

Filing Status [] Single [X] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.

Personal information section including names (BRUCE H., ELIZABETH A.), social security numbers, home address (CAMBRIDGE, MA 02138), and marital status (You, Spouse).

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [X] Were born before January 2, 1956 [] Are blind Spouse: [X] Was born before January 2, 1956 [] Is blind

Dependents table with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Child tax credit/Credit for other dependents.

Main income and deduction table with rows 1-15. Includes categories like Wages, Tax-exempt interest, Qualified dividends, IRA distributions, Pensions, Social security benefits, Capital gain, and Taxable income. Total taxable income: 777,223.

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

| | | | | |
|--|------------|---|------------|--|
| STMT 4 | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16 | 224,591. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 224,591. |
| | 19 | Child tax credit or credit for other dependents | 19 | |
| | 20 | Amount from Schedule 3, line 7 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 224,591. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 11,811. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 236,402. |
| | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 SEE STATEMENT 5 | 25a | 119,845. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) SEE STATEMENT 7 | 25c | 2,167. |
| | d | Add lines 25a through 25c | 25d | 122,012. |
| | 26 | 2020 estimated tax payments and amount applied from 2019 return STATEMENT 6 | 26 | 69,000. |
| | 27 | Earned income credit (EIC) | 27 | |
| | 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Recovery rebate credit. See instructions | 30 | |
| | 31 | Amount from Schedule 3, line 13 | 31 | |
| | 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 191,012. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 35a | |
| Direct deposit? See instructions. | b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | d | Account number | | |
| | 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | 37 | 45,390. |
| For details on how to pay, see instructions. | 38 | Estimated tax penalty (see instructions) | 38 | |

If you have a qualifying child, attach Sch. EIC.
 If you have nontaxable combat pay, see instructions

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes. Complete below.** **No**

Designee's name **KEITH D. LOWEY, CPA** Phone no. [REDACTED] Personal identification number (PIN) [REDACTED]

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

Sign Here

Your signature _____ Date _____ Your occupation **PROFESSOR**

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation **US SENATOR**

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name **KEITH D. LOWEY, CPA** Preparer's signature _____ Date _____ PTIN [REDACTED]

Check if: Self-employed

Firm's name **VERDOLINO & LOWEY, P.C.** Phone no. **(508) 543-1720**

124 WASHINGTON ST., SUITE 101 Firm's EIN [REDACTED]

Firm's address **FOXBOROUGH, MA 02035-**

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number

[REDACTED]

Part I Additional Income

| | | | | | |
|----|---|--------|---------|----|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | STMT 8 | STMT 10 | 1 | 0. |
| 2a | Alimony received | | | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | 245,853. |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income. List type and amount ▶ | | | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | | 9 | 245,853. |

Part II Adjustments to Income

| | | | | | |
|-----|---|--|--|-----|---------|
| 10 | Educator expenses | | | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | | | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | | | 14 | 3,288. |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | | | 15 | 48,449. |
| 16 | Self-employed health insurance deduction | | | 16 | |
| 17 | Penalty on early withdrawal of savings | | | 17 | |
| 18a | Alimony paid | | | 18a | |
| b | Recipient's SSN ▶ | | | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ | | | | |
| 19 | IRA deduction | | | 19 | |
| 20 | Student loan interest deduction | | | 20 | |
| 21 | Tuition and fees deduction. Attach Form 8917 | | | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | | | 22 | 51,737. |

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

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number

[REDACTED]

| Part I Tax | | | |
|----------------------------|--|-----------|----------------|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | 0. |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | 0. |
| Part II Other Taxes | | | |
| 4 | Self-employment tax. Attach Schedule SE | 4 | 6,576. |
| 5 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 5 | |
| 6 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required | 6 | |
| 7a | Household employment taxes. Attach Schedule H | 7a | |
| b | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 7b | |
| 8 | Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 8 | 5,235. |
| 9 | Section 965 net tax liability installment from Form 965-A | 9 | |
| 10 | Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | 10 | 11,811. |

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

Schedule 2 (Form 1040) 2020

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.
▶ Attach to Form 1040 or 1040-SR.

2020

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

BRUCE H. MANN & ELIZABETH A. WARREN

| | | | | |
|------------------------------------|---|--|----|---------|
| Medical and Dental Expenses | Caution: Do not include expenses reimbursed or paid by others. | | | |
| | 1 | Medical and dental expenses (see instructions) | 1 | |
| | 2 | Enter amount from Form 1040 or 1040-SR, line 11 2 | | |
| | 3 | Multiply line 2 by 7.5% (0.075) | 3 | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 |
| Taxes You Paid | 5 | State and local taxes. | | |
| | a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 11 ▶ <input type="checkbox"/> | 5a | 65,388. |
| | b | State and local real estate taxes (see instructions) | 5b | 21,845. |
| | c | State and local personal property taxes | 5c | 334. |
| | d | Add lines 5a through 5c | 5d | 87,567. |
| | e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000. |
| | 6 | Other taxes. List type and amount ▶ | 6 | |
| | 7 | Add lines 5e and 6 | 7 | 10,000. |
| Interest You Paid | 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ <input type="checkbox"/> | | |
| | a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | |
| | b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ | 8b | |
| | c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| | d | Mortgage insurance premiums (see instructions) | 8d | |
| | e | Add lines 8a through 8d | 8e | |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | | |
| | 10 | Add lines 8e and 9 | 10 | |
| Gifts to Charity | 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 43,362. |
| | 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | |
| | 13 | Carryover from prior year | 13 | |
| | 14 | Add lines 11 through 13 | 14 | 43,362. |
| Casualty and Theft Losses | 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | |
| Other Itemized Deductions | 16 | Other - from list in instructions. List type and amount ▶ | 16 | |
| Total Itemized Deductions | 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | 17 | 53,362. |
| | 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box ▶ <input type="checkbox"/> | | |

SCHEDULE B
(Form 1040)

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

Interest and Ordinary Dividends

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

▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2020
Attachment
Sequence No. **08**

BRUCE H. MANN & ELIZABETH A. WARREN

Part I

Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

BANK OF AMERICA

CAPITAL ONE NATIONAL ASSOCIATION

FIRST NATIONAL BANK OF OMAHA

number

mount

10.

233.

1,053.

1

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

2 Add the amounts on line 1

2 1,296.

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶

4 1,296.

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

Amount

Part II

Ordinary Dividends

5 List name of payer ▶
VANGUARD MARKETING COPORATION

769.

5

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

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶

6 769.

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

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.
027501 11-05-20

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

Yes No

7a At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

X

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

8 During 2020, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

ELIZABETH A. WARREN

B Enter code from instructions

711510

A Principal business or profession, including product or service (see instructions)

WRITING

D Employer ID number (EIN) (see instr.)

C Business name. If no separate business name, leave blank.

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code **CAMBRIDGE, MA 02138**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2020, check here Yes No

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

| | | | |
|---|--|---|----------|
| 1 | Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | 1 | 278,334. |
| 2 | Returns and allowances | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | 278,334. |
| 4 | Cost of goods sold (from line 42) | 4 | |
| 5 | Gross profit. Subtract line 4 from line 3 | 5 | 278,334. |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | Gross income. Add lines 5 and 6 | 7 | 278,334. |

Part II Expenses. Enter expenses for business use of your home only on line 30.

| | | | | | | | |
|----|---|-----|---|------|--|-----|---------|
| 8 | Advertising | 8 | | 18 | Office expense | 18 | |
| 9 | Car and truck expenses (see instructions) | 9 | | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | | a | Vehicles, machinery, and equipment | 20a | |
| 12 | Depletion | 12 | | b | Other business property | 20b | |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 | Repairs and maintenance | 21 | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 22 | Supplies (not included in Part III) | 22 | |
| 15 | Insurance (other than health) | 15 | | 23 | Taxes and licenses | 23 | |
| 16 | Interest (see instructions): | | | 24 | Travel and meals: | | |
| a | Mortgage (paid to banks, etc.) | 16a | | a | Travel | 24a | |
| b | Other | 16b | | b | Deductible meals (see instructions) | 24b | |
| 17 | Legal and professional services | 17 | | 25 | Utilities | 25 | |
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | 32,800. | 26 | Wages (less employment credits) | 26 | |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 245,534. | 27 a | Other expenses (from line 48) | 27a | 32,800. |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | b | Reserved for future use | 27b | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32. | 31 | 245,534. | | | | |
| 32 | If you have a loss, check the box that describes your investment in this activity. See instructions. ● If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited. | 32a | <input type="checkbox"/> All investment is at risk. | 32b | <input type="checkbox"/> Some investment is not at risk. | | |

Schedule C - Two-Year Comparison Worksheet

2020

Business Name:

| Description | Tax Year 2019 | Tax Year 2020 | Increase (Decrease) |
|----------------------|------------------|------------------|------------------------|
| <u>INCOME</u> | | | |
| GROSS INCOME | 15,111. | 278,334. | 263,223. |
| <u>EXPENSES</u> | | | |
| OTHER EXPENSES | 0. | 32,800. | 32,800. |
| TOTAL EXPENSES | 0. | 32,800. | 32,800. |
| NET PROFIT OR (LOSS) | 15,111. | 245,534. | 230,423. |

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Name of proprietor

BRUCE H. MANN

Social security number (SSN)

Enter code from instructions

711510

A Principal business or profession, including product or service (see instructions)

ROYALTIES

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

CAMBRIDGE, MA 02138

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2020, check here Yes No

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

| | | | | |
|---|---|--------------------------|---|------|
| 1 | Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked STATEMENT 12 | <input type="checkbox"/> | 1 | 319. |
| 2 | Returns and allowances | | 2 | |
| 3 | Subtract line 2 from line 1 | | 3 | 319. |
| 4 | Cost of goods sold (from line 42) | | 4 | |
| 5 | Gross profit. Subtract line 4 from line 3 | | 5 | 319. |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | 6 | |
| 7 | Gross income. Add lines 5 and 6 | | 7 | 319. |

Part II Expenses. Enter expenses for business use of your home only on line 30.

