Form **1120S**

Department of the Treasury

Internal Revenue Service

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

OMB No. 1545-0123

| For | , 20 | | | | | | | | | | | | |
|------------------------------------|-----------|---|-----------------------------------|--------------------------------|----------------------|-------------------|-----------------|---------------------------------|--|--|--|--|--|
| A S | electio | n effective date | Name | | | | D Emplo | yer identification number | | | | | |
| | 03 | 3/08/1992 TYPE | WorkNAllDay, Ir | nc. | | | | 00-000007 | | | | | |
| B B | usiness | activity code | Number, street, ar | nd room or suite no. If a P.O. | box, see instruction | IS. | E Date in | ncorporated | | | | | |
| nı | umber (| (see instructions) OR | 37 Any Street | | | | | 03/08/1992 | | | | | |
| | ; | 321900 PRINT | | or province, country, and ZIF | or foreign postal of | code | F Total a | ssets (see instructions) | | | | | |
| C C | neck if S | ch. M-3 attached | Anytown, NC 28 | 3041 0280 | | | • | 3,605,885 | | | | | |
| | | corporation electing to be an | | | □ Yes □ N | O If "Ves " attac | h Form ' | 2553 if not already filed | | | | | |
| | | if: (1) Final return (2) | | (3) Address change | (4) Amend | | | n termination or revocation | | | | | |
| | | the number of shareholde | | | | | | | | | | | |
| | | nclude only trade or busine | | | | | | | | | | | |
| | 1 a | | | | | 11,468,259 | | | | | | | |
| | | | | 7 I . G | | 11,400,237 | | | | | | | |
| | b | | | | | | 10 | 11,468,259 | | | | | |
| ne | C | | | | | | 1c | 10,061,879 | | | | | |
| Income | 2 | Cost of goods sold (atta | f goods sold (attach Form 1125-A) | | | | | | | | | | |
| <u> </u> | 3 | Mataria (Isaa) firana Fam | ie z from line ic | | | | 3 | 1,406,380 | | | | | |
| | 4 | Net gain (loss) from Form | | | | | 4 | 14,433 | | | | | |
| | 5 | Other income (loss) (see | | • | | | 5 | 1 420 012 | | | | | |
| _ | 6 | Total income (loss). Ad | | | | | 6 | 1,420,813 | | | | | |
| (suc | 7 | Compensation of officer | • | , | | | 7 | 161,698 | | | | | |
| atic | 8 | Salaries and wages (less | | , | | | 8 | 196,941 | | | | | |
| i Hi | 9 | Repairs and maintenance | | | | | 9 | 17,760 | | | | | |
| or I | 10 | | | | | | 10 | 1/0 574 | | | | | |
| ns f | 11 | Rents | | | 11 | 160,574 | | | | | | | |
| (see instructions for limitations) | 12 | Taxes and licenses | | | 12 | 36,594 | | | | | | | |
| truc | 13 | | | | | | 13 | 26,103 | | | | | |
| ins | 14 | Depreciation not claimed | | | • | * | 14 | 6,726 | | | | | |
| see | 15 | Depletion (Do not deduc | _ | | 15 | 0.057 | | | | | | | |
| | 16 | - | | | 16 | 8,257 | | | | | | | |
| Deductions | 17 | Pension, profit-sharing, | | | 17 | 14,715 | | | | | | | |
| Ę | 18 | Employee benefit progra | | | 18 | 2/7 207 | | | | | | | |
| ğ | 19 | Other deductions (attach | | | | | 19 | 367,327 | | | | | |
| Ģ | 20 | Total deductions. Add I | | | | | 20 | 996,695 | | | | | |
| _ | 21 | Ordinary business inco | | | | | 21 | 424,118 | | | | | |
| | 22 a | Excess net passive incom | • | , | | | _ | | | | | | |
| S | b | | | | | | | | | | | | |
| ents | | Add lines 22a and 22b (s | | , | 1 1 | | 22c | | | | | | |
| | 23 a | , , | | erpayment credited to 20 | | | _ | | | | | | |
| Tax and Paym | b | Tax deposited with Form | | | . 23b | | _ | | | | | | |
| 9 | C | Credit for federal tax pai | • | 1 Form 4 136) | . 23c | | | | | | | | |
| an | d | Add lines 23a through 23 | | | | | 23d | | | | | | |
| × | 24 | Estimated tax penalty (se | • | | | 🗀 | 24 | | | | | | |
| Ë | 25 | Amount owed. If line 23 | | | * | | 25 | | | | | | |
| | 26 | Overpayment. If line 23 | = | | 24, enter amoui | | 26 | | | | | | |
| | 27 | Enter amount from line 2 Under penalties of perjury, I decl | | | anving schodules and | Refunded ► | bost of my | knowledge and belief it is true | | | | | |
| | | correct, and complete. Declaration | | | | | | IRS discuss this return | | | | | |
| Sig | n l | | | | Chief Execu | tive Officer | | preparer shown below | | | | | |
| He | · I | Signature of officer | | Date | Title | TIVE OTTICES | (see inst | ructions)? ✓ Yes ☐ No | | | | | |
| | | Print/Type preparer's nam | ne | Preparer's signature | | Date | | PTIN | | | | | |
| Pa | | , , , | | | | | Check self-empl | if Decemen | | | | | |
| | epar | le lobe | nny Appleseed Ac | Counting | | | | 00 0000011 | | | | | |
| Us | e On | lly too. | Efile Drive, Anyto | | | | Firm's Ell | E10 FFF 1010 | | | | | |
| _ | | Firm's address ▶ 100 E | Line Drive, Arryto | WII, 17, 7002 I | | | Phone no | 11000 (2212) | | | | | |

