty and Theft Losses	15	disaster losses). Attach Form 4684 and enter the amount from line 1					
THEIL LOSSES		instructions			1	5	
Other	16	Other—from list in instructions. List type and amount				-	
Itemized	10	other—from list in instructions. List type and amount			-		
Deductions					1	6	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e	nter t	his amount or	_		
Itemized	"	Form 1040 or 1040-SR, line 12			1	7	46,365.
Deductions	18	If you elect to itemize deductions even though they are less than your			_		10,0001
_ 3000000	.0	check this box					

SCHEDULE E

Department of the Treasury

Internal Revenue Service (99)

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

Attachment Sequence No. 13

Name(s) shown on return Your social security number IVAN J BATES Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α BALTIMORE MD 21217 WINDSOR MILL MD 212443960 В С Fair Rental Personal Use 1b Type of Property For each rental real estate property listed QJV above, report the number of fair rental and **Days Days** (from list below) personal use days. Check the QJV box only if you meet the requirements to file as a Α 365 1 Α 0 qualified joint venture. See instructions. В 1 В 0 365 С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Rovalties 8 Other (describe) Income: Properties: 3 Rents received 24,000. 18,000. 3 4 Royalties received 4 Expenses: 5 Advertising 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 8 Commissions. 8 9 9 Insurance 297. 10 Legal and other professional fees . . 10 11 11 2,659. 12 Mortgage interest paid to banks, etc. (see instructions) 12 11,084. 3,867. 13 13 Other interest. 1,080. 14 Repairs. 14 100. 15 15 Supplies 16 Taxes 16 5,304. 2,304. Utilities 17 17 18 10,169. 5,855. 18 Depreciation expense or depletion Other (list) ► See Line 19 Other Expenses 19 19 37. 3,060. 20 Total expenses. Add lines 5 through 19 20 30,333. 15,483. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -6,333. 2,517. Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) 22 0.)(-2,517.) 42,000. 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c 14,951. 16,024.Total of all amounts reported on line 18 for all properties 23d Total of all amounts reported on line 20 for all properties 23e 45,816. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 2,517. Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 2,517.) 25 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Θ. Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26

nedule E (Form 1040) 2020	Attachment Sequence No. 13	Page 2

	(s) shown on return. Do not ente		curity number if	shown on	other side.			Your so	cial securi	ty number
			d on vour to	, roturn	with amoun	to obou	un on Cohodulo(s) K	1		
Par	tion: The IRS compares						: If you report a loss,			tion diamona of
гаі							: If you report a loss, x in column (e) on line			
							not at risk, you must o			
	line 28 and attach			ivity ioi ii	rinoir arry arr	nount io i	not at hox, you made	orioon ti	IO DOX III V	, , , , , , , , , , , , , , , , , , ,
27				rook dula	to the et ri	alı ar ba	acia limitationa, a pri	0	r unallau	ad loss from a
21	Are you reporting an passive activity (if the									
	see instructions befo									es X No
	See mondenens bere	re completing th		nter P for	(c) Check		(d) Employer		Check if	(f) Check if
28	(a) Na	me	partne	ership; S orporation	foreign		identification number	basis co	omputation equired	any amount is not at risk
Α			101 3 0	orporation	partifersing		Humber	15 16	- quireu	TIOT OF THE
	BATES & GARCIA, P	C		S			20-4180046			
C	BATES & GARGIA, T						20 4100040			
D										
	Passive Inc	ome and Loss				No	onpassive Income	and L	 oss	
	(g) Passive loss allowed		ssive income	(i) N	onpassive loss		(j) Section 179 expe			passive income
	(attach Form 8582 if require		chedule K-1		see Schedule		deduction from Form			Schedule K-1
Α										14,660.
В				_						288,901.
С				_						200,901.
D										
29a	Totals									303,561.
zəa b										303,301.
30	Add columns (h) and (k	() of line 20a						30		303,561.
31	Add columns (g), (i), ar	,						31	(303,301.
32	Total partnership and				· · ·			32	(303,561.
Par						5 50 and		32		303,301.
	income or Los	3 I Tom Estate	s and mus	13					/b) En	aplayor
33			(a) Name							nployer ion number
Α										
В										
	Pass	sive Income and	Loss				Nonpassive Ir	come	and Los	ss
	(c) Passive deduction or	loss allowed	(d) P:	assive inco	nme	(e)	Deduction or loss			ncome from
	(attach Form 8582 if		, ,	Schedule			om Schedule K-1			ule K-1
Α										
В										
34a	Totals									
b										
35	Add columns (d) and (f	of line 34a						35		
36	Add columns (c) and (c	*						36	(<u> </u>
37	Total estate and trust	,	s). Combine	lines 35	and 36			37		
Pari						t Cond	uits (REMICs)—F		ual Holo	ler
		(b) Employer ider		(c) Exces	s inclusion fro	m (d)	Taxable income (net loss			me from
38	(a) Name	number	itilication		ules Q, line 2c instructions)		om Schedules Q, line 1b			s Q, line 3b
				(000)						
39	Combine columns (d) a	and (e) only. Ente	r the result h	nere and	include in	the total	I on line 41 below	39		
Par		(, =:::,: =::::				- 2 - 34				
40	Net farm rental income	or (loss) from Fo	orm 4835. Al	lso, com	plete line 4	2 below	/	40		
41	Total income or (loss). Com	. ,						41		303,561.
42	Reconciliation of farr				Г		, , , , , , , , , , , , , , , , , , , ,			
72	farming and fishing inco									
	(Form 1065), box 14, co	•		-						
	AD; and Schedule K-1 (F		,			42				
43	Reconciliation for real esta	**			l l					
70	(see instructions), enter the									
	1040, Form 1040-SR, or For									
	you materially participated u					43				

Form **8995-A**

Qualified Business Income Deduction

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions. Use this form if your taxable income, before your

OMB No. 1545-2294

2020
Attachment Sequence No. 55A

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

IVAN J

BATES

Your taxpayer identification number

,	ed business income deduction, is above \$163,300 (\$326,600 ultural cooperative.	if marrie	d filing	g jointly), or you're	a patron of an agric	cultural or
Part	Trade, Business, or Aggregation Information					
	olete Schedules A, B, and/or C (Form 8995-A), as applicable, l astructions.	before sta	arting	Part I. Attach addi	tional worksheets w	vhen needed.
1	(a) Trade, business, or aggregation name	(b) Che specified		(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
Α	BATES & GARCIA, P.C.	x]			
В		x]			
С]			
Part	Determine Your Adjusted Qualified Business I	ncome				
				Α	В	С
2	Qualified business income from the trade, business, or aggre See instructions	_	2	147,311.	6,947.	
3	Multiply line 2 by 20% (0.20). If your taxable income is \$1 or less (\$326,600 if married filing jointly), skip lines 4 through and enter the amount from line 3 on line 13	ugh 12	3	29,462.	1,389.	
4	Allocable share of W-2 wages from the trade, busine aggregation	ess, or	4	199,765.	0.	
5	Multiply line 4 by 50% (0.50)		5	99,883.	0.	
6	Multiply line 4 by 25% (0.25)		6	49,941.	0.	
7	Allocable share of the unadjusted basis immediately acquisition (UBIA) of all qualified property		7	50,803.	Θ.	
8	Multiply line 7 by 2.5% (0.025)		8	1,270.	0.	
9	Add lines 6 and 8		9	51,211.	0.	
10	Enter the greater of line 5 or line 9		10	99,883.	0.	
11	W-2 wage and UBIA of qualified property limitation. En smaller of line 3 or line 10		11	29,462.	Θ.	
12	Phased-in reduction. Enter the amount from line 26, if an instructions		12		708.	
13	Qualified business income deduction before patron red Enter the greater of line 11 or line 12		13	29,462.	708.	
14	Patron reduction. Enter the amount from Schedule D (Form 8 line 6, if any. See instructions	,,	14			
15	Qualified business income component. Subtract line 14 from	line 13	15	29,462.	708.	
16	Total qualified business income component. Add all ar reported on line 15		16	30,170.		

Form 8995-A (2020)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$163,300 but not \$213,300 (\$326,600 and \$426,600 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

Page 2

					Α	В		С
17	Enter the amounts from line 3			17		1,3	89.	
18	Enter the amounts from line 10			18		,	0.	
19	Subtract line 18 from line 17			19		1,3	89.	
20	Taxable income before qualified business							
	income deduction	20	375,611.					
21	Threshold. Enter \$163,300 (\$326,600 if							
	married filing jointly)	21	326,600.					
22	Subtract line 21 from line 20	22	49,011.					
23	Phase-in range. Enter \$50,000 (\$100,000 if							
	married filing jointly)	23	100,000.					
24	Phase-in percentage. Divide line 22 by line 23	24	49.0100 %					
25	Total phase-in reduction. Multiply line 19 by	line 24	4	25		6	81.	
26	Qualified business income after phase-in re-							
	25 from line 17. Enter this amount here an					_		
	corresponding trade or business			26		7	'08.	
Part					1 1			
27	Total qualified business income compo					20 170		
	businesses, or aggregations. Enter the amou					30,170.	-	
28	Qualified REIT dividends and publicly trac							
00	(loss). See instructions					\	-	
29	` '	•	. ,		,		-	
30	Total qualified REIT dividends and PTP incolless than zero, enter -0							
31	REIT and PTP component. Multiply line 30 by						-	
32	Qualified business income deduction before	-	, ,			•	32	30,170.
33	Taxable income before qualified business inc				1 1	375,611.	02	30,170.
34	Net capital gain. See instructions					0.	-	
35	Subtract line 34 from line 33. If zero or less, e						35	375,611.
36	Income limitation. Multiply line 35 by 20% (0.						36	75,122.
37	Qualified business income deduction before							,
٠.	under section 199A(g). Enter the smaller of lin						37	30,170.
38	DPAD under section 199A(g) allocated from							,
	more than line 33 minus line 37						38	
39	Total qualified business income deduction. A						39	30,170.
40	Total qualified REIT dividends and PTP (lo							-
	greater, enter -0				<u></u>		40	(0.)
								Form 8995-A (2020)

SCHEDULE A (Form 8995-A)

Specified Service Trades or Businesses

OMB No. 1545-2294 Attachment

Department of the Treasury Internal Revenue Service

► Attach to Form 8995-A. ▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

Complete Schedule A only if your trade or business is a specified service trade or business (see instructions) and your taxable income is more than \$163,300 but not \$213,300 (\$326,600 and \$426,600 if married filing jointly). If your taxable income isn't more than \$163,300 (\$326,600 if married filing jointly) and you're not a patron of an agricultural or horticultural cooperative, don't file this form; instead, file Form 8995, Qualified

Sequence No. **55B**

Name(s) shown on return IVAN J BATES Your taxpayer identification number

Business Income Deduction Simplified Computation. Otherwise, complete Schedule D (Form 8995-A) before beginning Schedule A. If your taxable income is more than \$213,300 (\$426,600 if married filing jointly), your specified service trade or business doesn't qualify for the deduction. If you have more than three trades or businesses, attach as many Schedules A as needed. See instructions. Other Than Publicly Traded Partnerships (PTP) Part I С Α Trade or business name BATES & GARCIA, P.C. 1b 2 Qualified business income or (loss) from the trade or business . . . 2 288,901. 13,624. 3 Allocable share of W-2 wages from the trade or business . . . 3 391,773. 4 Allocable share of the unadjusted basis immediately after 0. acquisition (UBIA) of all qualified property 99,633. 5 Taxable income before qualified business income deduction 375,611. Threshold. Enter \$163,300 (\$326,600 if 6 married filing jointly) 326,600. 7 7 Subtract line 6 from line 5 49,011. Phase-in range. Enter \$50,000 (\$100,000 if 8 married filing jointly) 8 100,000. 9 Divide line 7 by line 8 9 0.004901 Applicable percentage. Subtract line 9 10 from 100% 10 0.5099 % Applicable percentage of qualified business income or (loss). 11 Multiply line 2 by line 10. Enter this amount on Schedule C (Form 8995-A) or on Form 8995-A, line 2, for the corresponding trade or business, as appropriate. See instructions 147,311. 6,947. 11 12 Applicable percentage of W-2 wages. Multiply line 3 by line 10. Enter this amount on Form 8995-A. line 4, for the corresponding trade or business, as appropriate. See instructions 12 199,765. 0. Applicable percentage of the UBIA of qualified property. Multiply line 13 4 by line 10. Enter this amount on Form 8995-A, line 7, for the corresponding trade or business, as appropriate. See instructions . 13 0. 50,803. **Publicly Traded Partnership** Part II Α В 14 14 15 15 16 16 17 Total PTP specified service trade or business (SSTB) income or (loss). Combine all amounts on line 16 17 18 18 Threshold. Enter \$163,300 (\$326,600 if married filing jointly) 19 19 20 20 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) 21 21 22 22 23 23 % 24 Applicable percentage of qualified PTP income or (loss). Multiply line 17 by line 23. Include this

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax— Individuals, Estates, and Trusts

► Attach to your tax return.

OMB No. 1545-2227 Attachment Sequence No. 72

▶ Go to www.irs.gov/Form8960 for instructions and the latest information. Name(s) shown on your tax return Your social security number or EIN IVAN J BATES

IVAI				
Part				
	☐ Section 6013(h) election (see instructions)			
	☐ Regulations section 1.1411-10(g) election (see in	structions)		
1	Taxable interest (see instructions)		1	177.
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a 303,561.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b -303,561.		
С	Combine lines 4a and 4b		4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
С	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	177.
Part	·	cations		
9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b 11.		
С	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	11.
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	11.
Part	Tax Computation			
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, c Estates and trusts, complete lines 18a–21. If zero or less, enter -0 Individuals:		12	166.
13	Modified adjusted gross income (see instructions)	13 421,976.		
14	Threshold based on filing status (see instructions)	14 250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 171,976.	1	
16	Enter the smaller of line 12 or line 15		16	166.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Ent		-10	1001
17	on your tax return (see instructions)		17	6.
	Estates and Trusts:		.,	
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under	104	-	
	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)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
С	,	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% (0.0 include on your tax return (see instructions)		21	

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Passive Activity Loss Limitations

▶ See separate instructions.

► Attach to Form 1040, 1040-SR, or 1041.

OMB No. 1545-1008 Attachment

4

-89,330.

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

column (b)

IVAN J Part I

▶ Go to www.irs.gov/Form8582 for instructions and the latest information. Sequence No. 858 Identifying number **BATES** 2020 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a **b** Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . 1b c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c **d** Combine lines 1a, 1b, and 1c 1d Commercial Revitalization Deductions From Rental Real Estate Activities 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a b Prior year unallowed commercial revitalization deductions from Worksheet 2, 2b c Add lines 2a and 2b 2c **All Other Passive Activities** 3a Activities with net income (enter the amount from Worksheet 3, column (a)) . 2,517. 3a 6,333. **b** Activities with net loss (enter the amount from Worksheet 3, column (b)) . . 3b c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) Зс 85,514. **d** Combine lines 3a, 3b, and 3c 3d -89,330.

- If line 4 is a loss and: Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

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.

