Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

<b>E 1040</b>		ent of the Treasury—Internal Re Individual Incor		, ,	20	15	OMB	No. 1545-0074	IRS Use	Only—E	o not write or staple in thi	s space.
For the year Jan. 1-De	c. 31, 2015	5, or other tax year beginning			, 2	2015, ending		,	20	Se	e separate instructi	ons.
Your first name and	initial		Last nar	me						Yo	ur social security nu	mber
Davon			Bish							1:	11-11-1112	
If a joint return, spou	use's first	name and initial	Last nar	me						Sp	ouse's social security n	umber
Home address (num	ber and s	street). If you have a P.O. b	ox, see in	structions.					Apt. no.	_	Make sure the SSN(s	above
1507 Rose	Lane										and on line 6c are c	
City, town or post office	ce, state, a	nd ZIP code. If you have a for	eign addre	ss, also complete s	spaces be	elow (see inst	tructions)			Р	residential Election Ca	mpaign
Albuquerqu	ie NM	87131									ck here if you, or your spous ly, want \$3 to go to this fund	-
Foreign country nan	ne			Foreign pro	ovince/st	ate/county		Foreigr	n postal cod	ie   a bo	x below will not change your	tax or
							<b>F</b> 2			refur		Spouse
Filing Status	1	Single	· · · · · · · · · · · · · · · · · · ·	and a second and the		4					person). (See instruction	
Check only one	_	_	`	•	,	10				ild but	not your dependent, er	iter this
box.	3	• .	•	ter spouse s 53	אסטג אוכ	ле <b>5</b>				depen	dent child	
	6a	X Yourself. If some	one can	claim vou as a	depend	dent. <b>do n</b>		, ,		<u>.</u> 1	Boxes checked	
Exemptions	b									. }	on 6a and 6b No. of children	1_
	С	Dependents:		` ' '	I	(-)			d under age		on 6c who: • lived with you	1
Exemptions  If more than four dependents, see instructions and check here Income  Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax	(1) First	name Last name		social security nur	mber	relationship	to you		structions)		<ul> <li>did not live with</li> </ul>	
If many than face	Tom	Bishop		123-45-67	788	Son			×		you due to divorce or separation	
											(see instructions)  Dependents on 6c	
instructions and											not entered above	_
check here ►		Total number of even	ntions	laimad				L			Add numbers on	2
_											lines above ►	
Income				` ,						7 8a	13	500.
						   8t		 17	,000.	oa	15,	300.
` '	9a	-				<u> </u>			, , ,	9a	12.	000.
	and Married filing jointly (even if only one had income)  Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 Qualifying wido  Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 Qualifying wido  Married filing separately. Enter spouse's SSN above child's name here child's name here so will also will be presented in the four see and to a social security number and to a social security number relationship to you relationship to you gualifying for see and to a social security number relationship to you gualifying for see and to a social security number and to a social security number relationship to you gualifying for see and to a social security number and to a social security number relationship to you gualifying for see and to a social security number and to a social security number relationship to you gualifying for see and to a social security number and to a social security number relationship to you gualifying for see and to a social security pumber and	,000.		,								
imore than four lependents, see instructions and sheck here  dentated Form(s) W-2 here. Also of tach Forms W-2G and 10 099-R if tax was withheld.  If you did not let a W-2, lee instructions.  If you did not let a W-2, lee instructions.  If you did not let a W-2, lee instructions.  If you did not let a W-2, lee instructions.  If you did not let a W-2, lee instructions.  If you did not let a W-2, lee instructions.  If you did not let a W-2, lee le instructions.  If you did not let a W-2, lee le instructions.	10	Taxable refunds, cred	its, or of	fsets of state a	nd loca	I income t	axes			10		
	11	Alimony received .								11		
was withheid.	12	(	,						· <u>·</u>	12	146,	500.
If you did not		1 0 ( )			quired.	If not requ	ıired, cl	neck here	· 📙	13	-3,	000.
get a W-2,		•	1	Form 4797 .						14		
see instructions.										15b		
					ornorat				 Idula E	16b		
				• •	•		-			18		
		, ,								19		
	20a	. , .	1	I		1				20b		
	21	Other income. List typ	e and ar	mount Pho	enix	Land I	Parce	el Swap		21	25,	000.
	22	Combine the amounts in	the far ri	ght column for lir	nes 7 thi	rough 21. T	his is yo	ur total inco	me 🕨	22	194,	000.
Adjusted		•					3			-		
Gross	24	Certain business expens			•	·	.					
Income	05	fee-basis government off					_					
	25 26	Health savings account Moving expenses. Atta					_			-		
	27	Deductible part of self-e					_	9	,309.			
	28	Self-employed SEP, S					_		,			
	29	Self-employed health					_					
	30	Penalty on early withd					)					
	31a	Alimony paid <b>b</b> Recip	oient's S	SN ▶		31	а					
	32	IRA deduction				32	2					
	33	Student loan interest of					_					
	34	Tuition and fees. Attac					_					
	35	Domestic production ac								200		200
	36 37	Add lines 23 through 3 Subtract line 36 from								36	184,6	309. 591
			'	, Jun auj		,					1 101,	<b>ノノエ・</b>