September 30, 2016 Form 1120S (2016) Page 2

| Sche | dule B Other Info | ormation (see instructions | s) | | | | |
|----------|---|---|--------------------------------|-----------------------------------|--|---------|----------|
| 1 | Check accounting meth | | Accrual | | | Yes | No |
| _ | 0 11 1 11 | | • | | | | |
| 2 | See the instructions and a Business activity ▶ | | h Product or ser | vice ► Building Supp | lips | | |
| 3 | | tax year, was any sharehold | | | | | |
| • | | on? If "Yes," attach Schedule | | | | | ✓ |
| 4 | | ar, did the corporation: | | | | | |
| а | | nore, or own, directly or indire | | | | | |
| | • | rporation? For rules of constru | • | | complete (i) through (v) | | |
| | below | · · · · · · · · · · · · · · · · · · · | <u> </u> | | 6.) If Donorate as in (i.) is 100 |)0/ Ft | 41 |
| | (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage of Stock Owned | (v) If Percentage in (iv) is 100 Date (if any) a Qualified Su | bchapte | er S |
| | | () | co.poradion | | Subsidiary Election Wa | s Made | |
| | | | | 40 | | | |
| | | | | | | | |
| | | | | | | | |
| b | Own directly an interes | et of 20% or more, or own, dir | ectly or indirectly, an | interest of 50% or mo | re in the profit. loss. or | | |
| | capital in any foreign or | domestic partnership (includii | ng an entity treated as | a partnership) or in the | e beneficial interest of a | | |
| | trust? For rules of cons | tructive ownership, see instruc | tions. If "Yes," comple | | | | ✓ |
| | (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Type of Entity | (iv) Country of Organization | (v) Maximum Percentage Ow Loss, or Capital | | Profit, |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5.0 | At the end of the tay ye | ar, did the corporation have ar | av outstanding shares | of restricted stock? | | | √ |
| 3 a | If "Yes," complete lines | | ly outstanding shares | of restricted stock? . | | | • |
| | (i) Total shares of re | | • | | | | |
| | | on-restricted stock | · · · · • | | | | |
| b | | ar, did the corporation have ar | ny outstanding stock o | ptions, warrants, or sir | nilar instruments? . | | ✓ |
| | If "Yes," complete lines (i) Total shares of sto | (i) and (ii) below. ock outstanding at the end of t | the tay year | | | | |
| | | ock outstanding if all instrume | | | | | |
| 6 | | filed, or is it required to file, | | al Advisor Disclosure | Statement, to provide | | |
| | information on any repo | | | | | | ✓ |
| 7 | | prporation issued publicly offer | | • | | | |
| | Instruments. | ation may have to file Form 82 | 281, Information Retur | n for Publicly Offered | Original Issue Discount | | |
| 8 | If the corporation: (a) | was a C corporation before i | t alastad ta ba an S | corporation as the ec | rnoration acquired an | | |
| 0 | | etermined by reference to | | • | | | |
| | | poration and (b) has net unr | | | | | |
| | | r the net unrealized built-in g | | | | | |
| 9 | , | earnings and profits of the cor | | the tax year. | \$ | | |
| 10 | Does the corporation sa | atisfy both of the following cor | nditions? | | | | |
| a | | receipts (see instructions) for t | - | | | | |
| b | | assets at the end of the tax yen is not required to complete S | | ٠,000 | | | ✓ |
| 11 | • | d the corporation have any r | | that was canceled wa | as forgiven or had the | | |
| •• | | reduce the principal amount of | | | | | ✓ |
| | | unt of principal reduction \$ | | | | | |
| 12 | | s a qualified subchapter S sub | | | | | √ |
| 13a h | | ke any payments in 2016 that ation file or will it file required F | | | | | ✓ |
| ט | ii 103, did tile corpor | anon me or will it me required r | | | | | |

September 30, 2016 Form 1120S (2016) Page 3

| chedule K | Shareholders' Pro Rata Share Items | | Total amount |
|---|--|--------|--------------|
| 1 | Ordinary business income (loss) (page 1, line 21) | 1 | 424,118 |
| 2 | Net rental real estate income (loss) (attach Form 8825) | 2 | , |
| 3a | Other gross rental income (loss) | _ | |
| b | Expenses from other rental activities (attach statement) 3b | | |
| c | Other net rental income (loss). Subtract line 3b from line 3a | 3с | |
| _ ' | Interest income | 4 | 71,147 |
| 4 5 6 7 | Dividends: a Ordinary dividends | 5a | 7.1,1.17 |
| | b Qualified dividends | ou | |
| Ĕ 6 | Royalties | 6 | |
| 2 7 | Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) | 7 | 78,649 |
| = | Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) | 8a | 70,047 |
| b | Collectibles (28%) gain (loss) | Oa | |
| | | | |
| C | Unrecaptured section 1250 gain (attach statement) | 9 | |
| 9 | Other income (loss) (see instructions) Type ► A | 10 | 10,000 |
| 10 | Section 179 deduction (attach Form 4562) | | 62,935 |
| g 11 | | 11 | 02,933 |
| 9 12a | Charitable contributions | 12a | |
| Succitions 11 12a b c | Costine 50(a)(0) avecagity was (1) Typo | 12b | |
| Ğ C. | Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶ | 12c(2) | F02.2/0 |
| a | Other deductions (see instructions) . Type ► S | 12d | 502,369 |
| 13a | Low-income housing credit (section 42(j)(5)) | 13a | |
| " b | Low-income housing credit (other) | 13b | |
| Credits p c | Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) | 13c | |
| g d | Other rental real estate credits (see instructions) | 13d | |
| _ . | Other rental credits (see instructions) I ype | 13e | |
| f | Biofuel producer credit (attach Form 6478) | 13f | |
| g | Other credits (see instructions) Type ▶ P | 13g | 48,336 |
| 14a | Name of country or U.S. possession ▶ | | |
| b | Gross income from all sources | 14b | |
| С | Gross income sourced at shareholder level | 14c | |
| | Foreign gross income sourced at corporate level | | |
| d | Passive category | 14d | |
| S e | General category | 14e | |
| e f a | Other (attach statement) | 14f | |
| Sa Sa | Deductions allocated and apportioned at shareholder level | | |
| Sug g | Interest expense | 14g | |
| Foreign Tra | Other | 14h | |
| g | Deductions allocated and apportioned at corporate level to foreign source income | | |
| ē i | Passive category | 14i | |
| Չ յ | General category | 14j | |
| k | Other (attach statement) | 14k | |
| | Other information | | |
| 1 | Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued | 141 | |
| m | | 14m | |
| n | Other foreign tax information (attach statement) | | |
| 15a | Post-1986 depreciation adjustment | 15a | -2,011 |
| g S p | Adjusted gain or loss | 15b | -14,733 |
| E Hen c | Depletion (other than oil and gas) | 15c | -, |
| Minimum Tax (AMT) Items a p c d e | Oil, gas, and geothermal properties—gross income | 15d | |
| WE e | Oil, gas, and geothermal properties—deductions | 15e | |
| ≥ ∪ e | Other AMT items (attach statement) | 15e | |
| | Tax-exempt interest income | 16a | |
| | | | |
| Basis Company of the | Other tax-exempt income | 16b | 19,452 |
| Bas Das | Nondeductible expenses | 16c | - |
| Shareholder Basis Basis C d e | Distributions (attach statement if required) (see instructions) | 16d | 174,200 |
| е | Repayment of loans from shareholders | 16e | |