Par	Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the smaller of the loss on line 1d or the loss on line 4	5	
6	Enter \$150,000. If married filing separately, see instructions 6		
7	Enter modified adjusted gross income, but not less than zero. See instructions 7		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10	Enter the smaller of line 5 or line 9	10	0.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Part	III Special Allowance for Commercial Revitalization Deductions From Rental Real Esta	ite Ac	tivities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instruction	ns.	
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions.	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	
Part	IV Total Losses Allowed		
15	Add the income, if any, on lines 1a and 3a and enter the total	15	2,517.
16	Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions		,
	to find out how to report the losses on your tax return	16	2,517.
F D	and the state of t		F 0502 (0000)

BAA

Oti The consultation of the file of		1/				_		-		
Caution: The worksheets must be filed worksheet 1—For Form 8582, Lines 1				y for you	r recora	S.				
	Currer		3110)	Prior	years		Overall	gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)		(c) Unallowed loss (line 1c)		(d)) Gain	(e) Loss		
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶										
Worksheet 2—For Form 8582, Lines 2	· ' '				_		<u> </u>			
Name of activity	(a) Current deductions (unall	(b) Pr owed dec	ior year luctions (line 2b)	(c	Overall loss		
Total. Enter on Form 8582, lines 2a and 2b										
Worksheet 3—For Form 8582, Lines 3	a, 3b, and 3c (se	e instruction	ons)							
Name of activity	Currer	-		Prior		Overall g		Overall gain or le		gain or loss
	(a) Net income (line 3a)	(b) Net Id (line 3b)	loss (li	allowed line 3c) (d)) Gain	(e) Loss		
	0.	6,3	33.	57,891.				64,224.		
	2,517.		0.	27	,623.			25,106.		
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	2,517.		33.		5,514.					
Worksheet 4—Use This Worksheet if a	an Amount Is Sh	own on Fo	rm 8	582, Lin	e 10 or	14. See	e instruc	tions.		
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Los	s	(b) F	Ratio		Special wance	(d) Subtract column (c) from column (a)		
				1.0	00					
Worksheet 5—Allocation of Unallowe	,									
Name of activity	Form or schedu and line numb to be reported (see instruction	er on	(a) Lo	oss		Ratio		c) Unallowed loss		
	E Ln 22			4,224.		89522		64,224.		
	E Ln 22		25	5,106.	106. 0.2810478		U	25,106.		
Total	<u></u> .	. ▶	89	9,330.		1.00		89,330.		

Page **3**

Work	sheet 6—Allowed Losses (see in	ารtru	ctions)							
Name of activity			and line nun	Form or schedule and line number to be reported on (see instructions) (a) I		Loss (b) Un		nallowed loss		c) Allowed loss
			E Ln 2	2		64,224.		64,224.		0.
			E Ln 2			27,623.		25,106.		2,517.
						· ·				•
Total				. ▶		91,847.		89,330.		2,517.
	sheet 7—Activities With Losses	кер	orted on 1 w	o or iv	nore For	ms or Scn	eaules		_	S)
ivame	of activity:		(a)		(b)	(c) Ra	tio	(d) Unallower	a	(e) Allowed loss
	or schedule and line number reported on (see instructions):									
1a	Net loss plus prior year unallowed loss from form or schedule .									
b	Net income from form or schedule									
С	Subtract line 1b from line 1a. If zero of	or less	s, enter -0- ▶							
	or schedule and line number reported on (see instructions):									
1a	Net loss plus prior year unallowed loss from form or schedule . ▶									
b	Net income from form or schedule ▶									
С	Subtract line 1b from line 1a. If zero of	or less	s, enter -0- ▶							
	or schedule and line number reported on (see instructions):									
1a	Net loss plus prior year unallowed loss from form or schedule . ▶									
b	Net income from form or schedule ▶									
С	Subtract line 1b from line 1a. If zero of	or less	s, enter -0- ▶							
						1.00)			
						•		•		0500

MARYLAND **FORM 502**

OR FISCAL YEAR BEGINNING ____

RESIDENT INCOME TAX RETURN

______ 2020, ENDING_



2020

Your Social Security Number of Social Securi	Spouse's So	Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.			
Spouse's Last Name					
Current Mailing Address	s Line 1 (Street No. a n	nd Street Name or PO Box)	ALTIMORE	MD	21230
Current Mailing Address	Line 2 (Apt No., Suit		y or Town	State	ZIP Code + 4
A Digit Political Sub- Maryland Physical A Maryland Physical A BALTIMORE City FILING STATUS CHECK ONE BOX See Instruction 1 if you are required to file.	 Single X Married Head o Qualify 	(If you can be claimed of filing joint return or sport filing separately, Spous f household ing widow(er) with dependent taxpayer (Enter 0 in	MD State 21230 ZIP Code + 4 on another person's ta ouse had no income se SSN ▶ endent child		
PART-YEAR RESIDENT See Instruction 26.	Other state of res If you began or e MILITARY: If yo	and Residence (MM DE sidence: ended legal residence in ou or your spouse has no acome amount here:	Maryland in 2020 plac on-Maryland military	te a P in the box	1
EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If	A. ► X Yourself B. ► 65 or ove		Enter number checked	2 See Instruction 1	0 A. \$

RESIDENT INCOME TAX RETURN



202	0
Page	2

NAME IVAN J		BATES SSN	
MARYLAND HEALTH CARE COVERAGE	Cł	neck here ▶ ☐ If you do not have health care coverage DOB (mm/dd/yyyy) ▶ _	
See Instruction 3.	Cl	neck here ▶	
	He	neck here I authorize the Comptroller of Maryland to share information from this tax retuealth Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health	
		mail address	421976
INCOME		Adjusted gross income from your federal return 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	421976.
See Instruction 11.	1a.	Wages, salaries and/or tips	
	1b.	Earned income	
	1c.	Capital Gain or (loss)	
	1d.	Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ▶ 1d	
		Place a "Y" in this box if the amount of your investment income is more than \$3,650	▶
ADDITIONS		Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2.	
TO MARYLAND	1	State retirement pickup	
INCOME		Lump sum distributions (from worksheet in Instruction 12.) ▶ 4.	
See Instruction 12.		Other additions (Enter code letter(s) from Instruction 12.) ► 5.	
		Total additions (Add lines 2 through 5 plus line 3 of Form 502LU.) 6.	421976
		Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)7.	
SUBTRACTIONS		Taxable refunds, credits or offsets of state and local income taxes included in line 1 \dots 8.	
FROM	1	Child and dependent care expenses	
MARYLAND			
INCOME	1	Pension exclusion from worksheet (13E) Yourself ▶	
See Instruction 13.		Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 \blacktriangleright 11.	
		Income received during period of nonresidence (See Instruction 26.) \blacktriangleright 12.	
	1	Subtractions from attached Form 502SU	1200
	1	Two-income subtraction from worksheet in Instruction 13	1000
	1	Total subtractions (Add lines 8 through 14 plus line 7 of Form 502LU.) ▶ 15.	
	_	Maryland adjusted gross income (Subtract line 15 from line 7.)	417776
DEDUCTION METHOD See Instruction 16.	All t	STANDARD DEDUCTION METHOD (Enter amount on line 17.) X ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.) 17a. Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a.	365
		17b. State and local income taxes (See Instruction 14.) ▶ 17b.	0
		Subtract line 17b from line 17a and enter amount on line 17.	·
	17.	Deduction amount (Part-year residents see Instruction 26 (I and m).) ▶ 17.	46365
	18.	Net income (Subtract line 17 from line 16.)	371411
	19.	Exemption amount from Exemptions area (See Instruction 10.)	0
	20.	Taxable net income (Subtract line 19 from line 18.)	371411
	21.	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	19179
MARYLAND		Earned income credit (EIC)(See Instruction 18.) ≥ 22.	
TAX		Check this box if you are claiming the Maryland Earned Income Credit,	
COMPUTATION		but do not qualify for the federal Earned Income Credit.	
	23.	Poverty level credit (See Instruction 18.) ≥ 23.	
	24.	Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR .) 24.	
	25.	Business tax creditsYou must file this form electronically to claim business tax credits	redits on Form 500CR
	26.	Total credits (Add lines 22 through 25.)	
		Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0	19179
	27.	riaryiana tax arter creates (Subtract line 20 from line 21.) It less than 0, enter 0	

MARYLAND **FORM 502**

RESIDENT INCOME TAX RETURN



2020 Page 3

NAME IVAN J		BATES SSN	
	28.	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	
OCAL TAX		your local tax rate .0 0320 or use the Local Tax Worksheet	11885
COMPUTATION	29.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29.	
	30.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	
	31.	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	
	32.	Total credits (Add lines 29 through 31.)	
	33.	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	11885
	34.	Total Maryland and local tax (Add lines 27 and 33.)	31064
	35.	Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35.	
ONTRIBUTIONS	36.	Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	
ee Instruction 20.	37.	Contribution to Maryland Cancer Fund	
	38.	Contribution to Fair Campaign Financing Fund ▶ 38	
	39.	Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	31064
	40.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	
		and attach if MD tax is withheld.)	8417
	41.	2020 estimated tax payments, amount applied from 2019 return, payment made	
		with an extension request, and Form MW506NRS	15000
	42.	Refundable earned income credit (from worksheet in Instruction 21) ▶ 42	
	43.	Refundable income tax credits from Part CC, line 8 of Form 502CR	
		(Attach Form 502CR. See Instruction 21.)	
	44.	Total payments and credits (Add lines 40 through 43.)	23417
	45.	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.	
		See Instruction 22.)	7647
	46.	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	
		Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX	
	48.	Amount of overpayment TO BE REFUNDED TO YOU	
EFUND		(Subtract line 47 from line 46.) See line 51	
	49.	Check here X if you are attaching Form 502UP. Enter interest charges from line 18	
		of Form 502UP1411 or for late filing	1411
MOUNT DUE	50.	TOTAL AMOUNT DUE (Add lines 45 and 49.)	
IMOUNT DUE		IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV 50.	9058

Form **8879**

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

2019

Taxpayer's name	Social securi	ity number	
IVAN J BATES		2.1	
Spouse's name	Spouse's so	cial security nui	mber
Port L. Tay Patura Information Tay Year Ending December 21, 2010 (M/beles	dellara enlu		
Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole			107 704
 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35) Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61) 		2	107,794.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Fo		2	66,078.
line 62a)		3	19,747.
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I,		4	19,141.
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	,	5	21,640.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and			
declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (diaccount indicated in the tax preparation software for payment of my federal taxes owed on this return a rinancial institution to debit the entry to this account. This authorization is to remain in full force and effer Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Find cancellation requests must be received no later than 2 business days prior to the payment (settlement) day nowlved in the processing of the electronic payment of taxes to receive confidential information necess related to the payment. I further acknowledge that the personal identification number (PIN) below is my signand, if applicable, my Electronic Funds Withdrawal Consent.	a) an acknowledd date of any reful irect debit) entry and/or a paymen ect until I notify anancial Agent at tate. I also author arry to answer in	gement of rece nd. If applicab to the finance to f estimated the U.S. Treas 1-888-353-45 rize the financi nquiries and re	eipt or reaso le, I authoriz cial institutio tax, and th sury Financia 537. Paymer al institution esolve issue
Taxpayer's PIN: check one box only		stor five digite.	
Taxpayer's PIN: check one box only I authorize ERO firm name signature on my tax year 2019 electronically filed income tax return.	En do	nter five digits, ton't enter all zer	out
Taxpayer's PIN: check one box only I authorize ERO firm name signature on my tax year 2019 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2019 electronically filed income tax entering your own PIN and your return is filed using the Practitioner PIN method. The E	En do x return. Check	on't enter all zer	out os
Taxpayer's PIN: check one box only I authorize CPA, PA to enter or general ERO firm name signature on my tax year 2019 electronically filed income tax return. ☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax	En do x return. Check ERO must com	on't enter all zer	out os
Taxpayer's PIN: check one box only I authorize CPA, PA to enter or general ERO firm name signature on my tax year 2019 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2019 electronically filed income tax entering your own PIN and your return is filed using the Practitioner PIN method. The E	te my PIN c return. Check	this box on plete Part III	ly if you ar below. as myout
Taxpayer's PIN: check one box only I authorize	te my PIN return. Check RO must comp te my PIN En do return. Check RO must comp	this box on plete Part III	ly if you ar below. as myout
Taxpayer's PIN: check one box only I authorize ERO firm name signature on my tax year 2019 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2019 electronically filed income tax entering your own PIN and your return is filed using the Practitioner PIN method. The EXOURT Signature Date Spouse's PIN: check one box only I authorize ERO firm name signature on my tax year 2019 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2019 electronically filed income tax entering your own PIN and your return is filed using the Practitioner PIN method. The Exercising your own PIN and your return is filed using the Practitioner PIN method. The Exercision of PIN method.	te my PIN return. Check RO must comp te my PIN En do return. Check RO must comp	this box on plete Part III	ly if you ar below. as myout
Taxpayer's PIN: check one box only I authorize ERO firm name signature on my tax year 2019 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2019 electronically filed income tax entering your own PIN and your return is filed using the Practitioner PIN method. The EXOURS SPIN: check one box only I authorize ERO firm name signature on my tax year 2019 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2019 electronically filed income tax entering your own PIN and your return is filed using the Practitioner PIN method. The EXPOUSE'S signature ▶ Date ▶ Spouse's signature ▶ Date ▶	te my PIN return. Check RO must comp te my PIN En do return. Check RO must comp	this box on plete Part III	ly if you are below. as my out os
Taxpayer's PIN: check one box only I authorize	te my PIN The complete of the	this box on plete Part III	ly if you ar below. as myout
Taxpayer's PIN: check one box only ERO firm name signature on my tax year 2019 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2019 electronically filed income tax entering your own PIN and your return is filed using the Practitioner PIN method. The ENO firm name signature ▶	te my PIN te my PIN creturn. Checker te my PIN creturn. Checker creturn. Checke	ter all zeros	as my as my below.
Taxpayer's PIN: check one box only	te my PIN te my PIN Endo c return. Check ERO must comp bow Don't ent y filed income ta e Practitioner PII	ter all zeros	as mout os

E 1		Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu	(99)
<u>و</u> ا	1 U4U	U.S. Individual Income Tax Retu	ırn

2019

OMB No. 1545-0074

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

						OIVID ITO. IC	10 001	The obs only	DO HOU II	into or otapio iii tino opaoo.
Filing Status		Single X Married filing jointly	Marrie	ed filing separ	ately (MFS)	Head of hous	ehold (l	— HOH) ∏ Quali	ifvina wid	ow(er) (QW)
Check only	_	u checked the MFS box, enter the name		0	, , , , ,		,	_	, ,	, , , , , , ,
one box.	,	ild but not your dependent.				,				,g percent
Your first name	and m	iddle initial	Last	name					Your so	cial security number
IVAN J			ВА	TES						
If joint return, s	pouse's	s first name and middle initial	Last	name					Spouse'	s social security number
Home address	(numbe	er and street). If you have a P.O. box, see	e instru	ictions.				Apt. no.		ntial Election Campaign
										e if you, or your spouse if filing at \$3 to go to this fund.
		ce, state, and ZIP code. If you have a for	eign ac	ddress, also d	complete sp	aces below (see ins	ruction	ıs).		box below will not change your
BALTIMO	RE M	D 21230-4964							tax or refur	d. You Spouse
Foreign countr	y name			Foreign pr	ovince/state	e/county	For	reign postal code	If more	than four dependents,
									see inst	ructions and ✓ here ►
Standard	Som	eone can claim: You as a depende	ent	Your s	pouse as a	dependent				
Deduction		Spouse itemizes on a separate return or	you we	ere a dual-sta	atus alien					
Age/Blindness	You:	Were born before January 2, 1955	5 🗆	Are blind	Spouse:	Was born bet	ore Jar	nuary 2 1955	ls bli	nd
Dependents (\neg	2) Social secur		(3) Relationship to				r (see instructions):
(1) First name	,000	Last name	'	2) 000iai 000ai	ity namboi	(b) Holadonomp to	you	Child tax cre		Credit for other dependents
,						Daughter		X		П
	1	Wages, salaries, tips, etc. Attach Form	n(s) W-2	2					. 1	146,375.
	2a	Tax-exempt interest	2a			b Taxable interes	t. Attac	h Sch. B if require	ed 2b	260.
Standard	3a	Qualified dividends	3a			b Ordinary dividen	ds. Atta	ch Sch. B if require	ed 3b	
Standard Deduction for—	4a	IRA distributions	4a			b Taxable amoun	t .		. 4b	
Single or Married filing separately,	С	Pensions and annuities	4c			d Taxable amoun	t .		. 4d	
\$12,200	5a	Social security benefits	5a			b Taxable amoun	t .		. 5b	
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedule	D if re	quired. If not	required, cl	neck here		▶ [6	
widow(er), \$24,400	7a	Other income from Schedule 1, line 9							. 7a	
Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	7a. Thi	is is your tot a	al income				► 7b	407,794.
household, \$18,350	8a	Adjustments to income from Schedule	1, line	22					. 8a	
If you checked	b	Subtract line 8a from line 7b. This is yo	our adj	usted gross	income		. ,		► 8b	407,794.
any box under Standard	9	Standard deduction or itemized ded	uction	s (from Sche	edule A) .		9	46,441	1.	
Deduction, see instructions.	10	Qualified business income deduction.	Attach	Form 8995 o	or Form 899	5-A	10	31, 24	5.	
	11a	Add lines 9 and 10							. 116	'
	b	Taxable income. Subtract line 11a fro	m line	8b. If zero or	less, enter	-0			111	330.108.