| | | | | | | | |
|-----|---|-----|--|-----|--|-----|------|
| 8 | Advertising | 8 | | 18 | Office expense | 18 | |
| 9 | Car and truck expenses (see instructions) | 9 | | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | | 20a | a Vehicles, machinery, and equipment | 20a | |
| 12 | Depletion | 12 | | 20b | b Other business property | 20b | |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 | Repairs and maintenance | 21 | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 22 | Supplies (not included in Part III) | 22 | |
| 15 | Insurance (other than health) | 15 | | 23 | Taxes and licenses | 23 | |
| 16 | Interest (see instructions): | | | 24 | Travel and meals: | | |
| 16a | a Mortgage (paid to banks, etc.) | 16a | | 24a | a Travel | 24a | |
| 16b | b Other | 16b | | 24b | b Deductible meals (see instructions) | 24b | |
| 17 | Legal and professional services | 17 | | 25 | Utilities | 25 | |
| 18 | | | | 26 | Wages (less employment credits) | 26 | |
| 19 | | | | 27a | 27 a Other expenses (from line 48) | 27a | |
| 20 | | | | 27b | b Reserved for future use | 27b | |
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27a | | | 28 | | 28 | 0. |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | | | 29 | | 29 | 319. |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | | | 30 | | 30 | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32. | | | 31 | | 31 | 319. |
| 32 | If you have a loss, check the box that describes your investment in this activity. See instructions. ● If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | 32a | <input type="checkbox"/> All investment is at risk. | 32a | |
| | | | | 32b | <input type="checkbox"/> Some investment is not at risk. | 32b | |

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

BRUCE H. MANN & ELIZABETH A. WARREN

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | 1,774. | 1,155. | | 619. |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 | | | | 7 619. |

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | 90,901. | 59,162. | | 31,739. |
| 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 | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 (96,276.) |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2 | | | | 15 <64,537.> |

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

Schedule D (Form 1040) 2020

Part III Summary

| | | |
|--|-----------|-----------|
| <p>16 Combine lines 7 and 15 and enter the result</p> | 16 | <63,918.> |
| <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 If you are required to complete the 28% Rate Gain Worksheet(see instructions), enter the amount, if any, from line 7 of that worksheet</p> | 18 | |
| <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <p style="text-align: center; margin-left: 300px;">} SEE STATEMENT 15</p> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 | (3,000.) |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

| | |
|---|------------------------|
| Name(s) shown on return BRUCE H. MANN & ELIZABETH A. WARREN | Your SSN [REDACTED] |
|---|------------------------|

Before you begin:

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

| | | | |
|---|-----|-----------------|--|
| 1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet | 1. | <u>777,223.</u> | |
| 2. Enter the amount from Form 1040 or 1040-SR, line 3a* | 2. | <u>768.</u> | |
| 3. Are you filing Schedule D?* | | | |
| <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-. | 3. | <u>0.</u> | |
| <input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7. | | | |
| 4. Add lines 2 and 3 | 4. | <u>768.</u> | |
| 5. Subtract line 4 from line 1. If zero or less, enter -0- | 5. | <u>776,455.</u> | |
| 6. Enter: \$ 40,000 if single or married filing separately, \$ 80,000 if married filing jointly or qualifying widow(er), \$ 53,600 if head of household. | 6. | <u>80,000.</u> | |
| 7. Enter the smaller of line 1 or line 6 | 7. | <u>80,000.</u> | |
| 8. Enter the smaller of line 5 or line 7 | 8. | <u>80,000.</u> | |
| 9. Subtract line 8 from line 7. This amount is taxed at 0% | 9. | <u>0.</u> | |
| 10. Enter the smaller of line 1 or line 4 | 10. | <u>768.</u> | |
| 11. Enter the amount from line 9 | 11. | <u>0.</u> | |
| 12. Subtract line 11 from line 10 | 12. | <u>768.</u> | |
| 13. Enter: \$ 441,450 if single, \$ 248,300 if married filing separately, \$ 496,600 if married filing jointly or qualifying widow(er), \$ 469,050 if head of household. | 13. | <u>496,600.</u> | |
| 14. Enter the smaller of line 1 or line 13 | 14. | <u>496,600.</u> | |
| 15. Add lines 5 and 9 | 15. | <u>776,455.</u> | |
| 16. Subtract line 15 from line 14. If zero or less, enter -0- | 16. | <u>0.</u> | |
| 17. Enter the smaller of line 12 or line 16 | 17. | <u>0.</u> | |
| 18. Multiply line 17 by 15% (0.15) | 18. | <u>0.</u> | |
| 19. Add lines 9 and 17 | 19. | <u>0.</u> | |
| 20. Subtract line 19 from line 10 | 20. | <u>768.</u> | |
| 21. Multiply line 20 by 20% (0.20) | 21. | <u>154.</u> | |
| 22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet | 22. | <u>224,437.</u> | |
| 23. Add lines 18, 21, and 22 | 23. | <u>224,591.</u> | |
| 24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet | 24. | <u>224,722.</u> | |
| 25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet | 25. | <u>224,591.</u> | |

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2020
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)
ELIZABETH A. WARREN

Social security number of person
with self-employment income ▶ XXXXXXXXXX

Part I Self-Employment Tax

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

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ▶

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

| | | |
|--|-----------|--|
| 1a Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A ... If you received social security retirement or disability benefits, enter the amount of Conservation Reserve | 1a | |
| b Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH | 1b | |

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

| | | |
|---|----------|----------|
| 2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order SEE STATEMENT 16 | 2 | 245,534. |
|---|----------|----------|

| | | |
|--------------------------------------|----------|----------|
| 3 Combine lines 1a, 1b, and 2 | 3 | 245,534. |
|--------------------------------------|----------|----------|

| | | |
|--|-----------|----------|
| 4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 | 4a | 226,751. |
|--|-----------|----------|

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions

| | | |
|--|-----------|--|
| b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here | 4b | |
|--|-----------|--|

| | | |
|---|-----------|----------|
| c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue ▶ | 4c | 226,751. |
|---|-----------|----------|

| | | |
|---|-----------|--|
| 5a Enter your church employee income from Form W-2. See instructions for definition of church employee income | 5a | |
|---|-----------|--|

| | | |
|---|-----------|--|
| b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- | 5b | |
|---|-----------|--|

| | | |
|------------------------------|----------|----------|
| 6 Add lines 4c and 5b | 6 | 226,751. |
|------------------------------|----------|----------|

| | | |
|--|----------|---------|
| 7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 | 7 | 137,700 |
|--|----------|---------|

| | | |
|---|-----------|----------|
| 8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 | 8a | 137,700. |
|---|-----------|----------|

| | | |
|---|-----------|--|
| b Unreported tips subject to social security tax from Form 4137, line 10 | 8b | |
|---|-----------|--|

| | | |
|---|-----------|--|
| c Wages subject to social security tax from Form 8919, line 10 | 8c | |
|---|-----------|--|

| | | |
|-----------------------------------|-----------|--|
| d Add lines 8a, 8b, and 8c | 8d | |
|-----------------------------------|-----------|--|

| | | |
|--|----------|--|
| 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶ | 9 | |
|--|----------|--|

| | | |
|--|-----------|--|
| 10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124) | 10 | |
|--|-----------|--|

| | | |
|---|-----------|--------|
| 11 Multiply line 6 by 2.9% (0.029) | 11 | 6,576. |
|---|-----------|--------|

| | | |
|--|-----------|--------|
| 12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 | 12 | 6,576. |
|--|-----------|--------|

| | | |
|---|-----------|--------|
| 13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 14 | 13 | 3,288. |
|---|-----------|--------|

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

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$8,460, or (b) your net farm profits² were less than \$6,107.

| | | |
|---|-----------|-------|
| 14 Maximum income for optional methods | 14 | 5,640 |
|---|-----------|-------|

| | | |
|---|-----------|--|
| 15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,640. Also, include this amount on line 4b above | 15 | |
|---|-----------|--|

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

| | | |
|---|-----------|--|
| 16 Subtract line 15 from line 14 | 16 | |
|---|-----------|--|

| | | |
|--|-----------|--|
| 17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above | 17 | |
|--|-----------|--|

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

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

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

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



Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

| | | | |
|--|--|-----------|----------|
| 18 | Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020 | 18 | 190,289. |
| 19 | If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18 | 19 | 175,732. |
| 20 | Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020 | 20 | |
| 21 | Combine lines 19 and 20 | 21 | 175,732. |
| If line 5b is zero, skip line 22 and enter -0- on line 23. | | | |
| 22 | Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 | 22 | |
| 23 | Multiply line 22 by 92.35% (0.9235) | 23 | |
| 24 | Add lines 21 and 23 | 24 | 175,732. |
| 25 | Enter the smaller of line 9 or line 24 | 25 | |
| 26 | Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040) | 26 | |

DOES NOT APPLY

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2020

Attachment Sequence No. 32

Form 6251

Department of the Treasury
Internal Revenue Service (99)

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

Attach to Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

BRUCE H. MANN & ELIZABETH A. WARREN

Part I Alternative Minimum Taxable Income

| | | | |
|----|--|----|----------|
| 1 | Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) | 1 | 777,223. |
| 2a | If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12 | 2a | 10,000. |
| b | Tax refund from Schedule 1 (Form 1040), line 1 or line 8 | 2b | |
| c | Investment interest expense (difference between regular tax and AMT) | 2c | |
| d | Depletion (difference between regular tax and AMT) | 2d | |
| e | Net operating loss deduction from Schedule 1 (Form 1040), line 8. Enter as a positive amount | 2e | |
| f | Alternative tax net operating loss deduction | 2f | |
| g | Interest from specified private activity bonds exempt from the regular tax | 2g | |
| h | Qualified small business stock, see instructions | 2h | |
| i | Exercise of incentive stock options (excess of AMT income over regular tax income) | 2i | |
| j | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 2j | |
| k | Disposition of property (difference between AMT and regular tax gain or loss) | 2k | |
| l | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 2l | |
| m | Passive activities (difference between AMT and regular tax income or loss) | 2m | |
| n | Loss limitations (difference between AMT and regular tax income or loss) | 2n | |
| o | Circulation costs (difference between regular tax and AMT) | 2o | |
| p | Long-term contracts (difference between AMT and regular tax income) | 2p | |
| q | Mining costs (difference between regular tax and AMT) | 2q | |
| r | Research and experimental costs (difference between regular tax and AMT) | 2r | |
| s | Income from certain installment sales before January 1, 1987 | 2s | |
| t | Intangible drilling costs preference | 2t | |
| 3 | Other adjustments, including income-based related adjustments | 3 | |
| 4 | Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$745,200, see instructions.) | 4 | 787,223. |

