

**ATS Test Scenario 12**  
**Taxpayer: William Brown**  
**SSN: 400-00-1075**

**Test Scenario 12 includes the following forms:**

- **Form 1040**
- **Form W-2**
- **Form 8865**
- **Form 8865 Schedule O**
- **Form 8838-P**

**Additional Information:**

**Form 8838-P, line 5a enter 09202017 as the contribution date**

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning \_\_\_\_\_, 2017, ending \_\_\_\_\_, 20

Your first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ See separate instructions.  
**Your social security number** \_\_\_\_\_

If a joint return, spouse's first name and initial \_\_\_\_\_ Last name \_\_\_\_\_  
**Spouse's social security number** \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. \_\_\_\_\_ Apt. no. \_\_\_\_\_  
 ▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). \_\_\_\_\_  
**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**Filing Status**  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here. ▶  
 4  Head of household (with qualifying person). (See instructions.)  
 If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
 5  Qualifying widow(er) (see instructions)

**Exemptions**  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
 b  Spouse  
 c **Dependents:**  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if child under age 17 qualifying for child tax credit (see instructions)  
 If more than four dependents, see instructions and check here   
 d Total number of exemptions claimed  
**Boxes checked on 6a and 6b**  
**No. of children on 6c who:**  
 • lived with you  
 • did not live with you due to divorce or separation (see instructions)  
**Dependents on 6c not entered above**  
**Add numbers on lines above ▶**

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2  
 7  
 8a Taxable interest. Attach Schedule B if required  
 8a  
 b Tax-exempt interest. Do not include on line 8a  
 8b  
 9a Ordinary dividends. Attach Schedule B if required  
 9a  
 b Qualified dividends  
 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   
 13  
 14 Other gains or (losses). Attach Form 4797  
 14  
 15a IRA distributions 15a Taxable amount  
 15b  
 16a Pensions and annuities 16a Taxable amount  
 16b  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  
 17  
 18 Farm income or (loss). Attach Schedule F  
 18  
 19 Unemployment compensation  
 19  
 20a Social security benefits 20a Taxable amount  
 20b  
 21 Other income. List type and amount  
 21  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶  
 22

**Adjusted Gross Income**  
 23 Educator expenses  
 23  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  
 24  
 25 Health savings account deduction. Attach Form 8889  
 25  
 26 Moving expenses. Attach Form 3903  
 26  
 27 Deductible part of self-employment tax. Attach Schedule SE  
 27  
 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 for future use  
 34  
 35 Domestic production activities deduction. Attach Form 8903  
 35  
 36 Add lines 23 through 35  
 36  
 37 Subtract line 36 from line 22. This is your adjusted gross income ▶  
 37

Tax and Credits

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

38 Amount from line 37 (adjusted gross income)
39a Check [ ] You were born before January 2, 1953, [ ] Blind. Total boxes checked
b If your spouse itemizes on a separate return or you were a dual-status alien, check here
40 Itemized deductions (from Schedule A) or your standard deduction
41 Subtract line 40 from line 38
42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax (see instructions). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]
45 Alternative minimum tax (see instructions). Attach Form 6251
46 Excess advance premium tax credit repayment. Attach Form 8962
47 Add lines 44, 45, and 46
48 Foreign tax credit. Attach Form 1116 if required
49 Credit for child and dependent care expenses. Attach Form 2441
50 Education credits from Form 8863, line 19
51 Retirement savings contributions credit. Attach Form 8880
52 Child tax credit. Attach Schedule 8812, if required.
53 Residential energy credit. Attach Form 5695
54 Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]
55 Add lines 48 through 54. These are your total credits
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-

Other Taxes

57 Self-employment tax. Attach Schedule SE
58 Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
60a Household employment taxes from Schedule H
b First-time homebuyer credit repayment. Attach Form 5405 if required
61 Health care: individual responsibility (see instructions) Full-year coverage [ ]
62 Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Instructions; enter code(s)
63 Add lines 56 through 62. This is your total tax