Form 1040 (2015) Page 2 Amount from line 37 (adjusted gross income) 184,691 38 ☐ Blind. | Total boxes 39a Check You were born before January 2, 1951, Tax and if: Spouse was born before January 2, 1951, ☐ Blind. J checked ▶ 39a **Credits** b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 30,700. Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 Standard 40 Deduction 153,991. 41 Subtract line 40 from line 38 41 for-8,000. • People who 42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 42 check any box on line 43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- . . . 43 145,991. 39a or 39b or Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ 29,752. 44 44 who can be 45 Alternative minimum tax (see instructions), Attach Form 6251 . . . 45 801. claimed as a dependent, 46 Excess advance premium tax credit repayment. Attach Form 8962 46 instructions. 47 47 30,553. Add lines 44, 45, and 46 • All others: 48 Foreign tax credit. Attach Form 1116 if required . . . . Single or Married filing 49 Credit for child and dependent care expenses. Attach Form 2441 49 separately, 50 Education credits from Form 8863, line 19 . . . . . \$6,300 Married filing 51 Retirement savings contributions credit. Attach Form 8880 51 jointly or Qualifying 52 Child tax credit. Attach Schedule 8812, if required . . . widow(er) 53 Residential energy credits. Attach Form 5695 53 \$12,600 Other credits from Form: **a** 3800 **b** 8801 с 🗌 54 Head of household. 55 Add lines 48 through 54. These are your total credits . 55 \$9,250 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-30,553. 56 56 57 Self-employment tax. Attach Schedule SE . . . . . 57 18,617 58 Unreported social security and Medicare tax from Form: **a** 4137 **b** 8919 58 **Other** 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **Taxes** 60a Household employment taxes from Schedule H . . . . . . . . 60a b First-time homebuyer credit repayment. Attach Form 5405 if required . 60b 61 Health care: individual responsibility (see instructions) Full-year coverage X 61 62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62 63 49,170 Add lines 56 through 62. This is your total tax . 63 64 Federal income tax withheld from Forms W-2 and 1099 **Payments** 40,000. 2015 estimated tax payments and amount applied from 2014 return 65 65 If you have a No 66a Earned income credit (EIC) 66a qualifying b Nontaxable combat pay election 66b child, attach Schedule EIC. 67 Additional child tax credit. Attach Schedule 8812 . . . . . 67 68 American opportunity credit from Form 8863, line 8 . 69 Net premium tax credit. Attach Form 8962 . . . . 69 70 Amount paid with request for extension to file 70 71 Excess social security and tier 1 RRTA tax withheld . 71 72 Credit for federal tax on fuels. Attach Form 4136 73 Credits from Form: **a** 2439 **b** Reserved **c** 8885 **d** Add lines 64, 65, 66a, and 67 through 73. These are your total payments . . . . . 74 74 Refund 75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 76a Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here . **\Delta** 76a X X X X X X X X X X X ► c Type: 
Checking Savings b Routing number Direct deposit? d Account number Χ X X X Χ  $X \mid X \mid X \mid X$  $X \mid X \mid X \mid X \mid X \mid X \mid X \mid X$ instructions. 77 Amount of line 75 you want applied to your 2016 estimated tax ▶ Amount 9,255. **Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions 78 You Owe . . . . . . . 79 79 Estimated tax penalty (see instructions) Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. X No Third Party Designee's Phone Personal identification **Designee** number (PIN) name > no. 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, Sign they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here Your signature Date Your occupation Daytime phone number Joint return? See Sole Proprietor (254)858-2741instructions.