Part II Alternative Minimum Tax (AMT)

| | | | | | | | | | | | | | | | | |
|--|---|-------------------------------------|-----------------------------------|---------------------------------|---|-----------------------------|-----------|----------|--|-----------|---------|---------------------------|---------|--------|---|----------|
| 5 | Exemption. <table border="0"> <tr> <td>IF your filing status is ...</td> <td>AND line 4 is not over ...</td> <td>THEN enter on line 5 ...</td> <td rowspan="4">}</td> </tr> <tr> <td>Single or head of household</td> <td>\$518,400</td> <td>\$72,900</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>1,036,800</td> <td>113,400</td> </tr> <tr> <td>Married filing separately</td> <td>518,400</td> <td>56,700</td> </tr> </table> If line 4 is over the amount shown above for your filing status, see instructions. | IF your filing status is ... | AND line 4 is not over ... | THEN enter on line 5 ... | } | Single or head of household | \$518,400 | \$72,900 | Married filing jointly or qualifying widow(er) | 1,036,800 | 113,400 | Married filing separately | 518,400 | 56,700 | 5 | 113,400. |
| IF your filing status is ... | AND line 4 is not over ... | THEN enter on line 5 ... | } | | | | | | | | | | | | | |
| Single or head of household | \$518,400 | \$72,900 | | | | | | | | | | | | | | |
| Married filing jointly or qualifying widow(er) | 1,036,800 | 113,400 | | | | | | | | | | | | | | |
| Married filing separately | 518,400 | 56,700 | | | | | | | | | | | | | | |
| 6 | Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10 | 6 | 673,823. | | | | | | | | | | | | | |
| 7 | <ul style="list-style-type: none"> If you are filing Form 2555, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. All others: If line 6 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result | 7 | 184,651. | | | | | | | | | | | | | |
| 8 | Alternative minimum tax foreign tax credit (see instructions) | 8 | | | | | | | | | | | | | | |
| 9 | Tentative minimum tax. Subtract line 8 from line 7 | 9 | 184,651. | | | | | | | | | | | | | |
| 10 | Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line (see instructions) | 10 | 224,591. | | | | | | | | | | | | | |
| 11 | AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1 | 11 | 0. | | | | | | | | | | | | | |

Part III Tax Computation Using Maximum Capital Gains Rates

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

| | | | |
|---|---|----|----------|
| 12 | Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7 | 12 | 673,823. |
| 13 | Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Forms 1040 and 1040-SR or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter | 13 | 768. |
| 14 | Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter | 14 | |
| 15 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter | 15 | 768. |
| 16 | Enter the smaller of line 12 or line 15 | 16 | 768. |
| 17 | Subtract line 16 from line 12 | 17 | 673,055. |
| 18 | If line 17 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result | 18 | 184,497. |
| 19 | Enter: <ul style="list-style-type: none"> • \$80,000 if married filing jointly or qualifying widow(er), • \$40,000 if single or married filing separately, or • \$53,600 if head of household. | 19 | 80,000. |
| 20 | Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 20 | 776,455. |
| 21 | Subtract line 20 from line 19. If zero or less, enter -0- | 21 | 0. |
| 22 | Enter the smaller of line 12 or line 13 | 22 | 768. |
| 23 | Enter the smaller of line 21 or line 22. This amount is taxed at 0% | 23 | 0. |
| 24 | Subtract line 23 from line 22 | 24 | 768. |
| 25 | Enter: <ul style="list-style-type: none"> • \$441,450 if single • \$248,300 if married filing separately • \$496,600 if married filing jointly or qualifying widow(er) • \$469,050 if head of household | 25 | 496,600. |
| 26 | Enter the amount from line 21 | 26 | 0. |
| 27 | Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 27 | 776,455. |
| 28 | Add line 26 and line 27 | 28 | 776,455. |
| 29 | Subtract line 28 from line 25. If zero or less, enter -0- | 29 | 0. |
| 30 | Enter the smaller of line 24 or line 29 | 30 | 0. |
| 31 | Multiply line 30 by 15% (0.15) | 31 | |
| 32 | Add lines 23 and 30 | 32 | 0. |
| If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33. | | | |
| 33 | Subtract line 32 from line 22 | 33 | 768. |
| 34 | Multiply line 33 by 20% (0.20) | 34 | 154. |
| If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35. | | | |
| 35 | Add lines 17, 32, and 33 | 35 | |
| 36 | Subtract line 35 from line 12 | 36 | |
| 37 | Multiply line 36 by 25% (0.25) | 37 | |
| 38 | Add lines 18, 31, 34, and 37 | 38 | 184,651. |
| 39 | If line 12 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result | 39 | 184,712. |
| 40 | Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7 | 40 | 184,651. |

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

▶ **Go to www.irs.gov/Form8995A for instructions and the latest information.**

Name(s) shown on return

Your taxpayer identification number

BRUCE H. MANN & ELIZABETH A. WARREN

Note: You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions. Use this form if your taxable income, before your qualified business income deduction, is above \$163,300 (\$326,600 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

| 1 | (a) Trade, business, or aggregation name | (b) Check if specified service | (c) Check if aggregation | (d) Taxpayer identification number | (e) Check if patron |
|---|--|--------------------------------|--------------------------|------------------------------------|--------------------------|
| A | ELIZABETH A. WARREN | <input type="checkbox"/> | <input type="checkbox"/> | [REDACTED] | <input type="checkbox"/> |
| B | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| C | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

Part II Determine Your Adjusted Qualified Business Income

| | A | B | C |
|---|------------|---|---|
| 2 Qualified business income from the trade, business, or aggregation. See instructions | 2 193,864. | | |
| 3 Multiply line 2 by 20% (0.20). If your taxable income is \$163,300 or less (\$326,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 | 3 38,773. | | |
| 4 Allocable share of W-2 wages from the trade, business, or aggregation | 4 | | |
| 5 Multiply line 4 by 50% (0.50) | 5 | | |
| 6 Multiply line 4 by 25% (0.25) | 6 | | |
| 7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property | 7 | | |
| 8 Multiply line 7 by 2.5% (0.025) | 8 | | |
| 9 Add lines 6 and 8 | 9 | | |
| 10 Enter the greater of line 5 or line 9 | 10 | | |
| 11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 | 11 | | |
| 12 Phased-in reduction. Enter the amount from line 26, if any. See instructions | 12 | | |
| 13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 | 13 0. | | |
| 14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions | 14 | | |
| 15 Qualified business income component. Subtract line 14 from line 13 | 15 0. | | |
| 16 Total qualified business income component. Add all amounts reported on line 15 | 16 | | |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **8995-A** (2020)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$163,300 but not \$213,300 (\$326,600 and \$426,600 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

| | | A | B | C |
|----|---|----|---|---|
| 17 | Enter the amounts from line 3 | 17 | | |
| 18 | Enter the amounts from line 10 | 18 | | |
| 19 | Subtract line 18 from line 17 | 19 | | |
| 20 | Taxable income before qualified business income deduction | 20 | | |
| 21 | Threshold. Enter \$163,300 (\$326,600 if married filing jointly) | 21 | | |
| 22 | Subtract line 21 from line 20 | 22 | | |
| 23 | Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) | 23 | | |
| 24 | Phase-in percentage. Divide line 22 by line 23 ... | 24 | % | |
| 25 | Total phase-in reduction. Multiply line 19 by line 24 | 25 | | |
| 26 | Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business | 26 | | |

Part IV Determine Your Qualified Business Income Deduction

| | | | | | |
|----|---|----|----------|----------|--|
| 27 | Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 | 27 | | | |
| 28 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions | 28 | | | |
| 29 | Qualified REIT dividends and PTP (loss) carryforward from prior years | 29 | () | | |
| 30 | Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- | 30 | | | |
| 31 | REIT and PTP component. Multiply line 30 by 20% (0.20) | 31 | | | |
| 32 | Qualified business income deduction before the income limitation. Add lines 27 and 31 | 32 | | | |
| 33 | Taxable income before qualified business income deduction | 33 | 777,223. | | |
| 34 | Net capital gain. See instructions | 34 | 768. | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | 35 | | 776,455. | |
| 36 | Income limitation. Multiply line 35 by 20% (0.20) | 36 | | 155,291. | |
| 37 | Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 | 37 | | | |
| 38 | DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 | 38 | | | |
| 39 | Total qualified business income deduction. Add lines 37 and 38 | 39 | | | |
| 40 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- | 40 | | () | |

Qualified Business Income After Deductions

Activity: ELIZABETH A. WARREN

| | | | |
|----|--|------------|----------|
| 1. | Qualified business income before deductions | | 245,534. |
| 2. | Deductible part of self-employment income: | | |
| | a. Net income subject to self-employment tax from this activity | 245,534. | |
| | b. Total income subject to self-employment tax | 245,853. | |
| | c. Line 2a divided by line 2b (not greater than 1.000) | .998702477 | |
| | d. Amount from Schedule 1 (Form 1040), line 14 | 3,288. | |
| | e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity | | 3,284. |
| 3. | Self-employed SEP, SIMPLE and qualified plans: | | |
| | a. Net income subject to self-employment tax from this activity | 245,215. | |
| | b. Net earnings from <u>SCHEDULE C</u> | 245,534. | |
| | c. Line 3a divided by line 3b (not greater than 1.000) | .998700791 | |
| | d. Amount from Schedule 1 (Form 1040), line 15 | 48,449. | |
| | e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity | | 48,386. |
| 4. | Self-employed health insurance deduction: | | |
| | a. Health insurance payments from this activity | | |
| | b. Health insurance limits for activity above | | |
| | c. Lesser of line 4a or line 4b | | |
| | d. Reserved | | |
| | e. Reserved | | |
| | f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity | | |
| 5. | Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions | | 193,864. |

Activity: _____

| | | | |
|----|--|--|--|
| 1. | Qualified business income before deductions | | |
| 2. | Deductible part of self-employment income: | | |
| | a. Net income subject to self-employment tax from this activity | | |
| | b. Total income subject to self-employment tax | | |
| | c. Line 2a divided by line 2b (not greater than 1.000) | | |
| | d. Amount from Schedule 1 (Form 1040), line 14 | | |
| | e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity | | |
| 3. | Self-employed SEP, SIMPLE and qualified plans: | | |
| | a. Net income subject to self-employment tax from this activity | | |
| | b. Net earnings from _____ | | |
| | c. Line 3a divided by line 3b (not greater than 1.000) | | |
| | d. Amount from Schedule 1 (Form 1040), line 15 | | |
| | e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity | | |
| 4. | Self-employed health insurance deduction: | | |
| | a. Health insurance payments from this activity | | |
| | b. Health insurance limits for activity above | | |
| | c. Lesser of line 4a or line 4b | | |
| | d. Reserved | | |
| | e. Reserved | | |
| | f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity | | |
| 5. | Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions | | |

Additional Medicare Tax

2020

Department of the Treasury
Internal Revenue Service

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
- ▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
- ▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Attachment
Sequence No. **71**

Name(s) shown on return **BRUCE H. MANN & ELIZABETH A. WARREN** Your social security number XXXXXXXXXX

Part I Additional Medicare Tax on Medicare Wages

| | | | | |
|---|---|----------|--|----------|
| 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 1 | 604,843. | | |
| 2 Unreported tips from Form 4137, line 6 | 2 | | | |
| 3 Wages from Form 8919, line 6 | 3 | | | |
| 4 Add lines 1 through 3 | 4 | 604,843. | | |
| 5 Enter the following amount for your filing status: | | | | |
| Married filing jointly \$250,000 | | | | |
| Married filing separately \$125,000 | | | | |
| Single, Head of household, or Qualifying widow(er) \$200,000 | 5 | 250,000. | | |
| 6 Subtract line 5 from line 4. If zero or less, enter -0- | 6 | | | 354,843. |
| 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | | | 3,194. |

Part II Additional Medicare Tax on Self-Employment Income

| | | | | |
|---|----|----------|--|----------|
| 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) | 8 | 226,751. | | |
| 9 Enter the following amount for your filing status: | | | | |
| Married filing jointly \$250,000 | | | | |
| Married filing separately \$125,000 | | | | |
| Single, Head of household, or Qualifying widow(er) \$200,000 | 9 | 250,000. | | |
| 10 Enter the amount from line 4 | 10 | 604,843. | | |
| 11 Subtract line 10 from line 9. If zero or less, enter -0- | 11 | 0. | | |
| 12 Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | | 226,751. |
| 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III | 13 | | | 2,041. |

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

| | | | | |
|---|----|--|--|--|
| 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) | 14 | | | |
| 15 Enter the following amount for your filing status: | | | | |
| Married filing jointly \$250,000 | | | | |
| Married filing separately \$125,000 | | | | |
| Single, Head of household, or Qualifying widow(er) \$200,000 | 15 | | | |
| 16 Subtract line 15 from line 14. If zero or less, enter -0- | 16 | | | |
| 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV | 17 | | | |

Part IV Total Additional Medicare Tax

| | | | | |
|---|----|--|--|--------|
| 18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8 (check box a) (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V | 18 | | | 5,235. |
|---|----|--|--|--------|

Part V Withholding Reconciliation

| | | | | |
|--|----|----------|--|--------|
| 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 | 19 | 10,937. | | |
| 20 Enter the amount from line 1 | 20 | 604,843. | | |
| 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 8,770. | | |
| 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | | 2,167. |
| 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) | 23 | | | |
| 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) | 24 | | | 2,167. |

Net Investment Income Tax - Individuals, Estates, and Trusts

2020

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**

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

Attachment
Sequence No. **72**

Name(s) shown on your tax return
BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number or EIN
[REDACTED]

- 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)

| | | | |
|---|-----------|-----------|---------|
| 1 Taxable interest (see instructions) | | 1 | 1,296. |
| 2 Ordinary dividends (see instructions) | | 2 | 769. |
| 3 Annuities (see instructions) | | 3 | |
| 4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) | 4a | | |
| b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | | |
| c Combine lines 4a and 4b | | 4c | |
| 5a Net gain or loss from disposition of property (see instructions) | 5a | | -3,000. |
| b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | | |
| c Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | | |
| d Combine lines 5a through 5c | | 5d | -3,000. |
| 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) | | 6 | |
| 7 Other modifications to investment income (see instructions) SEE STATEMENT 17 | | 7 | 21. |
| 8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | 8 | -914. |

Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | |
|---|-----------|-----------|--------|
| 9a Investment interest expenses (see instructions) | 9a | | |
| b State, local, and foreign income tax (see instructions) | 9b | | 2,643. |
| c Miscellaneous investment expenses (see instructions) | 9c | | |
| d Add lines 9a, 9b, and 9c | | 9d | 2,643. |
| 10 Additional modifications (see instructions) | | 10 | |
| 11 Total deductions and modifications. Add lines 9d and 10 | | 11 | 2,643. |

Part III Tax Computation

| | | | |
|--|------------|-----------|----------|
| 12 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 | |
| Individuals: | | | |
| 13 Modified adjusted gross income (see instructions) | 13 | | 830,585. |
| 14 Threshold based on filing status (see instructions) | 14 | | 250,000. |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 | | 580,585. |
| 16 Enter the smaller of line 12 or line 15 | | 16 | |
| 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | 17 | |
| Estates and Trusts: | | | |
| 18a Net investment income (line 12 above) | 18a | | |
| b Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) | 18b | | |
| c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- | 18c | | |
| 19a Adjusted gross income (see instructions) | 19a | | |
| b Highest tax bracket for estates and trusts for the year (see instructions) | 19b | | |
| c Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | | |
| 20 Enter the smaller of line 18c or line 19c | | 20 | |
| 21 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) | | 21 | |

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

Line 7 - Deduction Recoveries Worksheet

MASSACHUSETTS

Keep for Your Records

| | | | |
|--|-----------|------------|--|
| <p>1. Enter total amount of recovery included in gross income</p> <ul style="list-style-type: none"> • Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6). • Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013. • Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold. | 1. | 0. | |
| <p>CAUTION <i>This rule doesn't apply if you incurred a net operating loss (NOL) in such year, and a portion of such NOL constitutes a section 1411 NOL.</i></p> | | | |
| <p>2. Amount of the recovery that would've been included in gross income but for the application of the tax benefit rule under section 111</p> | 2. | 4,209. | |
| <p>3. Total amount of recovery (add lines 1 and 2)</p> | 3. | 4,209. | |
| <p>4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.)</p> | 4. | .004968923 | |
| <p>5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68)</p> | 5. | 21. | |

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

| | | | |
|---|------------|------|--|
| <p>6. Multiply line 5 by 0.038</p> | 6. | 1. | |
| <p>7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11)</p> | 7. | 308. | |
| <p>8. Add the amount on line 5 to line 7</p> | 8. | 329. | |
| <p>9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here</p> | 9. | 13. | |
| <p>10. Enter the NIIT reported for the year of the deduction</p> | 10. | 12. | |
| <p>11. Subtract line 10 from line 9</p> | 11. | 1. | |
| <p>12. Enter the smaller of line 6 or line 11</p> | 12. | 1. | |
| <p>13. Divide line 12 by 3.8% (line 12 ÷ 0.038). Enter the result here and include on Form 8960, line 7</p> | 13. | 21. | |

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

| | | | |
|--|------------|-------|--|
| <p>14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number)</p> | 14. | _____ | |
| <p>15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero)</p> | 15. | _____ | |
| <p>16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7</p> | 16. | _____ | |

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Part III - Deductions Properly Allocable to Investment Income (Individuals Only)

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

| | Description | Line | Amount |
|-----|-------------|------|--------|
| (a) | N/A | N/A | N/A |
| (b) | N/A | N/A | N/A |

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to \$10,000, \$5,000 if MFS) **2.** 2,643.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income
(Description and Form 8960 line number where they'll be reported):

| | Description | Line | Amount |
|-----|-------------|------|--------|
| (a) | | | |
| (b) | | | |

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 **4.** 2,643.

5. Enter the amount of total itemized deductions reported on Form 1040 **5.** 53,362.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

| | | |
|-----|--|-----------------------|
| (a) | Investment Interest Expense | N/A |
| (b) | Casualty Losses (other than losses described in section 165(c)(1)) | N/A |
| (c) | Medical Expenses | N/A |
| (d) | Gambling Losses | N/A |
| (e) | Total of lines 6(a) through 6(d) | 6e. <u>N/A</u> |

7. Subtract line 6e from line 5 **7.** 53,362.

8. Enter the lesser of line 7 or line 4 **8.** 2,643.

TIP This is the amount of itemized deductions that are properly allocable to investment income. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)

| | | (A) | (B) | (C) |
|---|--|--|--|---|
| | | Reenter the amounts and descriptions from Part III, lines 1 - 3. | IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B). | Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10. |
| Miscellaneous Itemized Deductions properly allocable to investment income: | | | | |
| 1. | (a) | N/A | X N/A | = N/A |
| | (b) | N/A | X N/A | = N/A |
| 2. | State, local, and foreign income taxes | 2,643. | X 1.0000 | = 2,643. |
| Itemized Deductions Included on Line 3 of Part III: | | | | |
| 3. | (a) | | X | = |
| | (b) | | X | = |

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

MASSACHUSETTS

Name(s) **BRUCE H MANN & ELIZABETH A WARREN** Your social security number or EIN XXXXXXXXXX

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

| | | | |
|-----------|--|-----------|---------|
| 1 | Taxable interest | 1 | 1,286. |
| 2 | Ordinary dividends | 2 | 769. |
| 3 | Annuities from nonqualified plans | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 4a | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business | 4b | |
| c | Combine lines 4a and 4b | 4c | 0. |
| 5a | Net gain or loss from disposition of property | 5a | 32,358. |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax | 5b | |
| c | Adjustment from disposition of partnership interest or S corporation stock | 5c | |
| d | Combine lines 5a through 5c | 5d | 32,358. |
| 6 | Changes in investment income for certain CFCs and PFICs | 6 | |
| 7 | Other modifications to investment income | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | 8 | 34,413. |

Part II State Income Tax Pro-ration for 2020 Income Tax Payments

| | | | |
|-----------|--|-----------|----------|
| 9 | State total income | 9 | 851,480. |
| 10 | State income tax payments for 2020 | 10 | 65,388. |
| 11 | 2020 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 | 11 | 2,643. |

Part III State Income Tax Pro-ration for 2019 Estimate Payments Made in 2020

| | | | |
|-----------|---|-----------|----|
| 12 | State estimate payments for 2019 | 12 | 0. |
| 13 | Percent of state income taxes attributable to investment income for 2019 | 13 | |
| 14 | 2019 state estimate payments attributable to investment income. Line 12 times line 13 | 14 | 0. |

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2020

| | | | |
|-----------|--|-----------|----|
| 15 | Balance of prior years tax plus extension payments paid in 2020 | 15 | 0. |
| 16 | Percent of state income taxes attributable to investment income for 2019 | 16 | |
| 17 | Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 | 17 | 0. |

