OMB No. 1545-0092

| ш_ | | | • 0.0. | moonic rax nec | | Lotatos | 4114 1140 | | | | | |
|-------------------------|-----------------|---|----------------------|---|----------------|-----------------------|---------------------|-------------------|--------------|---------------|--|-----------------|
| A C | heck | all tha | at apply: | For calendar year 2018 or | fiscal year | beginning | January 1 | , 2018, and | ending | Dece | mber 31 , 20 | 18 |
| | Deced | ent's | estate | Name of estate or trust (If a gra | antor type tr | ust, see the instruc | tions.) | | C En | nployer id | dentification numb | er |
| <u></u> | Simple | truet | | Magenta Trust | | | | | | 0 | 0-4012343 | |
| = | • | | | Name and title of fiduciary | | | | | D Da | ite entity of | | |
| = | Compl | | | 1 | | | | | ا ا | • | | |
| | Qualifie | ed dis | sability trust | Cyan Magenta, CPA | | | | | | | uary 2, 2016 | |
| | SBT (| (S por | tion only) | Number, street, and room or s | uite no. (If a | P.O. box, see the i | nstructions.) | | | | charitable and splits, check applicable | |
| | Granto | r type | e trust | | | | Λ Γ | | | | instructions. | 5 |
| | Rankri | intcv | estate-Ch. 7 | 1st Test Street | | | | | | | n sec. 4947(a)(1). Ch | eck here |
| = | | | | City or town, state or province | country ar | nd ZIP or foreign no | stal code | | | | | NOTE |
| = | | | estate-Ch. 11 | | , country, ar | id Zii or loreigii pe | Star code | | | . — | oundation | .▶ ⊔ |
| | | | me fund | Lanham, MD 20706 | | | | | | escribed | in sec. 4947(a)(2) | |
| | lumbe ttache | | Schedules K-1 | F Check Initial return applicable | | Final return | Amended retu | rn | N | et operati | ing loss carryback | |
| | nstruc | | | boxes: Change in trust | 's name 🗸 | Change in fiduciary | Change in fidu | ciary's name | Пс | hange in t | fiduciary's address | |
| G C | heck h | nere it | f the estate or fili | ing trust made a section 645 ele | | | Trust TIN ▶ | | | | | |
| | | | | | | | | | | 1 4 1 | 72,500 | П |
| | 1 | | iterest incom | | | , | | . | | 1 | | _ |
| | 2 a | | = | | | | | | | 2a | 40,000 |) |
| | b | Q | ualified divide | ends allocable to: (1) Benefic | | | | | | | | |
| d) | 3 | В | usiness inco | | 3 | 65,000 |) | | | | | |
| Ĕ | 4 | | apital gain or | | 4 | 94,000 |) | | | | | |
| Ö | 5 | | | es, partnerships, other est | 40) | 5 | 7.1,000 | + | | | | |
| Income | | | - | | | | | | +0) . | _ | | + |
| | 6 | | | or (loss). Attach Schedule | • | -, | | | | 6 | | |
| | 7 | О | rdinary gain | or (loss). Attach Form 479 | 97 | | | | | 7 | | |
| | 8 | 0 | ther income. | List type and amount | | | | | | 8 | | |
| | 9 | T | otal income. | . Combine lines 1, 2a, and | d 3 throu | ah 8 | | | | 9 | 271,500 |) |
| - | 10 | | | k if Form 4952 is attached | | | | | | 10 | C | _ |
| | | _ | | K II I OIIII 4332 IS attached | | | | | | | | |
| | 11 | | axes | | | | | | | 11 | C | _ |
| | 12 | Fi | iduciary fees. | . If only a portion is deduction | ctible und | der section 67(e |), see instruct | ions | | 12 | 750 |) |
| | 13 | С | haritable dec | | 13 | C |) | | | | | |
| S | 14 | At | tornev. accoun | ntant, and return preparer fees. | ructions | 14 | 930 |) | | | | |
| Deductions | 15a | | - | | | 15a | C |) | | | | |
| 픙 | | 5a Other deductions (attach schedule). See instructions for deductions allowable under section 6b Net operating loss deduction. See instructions | | | | | | | | | | |
| ĭ | | | | | | 15b | | | | | | |
| ě | 16 | | dd lines 10 th | _ | | 16 | 1,680 |) | | | | |
| Ω | 17 | Α | djusted total | 320 | | | | | | | | |
| | 18 | In | come distrib | oution deduction (from Sc | 041) | 18 | 175,820 |) | | | | |
| | 19 | E | state tax ded | duction including certain of | | 19 | C |) | | | | |
| | 20 | | xemption . | 3 | , | - 1-1- 5 | (| , | | 20 | 300 | , |
| | 21 | | • | hrough 20 | | | | | | 21 | 176,120 | _ |
| | | | | hrough 20 | | | | | | | | _ |
| | 22 | | | ne. Subtract line 21 from l | | , | | | | 22 | 93,700 | 1 |
| | 23 | | | n Schedule G, line 7) . | | | | | | 23 | 20,801 | |
| | 24 | 20 | 018 net 965 t | tax liability paid from Forr | m 965-A, | Part II, column | (k), line 2 . | | | 24 | | |
| | 25 | Р | avments: a 2 | 2018 estimated tax paym | ents and | amount applied | d from 2017 re | eturn . | | 25a | 67,000 |) |
| ts | b | | | payments allocated to be | | | | | | 25b | | |
| e | | | | * . * | | | • | | | 25c | 67,000 | , |
| Ę | C | | | | | | | | | | 07,000 | `- |
| Fax and Payments | d | | • | Form 7004. See instruction | | | | | | 25d | | + |
| <u> </u> | е | | | e tax withheld. If any is fr | | | | | | 25e | | |
| 2 | f | 20 | 018 net 965 t | tax liability from Form 965 | 5-A, Part | I, column (f), lin | e2 | | | 25f | | |
| a | | Of | ther payments: g | g Form 2439 | | ; h Form 4136 | | ; - | Total ► | 25i | | |
| ⊕. | 26 | | | nts. Add lines 25c through | | | | | | 26 | 67,000 |) |
| _ | 27 | | | penalty. See instructions | | | | | | 27 | | + |
| | | | | | | | | | | \vdash | | + |
| | 28 | | | e 26 is smaller than the to | | | | | | 28 | | + |
| | 29 | | | t. If line 26 is larger than t | | ıt iines 23, 24, a | ind 27, enter a | amount ove | rpaid . | 29 | 46,199 | + |
| | 30 | | | e 29 to be: a Credited to | | | | ; b Refur | | 30 | 46,199 | |
| _ | | | | erjury, I declare that I have exam | | | | | | | | dge and |
| Sig | gn 📗 | pelie | τ, ιτ is true, corre | ect, and complete. Declaration of | r preparer (o | tner tnan taxpayer) | is based on all inf | ormation of wh | nich prepa | | | |
| He | - 1 | k | | | | | • | | | | ay the IRS discuss th | |
| | | Qi | anature of fiduci | iary or officer representing fiduci | arv | Date | FIN of fiduci | ary if a financia | al inetituti | | th the preparer show se instr.)? Yes | n below ☐ No |
| | | , 31 | _ | | Preparer's | | LII VOI IIGUCI | Date | a montule | J | PTIN | |
| Pa | id | | Print/Type prep | paret s tiaitie | r reparer s | Signature | | Date | | | if | |
| | epai | rer | | | | | | <u> </u> | S | elf-emplo | yed | |
| | e O | | Firm's name | <u> </u> | | | | | Firm's E | IN ► | | |
| _ | _ | <i>y</i> | Firm's address | · • • • • • • • • • • • • • • • • • • • | | | | | Phone n | 0 | | |

