

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20

Your first name and initial: **Ima** Last name: **Starr** Your social security number: **111-22-3333**

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. **5th Ave** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **New York NY 10019**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

▲ Make sure the SSN(s) above and on line 6c are correct.

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. You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) (see instructions)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **1**

Boxes checked on 6a and 6b: **1**

No. of children on 6c who:
• lived with you _____
• did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above **1**

Income

| | | | |
|-----|---|-----|---------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 49,905. |
| 8a | Taxable interest. Attach Schedule B if required | 8a | 19. |
| b | Tax-exempt interest. Do not include on line 8a | 8b | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | |
| b | Qualified dividends | 9b | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | 7,103. |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13 | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions | 15a | |
| b | Taxable amount | 15b | |
| 16a | Pensions and annuities | 16a | |
| b | Taxable amount | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits | 20a | |
| b | Taxable amount | 20b | |
| 21 | Other income. List type and amount Gambling Winnings | 21 | 1,000. |
| 22 | Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ | 22 | 58,027. |

Adjusted Gross Income

| | | | |
|-----|--|-----|---------|
| 23 | Educator expenses | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | 502. |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | |
| 34 | Reserved for future use | 34 | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 | Add lines 23 through 35 | 36 | 502. |
| 37 | Subtract line 36 from line 22. This is your adjusted gross income ▶ | 37 | 57,525. |

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040.

2017

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Name(s) shown on Form 1040

Your social security number

Ima Starr

111-22-3333

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, line 38 | 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 (check only one box): | 5 | |
| a | <input checked="" type="checkbox"/> Income taxes, or | | 2,854. |
| b | <input type="checkbox"/> General sales taxes | | |
| 6 | Real estate taxes (see instructions) | 6 | |
| 7 | Personal property taxes | 7 | 204. |
| 8 | Other taxes. List type and amount ▶ | 8 | |
| 9 | Add lines 5 through 8 | 9 | 3,058. |

Interest You Paid

| | | | |
|-----------|--|-----------|--|
| 10 | Home mortgage interest and points reported to you on Form 1098 | 10 | |
| 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ | 11 | |
| 12 | Points not reported to you on Form 1098. See instructions for special rules | 12 | |
| 13 | Reserved for future use | 13 | |
| 14 | Investment interest. Attach Form 4952 if required. See instructions | 14 | |
| 15 | Add lines 10 through 14 | 15 | |

Note:
Your mortgage interest deduction may be limited (see instructions).

Gifts to Charity

If you made a gift and got a benefit for it, see instructions.

| | | | |
|-----------|---|-----------|------|
| 16 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions. | 16 | 325. |
| 17 | Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 17 | |
| 18 | Carryover from prior year | 18 | |
| 19 | Add lines 16 through 18 | 19 | 325. |

Casualty and Theft Losses

| | | | |
|-----------|--|-----------|--|
| 20 | Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 20 | |
|-----------|--|-----------|--|

Job Expenses and Certain Miscellaneous Deductions

| | | | |
|-----------|---|-----------|---------|
| 21 | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u> | 21 | 9,114. |
| 22 | Tax preparation fees | 22 | |
| 23 | Other expenses—investment, safe deposit box, etc. List type and amount ▶ | 23 | |
| 24 | Add lines 21 through 23 | 24 | 9,114. |
| 25 | Enter amount from Form 1040, line 38 | 25 | 57,525. |
| 26 | Multiply line 25 by 2% (0.02) | 26 | 1,151. |
| 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | 27 | 7,963. |

Other Miscellaneous Deductions

| | | | |
|-----------|---|-----------|--|
| 28 | Other—from list in instructions. List type and amount ▶ | 28 | |
|-----------|---|-----------|--|

Total Itemized Deductions

| | | | |
|-----------|--|-----------|---------|
| 29 | Is Form 1040, line 38, over \$156,900? | 29 | |
| | <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. | | 11,346. |
| | <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | | |
| 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here | | |

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

| | | |
|--|---|---|
| Name of proprietor Ima Starr | | Social security number (SSN) 111-22-3333 |
| A Principal business or profession, including product or service (see instructions) Writer | B Enter code from instructions ▶ 7 1 1 5 1 0 | |
| C Business name. If no separate business name, leave blank. Ima Starr | D Employer ID number (EIN) (see instr.) | |
| E Business address (including suite or room no.) ▶ 5th Ave City, town or post office, state, and ZIP code New York, NY 10019 | | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ | | |
| G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| H If you started or acquired this business during 2017, check here | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| J If "Yes," did you or will you file required Forms 1099? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 13,000. |
| 2 Returns and allowances | | 2 | |
| 3 Subtract line 2 from line 1 | | 3 | 13,000. |
| 4 Cost of goods sold (from line 42) | | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | | 5 | 13,000. |
| 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 | 13,000. |