40,000. Spouse's signature. If a joint return, both must sign. If the IRS sent you an Identity Protection Spouse's occupation Keep a copy for PIN, enter it your records. here (see inst.) Print/Type preparer's name Date Preparer's signature Check I if **Paid** self-employed **Preparer** Firm's name ▶ Self-Prepared Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no. REV 07/11/16 TTW Form **1040** (2015)

# SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

### **Itemized Deductions**

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

2015

Attachment Sequence No. **07** 

Name(s) shown on	Form	1 1040			Yo	ur social security number
Davon Bis	hop				11	11-11-1112
		Caution: Do not include expenses reimbursed or paid by others.				
Medical	1		1	17,500.		
and	2	Enter amount from Form 1040, line 38   2   184,691.				
Dental	3	Multiply line 2 by 10% (.10). But if either you or your spouse was				
Expenses		born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	18,469.		
•	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.
Taxes You		State and local (check only one box):	Ì			
Paid		a  Income taxes, or )	5	5,000.		
i did		b X General sales taxes	_	3,000.		
	6	Real estate taxes (see instructions)	6	5,800.		
	7		7	3,000.		
	Ω	Other taxes. List type and amount			-	
	O	other taxes. Elst type and amount	8			
	•	Add lines Ethusush O	0			10 000
	9	Add lines 5 through 8			9	10,800.
Interest		Home mortgage interest and points reported to you on Form 1098 Home mortgage interest not reported to you on Form 1098. If paid	10	9,900.	-	
You Paid	• • •	to the person from whom you bought the home, see instructions				
Note:		and show that person's name, identifying no., and address ▶				
Your mortgage		and show that person's hame, identifying no., and address				
interest						
deduction may			11		-	
be limited (see instructions).	12	Points not reported to you on Form 1098. See instructions for				
instructions).		special rules	12			
		Mortgage insurance premiums (see instructions)	13			
		Investment interest. Attach Form 4952 if required. (See instructions.)	14			
		Add lines 10 through 14			15	9,900.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more,				
Charity		see instructions	16	10,000.		
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see				
gift and got a		instructions. You <b>must</b> attach Form 8283 if over \$500	17			
benefit for it, see instructions.		Carryover from prior year	18			
	19	Add lines 16 through 18			19	10,000.
Casualty and						
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
Job Expenses	21	Unreimbursed employee expenses—job travel, union dues,				
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.				
Miscellaneous		(See instructions.) ▶	21			
Deductions	22	Tax preparation fees	22			
	23	,				
		and amount ▶				
			23		_	
	24	Add lines 21 through 23	24			
	25	Enter amount from Form 1040, line 38 25				
	26	Multiply line 25 by 2% (.02)	26			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, ente	r -0-		27	
Other	28	Other—from list in instructions. List type and amount ▶				
Miscellaneous						
Deductions					28	
Total	29	Is Form 1040, line 38, over \$154,950?				
Itemized		No. Your deduction is not limited. Add the amounts in the fa				
<b>Deductions</b>		for lines 4 through 28. Also, enter this amount on Form 1040	, line	40.	29	30,700.
		X Yes. Your deduction may be limited. See the Itemized Deduction	ction	ıs (		
		Worksheet in the instructions to figure the amount to enter.		J		
	30	If you elect to itemize deductions even though they are less t	han	your standard		
		deduction, check here		▶ □		

#### **SCHEDULE B** (Form 1040A or 1040)

**Interest and Ordinary Dividends** 

OMB No. 1545-0074

Attachment Sequence No. 08

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040A or 1040. ▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

