## Tax Year 2016 1041 MeF ATS Scenario 3 Magenta Trust 00-4012343

#### Forms Included in Scenario 3

Form 1041 Schedule I (Form1041) Schedule C (Form 1040) Schedule D (Form 1041) Form 4797 Form 8960 Form 8453-FE Schedule K-1 (4)

Taxpayer Name, Address, and TIN

Magenta Trust 1st Test Street Lanham, MD 20706 00-4012343

#### **Signature Information**

Practitioner Signature PIN Method

#### K1 Data

- Interest Income must be distributed equally to the beneficiaries
- · Ordinary Dividends must be distributed equally to the beneficiaries
- Schedule C Income must be distributed equally to the beneficiaries

#### Tax Exempt Expense Allocation Statement

Expense	Total Expenses	Amount Allocated to Tax Exempt Income	Amount Allocated to Taxable Income	Explanation
Expense 2	1000	400	600	Test scenario
				data only
Expense 2	1000	100	900	Test scenario
				data only

Department of the Treasury—Internal Revenue Service
U.S. Income Tax Return for Estates and Trusts

2016

OMB No. 1545-0092

	► Inf	orma	tion about Fo	orm 1041 and its se	eparate ins	tructions is	s at www.irs.g	ov/form1	041.							
A C	heck	all tha	it apply:	For calendar year	2016 or fisc	al year beg	jinning		, 2	016, and e	ending			, 20	16	
	Deced	ent's e	estate	Name of estate or tri	ust (If a granto	or type trust,	see the instruction	ons.)			C Em	oloyer ic	dentificat	ion numb	er	
√ 5	Simple	trust		Magenta Trust								00	0-40123	43		
	Compl	ex tru:	st	Name and title of fid	uciary						<b>D</b> Date	e entity o	created			
	Qualifie	ed dis	ability trust	Cyan Magenta, Cl	PA						January 2, 2015					
	SBT (	S port	tion only)	Number, street, and	room or suite	no. (If a P.O	. box, see the ins	tructions.)				E Nonexempt charitable and split-				
	Granto	r type	trust	1st Test Street							interest trusts, check applicable box(es), see instructions.					
	Bankru	iptcy e	estate-Ch. 7								De	Described in sec. 4947(a)(1). Check here				
	Bankru	ıptcy e	estate-Ch. 11	City or town, state o	province, co	untry, and ZI	IP or foreign post	al code			if not a	private fo	oundation		.▶ 🔲	
□ F	Pooled	l incor	me fund	Lanham, MD 2070	06						l —		in sec. 49			
			chedules K-1	F Check Ini	tial return	Fin	al return	Amended	return		Ne Ne	t operati	ing loss c	arryback		
		ed (see tions)		applicable	ange in trust's na	ıme 🗸 Cha	nge in fiduciary	Change in	n fiduciary	's name	Ch	ange in f	fiduciary's	address	,	
G C	heck l	nere if	the estate or fili	ng trust made a section				Trust TIN								
	1	In	terest incom	e				· · ·				1		72,500		
	<b>2</b> a			dividends								2a		40,000		
	b		_	nds allocable to: (				Estate or	trust							
ø)	3	Ві	usiness inco	me or (loss). Atta	e or (loss). Attach Schedule C or C-EZ (Form 1040)									65,000	)	
Ĕ	4	Ca	apital gain oi	(loss). Attach Sc	hedule D (	Form 104	1)		<b>.</b> . '			4		94,000		
Income	5			s, partnerships, c					lule E (F	orm 104	0) .	5				
드	6	Fa	arm income o	or (loss). Attach S	chedule F	(Form 104	10)				· .	6				
	7	O	rdinary gain	or (loss). Attach F	orm 4797					-1.		7				
	8	O	ther income.	List type and am	ount		/ 7					8				
	9	To	otal income.	. Combine lines 1	, 2a, and 3	through 8	3	. 45				9				
	10			k if Form 4952 is								10		0	,	
	11	Ta	axes									11		0		
	12	Fi	duciary fees									12		750		
	13	CI	haritable dec	duction (from Sch	iction (from Schedule A, line 7)							13		0		
	14			ountant, and retur		•						14		930		
Deductions	15a			ons <b>not</b> subject to								15a		0		
뜵	b			loss deduction. S		•						15b		0		
ĭ	c	: Al	lowable mise	cellaneous itemiz	ed deducti							15c		0		
)ec	16	Ad	dd lines 10 th	rough 15c .							. ▶	16		1,680		
	17	Ad	djusted total	income or (loss).	Subtract li	ne 16 fror	n line 9	.   17	7	269,82	20					
	18	In	come distrib	ution deduction (	from Sche	dule B, lin	e 15). Attach	Schedule	es K-1 (	Form 10	41)	18		175,820		
	19	Es	state tax ded	luction including	certain ger	neration-sl	kipping taxes	(attach c	comput	ation) .		19				
	20	E	xemption .									20		300	ı	
	21	Ad	dd lines 18 th	nrough 20							. ▶	21				
	22	Ta	axable incom	ne. Subtract line 2	1 from line	17. If a lo	oss, see instru	uctions .				22		93,700	i	
	23	To	otal tax (fron	n Schedule G, line	e 7)							23		20,827		
	24	Pa	ayments: a 2	2016 estimated ta	x paymen	ts and am	ount applied	from 201	15 returi	n		24a		67,000	1	
Fax and Payments	b	Es	stimated tax	payments allocat	ed to bene	eficiaries (f	from Form 10	41-T) .				24b				
ne	C	: Sı	ubtract line 2	4b from line 24a								24c		67,000	1	
æ,	d	I Ta	ax paid with	Form 7004. See i	nstructions	3						24d				
2	е	Fe	ederal incom	e tax withheld. If	any is fron	n Form(s)	1099, check	<b>▶</b> □				24e				
p				<b>f</b> Form 2439								24h				
×	25			ts. Add lines 24c	•							25		67,000	1	
Ţ	26			penalty. See inst								26				
	27			e 25 is smaller tha								27				
	28			. If line 25 is large				i, enter a		-		28			<del></del>	
	29			28 to be: a Cred						b Refund		29			<u> </u>	
<b>C</b> :-				erjury, I declare that I ct, and complete. Dec											ge and	
Sig		0.101	, 1.1 1100, 00110	, sep.o.o. Doc	on pi	. , ,					p. opui		-	discuss this	s return	
He	re	_		ary or officer represen								wi		parer shown		
		<b>y</b> Sig						EIN of f		a financial	ınstitutior	1 (56			□'*•	
Pa	id		Print/Type prep	parer's name	Pr	eparer's sigr	nature		Dat	te		eck 🔲				
Pre	epai	rer										f-employ	yed			
Us	e O	nly	Firm's name	<b>•</b>							Firm's EIN	<b>I</b>				
		-	Firm's address	▶							Phone no					

