

Filing Status ☐ Single ☒ 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 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. ▶

| | | | |
|---|--|-------------------------------|--|
| Your first name and middle initial BRUCE H. | | Last name MANN | Your social security number [REDACTED] |
| If joint return, spouse's first name and middle initial ELIZABETH A. | | Last name WARREN | Spouse's social security number [REDACTED] |
| Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] | | | Apt. no. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CAMBRIDGE, MA 02138 | | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse |
| Foreign country name | | Foreign province/state/county | Foreign postal code |
| | | | If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/> |

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☒ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☒ Was born before January 2, 1955 ☐ Is blind

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see instructions): | |
|--------------------------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 DFC | | STMT 1 | | 1 | 585,816. |
|---|----|---|---|-----|----------|
| 2a Tax-exempt interest | 2a | b Taxable interest. Attach Sch. B if required | | 2b | 1,885. |
| 3a Qualified dividends | 3a | 1,615. | b Ordinary dividends. Attach Sch. B if required | 3b | 1,618. |
| 4a IRA distributions | 4a | | b Taxable amount | 4b | 41,531. |
| c Pensions and annuities | 4c | 82,968. | d Taxable amount | 4d | 82,930. |
| 5a Social security benefits | 5a | 22,572. | b Taxable amount | 5b | 19,186. |
| 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | | | 6 | -3,000. |
| 7a Other income from Schedule 1, line 9 | | | | 7a | 15,111. |
| b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income | | | | 7b | 745,077. |
| 8a Adjustments to income from Schedule 1, line 22 | | | | 8a | 3,185. |
| b Subtract line 8a from line 7b. This is your adjusted gross income | | | | 8b | 741,892. |
| 9 Standard deduction or itemized deductions (from Schedule A) | 9 | 49,129. | | | |
| 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A | 10 | | | | |
| 11a Add lines 9 and 10 | | | | 11a | 49,129. |
| b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- | | | | 11b | 692,763. |

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

Form 1040 (2019)

| | | | |
|-----------------------|---|------------|--|
| 12a | Tax (see inst.) Check if any from Form(s): <input type="checkbox"/> 1 <input type="checkbox"/> 8814 <input type="checkbox"/> 2 <input type="checkbox"/> 4972 <input type="checkbox"/> 3 <input type="checkbox"/> _____ | 12a | 194,188. |
| b | Add Schedule 2, line 3, and line 12a and enter the total | 12b | 194,188. |
| 13a | Child tax credit or credit for other dependents | 13a | |
| b | Add Schedule 3, line 7, and line 13a and enter the total | 13b | |
| 14 | Subtract line 13b from line 12b. If zero or less, enter -0- | 14 | 194,188. |
| 15 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 15 | 3,878. |
| 16 | Add lines 14 and 15. This is your total tax | 16 | 198,066. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 SEE STATEMENT 6 | 17 | 137,346. |
| 18 | Other payments and refundable credits: | | |
| a | Earned income credit (EIC) | 18a | |
| b | Additional child tax credit. Attach Schedule 8812 | 18b | |
| c | American opportunity credit from Form 8863, line 8 | 18c | |
| d | Schedule 3, line 14 | 18d | 58,000. |
| e | Add lines 18a through 18d. These are your total other payments and refundable credits | 18e | 58,000. |
| 19 | Add lines 17 and 18e. These are your total payments | 19 | 195,346. |
| Refund | 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | 20 | |
| 21a | Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 21a | |
| b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax | 22 | |
| Amount You Owe | 23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions | 23 | 2,720. |
| 24 | Estimated tax penalty (see instructions) | 24 | |

| | | |
|--|---|--|
| Third Party Designee (Other than paid preparer) | Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions | <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No |
| Designee's name | Phone no. | Personal identification number (PIN) |
| 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. | | |
| Your signature | Date | Your occupation |
| | | PROFESSOR |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation |
| | | US SENATOR |
| Phone no. | Email address | |

| | | | | | |
|-------------------------------|---|----------------------|------|-----------------------------|---|
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date | PTIN | Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed |
| | KEITH D. LOWEY, CPA | | | | |
| Firm's name | VERDOLINO & LOWEY, P.C. 124 WASHINGTON ST., SUITE 101 FOXBOROUGH, MA 02035- | | | Phone no. (508) 543-1720 | Firm's EIN |

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

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

BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | 15,111. |
| 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 or 1040-SR, line 7a | 9 | 15,111. |

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 | 203. |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | 2,982. |
| 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. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a | 22 | 3,185. |

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ **Attach to Form 1040 or 1040-SR.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2019
Attachment
Sequence No. **02**

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

BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number

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 include on Form 1040 or 1040-SR, line 12b | 3 | 0. |

Part II Other Taxes

| | | | |
|-----------|---|-----------|--------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | 405. |
| 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 checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) SEE STATEMENT 8 | 8 | 3,473. |
| 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 15 | 10 | 3,878. |

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► **Attach to Form 1040 or 1040-SR.**

► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

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

BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number

Part I Nonrefundable Credits

| | | | |
|----------|--|----------|-----------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 6 | |
| 7 | Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b | 7 | 0. |

Part II Other Payments and Refundable Credits

| | | | |
|-----------|---|-----------|----------------|
| 8 | 2019 estimated tax payments and amount applied from 2018 return STMT 9 | 8 | 58,000. |
| 9 | Net premium tax credit. Attach Form 8962 | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | 12 | |
| 13 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 13 | |
| 14 | Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d | 14 | 58,000. |

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

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE A
(Form 1040 or 1040-SR)

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019Attachment
Sequence No. **07**

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 8b 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 10 ▶ <input type="checkbox"/> | 5a | 39,196. |
| | b State and local real estate taxes (see instructions) | 5b | 21,122. |
| | c State and local personal property taxes | 5c | 501. |
| | d Add lines 5a through 5c | 5d | 60,819. |
| | 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****Caution:** Your mortgage interest deduction may be limited (see instructions).