Form **1120S** (2016)

September 30, 2016 Form 1120S (2016) Page 4

| | dule K | Shareholders' Pro Rata Share Item | s (continued) | | | Total amount |
|----------------------|-----------|--|------------------------|----------------------|-----------|--------------------|
| | 17a | Investment income | | | 17 | a 71,147 |
| Other Information | b | | | | | |
| Other ormati | С | Dividend distributions paid from accumul | | | | |
| nfo , | d | Other items and amounts (attach stateme | 0 . | | | |
| Recon- | _ | Income/loss reconciliation. Combine t column. From the result, subtract the sun | n of the amounts on li | nes 11 through 12d a | nd 14l 18 | 10/010 |
| Sche | dule L | Balance Sheets per Books | Beginning | of tax year | | End of tax year |
| | | Assets | (a) | (b) | (c) | (d) |
| 1 | Cash | | | 435,384 | | 1,311,478 |
| 2a | Trade no | otes and accounts receivable | 3,304,878 | | | 6,715 |
| b | Less allo | owance for bad debts | | 3,304,878 | | 946,715 |
| 3 | Inventor | ies | | | | |
| 4 | U.S. gov | vernment obligations | | | | |
| 5 | | mpt securities (see instructions) | | | | |
| 6 | | urrent assets (attach statement) | | 56,254 | | 52,491 |
| 7 | | shareholders | | | | |
| 8 | | ge and real estate loans | | 800,000 | | 1,235,158 |
| 9 | | vestments (attach statement) | | | | |
| 10a | • | s and other depreciable assets | 424,249 | | | 7,401 |
| b | | cumulated depreciation | (374,043) | 50,206 | (337 | (,358) 60,043 |
| 11a | | ble assets | | | / | <u> </u> |
| b | | cumulated depletion | (| | (|) |
| 12 | | et of any amortization) | | | | |
| 13a | | le assets (amortizable only) | / | | 1 | <u> </u> |
| b | | cumulated amortization |) | 44.754 | (|) |
| 14 | | ssets (attach statement) | | 41,754 | | 2 (05 005 |
| 15 | | sets | | 4,688,476 | | 3,605,885 |
| 46 | | iabilities and Shareholders' Equity | | 2,837,445 | | 1 425 000 |
| 16 17 | | ts payable | | 2,037,445 | | 1,435,888 |
| 18 | 0 0 | es, notes, bonds payable in less than 1 year urrent liabilities (attach statement) | | 22,831 | | 33,080 |
| 19 | | rom shareholders | | 22,031 | | 33,000 |
| 20 | | es, notes, bonds payable in 1 year or more | | 25,000 | | 25,000 |
| 21 | | abilities (attach statement) | | 25,000 | | 23,000 |
| 22 | | stock | | 10,000 | | 10,000 |
| 23 | | nal paid-in capital | | . 3,000 | | 10,000 |
| 24 | | d earnings | | 1,793,200 | | 2,101,917 |
| 25 | | ents to shareholders' equity (attach statement) | | 1,112,200 | | =,,,,,,, |
| 26 | • | st of treasury stock | | () | | () |
| 27 | | bilities and shareholders' equity | | 4,688,476 | | 3,605,885 |
| | | | | 1,111,110 | | Tarre 1120S (2016) |

Form **1120S** (2016)

September 30, 2016 Form 1120S (2016) Page 5

| Sche | edule M-1 Reconciliation of Income (Loss | • • | | | | | | |
|-------------|--|-------------------------------------|---|---|--|--|--|--|
| | Note: The corporation may be require | | e instructions) | | | | | |
| 1 | Net income (loss) per books | (10,842) 5 Inc | come recorded on books this year not i | ncluded | | | | |
| 2 | Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) Other Portfolio Income | | n Schedule K, lines 1 through 10 (itemize ax-exempt interest \$ | ə): | | | | |
| 3 a b | Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): Depreciation \$ Travel and entertainment \$ 2,124 | lin aç | 6 Deductions included on Schedule lines 1 through 12 and 14l, not charg against book income this year (itemiz a Depreciation \$ | | | | | |
| | | 19.452 7 A | dd lines 5 and 6 | | | | | |
| 4 | Add lines 1 through 3 | | | | | | | |
| Sche | Add lines 1 through 3 | | | and Shareholders' | | | | |
| | | (a) Accumulated adjustments account | (b) Other adjustments account | (c) Shareholders' undistributed taxable income previously taxed | | | | |
| 1 | Balance at beginning of tax year | 1,775,833 | | | | | | |
| 2 | Ordinary income from page 1, line 21 | 424,118 | | | | | | |
| 3 | Other additions | 159,796 | | | | | | |
| 4 | Loss from page 1, line 21 | | | | | | | |
| 5 | Other reductions | (584,756) | () | | | | | |
| 6 | Combine lines 1 through 5 | 1,774,991 | | | | | | |
| 7 | Distributions other than dividend distributions | 174,200 | | | | | | |
| 8 | Balance at end of tax year. Subtract line 7 from line 6 | 1,600,791 | | | | | | |

Form **1120S** (2016)

SCHEDULE D (Form 1120S)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses and Built-in Gains

► Attach to Form 1120S.

► 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/form1120s.