Form 1041 (2016) Pag

i Oiiii ic	41 (2010)				age Z				
Sch	<b>Charitable Deduction.</b> Don't complete for a simple trust or a pooled income	und.							
1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1							
2	Tax-exempt income allocable to charitable contributions. See instructions	2		0					
3	Subtract line 2 from line 1	3		0					
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4							
5	Add lines 3 and 4	5		0					
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions .	6							
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13	7		0					
Sch	edule B Income Distribution Deduction								
1	Adjusted total income. See instructions	1	26	9,820					
2	Adjusted tax-exempt interest	2		500					
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	3		0					
4	4 Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)								
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	5							
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number .	6	-9	4,000					
7	Distributable net income. Combine lines 1 through 6. If zero or less, enter -0	7	17	6,320					
8	If a complex trust, enter accounting income for the tax year as								
	determined under the governing instrument and applicable local law . 8								
9	Income required to be distributed currently	9	17	6,320					
10	Other amounts paid, credited, or otherwise required to be distributed	10							
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	17	6,320					
12	Enter the amount of tax-exempt income included on line 11	12		500					
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	17	5,820					
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	17	5,820					
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18	15							
	edule G Tax Computation (see instructions)								
1	Fax: aTax on taxable income. See instructions1a17,738								
	b Tax on lump-sum distributions. Attach Form 4972 1b								
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)								
	d Total. Add lines 1a through 1c	1d							
2a	Foreign tax credit. Attach Form 1116	_							
b	General business credit. Attach Form 3800	_							
С	Credit for prior year minimum tax. Attach Form 8801	_							
d	Bond credits. Attach Form 8912								
е	<b>Total credits.</b> Add lines 2a through 2d	2e							
3	Subtract line 2e from line 1d. If zero or less, enter -0	3							
4	Net investment income tax from Form 8960, line 21	4		3,089					
5	Recapture taxes. Check if from: Form 4255 Form 8611	5							
6	Household employment taxes. Attach Schedule H (Form 1040)	6							
7	Total tax. Add lines 3 through 6. Enter here and on page 1, line 23	7		V	NI-				
_	Other Information			Yes	NO				
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ \$	וט ווכ e:	xpenses.	<b>✓</b>					
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compe	neation	of 221						
2	individual by reason of a contract assignment or similar arrangement?				/				
3	At any time during calendar year 2016, did the estate or trust have an interest in or a signature of				✓				
3	over a bank, securities, or other financial account in a foreign country?				✓				
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter foreign country ▶								
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions				<b>√</b>				
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financin the instructions for required attachment				<b>√</b>				
6	If this is an estate or a complex trust making the section 663(b) election, check here. See instruction								
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instruction								
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and								
9	Are any present or future trust beneficiaries skip persons? See instructions				<b>√</b>				
10	Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the Instruction 8938)?				<b>√</b>				

#### **SCHEDULE I** (Form 1041)

#### **Alternative Minimum Tax—Estates and Trusts**

OMB No. 1545-0092

Employer identification number

00-4012343

Department of the Treasury Internal Revenue Service Name of estate or trust

Estate's or Trust's Share of Alternative Minimum Taxable Income

► Attach to Form 1041.

▶ Information about Schedule I (Form 1041) and its separate instructions is at www.irs.gov/form1041.