- | | | | |
|----|---|----|--|
| 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****Caution:** If you made a gift and got a benefit for it, see instructions.

- | | | | |
|----|--|----|---------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 39,129. |
| 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 | 39,129. |

**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 9 | 17 | 49,129. |
| 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 or 1040-SR)

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

2019Attachment
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****HARVARD UNIV EMPLOYEES CREDIT UNION**

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
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶

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

- 5 List name of payer ▶
- VANGUARD MARKETING COPORATION**

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 ▶

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.

927501 11-19-19

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.

- 7a At any time during 2019, 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

- 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 2019, 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

| Yes | No |
|-----|----|
| | X |
| | |
| | |
| | |
| | X |

Interest and Dividend Summary

Name: BRUCE H. MANN & ELIZABETH A. WARREN

FEIN/SSN:

| | Payer | Interest | Interest on U.S. Savings Bonds | Tax-Exempt Interest | Private Activity Interest | Market Discount | Original Issue Discount (OID) | Ordinary Dividends | Qualified Dividends |
|--------|-------------------------------------|----------|-----------------------------------|------------------------|------------------------------|--------------------|----------------------------------|-----------------------|------------------------|
| A | BANK OF AMERICA | 8. | | | | | | | |
| B | CAPITAL ONE NATIONAL ASSOCIATION | 136. | | | | | | | |
| C | FIRST NATIONAL BANK OF OMAHA | 1,730. | | | | | | | |
| D | VANGUARD MARKETING COPORATION | | | | | | | 1,618. | 1,615. |
| E | HARVARD UNIV EMPLOYEES CREDIT UNION | 11. | | | | | | | |
| F | | | | | | | | | |
| G | | | | | | | | | |
| H | | | | | | | | | |
| I | | | | | | | | | |
| J | | | | | | | | | |
| K | | | | | | | | | |
| Totals | | 1,885. | | | | | | 1,618. | 1,615. |

| | Capital Gain Distributions | Unrecaptured Section 1250 Gain | Section 1202 Gain | Collectibles | Section 199A Dividends | Investment Expenses | Federal Tax Withheld | State Tax Withheld | Foreign Tax Paid |
|--------|-------------------------------|-----------------------------------|----------------------|--------------|---------------------------|------------------------|-------------------------|-----------------------|---------------------|
| A | | | | | | | | | |
| B | | | | | | | | | |
| C | | | | | | | | | |
| D | | | | | | | | | |
| E | | | | | | | | | |
| F | | | | | | | | | |
| G | | | | | | | | | |
| H | | | | | | | | | |
| I | | | | | | | | | |
| J | | | | | | | | | |
| K | | | | | | | | | |
| Totals | | | | | | | | | |

SCHEDULE C
(Form 1040 or 1040-SR)

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

2019
Attachment
Sequence No. **09**

Name of proprietor

ELIZABETH A. WARREN

Social security number (SSN)

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

WRITING

B Enter code from instructions

711510

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 2019? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2019, check here ☐

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

J If "Yes," did you or will you file required Forms 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 | 15,111. |
| 2 | Returns and allowances | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | 15,111. |
| 4 | Cost of goods sold (from line 42) | 4 | |
| 5 | Gross profit. Subtract line 4 from line 3 | 5 | 15,111. |
| 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 | 15,111. |

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 | 0. | 26 | Wages (less employment credits) | 26 | |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 15,111. | 27 a | Other expenses (from line 48) | 27a | |
| 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 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | 15,111. | | | | |
| 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 or 1040-SR), line 3 (or Form 1040-NR, line 13) 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. | | | | |

2019

| Description | Tax Year 2018 | Tax Year 2019 | Increase (Decrease) |
|----------------------|------------------|------------------|------------------------|
| INCOME | | | |
| GROSS INCOME | 324,687. | 15,111. | -309,576. |
| NET PROFIT OR (LOSS) | 324,687. | 15,111. | -309,576. |

SCHEDULE D
(Form 1040 or 1040-SR)

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

2019

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 | | | | |
| 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 |

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 | | | | |
| 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 (99,276.) |
| 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 <99,276.> |

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

Schedule D (Form 1040) 2019

Part III Summary

| | | |
|---|-----------|-----------|
| 16 Combine lines 7 and 15 and enter the result | 16 | <99,276.> |
| <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. 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 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. | | |
| 17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 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 | 18 | |
| 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 | 19 | |
| 20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) | 21 | (3,000.) |
| Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Schedule D (Form 1040 or 1040-SR) 2019

Qualified Dividends and Capital Gain Tax Worksheet - Line 12a

Keep for Your Records

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

Before you begin:

- ✓ See the instructions for line 12a to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 11b.
- ✓ 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 6.