Form 1041 (2018) Page **2**

| Sch | edule A Charitable Deduction. Don't complete for a simple trust or a pooled income fu | ınd. | | | |
|-----|---|--------|-----------|-------|----|
| 1 | Amounts paid or permanently set aside for charitable purposes from gross income. See instructions | 1 | | | |
| 2 | Tax-exempt income allocable to charitable contributions. See instructions | 2 | | 0 | |
| 3 | Subtract line 2 from line 1 | 3 | | 0 | |
| 4 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes | 4 | | | |
| 5 | Add lines 3 and 4 | 5 | | 0 | |
| 6 | Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions . | 6 | | | |
| 7 | Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13 | 7 | | 0 | |
| Sch | edule B Income Distribution Deduction | | | ! | |
| 1 | Adjusted total income. See instructions | 1 | 269 | 9,820 | |
| 2 | Adjusted tax-exempt interest | 2 | | 500 | |
| 3 | Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions | 3 | | 0 | |
| 4 | Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion) | 4 | | | |
| 5 | Capital gains for the tax year included on Schedule A, line 1. See instructions | 5 | | | |
| 6 | Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number . | 6 | -94 | 4,000 | |
| 7 | Distributable net income. Combine lines 1 through 6. If zero or less, enter -0 | 7 | | 6,320 | |
| 8 | If a complex trust, enter accounting income for the tax year as | - | | ., | |
| | determined under the governing instrument and applicable local law . 8 | | | | |
| 9 | Income required to be distributed currently | 9 | 170 | 6,320 | |
| 10 | Other amounts paid, credited, or otherwise required to be distributed | 10 | | ., | |
| 11 | Total distributions. Add lines 9 and 10. If greater than line 8, see instructions | 11 | 170 | 6,320 | |
| 12 | Enter the amount of tax-exempt income included on line 11 | 12 | | 500 | |
| 13 | Tentative income distribution deduction. Subtract line 12 from line 11 | 13 | 17! | 5,820 | |
| 14 | Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0 | 14 | | 5,820 | |
| 15 | Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18 | 15 | 17! | 5,820 | |
| Sch | edule G Tax Computation (see instructions) | | | | |
| 1 | Tax: a Tax on taxable income. See instructions | | | | |
| | b Tax on lump-sum distributions. Attach Form 4972 1b | | | | |
| | c Alternative minimum tax (from Schedule I (Form 1041), line 56) | | | | |
| | d Total. Add lines 1a through 1c | 1d | 1 | 7,715 | |
| 2a | Foreign tax credit. Attach Form 1116 | | | | |
| b | General business credit. Attach Form 3800 | | | | |
| С | Credit for prior year minimum tax. Attach Form 8801 2c | | | | |
| d | Bond credits. Attach Form 8912 | | | | |
| е | Total credits. Add lines 2a through 2d | 2e | | | |
| 3 | Subtract line 2e from line 1d. If zero or less, enter -0 | 3 | 1 | 7,715 | |
| 4 | Net investment income tax from Form 8960, line 21 | 4 | ; | 3,086 | |
| 5 | Recapture taxes. Check if from: Form 4255 Form 8611 | 5 | | | |
| 6 | Household employment taxes. Attach Schedule H (Form 1040) | 6 | | | |
| 7 | Total tax. Add lines 3 through 6. Enter here and on page 1, line 23 | 7 | 20 | 0,801 | |
| | Other Information | | | Yes | No |
| 1 | Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation | n of e | xpenses. | ✓ | |
| | Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ \$ | | | | |
| 2 | Did the estate or trust receive all or any part of the earnings (salary, wages, and other comper | | | | |
| | individual by reason of a contract assignment or similar arrangement? | | | | ✓ |
| 3 | At any time during calendar year 2018, did the estate or trust have an interest in or a signature or | | | | |
| | over a bank, securities, or other financial account in a foreign country? | | | | ✓ |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the | ne nan | ne of the | | |
| | foreign country During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or | | | | |
| 4 | | | | | _ |
| _ | foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions | | | | ✓ |
| 5 | Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing | | | | |
| | the instructions for required attachment | | | | ✓ |
| 6 | If this is an estate or a complex trust making the section 663(b) election, check here. See instruction | | | | |
| 7 | To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instruction | | | | |
| 8 | If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and cl | | | | |
| 9 | Are any present or future trust beneficiaries skip persons? See instructions | | | | ✓ |
| 10 | Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the Instruction Form 8938)? | ons fo | or | | ✓ |

SCHEDULE I (Form 1041)

Part I

Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

2018

269,820

Department of the Treasury Internal Revenue Service

► Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

Name of estate or trust

Magenta Trust

Do-4012343

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

Adjusted total income or (loss) (from Form 1041, line 17)

| _ | | | | |
|-----|--|----|----------|---------------|
| 3 | Taxes , | 3 | | |
| 4 | Reserved for future use | 4 | | |
| 5 | Refund of taxes | 5 | (| $\overline{}$ |
| 6 | Depletion (difference between regular tax and AMT) | 6 | | <u> </u> |
| 7 | Net operating loss deduction. Enter as a positive amount | 7 | | |
| | Interest from specified private activity bonds exempt from the regular tax | 8 | | |
| 8 | | _ | | |
| 9 | Qualified small business stock (see instructions) | 9 | | |
| 10 | Exercise of incentive stock options (excess of AMT income over regular tax income) | 10 | | |
| 11 | Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 11 | | |
| 12 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | 12 | | |
| 13 | Disposition of property (difference between AMT and regular tax gain or loss) | 13 | | |
| 14 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 14 | | |
| 15 | Passive activities (difference between AMT and regular tax income or loss) | 15 | | |
| 16 | Loss limitations (difference between AMT and regular tax income or loss) | 16 | | |
| 17 | Circulation costs (difference between regular tax and AMT) | 17 | | |
| 18 | Long-term contracts (difference between AMT and regular tax income) | 18 | | |
| 19 | Mining costs (difference between regular tax and AMT) | 19 | | |
| 20 | Research and experimental costs (difference between regular tax and AMT) | 20 | | |
| 21 | Income from certain installment sales before January 1, 1987 | 21 | (| |
| 22 | Intangible drilling costs preference | 22 | \ | |
| 23 | Other adjustments, including income-based related adjustments | 23 | | |
| 24 | Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) | 24 | (| |
| | Adjusted alternative minimum taxable income. Combine lines 1 through 24 | 25 | 260.020 | |
| 25 | | 25 | 269,820 | |
| 00 | Note: Complete Part II below before going to line 26. | | | |
| 26 | Income distribution deduction from Part II, line 44 | | | |
| 27 | Estate tax deduction (from Form 1041, line 19) | - | 475.000 | |
| 28 | Add lines 26 and 27 | 28 | 175,820 | |
| 29 | Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 | 29 | 94,000 | |
| | If line 29 is: | | | |
| | • \$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax. | | | |
| | | | | |
| | • Over \$24,600, but less than \$180,300, go to line 45. | | | |
| | • \$180,300 or more, enter the amount from line 29 on line 51 and go to line 52. | | | |
| Par | | | | |
| 30 | Adjusted alternative minimum taxable income (see instructions) | 30 | 269,820 | |
| 31 | Adjusted tax-exempt interest (other than amounts included on line 8) | 31 | 500 | |
| 32 | Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0 | 32 | | |
| 33 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable | | | |
| | purposes (from Form 1041, Schedule A, line 4) | 33 | | |
| 34 | Capital gains paid or permanently set aside for charitable purposes from gross income (see | | | |
| | instructions) | 34 | | |
| 35 | Capital gains computed on a minimum tax basis included on line 25 | 35 | (94,000 |) |
| 36 | Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount | 36 | | |
| 37 | Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. | | | |
| | If zero or less, enter -0 | 37 | 176,320 | |
| 38 | Income required to be distributed currently (from Form 1041, Schedule B, line 9) | 38 | 176,320 | |
| 39 | Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) | 39 | | |
| 40 | Total distributions. Add lines 38 and 39 | 40 | 176,320 | |
| 41 | Tax-exempt income included on line 40 (other than amounts included on line 8) | 41 | 500 | |
| 42 | Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40 | 42 | 175,820 | |
| | | | | |