Part	Estate's or Trust's Share of Alternative Minimum Taxable Income			
1	Adjusted total income or (loss) (from Form 1041, line 17)	1	269,820	
2	Interest	2		
3	Taxes	3		
4	Miscellaneous itemized deductions (from Form 1041, line 15c)	4		
5	Refund of taxes	5	(	)
6	Depletion (difference between regular tax and AMT)	6		
7	Net operating loss deduction. Enter as a positive amount	7		
8	Interest from specified private activity bonds exempt from the regular tax	8		
9	Qualified small business stock (see instructions)	9		
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10		
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11		
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12		
13	Disposition of property (difference between AMT and regular tax gain or loss)	13		
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14		
15	Passive activities (difference between AMT and regular tax income or loss)	15		
16	Loss limitations (difference between AMT and regular tax income or loss)	16		
17	Circulation costs (difference between regular tax and AMT)	17		
18	Long-term contracts (difference between AMT and regular tax income)	18		
19	Mining costs (difference between regular tax and AMT)	19		
20	Research and experimental costs (difference between regular tax and AMT)	20		
21	Income from certain installment sales before January 1, 1987	21	(	)
22	Intangible drilling costs preference	22		
23	Other adjustments, including income-based related adjustments	23		
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	(	)
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25		
	Note: Complete Part II below before going to line 26.			
26	Income distribution deduction from Part II, line 44			
27	Estate tax deduction (from Form 1041, line 19)			
28	Add lines 26 and 27	28		
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29		
	If line 29 is:			
	• \$23,900 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or			
	trust isn't liable for the alternative minimum tax.			
	• Over \$23,900, but less than \$175,450, go to line 45.			
	• \$175,450 or more, enter the amount from line 29 on line 51 and go to line 52.			
Part				
30	Adjusted alternative minimum taxable income (see instructions)	30	269,820	
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	500	
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0	32		
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable			
0.4	purposes (from Form 1041, Schedule A, line 4)	33		
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see			
	instructions)	34	/ 21222	
35	Capital gains computed on a minimum tax basis included on line 25	35	( 94,000	)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36		
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36.			
	If zero or less, enter -0	37	176,320	
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	176,320	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39		
40	Total distributions. Add lines 38 and 39	40	176,320	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	500	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42		
Fau Dan	Cot No. 515170	Cal	adula I (Earm 1041) (	2016)

Schedule I (Form 1041) (2016) Page **2** 

	ie (Form 1041) (2016)			age =
Part	1			
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37.			
	If zero or less, enter -0	43	175,820	
44	<b>Income distribution deduction on a minimum tax basis.</b> Enter the smaller of line 42 or line 43.			
	Enter here and on line 26	44	175,820	
Part	III Alternative Minimum Tax			
45	Exemption amount	45	\$23,900	00
46	Enter the amount from line 29			
47	Phase-out of exemption amount			
48	Subtract line 47 from line 46. If zero or less, enter -0			
49	Multiply line 48 by 25% (0.25)	49	3,538	
50	Subtract line 49 from line 45. If zero or less, enter -0	50	20,362	
51	Subtract line 50 from line 46	51	73,638	
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is—			
	• \$186,300 or less, multiply line 51 by 26% (0.26).			
	• Over \$186,300, multiply line 51 by 28% (0.28) and subtract \$3,726 from the result	52	19,146	
53	Alternative minimum foreign tax credit (see instructions)	53		
54	Tentative minimum tax. Subtract line 53 from line 52	54	19,146	
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a) <b>Alternative minimum tax.</b> Subtract line 55 from line 54. If zero or less, enter -0 Enter here and	55	17,738	
56	on Form 1041, Schedule G, line 1c			,
Dart	Line 52 Computation Using Maximum Capital Gains Rates	56		
rarı				
	<b>Caution:</b> If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.			
57 58	Enter the amount from line 51	57		
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0			
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary) 60 94,000			
61	Enter the <b>smaller</b> of line 57 or line 60	61		
62	Subtract line 61 from line 57	62		
63	If line 62 is \$186,300 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by 28% (0.28) and subtract \$3,726 from the result	63		
64	Maximum amount subject to the 0% rate			
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0			
66	Subtract line 65 from line 64. If zero or less, enter -0			
67	Enter the <b>smaller</b> of line 57 or line 58			
68	Enter the <b>smaller</b> of line 66 or line 67. This amount is taxed at 0% <b>68</b> 2,550			
69	Subtract line 68 from line 67 69 71.088			

Schedule I (Form 1041) (2016) Page **3** 

Part	Line 52 Computation Using Maximum Capital Gains Rates (c	<i>cont</i>	inued)				
70	Maximum amount subject to rates below 20%	70	\$12,400	00			
71	Enter the amount from line 66	71	2,550				
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0	72	0				
73		73	2,550	_			
74		74	9,850	_			
75	Enter the <b>smaller</b> of line 69 or 74	75	9,850				
76	Multiply line 75 by 15% (0.15)				76		
77	Add lines 68 and 75		12,400	_			
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Other	rwise	, go to line 78.				
78	Subtract line 77 from line 67	78	61,238				
79	Multiply line 78 by 20% (0.20)				79		
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Oth	herw	ise, go to line 8	30.			
80	Add lines 62, 77, and 78	80					
81	Subtract line 80 from line 57	81					
82	Multiply line 81 by 25% (0.25)				82		
83	Add lines 63, 76, 79, and 82				83		
84	If line 57 is \$186,300 or less, multiply line 57 by 26% (0.26). Otherwise, m	nultip	oly line 57 by 28	3%			
	(0.28) and subtract \$3,726 from the result			. L	84		
85	Enter the smaller of line 83 or line 84 here and on line 52			. 1	85		ľ
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# DRAFT AS OF March 31, 2016

