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	. 31, 2017	, or other tax year beginning		,	2017, endin	g		, 20	Se	e separate instruct	ons.
Your first name and i	nitial		Last name						Yo	ur social security nu	mber
Sonny			Phunky	,					22	22-33-4444	
If a joint return, spou	se's first	name and initial	Last name						Spo	ouse's social security r	umber
Home address (numb	per and s	treet). If you have a P.O. b	ox, see instru	ctions.				Apt. no.		Make sure the SSN(s	
RR 1										and on line 6c are of	orrect.
City, town or post office	e, state, a	nd ZIP code. If you have a for	eign address, a	ilso complete spaces b	oelow (see ir	struction	ns).		Р	residential Election Ca	mpaign
Rockridge	ME 03	3905								ck here if you, or your spous	
Foreign country name	е			Foreign province/s	state/count	У	1	Foreign postal cod		ly, want \$3 to go to this fund x below will not change you	
									refur	nd. You	Spouse
Filing Status	1	X Single			4	П	lead of ho	usehold (with qua	lifying	person). (See instruction	ns.)
i iiiig Otatas	2	Married filing jointly	(even if only	one had income))	If	the qualif	ying person is a c	hild bu	t not your dependent,	enter this
Check only one	3	Married filing separa	ately. Enter s	spouse's SSN abo	ove	c	hild's nam	ne here.			
box.		and full name here.			5	c	Qualifying	widow(er) (see	instruc	ctions)	
Exemptions	6a	X Yourself. If some	one can clai	m you as a depen	ndent, do	not che	eck box	6a	.]	Boxes checked on 6a and 6b	1
Exomptions	b	Spouse	<u></u>						_ <u>.</u> J	No. of children	
	С	Dependents:		(2) Dependent's		endent's	qualif	if child under age ying for child tax cre		on 6c who: • lived with you	
	(1) First	name Last name	so so	cial security number	relations	nip to you		(see instructions)		 did not live with 	
If an area there for an										you due to divorce or separation	
If more than four dependents, see							44			(see instructions)	
instructions and						<u> </u>				Dependents on 6c not entered above	
check here ▶☐										Add numbers on	1
	d	Total number of exem	ptions claim	ned		<u>.</u>		<u> </u>		lines above 🕨	1
Income	7	Wages, salaries, tips,	etc. Attach	Form(s) W-2 .		-1			7	31,	071.
	8a	Taxable interest. Atta	ch Schedule	B if required .		• .			8a		9.
Attach Form(s)	b	Tax-exempt interest.				3b					
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. At	ttach Sched	ule B if required					9a		
attach Forms	b	Qualified dividends				9b					
W-2G and	10	Taxable refunds, cred	its, or offset	s of state and loca	al income	taxes			10		
1099-R if tax was withheld.	11	Alimony received .							11	_	
	12	Business income or (lo							12	5,	269.
If you did not	13	Capital gain or (loss).			. If not red	quired,	check he	ere ▶ ⊔	13		
get a W-2,	14	Other gains or (losses)		m 4797	· ; .				14		
see instructions.	15a	IRA distributions .	15a				e amount		15b		
	16a	Pensions and annuities		11. 2			e amount		16b		0.60
	17	Rental real estate, roy				sts, etc	c. Attach	Schedule E	17	Ι,	269.
	18	Farm income or (loss).		edule F					18		
	19	Unemployment comp			·		 e amount		19		
	20a 21	Social security benefits Other income. List typ		unt.	b	Taxable	e amount		20b 21		-
	22	Combine the amounts in			 hrough 21	This is v	vour total	lincome ►	22	37	618.
	23	Educator expenses		oolaliiii loi iiiloo 7 ti		23	your tota	i illoolile >	22	37,	010.
Adjusted	24	Certain business expens		te performing artists	_						
Gross	24	fee-basis government off			I	24					
Income	25	Health savings accoun	~			25					
	26	Moving expenses. Att				26			-		
	27	Deductible part of self-e				27		220.	-		
	28	Self-employed SEP, S				28		220.			
	29	Self-employed health				29					
	30	Penalty on early withd				30					
	31a	Alimony paid b Recip		-		1a					
	32	IRA deduction				32					
	33	Student loan interest of				33					
	34	Reserved for future us				34					
	35	Domestic production ac				35					
	36	Add lines 23 through 3							36]	220.
	37	Subtract line 36 from				ome		🕨	37		398.