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099
65 2017 estimated tax payments and amount applied from 2016 return
66a Earned income credit (EIC)
b Nontaxable combat pay election
67 Additional child tax credit. Attach Schedule 8812
68 American opportunity credit from Form 8863, line 8
69 Net premium tax credit. Attach Form 8962
70 Amount paid with request for extension to file
71 Excess social security and tier 1 RRTA tax withheld
72 Credit for federal tax on fuels. Attach Form 4136
73 Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ]
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments

Refund

Direct deposit? See instructions.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here
b Routing number
c Type: [ ] Checking [ ] Savings
d Account number
77 Amount of line 75 you want applied to your 2018 estimated tax

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions
79 Estimated tax penalty (see instructions)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [ ] Yes. Complete below. [ ] No
Designee's name Phone no. Personal identification number (PIN)


Sign Here

Joint return? See instructions. Keep a copy for your records.

Your signature Date Your occupation Daytime phone number
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check [ ] if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no.

<b>a</b> Employee's social security number <b>400-00-1075</b>		OMB No. 1545-0008		Safe, accurate, FAST! Use		 Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b</b> Employer identification number (EIN) <b>00-0000029</b>				<b>1</b> Wages, tips, other compensation <b>115,000</b>		<b>2</b> Federal income tax withheld <b>25,500</b>	
<b>c</b> Employer's name, address, and ZIP code  <b>William Brown Associates 456 Blue Street Washington, DC 20015</b>				<b>3</b> Social security wages <b>115,000</b>		<b>4</b> Social security tax withheld <b>7,130</b>	
				<b>5</b> Medicare wages and tips <b>115,000</b>		<b>6</b> Medicare tax withheld <b>1,668</b>	
				<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number				<b>9</b> Verification code		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial      Last name      Suff.  <b>William Brown 5678 National Harbor Washington, DC 20015</b>				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 C o d e	
				<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> C o d e	
				<b>14</b> Other		<b>12c</b> C o d e	
						<b>12d</b> C o d e	
<b>f</b> Employee's address and ZIP code							
<b>15</b> State      Employer's state ID number <b>DC</b> <b>00-0000011</b>		<b>16</b> State wages, tips, etc. <b>115,000</b>		<b>17</b> State income tax <b>3,200</b>		<b>18</b> Local wages, tips, etc.	
						<b>19</b> Local income tax	
						<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement **2017**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

**2017**

Attachment Sequence No. **118**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**  
Information furnished for the foreign partnership's tax year beginning , 2017, and ending , 20

Name of person filing this return **William Brown** Filer's identifying number **400-00-1075**

Filer's address (if you are not filing this form with your tax return) **A** Category of filer (see **Categories of Filers** in the instructions and check applicable box(es):  
1  2  3  4   
**B** Filer's tax year beginning , 20 , and ending , 20

**C** Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:  
Name EIN  
Address

**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions)

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership **John Brown Associates**  
**28 Greek Street, London W1D5DQ**  
**2(a)** EIN (if any) **00-000011**  
**2(b)** Reference ID number (see instr.)  
**3** Country under whose laws organized

<b>4</b> Date of organization	<b>5</b> Principal place of business	<b>6</b> Principal business activity code number	<b>7</b> Principal business activity	<b>8a</b> Functional currency	<b>8b</b> Exchange rate (see instr.)
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**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identifying number of agent (if any) in the United States **William Brown Associates, 456 Blue Street, Washington, DC 20015**  
**2** Check if the foreign partnership must file:  
 Form 1042  Form 8804  Form 1065 or 1065-B  
Service Center where Form 1065 or 1065-B is filed:  
**3** Name and address of foreign partnership's agent in country of organization, if any  
**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**5** Were any special allocations made by the foreign partnership?  Yes  No  
**6** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (see instructions)   
**7** How is this partnership classified under the law of the country in which it is organized?   
**8a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b.  Yes  No  
**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No  
**9** Does this partnership meet **both** of the following requirements?  
• The partnership's total receipts for the tax year were less than \$250,000 and  
• The value of the partnership's total assets at the end of the tax year was less than \$1 million. }  Yes  No  
If "Yes," **do not** complete Schedules L, M-1, and M-2.