## SCHEDULE C (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

#### **Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

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

OMB No. 1545-0074

2016

Attachment
Sequence No. 09

Name of proprietor Social security number (SSN) Magenta Trust Α B Enter code from instructions Principal business or profession, including product or service (see instructions) Goods and Service **5** 6 1 6 0 0 C D Employer ID number (EIN), (see instr.) Business name. If no separate business name, leave blank. 0 0 4 0 1 2 3 4 3 Magenta Convenience Store Е Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code F Accounting method: (1) Cash (2) Accrual (3) Other (specify) G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses ✓ Н If you started or acquired this business during 2016, check here . . . . . ✓ No Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes ✓ No If "Yes," did you or will you file required Forms 1099? Part Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 1 185,000 Form W-2 and the "Statutory employee" box on that form was checked . 2 10,000 2 Returns and allowances . . 175,000 3 3 Subtract line 2 from line 1 Cost of goods sold (from line 42) 4 48,500 5 5 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . 7 Gross income. Add lines 5 and 6 Part II Expenses. Enter expenses for business use of your home only on line 30. 500 Advertising . . . . . 5,000 Office expense (see instructions) 19 19 Pension and profit-sharing plans . 9 Car and truck expenses (see 9 7,000 instructions). . . . . 20 Rent or lease (see instructions): Commissions and fees . 10 10 Vehicles, machinery, and equipment 20a 20,000 11 Contract labor (see instructions) 11 b Other business property . . . 20b 5.000 12 Depletion . . . . 12 21 Repairs and maintenance . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses . . . . . included in Part III) (see 24 13 Travel, meals, and entertainment: instructions). 24a 14 Employee benefit programs (other than on line 19). . 14 Deductible meals and 8,000 15 Insurance (other than health) 15 entertainment (see instructions) . 24b 6.000 25 16 Interest: Utilities . . . . . . . . . 25 Mortgage (paid to banks, etc.) 16a 26 Wages (less employment credits). 26 а b Other . . . . . . 16b Other expenses (from line 48) . . 27a 17 Legal and professional services 17 10,000 Reserved for future use . . 27b 28 Total expenses before expenses for business use of home. Add lines 8 through 27a . . . . 28 29 29 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 . 30 Net profit or (loss). Subtract line 30 from line 29. 31 • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and **32a** All investment is at risk. on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and 32b Some investment is not trusts, enter on Form 1041, line 3. at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

Part	Cost of Goods Sold (see instructions)		
33	Method(s) used to		
24	value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (attach	explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	Yes	✓ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	5	55,000
	UDAFIA5 U		20.000
36	Purchases less cost of items withdrawn for personal use	<u> </u>	30,000
37	Cost of labor. Do not include any amounts paid to yourself	7	
•			
38	Materials and supplies		
39	Other costs	9	
40	Add lines 35 through 39	,	
.0	Add lines 35 through 39		
41	Inventory at end of year	1	36,500
42 Part	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or true and are not required to file Form 4562 for this business. See the instructions for line		
	file Form 4562.	13 to find out	ii you iiiust
43	When did you place your vehicle in service for business purposes? (month, day, year)   01 / 01 / 2	016	
44	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle	cle for:	
а	Business 6,000 <b>b</b> Commuting (see instructions) 10,000 <b>c</b> Othe	r	
45	Was your vehicle available for personal use during off-duty hours?	✓ Yes	☐ No
		√ Voc	□No
46	Do you (or your spouse) have another vehicle available for personal use?	✓ Yes	NO
47a	Do you have evidence to support your deduction?	✓ Yes	☐ No
			_
b	If "Yes," is the evidence written?	🗸 Yes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26 or line 3	30.	
		-	
		-	
		-	
		-	
		-	
48	Total other expenses. Enter here and on line 27a	3	

# SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Magenta Trust

#### **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

Employer identification number

00-4012343

2016

_						
	: Form 5227 filers need to complete <b>only</b> Parts I and II.					
Pa		sets Held One \	Year or Less			
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949,	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
who	e dollars.			line 2, colum	n (g)	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 <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with					
	<b>Box C</b> checked					
4	Short-term capital gain or (loss) from Forms 4684, 6252	, 6781, and 8824	3E.		4	V
						_
5	Net short-term gain or (loss) from partnerships, S corpo				5	
6	Short-term capital loss carryover. Enter the amount, i Carryover Worksheet		of the 2015 Cap	oital Loss		
7	Net short-term capital gain or (loss). Combine lines 1	La through 6 in col	lumn (b) Enter her	o and on	6	(
'	line 17, column (3) on the back		idiffit (fl). Effet flet		7	
Pai	t II Long-Term Capital Gains and Losses—Ass		Than One Year		1	
	instructions for how to figure the amounts to enter on the			(g)		(h) Gain or (loss)
lines This	below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 4684,	, 6252, 6781, and	8824		11	
12	Net long-term gain or (loss) from partnerships, S corpor	rations, and other	estates or trusts		12	
13	Capital gain distributions				13	
14 15	Gain from Form 4797, Part I				14	94,000
	Carryover Worksheet				15	(
16	Net long-term capital gain or (loss). Combine lines 8a line 18a, column (3) on the back				16	

Page 2

Schedule D (Form 1041) 2016

Part	III Summary of Parts I and II		(1) Beneficia	ries'	(2) Estate's	S	(3) Total	
	Caution: Read the instructions before completing this part.		(see instr.	.)	or trust's		(b) Total	
17	Net short-term gain or (loss)	17						
18	Net long-term gain or (loss):							
а	Total for year	18a			94,000		94,000	
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) .	18b			0		0	
С	28% rate gain	18c			0		0	
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19			94,000		94,000	

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

Part	V Capital Loss Limitation			
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of:			
а	The loss on line 19, column (3) <b>or b</b> \$3,000	20	( o	