| Part | II Income Distribution Deduction on a Minimum Tax Basis (co | ontir | nued) | | | |
|----------|--|-------------|----------------------|----|----------|----|
| 43 | Tentative income distribution deduction on a minimum tax basis. Subtra | act li | ne 31 from line 37. | | | |
| | If zero or less, enter -0 | | | 43 | 175,820 | |
| 44 | Income distribution deduction on a minimum tax basis. Enter the small | | | | | |
| | Enter here and on line 26 | | | 44 | 175,820 | |
| Part | III Alternative Minimum Tax | | | | | |
| 45 | Exemption amount | | | 45 | \$24,600 | 00 |
| 46 | | 46 | 94,000 | | | |
| 47 | | 47 | \$81,900 00 | | | |
| 48 | | 48 | 12,100 | | | |
| 49 | Multiply line 48 by 25% (0.25) | | | 49 | 3,025 | |
| 50 | Subtract line 49 from line 45. If zero or less, enter -0 | | . | 50 | 21,575 | |
| 51 | Subtract line 50 from line 46 |) . [| | 51 | 72,425 | |
| 52 | Go to Part IV of Schedule I to figure line 52 if the estate or trust has qual | | | | | |
| | gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as re | efigu | ared for the AMT, if | 4 | | |
| | necessary). Otherwise, if line 51 is— | | | | | |
| | • \$191,100 or less, multiply line 51 by 26% (0.26). | | | | | |
| | Over \$191,100, multiply line 51 by 28% (0.28) and subtract \$3,822 from t | | esult | 52 | 13,460 | |
| 53 | Alternative minimum foreign tax credit (see instructions) | 1 | | 53 | | |
| 54 | Tentative minimum tax. Subtract line 53 from line 52 | | <u> </u> | 54 | 13,460 | |
| 55 | Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit f | | | 55 | 17,733 | |
| 56 | Alternative minimum tax. Subtract line 55 from line 54. If zero or less, el | | | | | |
| | on Form 1041, Schedule G, line 1c | • | | 56 | 0 | |
| Part | · | | | _ | <u> </u> | |
| | Caution: If you didn't complete Part V of Schedule D (Form 1041), the Sch | | | | | |
| | or the Qualified Dividends Tax Worksheet in the Instructions for Form 10 |)41, | see the instructions | | | |
| | before completing this part. | | | | | |
| 57 | Enter the amount from line 51 | | | 57 | 72,425 | |
| 58 | Enter the amount from Schedule D (Form 1041), line 26, line 13 of the | | | | | |
| | Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax | | | | | |
| | Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary) | | 04.000 | | | |
| | | 58 | 94,000 | - | | |
| 59 | Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as | | | | | |
| | refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0- | | | | | |
| | <u> </u> | 59 | 0 | - | | |
| 60 | If you didn't complete a Schedule D Tax Worksheet for the regular tax or | | | | | |
| | the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the smaller of that result or the amount from line 10 of the | | | | | |
| | | 60 | 04.000 | | | |
| 64 | | | 94,000 | 64 | 72.425 | |
| 61 62 | Enter the smaller of line 57 or line 60 | | | 61 | 72,425 | |
| 63 | If line 62 is \$191,100 or less, multiply line 62 by 26% (0.26). Otherwise, | | | 02 | 0 | |
| 00 | (0.28) and subtract \$3,822 from the result | | | 63 | 0 | |
| 64 | | 64 | | | - O | |
| 65 | Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the | | Ψ 2,000 | | | |
| | Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax | | | | | |
| | Worksheet in the Instructions for Form 1041, whichever applies (as | | | | | |
| | figured for the regular tax). If you didn't complete Schedule D or either | | | | | |
| | worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0 | 65 | 0 | | | |
| 66 | <u> </u> | 66 | 2,600 | | | |
| 67 | · · · · · · · · · · · · · · · · · · · | 67 | 72,425 | | | |
| 68 | - | 68 | 2,600 | | | |
| 69 | <u> </u> | 69 | 69,825 | | | |
| | | | | | | |

Schedule I (Form 1041) (2018)

| | Schedule I (Form 1041) (2018) | | | | | | | | | | |
|------|--|----|--------|--|--|--|--|--|--|--|--|
| Part | IV Line 52 Computation Using Maximum Capital Gains Rates (continued) | | | | | | | | | | |
| 70 | Maximum amount subject to rates below 20% | | | | | | | | | | |
| 71 | Enter the amount from line 66 | | | | | | | | | | |
| 72 | Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0 | | | | | | | | | | |
| 73 | Add line 71 and line 72 | | | | | | | | | | |
| 74 | Subtract line 73 from line 70. If zero or less, enter -0 | | | | | | | | | | |
| 75 | Enter the smaller of line 69 or 74 | | | | | | | | | | |
| 76 | Multiply line 75 by 15% (0.15) | 76 | 1,515 | | | | | | | | |
| 77 | Add lines 68 and 75 | | | | | | | | | | |
| | If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go to line 78. | | | | | | | | | | |
| 78 | Subtract line 77 from line 67 | | | | | | | | | | |
| 79 | Multiply line 78 by 20% (0.20) | 79 | 11,945 | | | | | | | | |
| | If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line 80. | | | | | | | | | | |
| 80 | Add lines 62, 77, and 78 | | | | | | | | | | |
| 81 | Subtract line 80 from line 57 | | | | | | | | | | |
| 82 | Multiply line 81 by 25% (0.25) | 82 | | | | | | | | | |
| 83 | Add lines 63, 76, 79, and 82 | 83 | 13,460 | | | | | | | | |
| 84 | If line 57 is \$191,100 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 28% | | | | | | | | | | |
| | (0.28) and subtract \$3,822 from the result | 84 | 18,831 | | | | | | | | |
| 85 | Enter the smaller of line 83 or line 84 here and on line 52 | 85 | 13,460 | | | | | | | | |