OMB No. 1545-0123

2016

Employer identification number

WorkNAllDay, Inc. 00-000007 Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less See instructions for how to figure the amounts to (h) Gain or (loss). enter on the lines below. (g) Adjustments to gain or (d) Subtract column (e) (e) Cost loss from Form(s) 8949, from column (d) and **Proceeds** (sales price) (or other basis) Part I, line 2, column (g) This form may be easier to complete if you round combine the result off the cents to whole dollars. with column (g) Totals for all short-term transactions 1a 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 ,030,000 951,351 78,649 Totals for all transactions reported 2 on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . 4 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . Tax on short-term capital gain included on line 23 below 6 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and 7 on Form 1120S, Schedule K, line 7 or 10 7 78.649 Long-Term Capital Gains and Losses—Assets Held More Than One Year See instructions for how to figure the amounts to (h) Gain or (loss). enter on the lines below. (g) Adjustments to gain or Subtract column (e) Proceeds Cost loss from Form(s) 8949, from column (d) and This form may be easier to complete if you round (sales price) (or other basis) Part II, line 2, column (g) combine the result with column (g) off the cents to whole dollars. 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 to report all 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 9 Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported 10 on Form(s) 8949 with Box F checked 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 11 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 12 13 Capital gain distributions (see instructions) 13 14 Tax on long-term capital gain included on line 23 below 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Enter here and on Form 1120S, Schedule K, line 8a or 10

| Part | Built-in Gains Tax (See instructions before completing this part.) | | |
|------|---|----|--|
| 16 | Excess of recognized built-in gains over recognized built-in losses (attach computation | | |
| | statement) | 16 | |
| 17 | Taxable income (attach computation statement) | 17 | |
| 18 | Net recognized built-in gain. Enter the smallest of line 16, line 17, or line 8 of Schedule B | 18 | |
| 19 | Section 1374(b)(2) deduction | 19 | |
| 20 | Subtract line 19 from line 18. If zero or less, enter -0- here and on line 23 | 20 | |
| 21 | Enter 35% of line 20 | 21 | |
| 22 | Section 1374(b)(3) business credit and minimum tax credit carryforwards from C corporation | | |
| | years | 22 | |
| 23 | Tax. Subtract line 22 from line 21 (if zero or less, enter -0-). Enter here and on Form 1120S, page | | |
| | 1, line 22b | 23 | |

July 15, 2016

Schedule D (Form 11208) 2016

DO NOT FILE

| | | | | Final K | (-1 | | K-1 | OMB No. | 1545-0123 |
|------------------|---|--|----------|----------|-----------------|---------------|-------|-------------------------|--------------|
| | hedule K-1 | 2016 | Pa | rt III | Sharehold | ler's Share | of C | urrent Year Inco | me, |
| | orm 1120S) | <u> </u> | | | Deduction | ns, Credits | , and | Other Items | |
| | artment of the Treasury rnal Revenue Service | For calendar year 2016, or tax | 1 | Ordinar | ry business inc | ome (loss) | 13 | Credits | |
| iitoi | Hai Neveride dei vide | year beginning , 2016 | | | | 212,059 | P | | 24,168 |
| | | year beginning, 2016 ending, 20 | 2 | Net ren | tal real estate | income (loss) | | | |
| Sh | areholder's Share of | Income, Deductions, | 3 | Other n | et rental incon | ne (loss) | | | |
| Cre | edits, etc. | ee back of form and separate instructions. | | | | | | | |
| | | | 4 | Interest | income | | | | |
| Ľ | Part I Information Abo | out the Corporation | | | | 35,574 | | | |
| Α | Corporation's employer identificat | ion number 0000007 | 5a | Ordinar | ry dividends | | | | |
| В | Corporation's name, address, city | | 5b | Qualifie | ed dividends | | 14 | Foreign transactions | |
| | WorkNAllDay, Inc. | | | | | | | | |
| | 37 Any Street | | 6 | Royaltie | es | | | | |
| | Anytown, NC 28041 0280 | | | 7 | | | ` | | |
| | <i>y</i> | | 7 | Net sho | ort-term capita | l gain (loss) | | | |
| | | | | | | 39,325 | | | |
| С | IRS Center where corporation filed | i return | 8a | Net Ion | g-term capital | gain (loss) | | | |
| _ | OSPC | | | | | | | | |
| F | Part II Information Abo | out the Shareholder | 8b | Collect | ibles (28%) ga | in (loss) | | | |
| D | Shareholder's identifying number | | 8c | Unreca | ptured section | 1250 gain | | | |
| | , , | -00-0006 | | | | | | | |
| Е | Shareholder's name, address, city | , state, and ZIP code | 9 | Net sec | ction 1231 gair | ı (loss) | | | |
| | Carrie Ortiz | | | | | | | | |
| | 55 Any Street | | 10 | Other in | ncome (loss) | | 15 | Alternative minimum tax | (AMT) items |
| | Anytown, WI 53201 | | Α | | | 5,000 | A | | (1,006) |
| | J . | | | | | | | | |
| | | | | | | | В | | (7,367) |
| F | Shareholder's percentage of stock | | | | | | | | |
| • | ownership for tax year | | | | | | | | |
| | | | - | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | 11 | Section | 179 deductio | n | 16 | Items affecting sharel | nolder hasis |
| | | | | | | 31,468 | С | Tromo uncoming original | 9,726 |
| | | | 12 | Other o | leductions | 01,100 | | | 0,120 |
| | | | S | | | 251,185 | D | | 87,100 |
| | | | | | | , | | | 01,100 |
| | | | | | | | | | |
| J L | | | | | | | | | |
| ĕ | | | | | | | | | |
| For IRS Use Only | | | | | | | | | |
| RS | | | | | | | | | |
| ō | | | | | | | 17 | Other information | |
| ш | | | | | | | A | | 35,574 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | 1 | | | | | | |
| | | | | | | | | | |
| | | | 1 | | | | | | |
| | | | <u> </u> | | | | | | |
| | | | 1 | * Se | e attached | statement f | or ad | Iditional informatio | n. |
| | | | 1 | | | | | | |