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

Form **1040** (2019)

Form 1040 (2019))									Page 2
	12a	Tax (see inst.) Check if any from F	Form(s): 1 8814	2 4972	3 🗌	12a	68,26	88.		
	b	Add Schedule 2, line 3, and line	12a and enter the	total				•	12b	68,268.
	13a	Child tax credit or credit for other	er dependents .			13a	1,60	00.		
	b	Add Schedule 3, line 7, and line	13a and enter the	total				•	13b	2,200.
	14	Subtract line 13b from line 12b.	If zero or less, ente	er -0					14	66,068.
	15	Other taxes, including self-empl	loyment tax, from S	Schedule 2, line 1	10			. [15	10.
	16	Add lines 14 and 15. This is you	ır total tax					•	16	66,078.
	17	Federal income tax withheld fro	m Forms W-2 and	1099					17	19,747.
If you have a	18	Other payments and refundable	credits:							
qualifying child,	а	Earned income credit (EIC) .			No	18a				
attach Sch. EIC. • If you have	b	Additional child tax credit. Attac	ch Schedule 8812			18b				
nontaxable	С	American opportunity credit from	m Form 8863, line 8	3		18c				
combat pay, see instructions.	d	Schedule 3, line 14				18d	24,97	76.		
	е	Add lines 18a through 18d. The	se are your total of	ther payments a	and refundable cred	lits .		•	18e	24,976.
	19	Add lines 17 and 18e. These are	e your total payme	nts				•	19	44,723.
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid							20	
Helana	21a	Amount of line 20 you want refu	unded to you. If Fo	rm 8888 is attac	hed, check here .		•		21a	
Direct deposit?	►b	Routing number X X X	XXXX	XX	▶ c Type:	Checkin	g Savin	gs		
See instructions.	►d	Account number X X X	X X X X	X X X X	(X X X X	XX	╛			
	22	Amount of line 20 you want applied to your 2020 estimated tax								
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on how	v to pay, see instruct	ions .		•	23	21,640.
You Owe	24	Estimated tax penalty (see instr	uctions)			24	28	35.		
Third Party Designee	Do	you want to allow another persor	n (other than your p	aid preparer) to	discuss this return w	rith the IF	RS? See instruct	ions.	X	Yes. Complete below.
(Other than		signee's		Phone			Personal ide		on	
paid preparer)		me ►		no. ►			number (PIN	,	•	
Sign Here		der penalties of perjury, I declare that I rect, and complete. Declaration of prep						f my kno	owledg	e and belief, they are true,
11010	Yo	our signature		Date	Your occupation					nt you an Identity N, enter it here
Joint return?					ATTORNEY			(see in		N, enter it here
See instructions.	Sn	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on		If the IF	RS ser	nt your spouse an
Keep a copy for		oudo o orginataror ir a joint rotarri,					Identity	/ Prote	ection PIN, enter it here	
your records.				PSYCHOLOGI	ST		(see ins	st.)		
	Ph	one no.		Email address						
Paid	Pr	eparer's name	Preparer's signat	ure		Date	PTII	N		Check if:
Preparer		,								3rd Party Designee
Use Only	Fir	rm's name ▶			CPA, PA	Phone	no.			Self-employed
————	Fir	m's address ▶		,				Firm's	EIN Þ	
Go to www.irs.go	ov/Form	n1040 for instructions and the late	est information.		BAA	REV 0	8/20/20 PRO			Form 1040 (2019)

SCHEDULE 1 (Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040 or 1040-SR

Additional Income and Adjustments to Income

► Attach to Form 1040 or 1040-SR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **01**

Your social security number

IVA	N J MILES		
At any	time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest	st in a	ny
virtual	currency?		☐ Yes ☒ No
Part	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	. 1	
2a	Alimony received	. 2	а
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	. 3	1
4	Other gains or (losses). Attach Form 4797		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	. 5	260,159.
6	Farm income or (loss). Attach Schedule F		
7	Unemployment compensation		'
8	Other income. List type and amount ▶ Non-employee compensation from 1099-Misc 1,000.		
		0	1,000.
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	. 9	261,159.
Part	II Adjustments to Income		
10	Educator expenses	. 10)
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attac	h	
	Form 2106	. 11	1
12	Health savings account deduction. Attach Form 8889	. 12	2
13	Moving expenses for members of the Armed Forces. Attach Form 3903	. 10	3
14	Deductible part of self-employment tax. Attach Schedule SE	. 14	4
15	Self-employed SEP, SIMPLE, and qualified plans	. 15	5
16	Self-employed health insurance deduction	. 16	3
17	Penalty on early withdrawal of savings		7
18a	Alimony paid		а
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	. 19	9
20	Student loan interest deduction	. 20)
21	Tuition and fees. Attach Form 8917	. 2	1
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 of	or	
	1040-SR, line 8a	. 22	2
For Pa	nerwork Reduction Act Notice see your tax return instructions. REV 08/20/20 PRO Schedul	e 1 (For	m 1040 or 1040-SB) 2019

SCHEDULE 2

(Form 1040 or 1040-SR)

Department of the Treasury

Internal Revenue Service

(Form 1040 or 1040-SR)

Additional Taxes

► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019
Attachment
Sequence No. 02

Name(s)	show <u>n on Form 1040</u> or 1040-SR	Your socia	l security number
IVAN	N J BATES		
Part	Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	
Part	II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: $\mathbf{a} \ \square \ 4137$ $\mathbf{b} \ \square \ 8919 \ . \ . \ . \ .$	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form		
	5329 if required		
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☐ Form 8959 b ☒ Form 8960		
	c Instructions; enter code(s)	8	10.
9	Section 965 net tax liability installment from Form 965-A		
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR	,	
	line 15	10	10.

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

REV 08/20/20 PRO

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3

(Form 1040 or 1040-SR)

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► Attach to Form 1040 or 1040-SR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. 03

Name(s)	shown on Form 1040 or 1040-SR	Your soci	Your social security number		
IVAI	N J BATES				
Part	Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required	. 1			
2	Credit for child and dependent care expenses. Attach Form 2441	2	600.		
3	Education credits from Form 8863, line 19	3			
4	Retirement savings contributions credit. Attach Form 8880	4			
5	Residential energy credits. Attach Form 5695	5			
6	Other credits from Form: a 3800 b 8801 c _	6			
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	600.		
Part	II Other Payments and Refundable Credits				
8	2019 estimated tax payments and amount applied from 2018 return	8	19,976.		
9	Net premium tax credit. Attach Form 8962	9			
10	Amount paid with request for extension to file (see instructions)	10	5,000.		
11	Excess social security and tier 1 RRTA tax withheld	. 11			
12	Credit for federal tax on fuels. Attach Form 4136				
13	Credits from Form: a 2439 b Reserved c 8885 d _	13			
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d		24,976.		

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

REV 08/20/20 PRO

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE A

(Form 1040 or 1040-SR)

(Rev. January 2020) Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

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

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

OMB No. 1545-0074 Attachment

Sequence No. 07

lame(s) shown on Form 1040 or 1040-SR Your social security number										
IVAN J		BATES		_						
Medical		Caution: Do not include expenses reimbursed or paid by others.								
and	1	Medical and dental expenses (see instructions)	1							
Dental	2	Enter amount from Form 1040 or 1040-SR, line 8b 2								
Expenses	3	Multiply line 2 by 7.5% (0.075)	3							
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		4	4					
Taxes You	5	State and local taxes.								
Paid	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	5a 16,98							
		State and local real estate taxes (see instructions)	5b 12,75	1.						
		State and local personal property taxes	5c	_						
		Add lines 5a through 5c	5d 29,73	5.						
	•	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	5e 10.00	_						
	6	separately)	5e 10,00	0.						
	·	Other taxes. List type and amount	6							
	7	Add lines 5e and 6			10,000.					
Interest		Home mortgage interest and points. If you didn't use all of your home		-	10,0001					
You Paid	0	mortgage loan(s) to buy, build, or improve your home, see								
Caution: Your		instructions and check this box								
mortgage interest deduction may be	á	Home mortgage interest and points reported to you on Form 1098.								
limited (see		See instructions if limited	8a 21,58	9.						
instructions).	k	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								
		>								
			8b	_						
	(Points not reported to you on Form 1098. See instructions for special								
		rules	8c							
		Mortgage insurance premiums (see instructions)	8d							
		Add lines 8a through 8d	8e 21,58	9.						
		Add lines On and O			0 21,589.					
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see		- i	21,0001					
Charity	•••	instructions	11 12,45	2.						
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 2,40	ο.						
see instructions.	13	Carryover from prior year	13							
		Add lines 11 through 13		1	4 14,852.					
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (other	r than net qualifie	ed						
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1		ee						
		instructions			5					
Other	16	Other—from list in instructions. List type and amount ▶								
Itemized										
Deductions				_	6					
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e			7 40 441					
Itemized Deductions	40	Form 1040 or 1040-SR, line 9		_	7 46,441.					
Deductions	18	If you elect to itemize deductions even though they are less than your check this box		11,						

SCHEDULE E

(Form 1040 or 1040-SR)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 13

. ,	shown on return							Yours	ocial secu	rity num	ber
IVAN											
Part		From Rental Real Estate and Ro	-					_			, use
	•	nstructions). If you are an individual, rep							_		_
		nts in 2019 that would require you to		. ,			,				
		ou file required Forms 1099?							🗀	Yes	No
<u>1a</u>	Physical address of e	each property (street, city, state, ZIF)							
_ <u>A</u>		BALTIMORE MD 2121									
В		WINDSOR MILL	MD 2	2124439	60						
С								_			
1b	Type of Property	2 For each rental real estate propagore, report the number of fa	perty li	sted al and			Rental		nal Use		ληΛ
	(from list below)	personal use days. Check the (QJV b	0X			ays	D.	ays		
_A	1	only if you meet the requirement a qualified joint venture. See in	nts to i		-		365		0		
B	1	a quanned joint venture. See in	oudou		3		365		0		<u> </u>
	f Duamant			(,						
	of Property: gle Family Residence	3 Vacation/Short-Term Rental	E Las	a d		7 Calf	Dontol				
,	,	4 Commercial		na yalties		7 Self-					
Incom	ti-Family Residence	Properties:	6 HO		Α	8 Otne	r (describe			С	
3		_	3			000.	_	15,000			
4			4		24,	000.	-	13,000	' · 		
Expen			-								
5			5								
6	_	nstructions)	6								
7	,	nance	7								
8			8								
9			9		1	250.		600	,		
10		ssional fees	10			230.		000	<u>' · </u>		
11			11		1.	080.					
12	-	d to banks, etc. (see instructions)	12			443.					
13			13					7,587	· .		
14			14			750.		550			
15	•		15								
16			16		5,	592.					
17			17								
18		or depletion	18		10,	171.		5,855	i.		
19	Other (list) ► See I	Line 19 Other Expenses	19			37.		2,700).		
20	Total expenses. Add I	lines 5 through 19	20		30,	323.	-	17,292	2.		
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must									
	file Form 6198		21		-6,	323.		-2,292	· ·		
22		estate loss after limitation, if any,									
	on Form 8582 (see in	•	22	(0.)			.)()
23a		eported on line 3 for all rental prope				23a	3	39,000	<u>'- </u>		
b		eported on line 4 for all royalty prop	erties			23b					
C		eported on line 12 for all properties				23c		L1,443			
d		eported on line 18 for all properties				23d		L6,026			
e		eported on line 20 for all properties				23e		17,615			
24	·	e amounts shown on line 21. Do no		-					4		
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losses	s from line 2	22. E	nter tota	ai losses hei	re . 2	5 (0.)
26		ate and royalty income or (loss).									
		IV, and line 40 on page 2 do not									
		040 or 1040-SR), line 5, or Form 1									
	amount in the total or	line 41 on page 2						. 2	6		0.

1-	-/-\ -b		th	16 h	and a Albana (1997)			V	-1-1 - 1	t		
	ne(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number											
ΙV	AN J BATES	5										
Cau	ution: The IRS compares an	nounts reported	d on your	r tax retur	n with amou	nts show	n on Schedule(s) K	-1.				
Pa	art II Income or Loss	From Partne	rships a	and S Co	prporations	- Note	: If you report a loss,	receive	a distribu	tion, dispose of		
	stock, or receive a loa	an repayment fror	n an S co	rporation,	you must che	ck the box	x in column (e) on line	28 and	attach th	e required basis		
	computation. If you re	port a loss from	an at-risk	activity for	which any ar	mount is r	not at risk, you must	check t	ne box in (column (f) on		
	line 28 and attach Fo	rm 6198 (see inst	ructions).									
27	Are you reporting any I	oss not allowed	d in a pri	or vear du	ue to the at-r	isk or ba	sis limitations, a pr	ior vea	r unallow	ed loss from a		
	passive activity (if that											
	see instructions before								,50 a a			
) Enter P fo			(d) Employer		Check if	(f) Check if		
28	(a) Name	•		artnership; S r S corporati		in	identification number	basis co	omputation equired	any amount is not at risk		
Α	BATES & GARCIA, P.	C	101	S	partitoren	1	Hamber	15 10		П		
В	BATES & GARGEAY 11.	· ·			+ +	<u> </u>						
c					+ +							
D												
_	Passive Incor	ne and Loss				No	onpassive Income	and L	oss.			
	(g) Passive loss allowed		sive incom) (i)	Nonpassive los		(j) Section 179 exp		T	passive income		
	(attach Form 8582 if required)	. ,	hedule K-		(see Schedule		deduction from Form			Schedule K-1		
_										260,159.		
A B										200, 159.		
С												
D												
	a Totals									260,159.		
29										200, 159.		
	b Totals	of line 200						20		260 150		
30								30	/	260,159.		
31	(3// (//				 Camabina lina			31	(200 150		
32	Total partnership and S				Combine line	s 30 and	131	32		260,159.		
Pa	income or Loss	From Estates	s and 11	rusis				1				
33				nployer on number								
^												
A B												
_	Passiv	e Income and	Loss				Nonpassive Ir	come	and Los	ss		
	(c) Passive deduction or los			d) Passive in	como	(0)		(f) Other income from				
	(attach Form 8582 if red		,	rom Schedu		(e) Deduction or loss from Schedule K-1			Schedule K-1			
Α												
В												
34	a Totals											
	b Totals											
35		of line 34a						35				
36	(, (,							36	(,		
37	, , , , ,			ina linas 3	 25 and 36			37	\			
	rt IV Income or Loss		-			t Cond	uits (RFMICs)—I		ual Holo	ler		
					ess inclusion fro		Taxable income (net loss					
38	(a) Name	(b) Employer iden number	uncation		edules Q, line 20 ee instructions)	fro	om Schedules Q, line 1b	5)		me from s Q, line 3b		
				(50	e instructions)							
39	Combine columns (d) an	d (e) only Enter	r the resi	ult here ar	nd include in	the total	l on line 41 helow	39				
	art V Summary	a (c) orny. Erito	1110 1000	ait fiore ai	ia iriolado iri	tile total	TOTT IIITO 41 BCIOW	- 00				
40		or (loss) from Fo	rm 4835	5. Also co	mplete line 4	12 below	1	40				
41					•			41		260,159.		
	, ,				,	5 15 5719, 11116	e, or return to to thin, into to P	1				
42	Reconciliation of farming farming and fishing income											
	(Form 1065), box 14, code											
	AC; and Schedule K-1 (For					42						
	•	•		,	,	72						
43												
	(see instructions), enter the notation 1040, Form 1040-SR, or Form											
	you materially participated und				nico ili WillCII	43		-				

Form **8995-A** 1

Qualified Business Income Deduction

► Attach to your tax return.

► Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-0123

2019
Attachment

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Attach to y

Go to www.irs.gov/Form8995A for

Attachment Sequence No. **55A** Your taxpayer identification number

I١	/AN J BATES					
Part	Trade, Business, or Aggregation Information					
	olete Schedules A, B, and/or C (Form 8995-A), as applicable, l astructions.	before st	arting	Part I. Attach addi	tional worksheets w	hen needed.
1	(a) Trade, business, or aggregation name	aggregation name (b) Che specified			(d) Taxpayer identification number	(e) Check if patron
Α	BATES & GARCIA, P.C.	X				
В]			
С]			
Part	Determine Your Adjusted Qualified Business I	ncome				
				Α	В	С
2	Qualified business income from the trade, business, or aggre See instructions	_	2	156,225.		
3	Multiply line 2 by 20% (0.20). If your taxable income is \$1 or less (\$160,725 if married filing separately; \$321,400 if r filing jointly), skip lines 4 through 12 and enter the amour line 3 on line 13	narried nt from	3	31,245.		
4	Allocable share of W-2 wages from the trade, busine aggregation		4	269,608.		
5	Multiply line 4 by 50% (0.50)		5	134,804.		
6	Multiply line 4 by 25% (0.25)		6	67,402.		
7	Allocable share of the unadjusted basis immediately acquisition (UBIA) of all qualified property		7	59,830.		
8	Multiply line 7 by 2.5% (0.025)		8	1,496.		
9	Add lines 6 and 8		9	68,898.		
10	Enter the greater of line 5 or line 9		10	134,804.		
11	W-2 wage and qualified property limitation. Enter the smalline 3 or line 10		11	31,245.		
12	Phased-in reduction. Enter the amount from line 26, if an instructions	•	12			
13	Qualified business income deduction before patron red Enter the greater of line 11 or line 12		13	31,245.		
14	Patron reduction. Enter the amount from Schedule D (Form 8 line 6, if any. See instructions	,,	14			
15	Qualified business income component. Subtract line 14 from	line 13	15	31,245.		
16	Total qualified business income component. Add all ar reported on line 15		16	31,245.		

Form 8995-A (2019) Page **2**

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$160,700 but not \$210,700 (\$160,725 and \$210,725 if married filing separately; \$321,400 and \$421,400 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

						Α		E	3		С
17	Enter the amounts from line 3			17							
18	Enter the amounts from line 10			18							
19	Subtract line 18 from line 17			19							
20	Taxable income before qualified business income deduction	20									
21	Threshold. Enter \$160,700 (\$160,725 if married filing separately; \$321,400 if married filing jointly)	21									
22	Subtract line 21 from line 20	22									
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23									
24	Phase-in percentage. Divide line 22 by line 23	24	%								
25	Total phase-in reduction. Multiply line 19 by	line 2	1	25							
26	Qualified business income after phase-in re 25 from line 17. Enter this amount here ar	nd on	line 12, for the								
	corresponding trade or business			26							
Part	V Determine Your Qualified Busines										
27	Total qualified business income compo businesses, or aggregations. Enter the amou					27		31,24	5.		
28	Qualified REIT dividends and publicly trace (loss). See instructions					28					
29	Qualified REIT dividends and PTP (loss) carry					29	(_)		
30	Total qualified REIT dividends and PTP incless than zero, enter -0					30					
31	REIT and PTP component. Multiply line 30 b	y 20%	(0.20)			31					
32	Qualified business income deduction before	the in	come limitation. A	dd lin	es 27 a	and 31			▶ (32	31,245.
33	Taxable income before qualified business income					33	3	361,35	3.		
34	Net capital gain. See instructions					34			0.		
35	Subtract line 34 from line 33. If zero or less,									35	361,353.
36	Income limitation. Multiply line 35 by 20% (0									36	72,271.
37	Qualified business income deduction beforunder section 199A(g). Enter the smaller of li	ne 32	or line 36						▶ [:	37	31,245.
38	DPAD under section 199A(g) allocated from										
										38	04.045
39	Total qualified business income deduction. A								-	39	31,245.
40	Total qualified REIT dividends and PTP (lo greater, enter -0-	,	,							40	(0)
	greater, enter -0	• •		·-					. '		(0 .) Form 8995-A (2019)

SCHEDULE A (Form 8995-A)

Department of the Treasury Internal Revenue Service

Specified Service Trades or Businesses

Complete Schedule A only if your trade or business is a specified service trade or business (see instructions) and your taxable income is more

► Attach to Form 8995-A. ▶ Go to www.irs.gov/Form8995A for instructions and the latest information. OMB No. 1545-0123 2019

Attachment Sequence No. 55B

Name(s) shown on return

IVAN J

22

23

24

BATES

Your taxpayer identification number

than \$160,700 but not \$210,700 (\$160,725 but not \$210,725 if married filing separately; \$321,400 and \$421,400 if married filing jointly). If your taxable income isn't more than \$160,700 (\$160,725 if married filing separately; \$321,400 if married filing jointly) and you're not a patron of an agricultural or horticultural cooperative, don't file this form; instead, file Form 8995, Qualified Business Income Deduction Simplified Computation. Otherwise, complete Schedule D (Form 8995-A) before beginning Schedule A. If your taxable income is more than \$210,700 (\$210,725 if married filing separately; \$421,400 if married filing jointly), your specified service trade or business doesn't qualify for the deduction. If you have more than three trades or businesses, attach as many Schedules A as needed. See instructions. Other Than Publicly Traded Partnerships (PTP) Part I Α С 1a BATES & GARCIA, P.C. **1a** Trade or business name 1b 2 Qualified business income or (loss) from the trade or business . . . 260,159. Allocable share of W-2 wages from the trade or business . . . 448,973. 3 3 4 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property 99,633. 4 5 Taxable income before qualified business income deduction 5 361,353. Threshold. Enter \$160,700 (\$160,725 if married filing separately; \$321,400 if married filing jointly) 321,400. 6 7 Subtract line 6 from line 5 7 39,953. Phase-in range. Enter \$50,000 (\$100,000 if 8 married filing jointly) 8 100,000. Divide line 7 by line 8 9 9 0.003995 10 Applicable percentage. Subtract line 9 from 100% 10 0.6005 % Applicable percentage of qualified business income or (loss). 11 Multiply line 2 by line 10. Enter this amount on Schedule C (Form 8995-A) or on Form 8995-A, line 2, for the corresponding trade or business, as appropriate. See instructions 156,225. 11 Applicable percentage of W-2 wages. Multiply line 3 by line 10. Enter this amount on Form 8995-A. line 4, for the corresponding trade or business, as appropriate. See instructions 12 269,608. Applicable percentage of the UBIA of qualified property. Multiply line 4 by line 10. Enter this amount on Form 8995-A, line 7, for the corresponding trade or business, as appropriate. See instructions . 59,830. **Publicly Traded Partnership** Part II Α 14 14 15 15 16 16 Total PTP specified service trade or business (SSTB) income or (loss). Combine all amounts on line 16 17 17 18 18 Threshold. Enter \$160,700 (\$160,725 if married filing separately; \$321,400 if married filing jointly) . . . 19 19 20 20 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) 21 21

Applicable percentage of qualified PTP income or (loss). Multiply line 17 by line 23. Include this

%

22

23

24

Form **8960**

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax— Individuals, Estates, and Trusts

► Attach to your tax return.

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

2019 Attachment Sequence No. 72

OMB No. 1545-2227

Name(s) shown on your tax return Your social security number or EIN IVAN J BATES Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 260. 1 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 260,159. 4a Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b -260,159. 4c Θ. Net gain or loss from disposition of property (see instructions) 5a 5a Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) . . . 6 7 Other modifications to investment income (see instructions) 7 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 8 260. Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) 9b 10 Miscellaneous investment expenses (see instructions) 10. 9d 10 10 10. 11 Total deductions and modifications. Add lines 9d and 10 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 Estates and trusts, complete lines 18a-21. If zero or less, enter -0- 12 250. Individuals: Modified adjusted gross income (see instructions) 13 407,794. 14 250,000. Subtract line 14 from line 13. If zero or less, enter -0- 15 157,794. 15 16 250. 16 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 10. **Estates and Trusts:** 18a 18a Deductions for distributions of net investment income and deductions under 18b Undistributed net investment income. Subtract line 18b from 18a (see instructions). 18c 19a **b** Highest tax bracket for estates and trusts for the year (see instructions) . . 19b c Subtract line 19b from line 19a. If zero or less, enter -0- 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 include on your tax return (see instructions) 21

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.

OMB No. 1545-1008 Attachment Sequence No. 88

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

Identifying number

IVA	N J BATES		
Par	2019 Passive Activity Loss		
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
Renta	I Real Estate Activities With Active Participation (For the definition of active participation, see		
	al Allowance for Rental Real Estate Activities in the instructions.)		
1a	Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a		
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b (
С	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))		
d	Combine lines 1a, 1b, and 1c	1d	
Comi	nercial Revitalization Deductions From Rental Real Estate Activities		
2a	Commercial revitalization deductions from Worksheet 2, column (a) 2a (
b	Prior year unallowed commercial revitalization deductions from Worksheet 2,		
	column (b)		
С	Add lines 2a and 2b	2c ()
	her Passive Activities		,
3a	Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a 0.		
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b (8,615.)		
c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c (76, 899.)	-	
d	Combine lines 3a, 3b, and 3c	3d	-85,514.
	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your		
4	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	4	-85,514.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.	4	-00,014.
	• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.		
	 Line 3d is a loss (and lines 1d and 2c are zero or more), skip Part II and go to Part III. 	.d ~~ +	line 1E
Court	•	_	
	on: If your filing status is married filing separately and you lived with your spouse at any time during the or Part III. Instead, go to line 15.	year, c	io not complete
Part			
rail	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
		-	
5	Enter the smaller of the loss on line 1d or the loss on line 4	5	
6	Enter \$150,000. If married filing separately, see instructions	-	
7	Enter modified adjusted gross income, but not less than zero. See instructions 7		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
_	line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10	Enter the smaller of line 5 or line 9	10	0.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Part	·		ivities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instruction		
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions.	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	
Part	IV Total Losses Allowed		
15	Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16	Total losses allowed from all passive activities for 2019. Add lines 10, 14, and 15. See instructions		
	to find out how to report the losses on your tax return	16	0.

BAA

Caution: The worksheets must be filed worksheet 1 – For Form 8582, Lines 1				for you	record	s.				
Workshoot From Coo2, Emes 1	Currer		3110)	Prior	vears		Overall o	gain or loss		
Name of activity	(a) Net income	(b) Net lo	oss	(c) Una		(4)		1		
	(line 1a)	(line 1b)	loss (li	ne 1c)	(a)) Gain	(e) Loss		
Total. Enter on Form 8582, lines 1a, 1b, and 1c										
Worksheet 2—For Form 8582, Lines 2	· · · · · · · · · · · · · · · · · · ·									
Name of activity	(a) Current deductions (unall	(b) Prowed ded	ior year luctions (line 2b)	(c)	(c) Overall loss		
Total. Enter on Form 8582, lines 2a and 2b										
Worksheet 3—For Form 8582, Lines 3	⊥ a, 3b, and 3c (se	e instruction	ons)							
	Currer	nt year		Prior	years		Overall g	gain or loss		
Name of activity	(a) Net income (line 3a)	(b) Net Id		(c) Una		(d)) Gain	(e) Loss		
	0.		323.		,568.			57,891.		
	0.		92.		,331.			27,623.		
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	0.		15.		,899.					
Worksheet 4—Use This Worksheet if a		own on Fo	rm 8	582, Lin	e 10 or	14. See	instruct	ions.		
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Los	(a) Loss (l		(b) Ratio		(b) Ratio		Special wance	(d) Subtract column (c) from column (a)
				1.0	00					
Worksheet 5—Allocation of Unallowe	,									
Name of activity	Form or schedu and line numb to be reported (see instruction	er on	(a) Lo	oss	(b) Ratio		(c	e) Unallowed loss		
	E Ln 22			7,891.		69768		57,891.		
	E Ln 22		21	7,623.	⊍.32	30231	.ა	27,623.		
Total	<u></u> .	. ▶	85	5,514.		1.00		85,514.		

Work	sheet 6-Allowed Losses (see in	nstru	ctions)							
Name of activity			Form or sche and line nun to be reporte (see instruct	nber ed on	(a) Loss		(b) Unallowed loss		(c) Allowed loss
			E Ln 2	2		57,891.		57,891.		0.
			E Ln 2	2		27,623.		27,623.		0.
				. ▶		85,514.		85,514.		0.
Work	sheet 7-Activities With Losses						edules		ion	
Name	of activity:		(a)		(b)	(c) Ra	tio	(d) Unallower	d	(e) Allowed loss
	or schedule and line number reported on (see instructions):									
1a	Net loss plus prior year unallowed loss from form or schedule .									
b	Net income from form or schedule ▶									
С	Subtract line 1b from line 1a. If zero of	or less	s, enter -0- ▶							
	or schedule and line number reported on (see instructions):									
1a	Net loss plus prior year unallowed loss from form or schedule . ▶									
b	Net income from form or schedule ▶									
С	Subtract line 1b from line 1a. If zero of	or less	s, enter -0-▶							
	or schedule and line number reported on (see instructions):									
1a	Net loss plus prior year unallowed loss from form or schedule .									
b	Net income from form or schedule ▶									
С	Subtract line 1b from line 1a. If zero of	or less	s, enter -0- ▶							
Total			▶			1.00)			
										= 0E00 (see)

MARYLAND **FORM 502**

Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to

RESIDENT INCOME TAX RETURN



2019

	OR FISCAL YEAR BE	GINNING	2019, ENDING		
Print Using Blue or Black Ink Only	Your Social Security Nu IVAN Your First Name BATES Your Last Name Spouse's First Name		■III W:±		
	Current Mailing Address	S Line 1 (Street No. and Street Name	e or PO Box)		
			BALTIMORE	MD	21230 4964
	Current Mailing Address	s Line 2 (Apt No., Suite No., Floor No	City or Town	State	ZIP Code + 4
Form 502. Attach check or money order to Form PV.		Address Line 1 (Street No. and Street No. Address Line 2 (Apt No., Suite No., Floor Address Line 2 (Apt No., Suite No., Suite No., Floor Address Line 2 (Apt No., Suite No., S	BALTIMORE CITY Maryland Political Subdivision (Section) Iame) (No PO Box) T No.) (No PO Box) MD 2123	e Instruction 6) 30 4964 ode + 4 Maryland County con's tax return, use Filing come	Status 6.)
	PART-YEAR RESIDENT See Instruction 26.	Dates of Maryland Resider Other state of residence: If you began or ended legal r MILITARY: If you or your sp Enter Military Income amou	_ esidence in Maryland in 20 ouse has non-Maryland r	19 place a P in the box military income, place an I	I
	EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.	B. ▶ 65 or over ▶ 65	or over	necked X \$1,000	10 A.\$