Schedule I (Form 1041) (2018)

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleC for instructions and the latest information. ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Sequence No. 09

| Name o | of proprietor | | | | | Social s | ecurity number (SSN) | | | |
|--------|---|----------------|---------------------------|--------------------------------------|--|------------|-----------------------------------|--|--|--|
| Mage | nta Trust | | | | | | 00-4012343 | | | |
| A | Principal business or profession | n, including | product or service (s | see instr | uctions) | B Enter | code from instructions | | | |
| Good | s and Service | | | | | | ▶ 5 6 1 6 0 0 | | | |
| С | Business name. If no separate | business n | ame, leave blank. | | | D Emplo | oyer ID number (EIN) (see instr.) | | | |
| 56 Ma | genta Convenience Store | 5 L | | | | | | | | |
| E | Business address (including s | uite or room | no.) ► | | | | | | | |
| | City, town or post office, state | e, and ZIP co | ode | | | | | | | |
| F | | | | (3) | Other (specify) | | | | | |
| G | - | _ | | | 2018? If "No," see instructions for lir | nit on lo | sses . Yes No | | | |
| Н | If you started or acquired this | | | | | | K. ▶ □ | | | |
| ī | | | | | n(s) 1099? (see instructions) | | Yes No | | | |
| J | | | | | | | Yes No | | | |
| Part | | | | | | | | | | |
| 1 | | netructions f | or line 1 and check t | he hov if | this income was reported to you on | | | | | |
| ' | Form W-2 and the "Statutory | | | | | 1 | 185,000 | | | |
| 2 | Returns and allowances | | | | | 2 | 10,000 | | | |
| 3 | Subtract line 2 from line 1 | | | | | 3 | 175,000 | | | |
| 4 | | | | | | 4 | 48,500 | | | |
| 5 | | | | | | 5 | 126,500 | | | |
| 6 | - | | | | refund (see instructions) | 6 | 120,000 | | | |
| 7 | | | | | | 7 | 126,500 | | | |
| Part | | enses for h | ousiness use of vo | our hom | ne only on line 30 | , | 120,000 | | | |
| 8 | Advertising | 8 | 5,000 | 18 | Office expense (see instructions) | 18 | 500 | | | |
| 9 | · · | | 0,000 | 19 | Pension and profit-sharing plans . | 19 | | | | |
| 9 | Car and truck expenses (see instructions) | 9 | 7,000 | 20 | Rent or lease (see instructions): | 19 | | | | |
| 10 | Commissions and fees . | 10 | 7,000 | _ | , | 20a | | | | |
| 11 | Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment | 20a | 20,000 | | | | |
| 12 | Depletion | 12 | | b | Other business property Repairs and maintenance | 21 | 5,000 | | | |
| 13 | Depreciation and section 179 | 12 | | 22 | • | 22 | 3,000 | | | |
| | expense deduction (not | | | 23 | Supplies (not included in Part III) . Taxes and licenses | 23 | | | | |
| | included in Part III) (see | 13 | | 24 | Travel and meals: | 23 | | | | |
| 44 | instructions) | 13 | | - 24 a | Travel | 24a | | | | |
| 14 | Employee benefit programs | 44 | | | | 24a | | | | |
| 15 | (other than on line 19) | 14 | 8,000 | _ b | Deductible meals (see | 24b | | | | |
| 16 | Insurance (other than health) | 15 | 0,000 | 25 | instructions) | 25 | 6,000 | | | |
| | Interest (see instructions): Mortgage (paid to banks, etc.) | 16a | | 26 | | 26 | 0,000 | | | |
| a | | | | | Wages (less employment credits) . Other expenses (from line 48) | | | | | |
| 17 | Other Legal and professional services | 16b | 10,000 | 27a | . , | 27a 27b | | | | |
| 28 | <u> </u> | | | dd linaa i | Reserved for future use 8 through 27a | 28 | 61,500 | | | |
| 29 | Tentative profit or (loss). Subtr | | | | ŭ | 29 | 65,000 | | | |
| 30 | . , , | | | | | 29 | 03,000 | | | |
| 30 | unless using the simplified me | • | • | se expe | nses elsewhere. Attach Form 8829 | | | | | |
| | Simplified method filers only | • | , | of: (a) voi | ur home: | | | | | |
| | and (b) the part of your home | | |) (u) yo | . Use the Simplified | | | | | |
| | Method Worksheet in the instr | | | nter on | · · · · · · · · · · · · · · · · · · · | 30 | | | | |
| 31 | Net profit or (loss). Subtract | | - | onter on i | | 30 | | | | |
| 31 | | | | 404010 | line 12) and an Cabadula CE | | | | | |
| | If a profit, enter on both Sched line 2. (If you checked the box on | line 1, see in | ,, | | | 31 | 65,000 | | | |
| | If a loss, you must go to line | | | | J | | | | | |
| 32 | If you have a loss, check the b | ox that des | cribes your investme | nt in this | activity (see instructions). | | | | | |
| | • If you checked 32a, enter the | he loss on b | oth Schedule 1 (Fo | rm 1040 |), line 12 (or Form 1040NR, | | ¬ | | | |
| | line 13) and on Schedule SE, | | | on line 1, | see the line 31 instructions). | 32a [| ☐ All investment is at risk. | | | |
| | Estates and trusts, enter on Fo | | | | | 32b | Some investment is not at risk. | | | |
| | If you checked 32b, you mu | ist attach Fo | orm 6198. Your loss | may be I | limited. | | | | | |

| Part | Cost of Goods Sold (see instructions) | | | | | |
|------|--|--------|------------|---------|----------|------|
| | | | | | | |
| 33 | Method(s) used to | . 1 | | | | |
| 24 | value closing inventory: a \checkmark Cost b Lower of cost or market c Other (attational type) Was there any change in determining quantities, costs, or valuations between opening and closing inventor | | pianation) |) | | |
| 34 | If "Yes," attach explanation | y : | . Y | es | √ | No |
| | | | | | | |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | | | 55,000 | |
| | . LOALLAS U | | | | | |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | | | 30,000 | |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 | | | | |
| 0. | cost of labor. Bo flot modate drift arrivalite paid to yourself. | U. | | | | |
| 38 | Materials and supplies | 38 | K | | | |
| | 041V 12. 201 | | | | | |
| 39 | Other costs | 39 | | | | |
| 40 | Add lines 25 through 20 | 40 | | | 85,000 | |
| 40 | Add lines 35 through 39 | 40 | | | 83,000 | |
| 41 | Add lines 35 through 39 | 41 | | | 36,500 | |
| | | | | | | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | | | 48,500 | |
| Part | The state of the s | | | | | |
| | and are not required to file Form 4562 for this business. See the instructions for life Form 4562. | ne i | 3 to find | i out i | t you n | nust |
| | mo r enn reez. | | | | | |
| 43 | When did you place your vehicle in service for business purposes? (month, day, year) 01 / 01 | / 201 | 7 | | | |
| | | | | | | |
| 44 | Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle during 2018, enter the number of miles you will be a supplication of the number of miles you will be a supplication of the number of miles you will be a supplication of the number of miles you will be a supplication of the number of miles you will be a supplication of the number of miles you will be a supplication of the number of miles you will be a supplication of the number of miles you will be a supplication of the number of miles you will be a supplication of the number of miles you will be a supplication of the number of miles you will be a supplication of the number of miles you will be a supplication of the number of miles you will be a supplication of the number of miles you will be a supplicati | ehicle | for: | | | |
| а | Business 6,000 b Commuting (see instructions) 10,000 c O | ther | | | | |
| u | 2 00 | | | | | |
| 45 | Was your vehicle available for personal use during off-duty hours? | | 🗸 | Yes | | No |
| | | | | | _ | |
| 46 | Do you (or your spouse) have another vehicle available for personal use? | | 🗸 | Yes | Ш | No |
| 47a | Do you have evidence to support your deduction? | | 1 | Yes | | No |
| 41 a | bo you have evidence to support your deductions | • | 🖭 | | Ш. | |
| b | If "Yes," is the evidence written? | | 🗸 | Yes | I | No |
| Part | V Other Expenses. List below business expenses not included on lines 8–26 or lin | e 30 | | | | |
| | | | | | | |
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| | | | | | | |
| 48 | Total other expenses. Enter here and on line 27a | 48 | | | | |