| | | | Final K- | | Amended | | | . 1545-0123 |
|---|------------------------------|----|------------|-------------------|----------------|---------|------------------------|----------------|
| Schedule K-1 | 2016 | Pa | | | | | urrent Year Inco | me, |
| Form 1120S) Department of the Treasury | | | | | | | Other Items | |
| nternal Revenue Service For caler | ndar year 2016, or tax | 1 | Ordinary | y business inco | | 13 D | Credits | 04 100 |
| year beg | inning, 2016 ng, 20 | 2 | Not ront | al real estate ir | 212,059 | P | | 24,168 |
| endi | ng, 20 | - | ivet ieiit | ai reai estate ii | icorrie (ioss) | | | |
| Shareholder's Share of Income, | Deductions, | 3 | Other ne | et rental incom | e (loss) | | | |
| Credits, etc. ▶ See back of for | m and separate instructions. | | | | | | | |
| | | 4 | Interest | income | | | | |
| Part I Information About the Co | rporation | | | | 35,573 | | | |
| A Corporation's employer identification number 00-0000007 | _ | 5a | Ordinary | y dividends | | | | |
| B Corporation's name, address, city, state, and ZIF | code | 5b | Qualified | d dividends | | 14 | Foreign transactions | |
| WorkNAllDay, Inc. | \/ \/ | | | | | | | |
| 37 Any Street | | 6 | Royaltie | s | | | | |
| Anytown, NC 28041 0280 | | 7 | Net sho | rt-term capital | gain (loss) | | | |
| | | | INCL SHOP | rt-term capital | 39,324 | | | |
| O IDC Contambour companies filed when | | 8a | Net lond | g-term capital g | | | | |
| C IRS Center where corporation filed return OSPC | | | | | | | | |
| | avala alalav | 8b | Collectil | bles (28%) gair | (loss) | | | |
| Part II Information About the Sha | arenoider | | | | | | | |
| D Shareholder's identifying number | | 8c | Unrecap | otured section | 1250 gain | | | |
| 000-00-0008 | | | | . 1001 ; | <i>(</i> 1 | | | |
| E Shareholder's name, address, city, state, and ZIF | P code | 9 | iver seci | tion 1231 gain | (IOSS) | | | |
| Bin Xempt | | 10 | Other in | come (loss) | | 15 | Alternative minimum ta | ax (AMT) items |
| 51 Any Street | | Α | | , , | 5,000 | Α | | (1,005) |
| Anytown, WI 53201 | | | | | -, | | | (, , |
| | | | | | | В | | (7,366) |
| F Shareholder's percentage of stock | | | | | | | | |
| ownership for tax year | 50 % | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 11 | Section | 179 deduction | | 16 | Items affecting share | holder basis |
| | | | | | 31,467 | С | | 9,726 |
| | | 12 | Other de | eductions | | | | |
| | | S | | | 251,184 | D | | 87,100 |
| | | | | | | | | |
| <u> </u> | | | | | | | | |
| For IRS Use Only | | | | | | | | |
| S. | | | | | | | | |
| RS S | | | | | | | | |
| ō | | | | | | 17 | Other information | |
| <u></u> | | | | | | Α | | 35,573 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | * \$00 | attached s | tatement f | or ad | ditional informati | on. |
| | | | 066 | , attachieu 5 | tatomici i | oi au | annonai iinoimali | O11. |

Form 1125-A

Cost of Goods Sold

(Rev. October 2016)

Department of the Treasury
Internal Revenue Service

► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.

Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

OMB No. 1545-0123

| Name | | Employer identification number | | | | | |
|------|--|--------------------------------|--|--|--|--|--|
| Work | VAIIDay, Inc | 00-000007 | | | | | |
| 1 | Inventory at beginning of year | | | | | | |
| 2 | Purchases | 890,846 | | | | | |
| 3 | Cost of labor | 543,037 | | | | | |
| 4 | Additional section 263A costs (attach schedule) | | | | | | |
| 5 | Other costs (attach schedule) | 8,627,996 | | | | | |
| 6 | Total. Add lines 1 through 5 | 10,061,879 | | | | | |
| 7 | Inventory at end of year | | | | | | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions | 10,061,879 | | | | | |
| 9a | Check all methods used for valuing closing inventory: (i) ☐ Cost (ii) ☐ Lower of cost or market (iii) ☐ Other (Specify method used and attach explanation.) ▶ | | | | | | |
| b | Check if there was a writedown of subnormal goods | ▶ □ | | | | | |
| С | Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . | ▶ □ | | | | | |
| d | If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO | | | | | | |
| е | If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions | 🗌 Yes 🗸 No | | | | | |
| f | Was there any change in determining quantities, cost, or valuations between opening and closing inventory? attach explanation | If "Yes," ☐ Yes ✓ No | | | | | |

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

Purpose of Form

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. If you are a qualifying taxpayer or a qualifying small business taxpayer (defined below), you can adopt or change your accounting method to account for inventoriable items in the same manner as materials and supplies that are not incidental.

Under this accounting method, inventory costs for raw materials purchased for use in producing finished goods and merchandise purchased for resale are deductible in the year the finished goods or merchandise are sold (but not before the year you paid for the raw materials or merchandise, if you are also using the cash method).

If you account for inventoriable items in the same manner as materials and supplies that are not incidental, you can currently deduct expenditures for direct labor and all indirect costs that would otherwise be included in inventory costs. See the instructions for lines 2 and 7.

For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on adopting or changing to this method of accounting, see Form 3115, Application for Change in Accounting Method, and its instructions.

Qualifying taxpayer. A qualifying taxpayer is a taxpayer that, (a) for each prior tax year ending after December 16, 1998, has average annual gross receipts of \$1 million or less for the 3 prior tax years, and (b) its business is not a tax shelter (as defined in section 448(d)(3)). See Rev. Proc. 2001-10, 2001-2 I.R.B. 272.

Qualifying small business taxpayer. A qualifying small business taxpayer is a taxpayer that, (a) for each prior tax year

ending on or after December 31, 2000, has average annual gross receipts of \$10 million or less for the 3 prior tax years, (b) whose principal business activity is not an ineligible activity, and (c) whose business is not a tax shelter (as defined in section 448 (d)(3)). See Rev. Proc. 2002-28, 2002-18 I.R.B. 815.

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property by a corporation for use in its trade or business or in an activity engaged in for profit.