RESIDENT INCOME TAX RETURN



2019 Page 2

NAME IVAN J	BATES SSN	
MARYLAND HEALTH CARE COVERAGE	Check here ▶ ☐ If you do not have health care coverage DOB (mm/dd/yyyy) ▶	
See Instruction 3.	Check here ► If your spouse does not have health care coverage DOB (mm/dd/yyyy) ►	
	Check here ▶ ☐ I authorize the Comptroller of Maryland to share information from this tax return	
	Maryland Health Benefit Exchange for the purpose of determining pre-eligibility f or low-cost health care coverage.	or no-cost
	or low cost health care coverage.	
	E-mail address	
	1. Adjusted gross income from your federal return	407794
INCOME		
See Instruction 11.	1b. Earned income 1b. 1c. Capital Gain or (loss) 1c.	
	1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) 1d	
	1e. Place a "Y" in this box if the amount of your investment income is more than \$3,600	
	Te. Place a 'Y' in this box if the amount of your investment income is more than \$3,000	
ADDITIONS	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland 2	
TO INCOME	3. State retirement pickup	·_
See Instruction 12.	4. Lump sum distributions (from worksheet in Instruction 12.)	·
	5. Other additions (Enter code letter(s) from Instruction 12.) 5 5.	
	6. Total additions to Maryland income (Add lines 2 through 5.) 6	
	 7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	
	9. Child and dependent care expenses	
SUBTRACTIONS	5. Cililu allu dependent care expenses	
FROM INCOME See Instruction 13.	10a. Pension exclusion from worksheet (13A) Yourself ▶ Spouse ▶ ▶ 10a	
	10b. Pension exclusion from worksheet (13E) Yourself ▶ Spouse ▶ ▶ 10b	·-
	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11	
	12. Income received during period of nonresidence (See Instruction 26.) ▶ 12	
	13. Subtractions from attached Form 502SU	
	14. Two-income subtraction from worksheet in Instruction 13	
	15. Total subtractions from Maryland income (Add lines 8 through 14.)	14200
	16. Maryland adjusted gross income (Subtract line 15 from line 7.)	393594
	All taxpayers must select one method and check the appropriate box.	
DEDUCTION METHOD	► STANDARD DEDUCTION METHOD (Enter amount on line 17.)	
See Instruction 16.	► X ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)	
	17a. Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a.	441
	17b. State and local income taxes (See Instruction 14.) ▶ 17b.	0
	Subtract line 17b from line 17a and enter amount on line 17.	
	17. Deduction amount (Part-year residents see Instruction 26 (I and m).) ▶ 17	46441
	18. Net income (Subtract line 17 from line 16.)	347153
	19. Exemption amount from Exemptions area (See Instruction 10.)	0
	20. Taxable net income (Subtract line 19 from line 18.)	347153

MARYLAND FORM

RESIDENT INCOME TAX RETURN



2019 Page 3

NAME IVAN J		BATES SSN	
		Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21.	17784
MARYLAND	22.	Earned income credit (EIC)(See Instruction 18.)	
TAX			
COMPUTATION	Г	Check this box if you are claiming the Maryland Earned Income Credit,	
	L	but do not qualify for the federal Earned Income Credit.	
		Poverty level credit (See Instruction 18.)	
		Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) 24.	
		Business tax credits You must file this form electronically to claim business tax of	
		Total credits (Add lines 22 through 25.)	4 = = 0 4
		Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0	
	28.	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	
LOCAL TAX		your local tax rate .0 0320 or use the Local Tax Worksheet	11109
COMPUTATION	20		
		Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	
		Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	
		Total credits (Add lines 29 through 31.)	
	32.	Total credits (Add lines 25 tillough 51.)	
	33.	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	11109
		25 and the creates (Subtrace line 32 Holl line 25) It less than 6, cited 6.1.1.1.1.55	
	34.	Total Maryland and local tax (Add lines 27 and 33.)	28893
	35.	Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35.	
CONTRIBUTIONS	36.	Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	
See Instruction 20.	37.	Contribution to Maryland Cancer Fund	
		Contribution to Fair Campaign Financing Fund ▶ 38.	
			28893
		Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	
	40.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	10278
		and attach if MD tax is withheld.)	
	41.	2019 estimated tax payments, amount applied from 2018 return, payment made	15000
		with an extension request, and Form MW506NRS	
		Refundable earned income credit (from worksheet in Instruction 21)	
	43.	Refundable income tax credits from Part CC, line 7 of Form 502CR	
		(Attach Form 502CR. See Instruction 21.)	25278
	44.	Total payments and credits (Add lines 40 through 43.)	
	45.	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.	
	45.	See Instruction 22.)	3615
	46.	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	
		— The state of the	
	47.	Amount of overpayment TO BE APPLIED TO 2020 ESTIMATED TAX ▶ 47.	
		Amount of overpayment TO BE REFUNDED TO YOU	·
REFUND		(Subtract line 47 from line 46.) See line 51	
	40	Check here X if you are attaching Form 502UP. Enter interest charges from line 18	
	49.	Check here you are attaching Form 5020P. Enter interest charges from line 18	
		of Form 502UP or for late filing ▶ 49.	1133
AMOUNT DUE	50.	TOTAL AMOUNT DUE (Add lines 45 and 49.)	
		IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV 50.	4748

Form **8879**

IRS e-file Signature Authorization

► Return completed Form 8879 to your ERO. (Don't send to the IRS.)

►Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Submission Identification Number (SID)			
Taxpayer's name	Social se	curity number	
IVAN J BATES			1
Spouse's name	Spouse's	social security nu	mber
Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole dolla)	
1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)		1	<u>341,780.</u>
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)		2	<u>54,531.</u>
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a).	}	3	19,507.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and kee	ер а сс	py of your	return)
electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to sent the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the author must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 busin date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential informations in the processing of the electronic payment (PIN) below is my signature for my emy Electronic Funds Withdrawal Consent.	urn or refui) entry to th financial in rization. To less days p ation neces	nd, and (c) the daine financial institution to debit or revoke (cancel) a rior to the paymen sary to answer inq	te of any refund. tion account the entry to payment, I t (settlement) uiries and
Taxpayer's PIN: check one box only			
X I authorize PA to enter or generate m	ıv PIN		
ERO firm name	<i>,</i> , , , , ,	Enter five digi	ts, but
as my signature on my tax year 2018 electronically filed income tax return		don't enter all	zeros
I will enter my PIN as my signature on py, tex year 2018 electronically filed income tax return. Check the own PIN and your return is filed using the Fractitioner PIN method. The ERO must complete Part III bell Your signature	is box or ow. Date ►	nly if you are e	entering your
Spouse's PIN: check one box only		<i>*</i>	
X I authorize to enter or generate m	ıy PIN		
ERO firm name		Enter five digi don't enter all	ts, but zeros
as my signature on my tax year 2018 electronically filed income tax return.			
I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check the own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III bel	is box o	n ly if you are e	intering your
	Date ►	10/1	2-110
Spouse's signature ►	Date -		9/17
Practitioner PIN Method Returns Only — continue below			
Part III Certification and Authentication Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		Don't o	enter ali zeros
I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically f taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.	iled inco of the Pr	me tax return i ractitioner PIN	for the method
ERO's signature ►	Date ►		
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So			
BAA For Paperwork Reduction Act Notice, see your tax return instructions.		Forn	n 8879 (2018)

		S. Individual Íncome T	ax Return	20	18	OMB	No. 154	5-0074	IRS Use Or	nly — Do	not write o	or staple in this space.
Filing status: Sir		X Married filing jointly	Married filing separa		Hea	d of house	shold	Qualify	ing widow(e			
Your first name and in IVAN J BAT			Lasi	name					Yo	ur encial	security n	umber
Your standard deduction		Someone can claim you as a depe	ndent You	vere hor	n hefore	January 2.	1954	Пуп	u are blind			
If joint return, spouse's				name	11 001010	Jeniada y 12,	1004			ouse's sc	ocial secur	ity number
		····										
Spouse standard dedu	ction:	Someone can claim your spous	e as a dependent		Spouse	was born l	before Ja	anuary 2, 195	4 X	Full-year	ar health c npt (see in	are coverage
Spouse is blind		Spouse ilemizes on a separate	*	I-status a	alien							
Home address (number	er and s	street). If you have a P.O. box, see in	structions.					Apt. no.		esidentia ee inst.)	l Election	
City, town or post offic	e. state	e, and ZIP code. If you have a foreign	address, attach Sched	ule 6.					lf r	more than	four depe	Spouse
-		21230-4964	•						- 1		d. ✓ here	
Dependents (see	instru	ctions):	(2) Social security	0	3) Relatio	onship to y	ou		(4) ✓ if q	ualifies fo	or (see ins	;;
(1) First name		Last name	number	_					x credit	$\langle \gamma \rangle$	Credit to	other dependents
									<u>X</u>	4))	12
								- 12	<u>Κ</u> //	\mathbb{W}		<u> </u>
				_				/		XX—		
Cinn	Linde	r penalties of periury. I declare that I	have examined this re	turn and	2000000	anvina ech	edulac a	and statements	and to the	L bot le	mie knauda	ides and heliaf they
Sign Here		r penalties of perjury, I declare that I rue, correct, and complete. Declaration	on of preparer (other th	an taxpa					preparer			
Joint return?		our signature			Date			RNEY	.]]	/ <u> </u>	f the IRS sent ⊇IN, enter i	you an Identity Protection
See instructions.	▶ 5	pouse's signature. If a joint return, bo	th must sign.		Date			s occupation	\leq		nere (see in f the IRS sent	nst.) you an Identity Protection t
Keep a copy for your records.		•						HOLOGI	ST	F	PIN, enter i nere (see ir	f nst.)
	Prepa	arer's name	Preparer's signat	ure.	,		PTINT		Firm's	EIN		Check if:
Paid							_	-				X 3rd Party Designee
Preparer		s name				$\rightarrow \rightarrow$	Phone n	0,				Self-employed
Use Only	Firm	s address *				/_	_					
BAA For Disclos	ure,	Privacy Act, and Paperworl	Reduction Act I	løtice,	, see s	éparate	instru	ctions.	FD(A0112	L 01/08	/19	Form 1040 (2018)
Form 1040 (2018)		•	. <	7	<i>/</i> > \	//						Page 2
Attach Form(s)	1	Wages, salaries, tips, etc.	Attach Form(s) V	V-2//		· · · · · · · ·					1	139,693.
W-2. Also attach Form(s) W-2G	2a	Tax-exempt interest	2a	//		•	b Ta	axable inte	erest	. 2	ь	95.
and 1099-R if tax	3 a	Qualified dividends		-/	//		•					30.
was withheld.			-	V	<u> </u>	212	· 🏲 🏋	rdi narydi)	ER G	·		F.C. C.E.A.
	4a 5a	IRAs, pensions, and annu Social security benefits		<u></u>	67,	312.		axable am axable am				56,654.
	6	Total income. Add lines 1 through		om Sch	edule 1.	line 22					8	341,865.
	, 7	Adjusted gross income. If	ybur pave no adju	stmen	ts to in	ncome,	enter t	the amoun	t from		_	341,003.
Standard Deduction for –		line 6; otherwise, subtract	Schedule 1, line	36, fro	om line	6					7	341,780.
Single or	8	Standard deduction of ite	mized deduction	s (fron	n Sche	dule A).			<i>,</i>	. 8	8	40,795.
married filing	9	Qualified business income									9	28,845.
separately, \$12,000	10									. 10	0	272,140.
Married filing	11	a Tax (see inst.)	<u>53,893.</u> (c	heck if	f any fi	rom:	1 🗌	Form(s) 8	814			
jointly or Qualifying	,	2 Form 4972 3))							
widow(er).	h	Add any amount from S							►	$\lfloor \lfloor \frac{1}{2} \rfloor$	1	53,893.
\$24,000	12	Child tax gredit/credit for o	ther dependents			4,0	<u>00.</u>			X 12		F 000
• Head of household.	1.3	b add any amount from S Subtract line 12 from line	chedule 3 and ch	eck he	ere	• • • • • • •	• • • • •					5,200.
\$18,000 🗸 \	13	Other taxes. Attach Sched										48,693. 5,838.
• If you checked any	V .V.	Total tax. Add lines 13 and								_		54,531.
box under	16	Federal income tax withhe										19,507.
Standard	17	Refundable credits: a El	C (see inst.)									
deduction, see		b Sch. 8812	C F	orm 8	_						'	
instructions.		Add any amount from Sch		55,	,000	<u>.</u>				. 17	7	55,000.
	18	Add lines 16 and 17, Thes										74,507.
Refund	19	If line 18 is more than line 15, sul										<u> 19,976.</u>
Discolution and 2		Amount of line 19 you war	t refunded to you								a	<u> </u>
Direct deposit? See instructions.		Routing number I Account number		_	с туре	e: 📙	Uneck	ing L	Savings	S		
		Amount of line 19 you want applic	ed to your 2019 estim	ated ta	X	<u>.</u> ►]	21		19,97	6		
Amount You Owe		Amount you owe. Subtract line 1						ns		▶ 22	2	
		Estimated tax penalty (see								0.00		
Go to www.irs.gov/For	m1040	for instructions and the latest info	mation.							fishin had	F	orm 1040 (2018)

SCHEDULE 1 (Form 1040)

Départment of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2018

Name(s) shown on Fe	JIN 10-10	DAMEC		Tour Bo	ocial security number
IVAN J	n A1	BATES		1 06	
Additional	1-9b	Reserved		10	
Income	10				
	11	Alimony received Business income or (loss), Attach Schedule C or C-EZ		11	
	12	• •		13	
	13 14	Capital gain or (loss). Attach Schedule D if required. If not required, check he Other gains or (losses). Attach Form 4797	re ► □	14	20 570
	15a	Reserved		15b	20,570.
	16a	Reserved		166	4
	17	Rental real estate, royalties, partnerships, S corporations, tru		177	102 (52
	18	Farm income or (loss), Attach Schedule F	, ,	18	123,653.
	19	Unemployment compensation	` ` `	19	***************************************
	20a	Reserved		/ 	
	21	Other income, List type and amount 1099-MISC - BCPSS HE		21	1,200.
	22	Combine the amounts in the far right column. If you don't have	11 11	\ \	1,200.
	22	income, enter here and include on Form 1040, line 6. Otherw		22	145,423.
Adjustments	23	Educator expenses	23/	£	
to Income	24				
		and fee-basis government officials. Attach Form 2106	24\\ //		
	25	Health savings account deduction. Attach Form 8889.	25		
	26	Moving expenses for members of the Armed Forces.			
		Attach Form 3903	26		
		Deductible part of self-employment tax. Attach Schedule SE	27 85.		
		Self-employed SEP, SIMPLE, and qualified plans,	28	5 A	
		Self-employed health insurance deduction	29		
	30	Penalty on early withdrawal of savings	30		
	3 1a	Alimony paid b Recipient's SSN	31a	*	
	32	IRA deduction	32		
	33	Student loan interest deduction	33		
	34	Reserved	34		
	35	Reserved	35		
		Add lines 23 through 35.		36	85.
BAA For Paper	work Re	eduction Act Notice, see your tax return instructions.	•	Schedu	le 1 (Form 1040) 2018

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Nonrefundable Credits

► Attach to Form 1040.

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

OMB No. 1545-0074

2018

Name(s) shown on Form 10	04 0	_	Your social security number
IVAN J		BATES	
Nonrefundable	48	Foreign tax credit, Attach Form 1116 if required	48
Credits	49	Credit for child and dependent care expenses. Attach Form 2441	49 1,200.
	50	Education credits from Form 8863, line 19	50
	51	Retirement savings contributions credit, Attach Form 8880	51
	52	Reserved	52
	53	Residential energy credit. Attach Form 5695	53
	54	Other credits from Form a 3800 b 8801 c	54
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	1,200.