Name(s) snown on r	eturn		Your	social secur	ity numi	ber
Davon Bish	.op		111	L-11-11	12	
Part I	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 instructions on back and list		Am	ount	
Interest		this interest first. Also, show that buyer's social security number and address				
		First Bank			11,0	00.
		Second Bank			2,5	00.
(See instructions on back and the						
instructions for						
Form 1040A, or						
Form 1040, line 8a.)			1			
iiie oa.)						
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	2	Add the amounts on line 1	2		13,5	00.
payer and enter the total interest	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
shown on that		Attach Form 8815	3			
form.	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form				
		1040, line 8a	4		13,5	00.
B		If line 4 is over \$1,500, you must complete Part III.			ount	0.0
Part II	5	List name of payer ► Swan Inc			10,0	
Ordinary		Wren Inc			۷,0	00.
Dividends						
(See instructions on back and the						
instructions for						
Form 1040A, or Form 1040,			5			
line 9a.)						
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	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form				
dividends shown on that form.	O	1040, line 9a	6		12,0	00.
on that form.	Note:	If line 6 is over \$1,500, you must complete Part III.	_		,	
	You m	ust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (I	<b>b)</b> had	а	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	foreigr	n account; or <b>(c)</b> received a distribution from, or were a grantor of, or a transferor to, a foreign	gn trus	st.	Yes	No
Part III	7a	At any time during 2015, did you have a financial interest in or signature authority ov				
Foreign		account (such as a bank account, securities account, or brokerage account) located	in a f	oreign		
Accounts		country? See instructions				<u>×</u>
		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Fina				
and Trusts		Accounts (FBAR), to report that financial interest or signature authority? See FinCEN				
(See instructions on	h	and its instructions for filing requirements and exceptions to those requirements.				
back.)	b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		IE		
	8	During 2015, did you receive a distribution from, or were you the grantor of, or transi		o. a		
	-	foreign trust? If "Yes," you may have to file Form 3520. See instructions on back.				×

#### **SCHEDULE C** (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec. ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment Sequence No. **09** 

	of proprietor On Bishop						security number (SSN) -11-1112
	<del>-</del>	on incl	uding product or comics (==	o inct-	uctions)		r code from instructions
Α	Principal business or profession	וזכ, וחכו	uding product or service (se	e mstřt	actions)	D Ente	► 3 3 5 0 0 0
	Sole Proprietor	1				D Email	
С	Business name. If no separate	busine	ess name, leave blank.			D Empi	loyer ID number (EIN), (see instr.)
E	Desire and address of the street in a second	:		70			:
-	Business address (including s						
	City, town or post office, state						
F		Cash			Other (specify)		osses .   X Yes   No
G					2015? If "No," see instructions for I		
Η .							
					n(s) 1099? (see instructions)		
J		e requii	red Forms 1099?				Yes No
Part							
1					this income was reported to you or		740 000
					1	1	740,000.
2							740.000
3							740,000.
4	• ,						405,000.
5							335,000.
6	,		•		refund (see instructions)		225 000
7 Dowl	Gross income. Add lines 5 a	nd 6 .	for business use of ver			7	335,000.
Part			for business use of you				
8	Advertising	8	4,000.	18	Office expense (see instructions)	18	
9	Car and truck expenses (see			19	Pension and profit-sharing plans	19	
	instructions)	9		20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment		20.000
11	Contract labor (see instructions)	11		b	Other business property		30,000.
12	Depletion	12		21	Repairs and maintenance		1 000
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III)		1,000.
	included in Part III) (see			23	Taxes and licenses	23	
	instructions)	13	21,000.	24	Travel, meals, and entertainment:		
14	Employee benefit programs		1000	а	Travel	24a	
	(other than on line 19)	14	18,000.	b	Deductible meals and		
15	Insurance (other than health)	15			entertainment (see instructions)		14.500
16	Interest:			25	Utilities		14,500.
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		88,000.
b	Other	16b		27a	Other expenses (from line 48) .	27a	5,000.
	Legal and professional services	17	7,000.		Reserved for future use		100 500
28	•				3 through 27a ▶	28	188,500.
29	. ,						146,500.
30	•	•	•	expe	nses elsewhere. Attach Form 8829	'	
	unless using the simplified me	•	,	(0) 1/01	w hamai		
	Simplified method filers only			(a) you		-	
	and (b) the part of your home				. Use the Simplified		
•			-	er on I	ine 30	30	
31	Net profit or (loss). Subtract						
	If a profit, enter on both Form			,	·		146 500
	(If you checked the box on line		instructions). Estates and trus	sts, ent	er on <b>Form 1041, line 3.</b>	31	146,500.
00	If a loss, you must go to lir		Later Mercent Control				
32	If you have a loss, check the b		•		, , , , , , , , , , , , , , , , , , ,		
	If you checked 32a, enter to the second				· · · · · · · · · · · · · · · · · · ·	32a	☐ All investment is at risk
	on Schedule SE, line 2. (If yo		ked the box on line 1, see th	e line :	31 instructions). Estates and	32b	
	trusts, enter on Form 1041, li					320	at risk.
	<ul> <li>If you checked 32b, you mu</li> </ul>	u <b>st</b> atta	ich <b>Form 6198.</b> Your loss m	ay be l	ımıtea.		

