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

2017 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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For the year Jan. 1-Dec	c. 31, 2017	, or other tax year beginning		,	, 2017, endir	ng		, 20	Se	e separate instruc	tions.	
Your first name and	initial		Last name						Yo	ur social security n	umber	
Ima			Starr						1:	11-22-3333		
If a joint return, spou	ıse's first	name and initial	Last name						Sp	ouse's social security	number	
Home address (num	ber and s	street). If you have a P.O. b	ox, see instru	ictions.				Apt. no.		Make sure the SSN		
5th Ave										and on line 6c are	correct.	
City, town or post offic	e, state, a	nd ZIP code. If you have a for	eign address,	also complete spaces b	below (see i	nstructior	ns).		P	residential Election C	ampaign	
New York N	IY 100	)19								ck here if you, or your spo ly, want \$3 to go to this fu		
Foreign country nam	ne			Foreign province/s	state/coun	ty		Foreign postal coo		x below will not change yo		
									refu	nd. You	Spouse	
Filing Status	1	X Single			4	- D	Head of ho	ousehold (with qua	alifying	person). (See instruct	ions.)	
· ·····g • ······	2	Married filing jointly	(even if only	y one had income)	)	If	f the quali	fying person is a	child bu	t not your dependent	, enter this	
Check only one	3	Married filing separa	ately. Enter	spouse's SSN abo	ove	С	child's nan	ne here. >				
box.		and full name here.	<b>&gt;</b>		5		Qualifying	g widow(er) (see	instruc	ctions)		
Exemptions	6a	X Yourself. If some	one can cla	im you as a depen	ndent, <b>do</b>	not che	eck box	6a	. }	Boxes checked on 6a and 6b	1	
	b	Spouse	<u></u>						<u> </u>	No. of children		
	С	Dependents:		(2) Dependent's		endent's	duali	if child under age fying for child tax cr				
	(1) First	name Last name	e so	ocial security number	relations	hip to you	u quan	(see instructions)		<ul> <li>did not live with</li> </ul>		
If many than form										you due to divorce or separation	е	
If more than four dependents, see							44			(see instructions)		
instructions and	-					$\nabla_{\Delta}$				Dependents on 60 not entered above		
check here ▶	-									Add numbers on	1	
	d	Total number of exem	ptions clain	ned		<u>.</u>		<u> </u>		lines above 🕨	1	
Income	7	Wages, salaries, tips,	etc. Attach	Form(s) W-2 .		-1			7	49	<u>,905.</u>	
	8a	Taxable interest. Atta	ch Schedul	e B if required .		• .			8a		19.	
Attach Form(s)	b	Tax-exempt interest.				8b						
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. A	ttach Sched	dule B if required					9a		-	
attach Forms	b	Qualified dividends			_	9b				l		
W-2G and	10	Taxable refunds, cred	its, or offset	ts of state and loca	al income	taxes			10			
1099-R if tax was withheld.	11	Alimony received .							11	_		
	12	Business income or (loss). Attach Schedule C or C-EZ								7	,103.	
If you did not	13	Capital gain or (loss).			. If not re	quired,	check h	ere ► ⊔	13			
get a W-2,	14	Other gains or (losses	´	rm 4797	·				14			
see instructions.	15a	IRA distributions .	15a				le amoun		15b			
	16a	Pensions and annuities					le amoun		16b		-	
	17	Rental real estate, roy						Schedule E	17			
	18	Farm income or (loss)							18			
	19	Unemployment comp			·	 T			19			
	20a	Social security benefits Other income. List typ		Comblin			le amoun	τ	20b	1	000	
	21 22	Combine the amounts in						l income	21		<u>,000.</u> ,027.	
	23		Tule lai rigili	Column for lines 7 ti		23	your tota	ii iiicoiiie 🕨	22	36	,027.	
Adjusted	23 24	Educator expenses Certain business expens	on of recognic	· · · · · ·	_	23			-			
Gross	24	fee-basis government of			1	24						
Income	25	Health savings accoun	~			25						
	26	Moving expenses. Att				26						
	27	Deductible part of self-e				27		502.				
	28	Self-employed SEP, S				28		302.				
	29	Self-employed SEF, S				29						
_	30	Penalty on early witho				30						
	31a	Alimony paid <b>b</b> Recip		-		31a						
	32	IRA deduction				32						
	33	Student loan interest				33						
	34	Reserved for future us				34						
	35	Domestic production ac				35						
	36	Add lines 23 through			_				36	1	502.	
	37	Subtract line 36 from				come		•	37	57	,525.	