SCHEDULE 4 (Form 1040)

Department of the Treasury Internal Revenue Service

Other Taxes

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

OMB No. 1545-0074

2018

Name(s) shown on I	orm 1040	BATES	Your social security number
Other	57	Self-employment tax. Attach Schedule SE	57 170.
Taxes	58	Unreported social security and Medicare tax from: Form a 4137	170.
·uxos		b 8919	58
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored	
		accounts. Attach Form 5329 if required	5,665.
	60a	Household employment taxes. Attach Schedule H	60a
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if	
		required	60p
	61	Health care: individual responsibility (see instructions)	61
	62	Taxes from: a Form 8959 b X Form 8960	! /
		c Instructions; enter code(s)	62 3.
	63	Section 965 net tax liability installment from Form 965-A 63	
	64	Add the amounts in the far right column. These are your total other taxes. Exter here	
		and on Form 1040, line 14	64 5,838. Schedule 4 (Form 1040) 2018
<i>(</i> ^			

SCHEDULE 5 (Form 1040)

Department of the Treasury Internal Revenue Service

Other Payments and Refundable Credits

► Attach to Form 1040.

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

OMB No. 1545-0074

2018

Name(s) shown on Fo	rm 1040		Your	social security number
IVAN J		BATES	Ш	
Other	65	Reserved	65	
Payments and	66	2018 estimated tax payments and amount applied from 2017 return	66	35,000.
Refundable	67a	Reserved	67a	Mayra
Credits	b	Reserved	67b	
	68-69	B Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	~71	20,000.
	72	Excess social security and tier 1 RRTA tax withheld	74	
	73	Credit for federal tax on fuels. Attach Form 4136	113	
	74	Credits from Form: a 2439 b Reserved c 8885 d	/74	
	75	Add the amounts in the far right column. These are your total other payments and refundable gradits.		
		Enter here and include on Form 1040, line 17	√75	55,000. Jule 5 (Form 1040) 2018

SCHEDULE A (Form 1040)

Depaitment of the Treasury Internal Revenue Service (99)

Itemized Deductions

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

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

OMB No. 1545-0074

2018

Attachment Sequence No. 07

Your social security number Name(s) shown on Form 1040 IVAN J BATES Caution: Do not include expenses reimbursed or paid by others. Medical and 1 Dental 1 2 Enter amount from Form 1040, line 7. | 2 | Expenses Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-. 4 State and local taxes. Taxes You Paid 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..... 5a b State and local real estate taxes (see instructions)..... 5b c State and local personal property taxes...... 5c 36 **d** Add lines 5a through 5c..... e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filling 5e separately)...... 6 Other taxes. List type and amount ► 7 Add lines 5e and 6..... 10,000. Home mortgage interest and points. If you didn't use all of you Interest You Paid home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box..... Caution: Your mortgage a Home mortgage interest and points reported to you on interest ₿a 22,364. 1098..... deduction may b Home mortgage interest not reported to you on Form 2098. be limited (see instructions). paid to the person from whom you bought the home, see instructions and show that person's name identifying no address > 8b c Points not reported to you on Form 1098 See instructions for special rules. 8c d Reserved 8d 22,364. e Add lines 8a through 8e 9 Investment interest. Attach Form 4952 if required. See instructions. 9 Add lines 8e and 9. 10 22,364. Gifts by cash or check. If you made any gift of \$250 or more, Gifts to 11 Charity 11 8,431 Other than by cash or check. If any gift of \$250 or If you made a gift and got a benefit for more) see instructions. You must attach Form 8283 if over\\$\500,.... 12 it, see instructions. Carryover from prior year..... | 13 Add lines 11 through 13 14 8,431. Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster Casualty and Theft Losses losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions. 15 0. Other Other-from list in instructions. List type and amount Itemized **Deductions** 16 0. Add the amounts in the far right column for lines 4 through 16. Total **Itemized** Also, enter this amount on Form 1040, line 8..... 40,795 17 Deductions 18 If you elect to itemize deductions even though they are less than your standard deduction, check here.....

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040NR, or Form 1041.

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

OMB No. 1545-0074

Attachment Sequence No. 13

Your social security number

BATES IVAN J Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)..... XNo Yes B If "Yes," did you or will you file required Forms 1099?..... Yes No 1 a Physical address of each property (street, city, state, ZIP code) Α BALTIMORE, MD 21217 BALTIMORE, MD 21244-3960 В С Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a Personal Use Dav QJV Fair Rental Days Α 365 В В 365 qualified joint venture. See instructions. С C Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental Multi-Family Residence 4 Commercial 6 Royalties Other (describe) Income: Α Rents received 3 24 000 15,000 4 Expenses: 6 Auto and travel (see instructions)..... 7 Cleaning and maintenance 8 Commissions..... 8 ,228 9, 500 9 10 Legal and other professional fees..... Management fees..... 11 1,080 Mortgage interest paid to banks, etc. (see instructions)..... 12 11,799 5,491 13 Other interest 14 1,500 15 15 Supplies Taxes..... 16 2,276 16 5,452 17 17 150 Depreciation expense or depletion 18 6.749 5,854. 18 2,760. 19 Other (list) ► <u>SEE STM 1 (SEE</u> 19 37 20 Total expenses. Add lines 5 through 20 27,845. 17,031. Subtract line 20 from line 3 (rehts) and or 4 (royalties). If result is a (loss), se instructions to find out if you must file Form 6198 . . . 21 -3,845.-2,03122 Deductible cental real estate loss after limitation, if any, on Form 8582 (see instructions)...... 23 a Total of all amounts reported on line 3 for all rental properties. 23a 39,000 23b b Total of all amplints reported on line 4 for all royalty properties..... 23c c Total of all amounts reported on line 12 for all properties..... 17,290. d Total of all amounts reported on line 18 for all properties..... 12,603. e Total of all amounts reported on line 20 for all properties. 44,876. 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here... 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.

Schedule E (Form 1040) 2018 Attachment Sequence No. 13 Page 2 Name(s) shown on return. Do not enter name and social security number if shown on Page 1. Your social security number BATES IVAN J Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions). Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section....... X No Yes (b) Enter P for (e) Check if (c) Check if (d) Employer (f) Check if partnership; S basis 28 (a) Name foreign identification any amount for S computation partnership number is not at risk corporation is required A BATES & GARCIA, В С D Passive Income and Loss Nonpassive Income and Loss (i) Section No kpense deduction from Form 4562 (k) Nonpassive (h) Passive income from Schedule K-1 (g) Passive loss allowed (i) Nonpassive loss income from Schedule K-1 (attach Form 8582 if required) from Schedule K-1 123,653 В C D 29 a Totals..... 123,653 **b** Totals..... Add columns (h) and (k) of line 29a..... 30 123,653. SEE STATEMENT 3 31 Add columns (g), (i), and (j) of line 29b 32 Total partnership and S corporation income or (loss). Compline lines 30 nNd 31 123,653. Part III Income or Loss From Estates and Trusts 33 (a) Nar (b) Employer ID no. 1e Α В Passive Income and Loss Nonpassive Income and Loss (e) Deduction or loss (c) Passive deduction or loss allow (d) Passive income (f) Other income (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 from Schedule K-1 В **34** a Totals..... 35 Add columns (d) and (f) of line ¹34a 35 Add columns (c) and (e) of line 34b. 36 or (loss). Combine lines 35 and 36. Total estate and the Income or Coss From Real Estate Mortgage Investment Conduits (REMICs) — Residual Holder Part IV (c) Excess inclusion from Schedules Q, line 2c (see instructions) (d) Taxable income (b) Employer (e) Income from (a) Name 38 (net loss) from Schedules Q, line 1b identification number Schedules Q, line 3b Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below...... 39 Part V Summarv Net farm rental income or (loss) from Form 4835. Also, complete line 42 below..... 40 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18...... 123,653 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and

42

43

Schedule K-1 (Form 1041), box 14, code F (see instructions) . . .

Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities

in which you materially participated under the passive activity loss rules.

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

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.
► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment Sequence No. 27 ldentifying number

	AN J BATES							
1	Enter the gross proceeds from sales or exc (or substitute statement) that you are include	hanges rep ling on line	ported to you for	r 2018 on Form(See instructions	s) 1099-B or 1099	-S	1	22 050
Pa	, , , , , , , , , , , , , , , , , , , ,							22, 950.
ı	Than Casualty or Theft – Mos	st Prope	rty Held More	e Than 1 Yea	r (see instructi	ons)	دانانانان ا/	rioni oniei
2		_	T		(e) Depreciation	T	ost or other	T
_		ate acquired	(C) Date sold (mo., day, yr.)	(d) Gross sales price	allowed or	ba	asis, plus	(g) Gain or (loss) Subtract (f) from the
	or property (nik	., day, yr.)	(ino., day, yr.)	sales price	allowable since acquisition	expe	asis, plus verticats and ense of sale.	Subtract (f) from the sum of (d) and (e)
							1	
					1 .	//)) 	\triangleright
						1	//	_
						1/7		14
3	Gain, if any, from Form 4684, line 39					1.7.7	3	
4	Section 1231 gain from installment sales from	m Form 6	252, line 26 or 3	37		11	4	
5	Section 1231 gain or (loss) from like-kind e	changes i	from Form 8824		~~.\\].[5	
6	Gain, if any, from line 32, from other than o	asualty or	theft			Z	6	
7	Combine lines 2 through 6. Enter the gain of	r (loss) he	ere and on the a	ppropriate line	s follows:		7	
	Partnerships and S corporations. Report th	e dain or i	(loss) following (the	\			
	instructions for Form 1065, Schedule K, line	10, or Fo	rm 1120S, Sche	dule K ine 9. S	Skip limes 8, 9, 11,	and	4	
	12 below.							
	Individuals, partners, S corporation shareh line 7 on line 11 below and skip lines 8 and losses, or they were recaptured in an earlie Schedule D filed with your return and skip li	olders, an	d all others. If N	ine 7 is zero or	a loss, enter the a	mount	from	
	losses, or they were recaptured in an earlier	9. IT line / vear. ent	r is a gain ang y er the gain from	outoroa-t nave a	any prior year sect a-term capital gair	ion iza	31 e	
	Schedule D filed with your return and skip li	nes 8, 9, 1	11, and 12 below	k. //	g tomic outpitus, gam			
8	Nonrecaptured net section 1231 losses from						8	
9	Subtract line 8 from line 7. If zero or less, e	nter -0 If	line 9 is zero, e	epter the gain fr	om line 7 on line	2 belo	w. If	
	line 9 is more than zero, enter the amount f	rom line 8	on∐ne 12∖belø	wand enter the	gain from line 9 a	s a		
	long-term capital gain on the Schedule D file		<u> </u>	nstructions			9	
Par								
10	Ordinary gains and losses not included on li	nes Mthr	ough 16 (include	e property held	1 year or less):			
		\mathcal{U}						
		1/	<u> </u>					
	(\ \ \ \ \	\mathcal{A}						20-7-12-10
		V						
	Loss, if any, from line 7							
	Gain, if any, from line For amount from line							
13					• • • • • • • • • • • • • • • • • • • •		******	20,570.
14		and 38a				• • • • • • •	14	
15	Ordinary gain from installment sales from Fordinary gain or (loss) from like-kind exchain	orm 6252,	line 25 or 36		· · · · · · · · · · · · · · · · · · ·	• • • • • •	15	
	Ordinary gain or (loss) from like-kind exchain	nges from	Form 8824			• • • • • •	16	
17	Combinedines 10 through 16						17	20,570.
18	For all except individual returns, enter the all lines a and a pelow. For individual returns, of	mount from	n line 17 on the	appropriate line	e of your retu rn ar	nd skip		
2	If the loss on line 11 includes a loss from Fo				at part of the loss	here F	nter	
a	the loss from income-producing property on	Schedule	A (Form 1040).	line 16. (Do not	include any loss	on	5,75,87,5	
	property used as an employee.) Identify as t	rom 'Form	ı 4797, line 18a.	.' See instruction	ns		18a	
b	Redetermine the gain or (loss) on line 17 ex							
D A 4	(Form 1040), line 14							20,570.
DAA	For Paperwork Reduction Act Notice, see s	eparate in	structions.				i	Form 4797 (2018)

	rt III Gain From Disposition of Proper (see instructions)		ATES ider Sections 1245, 125	0, 1252, 1254, and	1255			Page 2
19	(a) Description of section 1245, 1250, 12	52, 12	254, or 1255 property:			(b) Date a (mo., day	cquired	(c) Date sold (mo., day, yr.)
A	LEXUS GX460					3/31/3		6/24/18
В								
C			·					
D								
The 19A	se columns relate to the properties on lir through 19D	1es ►	Property A	Property B		Property C		Property D
20	Gross sales price (Note: See line 1	00	22 050					
21	before completing.)	20 21	22,950.		_		4	
22	Depreciation (or depletion) allowed or allowable	22	41,919. 39,539.		_		1	\
23	Adjusted basis, Subtract line 22 from line 21,	23	2,380.				} 	\rightarrow
24	Total gain. Subtract line 23 from line 20	24	20,570.		_		/ -	•
25	If section 1245 property:						- 	
	Depreciation allowed or allowable from line 22	25a	39,539.					
	Enter the smaller of line 24 or 25a	25b	20,570.			(<u> </u>	
	If section 1250 property: If straight line depreciation was used, enter -0-on line 26g, except for a corporation subject to section 291. Additional depreciation after 1975, See Instra	26a		((\Rightarrow			
	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b				<i>)</i>	_	
C	: 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		$\forall \forall \rightarrow$	\neg			
	Enter the smaller of line 26c or 26d	26e		1	-+		_	
	Section 291 amount (corporations only)	26f		, // / / / / / / / / / / / / / / / / / 			+	
-	Add lines 26b, 26e, and 26f	26g		∕> [×]	-		$-\vdash$	
		20 9		,	-			
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses. Line 27a multiplied by applicable	27a						
	percentage. See instructions	27b 27c	\ <u>`</u>		_			, .
	If section 1254 property:	7	\					- ,
а	Intangible drilling and development casts, expenditures for development of mixes and other natural deposits, mining exploration costs, and depletion. See instructions	28a 28b						
	If section 1255 property:					***************************************		
	Applicable percentage of payments excluded from income under section 126. See instructions	29a						
	Enter the smaller of line 24 or 29a. See instra	29 b						
Sun	nmary of Partyll Gains. Complete p							
30	Total gains for all properties. Add proper	ty col	umns A through D, line	24			30	20,570.
31	Add property columns A through D, lines 25b, 26g, 2						31	20,570.
32	Subtract line 31 from line 30. Enter the portion from portion from other than casualty or theft on Form 47	r casual 797, line	lty or theft on Form 4684, line	33. Enter the			32	0.
Par	Recapture Amounts Under (see instructions)	Sec	tions 1 7 9 and 28 0 f	(b)(2) When B	usine	ess Use Drops	to 50%	
						(a) Section 179		(b) Section 280F(b)(2)
33	Section 179 expense deduction or depre-	ciation	n allowable in prior yea	rs	33			
34	Recomputed depreciation. See instruction	ns			34			
	Recapture amount. Subtract line 34 from line 33. Se				35			

Form **5329**

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Attach to Form 1040 or Form 1040NR.