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

| | | | | | |
|--|------------|------|---|------------|--------|
| 8 Advertising | 8 | | 18 Office expense (see instructions) | 18 | |
| 9 Car and truck expenses (see instructions). | 9 | 495. | 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 | 89. |
| 12 Depletion | 12 | | b Other business property | 20b | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions). | 13 | 531. | 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: | | | 24 Travel, meals, and entertainment: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | 489. |
| b Other | 16b | | b Deductible meals and entertainment (see instructions) | 24b | 32. |
| 17 Legal and professional services | 17 | 100. | 25 Utilities | 25 | |
| | | | 26 Wages (less employment credits) | 26 | |
| | | | 27a Other expenses (from line 48) | 27a | 4,864. |
| | | | b Reserved for future use | 27b | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a | | | 28 | 28 | 6,600. |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | | | 29 | 29 | 6,400. |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | | | 30 | 30 | 2,653. |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, 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 | 31 | 3,747. |
| 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 Form 1040, line 12 , (or Form 1040NR, 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. | | |

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **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 | |
| 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 | |
| 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 | |

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/01/2010

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

| | | |
|---------------------------------|---|---------------------------------|
| a Business 926 | b Commuting (see instructions) | c Other 11,426 |
|---------------------------------|---|---------------------------------|

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**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

| | |
|---|------------------|
| Education (Columbia) | 2,124. |
| Research (E-Books) | 299. |
| Internet Service | 189. |
| Cell Phone | 204. |
| Agent Commissions | 1,950. |
| Skype Charges | 98. |
| | |
| | |
| 48 Total other expenses. Enter here and on line 27a | 48 4,864. |

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

| | | |
|--|---|---|
| Name of proprietor Ima Starr | | Social security number (SSN) 111-22-3333 |
| A Principal business or profession, including product or service (see instructions) Blue Jazzbos | B Enter code from instructions ▶ 7 1 1 5 1 0 | |
| C Business name. If no separate business name, leave blank. The Blue Jazzbos | D Employer ID number (EIN) (see instr.) | |
| E Business address (including suite or room no.) ▶ 5th Ave City, town or post office, state, and ZIP code New York, NY 10019 | | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ | | |
| G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| H If you started or acquired this business during 2017, check here | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| J If "Yes," did you or will you file required Forms 1099? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 | 12,620. |
| 2 Returns and allowances | | 2 | |
| 3 Subtract line 2 from line 1 | | 3 | 12,620. |
| 4 Cost of goods sold (from line 42) | | 4 | 6,179. |
| 5 Gross profit. Subtract line 4 from line 3 | | 5 | 6,441. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | 6 | 0. |
| 7 Gross income. Add lines 5 and 6 | | 7 | 6,441. |

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

| | | | | | |
|--|------------|------|---|------------|--------|
| 8 Advertising | 8 | | 18 Office expense (see instructions) | 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 | 825. | 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: | | | 24 Travel, meals, and entertainment: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | |
| b Other | 16b | | b Deductible meals and entertainment (see instructions) | 24b | |
| 17 Legal and professional services | 17 | | 25 Utilities | 25 | |
| | | | 26 Wages (less employment credits) | 26 | |
| | | | 27a Other expenses (from line 48) | 27a | 2,260. |
| | | | b Reserved for future use | 27b | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a | | | 28 | 28 | 3,085. |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | | | 29 | 29 | 3,356. |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | | | 30 | 30 | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, 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 | 31 | 3,356. |
| 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 Form 1040, line 12 , (or Form 1040NR, 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. | | |

Part III Cost of Goods Sold (see instructions)

| | | |
|-----------|--|--|
| 33 | Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation) | |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 5,980. |
| 38 | Materials and supplies | 38 199. |
| 39 | Other costs | 39 |
| 40 | Add lines 35 through 39 | 40 6,179. |
| 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 6,179. |

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

| | | |
|------------|---|--|
| 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 2017, enter the number of miles you used your vehicle for: | |
| a | Business | b Commuting (see instructions) |
| | | c Other |
| 45 | Was your vehicle available for personal use during off-duty hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 47a | Do you have evidence to support your deduction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," is the evidence written? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

| | |
|--|------------------|
| AMORTIZATION | 358. |
| Formal Wear (stage clothes) | 304. |
| Cell Phone | 239. |
| Music Research- Downloads and Streaming | 341. |
| Promo Photos | 305. |
| Trade Publications (Billboard) | 299. |
| Coaching/Education | 350. |
| Skype Charges | 64. |
| 48 Total other expenses. Enter here and on line 27a | 48 2,260. |

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2017
Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleSE for instructions and the latest information.
▶ Attach to Form 1040 or Form 1040NR.