Form 1040 (2017	)			Page 2
	38	Amount from line 37 (adjusted gross income)	38	57,525.
Tax and	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
		if: Spouse was born before January 2, 1953, ☐ Blind. checked ▶ 39a		
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,346.
Deduction	41	Subtract line 40 from line 38	41	46,179.
for— • People who	42	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
check any	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	42,129.
box on line 39a or 39b <b>or</b>	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	6,270.
who can be claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0,270.
dependent,		,	46	
see instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962		6,270.
All others:	47	Add lines 44, 45, and 46	47	0,270.
Single or	48	Foreign tax credit. Attach Form 1116 if required 48		
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441	-	
separately, \$6,350	50	Education credits from Form 8863, line 19	- !	
Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880 51		
Qualifying	52	Child tax credit. Attach Schedule 8812, if required		
widow(er), \$12,700	53	Residential energy credit. Attach Form 5695		
Head of	54	Other credits from Form: a 3800 b 8801 c 54		
household, \$9,350	55	Add lines 48 through 54. These are your total credits	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	6,270.
	57	Self-employment tax. Attach Schedule SE	57	1,004.
Other	58	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
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	Add lines 56 through 62. This is your <b>total tax</b>	63	7,274.
Payments	64	Federal income tax withheld from Forms W-2 and 1099 <b>64</b> 7 , 530 .		,,_,_,
rayillellis	65	2017 estimated tax payments and amount applied from 2016 return 65	1 1	
If you have a	66a	Earned income credit (EIC) 66a	-	
qualifying	b	Nontaxable combat pay election 66b		
child, attach Schedule EIC.		Additional child tax credit. Attach Schedule 8812 67	1	
ochedule Lio.	67		-	
	68	American opportunity credit from Form 8863, line 8 68	- !	
	69	Net premium tax credit. Attach Form 8962	-	
	70	Amount paid with request for extension to file	-	
	71	Excess social security and tier 1 RRTA tax withheld	-	
	72	Credit for federal tax on fuels. Attach Form 4136	-	
	73	Credits from Form: a 2439 b Reserved c 8885 d . 73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments		7,530.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	75	256.
	76a	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here . <b>\rightarrow</b>	76a	256.
Direct deposit?	▶ b	Routing number		
See instructions.	▶ d	Account number   X   X   X   X   X   X   X   X   X		
instructions.	77	Amount of line 75 you want <b>applied to your 2018 estimated tax ▶ 77</b>		
Amount	78	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
You Owe	79	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS (see instructions)?	. Com	plete below. X No
Designee		signee's Phone Personal iden		'n
		no. In number (PIN)		halief thay are two correct and
Sign		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle by list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all infor		
Here	You	ur signature Date Your occupation	Daytir	me phone number
Joint return? See		Performer/Writer		
instructions. Keep a copy for	Spe	ouse's signature. If a joint return, <b>both</b> must sign.  Date  Spouse's occupation	If the If	RS sent you an Identity Protection
your records.			PIN, er	
	Pri	nt/Type preparer's name	1	PTIN
Paid		er Jason Riley CPA Peter Jason Riley CPA 02/17/2018	Check	k if P00413102
Preparer				04 0555100
Use Only		n's name RILEY & ASSOCIATES, P.C.		(000)460 0000
	Firr	m's address ► 5 PERRY WAY - P O BOX 157 NEWBURYPORT MA 01950	Phone	<u> </u>

# SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

## **Itemized Deductions**

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

► Attach to Form 1040

► Attach to Form 1040.