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. 29

Name of individual subject to additional tax. If married filing jointly, see instructions. Your social security number IVAN J BATES Home address (number and street), or P.O. box if mail is not delivered to your home Apt. no. Fill in Your Address Only City, town or post office, state, and ZIP code, If you have a foreign address, also complete if You Are Filing This If this is an amended the spaces below. See instructions. Form by Itself and Not return, check herje 🟲 With Your Tax Return Foreign country name Foreign province/state/county Foreign postal code If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Schedule 4 (Form 1040), line 57, without filing Form 5329. See the instructions for Schedule 4 (Form 1040), line 59, or for Form 1040NR, line 57. (040)<u>, li</u>ne 59, or Additional Tax on Early Distributions. Complete this part if you took a taxable distribution (other than a qualified 2017 disaster distribution) before you reached age 59-1/2 from a qualified retirement plan (including an IRA) or modified endowment contract duries you are reporting this tax directly on Form 1040 or Form 1040NR — see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions. 1 Early distributions included in income. For Roth IRA distributions, see instructions... 1 56,654. 2 Early distributions included on line 1 that are not subject to the additional tax (see in Enter the appropriate exception number from the instructions: 2 3 Amount subject to additional tax. Subtract line 2 from line 1............ 3 56,654. Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 4 (Forpy-1940), line 59 of Ferri 2040NR, line 57... 4 5,665. Caution: If any part of the amount on line 3 was a distribution from a SMMPLE RA, you may have to include 25% of that amount on line 4 Instead of 10%. See instructions. Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts. Part II Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLE account. Distributions included in income from a Coverdell ESA, a QTR, or an ABLE account 5 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 7 8 Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57..... Additional Tax on Excess Contributions to Traditional IRAs. Part III Complete this part if you contributed more lowour traditional IRAs for 2018 than is allowable or you had an amount on line 17 of your 2017 Form 5329 Enter your excess contributions from the 16 of your 2017 Form 5329. See instructions. If zero, 9 go to line 15...... If your traditional IRA contribution's for 2018 and Jess than your maximum allowable contribution, see instructions. Otherwise, enter -0-..... 2018 traditional IRA distributions included in income (see instructions) 11 12 2018 distributions of prior year excess contributions (see instructions)........ 13 13 Add lines 10, 11, and 12.... Prior year excess dont ributions Subtract line 13 from line 9. If zero or less, enter -0...... 14 Excess contributions to 2018 (see instructions). 15 15 Total excess contributions. Add lines 14 and 15....... 16 Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57. 17 Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2018 than is allowable or you had an amount on line 25 of your 2017 Form 5329. 18 Enter your excess contributions from line 24 of your 2017 Form 5329. See instructions. If zero, go to line 23 18 If your Roth IRA contributions for 2018 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-.... 19 20 2018 distributions from your Roth IRAs (see instructions)...... Add lines 19 and 20...... 21 Prior year excess contributions. Subtract line 21 from line 18, If zero or less, enter -0-..... 22 23 Excess contributions for 2018 (see instructions)..... 24 Total excess contributions, Add lines 22 and 23..... Additional tax, Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57.

Department of the Treasury Internal Revenue Service

Nondeductible IRAs

OMB No. 1545-0074

► Go to www.irs.gov/Form8606 for instructions and the latest information. Attach to 2018 Form 1040 or 2018 Form 1040NR.

Name. If married, file a separate form for each spouse required to file 2018 Form 8606. See instructions. Your social security number IVAN J BATES Home address (number and street, or P.O. box if mail is not delivered to your home) Apartment number Fill in Your Address Only if You Are Filing This Form by Itself City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions). If this is an amended and Not With Your return, check here 🟲 Tax Return Foreign province/state/county Foreign postal code Foreign country name Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs Part I Complete this part only if one or more of the following apply. You made nondeductible contributions to a traditional IRA for 2018. You took distributions from a traditional, SEP, or SIMPLE IRA in 2018 and you made nondeductible contributions to a traditional IRA in 2018 or an earlier year. For this purpose, a distribution does not include a rollover other than a repayment of a qualified 2017 disaster distribution (see 2018 Form 8915B)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions. You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2018 and you made nondeductible contributions to a traditional IRA in 2018 or an earlier year. Enter your nondeductible contributions to traditional IRAs for 2018, including those made for 2018 train 1 January 1, 2019, through April 15, 2019. See instructions....... Enter your total basis in traditional IRAs. See instructions... 2 2 21,500. 3 21,500. Add lines 1 and 2...... In 2018, did you take a Enter the afacunt from line 3 on line 14. distribution from traditional, Do not complete the rest of Part I. SEP, or SIMPLE IRAs, or make ► Goto/fine Yes a Roth IRA conversion? Enter those contributions included on line 1 that were made from January 2019, through April 15, 2019... 5 Subtract line 4 from line 3..... 21,500. Enter the value of all your traditional, SEP, and SIMPLE IRAS as of December 31, 2018, plus any outstanding rollovers. Subtract any repayments of qualified 2017 disaster distributions (see 2018 Form 8915B) 11-the result is zero or less, 6 enter -0-. See instructions..... 102,455 Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2018. **Do not** include rollovers (other than repayments of qualified 2017 disaster distributions (see 2018 Form 8915B)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth RA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions). 7 65,000 instructions)..... Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2018. Also enter this amount on line 16...... 8 9 Add lines 6, 7, and 8... Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1,000 or more, enter '1,000'..... 10 Х 0.1283927 Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IFAs. Also enter this amount on line 17...... 11 Multiply line X by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA..... 8,346 8,346. Add lines 11 and 12. This is the nontaxable portion of all your distributions.......... 13 Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2018 and earlier years 14 13,154. 56,654. 15a 15a Subtract line 12 from line 7. b Enter the amount on line 15a attributable to qualified 2017 disaster distributions from 2018 Form 8915B (see instructions). Also, enter this amount on 2018 Form 8915B, line 22..... 15b c Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2018 Form 15c 1040, line 4b; or 2018 Form 1040NR, line 17b..... 56,654. Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59-1/2 at the time of the distribution. See instructions.

Form, 8960

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax – Individuals, Estates, and Trusts

➤ Attach to your tax return.
➤ Go to www.irs.gov/Form8960 for Instructions and the latest information.

OMB No. 1545-2227

2018

Name(s) shown on your tax return				Your socia	l security numb	er or EIN
IVA	N J BATES						
Part	I Investment Income	Section 6013(g) ele	ection (see instruction	ns)	· -		
		Section 6013(h) ele	ection (see instruction	ıs)			
	·	Regulations section	1.1411-10(g) electio	n (see instr	ructions)		
	Taxable interest (see instructions).					1 1	95.
2	Ordinary dividends (see instruction					2	
3	Annuitles (see instructions)					3	
	Rental real estate, royalties, partne					1	
	etc. (see instructions)			4a	123,658	1)/	\
h	Adjustment for net income or loss					(((\Diamond
	a non-section 1411 trade or busine			4b	-123,653		
c	Combine lines 4a and 4b	•	l l			4c	
5 =	Net gain or loss from disposition of	nronarty (see instruct	ione)	5a	20,500.		
	Net gain or loss from disposition of			Ja	(20,370.	M	
D	net investment income tax (see ins			5b	>\-\20,8%.	· .	
	Adjustment from disposition of part			- Ju	20,0,0.		
·	stock (see instructions)			5c(\			
d	Combine lines 5a through 5c			30//	-}}	5d	
6	Adjustments to investment income			(20	<i></i>	6	
7	Other modifications to investment in		- // //			7	
8	Total investment income. Combine	*	' \\ //			8	95.
Part				Modifica	tions		
	Investment interest expenses (see		ZZ ZZ	9a	tions		
	State, local, and foreign income tax			9b	3.		
	Miscellaneous investment expenses			9c	<u> </u>		
	Add lines 9a, 9b, and 9c					9d	3.
10	Additional modifications (see instru	ctions)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			10	
11	Total deductions and modifications.	Add lines 9d and 10.	,.\			11	3.
Part	III Tax Computation	11/1	\			·	· · · · · · · · · · · · · · · · · · ·
	Net investment income. Subtract Pa	aft Ik line 17 from Par	t I, line 8. Individuals	, complete	lines 13-17.		1
	Estates and trusts, complete lines	8a-2. If zero or less,	enter -0			12	92.
	Individuals:	// \\				1.7.	
13	Modified adjusted gross income (se			13	341,780.		
14	Threshold based on filing status (se			14	250,000.		
15	Subtract line 14 from line 13. If zero	o or less, enter -0		15	91,780.		
16	Enter the smaller of line 12 of line	Pā				16	92.
17	Net investment income tax for individu	als. Multiply line 16 by 3	3.8% (0.038). Enter hei	re and			
	include on your tax return (see inst	tructions)				17	3.
	Estates and Trusts:						
	Net investment income (line 12 abo			18a			
b	Deductions for distributions of net inve						
	deductions under section 642(c) (se		I-	18b			
С	Undistributed net investment income			10			
	(see instructions). If zero or less, er			18c			
	Adjusted gross income (see instruct	·		19a			
b	Highest tax bracket for estates and	•					
	(see instructions)		L	19b			
	Subtract line 19b from line 19a. If ze			19c			
	Enter the smaller of line 18c or line				• • • • • • • • • • • • • • • • • • • •	20	
21	Net investment income tax for estates					01	
	and include on your tax return (see	nistructions)	· • · • · · · • · · · · · · · · · · · ·	• • • • • • • • •		21	

Form **8582**

Department of the Treasury (99) Internal Revenue Service

Name(s) shown on return

Passive Activity Loss Limitations

► See separate instructions.
► Attach to Form 1040 or Form 1041.
► Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2018

Attachment Sequence No. 88

Identifying number

IV	AN J BATES		
Pa	2018 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
Ren	Ital Real Estate Activities With Active Participation (For the definition of active participation, see including a large state Activities in the instructions.)		1
-	Activities with net income (enter the amount from Worksheet 1, column (a)) 1 a		
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b -5,876	\$\ \$\	
	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)). 1c -71, 023		∨ -76,899.
	nmercial Revitalization Deductions From Rental Real Estate Activities	4	
2a	Commercial revitalization deductions from Worksheet 2, column (a) 2a	\downarrow	
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)		
c	Add lines 2a and 2b.	2c	
Ali (Other Passive Activities	100	
За	Activities with net income (enter the amount from Worksheet 3, column (a))	_	
b	Activities with net loss (enter the amount from Worksheet 3, column (b))). 3 b	-	
	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)).	34	
a	Combine lines 3a, 3b, and 3c.	- Su	<u></u>
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; a losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losse on the forms and schedules normally used	II S 4	-76,899.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.		
	• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.		
	• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and	ao to ti	ne 15.
Caut Part	ion: If your filing status is married filing separately and your lived with your spouse at any time during the year, do not com If or Part III. Instead, go to line 15.	plete	
Par			
rai	Note: Enter all numbers in Ray 1 as positive amounts. See instructions for an example.		
- 5	Enter the smaller of the loss on line\1s or the loss on line 4.	5	76 000
6			76,899.
7			
,		\exists	
	Note: If line 7 is pleater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6. 8		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions .	9	
10	Enter the smaller of line 5 or line 9	10	0.
,	If line 2c is a Voss, go to Part III. Otherwise, go to line 15.		
Par	性Ⅲ️ Special Allowance for Commercial Revitalization Deductions From Rental Real E		Activities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions		
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filling separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), (ine 11, or line 13	14	VIII
	t IV Total Losses Allowed	1 '	
15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16		1 1	
	Total losses allowed from all passive activities for 2018. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	

IVAN J BATES Form 8582 (2018) Page 2 Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See Instructions.) Current year **Prior years** Overall gain or loss Name of activity (c) Unallowed (a) Net income (b) Net loss (d) Gain (e) Loss (line 1a) (line 1b) loss (line 1c) HOUSE - RESIDENTIAL 47,723 3,845 51,568. 2,031 23,300 CONDO 25,331 Total. Enter on Form 8582, lines 1a, 1b, and 1c... 5,876. 71,023 Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.) (a) Current year deductions (line 2a) (b) Prior year unallowed deductions (line 2b) Name of activity (c) Dverall loss Total. Enter on Form 8582, lines 2a and 2b..... Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.) Current year Overall gain or loss Prior years Name of activity (a) Unallowed loss (line 3c) (a) Net income (b) Net loss (d) Gain (e) Loss (line 3a) (line 3ູb)ັ Total, Enter on Form 8582, lines 3a, 3b, Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.) Form or schedule (d) Subtract column (c) from column (a) (c) Special allowance and line number Name of activity (b) Ratio (a) Loss to be reported on (see instructions) 1.00 Worksheet 5 - Allocation of Unallowed Losses (See instructions.) Form or schedule and line number Name þi activitv (a) Loss (b) Ratio (c) Unallowed loss to be reported on (see instructions) HOUSE DENI(IAL SCH E LN 22 51,568 0.670594 51,568. CONDO SCH E LN 22 25,331. 0.329406 25,331.

Total,

76,899.

1.00

76,899.

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Unallowed loss		(c) Allowed loss	
HOUSE - RESIDENTIAL	SCH E	LN 22		51,568.		51,568.	0.	
CONDO	SCH E			25,331.		25,331.	0.	
							4	
Total				76,899.		76,899.	0.	
Worksheet 7 - Activities With Losses Re				ms or Sch	edule	s (See instructio	n\$.)	
	(a)		(b)	(c) Ra	tio	(d) Unallowed	(e) Allowed loss	
Name of activity:		l					11	
Form or schedule and line number to be reported on		I.		T		-{{ }}}-		
(see instructions): 1 a Net loss plus prior year unallowed loss from form or schedule								
b Net income from form or schedule ▶		,		1	H	$11 \mathcal{V}$		
c Subtract line 1b from line 1a. If zero or less, e	nter -0 ►		- 2 m - 2 m]]		
Form or schedule and line number to be reported on					11	ノ/		
(see instructions): 1 a Net loss plus prior year unallowed loss from form or schedule		5		((1)			
b Net income from form or schedule >					/			
c Subtract line 1b from line 1a. If zero or less, e.	nter -0 ►		A					
Form or schedule and line number to be reported on (see instructions): 1 a Net loss plus prior year unallowed loss from form or schedule.				\Rightarrow			And of the state o	
b Net income from form or schedule • c Subtract line 1b from line 1a. If zero or less, et	nter -0		,		f romes for		50.	
Form or schedule and line number to be reported on (see instructions): 1 a Net loss plus prior year unallowed loss from form or schedule		V						
b Net income from form or schedule b Subtract line 1b from line 1a. If zero or less, b	ntels-0		Ale es de la colonia	or a Succession and a second second as		Sect States to other societies	to a standard and the s	
Total			0.	1.00		0	. 0.	
Name of activity:	is in the second			1.00	·		· ·	
Form or schedule and line number to be reported on (see instructions): 1 a Net loss plus prior year unallowed loss from form or schedule. b Net income from form or schedule.							The state of the s	
c Subtract line 1b from line 1a. It zero or less, er	nter -0 ▶	Assert contract	e se de allebrata	r viližu il Pira kalasti.	i			
Form or schedule and line number to be reported on (see instructions): 1 a Net loss plus prior year unaflowed loss from form or schedule b Net income from form or schedule c Subtract line 1b from line 1a. If zero or less, er	nter -0 ►		dalah kanal ada da				The state of the s	
Form or schedule and line number to be reported on		新元			a Est			
(see instructions): 1 a Net loss plus prior year unallowed loss from form or schedule								
b Net income from form or schedule ▶								
c Subtract line 1b from line 1a. If zero or less, er	nter -0 ►		romany or the part of some of the lighter of the state	· ····································	ramo a proporta i made de la c	ne na 	n nea e tambén a nea metama interior de la fille a l'hai l'est a l'hai fille d'a l'hai fille d'a l'hai fille d	
Form or schedule and line number to be reported on (see instructions): 1 a Net loss plus prior year unaflowed loss								
from form or schedule		计图题						
b Net income from form or schedule ▶								
c Subtract line 1b from line 1a. If zero or less, er	nter -0 ►						The second secon	
Total			0.	1.00		0	. 0.	