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

Form **1125-E** (Rev. October 2016)

Compensation of Officers

Department of the Treasury Internal Revenue Service

► Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

► Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

OMB No. 1545-0123

Name Employer identification number WorkNAIIDay, Inc. 00-0000007

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

| ¶ Khii | (a) Name of officer | (b) Social security number (see instructions) | (c) Percent of time devoted to | Percent of s | | (f) Amount of |
|--------|--|--|--------------------------------|--------------|---------------|----------------------|
| 1 Khi | | | business | (d) Common | (e) Preferred | compensation |
| 1 Khi | | | 245,1135 | | | |
| | ry U Farr | 000-00-0020 100 % 10 % % % 9% 9% % 9% % 9% 9% % | 161,698 | | | |
| | | | | | | |
| | | 50/ | % | % | % | <u> </u> |
| | | H /4 | 96 | 06 | 96 | |
| | | | 70 | 70 | 70 | |
| | | | % | % | % | |
| | | NIOT | % | % | % | |
| | | | | | | |
| | | | % | % | % | |
| | | | % | % | % | |
| | | | % | % | % | |
| | | | | | | |
| | | | % | % | % | |
| | | | % | % | % | |
| | | | % | % | % | |
| | | | % | % | % | |
| | | | % | % | % | |
| | | | | | | |
| | | | % | <u></u> % | % | |
| | | | % | % | % | |
| | | | % | % | % | |
| | | | % | % | % | |
| | | | % | % | % | |
| | | | | | | |
| | | | % | % | % | |
| | | | % | % | % | |
| 2 - | Total compensation of officers | 2 | 161,698 | | | |
| 3 (| Compensation of officers claimed on Fo | rm 1125-A or elsewhere o | n return | | 3 | |
| 1 : | Subtract line 3 from line 2. Enter the | result here and on Forn | n 1120, page | 1, line 12 o | r the | |
| | appropriate line of your tax return | | | | 4 Form | 161,698 |

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

2016

Attachment
Sequence No. 179

Department of the Treasury ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Sequence No. 179 Internal Revenue Service (99) Business or activity to which this form relates Name(s) shown on return Identifying number WorkNAllDay, Inc Manufacturing 00-0000007 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. 1 535,000 1 Total cost of section 179 property placed in service (see instructions) 2 88,235 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2.010.000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . 4 0 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 535,000 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Compressor 62,935 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 62,935 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 . . . 9 62,935 . . . **10** Carryover of disallowed deduction from line 13 of your 2015 Form 4562 . . . 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 424,118 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 62.935 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 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.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 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.) 17 MACRS deductions for assets placed in service in tax years beginning before 2016 17 5.761 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 | | | | | | | | | | | | |
|--------------------------------|--------------------------------------|--|---------------------|------------------|----------------------|----------------------------|--|--|--|--|--|--|
| Section E | 3-Assets Place | ed in Service During | g 2016 Tax Y | ear Using the C | Seneral Depreciation | on 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 | | | 27.5 yrs. | MM | S/L | | | | | | | |
| property | | | 27.5 yrs. | MM | S/L | | | | | | | |
| i Nonresidential rea | | | 39 yrs. | MM | S/L | | | | | | | |
| property | | | | MM | S/L | | | | | | | |
| Section C- | -Assets Place | d in Service During | 2016 Tax Ye | ar Using the Alt | ternative Depreciat | ion System | | | | | | |
| 20a Class life | | 5,791 | 3 yrs. | HY | S/L | 965 | | | | | | |
| b 12-year | | | 12 yrs. | | S/L | | | | | | | |
| c 40-year | | | 40 yrs | MM | 5/1 | | | | | | | |

portion of the basis attributable to section 263A costs

Part IV Summary (See instructions.)21 Listed property. Enter amount from line 28

6.726

21

22

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 instructions.

For assets shown above and placed in service during the current year, enter the

| | 4562 (2016) | | | | | | | | | | | | | Page 2 |
|-------------|---|---------------------------|------------------|--------------|---|---------------------|---------------------------|--------------------|--------------------------|--------------------------------------|-------------------------------|-------------|---------------------------|------------------|
| Pa | rt V Listed Property (Incused for entertainment | | | | | vehic | les, cer | tain ai | rcraft, | certair | n comp | uters, | and pr | operty |
| | Note: For any vehicle 24b, columns (a) throug | | | | | | | | | lease | expense | e, comp | olete o n | ı ly 24a, |
| | Section A—Depreciation | | | | | | | | | for pas | ssenger | autom | obiles.) | |
| 24 a | a Do you have evidence to support th | | | | | Yes | | | | | idence w | | | ☐ No |
| | (a) e of property (list vehicles first) (b) Date placed in service in service (c) Busin investment percer | ess/ ent use Cost or o | d) ther basis | | (e) for depre ness/inves use only) | stment | (f) Recovery period | | (g) ethod/ vention | 1 1 | (h) preciation eduction | Ele | (i) ected sect cost | |
| 25 | Special depreciation allowanthe tax year and used more to | | | | | | | | 25 | | | | | |
| 26 | Property used more than 50% | 6 in a qualifie | d busin | ess use |): | | | | | _ | | | | |
| 2008 | 8 Ford Pickup 10/14/11 10 | 00 % | | 0 0 | | | 5 | 200 | DB-HY | | | | | |
| | | % | | | | | | | | | | | | |
| | D 1 1500 | % | | | | | | | U | | | | | |
| 27 | Property used 50% or less in | | ısıness | use: | | | | S/L - | | | | | | |
| | | % | | | | | | 5/L - | | | | | | |
| | | % | | | 7 | | - | 5/L - | | | | | | |
| 28 | Add amounts in column (h), li | | ıh 27 F | nter he | re and | on line | 21 pag | | 28 | | | | | |
| 29 | | | | | | | | | | | | 29 | | |
| | (// | | | | | | e of Vel | nicles | | | | | | |
| | plete this section for vehicles use | | | | | | | | | | | | | ehicles |
| to yo | our employees, first answer the q | uestions in Sec | ction C t | to see if | you me | et an ex | ception | to com | pleting | this sec | tion for t | hose ve | hicles. | |
| | | | | a) icle 1 | | b) icle 2 | | c) cle 3 | | d) icle 4 | | e) cle 5 | | f) cle 6 |
| 30 | Total business/investment miles the year (don't include commuting | J | veni | icie i | veni | icie z | veni | cie 3 | ven | icie 4 | veni | cie 5 | veni | cie o |
| | Total commuting miles driven du Total other personal (non | | | | | | | | | | | | | |
| | miles driven | | | | | | | | | | | | | |
| | Total miles driven during the lines 30 through 32 | | | | | | | | | | | | | |
| 34 | Was the vehicle available fuse during off-duty hours? . | • | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 | Was the vehicle used primaril than 5% owner or related per | | | | | | | | | | | | | |
| 36 | Is another vehicle available for pe | ersonal use? | | | | | | | | | | | | |
| | Section C—G wer these questions to determi e than 5% owners or related pe | ne if you mee | t an ex | ception | | | | | - | | | | who ar | en't |
| | Do you maintain a written po your employees? | licy statemen | t that p | orohibits | | | | | | ding co | mmutin | g, by | Yes | No |
| 38 | Do you maintain a written po employees? See the instruct | olicy statemer | nt that p | prohibit | s perso | onal use | e of veh | nicles, e | except | | | - | | |
| 39 | | | | - | | | | | | | | | | |
| 40 | | e vehicles to | your e | employe | es, obt | tain info | | n from | your er | nployee | es abou | t the | | |
| 41 | Do you meet the requirement | | | | | | | | | | | | | |
| •• | Note: If your answer to 37, 3 | | | | | | | | | | | | | |
| Pai | rt VI Amortization | | | | | | | | | | | | | |
| | (a) Description of costs | (b) Date amortiza | ation | Amor | (c) rtizable ar | mount | C | (d) ode sect | on | (e) Amortiza period percent | or | Amortiza | (f) tion for th | is year |
| 42 | Amortization of costs that beg | gins during yo | ur 2016 | 6 tax ye | ar (see | instruc | tions): | | | | | | | |