Schedule C (Form 1040) 2015

Part	Cost of Goods Sold (see instructions)			
33 34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor	ory?	xplanation) ☐ <b>Yes</b>	₩ No
	If "Yes," attach explanation	1		<b>x</b>   No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		405,000.
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		405,000.
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		405,000.
Part	Information on Your Vehicle. Complete this part only if you are claiming car o and are not required to file Form 4562 for this business. See the instructions for file Form 4562.		k expenses o	n line 9
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your	vehicle	for:	
а	Business b Commuting (see instructions) c	Other		
45	Was your vehicle available for personal use during off-duty hours?		Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	☐ No
47a	Do you have evidence to support your deduction?		Yes	☐ No
	If "Yes," is the evidence written?		Tes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26 or li	ine 30	<u> -</u>	
Ва	d Debts			5,000.
				<u> </u>
				,
48	Total other expenses. Enter here and on line 27a	48		5,000.

# SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

► Attach to Form 1040 or Form 1040NR.

► Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

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

2015

OMB No. 1545-0074

Attachment Sequence No. 12

Name(s) shown on return

Davon Bishop

Department of the Treasury

Internal Revenue Service (99)

Your social security number 111-11-1112

Pa	Snort-Term Capital Gains and Losses—As	sets Held One	rear or Less			
lines This	nstructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	s from Part I,	(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 <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	40,000.	100,000.			-60,000.
4	Short-term gain from Form 6252 and short-term gain or (I	loss) from Forms 4	1684. 6781. and 88	324 .	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if ar <b>Worksheet</b> in the instructions	ny, from line 8 of y	our Capital Loss	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis			e any long- 	7	-60,000.
Par	t II Long-Term Capital Gains and Losses—Ass	sets Held More	Than One Year	1	'	
lines This	nstructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	547,000.	287,500.	-287,9	900.	-28,400.
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	25,000.
12	Net long-term gain or (loss) from partnerships, S corporate	tions, estates, and	trusts from Scheo	dule(s) K-1	12	
	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	•	-	-	14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in colu	ımn (h). Then go to	o Part III on		2 400

Schedule D (Form 1040) 2015 Page 2

#### Summary Part III -63,400. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, 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 • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. ■ No. Skip lines 18 through 21, and go to line 22. Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions 18 18 19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the 19 20 Are lines 18 and 19 both zero or blank? Tyes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. and 22 below. 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: • The loss on line 16 or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). ■ No. Complete the rest of Form 1040 or Form 1040NR.

# Form **8949**

Department of the Treasury Internal Revenue Service

# **Sales and Other Dispositions of Capital Assets**

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2015 Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return
Davon Bishop

Social security number or taxpayer identification number 111-11-1112

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

X (C) Short-term transactions	not reported	to you on F	orm 1099-B	•			
1 (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	separate (f) (g)	Amount of	rom column (d) and combine the result with column (g)
Green Inc	05/15/15	07/15/15	40,000.	100,000.			-60,000.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above	I here and inc is checked), <b>lir</b>	ude on your le 2 (if Box B	40.000	100.000			-60.000

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2015) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side Davon Bishop

Social security number or taxpayer identification number 111-11-1112

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- ▼ (F) Long-term transactions not reported to you on Form 1099-B

(1) (1) = 0.11g 10.111 11 11 11 11 11 11 11 11 11 11 11 11		10 ,00 0					
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Blue Inc	09/05/12	03/12/15	45,000.	50,000.			-5,000.
Orange Inc	04/01/09	07/01/15	22,000.	5,000.			17,000.
Yellow Inc	09/01/14	12/31/15	0.	52,500.			-52,500.
Main Home Sale: 1844 Lighthouse Lane	12/01/95	12/01/15	480,000.	180,000.	EH	-287,900.	12,100.
2 Totals. Add the amounts in columns negative amounts). Enter each total I Schedule D, line 8b (if Box D above above is checked) or line 10 (if Box	here and includ is checked), <b>lin</b>	e on your le 9 (if Box E	547.000.	287.500.		-287.900.	-28,400.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

# 8824 Form

# Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

► Attach to your tax return.