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

#### Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	21	93,700			
22	Enter the <b>smaller</b> of line 18a or 19 in column (2)					
	but not less than zero					
23	Enter the estate's or trust's qualified dividends from					
	Form 1041, line 2b(2) (or enter the qualified dividends					
	included in income in Part I of Form 990-T) 23					
24	Add lines 22 and 23					
25	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g; otherwise, enter -0 ▶ 25					
26	Subtract line 25 from line 24. If zero or less, enter -0	26	94,000			
27	Subtract line 26 from line 21. If zero or less, enter -0	27	0			
28	Enter the <b>smaller</b> of the amount on line 21 or \$2,550	28	2,550			
29	Enter the <b>smaller</b> of the amount on line 27 or line 28	29	0			
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed at	t 0%	▶	30		
31	Enter the <b>smaller</b> of line 21 or line 26	31	93,700			
32	Subtract line 30 from line 26	32	91,450			
33	Enter the <b>smaller</b> of line 21 or \$12,400	33	12,400			
34	Add lines 27 and 30	34	2,550			
35	Subtract line 34 from line 33. If zero or less, enter -0	35	9,850			
36	Enter the <b>smaller</b> of line 32 or line 35	36	9,850			
37	Multiply line 36 by 15% (0.15)		▶	37		
38	Enter the amount from line 31	38	93,700			
39	Add lines 30 and 36	39	12,400			
40	Subtract line 39 from line 38. If zero or less, enter -0	40	81,300			
41	Multiply line 40 by 20% (0.20)			41		
42	Figure the tax on the amount on line 27. Use the 2016 Tax Rate Schedule for Estates					
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42	0			
43	Add lines 37, 41, and 42	43	17,738			
44	Figure the tax on the amount on line 21. Use the 2016 Tax Rate Schedule for Estates					
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44	35,401			
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and o	n For	m 1041, Schedule			
	C line 10 (or Form 000 T line 26)			4.5	(	1

## Form **4797**

### **Sales of Business Property**

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

Name(s) shown on return

► Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attachment Sequence No. **27** 

Identifying number

Mag	enta Trust					0	0-401	2343
1	Enter the gross proceeds substitute statement) that						1	181,000
Pa	rt I Sales or Exchan	ges of Proper	ty Used in a T	rade or Busines	s and Involunta	ry Convers	ions	From Other
	Than Casualty o							
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or oth basis, plus improvements expense of sa	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
Buil	ding	09/27/2012	09/07/2016	181,000	10,000	97	,000	
			9					
3	Gain, if any, from Form 4684	4, line 39					3	
4	Section 1231 gain from insta	allment sales from	Form 6252, line 26	6 or 37			4	
5	Section 1231 gain or (loss) f	rom like-kind exch	anges from Form 8	8824			5	
6	Gain, if any, from line 32, from	om other than casu	alty or theft .				6	
7	Combine lines 2 through 6.	,	,				7	
	Partnerships (except elecinstructions for Form 1065,	ting large partne Schedule K, line 10	rships) and S co D, or Form 1120S,	<b>rporations.</b> Report Schedule K, line 9. S	the gain or (loss) fo Skip lines 8, 9, 11, an	ollowing the d 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section	1231 losses from p	rior years. See ins	tructions			8	
9	Subtract line 8 from line 7. I	f zero or less, ente	r -0 If line 9 is ze	ro, enter the gain fro	m line 7 on line 12 b	elow. If line		
	9 is more than zero, enter				•	_		
	capital gain on the Schedule						9	
Par					4			
10	Ordinary gains and losses n	ot included on line	s i i through 16 (in	iciuae property neia	i year or iess):			
11	Loca if any from line 7						11	1
11 12	Loss, if any, from line 7.  Gain, if any, from line 7 or a						11 (	, ,
13	•						13	
14	Net gain or (loss) from Form						14	
15	Ordinary gain from installme						15	
16	Ordinary gain or (loss) from		,				16	
17	Combine lines 10 through 1						17	
18	For all except individual retu		ount from line 17 o	n the appropriate lin	e of vour return and	skip lines a		
	and b below. For individual							
а	If the loss on line 11 includes				rt of the loss here. Fr	nter the part		
	of the loss from income-prod							
	used as an employee on Sch	edule A (Form 1040	), line 23. Identify as	s from "Form 4797, lin	ne 18a." See instructi	ons	18a	
b	Redetermine the gain or (los	ss) on line 17 exclu	ding the loss, if an	y, on line 18a. Enter	here and on Form 10	040, line 14	18b	