Form 1040 (2017)			Page
	38	Amount from line 37 (adjusted gross income)	38	37,398.
Tax and	39a	Check You were born before January 2, 1953, Blind. Total boxes		
		if: Spouse was born before January 2, 1953, ☐ Blind. checked ▶ 39a ☐ 1		
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	13,929.
Deduction for-	41	Subtract line 40 from line 38	41	23,469.
People who	42	Exemptions. 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	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	19,419.
box on line 39a or 39b or	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	2,448.
who can be claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
instructions.	47	Add lines 44, 45, and 46	47	2,448.
All others:	48	Foreign tax credit. Attach Form 1116 if required		
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49		
separately, \$6,350	50	Education credits from Form 8863, line 19		
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51		
jointly or	52	Child tax credit. Attach Schedule 8812, if required 52		
Qualifying widow(er),	53	Residential energy credit. Attach Form 5695		
\$12,700	54	Other credits from Form: a 3800 b 8801 c 54		
Head of household,	55	Add lines 48 through 54. These are your total credits	55	
\$9,350	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	2,448.
	57	Self-employment tax. Attach Schedule SE	57	440.
0.11	5 <i>1</i>	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	440.
Other			59	
Taxes	59 60a	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		
	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 🗵	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	2 000
	63	Add lines 56 through 62. This is your total tax	63	2,888.
Payments	64			
If you have a	65	2017 estimated tax payments and amount applied from 2016 return 65		
qualifying	66a	Earned income credit (EIC)		
child, attach	b	Nontaxable combat pay election 66b		
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812		
	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 2 73		2 460
- -	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments		3,462
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	574
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here .	76a	574
Direct deposit?	▶ b	Routing number X X X X X X X X X X D c Type: Checking Savings		
See instructions.	► d	Account number X X X X X X X X X X X X X X X X X X X		
	77	Amount of line 75 you want applied to your 2018 estimated tax ▶ 77		
Amount	78	Amount you owe. 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				plete below. X No
Designee		signee's Phone Personal iden no. ▶ number (PIN)	uncano	" •
Sign		enalities of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled		
Here		ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all inform	ı	
Joint return? See	You	ur signature Date Your occupation	Daytir	me phone number
instructions.		Musician		
Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the IF PIN, er	RS sent you an Identity Protection nter it
your records.				ee inst.)
Paid	Pri	nt/Type preparer's name Preparer's signature Self-Prepared Date		k 🗌 if PTIN
Preparer			self-e	mployed
Use Only	Firr	m's name ▶	Firm's	s EIN ▶
	Firr	m's address ▶	Phone	e no.

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.

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

OMB No. 1545-0074

2017

Attachment

Attachment Sequence No. **07**

Name(s) shown on Form 1040 Your social security number Sonny Phunky 222-33-4444 Caution: Do not include expenses reimbursed or paid by others. Medical 1 1 Medical and dental expenses (see instructions) and 2 Enter amount from Form 1040, line 38 2 **Dental 3** Multiply line 2 by 7.5% (0.075) **Expenses** 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-**Taxes You** 5 State and local (check only one box): a X Income taxes, or **Paid** 5 2,171 **b** General sales taxes 1,598. 6 Real estate taxes (see instructions) . 6 7 Personal property taxes Other taxes. List type and amount > 8 Add lines 5 through 8. 3,769. Interest 10 5,399 Home mortgage interest and points reported to you on Form 1098 11 Home mortgage interest not reported to you on Form 1098. If paid You Paid to the person from whom you bought the home, see instructions Note: and show that person's name, identifying no., and address Your mortgage interest deduction may be limited (see 12 Points not reported to you on Form 1098. See instructions for instructions). special rules 12 **13** Reserved for future use 13 14 Investment interest. Attach Form 4952 if required. See instructions 14 5,399. **15** Add lines 10 through 14. 15 Gifts to 16 Gifts by cash or check. If you made any gift of \$250 or more. Charity 16 250. see instructions 17 Other than by cash or check. If any gift of \$250 or more, see If you made a gift and got a instructions. You must attach Form 8283 if over \$500 . 17 benefit for it. **18** Carryover from prior year . . 18 see instructions. **19** Add lines 16 through 18 . . 250. **Casualty and** 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 **Theft Losses Job Expenses** 21 Unreimbursed employee expenses-job travel, union dues, and Certain job education, etc. Attach Form 2106 or 2106-EZ if required. Miscellaneous See instructions. ▶ Employee business expenses 21 5,259. **Deductions** 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 5,259. **25** Enter amount from Form 1040, line 38 **25 26** Multiply line 25 by 2% (0.02) 26 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-4,511. Other Other—from list in instructions. List type and amount ▶ Miscellaneous **Deductions** Total 29 Is Form 1040, line 38, over \$156,900? Itemized 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. 29 **Deductions** 13,929. 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 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