Part V Reduction of State Tax Deduction

| | | | |
|-----------|---|-----------|-------|
| 18 | Reduction of state tax deduction | 18 | () |
| 19 | Percent of state income taxes attributable to investment income for 2019 | 19 | |
| 20 | Reduction of state tax deduction attributable to investment income. Line 18 times line 19 | 20 | (0) |

Part VI Total State Income Tax Payments Attributable to Investment Income

| | | | |
|-----------|---|-----------|--------|
| 21 | Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2 | 21 | 2,643. |
|-----------|---|-----------|--------|



FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

| T S EMPLOYER'S NAME | AMOUNT PAID | FEDERAL TAX WITHHELD | STATE TAX WITHHELD | CITY SDI TAX W/H | FICA TAX | MEDICARE TAX |
|---|----------------|----------------------------|--------------------------|------------------------|-------------|-----------------|
| T PRESIDENT AND FELLOWS OF HARVARD COLLEGE | 395,303. | 96,484. | 19,445. | | 8,537. | 8,559. |
| S UNITED STATES SENATE | 164,040. | 23,159. | 7,845. | | 8,537. | 2,379. |
| S TIAA ADMIN SERVICES LLC | 11,871. | 202. | 598. | | | |
| TOTALS | 571,214. | 119,845. | 27,888. | | 17,074. | 10,938. |

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 2

| NAME OF PAYER | ORDINARY DIVIDENDS | QUALIFIED DIVIDENDS |
|--------------------------------------|-----------------------|------------------------|
| VANGUARD MARKETING COPORATION | 769. | 768. |
| TOTAL INCLUDED IN FORM 1040, LINE 3A | | 768. |

CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)
- X B. MARRIED FILING JOINTLY
- C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE
AT ANY TIME DURING 2020
- D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE
FOR ALL OF 2020
1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR
FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON
FORM 1040, LINE 6A 77,870.
IF YOU CHECKED BOX B: TAXPAYER AMOUNT 31,775.
SPOUSE AMOUNT 46,095.
2. MULTIPLY LINE 1 BY 50% (0.50) 38,935.
3. ADD THE AMOUNTS ON FORM 1040, LINES 1, 2A, 2B, 3B, 4B, 5B,
7 AND 8. IF UNEMPLOYMENT IS EXCLUDED, ADD THE EXCLUSION
AMOUNT. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM
LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2.
DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR
RRB-1099 816,132.
4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED
INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS,
OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF
PUERTO RICO THAT YOU CLAIMED
5. ADD LINES 2, 3, AND 4 855,067.
6. ADD THE AMOUNTS FROM FORM 1040, LINE 10B, SCHEDULE 1,
LINES 10 THROUGH 19, PLUS ANY WRITE-IN ADJUSTMENTS
YOU ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 22 51,737.
7. SUBTRACT LINE 6 FROM LINE 5 803,330.
8. ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR
\$32,000 IF YOU CHECKED BOX B, OR
\$-0- IF YOU CHECKED BOX C 32,000.
9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?
[] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE
TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE
MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR
SPOUSE FOR ALL OF 2020, BE SURE YOU ENTERED 'D' TO THE
RIGHT OF THE WORD "BENEFITS" ON LINE 6A.
[X] YES. SUBTRACT LINE 8 FROM LINE 7 771,330.
10. ENTER \$9,000 IF YOU CHECKED BOX A OR D,
\$12,000 IF YOU CHECKED BOX B
\$-0- IF YOU CHECKED BOX C 12,000.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 759,330.
12. ENTER THE SMALLER OF LINE 9 OR LINE 10 12,000.
13. ENTER ONE HALF OF LINE 12 6,000.
14. ENTER THE SMALLER OF LINE 2 OR LINE 13 6,000.
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 645,431.
16. ADD LINES 14 AND 15 651,431.
17. MULTIPLY LINE 1 BY 85% (.85) 66,190.
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 66,190.
* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 6B

| | | | |
|-----------|-----|-----------|---|
| FORM 1040 | TAX | STATEMENT | 4 |
|-----------|-----|-----------|---|

| DESCRIPTION | AMOUNT |
|---|----------|
| FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET | 224,591. |
| TOTAL TO FORM 1040, LINE 16 | 224,591. |

| | | | |
|-----------|---|-----------|---|
| FORM 1040 | FEDERAL INCOME TAX WITHHELD - FORM(S) W-2 | STATEMENT | 5 |
|-----------|---|-----------|---|

| T S DESCRIPTION | AMOUNT |
|--|----------|
| T PRESIDENT AND FELLOWS OF HARVARD COLLEGE | 96,484. |
| S UNITED STATES SENATE | 23,159. |
| S TIAA ADMIN SERVICES LLC | 202. |
| TOTAL TO FORM 1040, LINE 25A | 119,845. |

| | | | |
|-----------|---|-----------|---|
| FORM 1040 | CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR | STATEMENT | 6 |
|-----------|---|-----------|---|

| DESCRIPTION | AMOUNT |
|----------------------------------|---------|
| 1ST QTR ESTIMATE PAYMENT - JOINT | 14,500. |
| 3RD QTR ESTIMATE PAYMENT - JOINT | 23,500. |
| 4TH QTR ESTIMATE PAYMENT - JOINT | 31,000. |
| TOTAL TO FORM 1040, LINE 26 | 69,000. |

| | | | |
|-----------|---|-----------|---|
| FORM 1040 | FEDERAL INCOME TAX WITHHELD - OTHER FORMS | STATEMENT | 7 |
|-----------|---|-----------|---|

| T S DESCRIPTION | AMOUNT |
|------------------------------|--------|
| FORM 8959, LINE 24 | 2,167. |
| TOTAL TO FORM 1040, LINE 25C | 2,167. |



SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 8

| | 2019 | 2018 | 2017 |
|-----------------------------------|---------------|------|------|
| | <hr/> | | |
| | MASSACHUSETTS | | |
| GROSS STATE/LOCAL INC TAX REFUNDS | 4,209. | | |
| LESS: TAX PAID IN FOLLOWING YEAR | | | |
| | <hr/> | | |
| NET TAX REFUNDS MASSACHUSETTS | 4,209. | | |
| | <hr/> | | |
| TOTAL NET TAX REFUNDS | 4,209. | | |
| | <hr/> <hr/> | | |

ELIZABETH A. WARREN

| | |
|---|----------|
| 1. PLAN CONTRIBUTION RATE OR SELF-EMPLOYED PERSON'S RATE | .200000 |
| 2. NET EARNINGS FROM SCHEDULE C, SCHEDULE F, OR SCHEDULE K-1 | 245,534. |
| 3. DEDUCTION FOR SELF-EMPLOYMENT TAX FROM SCHEDULE 1, LINE 27 | 3,288. |
| 4. SUBTRACT LINE 3 FROM LINE 2 | 242,246. |
| 5. MULTIPLY LINE 4 TIMES LINE 1 | 48,449. |
| 6. MULTIPLY \$285,000 BY YOUR PLAN CONTRIBUTION RATE. ENTER THE RESULT BUT NOT MORE THAN \$57,000 | 57,000. |
| 7. ENTER THE SMALLER OF LINE 5 OR LINE 6 | 48,449. |
| 8. CONTRIBUTION DOLLAR LIMIT | 57,000. |
| *IF ANY ELECTIVE DEFERRALS WERE MADE, GO TO LINE 9. *OTHERWISE, SKIP LINES 9 THROUGH 18 AND ENTER THE SMALLER OF LINE 7 OR LINE 8 ON LINE 19. | |
| 9. ALLOWABLE ELECTIVE DEFERRALS | |
| 10. SUBTRACT LINE 9 FROM LINE 8 | |
| 11. SUBTRACT LINE 9 FROM LINE 4 | |
| 12. ENTER ONE-HALF OF LINE 11 | |
| 13. ENTER THE SMALLEST OF LINES 7, 10 OR 12 | |
| 14. SUBTRACT LINE 13 FROM LINE 4 | |
| 15. ENTER THE SMALLER OF LINE 9 OR LINE 14 | |
| *IF CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16. *OTHERWISE, SKIP LINES 16 THROUGH 18. | |
| 16. SUBTRACT LINE 15 FROM LINE 14 | |
| 17. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER) | |
| 18. ENTER THE SMALLER OF LINE 16 OR LINE 17 | |
| 19. ADD LINES 13, 15 AND 18. ENTER HERE AND ON LINE 15, SCHEDULE 1 | 48,449. |



| SCHEDULE 1 | | TAXABLE STATE AND LOCAL INCOME TAX REFUNDS | | STATEMENT | 10 |
|--|---|--|------|-----------|----------|
| | | 2018 | 2019 | | |
| NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT. | | | | | 4,209. |
| LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION | | | | | |
| 1 | NET REFUNDS FOR RECALCULATION | 0. | | | 4,209. |
| 2 | AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E | | | | 10,000. |
| 3 | TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C | | | | 21,623. |
| 4 | SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE | 0. | | | -11,623. |
| 5 | ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A | | | | |
| 6 | ENTER THE AMOUNT FROM LINE 1 | | | | |
| 7 | SUBTRACT LINE 6 FROM LINE 5 | | | | |
| 8 | ADD LINE 7 TO LINE 3 | | | | |
| 9 | SUBTRACT LINE 8 FROM LINE 2 | | | | |
| 10 | ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11 | | | | |
| 11 | ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS | | | | |
| 12 | ENTER YOUR PRIOR YEAR STANDARD DEDUCTION | | | | |
| 13 | SUBTRACT LINE 12 FROM LINE 11 | | | | |
| 14 | ENTER THE SMALLER OF LINE 10 OR LINE 13. | | | | |
| 15 | PRIOR YEAR TAXABLE INCOME | | | | |
| 16 | AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1 * IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14 * IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15 | | | | |
| TOTAL TO SCHEDULE 1, LINE 1 (IF PRIOR YEAR REFUNDS, AMOUNT IS INCLUDED WITH STATEMENT SHOWING PRIOR YEAR REFUNDS) | | | | | |

| SCHEDULE A | | STATE AND LOCAL INCOME TAXES | STATEMENT 11 |
|--|---------|------------------------------|--------------|
| DESCRIPTION | AMOUNT | | |
| PRESIDENT AND FELLOWS OF HARVARD COLLEGE | 19,445. | | |
| UNITED STATES SENATE | 7,845. | | |
| TIAA ADMIN SERVICES LLC | 598. | | |
| MASSACHUSETTS 1ST QTR ESTIMATE PAYMENTS | 500. | | |
| MASSACHUSETTS 3RD QTR ESTIMATE PAYMENTS | 18,500. | | |
| MASSACHUSETTS 4TH QTR ESTIMATE PAYMENTS | 18,500. | | |
| TOTAL TO SCHEDULE A, LINE 5A | 65,388. | | |