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

OMB No. 1545-1190

2015
Attachment
Sequence No. 109

Department of the Treasury Internal Revenue Service

Name(s) shown on tax returned Davon Bishop

Identifying number 111-11-112

_				
Part	Information on the Like-Kind Exchange			
	Note: If the property described on line 1 or line 2 is real or personal property located outside the United	d Ctat	os indicato the country	
		Jolan	es, marcate the country.	
1	Description of like-kind property given up: Tucson Land Parcel			
2	Tucson  Description of like kind property received:			
2	Description of like-kind property received:			
	Land Parcel Phoenix			
3	Date like-kind property given up was originally acquired (month, day, year)	3	09/18/2012	
3	Date like-kind property given up was originally acquired (month, day, year)	-	05/10/2012	
4	Date you actually transferred your property to other party (month, day, year)	4	08/15/2015	
•	bate you actually transferred your property to other party (month, day, year)	_	00/13/2013	
5	Date like-kind property you received was identified by written notice to another party (month,			
5	day, year). See instructions for 45-day written identification requirement	5	08/15/2015	
	day, your, ooo morrous to locally whiteh to the day whiteh to deep the control of	_		
6	Date you actually received the like-kind property from other party (month, day, year). See instructions	6	08/15/2015	
	zano you accuamy rocorrou and made reporty memorial party (memory augy, your).		100, 20, 2020	
7	Was the exchange of the property given up or received made with a related party, either directly of	r indi	rectly	
•	(such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part I	II .	· ·     Yes   × No	,
	Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such	as thr	rough an intermediary): 1	that
	property became your replacement property; and none of the exceptions in line 11 applies to the excha			
	disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applie			
	Part II.			
Part	II Related Party Exchange Information			
8	Name of related party Relationship to you	Relat	ed party's identifying numbe	r
	Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)			
9	During this tax year (and before the date that is 2 years after the last transfer of property that was			
	the exchange), did the related party sell or dispose of any part of the like-kind property received	from		
	(or an intermediary) in the exchange?		∐Yes ∐No	
10	During this tax year (and before the date that is 2 years after the last transfer of property that was	s part	of	
	the exchange), did you sell or dispose of any part of the like-kind property you received?		🗌 Yes 🗌 No	)
	If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and			
	the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report	t on th	his year's tax return the	9
	deferred gain or (loss) from line 24 <b>unless</b> one of the exceptions on line 11 applies.			
11	If one of the exceptions below applies to the disposition, check the applicable box:			
а	☐ The disposition was after the death of either of the related parties.			
b	☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the	e exc	hange.	
С	You can establish to the satisfaction of the IRS that neither the exchange nor the disposition	had t	ax avoidance as one o	f
	its principal purposes. If this box is checked, attach an explanation (see instructions).			

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Davon Bishop

111-11-1112

	<u>-</u>			-
Part				
12	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or otherwise.  Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, Fair market value (FMV) of other property given up			
13	Adjusted basis of other property given up			
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14		
	Caution: If the property given up was used previously or partly as a home, see Property used as			
	home in the instructions.			
15	Cash received, FMV of other property received, plus net liabilities assumed by other party,	45	25 000	
16	reduced (but not below zero) by any exchange expenses you incurred (see instructions) FMV of like-kind property you received	15	25,000.	
10 17	Add lines 15 and 16	16 17	220,000.	
		17	245,000.	
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses <b>not</b> used on line 15 (see instructions)	18	210,000.	
19	Realized gain or (loss). Subtract line 18 from line 17	19	35,000.	7
20	Enter the smaller of line 15 or line 19, but not less than zero	20	25,000.	
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions)	21		
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions)	22	25,000.	
23	Recognized gain. Add lines 21 and 22	23	25,000.	
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions .	24	10,000.	
25 Part	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23  Deferral of Gain From Section 1043 Conflict-of-Interest Sales	25	210,000.	
26 27	conflict-of-interest requirements. This part can be used <b>only</b> if the cost of the replacement property the divested property.  Enter the number from the upper right corner of your certificate of divestiture. ( <b>Do not</b> attach a copy of your certificate. Keep the certificate with your records.)			
28	Description of replacement property ▶			
29	Date divested property was sold (month, day, year)	29		
30	Sales price of divested property (see instructions)			
31	Basis of divested property			
32 33	Realized gain. Subtract line 31 from line 30	32		
34	Subtract line 33 from line 30. If zero or less, enter -0	34		
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions)	35		
36	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797 (see instructions)	36	,	
37	<b>Deferred gain.</b> Subtract the sum of lines 35 and 36 from line 32	37		
38	Basis of replacement property. Subtract line 37 from line 33	38		