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

OMB No. 1545-0074

Attachment Sequence No. **07** 

T Q+	1 0111	11040			1 1	1 00 2222
Ima Starr				<u> </u>	TT	1-22-3333
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and		Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040, line 38 2				
Expenses	3	Multiply line 2 by 7.5% (0.075)	3			
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You	5	State and local (check only one box):				
Paid		a 🗵 Income taxes, or	5	2,854.		
		<b>b</b> ☐ General sales taxes ∫				
		Real estate taxes (see instructions)	6			
		Personal property taxes	7	204.		
	8	Other taxes. List type and amount ▶			K	
			8			*
-		Add lines 5 through 8			9	3,058.
Interest		Home mortgage interest and points reported to you on Form 1098	10			
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid				
Maria		to the person from whom you bought the home, see instructions				
Note: Your mortgage		and show that person's name, identifying no., and address ▶	K			
interest						
deduction may			11			
be limited (see	12	Points not reported to you on Form 1098. See instructions for				
instructions).		special rules	12			
		Reserved for future use	13			
		Investment interest. Attach Form 4952 if required. See instructions	14			
-	15	Add lines 10 through 14	<u>.V.</u>		15	
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more,				
Charity		see instructions	16	325.		
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.	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	325.
Casualty and	20	Casualty or theft loss(es) other than net qualified disaster losses				
Theft Losses		enter the amount from line 18 of that form. 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.		0.114		
Miscellaneous		See instructions. ► Employee business expenses	21	9,114.	.	
Deductions		Tax preparation fees	22			
	23	Other expenses—investment, safe deposit box, etc. List type				
		and amount ►				
			23			
		Add lines 21 through 23	24	9,114.	-	
		Enter amount from Form 1040, line 38 25 57,525.		1 151		
		Multiply line 25 by 2% (0.02)	26	1,151.		П 062
Other	27		-0-		27	7,963.
Miscellaneous	28	Other—from list in instructions. List type and amount ▶				
Deductions					00	
	00	la Forma 1040 line 00 providate 0000			28	
Total	29					
Itemized		No. Your deduction is not limited. Add the amounts in the far			00	11 246
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040,		}	29	11,346.
		Yes. Your deduction may be limited. See the Itemized Deduc	ction	is		
	00	Worksheet in the instructions to figure the amount to enter.				
	30	If you elect to itemize deductions even though they are less the		your standard		
		deduction, check here		📂 📖		

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

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99)