Pai	(see instructions)	ler Se	ctions 1245, 12	50, 1252, 1	254,	and 1255		
19	(a) Description of section 1245, 1250, 1252, 1254, or 125	5 prope	erty:			(b) Date acque (mo., day, )		(c) Date sold (mo., day, yr.)
Α								
В								
С								
D					_			
			Property A	Property	В	Property	С	Property D
20	These columns relate to the properties on lines 19A through 19D Gross sales price (Note: See line 1 before completing.) .	-						
20 21	Cost or other basis plus expense of sale	20						
22	Depreciation (or depletion) allowed or allowable.	22						
23	Adjusted basis. Subtract line 22 from line 21	23	0		0		0	C
								-
24	Total gain. Subtract line 23 from line 20	24	<b>9</b> 0		0		0	C
25	If section 1245 property:							
а	Depreciation allowed or allowable from line 22	25a						
b	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used,							
	enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions .	26a						
b	Applicable percentage multiplied by the <b>smaller</b> of line							
	24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property	00.						
.1	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
	Additional depreciation after 1969 and before 1976 Enter the <b>smaller</b> of line 26c or 26d	26d 26e						
	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you didn't							
	dispose of farmland or if this form is being completed for a							
	partnership (other than an electing large partnership).							
а	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage. See instructions	27b						
С	Enter the <b>smaller</b> of line 24 or 27b	27c						
28	If section 1254 property:							
а	Intangible drilling and development costs, expenditures							
	for development of mines and other natural deposits,							
	mining exploration costs, and depletion. See							
h	instructions	28a						
29	If section 1255 property:	28b						
	Applicable percentage of payments excluded from							
а	income under section 126. See instructions	29a						
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions .	29b						
Sun	nmary of Part III Gains. Complete property colur	nns A	through D throug	h line 29b b	efore	going to lir	ne 30.	
30	Total gains for all properties. Add property columns A thro	ough D,	line 24				30	С
31	Add property columns A through D, lines 25b, 26g, 27c, 2	8b, and	29b. Enter here and	on line 13 .			31	
32	Subtract line 31 from line 30. Enter the portion from casu							
Dar							32	0
rar	Recapture Amounts Under Sections 17 (see instructions)	y and	ı ∠6UF(D)(2) WN6	en busines	s US	e props to	<b>5</b> 0%	or Less
	(5555. 25655)					(a) Section	on	(b) Section
						179		280F(b)(2)
33	Section 179 expense deduction or depreciation allowable	in prior	years		33			
34	Recomputed depreciation. See instructions				34			
35	Recapture amount. Subtract line 34 from line 33. See the	instruct	ions for where to rep	ort	35			

Department of the Treasury

#### Net Investment Income Tax— **Individuals, Estates, and Trusts**

► Attach to your tax return.

▶ Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

OMB No. 1545-2227 Attachment

Internal Revenue Service (99) Sequence No. 72 Name(s) shown on your tax return Your social security number or EIN Magenta Trust 00-4012343 Part I ☐ Section 6013(g) election (see instructions) **Investment Income** ☐ Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) 72,500 1 2 2 40,000 Annuities (see instructions) . . . . . . . . . . . . . . . . 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, 4a Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) . . . . 4b 4c Net gain or loss from disposition of property (see instructions) . 94,000 5a 5a Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) . . . . . . . . 94,000 5b Adjustment from disposition of partnership interest or S corporation 5c Combine lines 5a through 5c . . . . . . . . . . . . . . . . d 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) . . . 6 Other modifications to investment income (see instructions) . . . 7 7 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 Part II Investment Expenses Allocable to Investment Income and Modifications Investment interest expenses (see instructions) . . . . State, local, and foreign income tax (see instructions) 9b 0 Miscellaneous investment expenses (see instructions) 9c **d** Add lines 9a, 9b, and 9c . . . . . . . . . . . 9d 10 Additional modifications (see instructions) . . . . . 10 Total deductions and modifications. Add lines 9d and 10 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0- . . . . 112,500 12 Individuals: 13 Modified adjusted gross income (see instructions) . . . . . 13 Threshold based on filing status (see instructions) . . . . . 14 14 15 Subtract line 14 from line 13. If zero or less, enter -0-15 16 16 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and 17 **Estates and Trusts:** Net investment income (line 12 above) . . . . . . . . . . . . 18a 18a 112,500 Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) . . . . . 18b 19,000 c Undistributed net investment income. Subtract line 18b from 18a (see 18c 93,500 93,700 19a Adjusted gross income (see instructions) . . . . . . . . 19a Highest tax bracket for estates and trusts for the year (see 19b 12,400 c Subtract line 19b from line 19a. If zero or less, enter -0-19c 81,300 20 20 81,300 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here 

