

OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Higgins Eileen Theresa

276551

PROCESSED

**FLORIDA
COMMISSION ON ETHICS**

JUN 24 2019

RECEIVED

MAILING ADDRESS:

2100 Coral Way, Suite 2100

CITY:

Miami

ZIP:

33145

COUNTY:

Miami Dade

NAME OF AGENCY:

Miami-Dade County Elected Constitutional Officer

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner District 5,

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2018 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 18 was \$ \$2,705,091

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing, other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 150,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Details of all assets are listed in attachments, but the total of these assets are:	\$2,561,889.14
Total of assets valued at < \$1,000	\$1,904.23

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
American Express	2,700.88
Mastercard	1,653.01
Car Lease	3,348.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2018 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2018 federal income tax return and all W2s, schedules, and attachments.
 [If you check this box and attach a copy of your 2018 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

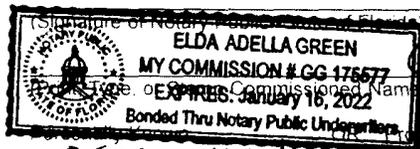
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Miami Dade County
 Sworn to (or affirmed) and subscribed before me this 14th day of June, 2019 by Eileen Higgins

Eileen Higgins
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



ELDA ADELLA GREEN
 Type of Identification Produced PERSONALLY KNOWN

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8 Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

Summary of Assets of 12/31/18 PART B - ASSETS INDIVIDUALLY VALUED AT OVER \$1,000

As of Date	Security Type	Symbol	Description	Quantity	Price	Value
12/31/18	Unit Trusts	VEA	Vanguard FTSE Developed Markets ET	3,081.00	37.10	114,305.10
12/31/18	Cash and Money F	CASH	CASH			110,055.34
12/31/18	Mutual Funds	ARTKX	Artisan Intl Value Inv	3,384.61	30.97	104,821.41
12/31/18	Unit Trusts	SPY	SPDR S&P 500	395.00	249.92	98,718.40
12/31/18	Mutual Funds	LEMNX	Mondrian Em Mkt	13,324.67	6.71	89,408.56
12/31/18	Mutual Funds	VWIUX	Vanguard Intern-Term Tx-Ex Adm	5,152.45	13.91	71,670.55
12/31/18	Mutual Funds	LIPFX	Longleaf Partners	2,677.61	18.35	49,134.06
12/31/18	Unit Trusts	VXF	Vanguard Extended Mkt Idx ETF	450.00	99.81	44,914.50
12/31/18	Mutual Funds	KGXAX	Kopernik Gbl All Cap	4,667.79	9.38	43,783.85
12/31/18	Equities	VCSH	Vanguard Corp Bond Etf	518.00	77.94	40,372.92
12/31/18	Unit Trusts	BND	Vanguard Total Bd Mkt ETF	391.00	79.21	30,971.11
12/31/18	Mutual Funds	LSBRX	Loomis Sayles Bond Retail	2,398.16	12.82	30,744.35
12/31/18	Equities	SHM	SPDR Nuveen Barcap S/T Muni Bd	622.00	48.06	29,893.32
12/31/18	Mutual Funds	OAKEX	Oakmark Intl S/C I	2,130.68	12.46	26,548.21
12/31/18	Mutual Funds	VWNAX	Vanguard Windsor II Adm	425.92	55.20	23,511.00
12/31/18	Equities	BSV	Vanguard Short-Term Bond ETF	295.00	78.57	23,178.15
12/31/18	Mutual Funds	SAMFX	RidgeWorth Total Return Bd I	2,276.84	10.17	23,155.41
12/31/18	Unit Trusts	QQQ	PowerShares QQQ	140.00	154.26	21,596.40
12/31/18	Mutual Funds	MITFX	BMO Intermediate Tax-Free Y	1,807.70	11.10	20,065.44
12/31/18	Mutual Funds	VWNFX	Vanguard Windsor II Inv	584.70	31.12	18,195.71
12/31/18	Mutual Funds	SAMBX	RidgeWorth Seix FltRt Hi Inc I	1,694.56	8.30	14,064.85
12/31/18	Equities	SCHF	Schwab Intl Eq ETF	491.00	28.35	13,919.85
12/31/18	Unit Trusts	IVV	iShares Core S&P 500 ETF S&P 500 INI	50.00	251.61	12,580.50
12/31/18	Equities	VBR	Vanguard Small Cap Value	110.00	114.06	12,546.60
12/31/18	Mutual Funds	PRTNX	Pimco Real Return Fund	1,011.53	10.56	10,681.77
12/31/18	Equities	VNQ	Vanguard REIT Index ETF	140.00	74.57	10,439.80
12/31/18	Mutual Funds	SAMHX	RidgeWorth Seix High Yield I	1,177.83	7.82	9,210.62
12/31/18	Equities	SCHA	Schwab U.S. Small-Cap ETF	148.00	60.68	8,980.64
12/31/18	Equities	SCHX	Schwab U.S. Large-Cap ETF	135.00	59.70	8,059.50
12/31/18	Unit Trusts	VWO	Vanguard FTSE Emerging Markets ETF	164.00	38.10	6,248.40
12/31/18	Mutual Funds	TRREX	T. Rowe Price Real Estate	249.33	24.78	6,178.27
12/31/18	Mutual Funds	VIPSX	Vanguard Infr-Prot Secs Inv	380.00	12.47	4,738.60
12/31/18	Mutual Funds	VGSIX	Vanguard Reit Index	36.81	105.72	3,891.87
			Total with value > \$,1000			1,136,585.06

Other Assets

253 NE 2nd Street #3909, Miami, FL 33132 (Condo)	\$650,000.00
Three Lobos, LLC (fitness business)	\$28,720.00
Lobos Naranjos, LLC (fitness business)	\$270,312.08
Texas Lobos, LLC (fitness business)	\$468,986.00
Inside the Glass, Inc. (digital marketing)	\$7,286.00
Total	\$1,425,304.08

Total of Individually Valued Assets

\$2,561,889.14

Form

1040

Department of the Treasury - Internal Revenue Service

(99)

2018

OMB No. 1545-0074

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

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

Your first name and initial: EILEEN T. Last name: HIGGINS Your social security number: [REDACTED]

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: Spouse is blind Someone can claim your spouse as a dependent Spouse itemizes on a separate return or you were dual-status alien Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. 253 NE 2ND ST Apt. no. 3909 Presidential Election Campaign. (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. MIAMI, FL 33132 If more than four dependents, see inst. and check here

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes header 'Dependents (see instructions):' and a 'Sign Here' section with signature lines for preparer and spouse.

Sign Here: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only: Preparer's name: LINDA M SEDILLO, EA Preparer's signature: LINDA M SEDILLO, EA PTIN: P00013732 Firm's EIN: 41-0746749 Firm's name: CLIFTONLARSONALLEN LLP Firm's address: 6501 AMERICAS PARKWAY NE, SUITE 500 ALBUQUERQUE, NM 87110 Phone no.: (505) 842-8290

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018)

	1	Wages, salaries, tips, etc. Attach Form(s) W-2					55,972.
	2a	Tax-exempt interest	2a	2,256.	b	Taxable interest	2b 90.
	3a	Qualified dividends	3a	4,132.	b	Ordinary dividends	3b 7,745.
	4a	IRAs, pensions, and annuities	4a		b	Taxable amount	4b
	5a	Social security benefits	5a		b	Taxable amount	5b
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		-211,579.	6		-147,772.
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6			7		-154,258.
	8	Standard deduction or itemized deductions (from Schedule A)			8		12,000.
	9	Qualified business income deduction (see instructions)			9		
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-			10		0.
	11 a	Tax (see inst.) 0. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>			11		0.
	b	Add any amount from Schedule 2 and check here			11		0.
	12 a	Child tax credit/credit for other dependents			12		
	b	Add any amount from Sch. 3 and check here			12		
	13	Subtract line 12 from line 11. If zero or less, enter -0-			13		0.
	14	Other taxes. Attach Schedule 4			14		12,972.
	15	Total tax. Add lines 13 and 14			15		12,972.
	16	Federal income tax withheld from Forms W-2 and 1099			16		2,507.
	17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863			17		9,000.
	18	Add any amount from Schedule 5		9,000.	18		11,507.
	19	Add lines 16 and 17. These are your total payments			19		
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid			19		
Refund	20 a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here			20 a		
Direct deposit? See instructions.	b	Routing number			c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number					
	21	Amount of line 19 you want applied to your 2019 estimated tax		21			
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions			22		1,465.
	23	Estimated tax penalty (see instructions)		23			

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040.