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

	f proprietor							I security num		
Ima	Starr						111	22-3333	3	
Α	Principal business or profession Writer	on, incl	uding product or service (se	e instr	uctions)		B Ent	ter code from ir ▶   7   1	structions	
С	Business name. If no separate	busin	ess name, leave blank.				D Em	ployer ID numb	er (EIN) (se	e instr.)
	Ima Starr									
E	Business address (including s	uite or	room no.) ▶ 5th Ave							
	City, town or post office, state	e, and 2	ZIP code New York	, N						<b>7</b>
F	Accounting method: (1)	<b>≺</b> Casl	n (2) Accrual (3	) 🔲	Other (specify	y) <b>&gt;</b>				
G	Did you "materially participate	e" in the	e operation of this business	during	2017? If "No	," see instructions for li	mit on	losses .	Yes	□No
н	If you started or acquired this									
1	Did you make any payments in	n 2017	that would require you to fil	e Forn	n(s) 1099? (se	ee instructions)		[	Yes	× No
J	If "Yes," did you or will you file	e requi	red Forms 1099?					[	Yes	☐ No
Part										
1	Gross receipts or sales. See in Form W-2 and the "Statutory of						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 lii	ne 3				5		13,	000.
6	Other income, including federa		_				6			
_ 7	Gross income. Add lines 5 a	nd 6 .					7		13,	000.
Part	<b>Expenses.</b> Enter expe	enses	for business use of you	r hon	ne <b>only</b> on	ine 30.				
8	Advertising	8		18	Office expe	ense (see instructions)	18			
9	Car and truck expenses (see			19	Pension and	d profit-sharing plans .	19			
	instructions)	9	495.	20	Rent or leas	se (see instructions):				
10	Commissions and fees .	10		а	Vehicles, ma	achinery, and equipment	20a	1		89.
11	Contract labor (see instructions)	11		b	Other busin	ness property	20k	)		
12	Depletion	12		21	Repairs and	d maintenance	21			
13	Depreciation and section 179 expense deduction (not			22	Supplies (n	ot included in Part III) .	22			
	included in Part III) (see			23	Taxes and	licenses	23			
	instructions)	13	531.	24	Travel, mea	als, and entertainment:				
14	Employee benefit programs			a	Travel		248	1		489.
	(other than on line 19)	14		b	Deductible	meals and				
15	Insurance (other than health)	15			entertainme	ent (see instructions) .	24k	)		32.
16	Interest:			25	Utilities .		25			
а	Mortgage (paid to banks, etc.)	16a		26	Wages (les	s employment credits) .	26			
b	Other	16b		27a	Other expe	nses (from line 48)	27a	1	4,	864.
17	Legal and professional services	17	100.	b	Reserved	for future use	27k	)		
28	Total expenses before expen	ses fo	business use of home. Add	lines	8 through 27a	a	28			600.
29	Tentative profit or (loss). Subtr	ract lin	e 28 from line 7				29	1	6,	400.
30	Expenses for business use of	f your	home. Do not report these	expe	enses elsewh	ere. Attach Form 8829				
	unless using the simplified me									
	Simplified method filers only	r: ente	the total square footage of:	(a) yo	ur home:					
	and (b) the part of your home	used f	or business:			Use the Simplified				
	Method Worksheet in the instr		•	er on	line 30		30		2,	653.
31	Net profit or (loss). Subtract	-								
	<ul> <li>If a profit, enter on both Form</li> </ul>		,	,		·				
	(If you checked the box on line		instructions). Estates and trus	sts, en	ter on Form 1	041, line 3.	31		3,	747.
	• If a loss, you must go to lin					J				
32	If you have a loss, check the b	ox tha	t describes your investment	in this	activity (see	instructions).				
	• If you checked 32a, enter t	he los	s on both Form 1040, line 1	<b>2,</b> (or	Form 1040N	R, line 13) and				-1
	on Schedule SE, line 2. (If yo		cked the box on line 1, see th	e line	31 instruction	s). Estates and	328		stment is	
	trusts, enter on Form 1041, lin						32b	at risk.	ivestmen	1011 61 11
	If you checked 32b, you mu			ay be	limited.	,				
For Pa	perwork Reduction Act Notic	e, see	the separate instructions.	E	BAA	REV 11/15/17 PRO		Schedule C	(Form 10	040) 2017

Schedule C (Form 1040) 2017 Page **2** 

Part	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 ex	nlanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory?	planation	
	If "Yes," attach explanation	. Yes	☐ No
		_	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation		<del></del>
36	Purchases less cost of items withdrawn for personal use		
37	Cost of labor. Do not include any amounts paid to yourself		
38	Materials and supplies		
39	Other costs		
40	Add lines 35 through 39		
40	Add liftes 33 tillough 39		
41	Inventory at end of year		
42	Cost of goods cold. Subtract line 41 from line 40. Enter the result have and an line 4		
Part	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	C AYNANSAS (	n line 9
	and are not required to file Form 4562 for this business. See the instructions for line 1		
	file Form 4562.		
40	When did you also you which is an in factor of the horizon of the body of the state		
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:	
			11 406
а	Business 926 <b>b</b> Commuting (see instructions) <b>c</b> Other		11,426
45	Was your vehicle available for personal use during off-duty hours?	. X Yes	☐ No
		□ Vaa	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?	X Yes	☐ No
		F-10 34	
Part	If "Yes," is the evidence written?	X Yes	No
rait	Other Expenses. List below business expenses not included on lines 0–20 of line of	•	
Edi	ucation (Columbia)		2,124.
_			000
Res	search (E-Books)		299.
In	ternet Service		189.
Ce.	ll Phone		204.
Aq	ent Commissions		1,950.
			<u> </u>
Sk	ype Charges		98.
48	Total other expenses. Enter here and on line 27a		4,864.
-			_, ~ ~ - •