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses

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

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

► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

Employer identification number

Magenta Trust 00-4012343 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments (e) Subtract column (e) lines below. Proceeds to gain or loss from Cost from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949. Part I. combine the result with whole dollars. line 2, column (q) column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 4 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . 5 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2017 Capital Loss 6 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back 7 **Long-Term Capital Gains and Losses** (See instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result with whole dollars. line 2, column (g) column (g) **8a** Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with 11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . 12 13 Capital gain distributions . . . 13 14 94.000 Gain from Form 4797, Part I 14 15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2017 Capital Loss 15 16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on

94,000

16

Schedule D (Form 1041) 2018 Page **2**

| Part | III Summary of Parts I and II | | (1) Beneficia | ries' | (2) Estate' | s | (3) Total | |
|------|---|-----|---------------|-------|-------------|---|-------------------|--|
| | Caution: Read the instructions before completing this part | t. | (see instr. | .) | or trust's | | (3) 10tai | |
| 17 | Net short-term gain or (loss) | 17 | | | | | | |
| 18 | Net long-term gain or (loss): | | | | | | | |
| а | Total for year | 18a | 94,000 | | | | 94,000 | |
| b | Unrecaptured section 1250 gain (see line 18 of the wrksht.) . | 18b | 0 | | | | 0 | |
| С | 28% rate gain | 18c | 0 | | | | 0 | |
| 19 | Total net gain or (loss). Combine lines 17 and 18a ▶ | 19 | 94,000 | | | | 94,000 | |

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

Part IV Capital Loss Limitation

- 20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 38), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

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

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

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

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 38, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

| 21 | Enter taxable income from Form 1041, line 22 (or Fo | rm 99 | 90-T, line 38) . | | 21 | 93,700 | | | | |
|----------|--|---------------|-------------------|--------|-------|---------------|----------|----|--------|--|
| 22 | Enter the smaller of line 18a or 19 in column (2) but not less than zero | 22 | 94,000 | | | | | | | |
| 23 | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) | 23 | | | | | | | | |
| 24 25 | Add lines 22 and 23 | 24 | 94,000 | | | | | | | |
| 26 | amount from line 4g; otherwise, enter -0 ▶ Subtract line 25 from line 24. If zero or less, enter -0 | 25 | | | 26 | 94,000 | | | | |
| 27 | Subtract line 26 from line 21. If zero or less, enter -0 | | | | 27 | 0 | | | | |
| 28 | Enter the smaller of the amount on line 21 or \$2,600 |) . | | | 28 | 2,600 | | | | |
| 29 | Enter the smaller of the amount on line 27 or line 28 | 3 . | | | 29 | 0 | | | | |
| 30 | Subtract line 29 from line 28. If zero or less, enter -0 | Thi | s amount is tax | ced at | 10% | | • | 30 | 2,600 | |
| 31 | Enter the smaller of line 21 or line 26 | | | | 31 | 93,700 | | | | |
| 32 | Subtract line 30 from line 26 | | | | 32 | 91,450 | | | | |
| 33 | Enter the smaller of line 21 or \$12,700 | | | | 33 | 12,700 | | | | |
| 34 | Add lines 27 and 30 | | | | 34 | 2,600 | | | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0 | | | | 35 | 10,100 | | | | |
| 36 | Enter the smaller of line 32 or line 35 | | | | 36 | 10,100 | | | | |
| 37 | Multiply line 36 by 15% (0.15) | | | | | | | 37 | 1,515 | |
| 38 | Enter the amount from line 31 | | | | 38 | 93,700 | | | | |
| 39 | Add lines 30 and 36 | | | | 39 | 12,700 | | | | |
| 40 | Subtract line 39 from line 38. If zero or less, enter -0 | | | | 40 | 81,000 | | | | |
| 41 | Multiply line 40 by 20% (0.20) | | | | | | • | 41 | 16,200 | |
| 42 | Figure the tax on the amount on line 27. Use the 2018 Tax and Trusts (see the Schedule G instructions in the instruction | | | | 42 | 0 | | | | |
| 43 | Add lines 37, 41, and 42 | | | | 43 | 17,715 | | | | |
| 44 | Figure the tax on the amount on line 21. Use the 2018 Tax and Trusts (see the Schedule G instructions in the instruction | | | ates | 44 | 33,056 | | | | |
| 45 | Tax on all taxable income. Enter the smaller of line G. line 1a (or Form 990-T line 40) | e 43 c | or line 44 here a | and o | n For | m 1041, Sched | dule | 45 | 17 715 | |

Form **4797**

Sales of Business Property

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

OMB No. 1545-0184

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

► Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. **27**

Identifying number

Magenta Trust 00-4012343 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . 181.000 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 (a) Gain or (loss) 2 (a) Description (b) Date acquired (c) Date sold (d) Gross basis, plus Subtract (f) from the (mo., day, yr.) of property (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale 09/07/2018 97,000 94,000 Building 09/27/2013 10,000 181,000 Gain, if any, from Form 4684, line 39. . . . 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 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 94.000 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. Nonrecaptured net section 1231 losses from prior years. See instructions . . . 8 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 94,000 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): Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable . 12 12 Gain, if any, from line 31 13 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 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 loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an 18a 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 18b