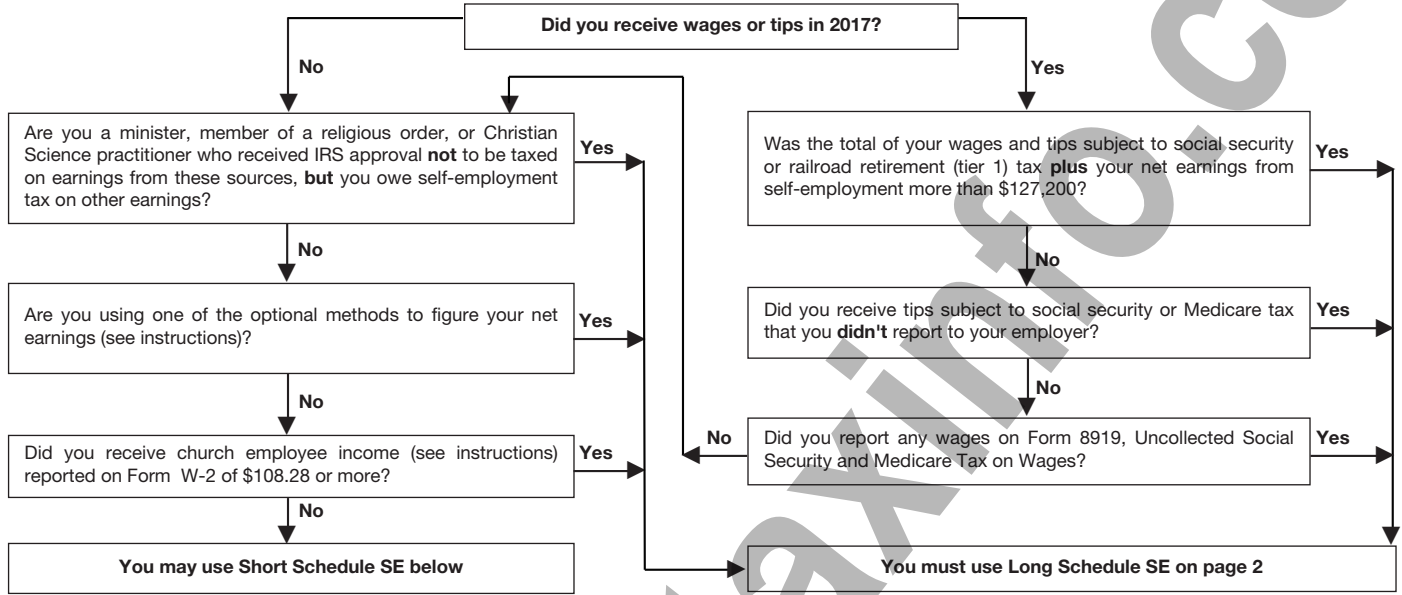
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)
Ima Starr

Social security number of person with self-employment income ▶ 111-22-3333

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

| | | | |
|-----------|--|-----------|--------|
| 1a | Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A | 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 Z | 1b | () |
| 2 | Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report | 2 | 7,103. |
| 3 | Combine lines 1a, 1b, and 2 | 3 | 7,103. |
| 4 | Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b. ▶ | 4 | 6,560. |
| 5 | Self-employment tax. If the amount on line 4 is: • \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55 | 5 | 1,004. |
| 6 | Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 | 6 | 502. |

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

| | | |
|---|--|--|
| Name(s) shown on return Ima Starr | Business or activity to which this form relates Sch C Blue Jazzbos | Identifying number 111-22-3333 |
|---|--|--|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|---|------------------------------|------------------|
| 1 Maximum amount (see instructions) | 1 | 510,000. |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,030,000. |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 Listed property. Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶ | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

| | | |
|--|-----------|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

| | | |
|---|-----------|------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2017 | 17 | 176. |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | 2,870. | 5.0 | HY | 200 DB | 574. |
| c 7-year property | | 524. | 7.0 | HY | 200 DB | 75. |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----------------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

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 | 825. |
| 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 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . | | | | | | | | 29 |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the year (don't include commuting miles) . | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons (see instructions).

| | Yes | No |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2017 tax year (see instructions): | | | | | |
| Website | 07/01/2017 | 2,150. | 197 | 3.00 yrs | 358. |
| 43 Amortization of costs that began before your 2017 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 358. |

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

| | | |
|---|---|--|
| Name(s) shown on return Ima Starr | Business or activity to which this form relates Form 2106 Actress | Identifying number 111-22-3333 |
|---|---|--|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|---|------------------------------|------------------|
| 1 Maximum amount (see instructions) | 1 | 510,000. |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,030,000. |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 Listed property. Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶ | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

| | | |
|--|-----------|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

| | | |
|---|-----------|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2017 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | 399. | 7.0 | HY | 200 DB | 57. |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----------------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

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 | 57. |
| 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 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| Auto | 01/01/2011 | 16.56 % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

| | Yes | No |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2017 tax year (see instructions): | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2017 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/Form2106EZ for the latest information.**

2017
Attachment
Sequence No. **129A**

| | | |
|------------------------|--|---------------------------------------|
| Your name Ima Starr | Occupation in which you incurred expenses Actress | Social security number 111-22-3333 |
|------------------------|--|---------------------------------------|

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2017.