# 4562

### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172 Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99)

Business or activity to which this form relates

Identifying number

Name(s) shown on return Davon Bishop Sch C Sole Proprietor 111-11-1112 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 500,000. 2 21,000. 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 2,000,000. 4 0. Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 500,000. (a) Description of property 6 (b) Cost (business use only) (c) Elected cost Office equipment 21,000. 21,000. 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 21,000. 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . . . . 9 21,000. **10** Carryover of disallowed deduction from line 13 of your 2014 Form 4562 . . . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 192,500. 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 21,000. 13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 0. Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 0. **15** Property subject to section 168(f)(1) election . . . . . . . . . . . . . . . 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2015 . . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) **19a** 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. g 25-year property S/L h Residential rental 27.5 yrs. MM 9/1 property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. ММ S/L property MM S/L Section C-Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year S/L 40 yrs. MM c 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 21,000. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

23

# **Smart Worksheets from your 2015 Federal Tax Return**

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

	Tax Smart Worksheet	
A	Tax	
1 2	Tax table	
3	Schedule D Tax Worksheet	
4 5	Qualified Dividends and Capital Gain Tax Worksheet       X         Schedule J       X	
6 7	Form 8615	
B C	Additional tax from Form 8814	
D E	Tax from additional Form(s) 4972	
F G	IRC Section 197(f)(9)(B)(ii) election for an additional tax	

#### SMART WORKSHEET FOR: Schedule B: Interest and Dividend Income

	Interest Income Smart Worksheet									
Payer's Name	Box 1		Box 2 Early	Box 3 US Savings	Box 8		Box 9 Private			
To access Form 1099-INT <b>Double-Click</b> on payer	Interest Income	Typ Int*	Withdraw Penalty	Bond/Treas. Obligations	Tax-exempt Interest	ST ID	Activity Bond			
First Bank			<u> </u>							
	11,000.00									
Second Bank										
	2,500.00									
City of Asheville Bo	onds	1								
					17,000.00	NM				
	T	1	<del>                                     </del>							
	Π		<del>                                     </del>							
		l	l							
	<u> </u>	1								

#### SMART WORKSHEET FOR: Schedule B: Interest and Dividend Income

Payer's Name	1	Dividend	Income Sma	ırt Worksheet	!		
		le-Click from pag	yer				
Box 1a Tot Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Capital Gain Distributions	Box 2b Unrecap. Sec 1250	Box 3 Nondividend Distributions	Box 10 Exempt- int Dividends	State ID*	Private Actvty Bond
Swan Inc							
10,000.00 Wren Inc	10,000.00						
2,000.00	2,000.00						

SMART WORKSHEET FOR: Schedule C (Sole Proprietor): Profit or Loss from Business

Business	Address Inform	ation Smart Worksheet	
usiness street address . 25 Li			
ity, State and Zip Code (do not e	enter State and Zip	Code if foreign address)	
lbuquerque	NM	87130	
Lbuquerque r, foreign country information:	<u>NM</u>	87130	

SMART WORKSHEET FOR: Schedule C (Sole Proprietor): Profit or Loss from Business

#### **Domestic Production Activities Smart Worksheet**

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column and the Oil-Related Production column (if applicable). For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

		Total	Domestic Production	Oil-Related Production
Α	Gross receipts	740,000.		
В	Cost of goods sold	405,000.		
С	Directly allocable deductions, expenses, or losses			
D	Indirectly allocable deductions,			
	expenses, or losses	188,500.		
Ε	W-2 wages (adjust for wages			
	from COGS, if necessary)	88,000.		

QuickZoom to Form 8903, Domestic Production Activities Deduction . . . ▶

SMART WORKSHEET FOR: Schedule C (Sole Proprietor): Profit or Loss from Business

# Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.

		Regular Tax	Alternative Minimum Tax
	Ownership	Taxpayer	
3	At risk status	All	
2	Passive status	Nonpassive	
	Schedule C		
)	Tentative profit (loss)	146,500.	146,500.
Ξ	Other preferences and adjustments		
F	At risk disallowed loss		
;	Passive carryover loss		
1	Passive disallowed loss		
I	Net profit (loss) allowed	146,500.	146,500.
	Related Dispositions		
J	Tentative profit (loss)	25,000.	25,000.
(	At risk disallowed loss		
_	Passive carryover loss		
1	Passive disallowed loss		
١	Net profit (loss) allowed	25,000.	25,000.