Form **8582**

Department of the Treasury (99) Internal Revenue Service

Name(s) shown on return

Passive Activity Loss Limitations

► See separate instructions.
► Attach to Form 1040 or Form 1041.
► Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2018

on. Attachment Sequence No. 88

	AN J BATES		
Pa	2018 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
Ren	Ital Real Estate Activities With Active Participation (For the definition of active participation, see cial Allowance for Rental Real Estate Activities in the instructions.)		1
•	Activities with net income (enter the amount from Worksheet 1, column (a)) 1a	-	
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b -5,053	7	1
	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)). 1c -66, 082.)) 	-71,135.
	nmercial Revitalization Deductions From Rental Real Estate Activities	1-	72,230.
	Commercial revitalization deductions from Worksheet 2, column (a)	\	
	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)		
C	Add lines 2a and 2b.	2c	
All (Other Passive Activities		: :
	Activities with net income (enter the amount from Worksheet 3, column (a)) 3a		
Ja	Your view modifies (of the view view modifies of coloring (a))	4	
b	Activities with net loss (enter the amount from Worksheet 3, column (b)))		
_	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)).	3	
a	Combine lines 3a, 3b, and 3c.	3 d	
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	4	-71,135.
	If line 4 is a loss and: ● Line 1d is a loss, go to Part I.		
	• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.		
	 Line 3d Is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and g 	ac to li	ne 15
Caut Part	ion: If your filing status is married filing separately and your lives with your spouse at any time during the year, do not compli or Part III. Instead, go to line 15.		10.
-			· · · · · · · · · · · · · · · · · · ·
Par	Note: Enter all numbers in Ratt Les positive amounts. See instructions for an example.		
5	Enter the smaller of the loss on line 1st or the loss on line 4.	5	71,135.
6	Enter \$150,000. If married filing separately, see instructions		
7	Enter modified adjusted gross income, but not less than zero (see instrs) 7 341,865.		
·	Note: If line 7 is pleater than or equal to line 6, skip lines 8 and 9, enter -0-		
8	on line 10. Otherwise, go to line 8. Subtract Jine 7 from line 6. 8		
9	Multiply in 8 by 50% (0.50). Do not enter more than \$25,000. If married filling separately, see instructions.	9	To trick to the transport of the second second second to the second seco
10	Enter the smaller of line 5 or line 9	10	
		10_	0.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Par		tate	Activities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.		
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	
Par	t IV - Total Lagger Allowed		***
15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	Total losses allowed from all passive activities for 2018. Add lines 10, 14, and 15. See instructions to		
	find out how to report the losses on your tax return.	16	
BAA	For Paperwork Reduction Act Notice, see instructions.		Form 8582 (2018)

BATES

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

Worksheet 1 - For Form 8582, Line	es 1a, 1b, and 1c (S	See inst	ructions.)					
	Currer	Current year			Prior years		Overall gain or loss	
Name of activity	(a) Net income (line 1a)	(line 1a) (line 1b)		(c) Unallowed loss (line 1c)		(d) Gain	(e) Loss	
HOUSE - RESIDENTIAL			3,022.		,782.		45,804	
CONDO			2,031.	23	,300.		25,331	
							<u> </u>	
Total. Enter on Form 8582, lines 1a, 1b, and 1c			5,053.	66	,082.			
Worksheet 2 — For Form 8582, Line	s 2a and 2b (See in	structio			r			
Name of activity	/		(a) Curr deduction	ent year is (line 2a)	(b) u deduc	Prior year natiowed tions (line 2b)	(c) Overall loss	
					4/	1111		
					+	\longrightarrow		
Total. Enter on Form 8582, lines 2a and 2b.		>			+	-}}	;	
Worksheet 3 - For Form 8582, Line				-//	7		7.70	
Torroll Good, 2010	Curren		Tuotions.)	Prior ye	ais	Overa	Il gain or loss	
Name of activity	(a) Net income	(b)	Net loss	(a) Unall	owed			
	(line 3a)	<u>`(li</u>	ine 3b)	loss (lin	e∕3c)	(d) Gain	(e) Loss	
			<i>((</i>)}					
		1						
		7/-	\mathcal{M}			٦		
			2 \					
otal. Enter on Form 8582, lines 3a, 3b, nd 3c	<u> </u>	\vee	\triangle					
ind de		+	//					
Vorksheet 4 - Use this worksheet	if an amount is sh	OWIT	on Form 8	582 line	10 or 1	A (See instruc	tions)	
VOIRSHOOT - USC this WOTKSHOOT	Form or schedule		711 1 01111 0	JOZ, 1111C	1001	•	415.0	
Name of activity	and line number to be reported on (see instructions)	(a)) Loss	(b) Ratio		(c) Special allowance	(d) Subtract column (c) from column (a)	
	11/2							
	<i>))</i> \\							
atal	}			1.00	\leftarrow			
otal. Vorksheet 5 – Allocation of Unallov	ved Losses (See in	structio	nc \	1.00	·			
Tomanect 5 - Anguetion of Shanor	Form or sche		113./	I		T T		
Mame of activity	and line num	and line number to be reported on (see instructions)		Loss		b) Ratio	(c) Unallowed loss	
OUSE - RESIDENTIAL						0.643902	45,804	
ONDO	SCH E L		45,804 25,331			0.356098	25,331	
\searrow								
		1						
otal		>		1,135.		1.00	71,135	

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Unallowed loss		(c) Allowed loss	
HOUSE - RESIDENTIAL	SCH E			45,804.		45,804.	0.	
CONDO	SCH E			25,331.		25,331.	0.	
Total				71,135.		71,135.	0.	
Worksheet 7 - Activities With Losses Re	ported on Ty	vo or l	More For	ms or Sch	redule	S (See instruction	n\$.}	
	(a)		(b)	(c) Ra	tio	(d) Unalfowed	(e) Allowed loss	
		Ĺ		(-,		1056	1/1031 11010	
Name of activity:				,		- <i>((-)</i>)		
Form or schedule and line number to be reported on (see instructions): 1 a Net loss plus prior year unallowed loss from form or schedule	All Mary w. anner			V				
b Net income from form or schedule ▶					Щ.		1	
c Subtract line 1b from line 1a. If zero or less, e	nter -0 ►				11			
Form or schedule and line number to be reported on								
(see instructions): 1 a Net loss plus prior year unallowed loss from form or schedule	mat in 10 to 10 miles in			((\int			
b Net income from form or schedule					//			
c Subtract line 1b from line 1a. If zero or less, e	nter -0 ►							
Form or schedule and line number to be reported on (see instructions): 1 a Net loss plus prior year unallowed loss from form or schedule				>				
c Subtract line 1b from line 1a. If zero or less, el	nter -0		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Constitution of the same	tura be rasere	, selection services of a distribution	will a minimum state server in the	
Form or schedule and line number to be reported on (see instructions): 1 a Net loss plus prior year unallowed loss from form or schedule		V						
b Net income from form or schedule	nten-0	. ista to a	in in the same of	. Militaria de la Caracteria de la Carac	is mornistrative contrac	atelina dite di mana di k		
Total	V./ > ►		0.	1.00)	0	. 0.	
Name of activity:	11							
Form or schedule and line number to be reported on (see instructions): 1 a Net loss plus prior year unallowed loss from form or schedule. b Net income from form or schedule. c Subtract line 1b form line 1a. Il zero or less, er	nter -0 ►						Control of the Contro	
Form or schedule and line number to be reported on (see instructions): 1 a Net loss plus prior year unallowed loss from form or schedule. b Net income from form or schedule. c Subtract line 1a from line 1a. If zero or less, er	tê#							
Form or schedule and line number to be reported on (see instructions): 1 a Net loss plus prior year unallowed loss from form or schedule								
b Net income from form or schedule						不是是一个人的		
c Subtract line 1b from line 1a. If zero or less, er	nter -0 ▶	l-udillibition			التشليب المتعدد	Salah da salah da salah Sa		
Form or schedule and line number to be reported on (see instructions): 1 a Net loss plus prior year unallowed loss								
from form or schedule		ASSIST.						
b Net income from form or schedule ▶		k x 1915.						
c Subtract line 1b from line 1a. If zero or less, er	nter -0 ►							
Total			0.	1.00)	0	. 0.	



2018, ENDING OR FISCAL YEAR BEGINNING Spouse's Social Security Number Your Social Security Number IVAN Your First Name BATES Your Last Name Spouse's First Name Spouse's Last Name Current Mailing Address Line 1 (Street No. and Street Name or PO Box) 212304964 MD BALTIMORE Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town ZIP Code + 4 **REQUIRED:** Maryland Physical address as of December 31, 2018 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26. BALTIMORE CITY 4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box) Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box) BALTIMORE 212304964 BALTIMORE CITY MD' State ZIP Code + 4 Maryland County Single (If you can be plained on another person's tax return, use Filing Status 6.) **FILING STATUS** 1 X Married filing joint return ar spouse had no income CHECK ONE 2 BOX ▶ Married filing separately, Spouse SSN 3 See Instruction 1 if you are required Head of household 4 to file. 5 Qualifying widow(er) with dependent child 6 Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.) **PART-YEAR** Dates of Maryland Residence (MM DD YYYY) то FROM RESIDENT Other state of residence: See Instruction 26. If you began or ended legal residence in Maryland in 2018 place a P in the box MILITARY: It you or your spouse has non-Maryland military income, place an M in the box Entel Military Income amount here: **EXEMPTIONS** X Spouse..... Enter number checked 2 Yourself See Instruction 10 A \$_______ See Instruction 10. Check appropriate **B** ► | 65 or over ► box(es), NOTE: If you are claiming dependents, you Blind B \$ ______ Blind must attach the Dependents' See Instruction 10 C \$_____ Enter number from line 3 of Dependent Form 502B Information Form 502B to this Total Amount....D \$_____ form to receive the applicable



exemption amount.



RESIDENT INCOME TAX RETURN



185020111

2018 Page 2

NAME <u>IVAN</u> J	BATES SSN	
	1 Adjusted gross income from your federal return 1	341780
INCOME	1a Wages, salaries and/or tips	
See Instruction 11.	1b Earned income ▶ 1b	
	1c Capital Gain or (loss) ▶ 1c	
	1d Taxable Pensions, IRAs, Annuities (Attach Form 502R.). ► 1d 56654	— .
	1e Place a "Y" in this box if the amount of your investment income is more than \$3,500	_11
ADDITIONS	2 Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2	
O INCOME	3 State retirement pickup ▶ 3∕	
ee Instruction 12.	4 Lump sum distributions (from worksheet in Instruction 12.)	<u> </u>
	5 Other additions (Enter code letter(s) from Instruction 12.)	
	6 Total additions to Maryland income (Add lines 2 through 5.)	5802
	7 Total federal adjusted gross income and Maryland additions (Add lines 1 and 6)	347582
	8 Taxable refunds, credits or offsets of state and local income taxes included in the 1 18	
UBTRACTIONS ROM INCOME	9 Child and dependent care expenses	6000
e Instruction 13.	10 a Pension exclusion from worksheet (13A) Yourself ► Spouse ► 10a	
e msaucuon 15.	10 b Pension exclusion from worksheet (13E) Yourself ► Spouse ► 10b	
	11 Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11	
	12 Income received during period of nonresidence (See Instruction 26.) ▶ 12	
	13 Subtractions from attached Form 502SU ► XA ► XA	10000
	14 Two-income subtraction from worksheet in Instruction 13▶ 14	1200
	15 Total subtractions from Maryland income (Add lines 8 through 14.) ▶ 15	17200
	16 Maryland adjusted gross income (Subtract line 15 from line Z.)	330382
ETHOD e Instruction 16.	STANDARD DEDUCTION METHOD (Enter amount on line 17.) X ITEMIZED DEDUCTION METHOD (Epropete kines 17a and 17b.) 17a Total federal itemized deductions (from line 17, federal Schedure A) ► 17 a 4079! 17b State and local income taxes (See Instruction 4.). ► 17 b Subtract line 17b from line 17a and enter amount on line 17.	
	17 Deduction amount (Part-year residents see Instruction 26 (I and m).)	40795
	18 Net income (Subtract line 1) from line 16)	289587.
	19 Exemption amount from Exemptions area (See Instruction 10.)	
	20 Taxable net income (Subtract line 19 from line 18.)	289587
	21 Maryland tax (from Tax) Table or Computation Worksheet Schedules I or II)	14500
ARYLAND	22 Earned indome credit (EIC) (See Instruction 18.)	
X DMPUTATION	23 Poverty level credit (See Instruction 18.) ▶ 23	
DIMPOTATION	Other Income tax credits top individuals from Part AA, line 12 of Form 502CR (Attach Form 502CR.)	
	25 Business tax credits You must file this form electronically to claim business tax credits on Fo	orm 500CR.
	26 Works credits (Add lines 22 through 25.)	14500
	28 \Lacartax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate or use the	
CAL TAX	\open Tax Worksheet	9267
MPUTATION \	29 Logal earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)	
`	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)	
	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	
	32 Total credits (Add lines 29 through 31.)	
	33 Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	9267
	34 Total Maryland and local tax (Add lines 27 and 33.)	23767
	35 Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35	
NTRIBUTIONS	36 Contribution to Developmental Disabilities Services and Support Fund ► 36	
Instruction 20.	37 Contribution to Maryland Cancer Fund	- · · · · · · · · · · · · · · · · · · ·
	38 Contribution to Fair Campaign Financing Fund.	
	39 Total Mandand income tay local income tay and contributions (Add lines 34 strength 32) 29	23767





RESIDENT INCOME **TAX RETURN**



2018 Page 3

NAME I	VAN J		BATES	SSN							
	_	40			otal from your W-2 and 1099 f		10061				
		41			d from 2017 return, payment n		7000				
		42	Refundable earned inco	me credit (from works	heet in Instruction 21)						
		43	Refundable income tax credits from Part CC, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21.)								
		44	Total payments and cre	dits (Add lines 40 thro	ugh 43.)	44	17061				
		45	Balance due (If line 39 See Instruction 22.)	is more than line 44, s	subtract line 44 from line 39.	45	6706				
		46			ubtract line 39 from line 44.)						
		47			2019 ESTIMATED TAX ► 47						
REFUND)	48	Amount of overpayment (Subtract line 47 from line) Interest charges from For	ne 46.) See line 51		REFUND 48					
			(See Instruction 22.) To								
AMOUN	T DUE	50	TOTAL AMOUNT DUE (Ad IF \$1 OR MORE, PAY IN	-	TURN. INCLUDE FORM PV	50	6706				
If this rei	fund will go	o to a tructi int:	an account outside of the on 22. For the direct depos	United States, then to	unt information is correct Early comply with banking rules, professional procession clearly and Account Number	place a "Y" in this box					
Daytim	e telephone no),	Home telephone	38.	•	CODE NUMB	ERS (3 digits per line)				
not to file Instructio Under pe knowledg	e electronic on 24.) enalties of p ge and belie	ally. perju ef it i	ry, I declare that have e	you agree to receive examined this return, i	your 1099G Income Tax Refu ncluding accompanying sched person other than taxpayer, th	lules and statements a	ically (See				
		ſ				_					
			$d \rightarrow d \rightarrow$		Claseture of averages other than town						
Your signati				Date	Signature of preparer other than taxpo	ayer					
Spouse's sig	gnature	$\sqrt{}$		Date	Street address of preparer						
					BALTIMORE MD 2120	87300					
					City, State, ZIP Code + 4						
				•		-					
				Care Comment of the C	Telephone number of preparer	Preparer's PTIN (n					
		s, ma	iled without iil your completed	checks payable to (th payments, attach check or Comptroller of Maryland. Do n m 502. Place Form PV with at I mail to:	ot attach Form PV or	check/				
	Reven	ue A arroll	r of Maryland dministration Division Street MD 21411 - 0001	Comptroller of M Payment Proces PO Box 8888 Annapolis, MD 2	faryland ssing						
8888	Ailid	VII.3,	1115 CITITOUVI	Alliapolis, MD 2	. 1-701-0000						