Sonny Phunky Sonny Phunky Sonny Phunky Sonny The But Cerbal 1 Phunky Sonny The B		n proprietor						22 4444
Must cl am								
Business name. If no separate business name, leave blank. Sonny "The Butterball * Phunky Business address (including suite or room no) ► RR 1 City, town or post office, state, and 2IP code	Α		n, incl	uding product or service (se	e instri	uctions)	B Enter	
Sommy "The Butterball" Phunky Business address (including suite or noom no.) ► RR 1 City, town or post office, state, and 2IP code Fockridge, ME 03905								
E Business address (including suite or room no.)	С	·					D Empl	oyer ID number (EIN) (see instr.)
City, town or post office, state, and ZIP code				-				
F. Accounting method: (1)	E	, .						
Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses. No					ge, N	1E 03905		
How started or acquired this business during 2017, check here Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Test, did you or will you life required Forms 1099? Test Income Gross recipits or sales. See instructions for line 1 and check the box if this income was reported to you or of form W-2 and the "Statutory employee" box on that form was checked Gross recipits or sales. See instructions for line 1 and check the box if this income was reported to you or form W-2 and the "Statutory employee" box on that form was checked Gross recipits or sales. See instructions for line 1 and check the box if this income was reported to you or form W-2 and the "Statutory employee" box on that form was checked Gross form of the "Statutory employee" box on that form was checked Gross forms of the "Statutory employee" box on that form was checked Gross forms of the "Statutory employee" box on that form was checked Gross forms of the "Statutory employee" box on that form was checked Gross forms of the "Statutory employee" box on that form was checked Gross forms of the "Statutory employee" box on that form was checked Gross forms of the "Statutory employee" box on that form was checked Gross forms of the "Statutory employee" box on that form was checked Gross forms of the "Statutory employee" box on that form was checked Gross forms of the "Statutory employee" box on that form was checked Gross forms of the "Statutory employee" box on that form was checked Gross forms of the "Statutory employee" box on that form was checked Gross forms of the "Statutory employee" box on that form was checked Gross forms of the "Statutory employee" box on that form was checked on refusion employee on the statutory employee box of the "Gross forms of the "Statutory employee" box of the "Gross forms	F				_			
Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)	G							
If Yes," did you or will you file required Forms 1099?	Н			_				
Part Income Cross reaceipts 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	I							
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	J		e requi	red Forms 1099?				X Yes No
Returns and allowances	Part	Income						
2 Returns and allowances 3 3 Subtract line 2 from line 1 4 Cost of goods sold (from line 42) 4 Cost of goods sold (from line 42) 5 Gross profit. Subtract line 4 from line 3 6 Other income, including faderal and state gasoline or fuel tax credit or refund (see instructions) 6 Other income, including faderal and state gasoline or fuel tax credit or refund (see instructions) 7 Corns income. Add lines 5 and 6 8 Advertising 8 8 Advertising 8 8 Advertising 9 9 Car and truck expenses (see instructions) 10 Commissions and fees 9 10 Commissions and fees 10 11 Contract labor (see instructions) 11 Contract labor (see instructions) 12 Depletion 1 12 Depletion 1 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) 14 Employee benefit programs (other than on line 19) 14 15 Insurance (other than health) 15 long and profits and pr	1	Gross receipts or sales. See in	nstruct	ions for line 1 and check the	box if	this income was reported to you or	1	
3 3 16, 845. 4 Cost of goods sold (from line 42) 4 6, 455. 5 Gross profit. Subtract line 4 from line 3 5 10, 390. 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 7 24, 581. 7 24, 581. 7 24, 581. 7 24, 581. 7 24, 581. 8 Advertising 8 341. 18 Office expenses (see instructions) 19 Pension and profit-sharing plans 19 10 Commissions and fees 10 2, 061. 20 Pension and profit-sharing plans 19 11 Contract labor (see instructions) 1 4 Pension and profit-sharing plans 19 11 Contract labor (see instructions) 1 Pension and profit-sharing plans 19 11 Contract labor (see instructions) 1 Pension and profit-sharing plans 19 11 Contract labor (see instructions) 1 Pension and profit-sharing plans 19 11 Contract labor (see instructions) 1 Pension and profit-sharing plans 19 11 Contract labor (see instructions) 1 Pension and profit-sharing plans 19 11 Contract labor (see instructions) 1 Pension and profit-sharing plans 19 11 Contract labor (see instructions) 2 Pension and profit-sharing plans 19 11 Contract labor (see instructions) 2 Pension and profit-sharing plans 19 11 Contract labor (see instructions) 2 Pension and profit-sharing plans 19 12 Pepterion 12 21 Pension and profit-sharing plans 19 13 Depreciation and section 179 Pension and profit-sharing plans 19 14 Employee benefit programs (other than on line 19) 14 Pension and material plans 2 Pension and profit in labor (see instructions) 2 Pension and profit in labor (see instructions) 2 Pension and material plans 2					hecked	1		16,845.
4 Cost of goods sold (from line 42) 5 Gross profit. Subtract line 4 from line 3 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 7 Cost of goods sold (from line 3 6 10,3300. 7 24,581. Part III Expenses. Enter expenses for business use of your home only on line 30. Part III Expenses. Enter expenses for business use of your home only on line 30. Part III Expenses. Enter expenses for business use of your home only on line 30. Part III Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 341. 18 Office expense (see instructions) 9 Car and truck expenses (see instructions) 10 Commissions and fees 10 9 Pension and profit-sharing plans 19 Pension and equipment 20 Pension and section 179 Pexpense deduction (not included in Part III) 19 Pension and section 179 Pexpense deduction (not included in Part III) 19 Pension and section 179 Pexpense deduction (not included in Part III) 19 Pension and section 179 Pexpense deduction (not included in Part III) 19 Pension and included in Part III) 20 Pension and section 179 Pexpense deduction (not included in Part III) 21 Pension and section 179 Pexpense deduction (not included in Part III) 22 Perpense deduction (not included in Part III) 22 Pension and included in Part III) 23 Pension and included in Part III) 24 Pension and included in Part III) 25 Pension and included in Part III 25 Pension and included in Part III 26 Pension and included in Part II	2	Returns and allowances					. 2	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 14,191. Gross income. Add lines 5 and 6	3	Subtract line 2 from line 1 .					. 3	16,845.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . ↑ 7 24,581. 7 24,581. 8 Advertising 8 341. 18 Office expense (see instructions)	4	Cost of goods sold (from line	42) .				. 4	6,455.