| SCHEDULE C | | GROSS RECEIPTS | STATEMENT 12 |
|-----------------------------|--------|----------------|--------------|
| DESCRIPTION | AMOUNT | | |
| GROSS RECEIPTS | 319. | | |
| TOTAL TO SCHEDULE C, LINE 1 | 319. | | |

| SCHEDULE D | | SHORT-TERM CAPITAL GAINS AND LOSSES | | | STATEMENT 13 |
|-------------------------|---------------|-------------------------------------|-------------|---------------------|--------------|
| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | COST OR OTHER BASIS | GAIN OR LOSS |
| VANGUARD SHORT-TERM | VARIOUS | 12/31/20 | 1,774. | 1,155. | 619. |
| TOTAL TO SCH D, LINE 1A | | | 1,774. | 1,155. | 619. |

| SCHEDULE D | | LONG-TERM CAPITAL GAINS AND LOSSES | | | STATEMENT 14 |
|-------------------------|---------------|------------------------------------|-------------|---------------------|--------------|
| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | COST OR OTHER BASIS | GAIN OR LOSS |
| VANGUARD LONG-TERM | VARIOUS | 12/31/20 | 90,901. | 59,162. | 31,739. |
| TOTAL TO SCH D, LINE 8A | | | 90,901. | 59,162. | 31,739. |



| SCHEDULE D | CAPITAL LOSS CARRYOVER | STATEMENT 15 |
|--|------------------------|--------------|
| 1. ENTER THE AMOUNT FROM FORM 1040, LINE 15 | | 777,223. |
| 2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT | | 3,000. |
| 3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0- | | 780,223. |
| 4. ENTER THE SMALLER OF LINE 2 OR LINE 3 | | 3,000. |
| 5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT | | |
| 6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15 | | |
| 7. ADD LINES 4 AND 6 | | |
| 8. SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0- | | |
| 9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT | | 64,537. |
| 10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7 | | 619. |
| 11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0- | | 3,000. |
| 12. ADD LINES 10 AND 11 | | 3,619. |
| 13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0- | | 60,918. |

| SCHEDULE SE | NON-FARM INCOME | STATEMENT 16 |
|------------------------------|-----------------|--------------|
| DESCRIPTION | | AMOUNT |
| WRITING | | 245,534. |
| TOTAL TO SCHEDULE SE, LINE 2 | | 245,534. |

| FORM 8960 | OTHER MODIFICATIONS TO INVESTMENT INCOME | STATEMENT 17 |
|--|--|--------------|
| AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR MA | | 21. |
| AMOUNT TO FORM 8960, LINE 7 | | 21. |



FORM 8960

STATE INCOME TAX PAYMENTS

STATEMENT 18

MASSACHUSETTS

DESCRIPTIONAMOUNT

| | |
|--|---------|
| PRESIDENT AND FELLOWS OF HARVARD COLLEGE | 19,445. |
| UNITED STATES SENATE | 7,845. |
| TIAA ADMIN SERVICES LLC | 598. |
| 2020 1ST QTR ESTIMATE PAYMENT | 500. |
| 2020 3RD QTR ESTIMATE PAYMENT | 18,500. |
| 2020 4TH QTR ESTIMATE PAYMENT | 18,500. |
| TOTAL TO STATE FORM 8960, LINE 10 | 65,388. |

2020 Form 1
MA20001011019

Massachusetts Resident Income Tax Return
FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2020 or other taxable

Year beginning Ending

BRUCE H MANN
ELIZABETH A WARREN
[REDACTED] **CAMBRIDGE MA 02138**

Fill in if: Original return Amended return Amended return due to federal change

Apt. no.
 \$1 You \$1 Spouse TOTAL 2

State Election Campaign Fund:

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

a. Total federal income 882322
b. Federal adjusted gross income 830585

Name changed since 2019

Fill in if noncustodial parent

Fill in if filing Schedule TDS

1. Filing status (select one only):
 Single
 Married filing jointly
 Married filing separate return
 Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

| | | | |
|--|---|----------------|-------|
| a. Personal exemptions | | 2a | 8800 |
| b. Number of dependents. (Do not include yourself or your spouse.) Enter number | | X \$1,000 = 2b | |
| c. Age 65 or over before 2021 <input checked="" type="checkbox"/> You + <input checked="" type="checkbox"/> Spouse = | 2 | X \$700 = 2c | 1400 |
| d. Blindness You + Spouse = | | X \$2,200 = 2d | |
| e. Medical/dental | | 2e | |
| f. Adoption | | 2f | |
| g. Total exemptions. Add items 2a through 2f. Enter here and on line 18 | | 2g | 10200 |

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

057001 12-07-20

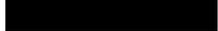
MAY 12, 2021

18:43:02

2020 Form 1, pg. 2

MA20001021019

Massachusetts Resident Income Tax Return



| | | | | | | |
|------|---|----|----------------|-----|-----------------|--------|
| 3. | Wages, salaries, tips | | | | 3 | 571214 |
| 4. | Taxable pensions and annuities | | | | 4 | |
| 5. | Mass. bank interest: a. | 10 | - b. exemption | 200 | STATEMENT 1 = 5 | 0 |
| 6a. | Business/profession income/loss | | | | 6a | 245853 |
| 6b. | Farming income/loss | | | | 6b | |
| 7. | Rental, royalty and REMIC, partnership, S corp., trust income/loss | | | | 7 | |
| 8a. | Unemployment | | | | 8a | |
| 8b. | Mass. lottery winnings | | | | 8b | |
| 9. | Other income from Schedule X, line 5 | | | | 9 | |
| 10. | TOTAL 5.0% INCOME | | | | 10 | 817067 |
| 11a. | Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement | | | | 11a | 2000 |
| 11b. | Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement | | | | 11b | 2000 |
| 12. | Child under age 13, or disabled dependent/spouse care expenses | | | | 12 | |
| 13. | Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s) | | | | | |
| | Not more than two. a. | | | | x \$3,600 = 13 | |
| 14. | Rental deduction. a. | | | | ÷ 2 = 14 | |
| 15. | Other deductions from Schedule Y, line 19 | | | | 15 | |
| 16. | Total deductions. Add lines 11 through 15 | | | | 16 | 4000 |
| 17. | 5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0" | | | | 17 | 813067 |
| 18. | Exemption amount | | | | 18 | 10200 |
| 19. | 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0" | | | | 19 | 802867 |
| 20. | INTEREST AND DIVIDEND INCOME | | | | 20 | 2055 |
| 21. | TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20 | | | | 21 | 804922 |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

057011 12-07-20

MAY 12, 2021

18:43:02

2020 Form 1, pg. 3

MA20001031019

Massachusetts Resident Income Tax Return

[REDACTED]

| | | | |
|-----|---|------------|-------|
| 22. | TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585 | 22 | 40246 |
| 23. | 12% INCOME. Not less than "0." a. 619 | x .12 = 23 | 74 |
| 24. | TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 | 24 | 1587 |
| 25. | Credit recapture amount (from Credit Recapture Schedule) | 25 | |
| 26. | Additional tax on installment sale | 26 | |
| 27. | If you qualify for No Tax Status, fill in and enter "0" on line 28 | | |
| 28. | TOTAL INCOME TAX. Add lines 22 through 26 | 28 | 41907 |
| 29. | Limited Income Credit | 29 | |
| 30. | Income tax due to another state or jurisdiction | 30 | |
| 31. | Other credits from Credit Manager Schedule | 31 | |
| 32. | INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0" | 32 | 41907 |
| 33. | Voluntary Contributions | | |
| | a. Endangered Wildlife Conservation | 33a | |
| | b. Organ Transplant Fund | 33b | |
| | c. Massachusetts Public Health HIV and Hepatitis Fund | 33c | |
| | d. Massachusetts U.S. Olympic Fund | 33d | |
| | e. Massachusetts Military Family Relief Fund | 33e | |
| | f. Homeless Animal Prevention and Care | 33f | |
| | Total. Add lines 33a through 33f | 33 | |
| 34. | Use tax due on Internet, mail order and other out-of-state purchases | 34 | |
| 35. | Health care penalty a. You + b. Spouse | 35 | |
| 36. | Amended return only. Overpayment from original return | 36 | |
| 37. | INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36 | 37 | 41907 |

2020 Schedules X & Y
MA20SXY011019

BRUCE

H MANN



Schedule X. Other Income

| | |
|---|---|
| 1. Alimony received | 1 |
| 2. Taxable IRA/Keogh and Roth IRA conversion distributions | 2 |
| 3. Other gambling winnings. Not less than "0." Certain gambling losses are deductible under Massachusetts law | 3 |
| 4. Fees and other 5.0% income. Not less than "0" | 4 |
| 5. Total other 5.0% income. Add lines 1 through 4. Not less than "0" | 5 |

Schedule Y. Other Deductions

| | |
|--|----|
| 1. (RESERVED) | 1 |
| 2. Penalty for early savings withdrawal | 2 |
| 3. Alimony paid | 3 |
| 4. Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5 Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F Income exempt under U.S. tax treaty | 4 |
| 5. Moving expenses | 5 |
| 6. Medical savings account deduction | 6 |
| 7. Self-employed health insurance deduction | 7 |
| 8. Health savings accounts deduction | 8 |
| 9. Certain qualified deductions from U.S. Form 1040 Certain business expenses from U.S. Form 1040 | 9 |
| 10. Student loan interest | 10 |
| 11. College Tuition Deduction (full-year residents only) | 11 |
| 12. Undergraduate student loan interest deduction | 12 |
| 13. Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6 | 13 |
| 14. Claim of right deduction | 14 |
| 15. Commuter deduction | 15 |
| 16. Human organ donation deduction (full-year residents only) | 16 |
| 17. Certain gambling losses | 17 |
| 18. Prepaid tuition or college savings program deduction | 18 |
| 19. Total other deductions. Add lines 1 through 18 | 19 |

057071 12-07-20

2020 Schedule B
MA20010011019

BRUCE

H MANN



Part 1. Interest and Dividend Income

| | | |
|---|----|------|
| 1. Total interest income | 1 | 1296 |
| 2. Total ordinary dividends | 2 | 769 |
| 3. Other interest and dividends not included above | 3 | |
| 4. Total interest and dividends | 4 | 2065 |
| 5. Total interest from Massachusetts banks | 5 | 10 |
| 6a. Other interest and dividends to be excluded | 6a | |
| 6b. Part-year/Nonresidents only | 6b | |
| 7. Subtotal | 7 | 2055 |
| 8. Allowable deductions from your trade or business | 8 | |
| 9. Subtotal | 9 | 2055 |