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040		Your social security number	
EILEEN T. HIGGINS		[REDACTED]	
Additional Income	1-9b Reserved	1-9b	
	10 Taxable refunds, credits, or offsets of state and local income taxes	10	
	11 Alimony received	11	
	12 Business income or (loss). Attach Schedule C or C-EZ	12	
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	2,612.
	14 Other gains or (losses). Attach Form 4797	14	
	15a Reserved	15b	
	16a Reserved	16b	
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	154,747.
	18 Farm income or (loss). Attach Schedule F	18	
	19 Unemployment compensation	19	
	20a Reserved	20b	
21 Other income. List type and amount ▶ STATEMENT 4	21	-368,938.	
22 Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	-211,579.	
Adjustments to Income	23 Educator expenses	23	
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25 Health savings account deduction. Attach Form 8889	25	
	26 Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27 Deductible part of self-employment tax. Attach Schedule SE	27	6,486.
	28 Self-employed SEP, SIMPLE, and qualified plans	28	
	29 Self-employed health insurance deduction	29	
	30 Penalty on early withdrawal of savings	30	
	31a Alimony paid b Recipient's SSN ▶	31a	
	32 IRA deduction	32	
	33 Student loan interest deduction	33	
34 Reserved	34		
35 Reserved	35		
36 Add lines 23 through 35	36	6,486.	

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

Schedule 1 (Form 1040) 2018

**SCHEDULE 4
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ Attach to Form 1040.

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **04**

Name(s) shown on Form 1040

Your social security number

EILEEN T. HIGGINS

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	12,972.
	58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
	60a	Household employment taxes. Attach Schedule H	60a	
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63	Section 965 net tax liability installment from Form 965-A 63		
	64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	12,972.

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

Schedule 4 (Form 1040) 2018

**SCHEDULE 5
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Other Payments and Refundable Credits

▶ Attach to Form 1040.

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

OMB No. 1545-0074

2018

Attachment
Sequence No **05**

Name(s) shown on Form 1040

Your social security number

EILEEN T. HIGGINS

Other	65	Reserved	65	
Payments	66	2018 estimated tax payments and amount applied from 2017 return STMT 5	66	9,000.
and	67 a	Reserved	67a	
Refundable	b	Reserved	67b	
Credits	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74	
	75	Add the amounts in the far right column. These are your total other payments and refundable credits . Enter here and include on Form 1040, line 17	75	9,000.

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

Schedule 5 (Form 1040) 2018

Schedule A

Charitable Contributions Limitation

NAME EILEEN T. HIGGINS

60% Contributions

1. 60% of AGI	0.	
2. Contributions qualifying for 60% limit	2,811.	
3. Allowable 60% contributions		0.

50% Contributions

4. 50% of AGI	0.	
5. Contributions qualifying for 50% limit		
6. Allowable 50% contributions (lesser of Line 4 - Line 3 or Line 5)		0.

30% Contributions

7. Remaining 50% limit (Line 4 - Line 6)	0.	
8. Less capital gain property - special 30% limits		
9. Balance of 50% of AGI	0.	
10. 30% of AGI		
11. Contributions qualifying for 30% limit		
12. Allowable 30% contributions (lesser of Line 9, 10 or 11)		0.

30% Special Contributions

13. 30% of AGI		
14. Contributions qualifying for 30% special limit		
15. Remaining 50% limit (line 4 less lines 6 and 12)	0.	
16. Allowable 30% special contribution (lesser of Line 13, 14 or 15)		0.

20% Contributions

17. 20% of AGI		
18. 30% of AGI		
19. Allowed 30% regular contributions		
20. Line 18 less line 19	0.	
21. Allowed 30% special contributions		
22. Line 18 less line 21	0.	
23. Remaining 50% limit (line 4 less the sum of lines 6, 12, and 16)	0.	
24. Contributions subject to the 20% limitation		
25. Allowable 20% contributions (lesser of Line 17, 20, 22, 23 or 24)		0.

50% and 100% Conservation Real Property Contributions

26. Remaining 50% limit (line 4 less the sum of lines 6, 12, 16 and 25)		
27. Conservation real property contribution subject to 50% limit		
28. Allowable 50% conservation real property contribution (lesser of Line 26 or 27)		0.
29. Remaining 100% of AGI		
30. Conservation real property contribution subject to 100% limit		
31. Allowable 100% conservation real property contribution (lesser of Line 29 or 30)		0.

Qualified Disaster Contributions

32. Remaining 100% of AGI		
33. Qualified disaster contributions subject to 100% limit		
34. Allowable qualified disaster contributions (lesser of Line 32 or 33)		0.

35. Total 2018 contributions allowed on Schedule A		
36. Total prior year carryovers allowed on Schedule A		
37. Total charitable contributions to Schedule A, Line 14		

SCHEDULE B
(Form 1040)

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

Interest and Ordinary Dividends

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

▶ Attach to Form 1040.

OMB No. 1545-0074

2018

Attachment
Sequence No **08**

Your social security number

EILEEN T. HIGGINS

Part I

Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶
- CHARLES SCHWAB BANK**
- CHARLES SCHWAB & CO INC**
- FROM K-1 - EILEEN T HIGGINS 2012 TR**

Amount

69.
19.
2.

1

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

- 2 Add the amounts on line 1 2 90.
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b 4 90.

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

Part II

Ordinary Dividends

- 5 List name of payer ▶
- CHARLES SCHWAB & CO INC**
- FROM K-1 - EILEEN T HIGGINS 2012 TR**

Amount

1,966.
5,779.

5

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

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b 6 7,745.

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

Part III

Foreign Accounts and Trusts

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

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

Yes No

X

X

827501 10-24-18

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

Schedule B (Form 1040) 2018

Interest and Dividend Summary

Name: EILEEN T. HIGGINS

FEIN/SSN:

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A CHARLES SCHWAB BANK	69.							
B CHARLES SCHWAB & CO INC			959.				1,966.	1,001.
C CHARLES SCHWAB & CO INC	19.							
D FROM K-1 - EILEEN T HIGGINS 2012 TR	2.						5,779.	3,131.
E FROM K-1 - EILEEN T HIGGINS 2012 TR			1,297.					
F								
G								
H								
I								
J								
K								
Totals	90.		2,256.				7,745.	4,132.

Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A								
B	2,125.			69.				101.
C								
D								
E								
F								
G								
H								
I								
J								
K								
Totals	2,125.			69.				101.

830191 09-11-18

13.1

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.
▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2018

Attachment
Sequence No **12**

Name(s) shown on return

EILEEN T. HIGGINS

Your social security number

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	13,424.	13,312.		112.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	4,045.	3,670.		375.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions	SEE STATEMENT 6			2,125.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 2,612.

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

Schedule D (Form 1040) 2018



Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. <p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 If you are required to complete the 28% Rate Gain Worksheet(see instructions), enter the amount, if any, from line 7 of that worksheet</p> <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p> <p>20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p> </p>	<p>16</p> <p>18</p> <p>19</p> <p>21</p>	<p>2,612.</p> <p></p> <p></p> <p></p> <p>()</p>
--	---	---



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

EILEEN T. HIGGINS

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	CHARLES SCHWAB & CO - ACCT ENDING							
		VARIOUS	05/24/18	13,424.	13,312.			112.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶								
				13,424.	13,312.			112.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

EILEEN T. HIGGINS

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).

27 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 Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	INSIDE THE GLASS, INC.	S		46-4859696	X	
B	LOBOS NARANJOS, LLC	P		81-2755057		
C	TEXAS LOBOS, LLC	P		83-1811169		
D	THREE LOBOS, LLC	P		47-3660721		

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				5,303.
B			589.	146,551.
C		17,803.		
D				21,285.
29a Totals				173,139.
b Totals		17,803.	589.	
30 Add columns (h) and (k) of line 29a				30 173,139.
31 Add columns (g), (i), and (j) of line 29b				31 (18,392.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 154,747.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	EILEEN T HIGGINS 2012 TR	46-6432790
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A	0.		
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	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	41	154,747.
42	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 Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	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	43	

SCHEDULE E

Name EILEEN T. HIGGINS

Passthrough THREE LOBOS, LLC

PARTNERSHIP

ID 47-3660721

SSN/EIN

TAXPAYER

NONPASSIVE

SCHEDULE E, PAGE 2

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
Ordinary business income (loss)	21,285.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	21,285.							21,285.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	21,285.							21,285.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2018

SCHEDULE E

Name EILEEN T. HIGGINS
Passthrough, THREE LOBOS, LLC
 PARTNERSHIP

ID 47-3660721

SSN/EIN [REDACTED]
 PARTNER

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
NONPASSIVE								
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	21,285.							21,285.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2018

SCHEDULE E

Name EILEEN T. HIGGINS

Passthrough LOBOS NARANOS, LLC

PARTNERSHIP

ID 81-2755057

SSN/EIN

TAXPAYER

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
NONPASSIVE								
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	146,551.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover	589.							
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	145,962.							145,962.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	145,962.							145,962.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	1,896.							1,896.
Deductions related to portfolio income								
Other								

SCHEDULE E

Name **EILEEN T. HIGGINS**
Passthrough LOBOS NARANJOS, LLC
 PARTNERSHIP

ID

SSN/EIN
 TAXPAYER

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
NONPASSIVE								
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	146,551.							146,551.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2018

SCHEDULE E

Name **EILEEN T. HIGGINS**

Passthrough **EILEEN T HIGGINS 2012 TR**

EILEEN T HIGGINS, TTE

ID

46-6432790

SSN/EIN

TAXPAYER

ESTATE OR TRUST

OTHER PASSIVE

INTEREST AND DIVIDENDS

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
Interest income	2.							2.
Interest from U.S. bonds								
Ordinary dividends	5,779.							5,779.
Qualified dividends	3,131.							3,131.
Tax-exempt interest income	1,297.							1,297.
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment	8.							8.
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

SCHEDULE E

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2018

Name EILEEN T. HIGGINS
Passthrough INSIDE THE GLASS, INC.
 S CORPORATION

ID 46-4859696

SSN/EIN [REDACTED]
 TAXPAYER

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	5,303.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	5,303.							5,303.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	5,303.							5,303.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2018

SCHEDULE E

Name EILEEN T. HIGGINS

Passthrough INSIDE THE GLASS, INC.