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

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

	f proprietor						security number (SSN)
Ima	Starr					111-	-22-3333
Α	Principal business or profession	n, incl	uding product or service (see	instru	ctions)	B Enter	code from instructions
	Blue Jazzbos						▶   7   1   1   5   1   0
С	Business name. If no separate	busin	ess name, leave blank.			D Emplo	oyer ID number (EIN) (see instr.)
	The Blue Jazzbos						
E	Business address (including s	uite or	room no.) ▶ 5th Ave				
	City, town or post office, state	, and 2	ZIP code New York,	NY			
F	Accounting method: (1)				Other (specify)		
G	•				2017? If "No," see instructions for li		
Н				_			
ï	•		•		(s) 1099? (see instructions)		
J							
Part		roqui					
1		otruct	ions for line 1 and shock the h	ov if	this income was reported to you or		
'	•					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					4	6,179.
	Gross profit. Subtract line 4					5	6,441.
5 6	Other income, including federa					6	0,441.
7	, ,		•		,	7	6,441.
Part	Gross income. Add lines 5 at		for business use of your			, ,	0,441.
8	Advertising	8		18		18	
	S .	0			Office expense (see instructions)	19	
9	Car and truck expenses (see			19	Pension and profit-sharing plans .	19	<del></del>
40	instructions)	9		20	Rent or lease (see instructions):	00.	
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment		<u> </u>
11	Contract labor (see instructions)	11		b	Other business property		
12 13	Depletion	12		21	Repairs and maintenance		
10	expense deduction (not			22	Supplies (not included in Part III)		
	included in Part III) (see			23	Taxes and licenses	23	
	instructions)	13	825.	24	Travel, meals, and entertainment:		
14	Employee benefit programs			а	Travel	24a	
	(other than on line 19)	14		b	Deductible meals and		
15	Insurance (other than health)	15			entertainment (see instructions)		
16	Interest:			25	Utilities		
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		0.060
b	Other	16b		27a	Other expenses (from line 48) .	27a	2,260.
	Legal and professional services	17			Reserved for future use		2 225
28					through 27a ▶	28	3,085.
29	Tentative profit or (loss). Subtr						3,356.
30		7		exper	ises elsewhere. Attach Form 8829		
	unless using the simplified me						
	Simplified method filers only			a) you		.	
	and (b) the part of your home				Use the Simplified		
			-	r on li	ne 30	30	
31	Net profit or (loss). Subtract	line 30	) from line 29.		,		
	<ul> <li>If a profit, enter on both Forr</li> </ul>			,	· · · · · · · · · · · · · · · · · · ·		
	(If you checked the box on line		instructions). Estates and trusts	s, ente	er on <b>Form 1041, line 3.</b>	31	3,356.
	• If a loss, you must go to lin				J		
32	If you have a loss, check the b	ox tha	t describes your investment ir	n this	activity (see instructions).		
	• If you checked 32a, enter t	he los	s on both Form 1040, line 12	, (or <b>F</b>	Form 1040NR, line 13) and		¬
	on Schedule SE, line 2. (If yo	u chec	cked the box on line 1, see the	line 3	1 instructions). Estates and	32a L	
	trusts, enter on Form 1041, lin	ne 3.				32b L	Some investment is not at risk.
	If you checked 32b, you mu	ı <b>st</b> atta	ach Form 6198. Your loss may	/ be li	mited.		at non.