**Sign Here Only if You Are Filing This Form Separately and Not With Your Tax Return.** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member Date  
**Paid Preparer Use Only** Print/Type preparer's name Preparer's signature Date Check  if self-employed PTIN  
Firm's name ▶ Firm's EIN ▶  
Firm's address ▶ Phone no.

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-2 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**Schedule B Income Statement—Trade or Business Income**

**Caution:** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

<b>Income</b>	<b>1 a</b> Gross receipts or sales	<b>1a</b>		
	<b>b</b> Less returns and allowances	<b>1b</b>		<b>1c</b>
	<b>2</b> Cost of goods sold			<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3</b>
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			<b>4</b>
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))			<b>5</b>
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			<b>6</b>
	<b>7</b> Other income (loss) (attach statement)			<b>7</b>
<b>8 Total income (loss).</b> Combine lines 3 through 7			<b>8</b>	
<b>Deductions</b> (see instructions for limitations)	<b>9</b> Salaries and wages (other than to partners) (less employment credits)			<b>9</b>
	<b>10</b> Guaranteed payments to partners			<b>10</b>
	<b>11</b> Repairs and maintenance			<b>11</b>
	<b>12</b> Bad debts			<b>12</b>
	<b>13</b> Rent			<b>13</b>
	<b>14</b> Taxes and licenses			<b>14</b>
	<b>15</b> Interest			<b>15</b>
	<b>16a</b> Depreciation (if required, attach Form 4562)	<b>16a</b>		
	<b>b</b> Less depreciation reported elsewhere on return	<b>16b</b>		<b>16c</b>
	<b>17</b> Depletion ( <b>Do not</b> deduct oil and gas depletion.)			<b>17</b>
	<b>18</b> Retirement plans, etc.			<b>18</b>
	<b>19</b> Employee benefit programs			<b>19</b>
	<b>20</b> Other deductions (attach statement)			<b>20</b>
	<b>21 Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20			<b>21</b>
<b>22 Ordinary business income (loss)</b> from trade or business activities. Subtract line 21 from line 8			<b>22</b>	