7	5	Gross profit. Subtract line 4	from li	ne3			. 5	10,390.
Expenses. Enter expenses for business use of your home only on line 30. Advertising	6	Other income, including federa	al and	state gasoline or fuel tax cre	dit or ı	refund (see instructions)	. 6	14,191.
Expenses. Enter expenses for business use of your home only on line 30. Advertising	_ 7	Gross income. Add lines 5 at	nd 6 .				7	24,581.
9 Car and truck expenses (see instructions)	Part	Expenses. Enter expe	enses	for business use of you	r hom	ne only on line 30.		
instructions). 9 2,061. 20 Rent or lease (see instructions): 10 Commissions and fees 10 0 20a Vehicles, machinery, and equipment 11 Contract labor (see instructions) 11 b Contract labor (see instructions) 11 b Contract labor (see instructions) 12 21 Repairs and maintenance 21 114. 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions). 13 4,020 24 Travel, meals, and licenses 23 instructions). 13 4,020 24 Travel, meals, and entertainment: 14 Employee benefit programs (other than on line 19) 14 b Deductible meals and entertainment (see instructions) 24b 1,311. 15 Insurance (other than health) 15 25 Utilities 25 26 Wages (less employment credits). 25 Utilities 25 26 Wages (less employment credits). 26 Wages (less employment credits). 26 Uther 27a 350. 27a Other expenses (from line 48) 27a 5,952. 17 Legal and professional services 17 350. 26 Reserved for future use 27b 27a 5,952. 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 25 29 7,921. 29 Tentative profit or (loss). Subtract line 28 from line 7 29 7,921. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the 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 4 Use the 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 30 2,652. 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 the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • 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 10	8	Advertising	8	341.	18	Office expense (see instructions)	18	104.
10 Commissions and fees 10 a Vehicles, machinery, and equipment Contract labor (see instructions) 11 b Contract labor (see instructions) 12 Depletion 12 21 Repairs and maintenance 21 114. 12 Depreciation and section 179 expense deduction (not included in Part III) (see instructions). 13 4,020 24 Travel, meals, and entertainment: 23 Travel 23 Travel 24 Travel, meals, and entertainment: 24 Employee benefit programs (other than on line 19) 14 b Deductible meals and entertainment (see instructions) 25 Utilities 27 Utilities 28 Utilities 29 Utilitie	9	Car and truck expenses (see			19	Pension and profit-sharing plans	. 19	
11 Contract labor (see instructions) 11		instructions)	9	2,061.	20	Rent or lease (see instructions):		
Depletion	10	Commissions and fees .	10		а	Vehicles, machinery, and equipmen	20a	
Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	11	Contract labor (see instructions)	11		b	Other business property	. 20b	
expense deduction (not included in Part III) (see instructions)	12	Depletion	12		21	Repairs and maintenance	. 21	114.
included in Part III) (see instructions)	13	•			22	Supplies (not included in Part III)	. 22	474.
instructions).					23	Taxes and licenses	. 23	
a Travel		, ,	13	4,020.	24	Travel, meals, and entertainment:		
(other than on line 19) .	14	Employee benefit programs			a		. 24a	1,933.
15 Insurance (other than health) 16 Interest: a Mortgage (paid to banks, etc.) b Other			14		b	Deductible meals and		
16 Interest: a Mortgage (paid to banks, etc.) b Other	15	•	15				. 24b	1,311.
b Other	16				25	,		
b Other	а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	. 26	
Total expenses before expenses for business use of home. Add lines 8 through 27a	b		16b		27a			5,952.
Total expenses before expenses for business use of home. Add lines 8 through 27a	17		17	350.	b	Reserved for future use	. 27b	
Tentative profit or (loss). Subtract line 28 from line 7	28	Total expenses before expen	ses fo		l lines 8	8 through 27a ▶	28	16,660.
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: Method Worksheet in the instructions to figure the amount to enter on line 30	29					-	. 29	7,921.
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: Method Worksheet in the instructions to figure the amount to enter on line 30	30				e expe	nses elsewhere. Attach Form 8829)	
Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30			_					
Method Worksheet in the instructions to figure the amount to enter on line 30					(a) you	ur home:		
Method Worksheet in the instructions to figure the amount to enter on line 30		and (b) the part of your home	used f	or business:		. Use the Simplified	-	
 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. 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. 					ter on I		. 30	2,652.
 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. 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. 	31			-				,
(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. 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.					ne 13\	and on Schedule SE. line 2.		
 If a loss, you must go to line 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. 					,	· (31	5,269.
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. 32a All investment is at risk. 32b Some investment is not				,	-,	,		
• 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. 32a All investment is at risk. 32b Some investment is not	32			at describes vour investment	in this	activity (see instructions).		
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. 32a						1		
trusts, enter on Form 1041, line 3.				•	, ,	· · · · · · · · · · · · · · · · · · ·	32a	All investment is at risk.
				ino box on mile 1, ace ii	.5 11110	5ordonomoj. Lotatos and	32b	
 If you checked 32b, you must attach Form 6198. Your loss may be limited. 				ach Form 6198. Your loss m	av be l	imited.		at risk.