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

| | | |
|--|-----|-----|
| 10. Massachusetts short-term capital gains | 10 | 619 |
| 11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales | 11 | |
| 12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 12 | |
| 13a. Add lines 10 through 12 | 13a | 619 |
| 13b. Part-year/Nonresidents only | 13b | |
| 13c. Subtract line 13b from line 13a. Not less than 0 | 13c | 619 |
| 14. Allowable deductions from your trade or business | 14 | |
| 15. Subtotal | 15 | 619 |
| 16. Massachusetts short-term capital losses | 16 | |
| 17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 17 | |
| 18. Prior short-term unused losses for years beginning after 1981 | 18 | |

057041 12-21-20

2020 Schedule B, pg. 2
MA20010021019

| | | |
|--|-----|-----|
| 19a. Combine lines 15 through 18 | 19a | 619 |
| 19b. Part-year/Nonresidents only | 19b | |
| 19c. Exclude line 19b losses from line 19a | 19c | 619 |
| 20. Short-term losses applied against interest and dividends | 20 | |
| 21. Available short-term losses | 21 | |
| 22. Short-term losses applied against long-term gains | 22 | |
| 23. Short-term losses available for carryover in 2021 | 23 | |
| 24. Short-term gains and long-term gains on collectibles | 24 | 619 |
| 25. Long-term losses applied against short-term gain | 25 | |
| 26. Subtotal | 26 | 619 |
| 27. Long-term gains deduction | 27 | |
| 28. Short-term gains after long-term gains deduction | 28 | 619 |

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

| | | |
|--|----|------|
| 29. Enter the amount from line 9 | 29 | 2055 |
| 30. Short-term losses applied against interest and dividends | 30 | |
| 31. Subtotal interest and dividends | 31 | 2055 |
| 32. Long-term losses applied against interest and dividends | 32 | |
| 33. Adjusted interest and dividends | 33 | 2055 |
| 34. Enter the amount from line 28 | 34 | 619 |
| 35. Adjusted gross interest, dividends and certain capital gains | 35 | 2674 |
| 36. Excess exemptions | 36 | |
| 37. Subtract line 36 from line 35 | 37 | 2674 |
| 38. Interest and dividends taxable at 5.0% | 38 | 2055 |
| 39. Taxable 12% capital gains | 39 | 619 |
| 40. Available short-term losses for carryover in 2021 | 40 | |

2020 Schedule D

MA20012011019

Long-Term Capital Gains and Losses
Excluding Collectibles

BRUCE

H MANN



Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

| | | | |
|---|--------|-----|-------|
| 1. Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h | STMT 2 | 1 | 31739 |
| 2. Enter amounts from U.S. Schedule D, line 9, col. h | | 2 | |
| 3. Enter amounts from U.S. Schedule D, line 10, col. h | | 3 | |
| 4. Enter amounts from U.S. Schedule D, line 11, col. h | | 4 | |
| 5. Enter amounts from U.S. Schedule D, line 12, col. h | | 5 | |
| 6. Enter amounts from U.S. Schedule D, line 13, col. h | | 6 | |
| 7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II | | 7 | |
| 8. Carryover losses from prior years | | 8 | |
| 9. Combine lines 1 through 8 | | 9 | 31739 |
| 10a. Massachusetts adjustments | | 10a | |
| 10b. Part-year/Nonresidents only | | 10b | |
| 10c. Combine lines 10a and 10b | | 10c | |
| 11. Massachusetts capital gains and losses | | 11 | 31739 |
| 12. Long-term gains on collectibles and pre-1996 installment sales | | 12 | |
| 13. Subtotal | | 13 | 31739 |
| 14. Capital losses applied against capital gains | | 14 | |
| 15. Subtotal | | 15 | 31739 |
| 16. Long-term capital losses applied against interest and dividends | | 16 | |
| 17. Subtotal | | 17 | 31739 |
| 18. Allowable deductions from your trade or business | | 18 | |
| 19. Subtotal | | 19 | 31739 |
| 20. Excess exemptions | | 20 | |
| 21. Taxable long-term capital gains | | 21 | 31739 |
| 22. Tax on long-term capital gains | | 22 | 1587 |
| 23. Massachusetts available losses for carryover | | 23 | |

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MAY 12, 2021

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2020 Schedule C

MA20011011019

Massachusetts Profit or Loss From Business

ELIZABETH A WARREN
ELIZABETH A WARREN
WRITING

[REDACTED]

711510

CAMBRIDGE

MA 02138

Accounting method: Cash Accrual Other (specify) No. of employees
Fill in if you materially participated in the operation of this business during 2020 (see instructions)
Fill in if you started or acquired this business during 2020
Fill in if you made any payments in 2020 that would require you to file Form(s) 1099
Fill in if you have any suspended PAL related to this schedule. See instructions and line 36
Fill in if you claimed the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 2020
Fill in if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked
Fill in if interest or dividend reported on U.S. Schedule C, lines 1 and/or 6 or Schedule C-EZ, line 1
Do not include interest and dividends in Schedule C, lines 1 and 4. Enter this amount here and on Schedule B, line 3. See instructions

| | | | |
|--|--------|-----------|--------|
| 1. a. Gross receipts or sales | 278334 | | |
| b. Returns and allowances | | a - b = 1 | 278334 |
| 2. Cost of goods sold and/or operations | | 2 | |
| 3. Gross profit. Subtract line 2 from line 1 | | 3 | 278334 |
| 4. Other income | | 4 | |
| 5. Total income. Add line 3 and line 4 | | 5 | 278334 |
| 6. Advertising | | 6 | |
| 7. Bad debts from sales or services | | 7 | |
| 8. Car and truck expenses | | 8 | |
| 9. a. Commissions and fees | | | |
| b. Contract Labor | | a + b = 9 | |
| 10. Depletion | | 10 | |
| 11. Depreciation and Section 179 deduction | | 11 | |
| 12. Employee benefit programs | | 12 | |
| 13. Insurance | | 13 | |

2020 Schedule C, pg. 2
 MA20011021019

| | | | |
|--|-----------------|--|----------------|
| 14. Interest | | | |
| a. mortgage interest paid to financial institutions | | | |
| b. other interest | | a + b = | 14 |
| 15. Legal and professional services | | | 15 |
| 16. Office expense | | | 16 |
| 17. Pension and profit-sharing | | | 17 |
| 18. Rent or lease | | | |
| a. vehicles, machinery and equipment | | | |
| b. other business property | | a + b = | 18 |
| 19. Repairs and maintenance | | | 19 |
| 20. Supplies | | | 20 |
| 21. Taxes and licenses | | | 21 |
| 22. Travel | | | 22 |
| 23. a. Total meals | | | |
| b. Enter 50% of 23a subject to limitations | | a - b = | 23 |
| 24. Utilities | | | 24 |
| 25. Wages | | | 25 |
| 26. Other expenses | SEE STATEMENT 3 | | 26 32800 |
| 27. Total expenses. Add lines 6 through 26 | | | 27 32800 |
| 28. Tentative profit or loss. Subtract line 27 from line 5 | | | 28 245534 |
| 29. Expenses for business use of your home | | | 29 |
| 30. Abandoned Building Renovation Deduction | | | 30 |
| 31. Net profit or loss. Subtract total of line 29 and line 30 from line 28 | | | 31 245534 |
| 32. Deductible loss. If you have a loss on line 31 it may be limited. See line 33 | | | 32 |
| 33. Description of your investment in this activity. If you filled in 33a enter loss on line 32 and go to line 35. If you filled in 33b see instructions for line 32 and go to line 35 | | 33a. All investment at risk. 33b. Some investment is not at risk. | |
| 34. Profit from line 31 | | | 34 245534 |
| 35. Total profit or loss. Combine lines 32 and 34 | | | 35 245534 |
| 36. Allowable prior-year suspended PAL you are applying | | | 36 |
| 37. Net profit or loss. Combine line 35 and 36. Enter here and on Form 1, line 6a or Form 1 NR/PY, line 8a | | | 37 245534 |

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2020 Schedule C, pg. 3

MA20011031019

Schedule C-1. Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory: Cost Lower of cost or market Other (specify)

Fill in if there was any change in determining quantities, costs or valuations between opening & closing inventory? If Yes, enclose explanation

Fill in and enclose explanation if inventory at beginning of year is different from last year's closing inventory

| | | |
|--|---------|---|
| 1. Inventory at beginning of year | | 1 |
| 2. a. Purchases | | |
| b. Items withdrawn for personal use | a - b = | 2 |
| 3. Cost of labor | | 3 |
| 4. Materials and supplies | | 4 |
| 5. Other costs | | 5 |
| 6. Add lines 1 through 5 | | 6 |
| 7. Inventory at end of year | | 7 |
| 8. Cost of goods sold and/or operations. Subtract line 7 from line 6 | | 8 |

057023 12-07-20

MAY 12, 2021

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2020 Schedule C

MA20011011019

Massachusetts Profit or Loss From Business

BRUCE H MANN
BRUCE H MANN
ROYALTIES

[REDACTED]

711510

CAMBRIDGE

MA 02138

Accounting method: Cash Accrual Other (specify) No. of employees

Fill in if you materially participated in the operation of this business during 2020 (see instructions)

Fill in if you started or acquired this business during 2020

Fill in if you made any payments in 2020 that would require you to file Form(s) 1099

Fill in if you have any suspended PAL related to this schedule. See instructions and line 36

Fill in if you claimed the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 2020

Fill in if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked

Fill in if interest or dividend reported on U.S. Schedule C, lines 1 and/or 6 or Schedule C-EZ, line 1

Do not include interest and dividends in Schedule C, lines 1 and 4. Enter this amount here and on Schedule B, line 3. See instructions

| | | | |
|--|-----|-----------|-----|
| 1. a. Gross receipts or sales | 319 | | |
| b. Returns and allowances | | a - b = 1 | 319 |
| 2. Cost of goods sold and/or operations | | 2 | |
| 3. Gross profit. Subtract line 2 from line 1 | | 3 | 319 |
| 4. Other income | | 4 | |
| 5. Total income. Add line 3 and line 4 | | 5 | 319 |
| 6. Advertising | | 6 | |
| 7. Bad debts from sales or services | | 7 | |
| 8. Car and truck expenses | | 8 | |
| 9. a. Commissions and fees | | | |
| b. Contract Labor | | a + b = 9 | |
| 10. Depletion | | 10 | |
| 11. Depreciation and Section 179 deduction | | 11 | |
| 12. Employee benefit programs | | 12 | |
| 13. Insurance | | 13 | |