| | (see instructions) | | | | | # \ = : | | () 5 : |
|-----|---|---------|---|--------------|-------|---------------------------------|-----|------------------------------|
| 19 | (a) Description of section 1245, 1250, 1252, 1254, or 125 | 5 prop | erty: | | | (b) Date acqui (mo., day, yr | | (c) Date sold (mo. day, yr.) |
| Α | | | | | | | | |
| В | | | | | | | | |
| С | | | | | | | | |
| D | | _ | | | _ | | | |
| | These columns relate to the properties on lines 19A through 19D | . ▶ | Property A | Property | В | Property | С | Property D |
| 20 | Gross sales price (Note: See line 1 before completing.) . | 20 | | | | | | |
| 21 | Cost or other basis plus expense of sale | 21 | | | | | | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | | | | | | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | | | | | | |
| | | | | 4 | | | | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | | | | | | |
| 25 | If section 1245 property: | | | | | | | |
| | Depreciation allowed or allowable from line 22 | 25a | | | | | | |
| | Enter the smaller of line 24 or 25a | 25b | | | | | | |
| 26 | If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | | | | | |
| а | Additional depreciation after 1975. See instructions . | 26a | | | | | | |
| b | Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | | | | | | |
| С | Subtract line 26a from line 24. If residential rental property | | | | | | | |
| | or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | | | | | |
| | Additional depreciation after 1969 and before 1976 | 26d | | | | | | |
| | Enter the smaller of line 26c or 26d | 26e | | | | | | |
| | Section 291 amount (corporations only) | 26f | | | | | | |
| g | Add lines 26b, 26e, and 26f | 26g | | | | | | |
| 27 | If section 1252 property: Skip this section if you didn't | | | | | | | |
| | dispose of farmland or if this form is being completed for a partnership. | | | | | | | |
| а | Soil, water, and land clearing expenses | 27a | | | | | | |
| | Line 27a multiplied by applicable percentage. See instructions | 27b | | | | | | |
| с | Enter the smaller of line 24 or 27b | 27c | | | | | | |
| 28 | If section 1254 property: | | | | | | | |
| а | Intangible drilling and development costs, expenditures | | | | | | | |
| | for development of mines and other natural deposits, | | | | | | | |
| h | mining exploration costs, and depletion. See instructions | 28a | | | | | | |
| | Enter the smaller of line 24 or 28a | 28b | | | | | | |
| 29 | If section 1255 property: | | | | | | | |
| а | Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | | | | | |
| b | Enter the smaller of line 24 or 29a. See instructions | 29a | | | | | | |
| | nmary of Part III Gains. Complete property colum | | through D throug | h line 29b k | efore | aoina to line | 30. | |
| | a. , o a. a a. a | | | 9 | | | - | |
| 30 | Total gains for all properties. Add property columns A thro | uah D. | line 24 | | | | 30 | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 2 | - | | | | H | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casu | | | | | | | |
| | other than casualty or theft on Form 4797, line 6 | | | | | | 32 | |
| Par | | | | | | | 50% | or Less |
| | , | | | | | (a) Section 179 | 1 | (b) Section 280F(b)(2) |
| 33 | Section 179 expense deduction or depreciation allowable | in prio | r vears | | 33 | | | |
| 34 | Recomputed depreciation. See instructions | pi io | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 34 | | | |

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

35

35

Form **8960**

Department of the Treasury

Internal Revenue Service (99)

Name(s) shown on your tax return

Net Investment Income Tax—Individuals, Estates, and Trusts

► Attach to your tax return.

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

OMB No. 1545-2227

2018

Attachment

Attachment Sequence No. **72** Your social security number or EIN

Magenta Trust 00-4012343 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) 72,500 Ordinary dividends (see instructions) 2 2 40.000 Annuities (see instructions) 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, 4a Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) 4b 4c Net gain or loss from disposition of property (see instructions) . 94,000 5a 5a Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) 5b -94,000 Adjustment from disposition of partnership interest or S corporation d 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 112,500 Part II Investment Expenses Allocable to Investment Income and Modifications 9a Investment interest expenses (see instructions) State, local, and foreign income tax (see instructions) 0 Miscellaneous investment expenses (see instructions) 9c 0 9d 0 10 10 0 Total deductions and modifications. Add lines 9d and 10 11 11 0 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- 12 112,500 Individuals: Modified adjusted gross income (see instructions) 13 13 Threshold based on filing status (see instructions) 14 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 16 16 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and 17 **Estates and Trusts:** Net investment income (line 12 above) 18a 112,500 Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) 18b 19,000 c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- 18c 93,500 19a Adjusted gross income (see instructions) 19a 93,700 Highest tax bracket for estates and trusts for the year (see 19b 12,500 **c** Subtract line 19b from line 19a. If zero or less, enter -0- . . . 19c 81,200 20 20 81,200 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions) 3.086

8453-FE

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

| 1110 | Itotaiii | | | |
|------|-----------------|-------|----|----|
| 1/01 | 2018 and ending | 12/31 | 20 | 18 |

OMB No. 1545-0967

Department of the Treasury Internal Revenue Service

For calendar year 2018, or fiscal year beginning 01/01 ▶ File electronically with the estate's or trust's return. Do not file paper copies.

► Go to www.irs.gov/Form8453FE for the latest information. Name of estate or trust **Employer identification number** Magenta Trust 00-4012343 Name and title of fiduciary Cyan Magenta, CPA **Tax Return Information** Part I 1 Total income (Form 1041, line 9) . 271,500 Income distribution deduction (Form 1041, 2 175,820 Taxable income (Form 1041, line 22) 3 93,700 Total tax (Form 1041, line 23) . 20,801 5 Tax due or overpayment (Form 1041, line 28 or 29) 46,199 **Declaration of Fiduciary** Part II 🔲 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. Under penalties of perjury, I declare that the above amounts (or the amounts on the attached listing) agree with the amounts shown on the corresponding lines of the electronic portion of the 2018 U.S. Income Tax Return(s) for Estates and Trusts. I have also examined a copy of the return(s) being filed electronically with the IRS, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct, and complete. If I am not the transmitter, I consent that the return(s). including this declaration and accompanying schedules and statements, be sent to the IRS by the return transmitter. I also consent to the IRS's sending the ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the return(s) is accepted, and, if rejected, the reason(s) for the rejection. Sign Here Signature of fiduciary or officer representing fiduciary Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III I declare that I have reviewed the above estate or trust return(s) and that the entries on Form 8453-FE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return(s), and only declare that this form accurately reflects the data on the return(s). The fiduciary or an officer representing the fiduciary will have signed this form before I submit the return(s). I will give the fiduciary or officer representing the fiduciary a copy of all forms and information to be filed with the IRS, and have followed all other requirements described in Pub. 4164, Modernized e-File (MeF) Guide for Software Developers and Transmitters. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above estate or trust return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Date ERO's SSN or PTIN Check if Check if ERO's selfalso paid signature employed ▶ ERO's preparer > Firm's name (or yours Use EIN ▶ if self-employed) Only address, and ZIP code Phone no. Under penalties of perjury, I declare that I have examined the above estate or trust return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Print/Type preparer's name Preparer's signature Date PTIN Paid Check if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no.