S CORPORATION

SSN/EIN

TAXPAYER

ID 46-4859696

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
NONPASSIVE								
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

SCHEDULE E

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2018

Name EILEEN T. HIGGINS
Passthrough TEXAS LOBOS, LLC
 PARTNERSHIP

ID 83-1811169

SSN/EIN XXXXXXXXXX

NONPASSIVE SCHEDULE E, PAGE 2

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
Ordinary business income (loss)	-17,803.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-17,803.							-17,803.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-17,803.							-17,803.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

Schedule E **EILEEN T. HIGGINS** **PASSTHROUGH RECAP - BASIC INFORMATION** **2018**

T	SP	JE	TY	Entity No.	Act. No.	Name	1/1/6	2/2/7	3/3/8	*	5/4/1	*	6a/5a/2a	7/6/*	8/7/3	9a/8a/4a	4/*/*	
							Ordinary Income (Loss)	Rental Real Estate Inc. (Loss)	Other Rental Income (Loss)	Passive Activity Loss C/O	AMT Passive Activity Loss C/O	Interest	US Treasury Bond Interest	Dividends	Royalties	Short-Term Capital Gain (Loss)	Net Long-Term Capital Gain (Loss)	Guaranteed Payments to Partner
T E				3	1	EILEEN T HIGGINS 2012 TR												
T S				4	4	INSIDE THE GLASS, INC.	5,303.											
T P				2	3	LOBOS NARANJOS, LLC	146,551.											
T P				5	5	TEXAS LOBOS, LLC	17,803.											
T P				1	2	THREE LOBOS, LLC	21,285.											
Totals							155,336.					2.		5,779.				

Component of: Schedule E Page 2, Various

Schedule K-1 Line Reference (1065/1120S/1041)	10/9/*	*	11/10/*	13/12/*	12/11/*	13/12/*	13/12/*	13/12/*	13/12/*	*/*	20/17/14	13/*/*	*	14/*/*	17/15/12	*/*/12	*/*/12
Entity No.	Act. No.	Section 1231 Gain (Loss)	Ordinary Gain (Loss) Form 4797	Other Income	Charitable Contributions 50%	Section 179 Expense	Deductions Related to Portfolio Income (2%)	Other Deductions	Investment Int. Expense (Schedule A)	Investment Int. Expense (Schedule E)	Investment Income	SE Health Insurance Premium	Wages for More Than 2% Shareholders	Net SE Earnings	AMT Depri Adj on Post 96 Property	Minimum Tax Adjustment	Exclusion Items
3	1															8.	8.
2	3				1,896.	589.								146551.			
5	5													-17803.			
1	2													21,285.			
Totals							1,896.	589.					150033.			8.	8.

Component of: Form 4797, Line 2; Form 4797, Line 10; Schedule E, Page 2, Various; Schedule A, Lines 16 & 17; Form 4562, Line 6; Schedule A, Line 23; Schedule E, Page 2, Various; Schedule A, Line 14; Schedule E, Page 2, Various; Form 4952, Line 4a; Form 1040, Line 29; Form 1040, Line 7; Schedule SE, Line 2; Form 6251, Line 19; Form 6251, Line 16; Form 8801

* - No specific Schedule K-1 line reference for these amounts.

Schedule E
EILEEN T. HIGGINS
PASSTHROUGH RECAP - ADDITIONAL INCOME, DEDUCTIONS, AND PRIOR YEAR CARRYOVERS
2018

Line Reference (1065/1205/1041)	17/15/*	15/13/13	15/13/*	**/10	**/11	18/16/14	18/16/*	18/16/*	*	*	*	*	*	*	*	*	
Entity No.	Act No.	AMT Adl. Gain or Loss	Low Income Housing Cr Pre 08	Low Income Housing Cr Post 07	Estate Tax Deduction	Excess Deductions on Termination	Tax-exempt Interest Income	Other Tax-exempt Income	Nondeductible Expenses	Section 1231 PAL Carryover	AMT Section 1231 PAL Carryover	ST Capital PAL C/O	AMT ST Capital PAL C/O	LT Capital PAL C/O	AMT LT Capital PAL C/O	Form 4797 Ordinary PAL C/O	AMT 4797 Ordinary PAL C/O
3	1						1,297.		32.								
4	4								1,411.								
2	3								224.								
5	5								686.								
1	2																
Totals																	
Component of:																	
Form 6251, Line 18																	
Form 8586, Line 4																	
Form 8586, Line 11																	
Schedule A, Line 28																	
Schedule A, Line 23																	
Schedule B, Line 1																	
Schedule B, Line 1																	
Form 6198, Line 4 Basic Lmt.																	
Form 8582, Line 3c																	
Form 8582, Line 3c																	
Form 8582, Line 3c																	
Form 8582, Line 3c																	
Form 8582, Line 3c																	
Form 8582, Line 3c																	

Line Reference (1065/1205/1041)	*/*	13/12/*	13/12/*	13/12/*	13/*/*	13/*/*	13/*/*	13/*/*	11/10/5	*	9c/8c/4c	20/17/*	*	**/9	13/12/*	*	13/12/*
Entity No.	Act No.	Section 179 Carryover	Charitable Contributions 30% Regular	Charitable Contributions 30% Special	Charitable Contributions 20%	Keogh Payments	SEP Payments	IRA Contributions	Other Portfolio Income (loss)	Other Nonportfolio Nonpassive Income	Uncaptured Section 1250 Gain	Investment Expenses	Investment Interest Expense C/O (Sch. E)	Nonpassive Depreciation and Amortization	Depreciation Related to Portfolio Income (incl 2%)	Medical Payments for 2% Owner	Section 59(e)(2) Expenditure
Totals																	
Component of:																	
Form 4562, Line 10																	
Schedule A, Lines 16 & 17																	
Schedule A, Lines 16 & 17																	
Schedule A, Lines 16 & 17																	
Form 1040, Line 28																	
Form 1040, Line 28																	
Form 1040, Line 32																	
Schedule E, Page 2, Various																	
Schedule E, Page 2, Various																	
Schedule D, Line 19																	
Form 4952, Line 5																	
Form 4952, Line 2																	
Schedule E, Line 3c																	
Schedule A, Line 28																	
Schedule A, Line 1																	
Schedule E, Page 2, Various																	

- No specific Schedule K-1 line reference for these amounts.

Schedule E
PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR BASIS CARRYOVERS
2018

EILEEN T. HIGGINS

Entity No.	Act. No.	Qualified Dividends	Sec. 1256 Contracts & Straddles	Dependent Care Benefits	Qualified Production Activities Income	Employer's W-2 Wages	Undistributed Capital Gains	Empowerment Zone Credit	Credit for Increasing Research Activities	New Markets Credit	Credit for SS & Medicare Taxes	Recapture of Low-income Housing Credit	Royalty/Depletion Expenses	Charitable Contributions 100%
3	1	3,131.												
Totals		3,131.												
Component of:		Form 1040, Line 9b	Form 6781, Line 1	Form 2441 Line 14	Form 8903, Line 7	Form 8903, Line 15	Form 1040, Line 70	Form 8844, Line 3	Form 6765, Line 37	Form 8874, Line 2	Form 8846, Line 5	Form 8611, Line 8	Schedule E, Page 1 of 2	Schedule A, Lines 16 & 17

Entity No.	Act. No.	Schedule E Basis Carryover	AMT Schedule E Basis Carryover	ST Basis Carryover	AMT Basis Carryover	LT Basis Carryover	AMT LT Basis Carryover	Sec. 1231 Basis Carryover	AMT Sec 1231 Basis Carryover	4797-Ord. Basis Carryover	AMT 4797-Ord. Basis Carryover	Other Basis Carryovers	AMT Other Basis Carryovers
Totals													
Component of:		Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet

* - No specific Schedule K-1 line reference for these amounts.

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

Social security number of person with **self-employment** income

EILEEN T. HIGGINS

Section B - Long Schedule SE

Part I Self-Employment Tax

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

<p>A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/></p>	
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)
1b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 7
3	Combine lines 1a, 1b, and 2
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here
4c	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income
5b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-
6	Add lines 4c and 5b
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2018
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$128,400 or more, skip lines 8b through 10, and go to line 11
8b	Unreported tips subject to social security tax (from Form 4137, line 10)
8c	Wages subject to social security tax (from Form 8919, line 10)
8d	Add lines 8a, 8b, and 8c
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)
11	Multiply line 6 by 2.9% (0.029)
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27

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

<p>Form Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$7,920, or (b) your net farm profits² were less than \$5,717.</p>	
14	Maximum income for optional methods
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,280. Also include this amount on line 4b above
<p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,717 and also less than 72.189% of your gross nonfarm income⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.</p>	
16	Subtract line 15 from line 14
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above

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

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Foreign Tax Credit
 (Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name **EILEEN T. HIGGINS** Identifying number as shown on page 1 of your tax return [REDACTED]

EILEEN T. HIGGINS

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A income c Passive category income e Section 901(j) income g Lump-sum distributions
 b Foreign branch income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession ▶	OTHER COUNTRIES			
1a Gross income from sources within country shown above and of the type checked above:	4,334.			1a 4,334.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	12,000.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	12,000.			
d Gross foreign source income	4,334.			
e Gross income from all sources	238,990.			
f Divide line 3d by line 3e	.018134650			
g Multiply line 3c by line 3f	218.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	218.			6 218.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7 4,116.