Schedule C (Form 1040) 2017 Page **2** 

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory:  a  Cost  b  Lower of cost or market  c  Other (atta	ıch ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor			
	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		5,980.
				1.00
38	Materials and supplies	38		199.
39	Other costs	39		
				6 100
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	10		C 170
Part		42 trucl	k expenses o	6,179. n line 9
	and are not required to file Form 4562 for this business. See the instructions for li			
	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 v	ehicle	for:	
а	Business b Commuting (see instructions) c O	ther		
			☐Yes	□ No
45	Was your vehicle available for personal use during off-duty hours?		🗌 163	NO
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	☐ No
47.	Do you have wideness to a your street and destined		☐ Yes	☐ No
47a	Do you have evidence to support your deduction?		🗀 103	
	If "Yes," is the evidence written?		Yes	☐ No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or lin	ie 30		
AM	ORTIZATION			358.
_				204
F'0:	rmal Wear (stage clothes)			304.
Ce	ll Phone			239.
Maa	sic Research- Downloads and Streaming			2.41
	sic Research Downtoads and Streaming			341.
Pro	omo Photos			305.
Тъ	ade Publications (Billboard)			299.
	Add Tabiledelons (Billiboard)			<u> </u>
Co	aching/Education			350.
Cle	ame Charges			<i>E 1</i> 1
SK.	ype Charges			64.
48	Total other expenses. Enter here and on line 27a	48		2,260.

# SCHEDULE SE (Form 1040)

**Self-Employment Tax** 

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

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017

Attachment
Sequence No. 17

Department of the Treasury Internal Revenue Service (99)

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

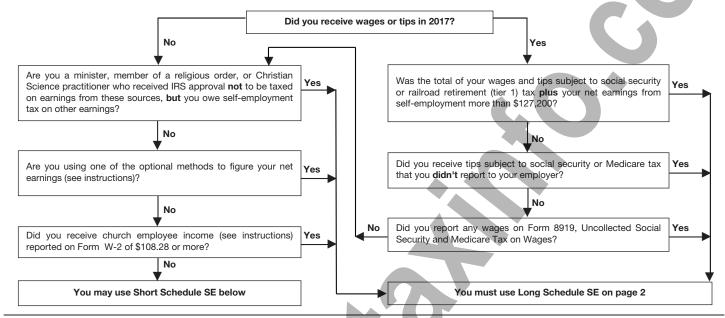
Social security number of person with self-employment income ▶

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.
	<b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
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		
	<ul> <li>More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result.</li> </ul>		
	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 <b>Form</b>		
	<b>1040, line 27, or Form 1040NR, line 27</b> 6		

# Form **4562**

### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

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

2017 Attachment Sequence No. 179

OMB No. 1545-0172

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

Business or activity to which this form relates

Identifying number

Ima Starr Sch C Blue Jazzbos 111-22-3333 **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. 1 510,000 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) . 2,030,000 4 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 . . . . . . . . . . . 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 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.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 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.) 17 MACRS deductions for assets placed in service in tax years beginning before 2017 . . . . . . . . 176. 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 2017 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use only—see instructions) (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in period service **19a** 3-year property 2,870. 200 DB 574 **b** 5-year property HY 7.0 524. HY 200 DB 75. c 7-year property d 10-year property e 15-year property **f** 20-year property S/L g 25-year property 25 yrs. h Residential rental 27.5 yrs. MM 5/1 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 2017 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L **b** 12-year 12 yrs. **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

Form 4562 (2017) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property Part V 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.) (g) Business Basis for depreciation (d) Type of property (list Date placed Method/ Depreciation Elected section 179 Recovery nvestment use Cost or other basis (business/investment vehicles first) Convention deduction in service period cost use only) percentage 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 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. (e) Vehicle 4 Vehicle 5 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 6 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 . . . . . . . Yes 34 Was the vehicle available for personal Yes No Yes Yes No 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).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
	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.		
	A. VIII A. v. a. v. i. a. v.		