Form **4562** (2016)

43

44

43 Amortization of costs that began before your 2016 tax year . .

44 Total. Add amounts in column (f). See the instructions for where to report.

Department of the Treasury

Internal Revenue Service

Sales of Business Property

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

Attach to your tax return.

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

OMB No. 1545-0184

Attachment Sequence No. 27

Identifying number Name(s) shown on return WorkNAllDay, Inc 00-0000007 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) 2 (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) sales price allowable since improvements and sum of (d) and (e) expense of sale acquisition 08/03/2005 10/31/2016 31,247 2004 Ford F150 31,247 0 Gain, if any, from Form 4684, line 39. 3 . . . Section 1231 gain from installment sales from Form 6252, line 26 or 37. 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 6 Gain, if any, from line 32, from other than casualty or theft 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 0 Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 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 prior years. See instructions . Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 14,433 13 Gain, if any, from line 31 13 14 Net gain or (loss) from Form 4684, lines 31 and 38a 14 15 Ordinary gain from installment sales from Form 6252, line 25 or 36. 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824. . . 16 17 14,433 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions . . . 18a

18b

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14

Recomputed depreciation. See instructions .

Recapture amount. Subtract line 34 from line 33. See the instructions for where to report

34 35

Form 4797 (2016) Page 2

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions) (c) Date sold (mo., (b) Date acquired 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (mo., day, yr.) day, yr.) 01/10/2016 2004 Chevrolet Tahoe 01/06/2005 **B** 2000 Dodge 3500 07/01/2002 02/21/2016 2003 Chevrolet Silverado 07/01/2003 12/31/2016 С D Property A Property B Property C Property D These columns relate to the properties on lines 19A through 19D. ▶ 5.000 7.760 Gross sales price (Note: See line 1 before completing.) . 20 20 19,930 19,467 24,619 21 Cost or other basis plus expense of sale . . . 21 19,930 19,467 24,492 22 22 Depreciation (or depletion) allowed or allowable. 0 Adjusted basis. Subtract line 22 from line 21. 23 0 23 Total gain. Subtract line 23 from line 20 24 24 5,000 7,760 1,673 25 If section 1245 property: 19,930 24,492 a Depreciation allowed or allowable from line 22 . 25a 19,467 7,760 5,000 1,673 **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. a Additional depreciation after 1975. See instructions 26a **b** Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions 26b c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e 26c d Additional depreciation after 1969 and before 1976. 26d e Enter the smaller of line 26c or 26d. 26e f Section 291 amount (corporations only). 26f **g** Add lines 26b, 26e, and 26f. 26g 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). a Soil, water, and land clearing expenses 27a 27b **b** Line 27a multiplied by applicable percentage. See instructions c Enter the smaller of line 24 or 27b . 27c 28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See 28a instructions **b** Enter the **smaller** of line 24 or 28a . 28b If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions . . . 29a **b** Enter the **smaller** of line 24 or 29a. See instructions 29b Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. Total gains for all properties. Add property columns A through D, line 24 30 14,433 14,433 31 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section (b) Section 280F(b)(2) 179 Section 179 expense deduction or depreciation allowable in prior years. 33 33

8824

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

► Attach to your tax return.

▶ Information about Form 8824 and its separate instructions is at www.irs.gov/form8824.

OMB No. 1545-1190
2016
Attachment

Department of the Treasury Internal Revenue Service ► Info
Name(s) shown on tax return
WorkNAIIDay, Inc

N8824. Sequence No. 109
Identifying number

00-000007

| Part | Information on the Like-Kind Exchange | | | | | | | | |
|------|---|------------------------------------|------------------------|--|--|--|--|--|--|
| 1 | Note: If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country. Description of like-kind property given up: 2005 Ford F250 | | | | | | | | |
| 2 | Description of like-kind property received: 2010 Ford F250 | | 046 | | | | | | |
| 3 | Date like-kind property given up was originally acquired (month, day, year) | 3 | N /108/30/2005/ | | | | | | |
| 4 | Date you actually transferred your property to other party (month, day, year) | 4 | MM10/31/2016/YY | | | | | | |
| 5 | Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement | 5 | MM10/12/2016YYY | | | | | | |
| 6 | Date you actually received the like-kind property from other party (month, day, year). See instructions | 6 | MM10/34/2016/YY | | | | | | |
| 7 | Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III | | | | | | | | |
| | Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such property became your replacement property; and none of the exceptions in line 11 applies to the exchange disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applied Part II. | ange. | Instead, report the | | | | | | |
| Part | II Related Party Exchange Information | | | | | | | | |
| 8 | Name of related party Relationship to you | Related party's identifying number | | | | | | | |
| | Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code) | | | | | | | | |
| 9 | During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange? | | | | | | | | |
| 10 | During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received? | | | | | | | | |
| | If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is not the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 unless one of the exceptions on line 11 applies. | | | | | | | | |
| 11 | If one of the exceptions below applies to the disposition, check the applicable box. | | | | | | | | |
| а | ☐ The disposition was after the death of either of the related parties. | | | | | | | | |
| b | ☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the | e exc | hange. | | | | | | |
| С | ☐ You can establish to the satisfaction of the IRS that neither the exchange nor the disposition its principal purposes. If this box is checked, attach an explanation. See instructions. | had t | ax avoidance as one of | | | | | | |