| | | |
|---|-----|-----------------|
| 1. Enter the amount from Form 1040 or 1040-SR, line 11b. 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>692,763.</u> |
| 2. Enter the amount from Form 1040 or 1040-SR, line 3a* | 2. | <u>1,615.</u> |
| 3. Are you filing Schedule D?* | 3. | <u>0.</u> |
| <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-. | | |
| <input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6 | | |
| 4. Add lines 2 and 3 | 4. | <u>1,615.</u> |
| 5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- | 5. | <u>0.</u> |
| 6. Subtract line 5 from line 4. If zero or less, enter -0- | 6. | <u>1,615.</u> |
| 7. Subtract line 6 from line 1. If zero or less, enter -0- | 7. | <u>691,148.</u> |
| 8. Enter: | 8. | <u>78,750.</u> |
| \$ 39,375 if single or married filing separately, \$ 78,750 if married filing jointly or qualifying widow(er), \$ 52,750 if head of household. | | |
| 9. Enter the smaller of line 1 or line 8 | 9. | <u>78,750.</u> |
| 10. Enter the smaller of line 7 or line 9 | 10. | <u>78,750.</u> |
| 11. Subtract line 10 from line 9. This amount is taxed at 0% | 11. | <u>0.</u> |
| 12. Enter the smaller of line 1 or line 6 | 12. | <u>1,615.</u> |
| 13. Enter the amount from line 11 | 13. | <u>0.</u> |
| 14. Subtract line 13 from line 12 | 14. | <u>1,615.</u> |
| 15. Enter: | 15. | <u>488,850.</u> |
| \$ 434,550 if single, \$ 244,425 if married filing separately, \$ 488,850 if married filing jointly or qualifying widow(er), \$ 461,700 if head of household. | | |
| 16. Enter the smaller of line 1 or line 15 | 16. | <u>488,850.</u> |
| 17. Add lines 7 and 11 | 17. | <u>691,148.</u> |
| 18. Subtract line 17 from line 16. If zero or less, enter -0- | 18. | <u>0.</u> |
| 19. Enter the smaller of line 14 or line 18 | 19. | <u>0.</u> |
| 20. Multiply line 19 by 15% (0.15) | 20. | <u>0.</u> |
| 21. Add lines 11 and 19 | 21. | <u>0.</u> |
| 22. Subtract line 21 from line 12 | 22. | <u>1,615.</u> |
| 23. Multiply line 22 by 20% (0.20) | 23. | <u>323.</u> |
| 24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet | 24. | <u>193,865.</u> |
| 25. Add lines 20, 23, and 24 | 25. | <u>194,188.</u> |
| 26. 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 | 26. | <u>194,462.</u> |
| 27. Tax on all taxable income. Enter the smaller of line 25 or 26. Also include this amount on the entry space on Form 1040 or 1040-SR, line 12a. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 12a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet | 27. | <u>194,188.</u> |

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

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

Social security number of
person with **self-employment**
income XXXXXXXXXX**ELIZABETH A. WARREN****Section B - Long Schedule SE****Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for 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 <input type="checkbox"/> | |
| 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions) | 1a |
| b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH | 1b |
| 2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 12 | 2 15,111. |
| 3 Combine lines 1a, 1b, and 2 | 3 15,111. |
| 4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. | 4a 13,955. |
| 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 <input type="checkbox"/> | 4c 13,955. |
| 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 13,955. |
| 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 2019 | 7 132,900 |
| 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 \$132,900 or more, skip lines 8b through 10, and go to line 11 | 8a 132,900. |
| 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 <input type="checkbox"/> | 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) | 11 405. |
| 12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 | 12 405. |
| 13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 | 13 203. |

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 \$8,160, or (b) your net farm profits² were less than \$5,891.

| | |
|--|-----------------|
| 14 Maximum income for optional methods | 14 5,440 |
| 15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,440. 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 \$5,891 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.

Form **6251**Department of the Treasury
Internal Revenue Service (99)

DOES NOT APPLY

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2019Attachment
Sequence No. **32**▶ 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 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) | 1 | 692,763. |
| 2a | If filing Schedule A (Form 1040 or 1040-SR), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 9 | 2a | 10,000. |
| b | Tax refund from Schedule 1 (Form 1040 or 1040-SR), 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 or 1040-SR), 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 \$733,700, see instructions.) | 4 | 702,763. |

Part II Alternative Minimum Tax (AMT)

| | | | |
|-----------|---|-----------|-----------------|
| 5 | Exemption. (If you were under age 24 at the end of 2019, see instructions.) IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ... Single or head of household \$510,300 \$71,700 Married filing jointly or qualifying widow(er) ... 1,020,600 111,700 Married filing separately 510,300 55,850 If line 4 is over the amount shown above for your filing status, see instructions. | 5 | 111,700. |
| 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 | 591,063. |
| 7 | • 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 6; 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 or 1040-SR) (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 \$194,800 or less (\$97,400 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result. | 7 | 161,472. |
| 8 | Alternative minimum tax foreign tax credit (see instructions) | 8 | |
| 9 | Tentative minimum tax. Subtract line 8 from line 7 | 9 | 161,472. |
| 10 | Add Form 1040 or 1040-SR, line 12a (minus any tax from Form 4972), and Schedule 2 (Form 1040 or 1040-SR), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040 or 1040-SR), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 12a, refigure that tax without using Schedule J before completing this line (see instructions) | 10 | 194,188. |
| 11 | AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040 or 1040-SR), 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 | 591,063. |
| 13 Enter the amount from line 6 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 or 1040-SR), 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 | 1,615. |
| 14 Enter the amount from Schedule D (Form 1040 or 1040-SR), 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 | 1,615. |
| 16 Enter the smaller of line 12 or line 15 | 16 | 1,615. |
| 17 Subtract line 16 from line 12 | 17 | 589,448. |
| 18 If line 17 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result | 18 | 161,149. |
| 19 Enter: <ul style="list-style-type: none"> • \$78,750 if married filing jointly or qualifying widow(er), • \$39,375 if single or married filing separately, or • \$52,750 if head of household. | 19 | 78,750. |
| 20 Enter the amount from line 7 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 11b; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 20 | 691,148. |
| 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 | 1,615. |
| 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 | 1,615. |
| 25 Enter: <ul style="list-style-type: none"> • \$434,550 if single • \$244,425 if married filing separately • \$488,850 if married filing jointly or qualifying widow(er) • \$461,700 if head of household | 25 | 488,850. |
| 26 Enter the amount from line 21 | 26 | 0. |
| 27 Enter the amount from line 7 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 11b; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 27 | 691,148. |
| 28 Add line 26 and line 27 | 28 | 691,148. |
| 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 | 1,615. |
| 34 Multiply line 33 by 20% (0.20) | 34 | 323. |
| 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 | 161,472. |
| 39 If line 12 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result | 39 | 161,602. |
| 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 | 161,472. |