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 8

Country	Credit is claimed for taxes (you must check one)		Foreign taxes paid or accrued						(u) Total foreign taxes paid or accrued (add cols. (q) through (t))	
	(j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	(l) Date paid or accrued	In foreign currency			In U.S. dollars				
			(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties		(s) Interest
A						101.			446.	547.
B										
C										
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶										8 547.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2018)

Part III Figuring the Credit			
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	547.
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 9 (If your income was section 951A income (box a above Part I), leave line 10 blank.)	10	328.
11	Add lines 9 and 10	11	875.
12	Reduction in foreign taxes	12	
13	Taxes reclassified under high tax kickout	13	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	875.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	4,116.
16	Adjustments to line 15	16	-4,116.
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	
18	Individuals: Enter the amount from Form 1040, line 10; or Form 1040NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	0.
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	
20	Individuals: Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.	20	
21	Multiply line 20 by line 19 (maximum amount of credit)	21	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV	22	0.

Part IV Summary of Credits From Separate Parts III			
23	Credit for taxes on section 951A income	23	
24	Credit for taxes on foreign branch income	24	
25	Credit for taxes on passive category income	25	
26	Credit for taxes on general category income	26	
27	Credit for taxes on section 901(j) income	27	
28	Credit for taxes on certain income re-sourced by treaty	28	
29	Credit for taxes on lump-sum distributions	29	
30	Add lines 23 through 29	30	0.
31	Enter the smaller of line 20 or line 30	31	0.
32	Reduction of credit for international boycott operations	32	
33	Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a	33	0.

Foreign Tax Credit
 (Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name **EILEEN T. HIGGINS** Identifying number as shown on page 1 of your tax return [REDACTED]

EILEEN T. HIGGINS

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A income
- b Foreign branch income
- c Passive category income
- d General category income
- e Section 901(j) income
- f Certain income re-sourced by treaty
- g Lump-sum distributions

h Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession ▶	OTHER COUNTRIES			
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	12,000.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	12,000.			
d Gross foreign source income				
e Gross income from all sources	238,990.			
f Divide line 3d by line 3e	.000000000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one)		Foreign taxes paid or accrued						(u) Total foreign taxes paid or accrued (add cols. (q) through (t))				
	(j) <input checked="" type="checkbox"/> Paid	(k) <input type="checkbox"/> Accrued	In foreign currency			In U.S. dollars							
			(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends		(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued	
A													
B													
C													

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶ 8

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10 Carryback or carryover (attach detailed computation) SEE STATEMENT 10 (If your income was section 951A income (box a above Part I), leave line 10 blank.)	10	413.	
11 Add lines 9 and 10	11	413.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		413.
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15		
16 Adjustments to line 15	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18 Individuals: Enter the amount from Form 1040, line 10; or Form 1040NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18		
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20 Individuals: Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.	20		
21 Multiply line 20 by line 19 (maximum amount of credit)	21		
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV	22		0.

Part IV Summary of Credits From Separate Parts III

23 Credit for taxes on section 951A income	23		
24 Credit for taxes on foreign branch income	24		
25 Credit for taxes on passive category income	25		
26 Credit for taxes on general category income	26		
27 Credit for taxes on section 901(j) income	27		
28 Credit for taxes on certain income re-sourced by treaty	28		
29 Credit for taxes on lump-sum distributions	29		
30 Add lines 23 through 29	30		
31 Enter the smaller of line 20 or line 30	31		
32 Reduction of credit for international boycott operations	32		
33 Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a	33		

DOES NOT APPLY

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

Form 6251

Department of the Treasury Internal Revenue Service (99)

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

Attach to Form 1040 or Form 1040NR.

2018 Attachment Sequence No. 32

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

Your social security number

EILEEN T. HIGGINS

Table with 2 columns: Description and Amount. Section: Part I Alternative Minimum Taxable Income. Rows 1-4.

Table with 2 columns: Description and Amount. Section: Part II Alternative Minimum Tax (AMT). Rows 5-11.

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

Form 6251 (2018)

Part III Tax Computation Using Maximum Capital Gains Rates

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

Table with 2 columns: Line number and Description. Rows 12-40 detailing tax calculations for capital gains rates.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment					Social Security Number
EILEEN T. HIGGINS							
Form Name	Description	Income	Adjustment				Form 6251 Other Adjustment
			Form 6251, Line 2k	Form 6251, Line 2l	Form 6251, Line 2m	Form 6251, Line 2n	
K1-	INSIDE THE GLASS, INC. * REGULAR INCOME * AMT NET INCOME	5,303. 5,303.					
K1-	EILEEN T HIGGINS 2012 TR [REDACTED] * REGULAR INCOME FORM 1041, LINE 16 * AMT NET INCOME	0. 8. 8.					
	** TOTAL ADJ & PREF **						8.

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2018

Attachment Sequence No. 19

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Name

Identifying number as shown on page 1 of your tax return

EILEEN T. HIGGINS

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A income c Passive category income e Section 901(j) income g Lump-sum distributions
b Foreign branch income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession ▶	OTHER COUNTRIES			
1a Gross income from sources within country shown above and of the type checked above: _____	4,334.			1a 4,334.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement) _____				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction _____				
b Other deductions (attach statement) _____				
c Add lines 3a and 3b				
d Gross foreign source income	4,334.			
e Gross income from all sources	238,990.			
f Divide line 3d by line 3e	.018134650			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) _____				
b Other interest expense _____				
5 Losses from foreign sources _____				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7 4,334.

Part II Foreign Taxes Paid or Accrued

Country	Foreign taxes paid or accrued						(p) Other foreign taxes paid or accrued	In U.S. dollars			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
	In foreign currency							Taxes withheld at source on:				
	(j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Taxes withheld at source on:				(q) Dividends		(r) Rents and royalties	(s) Interest			
A	(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest			101.				446.	547.
B												
C												
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶											8	547.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2018)

ALTERNATIVE MINIMUM TAX

Form 1116 (2018) **EILEEN T. HIGGINS**

2

Part III Figuring the Credit			
9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	547.	
10 Carryback or carryover (attach detailed computation) SEE STATEMENT 12 (If your income was section 951A income (box a above Part I), leave line 10 blank.)	10	328.	
11 Add lines 9 and 10	11	875.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		875.
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	4,334.	
16 Adjustments to line 15	16	3,649.	
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	7,983.	
18 Individuals: Enter the amount from Form 1040, line 10; or Form 1040NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	21,469.	
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.37184
20 Individuals: Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.	20		
21 Multiply line 20 by line 19 (maximum amount of credit)	21		
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV	22		0.

Part IV Summary of Credits From Separate Parts III			
23 Credit for taxes on section 951A income	23		
24 Credit for taxes on foreign branch income	24		
25 Credit for taxes on passive category income	25		
26 Credit for taxes on general category income	26		
27 Credit for taxes on section 901(j) income	27		
28 Credit for taxes on certain income re-sourced by treaty	28		
29 Credit for taxes on lump-sum distributions	29		
30 Add lines 23 through 29	30		0.
31 Enter the smaller of line 20 or line 30	31		0.
32 Reduction of credit for international boycott operations	32		
33 Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a	33		0.

Form 1116 (2018)

**ALTERNATIVE MINIMUM TAX
Foreign Tax Credit**
(Individual, Estate, or Trust)

OMB No. 1545-0121

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

2018

Attachment
Sequence No **19**

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name

Identifying number as shown on page 1 of your tax return

EILEEN T. HIGGINS

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a** Section 951A income **c** Passive category income **e** Section 901(j) income **g** Lump-sum distributions
b Foreign branch income **d** General category income **f** Certain income re-sourced by treaty

h Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession ▶	OTHER COUNTRIES			
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income				
e Gross income from all sources	238,990.			
f Divide line 3d by line 3e	.000000000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one)		Foreign taxes paid or accrued						(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
	(j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Taxes withheld at source on:	In foreign currency			In U.S. dollars			
			(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued		
A	(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest					
B									
C									

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶ **8**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2018)

ALTERNATIVE MINIMUM TAX



Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10 Carryback or carryover (attach detailed computation) SEE STATEMENT 13 (If your income was section 951A income (box a above Part I), leave line 10 blank.)	10	413.	
11 Add lines 9 and 10	11	413.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		413.
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15		
16 Adjustments to line 15	16	980.	
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	980.	
18 Individuals: Enter the amount from Form 1040, line 10; or Form 1040NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	21,469.	
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.04565
20 Individuals: Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.	20		
21 Multiply line 20 by line 19 (maximum amount of credit)	21		
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV	22		0.