20

38

Form 8824 (2016) Page

Name(s) shown on tax return. Do not enter name and social security number if shown on other side. Your social security number WorkNAllDay, Inc 00-000007 Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received Part III Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see Reporting of multi-asset exchanges in the instructions. Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15. 12 Fair market value (FMV) of other property given up 12 13 13 14 Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale 14 Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions. 15 Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred. See instructions . . . 15 40,000 16 16 40,000 17 17 Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any 18 18 Realized gain or (loss). Subtract line 18 from line 17 . . . 19 40,000 19 20 Enter the smaller of line 15 or line 19, but not less than zero . 20 Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions 21 21 0 22 Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies. See instructions 22 23 23 0 24 Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions 24 40,000 25 Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23 **Deferral of Gain From Section 1043 Conflict-of-Interest Sales** Part IV Note: This part is to be used only by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used only if the cost of the replacement property is more than the basis of the divested property. 26 Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.) 27 Description of divested property ▶ -----28 Description of replacement property 29 Date divested property was sold (month, day, year) . . . 30 Sales price of divested property. See instructions 30 31 Basis of divested property Realized gain. Subtract line 31 from line 30 32 33 Cost of replacement property purchased within 60 days after date Subtract line 33 from line 30. If zero or less, enter -0-34 34 35 35 Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on 36 Schedule D or Form 4797. See instructions 36 37 **Deferred gain.** Subtract the sum of lines 35 and 36 from line 32 37

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

8941 Form

Credit for Small Employer Health Insurance Premiums

OMB No. 1545-2198

2016

Attachment Sequence No. **65**

Department of the Treasury Internal Revenue Service ► Attach to your tax return.

► Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.

Name(s) shown on return Identifying number

WorkNAIIDay, Inc. 00-0000007 Did you pay premiums during your tax year for employee health insurance coverage you provided through a Small Business Health Options Program (SHOP) Marketplace (or do you qualify for an exception to this requirement)? (see instructions) ✓ Yes. Enter Marketplace Identifier (if any): 01-FFE No. Stop. Do not file Form 8941 (see instructions for an exception that may apply to a partnership, S corporation, cooperative, estate, trust, or tax-exempt entity) Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1 below if different from the identifying number listed above [Does a tax return you (or any predecessor) filed for a tax year beginning in 2014 include a Form 8941 with line A checked "Yes" С and line 12 showing a positive amount? Yes. Stop. Do not file Form 8941 (see instructions for an exception that may apply to a partnership, S corporation, cooperative, estate, trust, or tax-exempt entity) (also see instructions for information about the credit period limitation) ✓ No. Caution: See the instructions and complete Worksheets 1 through 7 as needed. Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (total from Worksheet 1, column (a)) 1 Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from 2 Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12 2 13 Average annual wages you paid for the tax year (from Worksheet 3, line 3). This amount must be a 3 3 multiple of \$1,000. If you entered \$52,000 or more, skip lines 4 through 11 and enter -0- on line 12 27,000 Premiums you paid during the tax year for employees included on line 1 for health insurance 4 coverage under a qualifying arrangement (total from Worksheet 4, column (b)) 4 127,534 5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which the employee enrolls in health insurance 5 200.705 6 127,534 7 Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 35% (0.35) • All other small employers, multiply line 6 by 50% (0.50) 63.767 8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6 51,014 9 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from Worksheet 6, line 7 9 48.336 Enter the total amount of any state premium subsidies paid and any state tax credits available to 10 10 0 11 127,534 11 12 12 48.336 13 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a)) . . . 13 Enter the number of FTEs you would have entered on line 2 if you only included employees 14 13 15 Credit for small employer health insurance premiums from partnerships, S corporations, 15 0 16 Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 16 48.336 17 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) 17 18 Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount 18 19 Enter the amount you paid in 2016 for taxes considered payroll taxes for purposes of this credit 19 20 Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 45f 20

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

Name(s) shown on return WorkNAllDay, Inc.

Social security number or taxpayer identification number

Before you check Box A, B, or C 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 I

Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

| ☐ (B) Short-term transactions | | | | sis wasn't report | ted to the II | RS | |
|--|--|--|---|---|---------------------------|--|--|
| (C) Short-term transactions | not reported | to you on F | orm 1099-B | | | | |
| Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions | If you enter an enter a c | f any, to gain or loss. amount in column (g), ode in column (f). carate instructions. (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
| 110 shares Americus | 04/01/2016 | 07/15/2016 | 1,030,000 | 951,351 | | 0 | 78,649 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C | I here and incl is checked), lin | ude on your e 2 (if Box B | 1,030,000 | 951,351 | | 0 | 78,649 |

Note: If you checked Box A 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.

Form 8949 (2016)
Attachment Sequence No. **12A**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side WorkNAIIDay, Inc.

Social security number or taxpayer identification number 00-0000007

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 long term. 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.

| | (E) Long-term transactions (F) Long-term transactions | reported on | Form(s) 1099 | -B showing bas | | | | ;) |
|-----------|---|--|----------------------------|----------------------------------|---|--|---|---------------------------------------|
| 1 | (a) (b) Description of property Date acqui | (b) Date acquired | (c) Date sold or | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions | Adjustment, i If you enter an enter a c See the sep | (h) Gain or (loss). Subtract column (e) from column (d) and | |
| | | (Mo., day, yr.) | | | | (f) Code(s) from instructions | (g) Amount of adjustment | combine the result with column (g) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ne(Sc | tals. Add the amounts in columns gative amounts). Enter each total hedule D, line 8b (if Box D above ove is checked), or line 10 (if Box | here and includ is checked), lin | e on your e 9 (if Box E | | | | | |

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.