Qualified Business Income After Deductions

Activity: **ELIZABETH A. WARREN**

| | | |
|----|---|-------------|
| 1. | Qualified business income before deductions | 15,111. |
| 2. | Deductible part of self-employment income: | |
| a. | Net income subject to self-employment tax from this activity | 15,111. |
| b. | Total income subject to self-employment tax | 15,111. |
| c. | Line 2a divided by line 2b (not greater than 1.000) | 1.000000000 |
| d. | Amount from Schedule 1 (Form 1040), line 14 | 203. |
| e. | Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity | 203. |
| 3. | Self-employed SEP, SIMPLE and qualified plans: | |
| a. | Net income subject to self-employment tax from this activity | 15,111. |
| b. | Net earnings from SCHEDULE C | 15,111. |
| c. | Line 3a divided by line 3b (not greater than 1.000) | 1.000000000 |
| d. | Amount from Schedule 1 (Form 1040), line 15 | 2,982. |
| e. | Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity | 2,982. |
| 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 | 11,926. |

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**2019**Attachment
Sequence No. **71**

▶ 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.

Name(s) shown on return

BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number

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 | 620,533. | |
| 2 Unreported tips from Form 4137, line 6 | 2 | | |
| 3 Wages from Form 8919, line 6 | 3 | | |
| 4 Add lines 1 through 3 | 4 | 620,533. | |
| 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 | | 370,533. |
| 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | | 3,335. |

Part II Additional Medicare Tax on Self-Employment Income

| | | | |
|---|----|----------|---------|
| 8 Self-employment income from Schedule SE (Form 1040 or 1040-SR), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) | 8 | 13,955. | |
| 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 | 620,533. | |
| 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 | | 13,955. |
| 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III | 13 | | 126. |

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 or 1040-SR), line 8 (check box a) (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions), and go to Part V | 18 | | 3,461. |
|--|----|--|--------|

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 | 11,300. | |
| 20 Enter the amount from line 1 | 20 | 620,533. | |
| 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 8,998. | |
| 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | 2,302. |
| 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 or 1040-SR, line 17 (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions) | 24 | | 2,302. |

**Net Investment Income Tax -
Individuals, Estates, and Trusts**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8960 for instructions and the latest information.****2019**Attachment
Sequence No. **72**

Name(s) shown on your tax return

BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number or EIN

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 | 1,885. |
| 2 | Ordinary dividends (see instructions) | 2 | 1,618. |
| 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) | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | 8 | 503. |

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 | 195. |
| c | Miscellaneous investment expenses (see instructions) | 9c | |
| d | Add lines 9a, 9b, and 9c | 9d | 195. |
| 10 | Additional modifications (see instructions) | 10 | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | 11 | 195. |

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 | 308. |
| Individuals: | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 | 741,892. |
| 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 | 491,892. |
| 16 | Enter the smaller of line 12 or line 15 | 16 | 308. |
| 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 | 12. |
| 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.**Form **8960** (2019)

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. 195.

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. 195.

5. Enter the amount of total itemized deductions reported on Form 1040 5. 49,129.

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. 49,129.
8. Enter the lesser of line 7 or line 4 8. 195.

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)

(B)
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).

(C)
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.

(A)

Reenter the amounts and descriptions from Part III, lines 1 - 3.

Miscellaneous Itemized Deductions properly allocable to investment income:

| | Description | Line | Amount | | | |
|--------|--|------|--------|---|--------|--------|
| 1. (a) | N/A | N/A | N/A | X | N/A | = N/A |
| (b) | N/A | N/A | N/A | X | N/A | = N/A |
| 2. | State, local, and foreign income taxes | | 195. | X | 1.0000 | = 195. |

Itemized Deductions

Included on Line 3 of Part III:

| | | | | | | |
|--------|--|--|--|---|--|---|
| 3. (a) | | | | X | | = |
| (b) | | | | X | | = |

**Net Investment Income Tax -
Individuals, Estates, and Trusts****2019****MASSACHUSETTS**

Name(s)

BRUCE H MANN & ELIZABETH A WARREN

Your social security number or EIN

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

| | | | |
|-----------|--|-----------|--------|
| 1 | Taxable interest (Form 1040, line 8a; or Form 1041, line 1) | 1 | 1,866. |
| 2 | Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a) | 2 | 1,618. |
| 3 | Annuities from nonqualified plans | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5) | 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 from Form 1040, combine lines 13 and 14; or from Form 1041, combine lines 4 and 7 | 5a | |
| 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 | |
| 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 | 3,484. |

Part II State Income Tax Pro-ratio for 2019 Income Tax Payments

| | | | |
|-----------|--|-----------|-----------------------------|
| 9 | State total income | 9 | 701,158. |
| 10 | State income tax payments for 2019 | 10 | SEE STATEMENT 13 38,900. |
| 11 | 2019 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 | 11 | 193. |

Part III State Income Tax Pro-ratio for 2018 Estimate Payments Made in 2019

| | | | |
|-----------|---|-----------|----|
| 12 | State estimate payments for 2018 | 12 | 0. |
| 13 | Percent of state income taxes attributable to investment income for 2018 | 13 | |
| 14 | 2018 state estimate payments attributable to investment income. Line 12 times line 13 | 14 | 0. |