<b>Schedule K</b>		<b>Partners' Distributive Share Items</b>		<b>Total amount</b>	
<b>Income (Loss)</b>	<b>1</b>	Ordinary business income (loss) (page 2, line 22)		<b>1</b>	
	<b>2</b>	Net rental real estate income (loss) (attach Form 8825)		<b>2</b>	
	<b>3a</b>	Other gross rental income (loss)	<b>3a</b>		
	<b>b</b>	Expenses from other rental activities (attach statement)	<b>3b</b>		
	<b>c</b>	Other net rental income (loss). Subtract line 3b from line 3a		<b>3c</b>	
	<b>4</b>	Guaranteed payments		<b>4</b>	
	<b>5</b>	Interest income		<b>5</b>	
	<b>6</b>	Dividends: <b>a</b> Ordinary dividends		<b>6a</b>	
		<b>b</b> Qualified dividends	<b>6b</b>		
	<b>7</b>	Royalties		<b>7</b>	
	<b>8</b>	Net short-term capital gain (loss) (attach Schedule D (Form 1065))		<b>8</b>	
<b>9a</b>	Net long-term capital gain (loss) (attach Schedule D (Form 1065))		<b>9a</b>		
	<b>b</b> Collectibles (28%) gain (loss)	<b>9b</b>			
	<b>c</b> Unrecaptured section 1250 gain (attach statement)	<b>9c</b>			
<b>10</b>	Net section 1231 gain (loss) (attach Form 4797)		<b>10</b>		
<b>11</b>	Other income (loss) (see instructions) Type ▶		<b>11</b>		
<b>Deductions</b>	<b>12</b>	Section 179 deduction (attach Form 4562)		<b>12</b>	
	<b>13a</b>	Contributions		<b>13a</b>	
	<b>b</b>	Investment interest expense		<b>13b</b>	
	<b>c</b>	Section 59(e)(2) expenditures: <b>(1)</b> Type ▶ <b>(2)</b> Amount ▶		<b>13c(2)</b>	
	<b>d</b> Other deductions (see instructions) Type ▶		<b>13d</b>		
<b>Self-Employment</b>	<b>14a</b>	Net earnings (loss) from self-employment		<b>14a</b>	
	<b>b</b>	Gross farming or fishing income		<b>14b</b>	
	<b>c</b>	Gross nonfarm income		<b>14c</b>	
<b>Credits</b>	<b>15a</b>	Low-income housing credit (section 42(j)(5))		<b>15a</b>	
	<b>b</b>	Low-income housing credit (other)		<b>15b</b>	
	<b>c</b>	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)		<b>15c</b>	
	<b>d</b>	Other rental real estate credits (see instructions) Type ▶		<b>15d</b>	
	<b>e</b>	Other rental credits (see instructions) Type ▶		<b>15e</b>	
	<b>f</b>	Other credits (see instructions) Type ▶		<b>15f</b>	
<b>Foreign Transactions</b>	<b>16a</b>	Name of country or U.S. possession ▶			
	<b>b</b>	Gross income from all sources		<b>16b</b>	
	<b>c</b>	Gross income sourced at partner level		<b>16c</b>	
		Foreign gross income sourced at partnership level			
	<b>d</b>	Passive category ▶ <b>e</b> General category ▶ <b>f</b> Other (attach statement) ▶		<b>16f</b>	
		Deductions allocated and apportioned at partner level			
	<b>g</b>	Interest expense ▶ <b>h</b> Other ▶		<b>16h</b>	
		Deductions allocated and apportioned at partnership level to foreign source income			
	<b>i</b>	Passive category ▶ <b>j</b> General category ▶ <b>k</b> Other (attach statement) ▶		<b>16k</b>	
	<b>l</b>	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued		<b>16l</b>	
<b>m</b>	Reduction in taxes available for credit (attach statement)		<b>16m</b>		
<b>n</b>	Other foreign tax information (attach statement)				
<b>Alternative Minimum Tax (AMT) Items</b>	<b>17a</b>	Post-1986 depreciation adjustment		<b>17a</b>	
	<b>b</b>	Adjusted gain or loss		<b>17b</b>	
	<b>c</b>	Depletion (other than oil and gas)		<b>17c</b>	
	<b>d</b>	Oil, gas, and geothermal properties—gross income		<b>17d</b>	
	<b>e</b>	Oil, gas, and geothermal properties—deductions		<b>17e</b>	
	<b>f</b>	Other AMT items (attach statement)		<b>17f</b>	
<b>Other Information</b>	<b>18a</b>	Tax-exempt interest income		<b>18a</b>	
	<b>b</b>	Other tax-exempt income		<b>18b</b>	
	<b>c</b>	Nondeductible expenses		<b>18c</b>	
	<b>19a</b>	Distributions of cash and marketable securities		<b>19a</b>	
	<b>b</b>	Distributions of other property		<b>19b</b>	
	<b>20a</b>	Investment income		<b>20a</b>	
	<b>b</b>	Investment expenses		<b>20b</b>	
<b>c</b>	Other items and amounts (attach statement)				

**Schedule L Balance Sheets per Books.** (Not required if Item H9, page 1, is answered "Yes.")

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
<b>1</b> Cash . . . . .				
<b>2a</b> Trade notes and accounts receivable . . .				
<b>b</b> Less allowance for bad debts . . . . .				
<b>3</b> Inventories . . . . .				
<b>4</b> U.S. government obligations . . . . .				
<b>5</b> Tax-exempt securities . . . . .				
<b>6</b> Other current assets (attach statement) . .				
<b>7a</b> Loans to partners (or persons related to partners) . . . . .				
<b>b</b> Mortgage and real estate loans . . . . .				
<b>8</b> Other investments (attach statement) . . .				
<b>9a</b> Buildings and other depreciable assets . .				
<b>b</b> Less accumulated depreciation . . . . .				
<b>10a</b> Depletable assets . . . . .				
<b>b</b> Less accumulated depletion . . . . .				
<b>11</b> Land (net of any amortization) . . . . .				
<b>12a</b> Intangible assets (amortizable only) . . .				
<b>b</b> Less accumulated amortization . . . . .				
<b>13</b> Other assets (attach statement) . . . . .				
<b>14 Total assets</b> . . . . .				
<b>Liabilities and Capital</b>				
<b>15</b> Accounts payable . . . . .				
<b>16</b> Mortgages, notes, bonds payable in less than 1 year				
<b>17</b> Other current liabilities (attach statement) .				
<b>18</b> All nonrecourse loans . . . . .				
<b>19a</b> Loans from partners (or persons related to partners)				
<b>b</b> Mortgages, notes, bonds payable in 1 year or more				
<b>20</b> Other liabilities (attach statement) . . . . .				
<b>21</b> Partners' capital accounts . . . . .				
<b>22 Total liabilities and capital</b> . . . . .				