#### **U.S. Estate or Trust Declaration** for an IRS e-file Return

Colli			
016 and anding	12/21	20 16	

9046

OMB No. 1545-0967

		For calenda	ar year 2016, or fisc	al year beg	ginning 01/0	l , 2016, a	nd endi	ng 12/	31 ,	20 16	
Department of the Internal Revenue		•	► File electronica Information about								
Name of estate	or trust									Employer id	entification number
Magenta Trus										(	00-4012343
Name and title	•										
Cyan Magent											
Part I	Tax Retur	n Inform	ation 								
1 Total in	ncome (For	m 1041, li	ne 9)							1	
2 Income	e distributio	n deducti	on (Form 1041,	line 18)					.	2	
3 Taxabl	e income (F	orm 1041	I, line 22)							3	
4 Total ta	ax (Form 10	)41, line 2	3)							4	
5 Tax du	e or overpa	yment (Fo	orm 1041, line 2	7 or 28)						5	
Part II	Declaratio	n of Fid	uciary								
acco this (sett	ount indicated account. To r tlement) date.	in the tax pr evoke a pay I also autho	eparation software forment, I must contact	or payment of the U.S. stitutions in	t of the estate's or Treasury Financia nvolved in the pro	trust's taxes o	wed on <b>88-353-</b>	this return, - <b>4537</b> no la	and the ater than	financial inst 2 business	to the financial institution itution to debit the entry to days prior to the payment ve confidential information
electronic portion accompanying sincluding this d	on of the 2016 schedules and leclaration and	U.S. Incom statements. accompany	e Tax Return(s) for E To the best of my kr	estates and nowledge a statements,	Trusts. I have als nd belief, they are be sent to the IR	o examined a true, correct, a S by the return	copy of nd comp n transn	the return plete. If I ar nitter. I also	s) being n not the conser	filed electror transmitter, t to the IRS	corresponding lines of the nically with the IRS, and all I consent that the return(s) is sending the ERO and/or (s) for the rejection.
Sign			or officer representi				_				
Here								Date		4.	
Part III	Declaratio	n of Ele	ctronic Returi	n Origin	ator (ERO) a	nd Paid P	repa	rer (see	instru	uctions)	
collector, I am r the fiduciary wil with the IRS, ar Paid Preparer, u	not responsible Il have signed nd have follow under penaltie	e for reviewir this form bet red all other s of perjury I	ng the return(s), and fore I submit the reture requirements descri	only declar Irn(s). I will bed in Pub examined t	e that this form ac give the fiduciary o. 4164, Modernize the above estate o	curately reflect or officer repre ed e-File (MeF) r trust return(s)	s the da senting Guide f and ac	ata on the r the fiducia for Softwar companyir	eturn(s). ry a copy re Develo g sched	The fiduciary of all forms pers and Traules and state	y knowledge. If I am only a or an officer representing and information to be filed ansmitters. If I am also the ements, and to the best or nowledge.
ERO's	ERO's signature	•			Date	Check if also paid preparer ▶	_	Check if self- employed I	• 🗆	ERO's SSI	N or PTIN
Use	Firm's name		Attorney at La	aw				EIN▶		25-	7654321
Only	if self-employ address, and		Carnegie Offi	ce Park, S	Suite 290, Carn	egie, PA 151	06	Phon	e no.	41	12-279-5506
			have examined the a plete. Declaration of								the best of my knowledge
Paid Proparer	Print/Type p	reparer's nai	me	Prepare	r's signature			Date		Check if self-employ	PTIN yed
Preparer Use Only	Firm's name	► Red	White and Blue						Firm's	s EIN ▶	00-4044321
Joe Only		se <b>&gt;</b> 123/	2nd Test Street	Raltimor					Phon	e no	410-111-2345

PP1713 OMB No. 1545-0092

Schedule K-1 (Form 1041)		2
Department of the Treasury Internal Revenue Service	For calendar year 2016,	Ioni

016

(Form 1041) 20 <b>1 6</b>	· ·	Deductions, Cre	dits.	and Other Items
Department of the Treasury Internal Revenue Service For calendar year 2016,	1	Interest income	11	Final year deductions
or tax year beginning January 1, 2016,		18,125		
and ending <u>December 31</u> , 20 <u>16</u>	2a	Ordinary dividends		
Danaficiami's Chara of Income Daductions		10,000		
Beneficiary's Share of Income, Deductions,	2b	Qualified dividends		
Credits, etc. See back of form and instructions.	3	Net short-term capital gain		
Part I Information About the Estate or Trust				
A Estate's or trust's employer identification number	4a	Net long-term capital gain		
00-4012343	4b	28% rate gain	12	Alternative minimum tax adjustmen
B Estate's or trust's name		11 1050		
	4c	Unrecaptured section 1250 gain		
		Oth		
Magenta Trust	5	Other portfolio and nonbusiness income		
C Fiduciary's name, address, city, state, and ZIP code				
	6	Ordinary business income	1	
		16,250		
	7	Net rental real estate income		
INTERNAL			13	Credits and credit recapture
Cyan Magenta, CPA	8	Other rental income		$\mathbf{N} \mathbf{H} \mathbf{Y} \mathbf{H}$
1st Test Street Lanham, MD 20706	9	Directly apportioned deductions		
Lailliani, MD 20706				
D Check if Form 1041-T was filed and enter the date it was filed				
			14	Other information
E Check if this is the final Form 1041 for the estate or trust				
D. I. H. C.	10	Estate tax deduction	A	125
Part II Information About the Beneficiary  F Beneficiary's identifying number			11	20.204
213-08-8712			H	-39,205
G Beneficiary's name, address, city, state, and ZIP code				
, , , , , , , , , , , , , , , , , , ,				
		e attached statement for a		
		te. A statement must be at neficiary's share of income		•
		ductions from each busines		
		er rental activity.	,	,
	nly			
RudyRedGrape	e O			
6th Test Street	S			
Lanham, MD 20706	IRS			
H X Domestic beneficiary Foreign beneficiary	For IRS Use Only			

Final K-1

Part III

Amended K-1

Beneficiary's Share of Current Year Income,

							Version A, Cycle
			Final K-1		Amende	ed K-1	<b>LL11</b>
Schedule K-1 (Form 1041)	2016		art III				of Current Year Income, and Other Items
Department of the Treasury internal Revenue Service	For calendar year 2016, or tax year beginning $\underline{\hspace{0.2cm}}$ $\underline{\hspace{0.2cm}}$ $\underline{\hspace{0.2cm}}$ January 1 , 2016, and ending $\underline{\hspace{0.2cm}}$ $\underline{\hspace{0.2cm}}$ December 31 , 20 $\underline{\hspace{0.2cm}}$ 16	1 2a	Interest in		18,125	11	Final year deductions
Beneficiary's Sh Credits, etc.	nare of Income, Deductions,  ▶ See back of form and instructions.	2b	Qualified	dividends	10,000		
,	on About the Estate or Trust er identification number	3 4a		term capita			
B Estate's or trust's name	00-4012343	4b	28% rate	gain		12	Alternative minimum tax adjustmen
		4c			n 1250 gain		
Magenta Trust  C Fiduciary's name, address	s, city, state, and ZIP code	6		ess income	come		
Cyan Magenta, CPA 1st Test Street Lanham, MD 20706	ERNAL	7 8 9	Other rent	real estate		13	Credits and credit recapture
D Check if Form 1041-	T was filed and enter the date it was filed	/	16	5-(		14	Other information
	on About the Beneficiary	10	Estate tax	deduction	41	A	12:
G Beneficiary's name, addre	213-08-8713					Н	-39,20:

\*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

Fushia Red Lime 6th Test Street Lanham, MD 20706

н	X	Domestic beneficiary
	/	Domestic beneficiary

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PP1713 OMB No. 1545-0092

Schedule K-1		00
(Form 1041)		20
Department of the Treasury	For calendar year 2016,	
internal rievende dervide	or tax year beginning	Januar

	$\angle 0$	U
calendar year 2016,		

(Form 1041)	2016	1 0	Deductions, Cre	edits,	and Other Items
Department of the Treasury Internal Revenue Service	For calendar year 2016,	1	Interest income	11	Final year deductions
internal Neverlae Service	or tax year beginning January 1, 2016,		18,125		
	and ending December 31, 20 16	2a	Ordinary dividends		
Panafiaiary's Sk	are of Income Deductions	2b	Qualified dividends	)	
Credits, etc.	nare of Income, Deductions,  See back of form and instructions.	25	Qualified dividende		
Cicuits, etc.	See back of form and instructions.	3	Net short-term capital gain		
Part I Informat	ion About the Estate or Trust	1			
A Estate's or trust's employ	er identification number	4a	Net long-term capital gain		
	00.4042242	4b	28% rate gain	12	Alternative minimum tax adjustmen
<b>B</b> Estate's or trust's name	00-4012343	4b	2070 Tate gain	12	Alternative minimum tax adjustmen
<b>B</b> Estato o or trast o namo		4c	Unrecaptured section 1250 gain		
		5	Other portfolio and		
Magenta Trust		ľ	nonbusiness income		
C Fiduciary's name, addres	s, city, state, and ZIP code		Ordinary business income	_	
		6			
		7	Net rental real estate income	4	
				13	Credits and credit recapture
Cyan Magenta, CPA	<b>LUNIA</b>	8	Other rental income		
1st Test Street	LINIAL				
Lanham, MD 20706		9	Directly apportioned deductions		
D Observit # Farmer 4044	Turne filed and such as the state it was filed				
D Check if Form 1041	-T was filed and enter the date it was filed			14	Other information
	DOALI				
E Check if this is the f	inal Form 1041 for the estate or trust	_			
	_	10	Estate tax deduction	A	125
	ion About the Beneficiary	_	0041		
<b>F</b> Beneficiary's identifying n				H	-39,205
<b>G</b> Beneficiary's name, addr	213-08-8714				
G Beneficiary 3 harrie, additi	cos, only, state, and 211 code				
		+0			
			ee attached statement for a		
			te. A statement must be at neficiary's share of income		
			ductions from each busines		
		oth	er rental activity.		
		_			
		<u> </u>			
Blue Red Coconut		Se (			
6th Test Street		ĎΩ			
Lanham, MD 20706		For IRS Use Only			
H X Domestic beneficiary	Foreign beneficiary	For			

Final K-1

Part III

Amended K-1

Beneficiary's Share of Current Year Income,

						Version A, Cycle
			Final K-1	Amende	ed K-1	<b>6611</b> 33 OMB No. 1545-009
Schedule K-1 (Form 1041)	2016	Pa				of Current Year Income, and Other Items
Department of the Treasury Internal Revenue Service	For calendar year 2016, or tax year beginning $\underline{\hspace{0.2cm}}$ $\underline{\hspace{0.2cm}}$ $\underline{\hspace{0.2cm}}$ January $\underline{\hspace{0.2cm}}$ , 2016, and ending $\underline{\hspace{0.2cm}}$ $\underline{\hspace{0.2cm}}$ $\underline{\hspace{0.2cm}}$ $\underline{\hspace{0.2cm}}$ $\underline{\hspace{0.2cm}}$ 16	1 2a	Interest income Ordinary dividends	18,125	11	Final year deductions
Beneficiary's Sh Credits, etc.	nare of Income, Deductions,  > See back of form and instructions.	2b	Qualified dividends	10,000		
	ion About the Estate or Trust	3	Net short-term capita			
A Estate's or trust's employ	rer identification number	4a	Net long-term capital	gain		
B Estate's or trust's name	00-4012343	4b	28% rate gain		12	Alternative minimum tax adjustmen
		4c	Unrecaptured section	1250 gain		
Magenta Trust  C Fiduciary's name, addres	s city state and 7IP code	5	Other portfolio and nonbusiness income			
	5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5	6	Ordinary business inc	16,250		
Cyan Magenta, CPA 1st Test Street Lanham, MD 20706	ERNAL	8 9	Other rental income  Directly apportioned de		13	Credits and credit recapture
, 	-T was filed and enter the date it was filed	1	<b>\S</b> (		14	Other information
E Check if this is the f	inal Form 1041 for the estate or trust	10	Estate tax deduction		A	125
Part II Informat  F Beneficiary's identifying n	ion About the Beneficiary umber 213-08-8715			4/	Н	-39,205
G Beneficiary's name, addre	ess, city, state, and ZIP code					

\*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

GreenRedKiwi 6th Test Street Lanham, MD 20706

H X Domestic beneficiary

Foreign beneficiary

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