Part IV State Income Tax Pro-ratio for Balance of Prior Years Tax Plus Extension Payments Paid in 2019

| | | | |
|-----------|--|-----------|---------|
| 15 | Balance of prior years tax plus extension payments paid in 2019 | 15 | 296. |
| 16 | Percent of state income taxes attributable to investment income for 2018 | 16 | .006216 |
| 17 | Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 | 17 | 2. |

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 2018 | 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 | 195. |
|-----------|---|-----------|------|

Form **8960** (2019)

| | | | |
|-----------|-----------------------------------|-----------|---|
| 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 | 411,775. | 110,976. | 20,471. | | 8,240. | 8,911. |
| S UNITED STATES SENATE | 164,758. | 23,520. | 7,960. | | 8,240. | 2,389. |
| S TIAA ADMIN SERVICES LLC | 9,283. | 548. | 469. | | | |
| TOTALS | 585,816. | 135,044. | 28,900. | | 16,480. | 11,300. |

| | | | |
|-----------|---------------------|-----------|---|
| FORM 1040 | QUALIFIED DIVIDENDS | STATEMENT | 2 |
|-----------|---------------------|-----------|---|

| NAME OF PAYER | ORDINARY DIVIDENDS | QUALIFIED DIVIDENDS |
|--------------------------------------|-----------------------|------------------------|
| VANGUARD MARKETING COPORATION | 1,618. | 1,615. |
| TOTAL INCLUDED IN FORM 1040, LINE 3A | | 1,615. |

| | | | |
|-----------|-------------------|-----------|---|
| FORM 1040 | IRA DISTRIBUTIONS | STATEMENT | 3 |
|-----------|-------------------|-----------|---|

| NAME OF PAYER | GROSS DISTRIBUTION | TAXABLE AMOUNT |
|-------------------------------------|-----------------------|----------------|
| TIAA ADMIN SERVICES LLC | 27,714. | 27,714. |
| TIAA ADMIN SERVICES LLC | 13,817. | 13,817. |
| TOTAL TO FORM 1040, LINES 4A AND 4B | 41,531. | 41,531. |

| | | | |
|-----------|------------------------|-----------|---|
| FORM 1040 | PENSIONS AND ANNUITIES | STATEMENT | 4 |
|-----------|------------------------|-----------|---|

TIAA ADMIN SERVICES LLC

| | | |
|---|---------|---------|
| AMOUNT RECEIVED THIS YEAR | 52,763. | |
| NONTAXABLE AMOUNT | | |
| CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D | | |
| | | <hr/> |
| | | 52,763. |

TIAA ADMIN SERVICES LLC

| | | |
|---|---------|---------|
| AMOUNT RECEIVED THIS YEAR | 28,061. | |
| NONTAXABLE AMOUNT | | |
| CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D | | |
| | | <hr/> |
| | | 28,061. |

TIAA ADMIN SERVICES LLC

| | | |
|---|--------|--------|
| AMOUNT RECEIVED THIS YEAR | 2,144. | |
| NONTAXABLE AMOUNT | 38. | |
| CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D | | |
| | | <hr/> |
| | | 2,106. |

| | | |
|--------------------------------------|--|---------|
| TOTAL INCLUDED IN FORM 1040, LINE 4D | | <hr/> |
| | | 82,930. |

FORM 1040

SOCIAL SECURITY BENEFITS WORKSHEET

STATEMENT 5

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 2019
 D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE
 FOR ALL OF 2019

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 5A 22,572.
 IF YOU CHECKED BOX B: TAXPAYER AMOUNT
 SPOUSE AMOUNT 22,572.
2. MULTIPLY LINE 1 BY 50% (0.50) 11,286.
3. ADD THE AMOUNTS ON FORM 1040, LINES 1, 2A, 2B, 3B, 4B, 4D,
 6 AND SCHEDULE 1, LINE 9. 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 725,891.
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 4 737,177.
6. ADD THE AMOUNTS ON SCHEDULE 1, LINES 10 THROUGH LINE 19,
 AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED
 LINE NEXT TO SCHEDULE 1, LINE 22 3,185.
7. SUBTRACT LINE 6 FROM LINE 5 733,992.
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 5B. IF YOU ARE
 MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR
 SPOUSE FOR ALL OF 2019, BE SURE YOU ENTERED 'D' TO THE
 RIGHT OF THE WORD "BENEFITS" ON LINE 5A.
 [X] YES. SUBTRACT LINE 8 FROM LINE 7 701,992.
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- 689,992.
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- 586,493.
16. ADD LINES 14 AND 15 592,493.
17. MULTIPLY LINE 1 BY 85% (.85) 19,186.
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 19,186.
 * ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 5B

| FORM 1040 | FEDERAL INCOME TAX WITHHELD | STATEMENT | 6 |
|--|-----------------------------|-----------|---|
| T S DESCRIPTION | | AMOUNT | |
| T PRESIDENT AND FELLOWS OF HARVARD COLLEGE | | 110,976. | |
| S UNITED STATES SENATE | | 23,520. | |
| S TIAA ADMIN SERVICES LLC | | 548. | |
| FORM 8959, LINE 24 | | 2,302. | |
| TOTAL TO FORM 1040, LINE 17 | | 137,346. | |

| SCHEDULE 1 | SEP DEDUCTION | STATEMENT | 7 |
|------------|---------------|-----------|---|
|------------|---------------|-----------|---|