2020 Schedule C, pg. 2
 MA20011021019

| | | |
|--|--|-----|
| 14. Interest | | |
| a. mortgage interest paid to financial institutions | | |
| b. other interest | a + b = | 14 |
| 15. Legal and professional services | | 15 |
| 16. Office expense | | 16 |
| 17. Pension and profit-sharing | | 17 |
| 18. Rent or lease | | |
| a. vehicles, machinery and equipment | | |
| b. other business property | a + b = | 18 |
| 19. Repairs and maintenance | | 19 |
| 20. Supplies | | 20 |
| 21. Taxes and licenses | | 21 |
| 22. Travel | | 22 |
| 23. a. Total meals | | |
| b. Enter 50% of 23a subject to limitations | a - b = | 23 |
| 24. Utilities | | 24 |
| 25. Wages | | 25 |
| 26. Other expenses | | 26 |
| 27. Total expenses. Add lines 6 through 26 | | 27 |
| 28. Tentative profit or loss. Subtract line 27 from line 5 | | 28 |
| 29. Expenses for business use of your home | | 29 |
| 30. Abandoned Building Renovation Deduction | | 30 |
| 31. Net profit or loss. Subtract total of line 29 and line 30 from line 28 | | 31 |
| 32. Deductible loss. If you have a loss on line 31 it may be limited. See line 33 | | 32 |
| 33. Description of your investment in this activity. If you filled in 33a enter loss on line 32 and go to line 35. If you filled in 33b see instructions for line 32 and go to line 35 | 33a. All investment at risk. 33b. Some investment is not at risk. | |
| 34. Profit from line 31 | | 34 |
| 35. Total profit or loss. Combine lines 32 and 34 | | 35 |
| 36. Allowable prior-year suspended PAL you are applying | | 36 |
| 37. Net profit or loss. Combine line 35 and 36. Enter here and on Form 1, line 6a or Form 1 NR/PY, line 8a | | 37 |
| | | 0 |
| | | 319 |
| | | 319 |
| | | 319 |
| | | 319 |

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2020 Schedule C, pg. 3

MA20011031019

Schedule C-1. Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory: Cost Lower of cost or market Other (specify)

Fill in if there was any change in determining quantities, costs or valuations between opening & closing inventory? If Yes, enclose explanation

Fill in and enclose explanation if inventory at beginning of year is different from last year's closing inventory

| | | |
|--|---------|---|
| 1. Inventory at beginning of year | | 1 |
| 2. a. Purchases | | |
| b. Items withdrawn for personal use | a - b = | 2 |
| 3. Cost of labor | | 3 |
| 4. Materials and supplies | | 4 |
| 5. Other costs | | 5 |
| 6. Add lines 1 through 5 | | 6 |
| 7. Inventory at end of year | | 7 |
| 8. Cost of goods sold and/or operations. Subtract line 7 from line 6 | | 8 |

2020 Schedule HC
MA20029011019

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

BRUCE

H MANN

[REDACTED]

- 1a. Date of birth [REDACTED] 1b. Spouse's date of birth [REDACTED] 1c. Family size **2**
2. Federal adjusted gross income **2** **830585**
3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2020, you turned 18, you were a part-year resident or a taxpayer was deceased.

| | | | |
|-------------------|---|---------------|-------------|
| 3a You: | <input checked="" type="checkbox"/> Full-year MCC | Part-year MCC | No MCC/None |
| 3b Spouse: | <input checked="" type="checkbox"/> Full-year MCC | Part-year MCC | No MCC/None |

If you filled in the full-year or part-year MCC choice, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2020, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.
- | | | |
|--|---|--|
| 4a. Private insurance, including ConnectorCare (complete line(s) 4f and/or 4g below) | <input checked="" type="checkbox"/> You | Spouse |
| 4b. MassHealth. Fill in and go to line 5 | You | Spouse |
| 4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5 | You | <input checked="" type="checkbox"/> Spouse |
| 4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5 | You | Spouse |
| 4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage. | You | Spouse |

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.
BLUE CROSS BLUE SHIELD OF MASSAC [REDACTED] [REDACTED]

4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

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2020 Schedule HC, pg. 2
 MA20029021019

Your Health Insurance

6. Was your income in 2020 at or below 150% of the federal poverty level? **6** Yes No

If you answer Yes, you are not subject to a penalty in 2020. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2020, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only** if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2020. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2020, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, check below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

| | | | | | | | | | | | | |
|--------|------|------|-------|-------|-----|------|------|------|-------|------|------|------|
| You | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
| Spouse | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2020. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? **8a** You Yes No
Spouse Yes No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2020 tax year? **8b** You Yes No
Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2020 tax year? **9** You Yes No
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.

2020 Schedule HC, pg. 3
MA20029031019

BRUCE

H MANN



Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2020 tax year.

- | | | | | |
|---|----|--------|-----|----|
| 10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? | 10 | You | Yes | No |
| | | Spouse | Yes | No |

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- | | | | | |
|--|----|--------|-----|----|
| 11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? | 11 | You | Yes | No |
| | | Spouse | Yes | No |

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- | | | | | |
|---|----|--------|-----|----|
| 12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? | 12 | You | Yes | No |
| | | Spouse | Yes | No |

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2020 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do **not** assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

2020 M-2210
MA20653011019

Underpayment of Massachusetts Estimated
 Income Tax

BRUCE H MANN & ELIZABETH A WARREN

You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2021.
 You were a resident of Massachusetts for 12 months and not liable for taxes during 2019.
 Your estimated payments and withholding equal or exceed your 2019 tax (where taxable year was 12 months and a return was filed).

Part 1. Required annual payment

| | | |
|--|---|-------|
| 1. 2020 tax | 1 | 41907 |
| 2. Total credits | 2 | |
| 3. Balance | 3 | 41907 |
| 4. Enter 80% of line 3 or 66.667% of line 3 if you are a qualified farmer or fisherman | 4 | 33526 |
| 5. Enter 2019 tax liability after credits | 5 | 34691 |
| 6. Enter the smaller of line 4 or line 5 | 6 | 33526 |

Part 2. Figuring your underpayment

| | | - Installment due dates - | | | |
|---|----|---------------------------|------------------|-------------------|------------------|
| | | a. July 15, 2020 | b. July 15, 2020 | c. Sept. 15, 2020 | d. Jan. 15, 2021 |
| | | 07152020 | 07152020 | 09152020 | 01152021 |
| 7. Enter in col's. a through d (respectively) the installment dates of the 15th day of the 4th, 6th and 9th months of the taxable year and the 1st month of the succeeding taxable year | 7 | | | | |
| 8. Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns | 8 | 8382 | 8382 | 8382 | 8380 |
| 9. Estimated taxes paid and taxes withheld for each installment | 9 | 14444 | | 25472 | 25472 |
| 10. Overpayment of previous installments | 10 | | 6062 | | 17090 |
| 11. Total | 11 | 14444 | 6062 | 25472 | 42562 |
| 12. Overpayment | 12 | 6062 | | 17090 | 34182 |
| 13. Underpayment | 13 | | 2320 | | |

MAY 12, 2021

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2020 M-2210, pg. 2

MA20653021019

Underpayment of Massachusetts Estimated
Income Tax

BRUCE H MANN & ELIZABETH A WARREN



Part 3. Figuring your underpayment penalty

| | | | |
|--|----|----------|----|
| 14. Enter the date you paid the amount in line 13 or the 15th day of the 4th month after the close of the taxable year, whichever is earlier | 14 | 09152020 | |
| 15. Number of days from the due date of installment to the date shown in line 14 | 15 | 62 | |
| 16. Number of days in line 15 after 4/15/20 and before 7/1/20 | 16 | | |
| 17. Number of days in line 15 after 6/30/20 and before 10/1/20 | 17 | 62 | |
| 18. Number of days in line 15 after 9/30/20 and before 1/1/21 | 18 | | |
| 19. Number of days in line 15 after 12/31/20 and before 4/15/21 | 19 | | |
| 20. Underpayment in line 13 x (number of days in line 16 ÷ 365) x 6% | 20 | | |
| 21. Underpayment in line 13 x (number of days in line 17 ÷ 365) x 4% | 21 | 16 | |
| 22. Underpayment in line 13 x (number of days in line 18 ÷ 365) x 4% | 22 | | |
| 23. Underpayment in line 13 x (number of days in line 19 ÷ 365) x 4% | 23 | | |
| 24. Penalty. Add all amounts shown in lines 20 through 23. Enter this amount on Form 1, line 51; Form 1-NR/PY, line 55; or Form 3M | 24 | | 16 |

MAY 12, 2021

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2020 Schedule INC
MA20INC011019

BRUCE

H MANN



Form W-2 and 1099 Information

| A. FEDERAL ID NUMBER | B. STATE TAX WITHHELD | C. STATE WAGES/INCOME | D. TAXPAYER SS WITHHELD | E. SPOUSE SS WITHHELD | F. SOURCE OF WITHHOLDING |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 04 2103580 | 19445 | 395303 | 17096 | | W2 |
| 53 6002558 | 7845 | 164040 | | 10916 | W2 |
| 82 2826183 | 598 | 11871 | | | W2 |

TOTALS 27888 571214 17096 10916



| DESCRIPTION | AMOUNT |
|---|--------|
| MA 1/1-NR/PY INTEREST INCOME FROM MASSACHUSETTS BANKS STATEMENT 1 | |
| BANK OF AMERICA | 10. |
| TOTAL TO FORM 1, LINE 5 OR FORM 1-NR/PY, LINE 7 | 10. |

| EXPLANATION | AMOUNT |
|---|---------|
| MA D U.S. SCHEDULE D, LINES 8A AND 8B, COL. H STATEMENT 2 | |
| VANGUARD LONG-TERM | 31,739. |
| TOTAL TO SCHEDULE D, LINE 1 | 31,739. |

| DESCRIPTION | AMOUNT |
|---|---------|
| MA C SCHEDULE C - OTHER BUSINESS EXPENSES STATEMENT 3 | |
| RESEARCH ASSISTANCE | 32,800. |
| TOTAL TO SCHEDULE C, LINE 26 | 32,800. |