SMART WORKSHEET FOR: Schedule C (Sole Proprietor): Profit or Loss from Business

Carryforward to 2016 Smart Worksheet
Supporting information provided by program. NO ENTRIES ARE NEEDED

		Minimum Tax
ection 179 carryover	0.	
-Risk Losses Carryover		
chedule C suspended loss		
chedule D short-term suspended loss		
chedule D long-term suspended loss		
rm 4797 ordinary suspended loss		
rm 4797 long-term suspended loss		
ssive Losses Carryover		
chedule C suspended loss		
chedule D short-term suspended loss		
chedule D long-term suspended loss		
rm 4797 ordinary suspended loss		
rm 4797 long-term suspended loss		
	hedule C suspended loss	hedule C suspended loss

SMART WORKSHEET FOR: Form 8824 : Like-Kind Exchanges

	Form 8824 General Information Smart Worksheet
A	Double-click to link a copy of Schedule C, E, F, K-1 or Form 4835 to this exchange, if applicable:  Schedule C
B 1 2 3 C 1	Was the exchange made with a related party?  Yes, in this tax year Yes, in a prior tax year X No  If this is a deferred exchange:

### SMART WORKSHEET FOR: Form 8824 : Like-Kind Exchanges

	Summary Smart Worksheet  Note: Complete this worksheet before proceeding to remainder of form. See Help.
A B C D E F G	Fair market value of the like-kind property received
H J K L	Existing mortgage/liability assumed by the other party  Equity given. Subtract line H from line G
N	Additional Information Regarding Like-Kind Property Given Up  Exchange expenses (total)
O P Q R	Adjusted basis of like-kind property given up
	Was the like-kind property given up in the exchange used in a trade or business?

### SMART WORKSHEET FOR: Form 8824 : Like-Kind Exchanges

	Line 15 Calculation Smart Worksheet	
Α	Cash received	25,000.
В	Fair market value of other property received	
С	Installment note received	
D	Mortgage assumed by the other party	
Ε	Mortgage assumed on like-kind property received	
F	Cash given	0.
G	Fair market value of other property given up	
Н	Add lines E, F and G	0.
ı	Net liability assumed by the other party. Subtract line H from line D	
J	Boot received. Add lines A, B, C, and I	25,000.
K	Exchange expenses (total)	0.
L	Exchange expenses to the extent of boot received. Enter the smaller	
	of line J or line K	0.
М	Subtract line L from line J. Enter here and on Form 8824, line 15	25,000.

### SMART WORKSHEET FOR: Form 8824 : Like-Kind Exchanges

	Line 18 Calculation Smart Worksheet			
A	Adjusted basis of like-kind property given up	Regular Tax	AMT 210,000.	
B	Exchange expenses not used on line 15		210,000.	
D E	Cash given	0.		
F	Add lines C through E	0.		
H	Net amounts paid to the other party. Line F less line G Add Ins A, B and H. Enter here and on Form 8824, In 18	0.	210,000.	

# SMART WORKSHEET FOR: Form 8824 : Like-Kind Exchanges

	Lines 18 through 25 for AMT Computation Smart Worksheet				
Α	Line 18 calculated using AMT amounts	210,000.			
В	Line 19 calculated using AMT amounts	35,000.			
С	Line 20 calculated using AMT amounts	25,000.			
D	Ordinary income under recapture rules using AMT amounts (Line 21)				
E	Line 22 calculated using AMT amounts	25,000.			
F	Line 23 calculated using AMT amounts	25,000.			
G	Line 24 calculated using AMT amounts	10,000.			
Н	Line 25 calculated using AMT amounts	210,000.			

### SMART WORKSHEET FOR: Form 8824 : Like-Kind Exchanges

	Replacement Property Depreciable Basis Components Smart Worksheet				
Exc	Exchanged (Carryover) Basis Regular Tax AMT				
Α	Exchanged basis from business use portion	210,000.	210,000.		
В	Exchanged basis from personal use portion				
С	Exchanged (carryover) basis	210,000.	210,000.		
Exc	Excess (Additional) Basis				
D	Excess basis from business use portion	0.	0.		
E	Excess basis from gain (if any) on personal use portion				
F	Excess (additional) basis	0.	0.		