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 | 15,111. |
| 3. DEDUCTION FOR SELF-EMPLOYMENT TAX FROM SCHEDULE 1, LINE 27 | 203. |
| 4. SUBTRACT LINE 3 FROM LINE 2 | 14,908. |
| 5. MULTIPLY LINE 4 TIMES LINE 1 | 2,982. |
| 6. MULTIPLY \$280,000 BY YOUR PLAN CONTRIBUTION RATE. ENTER THE RESULT BUT NOT MORE THAN \$56,000 | 56,000. |
| 7. ENTER THE SMALLER OF LINE 5 OR LINE 6 | 2,982. |
| 8. CONTRIBUTION DOLLAR LIMIT | 56,000. |
| *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 | 2,982. |

| SCHEDULE 2 | OTHER TAXES | STATEMENT | 8 |
|------------|-------------|-----------|---|
|------------|-------------|-----------|---|

| DESCRIPTION | AMOUNT |
|-----------------------------|--------|
| FROM FORM 8959 | 3,461. |
| FROM FORM 8960 | 12. |
| TOTAL TO SCHEDULE 2, LINE 8 | 3,473. |

| | | |
|------------|---|-------------|
| SCHEDULE 3 | CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR | STATEMENT 9 |
|------------|---|-------------|

| DESCRIPTION | AMOUNT |
|----------------------------------|---------|
| 1ST QTR ESTIMATE PAYMENT - JOINT | 14,500. |
| 2ND QTR ESTIMATE PAYMENT - JOINT | 14,500. |
| 3RD QTR ESTIMATE PAYMENT - JOINT | 14,500. |
| 4TH QTR ESTIMATE PAYMENT - JOINT | 14,500. |
| TOTAL TO SCHEDULE 3, LINE 8 | 58,000. |

| | | |
|------------|------------------------------|--------------|
| SCHEDULE A | STATE AND LOCAL INCOME TAXES | STATEMENT 10 |
|------------|------------------------------|--------------|

| DESCRIPTION | AMOUNT |
|---|---------|
| PRESIDENT AND FELLOWS OF HARVARD COLLEGE | 20,471. |
| UNITED STATES SENATE | 7,960. |
| TIAA ADMIN SERVICES LLC | 469. |
| MASSACHUSETTS 1ST QTR ESTIMATE PAYMENTS | 2,500. |
| MASSACHUSETTS 2ND QTR ESTIMATE PAYMENTS | 2,500. |
| MASSACHUSETTS 3RD QTR ESTIMATE PAYMENTS | 2,500. |
| MASSACHUSETTS 4TH QTR ESTIMATE PAYMENTS | 2,500. |
| MASSACHUSETTS PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS | 296. |
| TOTAL TO SCHEDULE A, LINE 5A | 39,196. |

| SCHEDULE D | CAPITAL LOSS CARRYOVER | STATEMENT 11 |
|--|------------------------|--------------|
| 1. ENTER THE AMOUNT FROM FORM 1040, LINE 11B | | 692,763. |
| 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- | | 695,763. |
| 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 | | 99,276. |
| 10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7 | | |
| 11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0- | 3,000. | |
| 12. ADD LINES 10 AND 11 | | 3,000. |
| 13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0- | | 96,276. |

| SCHEDULE SE | NON-FARM INCOME | STATEMENT 12 |
|------------------------------|-----------------|--------------|
| DESCRIPTION | | AMOUNT |
| WRITING | | 15,111. |
| TOTAL TO SCHEDULE SE, LINE 2 | | 15,111. |

| FORM 8960 | STATE INCOME TAX PAYMENTS | STATEMENT 13 |
|-----------|---------------------------|--------------|
|-----------|---------------------------|--------------|

MASSACHUSETTS

| | |
|--|---------|
| DESCRIPTION | AMOUNT |
| PRESIDENT AND FELLOWS OF HARVARD COLLEGE | 20,471. |
| UNITED STATES SENATE | 7,960. |
| TIAA ADMIN SERVICES LLC | 469. |
| 2019 1ST QTR ESTIMATE PAYMENT | 2,500. |
| 2019 2ND QTR ESTIMATE PAYMENT | 2,500. |
| 2019 3RD QTR ESTIMATE PAYMENT | 2,500. |
| 2019 4TH QTR ESTIMATE PAYMENT | 2,500. |
| TOTAL TO STATE FORM 8960, LINE 10 | 38,900. |

2019 Form 1
MA19001011019

Massachusetts Resident Income Tax Return
FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2019 or other taxable

Year beginning

Ending

BRUCE

H MANN

ELIZABETH

A WARREN

CAMBRIDGE

MA 02138

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

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

Taxpayer deceased

Fill in if under age 18

a. Total federal income

745077

b. Federal adjusted gross income

741892

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 2020 ☒ You + ☒ 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 lines 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

2019 Form 1, pg. 2

MA19001021019

Massachusetts Resident Income Tax Return
[REDACTED]

| | | | | |
|------|---|-----------------------|-----------------|--------|
| 3. | Wages, salaries, tips | | 3 | 585816 |
| 4. | Taxable pensions and annuities | | 4 | 82930 |
| 5. | Mass. bank interest: a. | 19 - b. exemption 200 | STATEMENT 1 = 5 | 0 |
| 6a. | Business/profession income/loss | | 6a | 15111 |
| 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 | 13817 |
| 10. | TOTAL 5.05% INCOME | | 10 | 697674 |
| 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 12/31/19, 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. | 5.05% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0" | | 17 | 693674 |
| 18. | Exemption amount | | 18 | 10200 |
| 19. | 5.05% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0" | | 19 | 683474 |
| 20. | INTEREST AND DIVIDEND INCOME | | 20 | 3484 |
| 21. | TOTAL TAXABLE 5.05% INCOME. Add lines 19 and 20 | | 21 | 686958 |

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

2019 Form 1, pg. 3

MA19001031019

Massachusetts Resident Income Tax Return

| | | |
|--|------------|-------|
| 22. TAX ON 5.05% 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 | 34691 |
| 23. 12% INCOME. Not less than "0." a. 0 | x .12 = 23 | |
| 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 | |
| 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 | 34691 |
| 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 | 34691 |
| 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 | 34691 |