#### Part VI Amortization

(a) Description of costs	(b) Date amortization begins	<b>(c)</b> Amortizable amount	<b>(d)</b> Code section	(e) Amortiza period percenta	or	(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 y	rs	358.			
43 Amortization of costs that beg		43							
44 Total. Add amounts in column	44	358.							

# Form **4562**

### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172

2017

Attachment Sequence No. 179

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

Business or activity to which this form relates

Sequence No. 17
Identifying number

Ima Starr Form 2106 Actress 111-22-3333 **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. 1 510,000 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) . 2,030,000 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . 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 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.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 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.) 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 Section B-Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only—see instructions) (b) Month and year (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in period service 3-year property **b** 5-year property 399. 7.0 200 DB HY 57. c 7-year property d 10-year property e 15-year property **f** 20-year property S/L g 25-year property 25 yrs. h Residential rental 27.5 yrs. MM 5/1 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 2017 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L **b** 12-year 12 yrs. **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

Form 4562 (2017) 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 (g) Business Basis for depreciation (d) Type of property (list Date placed Method/ Depreciation Elected section 179 Recovery Cost or other basis nvestment use (business/investment vehicles first) Convention deduction in service period cost percentage use only) Special depreciation allowance for qualified listed property placed in service during the tax vear and used more than 50% in a qualified business use (see instructions) . 25 26 Property used more than 50% in a qualified business use: %

#### Section B—Information on Use of Vehicles

S/L -S/L

S/L

28

%

% %

Add amounts in column (i), line 26. Enter here and on line 7, page 1

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

27 Property used 50% or less in a qualified business use: 01/01/2011 16.56 %

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.

30	Total business/investment miles driven during the year (don't include commuting miles) .	<b>(</b> a Vehi	a) cle 1	(t Vehi			<b>c)</b> cle 3	Vehi		<b>(∈</b> Vehi		(f) Vehicle 6		
	Total commuting miles driven during the year 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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
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).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
	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.		
Da	t VI Amortization		

	(a) Description of costs	<b>(b)</b> Date amortization begins	<b>(c)</b> Amortizable amount	<b>(d)</b> Code section	Amortiza period percenta	or	<b>(f)</b> Amortization for this year
42	Amortization of costs that beg	ins during your 20	17 tax year (see instruction	ons):			
43	Amortization of costs that beg	an before your 20	17 tax year			43	
44	Total. Add amounts in column	n (f). See the instru	ictions for where to repor	t		44	

# Form **2106-EZ**

## **Unreimbursed Employee Business Expenses**

► Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/Form2106EZ for the latest information.

OMB No. 1545-0074 Attachment Sequence No. 129A

Department of the Treasury Internal Revenue Service (99) Yo

ur name	Occupation in which you incurred expenses	Social security number	er
Ima Starr	Actress	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	Figure Your Expenses		<b>\</b>
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 <b>didn't</b> involve overnight travel or commuting to and from work	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment	3	3,866.
4	Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment .	4	2,611.
5	Meals and entertainment expenses: $\$$ _ 3,231. $\times$ 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	Information on Your Vehicle. Complete this part only if you are claiming vehicle ex	pens	e on line 1.
7	When did you place your vehicle in service for business use? (month, day, year) ▶ 01/01/201	1	
8	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you use	ed you	r vehicle for:
а	Business 1,908 b Commuting (see instructions) c O	ther _	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

# 8829

Department of the Treasury Internal Revenue Service (99) Name(s) of proprietor(s)

### **Expenses for Business Use of Your Home**

▶ 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.