Caution: You can use the standard mileage rate for 2017 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

| | | | |
|---|---|---|--------|
| 1 | Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here | 1 | 1,021. |
| 2 | Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work | 2 | |
| 3 | Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment | 3 | 3,866. |
| 4 | Business expenses not included on lines 1 through 3. Don't include meals and entertainment | 4 | 2,611. |
| 5 | Meals and entertainment expenses: \$ <u>3,231.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.) | 5 | 1,616. |
| 6 | Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) | 6 | 9,114. |

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶ 01/01/2011

8 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business 1,908 b Commuting (see instructions) _____ c Other 9,613

9 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

10 Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**

11a Do you have evidence to support your deduction? **Yes** **No**

 b If "Yes," is the evidence written? **Yes** **No**

Expenses for Business Use of Your Home

Department of the Treasury
Internal Revenue Service (99)

▶ **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**
▶ **Go to www.irs.gov/Form8829 for instructions and the latest information.**

Name(s) of proprietor(s)
Ima Starr

Your social security number
111-22-3333

| Part I Part of Your Home Used for Business | | Writer |
|--|---|-----------|
| 1 | Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions) | 177 |
| 2 | Total area of home | 1,241 |
| 3 | Divide line 1 by line 2. Enter the result as a percentage | 14.26 % |
| For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7. | | |
| 4 | Multiply days used for daycare during year by hours used per day | 4 hr. |
| 5 | Total hours available for use during the year (365 days x 24 hours) (see instructions) | 8,760 hr. |
| 6 | Divide line 4 by line 5. Enter the result as a decimal amount | 6 |
| 7 | Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 | 14.26 % |

| Part II Figure Your Allowable Deduction | | (a) Direct expenses | (b) Indirect expenses |
|--|--|---------------------|-----------------------|
| 8 | Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions). See instructions for columns (a) and (b) before completing lines 9-21. | | |
| 9 | Casualty losses (see instructions) | 9 | |
| 10 | Deductible mortgage interest (see instructions) | 10 | |
| 11 | Real estate taxes (see instructions) | 11 | |
| 12 | Add lines 9, 10, and 11 | 12 | |
| 13 | Multiply line 12, column (b), by line 7. | | 13 |
| 14 | Add line 12, column (a), and line 13 | | 14 |
| 15 | Subtract line 14 from line 8. If zero or less, enter -0- | | 15 |
| 16 | Excess mortgage interest (see instructions) | 16 | |
| 17 | Insurance | 17 | 515. |
| 18 | Rent | 18 | 16,500. |
| 19 | Repairs and maintenance | 19 | 399. |
| 20 | Utilities | 20 | 1,189. |
| 21 | Other expenses (see instructions) | 21 | |
| 22 | Add lines 16 through 21 | 22 | 18,603. |
| 23 | Multiply line 22, column (b), by line 7. | 23 | 2,653. |
| 24 | Carryover of prior year operating expenses (see instructions) | 24 | |
| 25 | Add line 22, column (a), line 23, and line 24 | | 25 |
| 26 | Allowable operating expenses. Enter the smaller of line 15 or line 25 | | 26 |
| 27 | Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 | | 27 |
| 28 | Excess casualty losses (see instructions) | 28 | |
| 29 | Depreciation of your home from line 41 below | 29 | |
| 30 | Carryover of prior year excess casualty losses and depreciation (see instructions) | 30 | |
| 31 | Add lines 28 through 30 | | 31 |
| 32 | Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31 | | 32 |
| 33 | Add lines 14, 26, and 32 | | 33 |
| 34 | Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions) | | 34 |
| 35 | Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions | | 35 |

| Part III Depreciation of Your Home | |
|---|---|
| 36 | Enter the smaller of your home's adjusted basis or its fair market value (see instructions) |
| 37 | Value of land included on line 36 |
| 38 | Basis of building. Subtract line 37 from line 36 |
| 39 | Business basis of building. Multiply line 38 by line 7. |
| 40 | Depreciation percentage (see instructions) |
| 41 | Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above |

| Part IV Carryover of Unallowed Expenses to 2018 | |
|--|--|
| 42 | Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- |
| 43 | Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0- |

Additional information from your 2017 Federal Tax Return

Schedule C (Blue Jazzbos): Profit or Loss from Business

Line 37

Itemization Statement

| Description | Amount |
|--------------|---------------|
| Sidemen | 5,980. |
| Total | 5,980. |

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