MA19001041019

Massachusetts Resident Income Tax Return

Direct deposit of refund. Type of account ☒ checking
☐ savings
 RTN# 011000138 account# *****

EX enclose
Form M-2210

Paid preparer's EIN

957013 12-12-19

10:05:28

2019 Schedules X & Y
MA19SXY011019

BRUCE

H MANN

[REDACTED]

Schedule X. Other Income

| | | |
|--|---|-------|
| 1. Alimony received | 1 | |
| 2. Taxable IRA/Keogh and Roth IRA conversion distributions | 2 | 13817 |
| 3. Other gambling winnings. Not less than "0." Certain gambling losses are deductible under Massachusetts law | 3 | |
| 4. Fees and other 5.05% income. Not less than "0" | 4 | |
| 5. Total other 5.05% income. Add lines 1 through 4. Not less than "0" | 5 | 13817 |

Schedule Y. Other Deductions

| | | |
|--|----|--|
| 1. (RESERVED) | 1 | |
| 2. Penalty on 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 care 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 | |

957071 12-04-19

APRIL 29, 2020

10:05:28

2019 Schedule B
MA19010011019

BRUCE

H MANN

[REDACTED]

Part 1. Interest and Dividend Income

| | | |
|---|----|------|
| 1. Total interest income | 1 | 1885 |
| 2. Total ordinary dividends | 2 | 1618 |
| 3. Other interest and dividends not included above | 3 | |
| 4. Total interest and dividends | 4 | 3503 |
| 5. Total interest from Massachusetts banks | 5 | 19 |
| 6a. Other interest and dividends to be excluded | 6a | |
| 6b. Part-year/Nonresidents only | 6b | |
| 7. Subtotal | 7 | 3484 |
| 8. Allowable deductions from your trade or business | 8 | |
| 9. Subtotal | 9 | 3484 |

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

| | | |
|--|-----|--|
| 10. Massachusetts short-term capital gains | 10 | |
| 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 | |
| 13b. Part-year/Nonresidents only | 13b | |
| 13c. Subtract line 13b from line 13a. Not less than 0 | 13c | |
| 14. Allowable deductions from your trade or business | 14 | |
| 15. Subtotal | 15 | |
| 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 | |

2019 Schedule B, pg. 2

MA19010021019

| | |
|---|------------|
| 19a. Combine lines 15 through 18 | 19a |
| 19b. Part-year/Nonresidents only | 19b |
| 19c. Exclude line 19b losses from line 19a | 19c |
| 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 2020 | 23 |
| 24. Short-term gains and long-term gains on collectibles | 24 |
| 25. Long-term losses applied against short-term gain | 25 |
| 26. Subtotal | 26 |
| 27. Long-term gains deduction | 27 |
| 28. Short-term gains after long-term gains deduction | 28 |

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

| | | |
|---|-----------|-------------|
| 29. Enter the amount from line 9 | 29 | 3484 |
| 30. Short-term losses applied against interest and dividends | 30 | |
| 31. Subtotal interest and dividends | 31 | 3484 |
| 32. Long-term losses applied against interest and dividends | 32 | |
| 33. Adjusted interest and dividends | 33 | 3484 |
| 34. Enter the amount from line 28 | 34 | |
| 35. Adjusted gross interest, dividends and certain capital gains | 35 | 3484 |
| 36. Excess exemptions | 36 | |
| 37. Subtract line 36 from line 35 | 37 | 3484 |
| 38. Interest and dividends taxable at 5.05% | 38 | 3484 |
| 39. Taxable 12% capital gains | 39 | 0 |
| 40. Available short-term losses for carryover in 2020 | 40 | |

2019 Schedule C

MA19011011019

Massachusetts Profit or Loss From Business

ELIZABETH A WARREN
ELIZABETH A WARREN
WRITING

CAMBRIDGE

711510

MA 02138

Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify)

No. of employees

Fill in if you materially participated in the operation of this business during 2019 (see instructions)

☒

Fill in if you started or acquired this business during 2019

Fill in if you made any payments in 2019 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 2019

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 | 15111 | | |
| b. Returns and allowances | | a - b = 1 | 15111 |
| 2. Cost of goods sold and/or operations | | 2 | |
| 3. Gross profit. Subtract line 2 from line 1 | | 3 | 15111 |
| 4. Other income | | 4 | |
| 5. Total income. Add line 3 and line 4 | | 5 | 15111 |
| 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 | |

2019 Schedule C, pg. 2

MA19011021019

| | | |
|---|--|----|
| 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. 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. Fill in category that describes your investment in this activity. If you filled in 33a enter the loss on line 32 and go to line 35. If you filled in 33b see instructions 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 |

957022 01-13-20

APRIL 29, 2020

10:05:28

2019 Schedule C, pg. 3

MA19011031019

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

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

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 |

2019 Schedule HC
MA19029011019

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

- 1a. Date of birth [REDACTED] 1b. Spouse's date of birth [REDACTED] 1c. Family size **2**
2. Federal adjusted gross income **2** **741892**
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 2019, you turned 18, you were a part-year resident or a taxpayer was deceased.

| | | | |
|------------|---|--|--------------------------------------|
| 3a You: | <input checked="" type="checkbox"/> Full-year MCC | <input type="checkbox"/> Part-year MCC | <input type="checkbox"/> No MCC/None |
| 3b Spouse: | <input checked="" type="checkbox"/> Full-year MCC | <input type="checkbox"/> Part-year MCC | <input type="checkbox"/> 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 2019, 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 | <input checked="" type="checkbox"/> Spouse |
| 4b. MassHealth. Fill in and go to line 5 | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |
| 4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5 | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |
| 4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5 | <input type="checkbox"/> You | <input type="checkbox"/> 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. | <input type="checkbox"/> You | <input type="checkbox"/> 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.
HARVARD PILGRIM HEALTH CARE INC [REDACTED] [REDACTED]

4g. Spouse's 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.
HARVARD PILGRIM HEALTH CARE INC [REDACTED] [REDACTED]

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 2019, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

APRIL 29, 2020

10:05:28

2019 Schedule HC, pg. 2

Uninsured for All or Part of 2019

6. Was your income in 2019 at or below 150% of the federal poverty level? **6** Yes No

If you answer Yes, you are not subject to a penalty in 2019. 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 2019, 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 2019. 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 2019, 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 2019. 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 2019 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 2019 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.