**Schedule M** Balance Sheets for Interest Allocation

	(a) Beginning of tax year	(b) End of tax year
<b>1</b> Total U.S. assets . . . . .		
<b>2</b> Total foreign assets:		
<b>a</b> Passive category . . . . .		
<b>b</b> General category . . . . .		
<b>c</b> Other (attach statement) . . . . .		

**Schedule M-1** Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item H9, page 1, is answered "Yes.")

<b>1</b> Net income (loss) per books . . . . .			<b>6</b> Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):		
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this year (itemize): _____			<b>a</b> Tax-exempt interest \$ _____		
<b>3</b> Guaranteed payments (other than health insurance) . . . . .			<b>7</b> Deductions included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize): . . . . .		
<b>4</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):			<b>a</b> Depreciation \$ _____		
<b>a</b> Depreciation \$ _____					
<b>b</b> Travel and entertainment \$ _____			<b>8</b> Add lines 6 and 7 . . . . .		
<b>5</b> Add lines 1 through 4 . . . . .			<b>9</b> Income (loss). Subtract line 8 from line 5 . . . . .		

**Schedule M-2** Analysis of Partners' Capital Accounts. (Not required if Item H9, page 1, is answered "Yes.")

<b>1</b> Balance at beginning of year . . . . .			<b>6</b> Distributions: <b>a</b> Cash . . . . .		
<b>2</b> Capital contributed:			<b>b</b> Property . . . . .		
<b>a</b> Cash . . . . .			<b>7</b> Other decreases (itemize): _____		
<b>b</b> Property . . . . .					
<b>3</b> Net income (loss) per books . . . . .					
<b>4</b> Other increases (itemize): _____			<b>8</b> Add lines 6 and 7 . . . . .		
_____			<b>9</b> Balance at end of year. Subtract line 8 from line 5 . . . . .		
<b>5</b> Add lines 1 through 4 . . . . .					

**Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities**

**Important:** Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
<b>1</b> Sales of inventory . . . . .				
<b>2</b> Sales of property rights (patents, trademarks, etc.)				
<b>3</b> Compensation received for technical, managerial, engineering, construction, or like services . . . . .				
<b>4</b> Commissions received . . . . .				
<b>5</b> Rents, royalties, and license fees received . . . . .				
<b>6</b> Distributions received . . . . .				
<b>7</b> Interest received . . . . .				
<b>8</b> Other . . . . .				
<b>9</b> Add lines 1 through 8 . . . . .				
<b>10</b> Purchases of inventory . . . . .				
<b>11</b> Purchases of tangible property other than inventory				
<b>12</b> Purchases of property rights (patents, trademarks, etc.)				
<b>13</b> Compensation paid for technical, managerial, engineering, construction, or like services . . . . .				
<b>14</b> Commissions paid . . . . .				
<b>15</b> Rents, royalties, and license fees paid . . . . .				
<b>16</b> Distributions paid . . . . .				
<b>17</b> Interest paid . . . . .				
<b>18</b> Other . . . . .				
<b>19</b> Add lines 10 through 18 . . . . .				
<b>20</b> Amounts borrowed (enter the maximum loan balance during the year). See instructions . . . . .				
<b>21</b> Amounts loaned (enter the maximum loan balance during the year). See instructions . . . . .				