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 K Lower of cost or market c C Other (attach ex	planation)	
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		
36	Purchases less cost of items withdrawn for personal use		1,000.
37	Cost of labor. Do not include any amounts paid to yourself		3,640.
38	Materials and supplies		
39	Other costs		2,425.
40	Add lines 35 through 39		7,065.
41	Inventory at end of year		610.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4		6,455.
Part	Information on Your Vehicle. Complete this part only if you are claiming car or truck and are not required to file Form 4562 for this business. See the instructions for line 15 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:	
а	Business b Commuting (see instructions) c Other		
45	Was your vehicle available for personal use during off-duty hours?	Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	Yes	☐ No
47a	Do you have evidence to support your deduction?	Yes	☐ No
_	If "Yes," is the evidence written?	Tes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26 or line 30		
Tr	ade Publications (Billboard)		299.
Re	search-Streaming Video/Music Downloads		613.
Pe	erformance Audit		405.
In	ternet Service		405.
Ce	ell & Skype Service		372.
On	line A&R (Taxi)		300.
CD	Baby & other online fees		79.
In	structional DVD's		89.
Se	e Line 48 Other Expenses		3,390.
48	Total other expenses. Enter here and on line 27a		5,952.

Your social security number Name(s) shown on return. Do not enter name and social security number if shown on other side. 222-33-4444 Sonny Phunky Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions. 27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. × Yes (b) Enter P for (c) Check if foreign (e) Check if (d) Employer 28 partnership; **S** for S corporation (a) Name identification any amount is not at risk partnership number Α The Lido Shuffle 26-0000001 P В UPE P 26-0000001 C D Nonpassive Income and Loss **Passive Income and Loss** (f) Passive loss allowed (a) Passive income (h) Nonpassive loss (i) Section 179 expense (j) Nonpassive income (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 deduction from Form 4562 from Schedule K-1 Α 3,420 В 2,151. C D 29a Totals 3,420 Totals 2,151 b Add columns (g) and (j) of line 29a. . 30 3,420. 30 31 Add columns (f), (h), and (i) of line 29b 31 2,151 32 Total partnership and S corporation income or (loss). Combine lines 30 1,269. 32 result here and include in the total on line 41 below . Part III Income or Loss From Estates and Trusts (b) Employer 33 (a) Name identification number Α В Passive Income and Loss Nonpassive Income and Loss (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss (f) Other income from (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 Schedule K-1 Α В Totals 34a Totals h Add columns (d) and (f) of line 34a 35 35 36 Add columns (c) and (e) of line 34b 36 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and 37 include in the total on line 41 below 37 Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder Part IV (c) Excess inclusion from (b) Employer identification number (e) Income from Schedules Q, line 3b (d) Taxable income (net loss) 38 (a) Name Schedules Q, line 2c (see instructions) 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 Part V Summary 5 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below . 40 1,269. 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶ 41 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) . . . 42 Reconciliation for real estate professionals. If you were a real estate 43 professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities

in which you materially participated under the passive activity loss rules .

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)

Sonny Phunky

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

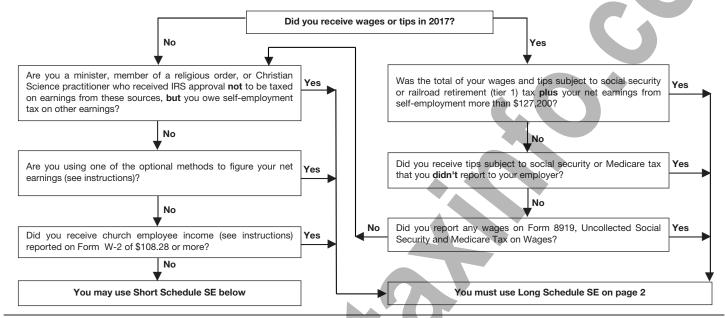
Social security number of person with **self-employment** income ▶

222-33-4444

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	3,118.
3	Combine lines 1a, 1b, and 2	3	3,118.
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	2,879.
	Note: 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		
	 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	440.
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		

Form **4562**

Department of the Treasury

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

Name(s) shown on return

Sonny Phunky

Business or activity to which this form relates

Identifying number 222-33-4444

Sch C Musician 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 21,762 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . ,030,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 0. Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 510,000. 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Gallien-Krueger Amplifier 799. 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 799. 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 799. **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 38,408 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 799. 13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 0. 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 999. 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 768. 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 3-year property 395. 5.0 200 DB 79. **b** 5-year property HY 15,000. 7.0 HY 200 DB 2,143. 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 4,788. here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 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 Inf	ormation	on (Cai	ution: 3	See the	e instru	uctions f	or limit	s for pa	ssenge	r autom	obiles.)	
24 a	a Do you have evidence to support t	he business/inve	estment ι	use clain	ned? 🔀	Yes	No	24b If	"Yes,"	is the ev	idence v	written?	X Yes	No
	(a) e of property (list vehicles first) (b) Date placed in service in service percer	ess/ (ent use Cost or o	d) ther basis		(e) for depreness/investuse only)	stment	(f) Recove period	-	(g) ethod/ nvention		(h) oreciation eduction	ı Ele	(i) ected sect cost	ion 179
25	Special depreciation allowar								-					
	the tax year and used more					e (see	instruc	ctions) .	25					
26	Property used more than 509	·	d busine	ess use	e:									
		%												
		%												
		%									_			
27			ısıness	use:				G/I	_			~ _		
_Vel	hicle 01/01/2010 31.8	%		+				S/L -						
		% %						5/L -	_			-		
28	Add amounts in column (h), li	, -	ıh 27 E	ntor ho	re and o	on line	21 na		28			-		
29		_					-	-				29		
	Add arrioditis iii colditiii (i), iii							ehicles			•	23		
	plete this section for vehicles us our employees, first answer the q	ed by a sole pr	oprietor	, partne	er, or oth	ner "mo	re thar	1 5% owr						vehicles
30	Total business/investment miles the year (don't include commuting		Vehi	a) cle 1 ,853		b) cle 2	Ve	(c) ehicle 3	Vel	(d) hicle 4		(e) nicle 5		f) cle 6
	Total commuting miles driven du Total other personal (nor miles driven	ncommuting)	Ω	,235										
33	Total miles driven during th			,088		1	7							
34	Was the vehicle available use during off-duty hours? .		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primari than 5% owner or related per		×											
36	Is another vehicle available for p	ersonal use?		×								+		
	Section C-C		Emplo	vers W	ho Pro	vide V	ehicle	s for Us	e by T	heir Em	plovee	S		
	wer these questions to determ e than 5% owners or related p	ne if you mee	t an exc	ception					-				who ar	
37	your employees?												Yes	No
38	Do you maintain a written po employees? See the instruct	ions for vehic	les used	d by co	rporate									
39	Do you treat all use of vehicle													
40	Do you provide more than fivuse of the vehicles, and retain					ain info	ormati	on from	your e	mploye 	es abo	ut the		
41	Do you meet the requirement	s concerning	qualifie	d autor	nobile d	demons	stratio	n use? (See ins	truction	s.) .			
	Note: If your answer to 37, 3	8, 39, 40, or 4	11 is "Ye	es," do	n't com	plete S	Section	n B for th	ne cove	ered veh	icles.			
Pai	rt VI Amortization													
	(a) Description of costs	(b) Date amortiza begins	ation	Amor	(c) rtizable ar	mount		(d) Code sect	ion	(e) Amortiz period percen	ation I or	Amortiza	(f) Ition for th	is year
42	Amortization of costs that be	gins during yo	ur 2017	7 tax ye	ar (see	instruc	tions):	:						
CD	Production	07/01/20)17			0,000		197		2.00			2,	500.
	osite	08/09/20				2,841		197		3.00	$\overline{}$			395.
	Amortization of costs that be			-							43			
44	Total. Add amounts in colun	าท (f). See the	instruct	tions fo	or where	e to rep	ort .				44		2,	895.