2019 Schedule HC, pg. 3

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 2019 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 2019 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.

APRIL 29, 2020

10:05:28

2019 Form M-2210

MA19653011019

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, 2020.

You were a resident of Massachusetts for 12 months and not liable for taxes during 2018.

Your estimated payments and withholding equal or exceed your 2018 tax (where taxable year was 12 months and a return was filed).

Part 1. Required annual payment

| | | |
|--|---|-------|
| 1. 2019 tax | 1 | 34691 |
| 2. Total credits | 2 | |
| 3. Balance | 3 | 34691 |
| 4. Enter 80% of line 3 or 66.667% of line 3 if you are a qualified farmer or fisherman | 4 | 27753 |
| 5. Enter 2018 tax liability after credits | 5 | 51330 |
| 6. Enter the smaller of line 4 or line 5 | 6 | 27753 |

Part 2. Figuring your underpayment

| | | - Installment due dates - | | | |
|---|----|---------------------------|------------------|-------------------|------------------|
| | | a. April 17, 2019 | b. June 17, 2019 | c. Sept. 16, 2019 | d. Jan. 15, 2020 |
| 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 | 04 17 19 | 06 17 19 | 09 16 19 | 01 15 20 |
| 8. Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns | 8 | 6938 | 6938 | 6938 | 6939 |
| 9. Estimated taxes paid and taxes withheld for each installment | 9 | 9725 | 9725 | 9725 | 9725 |
| 10. Overpayment of previous installments | 10 | | 2787 | 5574 | 8361 |
| 11. Total | 11 | 9725 | 12512 | 15299 | 18086 |
| 12. Overpayment | 12 | 2787 | 5574 | 8361 | 11147 |
| 13. Underpayment | 13 | | | | |

APRIL 29, 2020

10:05:28

2019 Form M-2210, pg. 2

MA19653021019

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 |
| 15. Number of days from the due date of installment to the date shown in line 14 | 15 |
| 16. Number of days in line 15 after 4/17/19 and before 7/1/19 | 16 |
| 17. Number of days in line 15 after 6/30/19 and before 10/1/19 | 17 |
| 18. Number of days in line 15 after 9/30/19 and before 1/1/20 | 18 |
| 19. Number of days in line 15 after 12/31/19 and before 4/15/20 | 19 |
| 20. Underpayment in line 13 x (number of days in line 16 ÷ 365) x 7% | 20 |
| 21. Underpayment in line 13 x (number of days in line 17 ÷ 365) x 6% | 21 |
| 22. Underpayment in line 13 x (number of days in line 18 ÷ 365) x 6% | 22 |
| 23. Underpayment in line 13 x (number of days in line 19 ÷ 365) x 6% | 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 |

0

APRIL 29, 2020

10:05:28

2019 Schedule INC
MA19INC011019

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 | 20471 | 411775 | 17151 | | W2 |
| 53 6002558 | 7960 | 164758 | | 10629 | W2 |
| 82 2826183 | 469 | 9283 | | | W2 |

| | | | | | |
|--------|-------|--------|-------|-------|--|
| TOTALS | 28900 | 585816 | 17151 | 10629 | |
|--------|-------|--------|-------|-------|--|



MA 1/1-NR/PY INTEREST INCOME FROM MASSACHUSETTS BANKS STATEMENT 1

| DESCRIPTION | AMOUNT |
|---|--------|
| BANK OF AMERICA | 8. |
| HARVARD UNIV EMPLOYEES CREDIT UNION | 11. |
| TOTAL TO FORM 1, LINE 5 OR FORM 1-NR/PY, LINE 7 | 19. |

| MA X/Y | TAXABLE IRA/KEOGH PLAN DISTRIBUTIONS | STATEMENT | 2 |
|--|--------------------------------------|-----------|---|
| NAME ELIZABETH A WARREN | | | |
| LINE 1. TOTAL IRA/KEOGH PLAN DISTRIBUTIONS, QUALIFIED CHARITABLE IRA DISTRIBUTIONS, ROTH IRA CONVERSION DISTRIBUTIONS IN 2019 | | 41,531. | |
| LINE 2. TOTAL CONTRIBUTIONS PREVIOUSLY TAXED BY MASSACHUSETTS | | 27,714. | |
| LINE 3. TOTAL DISTRIBUTIONS RECEIVED IN PREVIOUS YEARS | | 0. | |
| LINE 4. SUBTRACT LINE 3 FROM LINE 2. IF LINE 3 IS LARGER THAN LINE 2, ENTER "0" | | 27,714. | |
| LINE 5. SUBTRACT LINE 4 FROM LINE 1. NOT LESS THAN "0" | | 13,817. | |
| LINE 6. TOTAL QUALIFIED CHARITABLE IRA DISTRIBUTIONS IN 2019 INCLUDED IN LINE 1 | | 0. | |
| LINE 7. TAXABLE IRA/KEOGH DISTRIBUTIONS OR ROTH IRA CONVERSION DISTRIBUTIONS. SUBTRACT LINE 6 FROM LINE 5. ENTER HERE AND IN SCHEDULE X, LINE 2. NOT LESS THAN "0" | | 13,817. | |