| | | | Final K-1 | | Amend | ed K-1 | OMB No. 1545-0092 |
|---|-------------------------------------|------------------|------------|----------------|-------------|--------|---|
| Schedule K-1 (Form 1041) | 2018 | Pa | art III | | | | of Current Year Income, and Other Items |
| Department of the Treasury | For calendar year 2018, or tax year | 1 | Interest i | | ons, ore | 11 | Final year deductions |
| Internal Revenue Service | | | | | 18,125 | | |
| beginning 01 / 01 / 20 | ending 12 / 31 / 2018 | 2a | Ordinary | dividends | | | |
| Beneficiary's Share o | f Income, Deductions, | 01- | Qualifies | d dividends | 10,000 | | |
| Credits, etc. | ► See back of form and instructions | 2b | Qualified | dividends | | | |
| | out the Estate or Trust | 3 | Net shor | t-term capita | al gain | | |
| A Estate's or trust's employer identifica | | 1 / | | U | | | |
| 00-4 | 012343 | 4a | Net long | -term capita | gain | | |
| B Estate's or trust's name | 01110+ | 4b | 28% rate | e gain | | 12 | Alternative minimum tax adjustment |
| Magenta Trust | | 4c | Unrecan | tured section | 1250 gain | | |
| | 9401 | 40 | Ginedap | itarea section | 1 1200 gain | | |
| | | 5 | | ortfolio and | | _ | |
| C Fiduciary's name, address, city, state | i, and ZIP code | | Horibusii | ness income | | | |
| Cyan Magenta, CPA 1st Test Street | | 6 | Ordinary | business in | come | | |
| Lanham, M 20706 | | | | | 16,250 | | |
| · | | 7 | Net renta | al real estate | income | | |
| | | 8 | Other re | ntal income | | 13 | Credits and credit recapture |
| | | ľ | Other res | mai moomo | | | |
| | | 9 | Directly a | apportioned d | eductions | | |
| D Check if Form 1041-T was filed | and enter the date it was filed | | | | | ĺ | |
| | | | | | | 14 | Other information |
| E Check if this is the final Form 1 | 041 for the estate or trust | | | | | A | 125 |
| Oneok ii tiils is the iiilai i oilii i | 54 Flor the estate of trust | | | | | | 120 |
| Part II Information Abo F Beneficiary's identifying number | ut the Beneficiary | 10 | Estate ta | ax deduction | | Н | 39,205 |
| l ' ' ' | 08-8712 | | | | | | |
| G Beneficiary's name, address, city, sta | | 1 | | | | | |
| Rudy Red Grape | | | | | | | |
| 6th Test Street | | | | | | | |
| Lanham, MD 20706 | | | | | | | |
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| | | *Se | ee attach | ned staten | nent for a | dditio | nal information. |
| | | | | | | | d showing the |
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| | | | | l activity. | n busines | s, rei | ntal real estate, and |
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| | | For IRS Use Only | | | | | |
| H X Domestic beneficiary | Foreign beneficiary | <u> </u> | | | | | |

| | | | Final K-1 | | Amend | ed K-1 | OMB No. 1545-0092 |
|--|--|------------------|------------|-------------------|-----------|--------|--|
| Schedule K-1 (Form 1041) | 2018 | Pa | art III | | | | of Current Year Income, and Other Items |
| Department of the Treasury Internal Revenue Service | For calendar year 2018, or tax year | 1 | Interest | | J, 0.10 | 11 | Final year deductions |
| internal nevenue del vide | | | | | 18,125 | | |
| beginning 01 / 01 / | 2018 ending 12 / 31 / 2018 | 2a | Ordinary | / dividends | | | |
| Beneficiary's Share | of Income, Deductions, | | 0 | 1 40 44 4- | 10,000 | | |
| Credits, etc. | | 2b | Qualified | d dividends | | | |
| | ► See back of form and instructions Shout the Estate or Trust | 3 | Net shor | rt-term capita | I gain | | |
| A Estate's or trust's employer ident | | 1 | | | 3 | | |
| 0 | 0-4012343 | 4a | Net long | j-term capital | gain | | |
| B Estate's or trust's name | | 4b | 28% rat | e gain | | 12 | Alternative minimum tax adjustment |
| Magenta Trust | igust | 4c | Unrecap | otured section | 1250 gain | | 18 |
| | | 5 | | ortfolio and | | | |
| C Fiduciary's name, address, city, | state, and ZIP code | | nonbusi | ness income | | | |
| Cyan Magenta, CPA | | 6 | Ordinary | business inc | ome | - | |
| 1st Test Street Lanham, M 20706 | | | | | 16,250 | | |
| Lamam, W 20700 | | 7 | Net rent | al real estate | | Γ | |
| | | | | | | 13 | Credits and credit recapture |
| | | 8 | Other re | ntal income | | | |
| | | | Divoctly | annoution and als | dustions | | |
| | | 9 | Directly a | apportioned de | eductions | | |
| D Check if Form 1041-T was | filed and enter the date it was filed | | | | | | |
| | | | | | | 14 | Other information |
| E Check if this is the final For | rm 1041 for the estate or trust | | | | | Α | 125 |
| | | | | | | | |
| | bout the Beneficiary | 10 | Estate ta | ax deduction | | Н | 39,205 |
| F Beneficiary's identifying number | 10.00.0710 | | | | | | |
| G Beneficiary's name, address, city | 13-08-8713 | - | | | | | |
| | , state, and zir code | | | | | | |
| Fushia Red Lime 6th Test Street | | | | | | | |
| Lanham, MD 20706 | | | | | | | |
| 20700 | | | | | | | |
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| H X Domestic beneficiary | Foreign beneficiary | For IRS Use Only | | | | | |

| | | | Final K-1 | | Amend | ed K-1 | OMB No. 1545-0092 |
|---|--|------------------|------------|--------------------------|------------|--------|---|
| Schedule K-1 (Form 1041) | 2018 | Pa | art III | | | | of Current Year Income, and Other Items |
| Department of the Treasury Internal Revenue Service | For calendar year 2018, or tax year | 1 | Interest | | oo, | 11 | Final year deductions |
| | | | | | 18,125 | | |
| beginning 01 / 01 | / 2018 ending 12 / 31 / 2018 | 2a | Ordinary | / dividends | 10.000 | | |
| Beneficiary's Shar | e of Income, Deductions, | 2b | Qualified | d dividends | 10,000 | | |
| Credits, etc. | ► See back of form and instructions | | Λ | | | | |
| Part I Information | About the Estate or Trust | 3 | Net shor | rt-term capita | l gain | | |
| A Estate's or trust's employer ide | entification number | | | | | | |
| | 00-4012343 | 4a | Net long | g-term capital | gain | | |
| B Estate's or trust's name | 10110+ | 4b | 28% rat | e gain | YA | 12 | Alternative minimum tax adjustment |
| Magenta Trust | ugust | 4c | Unrecap | otured section | 1250 gain | | 10 |
| | | 5 | | ortfolio and ness income | | | |
| C Fiduciary's name, address, city | /, state, and ZIP code | | HOHDUSI | ness income | | | |
| Cyan Magenta, CPA 1st Test Street | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 6 | Ordinary | / business inc | ome | | |
| Lanham, M 20706 | | | | | 16,250 | | |
| · | | 7 | Net rent | al real estate | income | | |
| | | 8 | Other re | ntal income | | 13 | Credits and credit recapture |
| | | 1_ | 5 | | | | |
| | | 9 | Directly a | apportioned de | eductions | | |
| D Check if Form 1041-T wa | as filed and enter the date it was filed | | | | | | |
| | | | | | | 14 | Other information |
| E Check if this is the final F | Form 1041 for the estate or trust | | | | | Α | 125 |
| | | _ | | | | | |
| Part II Information F Beneficiary's identifying number | About the Beneficiary | 10 | Estate ta | ax deduction | | Н | 39,205 |
| | 213-08-8714 | | | | | | |
| G Beneficiary's name, address, c | | 1 | | | | | |
| Blue Red Coconut | | | | | | | |
| 6th Test Street | | | | | | | |
| Lanham, MD 20706 | | | | | | | |
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| | | *Se | ee attacl | hed statem | nent for a | dditic | nal information. |
| | | No | te: A sta | atement m | ust be att | tache | d showing the |
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| | | For IRS Use Only | | | | | |
| H X Domestic beneficiary | Foreign beneficiary | For | | | | | |