Form **4562**

Department of the Treasury

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

Internal Revenue Service (99)
Name(s) shown on return
Sonny Phunky

Business or activity to which this form relates

K1 Partnership SBE The Lido Shuffle

Identifying number 222-33-4444

Pai			rtain Property Und			omplete Part I	
1	Maximum amount (s						1 510,000.
2	•		•				1 510,000.
3					•	ions)	3 2,030,000.
4			•		•		4
5				,		er -0 If married filing	
	separately, see instru						5
6		cription of proper		(b) Cost (busin		(c) Elected cost	
			,	,, ,			
7	Listed property. Ente	er the amount	from line 29	٠	7		
8	Total elected cost of					d 7	8
9	Tentative deduction.						9
10	Carryover of disallow	ed deduction	from line 13 of your	2016 Form 45	562		10
11	Business income limita	ation. Enter the	smaller of business inc	come (not less	than zero) or	line 5 (see instructions)	11
12	Section 179 expense	e deduction. A	dd lines 9 and 10, bu	ıt don't enter	more than lir	ne 11	12
13	Carryover of disallow	ed 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. Ir	nstead, use P	art V.		
Pai	t II Special Depre	eciation Allo	wance and Other [Depreciation	(Don't incl	ude listed property.) (S	See instructions.)
14	Special depreciation	n allowance f	or qualified property	(other than	listed prop	erty) placed in service	
	during the tax year (s	see instructior	ns)				14
15	Property subject to s	section 168(f)(1) election				15
	Other depreciation (i						16
Pai	t III MACRS Dep	reciation (D	on't include listed	property.) (S	ee instructi	ons.)	
				Section A			
17						17	17
18	-		ssets placed in serv	ice during the	tax year int	o one or more general	
	asset accounts, chec						
				g 2017 Tax Y	ear Using th	e 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	on (f) Method	(g) Depreciation deduction
_19a	3-year property						
b	5-year property						
	7-year property						
c	10-year property						
	15-year property						
	20-year property						
						0 "	
	25-year property			25 yrs.		S/L	
	Residential rental			27.5 yrs.	MM	5/L	
h	Residential rental property			27.5 yrs. 27.5 yrs.	MM	5/L 5/L	
h	Residential rental property i Nonresidential real			27.5 yrs.	MM MM	5/L 5/L 5/L	
h	Residential rental property Nonresidential real property			27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	5/L 5/L 5/L 5/L	
	Residential rental property i Nonresidential real property Section C	Assets Place	d in Service During	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L	on System
20a	Residential rental property Nonresidential real property Section C— Class life	Assets Place	d in Service During	27.5 yrs. 27.5 yrs. 39 yrs. 2017 Tax Ye a	MM MM MM	S/L S/L S/L S/L S/L S/L S/L Alternative Depreciation	on System
20a	Residential rental property Nonresidential real property Section C Class life 12-year	Assets Place	d in Service During	27.5 yrs. 27.5 yrs. 39 yrs. 2017 Tax Ye s 12 yrs.	MM MM MM ar Using the	S/L S/L	on System
20a	Residential rental property Nonresidential real property Section C— Class life 12-year 40-year			27.5 yrs. 27.5 yrs. 39 yrs. 2017 Tax Ye a	MM MM MM	S/L S/L S/L S/L S/L S/L S/L Alternative Depreciation	on System
20a	Residential rental property Nonresidential real property Section C — Class life 12-year 40-year TIV Summary (S	ee instruction	ons.)	27.5 yrs. 27.5 yrs. 39 yrs. 2017 Tax Ye s 12 yrs.	MM MM MM ar Using the	S/L S/L	
20a b c Pai	Residential rental property Nonresidential real property Section C — Class life 12-year 40-year TIV Summary (S	ee instruction	ons.) n line 28	27.5 yrs. 27.5 yrs. 39 yrs. 2017 Tax Ye 12 yrs. 40 yrs.	MM MM MM ar Using the	S/L S/L	on System
20a b c Pai	Residential rental property Nonresidential real property Section C— Class life 12-year 40-year TIV Summary (S Listed property. Enter	ee instructioner amount from line 12,	ons.) n line 28	27.5 yrs. 27.5 yrs. 39 yrs. 2017 Tax Yea 12 yrs. 40 yrs. 	MM MM MM ar Using the MM	S/L S/L S/L S/L S/L Alternative Depreciation S/L	21
20a b C Pai 21 22	Residential rental property Nonresidential real property Section C— Class life 12-year 40-year TIV Summary (S Listed property. Enter	Gee instruction amount from the from line 12 propriate lines of the first th	nns.) m line 28 lines 14 through 17, of your return. Partne	27.5 yrs. 27.5 yrs. 39 yrs. 2017 Tax Yes 12 yrs. 40 yrs. lines 19 and erships and S	MM MM ar Using the MM 20 in columicorporations	S/L S/L S/L S/L S/L Alternative Depreciation S/L	