OMB No. 1545-0074 Attachment

Sequence No. 176

Your social security number

Ima Starr 111-22-3333 Part I Part of Your Home Used for Business Writer Area used regularly and exclusively for business, regularly for daycare, or for storage of 1 2 1,241 Divide line 1 by line 2. Enter the result as a percentage . . . . . 3 14.26 % For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7. Multiply days used for daycare during year by hours used per day Total hours available for use during the year (365 days x 24 hours) (see instructions) 5 8,760 hr. Divide line 4 by line 5. Enter the result as a decimal amount . . . 6 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 % Figure Your Allowable Deduction 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) 6,400. See instructions for columns (a) and (b) before completing lines 9-21. (a) Direct expenses (b) Indirect expenses Casualty losses (see instructions). . . . . 9 Deductible mortgage interest (see instructions) 10 11 Real estate taxes (see instructions) . . . . 11 12 12 Add lines 9, 10, and 11 . . . . . . . . . Multiply line 12, column (b), by line 7. . . 13 13 14 Add line 12, column (a), and line 13 . . . . 14 15 15 Subtract line 14 from line 8. If zero or less, enter -0-6,400. 16 Excess mortgage interest (see instructions) . 16 17 17 Insurance . . . . . . . . . . . 515. 18 18 Rent . . . . . . . . . . . . 16,500 19 Repairs and maintenance . . . . . . 19 399. 20 20 1,189. 21 Other expenses (see instructions). 21 22 22 Add lines 16 through 21 . . . . . . . . 18,603. 23 23 Multiply line 22, column (b), by line 7. . . . 2,653. 24 24 Carryover of prior year operating expenses (see instructions) 2,653. 25 Add line 22, column (a), line 23, and line 24 25 Allowable operating expenses. Enter the **smaller** of line 15 or line 25. 26 2,653. 26 27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 27 3,747. Excess casualty losses (see instructions) . . 28 28 Depreciation of your home from line 41 below 29 29 Carryover of prior year excess casualty losses and depreciation (see 30 instructions) . . . . . . . . . . . . 30 Add lines 28 through 30. . 31 32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31 . . . 32 33 2,653. 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 2,653. Part III **Depreciation of Your Home** 36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions) . . . 36 37 38 39 % 40 41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above 41 **Carryover of Unallowed Expenses to 2018 42** Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- . . . . . 42 0. 43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-43

# **Depreciation and Amortization Report**

Tax Year 2017 ► Keep for your records

Ima Starr

Sch C - Writer 111-22-3333

scn C - Writer												111-22-3333
Asset Description	*Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Auto	L	01/01/10			7.50							
Powerbook & Printer		04/01/16	1,523		100.00			1,523	5.0	200DB/HY	305	48
Kindle Reader		07/01/16	139		100.00			139	5.0	200DB/HY	28	4
SUBTOTAL PRIOR YEAR			1,662	0		0	0	1,662			333	53
TOTALS			1,662	0		0	0	1,662			333	53
1011110			1,002					1,002			333	
						Y						
•												

<sup>\*</sup>Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

# **Depreciation and Amortization Report**

Tax Year 2017 ► Keep for your records

Ima Starr

Sch C - Blue Jazzbos

111-22-3333

Sch C - Blue Jazzbos							111-22-3333					
Asset Description	*Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Yamaha STAGEPAS		07/01/17	1,249		100.00			1,249	5.0	200DB/HY		250
Video Equipment		07/01/17	1,621		100.00			1,621	5.0	200DB/HY		324
iPhone 8		07/01/17	299		100.00			299	7.0	200DB/HY		43
Sennheiser e945		07/01/17	225		100.00			225	7.0	200DB/HY		32
SUBTOTAL CURRENT YEAR			3,394	0		0	0	3,394			0	649
iPad		07/01/16	549		100.00			549	5.0	200DB/HY	110	176
SUBTOTAL PRIOR YEAR			549	0		0	0	549		,	110	176
			5 25				-	9.22				
TOTALS			3,943	0		0	0	3,943			110	825
AMORTIZATION												
Website		07/01/17	2,150		100.00			2,150	3 0			358
SUBTOTAL CURRENT YEAR		07/01/17	2,150		100.00	0	0	2,150	3.0		0	358
TOTALS			2,150			0	0	2,150			0	358
0 1 2 2 1 1												

<sup>\*</sup>Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Ima Starr 111-22-3333 1

# 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.