Part IV Summary of Credits From Separate Parts III

23 Credit for taxes on section 951A income	23		
24 Credit for taxes on foreign branch income	24		
25 Credit for taxes on passive category income	25		
26 Credit for taxes on general category income	26		
27 Credit for taxes on section 901(j) income	27		
28 Credit for taxes on certain income re-sourced by treaty	28		
29 Credit for taxes on lump-sum distributions	29		
30 Add lines 23 through 29	30		
31 Enter the smaller of line 20 or line 30	31		
32 Reduction of credit for international boycott operations	32		
33 Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a	33		

Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

EILEEN T. HIGGINS

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

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions)	▶	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)			
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter			
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs			
5	Subtract line 4 from line 3. If zero or less, enter -0-			
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter			
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)			
8	Add lines 6 and 7			
9	Employer contributions made to your HSAs for 2018	9		
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10			
12	Subtract line 11 from line 8. If zero or less, enter -0-			
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25			
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).				

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2018 from all HSAs (see instructions)	14a	218.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	218.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	218.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		<input type="checkbox"/>
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Last-month rule	18	
19 Qualified HSA funding distribution	19	
20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Shared Responsibility Payment

821636 12-26-18

To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete Worksheet A and Worksheet B if you are directed to them as you complete Steps 1 through 5.
- Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

Step 1 All Filers

- Can someone claim you as a dependent?
 - Yes.** Stop. You don't owe a shared responsibility payment. Check the Someone can claim you as a dependent box on the Your standard deduction line of Form 1040.
 - No.** Continue to line 2
- Did you, and everyone else in your tax household (see Tax household under Definitions, earlier) have qualifying health coverage for every month of 2018, or have a coverage exemption that covered all of 2018 or a combination of qualifying health care coverage and coverage exemption(s) for every month of 2018?
 - Yes.** Stop. You don't owe a shared responsibility payment. Check the "Full-year health care coverage or exempt" box on Form 1040.
 - No.** Continue to line 3

*You can check the "Full-year health care coverage or exempt" box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person had qualifying health care coverage or a coverage exemption for every month he or she was a member of your tax household and everyone else in your tax household had health care coverage or coverage exemptions for each month of the year.
- Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any month in 2018?
 - Yes.** Stop. Claim any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A.
 - No.** Continue to line 4
- Did you, or anyone else in your tax household turn 18 during 2018?
 - Yes.** Go to Worksheet A
 - No.** Go to Step 2

Step 2 Flat Dollar Amount

- Multiply \$695 by the number of people in your tax household who were at least 18 years old.* 1 _____
*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born.
- Multiply \$347.50 by the number of people in your tax household who were under age 18 2 _____
- Add lines 1 and 2 3 _____
- Enter the smaller of line 3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3 4 _____

Step 3 Household Income

- Enter the amount from Form 1040, line 7 1 _____
- Did you receive any tax-exempt interest?
 - Yes.** Enter the amount from Form 1040, line 2a 2 _____
 - No.** Continue to line 3
- Did you attach Form 2555 or Form 2555-EZ?
 - Yes.** Enter the amount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18 3 _____
 - No.** Continue to line 4
- Did you claim any dependents?
 - Yes.** Continue to line 5
 - No.** Stop. Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1
- Were any of the dependents you claimed required to file a return?
 - Yes.** Complete questions 1 through 3 for each dependent with a filing requirement for whom you didn't attach Form 8814. Enter the total here 5 _____
 - No.** Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1
- Did you attach Form 8814?
 - Yes.** Continue to line 7
 - No.** Stop. Add lines 1, 2, 3, and 5. **This is your household income.** Enter the result on Step 4, line 1
- Is Form 8814, line 4, more than \$1,050?
 - Yes.** Add the amount from Form 8814, line 1b, and the smaller of Form 8814, line 4 or 5 7 _____
 - No.** Enter -0-. Continue to line 8
- Add lines 1, 2, 3, 5, and 7. **This is your household income.** Enter the result on Step 4, line 1 8 _____

Shared Responsibility Payment continued

Step 4 Percentage Income Amount

1. Enter your household income from Step 3 1 _____
2. Were you or your spouse (if filing jointly) born before January 2, 1954?
 - Yes.** Skip question 3. Find your filing threshold on the **Filing Thresholds for Most People** chart and enter it both here and on line 4 2 _____
 - No.** Go to question 3.
3. Enter the amount listed below for your filing status 3 _____
 - Single - \$12,000
 - Head of household - \$18,000
 - Married filing jointly - \$24,000
 - Married filing separately - \$0
 - Qualifying widow(er) - \$24,000
4. Enter the amount from line 2 or 3 4 _____
5. Subtract line 4 from line 1 5 _____
6. Is the amount on line 5 zero or less?
 - Yes.** Stop. You don't owe a shared responsibility payment. Check the "Full-year health care coverage or exempt" box on Form 1040. You don't need to file Form 8965.
 - No.** Continue to line 7
7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount 7 _____
8. Were you required to complete Worksheet A?
 - Yes.** Go to Worksheet B. Then continue to Step 5.
 - No.** Enter the amount from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete line 3 of that worksheet. Then continue to Step 5.

Step 5 National Average Bronze Plan Premium

1. Were you required to complete Worksheet A?
 - Yes.** Continue to line 2
 - No.** Skip question 2; Go to question 3.
2. Multiply \$283* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet 2 _____

*\$283 is the 2018 national average premium for a bronze level health plan available through the Marketplace for one individual for one month.
3. Enter on line 4 of the Shared Responsibility Payment Worksheet the amount below that corresponds to the total number of people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet.
 - 1 person - \$3,396
 - 2 people - \$6,792
 - 3 people - \$10,188
 - 4 people - \$13,584
 - 5 or more people - \$16,980

Shared Responsibility Payment Worksheet

Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2018, stop here. You don't owe a shared responsibility payment.

Complete Step 1	
1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7)	1 _____
Complete Step 3	
2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14)	2 _____
3. Enter the larger of line 1 or line 2	3 _____
Complete Step 5	
4. Enter the National Average Bronze Plan Premium. (From Step 5, question 2 or 3)	4 _____
5. Enter the smaller of line 3 or line 4 here and on Schedule 4 (Form 1040), line 61.	5 _____
This is your shared responsibility payment	5 _____

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2018

Attachment
Sequence No **179**

▶ Attach to your tax return.

SUMMARY

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

EILEEN T. HIGGINS

ALL BUSINESS ACTIVITIES

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	0.
3	Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,000,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
TOTAL ALLOWABLE PASS-THROUGH SECTION 179 EXPENSE		589.	
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	589.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	589.
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	211,308.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	589.
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 1116

U.S. and Foreign Source Income Summary

NAME

EILEEN T. HIGGINS

FOREIGN

INCOME TYPE	TOTAL	U.S.	FOREIGN	
			GENERAL	PASSIVE
Compensation	55,972.	55,972.		
Dividends/Distributions	7,745.	5,779.		1,966.
Interest	90.	90.		
Capital Gains	2,633.	2,633.		
Business/Profession				
Rent/Royalty				
State/Local Refunds				
Partnership/S Corporation	172,550.	172,550.		
Trust/Estate		-2,368.		2,368.
Other Income				
Gross Income	<u>238,990.</u>	<u>234,656.</u>		<u>4,334.</u>
Less:				
Section 911 Exclusion				
Capital Losses	21.	21.		
Capital Gains Tax Adjustment				
Total Income - Form 1116	<u>238,969.</u>	<u>234,635.</u>		<u>4,334.</u>
Deductions:				
Business/Profession Expenses				
Rent/Royalty Expenses				
Partnership/S Corporation Losses	17,803.	17,803.		
Trust/Estate Losses				
Capital Losses				
Non-capital Losses				
Individual Retirement Account				
Moving Expenses				
Self-employment Tax Deduction	6,486.	6,486.		
Self-employment Health Insurance				
Keogh Contributions				
Alimony				
Forfeited Interest				
Foreign Housing Deduction				
Other Adjustments	368,938.	368,938.		
Capital Gains Tax Adjustment				
Total Deductions	<u>393,227.</u>	<u>393,227.</u>		
Adjusted Gross Income	<u>-154,258.</u>	<u>-158,592.</u>		<u>4,334.</u>
Less Itemized Deductions:				
Specifically Allocated				
Home Mortgage Interest				
Other Interest				
Ratably Allocated	12,000.	11,782.		218.
Total Adjustments to Adjusted Gross Income	<u>12,000.</u>	<u>11,782.</u>		<u>218.</u>
Taxable Income	<u>-166,258.</u>	<u>-170,374.</u>		<u>4,116.</u>

827901 01-28-19

NAME

EILEEN T. HIGGINS



Foreign Income Category

GENERAL LIMITATION INCOME

Regular	2013	2014	2015	2016	2017	2018
1. Foreign tax paid/accrued						
2. FTC carryback to 2018 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						
5. Maximum credit allowable						
6. Unused foreign tax (+) or excess of limit (-)				413.		
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining				413.		
Total foreign taxes from all available years to be carried to next year						413.