| Schedule K-1 (Form 1041) Department of the Treasury Internal Revenue Service Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items Beneficiary's Share of Income, Deductions, Credits, and Other Items Beneficiary's Share of Income, Deductions, Credits, etc. Interest income Beneficiary's Share of Income, Deductions, Credits, etc. See back of form and instructions. Part Information About the Estate or Trust A Estate's or trust's rampe Magenta Trust B Estate's or trust's name Magenta Trust C Fiduciary's name, address, city, state, and ZIP code Cyan Magenta, CPA 1st Test Street Lanham, M 20706 D Check if Form 1041-T was filed and enter the date it was filed C Check if this is the final Form 1041 for the estate or trust Part II Information About the Beneficiary D Check if this is the final Form 1041 for the estate or trust B Estate tax deduction 10 Check if this is the final Form 1041 for the estate or trust Part II Information About the Beneficiary B Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items 10,000 2b Qualified dividends 10,000 2b Qualified dividends 10,000 2b Qualified dividends 10,000 2c Qualified dividends 10,000 2c Qualified dividends 10,000 2d Qualified dividen |
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| Department of the Treasury internal Revenue Service beginning |
| Beneficiary's Share of Income, Deductions, Credits, etc. See back of form and instructions. Part I Information About the Estate or Trust A Estate's or trust's employer identification number 00-4012343 B Estate's or trust's name Magenta Trust C Fiduciary's name, address, city, state, and ZiP code Cyan Magenta, CPA 1st Test Street Lanham, M 20706 C Check if Form 1041-T was filed and enter the date it was filed E Check if Insis is the final Form 1041 for the estate or trust C Reading in Information About the Beneficiary F Beneficiary's name, address, city, state, and ZiP code Cyan Magenta Trust 10 Estate tax deduction H 39,205 F Beneficiary's name, address, city, state, and ZiP code Creen Red Klwi 6th Test Street |
| Beneficiary's Share of Income, Deductions, Credits, etc. See back of form and instructions. Part I Information About the Estate or Trust A Estate's or trust's employer identification number 00-4012343 B Estate's or trust's name Magenta Trust C Fiduciary's name, address, city, state, and ZIP code Cyan Magenta, CPA 1st Test Street Lanham, M 20706 D Check if Form 1041-T was filed and enter the date it was filed E Check if this is the final Form 1041 for the estate or trust Part II Information About the Beneficiary F Beneficiary's name, address, city, state, and ZIP code Green Red Kiwi 6th Test Street 10,000 Qualified dividends A Net Instructions 4a Net long-term capital gain 4b 28% rate gain 1c Other portfolio and norbusiness income 1c Ordinary business income 1d,250 7 Net rental real estate income 13 Credits and credit recapture 14 Other information A 125 Part II Information About the Beneficiary F Beneficiary's name, address, city, state, and ZIP code Green Red Kiwi 6th Test Street |
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| Part I Information About the Estate or Trust A Estate's or trust's employer identification number 00-4012343 B Estate's or trust's name Magenta Trust C Fiduciary's name, address, city, state, and ZIP code Cyan Magenta, CPA 1st Test Street Lanham, M 20706 D Check if Form 1041-T was filed and enter the date it was filed E Check if this is the final Form 1041 for the estate or trust Part II Information About the Beneficiary F Beneficiary's name, address, city, state, and ZIP code Green Red Kiwi 6th Test Street 10 Estate tax deduction P Estate tax deduction |
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| A Estate's or trust's employer identification number 00-4012343 B Estate's or trust's name Magenta Trust 4b 28% rate gain 12 Alternative minimum tax adjustment 4c Unrecaptured section 1250 gain 5 Other portfolio and nonbusiness income Cyan Magenta, CPA 1st Test Street Lanham, M 20706 6 Ordinary business income 16,250 7 Net rental real estate income 1 13 Credits and credit recapture 8 Other rental income 13 Credits and credit recapture Part II Information About the Beneficiary F Beneficiary's name, address, city, state, and ZIP code Green Red KiWi 6th Test Street |
| B Estate's or trust's name Magenta Trust C Fiduciary's name, address, city, state, and ZIP code Cyan Magenta, CPA 1st Test Street Lanham, M 20706 D Check if Form 1041-T was filed and enter the date it was filed E Check if this is the final Form 1041 for the estate or trust Part II Information About the Beneficiary F Beneficiary's name, address, city, state, and ZIP code Green Red KiWi 6th Test Street |
| Magenta Trust C Fiduciary's name, address, city, state, and ZIP code Cyan Magenta, CPA 1st Test Street Lanham, M 20706 D Check if Form 1041-T was filed and enter the date it was filed E Check if this is the final Form 1041 for the estate or trust Part II Information About the Beneficiary F Beneficiary's Identifying number 213-08-8715 G Beneficiary's name, address, city, state, and ZIP code Green Red Kiwi 6th Test Street |
| C Fiduciary's name, address, city, state, and ZiP code Cyan Magenta, CPA 1st Test Street Lanham, M 20706 D Check if Form 1041-T was filed and enter the date it was filed E Check if this is the final Form 1041 for the estate or trust Part II Information About the Beneficiary F Beneficiary's identifying number 213-08-8715 G Beneficiary's name, address, city, state, and ZiP code Green Red Kiwi 6 Ordinary business income 16,250 7 Net rental real estate income 18 Other rental income 9 Directly apportioned deductions 14 Other information A 125 Part II Information About the Beneficiary F Beneficiary's identifying number 213-08-8715 G Beneficiary's name, address, city, state, and ZiP code Green Red Kiwi 6th Test Street |
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| 7 Net rental real estate income 13 Credits and credit recapture 8 Other rental income 9 Directly apportioned deductions 14 Other information A 125 Part II Information About the Beneficiary F Beneficiary's identifying number 213-08-8715 G Beneficiary's name, address, city, state, and ZIP code Green Red Kiwi 6th Test Street |
| B Other rental income Check if Form 1041-T was filed and enter the date it was filed Check if this is the final Form 1041 for the estate or trust Part II Information About the Beneficiary F Beneficiary's identifying number 213-08-8715 G Beneficiary's name, address, city, state, and ZIP code Green Red Kiwi 6th Test Street |
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| F Beneficiary's identifying number 213-08-8715 G Beneficiary's name, address, city, state, and ZIP code Green Red Kiwi 6th Test Street |
| 213-08-8715 G Beneficiary's name, address, city, state, and ZIP code Green Red Kiwi 6th Test Street |
| G Beneficiary's name, address, city, state, and ZIP code Green Red Kiwi 6th Test Street |
| 6th Test Street |
| 6th Test Street |
| Lanham, MD 20706 |
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| *See attached statement for additional information. |
| Note: A statement must be attached showing the |
| beneficiary's share of income and directly apportioned |
| deductions from each business, rental real estate, and |
| other rental activity. |
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| H X Domestic beneficiary Foreign beneficiary |