**SCHEDULE O  
(Form 8865)**

Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(under section 6038B)**

▶ Attach to Form 8865. See Instructions for Form 8865.  
▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

OMB No. 1545-1668

**2017**

Name of transferor <b>Willam Brown</b>		Filer's identifying number <b>400-00-1075</b>
Name of foreign partnership <b>John Brown Associates</b>	EIN (if any) <b>00-0000011</b>	Reference ID number (see instructions)

- 1a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? See instructions . . . . .  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property?  Yes  No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? . . . . .  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer
Cash						
Stock, notes receivable and payable, and other securities						
Inventory						
Tangible property used in trade or business						
Intangible property described in section 197(f)(9)						
Intangible property, other than intangible property described in section 197(f)(9)						
Other property						
<b>Totals</b>						

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? . . . . .  Yes  No

**Consent To Extend the Time To Assess Tax  
 Pursuant to the Gain Deferral Method (Section 721(c))**

OMB No. XXXX-XXXX

▶ Attach to your income tax return.  
 ▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for the latest information.

Attachment  
 Sequence No. XXX

Name(s) of consenting taxpayer(s)

William Brown

Identifying number (see instructions)

400-00-1075

Social security number of spouse (only if a joint income tax return was filed)

Number, street, and room or suite no. If a P.O. box, see instructions.

5678 National Harbor

City or town, state or province, country, and ZIP or foreign postal code

Washington, DC 20015

The taxpayer(s) listed above and the Commissioner of the IRS, according to the regulations under section 721(c), agree to the following.

**1a** For gain deferral contributions, the amount of any federal income tax due on the gain realized, but not recognized, upon the contribution described on line 5, below, on any income tax return made by or for the above taxpayer(s) for the tax year ended 12, 31, 2017  
 month day year

may be assessed at any time on or before 12, 31, 2025, (expiration date—see instructions); and  
 month day year

The amount of any federal income tax due as a result of the allocation of book and tax items with respect to the section 721(c) property described on line 5, below, on any income tax return made by or for the above taxpayer(s) for the tax year ended 12, 31, 2023, (expiration date—see instructions).  
 month day year

**b** For contributions not subject to the gain deferral method, the amount of any federal income tax due on the gain recognized upon the contribution described on line 5, below, on any income tax return made by or for the above taxpayer(s) for the tax year ended 12, 31, 2017 may be assessed at any time on or  
 month day year

before 12, 31, 2022, (expiration date—see instructions).  
 month day year

**2** This consent establishes an extended period for assessing tax. The expiration of the extended period may be suspended or otherwise affected by the operation of law in the same manner as the original period. For example, if a notice of deficiency in tax covered by this consent is issued, the period for assessing tax won't end prior to the end of the suspension period provided for by section 6503(a), plus any time that remains in the assessment period, as extended, at the time the suspension takes effect. Under no circumstances will this consent reduce the period of time otherwise provided by law for making an assessment.

**3** The consenting taxpayer(s) may file a claim for credit or refund for the tax assessed by reason of this consent within 6 months after the period ends for assessing tax established by this consent.

**4** The amount of any deficiency assessment covered by this consent will be limited to the amount of any federal income tax due on the gain realized, whether or not recognized, on the contribution described on line 5 (and as applicable, the federal income tax due as a result of the allocation of book and tax items with respect to the section 721(c) property) including any penalties, additions to tax, and interest attributable to it and consequential changes to other items based on that adjustment.

**5** Complete the following information (see instructions).

**a** Date of contribution \_\_\_\_\_

**b** Description of the section 721(c) property ABC building

**c** Name of section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14)) and identifying number, if any  
William Brown Associates 00-0000029

Under penalties of perjury, I declare that I have examined this consent, including accompanying statements and schedules, and to the best of my knowledge and belief, it's true, correct, and complete. A signed consent, properly completed in accordance with this form and its instructions, is deemed to have been executed by the Commissioner of the IRS.

Signature of consenting taxpayer (see instructions) \_\_\_\_\_

Date \_\_\_\_\_

Signature of spouse (complete only if a joint return is filed) \_\_\_\_\_

Date \_\_\_\_\_

Taxpayer's representative sign here \_\_\_\_\_

Date \_\_\_\_\_

Corporate officer(s) sign here \_\_\_\_\_

Date \_\_\_\_\_