	2008	2009	2010	2011	2012
1. Foreign tax paid/accrued					
2. FTC carryback to 2018 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

EILEEN T. HIGGINS

Foreign Income Category

GENERAL LIMITATION INCOME

AMT	2013	2014	2015	2016	2017	2018
1. Foreign tax paid/accrued						
2. FTC carryback to 2018 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						
5. Maximum credit allowable						
6. Unused foreign tax (+) or excess of limit (-)				413.		
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining				413.		
Total foreign taxes from all available years to be carried to next year						413.

	2008	2009	2010	2011	2012
1. Foreign tax paid/accrued					
2. FTC carryback to 2018 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

EILEEN T. HIGGINS

Foreign Income Category

PASSIVE INCOME

Regular	2013	2014	2015	2016	2017	2018
1. Foreign tax paid/accrued						547.
2. FTC carryback to 2018 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						547.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)					328.	547.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining					328.	547.
Total foreign taxes from all available years to be carried to next year						875.

	2008	2009	2010	2011	2012
1. Foreign tax paid/accrued					
2. FTC carryback to 2018 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

EILEEN T. HIGGINS



Foreign Income Category

PASSIVE INCOME

AMT	2013	2014	2015	2016	2017	2018
1. Foreign tax paid/accrued						547.
2. FTC carryback to 2018 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						547.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)					328.	547.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining					328.	547.
Total foreign taxes from all available years to be carried to next year						875.

	2008	2009	2010	2011	2012
1. Foreign tax paid/accrued					
2. FTC carryback to 2018 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					



Form 1116

Pro Rata Share of Allocated Losses

NAME

EILEEN T. HIGGINS

Allocation of Losses from Other Categories

INCOME CLASSIFICATION	INCOME	LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income	4,116.			
Income re-sourced by treaty				
Foreign branch income				
General limitation income				
Totals	4,116.			

Allocation of U.S. Losses

INCOME CLASSIFICATION	REMAINING INCOME	U.S. LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income	4,116.	170,374.	4,116.	166,258.
Income re-sourced by treaty				
Foreign branch income				
General limitation income				
Totals	4,116.	170,374.	4,116.	166,258.

Recapture of Prior Year Overall Foreign Loss

INCOME CLASSIFICATION	REMAINING INCOME	OVERALL PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
Foreign branch income				
General limitation income				
Totals				
Recapture percentage				

Recapture of Separate Limitation Loss Accounts

INCOME CLASSIFICATION	REMAINING INCOME	PRIOR YEAR LOSS	RECHARACTERIZED LOSS	LOSS NOT RECHARACTERIZED
Passive income				
Income re-sourced by treaty				
Foreign branch income				
General limitation income				
Totals				

Recapture of Overall Domestic Loss Prior to 2012

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
Foreign branch income				
General limitation income				
Totals				
Recapture percentage				

Recapture of Overall Domestic Loss

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income	0.	3,109.		3,109.
Income re-sourced by treaty				
Foreign branch income				
General limitation income	0.	475.		475.
Totals	0.	3,584.		3,584.
Recapture percentage				

Form 1116**Pro Rata Share of Allocated Losses****Page 2**

NAME

Adjustments to Form 1116, Line 15

INC. CLASSIFICATION	SEC. 461(l)	OTHER CATEGORIES	U.S. LOSSES	PRIOR YEAR OVERALL	RECAPTURE OF LOSS ACCOUNTS	DOMESTIC RECAPTURE	FORM 1116, LINE 16
Passive			-4,116.				-4,116.
Re-sourced by treaty							
Foreign branch income							
General limitation							

Form 1116

Alternative Minimum Tax Foreign Tax Credit
Pro Rata Share of Allocated Losses

NAME

EILEEN T. HIGGINS

Allocation of Losses from Other Categories

INCOME CLASSIFICATION	INCOME	LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income	4,334.			
Income re-sourced by treaty				
Foreign branch income				
General limitation income				
Totals	4,334.			

Allocation of U.S. Losses

INCOME CLASSIFICATION	REMAINING INCOME	U.S. LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income	4,334.			
Income re-sourced by treaty				
Foreign branch income				
General limitation income				
Totals	4,334.			

Recapture of Prior Year Overall Foreign Loss

INCOME CLASSIFICATION	REMAINING INCOME	OVERALL PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income	4,334.			
Income re-sourced by treaty				
Foreign branch income				
General limitation income				
Totals	4,334.			
Recapture percentage				

Recapture of Separate Limitation Loss Accounts

INCOME CLASSIFICATION	REMAINING INCOME	PRIOR YEAR LOSS	RECHARACTERIZED LOSS	LOSS NOT RECHARACTERIZED
Passive income	4,334.			
Income re-sourced by treaty				
Foreign branch income				
General limitation income				
Totals	4,334.			

Recapture of Overall Domestic Loss Prior to 2012

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
Foreign branch income				
General limitation income				
Totals				
Recapture percentage				

Recapture of Overall Domestic Loss

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income	6,754.	3,649.	3,649.	
Income re-sourced by treaty				
Foreign branch income				
General limitation income	1,814.	980.	980.	
Totals	8,568.	4,629.	4,629.	
Recapture percentage	.5000			

Form 1116

**Alternative Minimum Tax Foreign Tax Credit
Pro Rata Share of Allocated Losses**

NAME

Adjustments to Form 1116, Line 15

INC. CLASSIFICATION	SEC. 461(I)	OTHER CATEGORIES	U.S. LOSSES	PRIOR YEAR OVERALL	RECAPTURE OF LOSS ACCOUNTS	DOMESTIC RECAPTURE	FORM 1116, LINE 16
Passive						3,649.	3,649.
Re-sourced by treaty							
Foreign branch income							
General limitation						980.	980.

Qualified Business Income Deduction Summary

1. 20% of aggregate qualified REIT dividends and qualified publicly traded partnership income	STMT 18	14.
Do not enter less than zero. If less than zero, this loss is carried over to next year.		
2. Add the amount from all Qualified Business Income Deduction Worksheets, line 1j		30,975.
3. Add lines 1 and 2. This is your total combined qualified business income		30,989.
4. Taxable Income before this deduction. If zero or less, enter zero		0.
a. Net capital gains plus qualified dividends		
b. Line 4 minus line 4a		
5. Multiply line 4b by 20%		
6. Lesser of line 5 or line 3. This is your Qualified Business Income Deduction. Enter this amount on Form 1040, line 9		
7. Qualified business income deduction from cooperatives. Do not enter more than line 4 minus line 6. Include this amount on Form 1040, line 10		

Qualified Business Income Deduction Worksheet

Activity: LOBOS NARANJOS, LLC

1.	Allocated qualified business income	130,914.
a.	Multiply line 1 by 20%	26,183.
b(i).	50% of W-2 wages	212,427.
b(ii).	25% of W-2 wages plus 2.5% of UBIA	120,221.
b(iii).	Greater of b(i) or b(ii)	212,427.
c.	Cooperative dividends adjustment	0.
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?		
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.		
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?		
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.		
No. Continue to line 1d.		
d.	Subtract line 1b(iii) from line 1a	
e.	Taxable income before this deduction	
f.	Threshold amount \$157,500 (\$315,000 if MFJ)	
g.	Subtract line 1f from line 1e	
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ)	
i.	Multiply line 1d by line 1h	
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income	26,183.

Activity: THREE LOBOS, LLC

1.	Allocated qualified business income	19,091.
a.	Multiply line 1 by 20%	3,818.
b(i).	50% of W-2 wages	0.
b(ii).	25% of W-2 wages plus 2.5% of UBIA	21.
b(iii).	Greater of b(i) or b(ii)	21.
c.	Cooperative dividends adjustment	0.
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?		
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.		
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?		
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.		
No. Continue to line 1d.		
d.	Subtract line 1b(iii) from line 1a	
e.	Taxable income before this deduction	
f.	Threshold amount \$157,500 (\$315,000 if MFJ)	
g.	Subtract line 1f from line 1e	
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ)	
i.	Multiply line 1d by line 1h	
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income	3,818.

Activity: INSIDE THE GLASS, INC.

1.	Allocated qualified business income	4,756.
a.	Multiply line 1 by 20%	951.
b(i).	50% of W-2 wages	15,750.
b(ii).	25% of W-2 wages plus 2.5% of UBIA	7,875.
b(iii).	Greater of b(i) or b(ii)	15,750.
c.	Cooperative dividends adjustment	0.
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?		
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.		
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?		
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.		
No. Continue to line 1d.		
d.	Subtract line 1b(iii) from line 1a	
e.	Taxable income before this deduction	
f.	Threshold amount \$157,500 (\$315,000 if MFJ)	
g.	Subtract line 1f from line 1e	
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ)	
i.	Multiply line 1d by line 1h	
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income	951.

Qualified Business Income Deduction Worksheet

Activity: EILEEN T HIGGINS 2012 TR [REDACTED]

1.	Allocated qualified business income	117.
a.	Multiply line 1 by 20%	23.
b(i).	50% of W-2 wages	0.
b(ii).	25% of W-2 wages plus 2.5% of UBIA	0.
b(iii).	Greater of b(i) or b(ii)	0.
c.	Cooperative dividends adjustment	0.
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?		
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.		
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?		
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.		
No. Continue to line 1d.		
d.	Subtract line 1b(iii) from line 1a	
e.	Taxable income before this deduction	
f.	Threshold amount \$157,500 (\$315,000 if MFJ)	
g.	Subtract line 1f from line 1e	
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ)	
i.	Multiply line 1d by line 1h	
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income	23.

Activity: _____

1.	Allocated qualified business income	
a.	Multiply line 1 by 20%	
b(i).	50% of W-2 wages	
b(ii).	25% of W-2 wages plus 2.5% of UBIA	
b(iii).	Greater of b(i) or b(ii)	
c.	Cooperative dividends adjustment	
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?		
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.		
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?		
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.		
No. Continue to line 1d.		
d.	Subtract line 1b(iii) from line 1a	
e.	Taxable income before this deduction	
f.	Threshold amount \$157,500 (\$315,000 if MFJ)	
g.	Subtract line 1f from line 1e	
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ)	
i.	Multiply line 1d by line 1h	
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income	

Activity: _____

1.	Allocated qualified business income	
a.	Multiply line 1 by 20%	
b(i).	50% of W-2 wages	
b(ii).	25% of W-2 wages plus 2.5% of UBIA	
b(iii).	Greater of b(i) or b(ii)	
c.	Cooperative dividends adjustment	
Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?		
Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.		
No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?		
Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.		
No. Continue to line 1d.		
d.	Subtract line 1b(iii) from line 1a	
e.	Taxable income before this deduction	
f.	Threshold amount \$157,500 (\$315,000 if MFJ)	
g.	Subtract line 1f from line 1e	
h.	Divide line 1g by \$50,000 (\$100,000 if MFJ)	
i.	Multiply line 1d by line 1h	
j.	Subtract line 1i and 1c from line 1a. This is your activity's qualified income	

Worksheet for NOL Carryover

2018

Name(s) as shown on return

Social Security Number

EILEEN T. HIGGINS

USE YOUR 2018 FORM 1040 TO COMPLETE THE WORKSHEET:

1. Enter as a positive number your NOL deduction from Schedule 1 (Form 1040), line 21 or Form 1040NR	202,680.	368,938.
2. Enter taxable income without the NOL		
3. Enter as a positive number any net capital loss deduction		
4. Enter as a positive number any gain excluded on the sale of qualified small business stock		
5. Enter the amount of any domestic production activities deduction		
6. Enter as a positive number any qualified business income deduction		
7. Enter any adjustments to adjusted gross income		
8. Enter any adjustments to your itemized deductions from line 30		
9. Modified taxable income. Combine lines 2 through 8 and enter the result (but not less than zero)		202,680.
10. NOL carryover to 2019. Subtract line 9 from line 1 and enter the result (but not less than zero)		166,258.

ADJUSTMENTS TO ITEMIZED DEDUCTIONS (Individuals Only):

11. Enter adjusted gross income without the NOL deduction		
12. Combine lines 3, 4, 5, 6, and 7 above		
13. Modified adjusted gross income. Combine lines 11 and 12 above		

ADJUSTMENT TO MEDICAL EXPENSES:

14. Enter medical expenses from Schedule A (Form 1040), line 4		
15. Enter medical expenses from Schedule A (Form 1040), line 1		
16. Multiply line 13 above by 7.5% (0.075)		
17. Subtract line 16 from line 15 and enter the result (but not less than zero)		
18. Subtract line 17 from line 14		

ADJUSTMENT TO MORTGAGE INSURANCE PREMIUMS:

19. Mortgage insurance premiums deduction from Schedule A, line 8d		
20. Refigured mortgage insurance premiums deduction		
21. Subtract line 20 from line 19		

ADJUSTMENT TO CHARITABLE CONTRIBUTIONS:

22. Enter charitable contributions deduction from Schedule A (Form 1040), line 14, or Schedule A (Form 1040NR), line 5	0.	
23. Refigure the charitable contributions deduction using line 13 above as your AGI		
24. Subtract line 23 from line 22		

ADJUSTMENT TO CASUALTY AND THEFT LOSSES:

25. Enter casualty and theft losses from Form 4684, line 18		
26. Enter casualty and theft losses from Form 4684, line 16		
27. Multiply line 26 by .10		
28. Subtract line 27 from line 26 (but not less than zero)		
29. Subtract line 28 from line 25 (but not less than zero)		

TOTAL ADJUSTMENT:

30. Combine lines 18, 21, 24, and 29 and enter the result here. Also enter the result on line 8 above		
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NOL

Detail NOL Carryover/Carryback Worksheet

2018

Name(s)
EILEEN T. HIGGINS

Social Security Number

Year Carried From	Amount Available for Carryover/Carryback	Amount Used in 2018	Amount Used in											
2015	16,652.	16,652.												
2016	225,051.	186,028.												
2017	127,235.	0.												
Totals	368,938.	202,680.												

Total amount available for carryover 368,938.
 Less total amounts used 202,680.
 Less total amounts expired 0.
 Remaining carryover 166,258.

Worksheet for Alternative Tax NOL Carryover

2018

Name(s) as shown on return

EILEEN T. HIGGINS

Social Security Number

USE YOUR 2018 FORM 1040 TO COMPLETE THIS WORKSHEET:

1. Enter as positive number your AMT NOL deduction.
2. Enter alternative minimum taxable income without the NOL.
3. Enter as a positive number any net capital loss deduction on Schedule 1 (Form 1040), line 13.
4. Enter as a positive number any gain excluded on the sale or exchange of qualified small business stock
5. Enter any amount of any domestic production activities deduction
6. Enter as a positive number any qualified business income deduction
7. Enter adjustment for AMT depletion
8. Enter any adjustments to adjusted gross income.
9. Enter any adjustments to itemized deductions from line 25 below.
10. **Modified alternative taxable income.** Combine lines 2 through 9 and enter the result (but not less than zero.)
11. Alternative taxable income limitation. Enter 90% of line 10.
12. **AMT NOL carryover to 2019.** Subtract line 11 from line 1 and enter the result (but not less than zero.)

	349,275.
214,688.	
	214,688.
	193,219.
	156,056.

ADJUSTMENTS TO ITEMIZED DEDUCTIONS (Individuals Only).

13. **Modified adjusted gross income** (from NOL Carryover Worksheet, line 13.)

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ADJUSTMENT TO MORTGAGE INSURANCE PREMIUMS:

14. Mortgage insurance premiums deduction from Schedule A, line 8d.
15. Refigured mortgage insurance premiums deduction.
16. Subtract line 15 from line 14.

ADJUSTMENT TO CHARITABLE CONTRIBUTIONS:

17. Enter charitable contributions deduction from the AMT Contribution Worksheet.
18. Refigure the charitable contributions deduction using line 13 above as your AGI.
19. Subtract line 18 from line 17.

ADJUSTMENT TO CASUALTY AND THEFT LOSSES:

20. Enter casualty and theft losses from Form 4684, line 18.
21. Enter casualty and theft losses from Form 4684, line 16.
22. Multiply line 13 by 10% (.10).
23. Subtract line 21 from line 22 (but not less than zero.)
24. Subtract line 23 from line 20 (but not less than zero.)

TOTAL ADJUSTMENT:

25. Combine lines 16, 19, and 24. Enter the amount from this line on line 9 above.

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AMT NOL

Detail AMT NOL Carryover Worksheet

2018

Name(s)
EILEEN T. HIGGINS

Social Security Number
[REDACTED]

Year Carried From	Amount Available for Carryover	Amount Used in 2018	Amount Used in											
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2015 11,046. 11,046.

2016 219,472. 182,173.

2017 118,757. 0.

Totals 349,275. 193,219.

Total amount available for carryover 349,275.
 Less total amounts used 193,219.
 Less total amounts expired 0.
 Remaining carryover 156,056.

EILEEN T. HIGGINS



FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T INSIDE THE GLASS, INC.	31,500.	524.			1,953.	457.
T MIAMI DADE COUNTY, FLORIDA FINANCE DEPT. SUITE 2630	24,472.	1,983.			1,523.	356.
TOTALS	55,972.	2,507.			3,476.	813.

FORM 1040 TAX-EXEMPT INTEREST STATEMENT 2

NAME OF PAYER	AMOUNT
CHARLES SCHWAB & CO INC	959.
FROM K-1 - EILEEN T HIGGINS 2012 TR	1,297.
TOTAL TO FORM 1040, LINE 2A	2,256.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 3

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
CHARLES SCHWAB & CO INC	1,966.	1,001.
FROM K-1 - EILEEN T HIGGINS 2012 TR 	5,779.	3,131.
TOTAL INCLUDED IN FORM 1040, LINE 3A		4,132.





SCHEDULE 1	MISCELLANEOUS INCOME	STATEMENT	4
DESCRIPTION		AMOUNT	
NOL CARRYOVER TO 2018		-368,938.	
TOTAL TO SCHEDULE 1, LINE 21		-368,938.	

SCHEDULE 5	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT	5
DESCRIPTION		AMOUNT	
2ND QTR ESTIMATE PAYMENT		3,000.	
3RD QTR ESTIMATE PAYMENT		3,000.	
4TH QTR ESTIMATE PAYMENT		3,000.	
TOTAL TO SCHEDULE 5, LINE 66		9,000.	

SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT	6
NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN	
CHARLES SCHWAB & CO INC	2,125.		
TOTALS TO SCHEDULE D, LINE 13	2,125.		

SCHEDULE SE	NON-FARM INCOME	STATEMENT	7
DESCRIPTION		AMOUNT	
THREE LOBOS, LLC		21,285.	
LOBOS NARANJOS, LLC		145,962.	
TEXAS LOBOS, LLC		-17,803.	
TOTAL TO SCHEDULE SE, LINE 2		149,444.	





FORM 1116 SUMMARY OF FOREIGN TAXES PAID OR ACCRUED STATEMENT 8

PASSIVE INCOME

NAME OF COUNTRY IMPOSING TAX

DATE PAID	DATE ACCRUED	AMT/FOREIGN CURRENCY	AMOUNT IN U.S. DOLLARS			
			DIVIDENDS	RENT/ROYALTY	INTEREST	OTHER
		OTHER COUNTRIES	0.			446.
		OTHER COUNTRIES	0.	101.		
				101.		446.
TOTAL TO FORM 1116, PART II, LINE 8						547.

PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:

	FOREIGN AMT	CONV. RATE	U.S. AMT
2017			
2016			
2015			
2014			
2013			
TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR			





PASSIVE INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2017 FOREIGN TAX CREDIT	328.	0.	328.
2016 FOREIGN TAX CREDIT	0.	0.	0.
2015 FOREIGN TAX CREDIT	0.	0.	0.
2014 FOREIGN TAX CREDIT	0.	0.	0.
2013 FOREIGN TAX CREDIT	0.	0.	0.
2012 FOREIGN TAX CREDIT	0.	0.	0.
2011 FOREIGN TAX CREDIT	0.	0.	0.
2010 FOREIGN TAX CREDIT	0.	0.	0.
2009 FOREIGN TAX CREDIT	0.	0.	0.
2008 FOREIGN TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2018			0.
TOTAL TO FORM 1116, PART III, LINE 10			328.





FORM 1116

FOREIGN TAX CREDIT CARRYOVER / CARRYBACK

STATEMENT 10

GENERAL LIMITATION INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2017 FOREIGN TAX CREDIT	0.	0.	0.
2016 FOREIGN TAX CREDIT	413.	0.	413.
2015 FOREIGN TAX CREDIT	0.	0.	0.
2014 FOREIGN TAX CREDIT	0.	0.	0.
2013 FOREIGN TAX CREDIT	0.	0.	0.
2012 FOREIGN TAX CREDIT	0.	0.	0.
2011 FOREIGN TAX CREDIT	0.	0.	0.
2010 FOREIGN TAX CREDIT	0.	0.	0.
2009 FOREIGN TAX CREDIT	0.	0.	0.
2008 FOREIGN TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2018			0.
TOTAL TO FORM 1116, PART III, LINE 10			413.





FORM 6251 ALTERNATIVE MINIMUM TAX NOL LIMITATION STATEMENT 11

1A. ATNOL CARRYFORWARDS AND CARRYBACKS ATTRIBUTABLE TO QUALIFIED DISASTER LOSSES		
B. ATNOL CARRYFORWARDS AND CARRYBACKS OTHER THAN THOSE INCLUDED IN LINE 1A		349,275.
C. SUM OF LINE 1A AND LINE 1B		<u>349,275.</u>

ATNOLD LIMITATION:

2A. SUM OF FORM 6251, LINES 1 - 3 WITHOUT LINE 2D AND TREATING LINE 2F AS ZERO	214,688.	
B. TENTATIVE AMOUNT FOR LINE 2D WHEN TREATING LINE 2F AS ZERO		
C. DOMESTIC PRODUCTION ACTIVITIES DEDUCTION		
D. SUM OF LINES 2A - 2C. IF ZERO OR LESS, ENTER ZERO (-0-)	<u>214,688.</u>	
3A. SMALLER OF LINE 1B OR 90% OF LINE 2D		193,219.
B. SMALLER OF LINE 1A OR LINE 2D MINUS 3A		
C. LINE 3A PLUS LINE 3B. TOTAL TO FORM 6251, LINE 2F		<u>193,219.</u>





FORM 1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT CARRYOVER/CARRYBACK STATEMENT 13

GENERAL LIMITATION INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2017 ALT. MIN. TAX CREDIT	0.	0.	0.
2016 ALT. MIN. TAX CREDIT	413.	0.	413.
2015 ALT. MIN. TAX CREDIT	0.	0.	0.
2014 ALT. MIN. TAX CREDIT	0.	0.	0.
2013 ALT. MIN. TAX CREDIT	0.	0.	0.
2012 ALT. MIN. TAX CREDIT	0.	0.	0.
2011 ALT. MIN. TAX CREDIT	0.	0.	0.
2010 ALT. MIN. TAX CREDIT	0.	0.	0.
2009 ALT. MIN. TAX CREDIT	0.	0.	0.
2008 ALT. MIN. TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2018			0.
TOTAL TO FORM 1116 (AMT), PART III, LINE 10			413.

FORM 4562 PART I - BUSINESS INCOME STATEMENT 14

INCOME TYPE	AMOUNT
WAGES	55,972.
PARTNERSHIPS	150,033.
S CORPORATIONS	5,303.
TOTAL BUSINESS INCOME USED IN FORM 4562, LINE 11	211,308.

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY FOREIGN DIVIDEND INCOME STATEMENT 15

DESCRIPTION	AMOUNT
CHARLES SCHWAB & CO INC	965.
CHARLES SCHWAB & CO INC	1,001.
TOTAL FOREIGN DIVIDEND INCOME	1,966.

EILEEN T. HIGGINS

[REDACTED]

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 16
FOREIGN TRUST/ESTATE INCOME

DESCRIPTION	AMOUNT
EILEEN T HIGGINS 2012 TR [REDACTED]	2,368.
TOTAL FOREIGN TRUST/ESTATE INCOME	2,368.

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 17
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

DESCRIPTION	INCOME	LOSS
THREE LOBOS, LLC	21,285.	
LOBOS NARANJOS, LLC	145,962.	
INSIDE THE GLASS, INC.	5,303.	
TEXAS LOBOS, LLC		-17,803.
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	172,550.	-17,803.

EILEEN T. HIGGINS



QBID WORKSHEET QUALIFIED REIT DIVIDENDS AND PTP INCOME STATEMENT 18

NAME OF ENTITY/ACTIVITY	REIT DIVIDENDS	PTP INCOME
CHARLES SCHWAB & CO INC	69.	
USED IN CALCULATION OF QBID SUMMARY, LINE 1	69.	



This information is being furnished to the Internal Revenue Service.
Form W-2 Wage and Tax Statement 2018

a Employee's social security number		Copy B							
b Employer identification number (EIN)		To Be Filed With Employee's FEDERAL Tax Return							
59-6000573		1 Wages, tips, other compensation	24,471.57		2 Federal income tax withheld	1,982.81			
c Employer's name, address, and ZIP code Miami - Dade County, Florida Finance Dept. Suite 2630 111 N.W. 1st Street Miami, FL 33128-1980		3 Social security wages	24,558.76		4 Social security tax withheld	1,522.66			
		5 Medicare wages and tips	24,558.76		6 Medicare tax withheld	356.10			
		7 Social security tips			8 Allocated tips				
d Control number		9		10 Dependent care benefits					
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12 See instructions for box 12	
EILEEN T		HIGGINS				13 Statutory employee		DD 3,987.96	
253 NE 2ND STREET		APT# 3909		MIAMI		14 Other		FRS 414(h) 87.19	
f Employee's address and ZIP code		FL 33132							
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form W-2 Wage and Tax Statement 2018		a Employee's social security number		Copy C - For Employee's Records							
RECONCILIATION OF AMOUNT REPORTED IN BOX 1 OF W-2 TO YOUR YTD GROSS		59-6000573		1 Wages, tips, other compensation		24,471.57		2 Federal income tax withheld		1,982.81	
AMOUNT REPORTED IN BOX 1		24,471.57		3 Social security wages		24,558.76		4 Social security tax withheld		1,522.66	
LESS:				5 Medicare wages and tips		24,558.76		6 Medicare tax withheld		356.10	
- INS. PREMIUM ON EXCESS OF \$50,000.00		0.00		7 Social security tips				8 Allocated tips			
- IMPUTED GROSS		0.00		9				10 Dependent care benefits			
ADD:				11 Nonqualified plans				12 See instructions for box 12		DD 3,987.96	
+ PRE-TAX DEFERRED COMP		0.00		13 Statutory employee				14 Other		FRS 414(h) 87.19	
+ FLEXIBLE BENEFITS		15.28		15 State		Employer's state I.D. No.		16 State wages, tips, etc.		17 State income tax	
+ PRE-TAX PARKING/RAIL		0.00		18 Local wages, tips, etc.				19 Local income tax		20 Locality name	
+ PRE-TAX INS. EE CONTRIBUTION		0.00		21				22			
+ FRS 414(h) EE CONTRIBUTION		87.19		23				24			
+ OTHER NON-TAX		0.00		25				26			
YEAR TO DATE GROSS AS SHOWN ON YOUR LAST PAY STUB		24,574.04		27				28			