Page 2

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

(c)

(d)

(e)

Yes No

24b If "Yes," is the evidence written?
Yes No

Section A	—Deprecia	ation and C	Other Information	n (Caution: See th	ne instructi	ons for limit	s for passenger a	utomobiles.)
24a Do you have e	vidence to su	pport the bus	siness/investment us	e claimed? X Yes	□ No 2	4b If "Yes,"	is the evidence writ	tten? 🛛 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
				property placed in				
the tax year	and used	more than b	50% in a qualified	business use (see	e instructio	ns) . 25		
26 Property use	ed more tha	an 50% in a	qualified busines	s use:				
		%						
		%						
		%						
27 Property use	ed 50% or l	less in a qu	alified business u	se:				
Vehicle	01/01/2011	7.96 %				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amount	s in colum	n (h), lines 2	25 through 27. Ent	er here and on line	e 21, page	1 . 28		
29 Add amount	s in columi	n (i), line 26.	. Enter here and o	n line 7, page 1 .			29)
			0 :: 0					

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.

30	Total business/investment miles driven during the year (don't include commuting miles) .	(a Vehi	a) cle 1 962	(t Vehi			c) cle 3	(c Vehi		(∈ Vehi		(1 Vehi	
	Total commuting miles driven during the year Total other personal (noncommuting)												
	miles driven	11	,126			1							
33	Total miles driven during the year. Add lines 30 through 32	12	,088		•								
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?		X										

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	(c) Amortizable amount	(d) Code section	(e) Amortiza period percenta	or	(f) Amortization for this year
42	Amortization of costs that beg	ins during your 20	17 tax year (see instruction	ns):	•		
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	uctions for where to repor	t		44	

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

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 Form 2106 Musician

Identifying number 222-33-4444

Son	ny Phunky	Form	1 2106 Mus	sician		222	2-33-4444
Par	Election To Expense Cer Note: If you have any liste				omplete Part I.	!	
1	Maximum amount (see instructions	s)				1	510,000.
2	Total cost of section 179 property	placed in service (see	e instructions	s)		2	
3	Threshold cost of section 179 prop	perty before reduction	n in limitation	(see instruct	ions)	3	2,030,000.
4	Reduction in limitation. Subtract lin	ne 3 from line 2. If zer	o or less, ent	er -0		4	
5	Dollar limitation for tax year. Sub						
	separately, see instructions					5	
6_	(a) Description of propert	ty	(b) Cost (busi	ness use only)	(c) Elected cost		
						<u> </u>	, -
_	Listed property. Enter the amount					-	
8	Total elected cost of section 179 p					8	
9	Tentative deduction. Enter the small					9	
10	Carryover of disallowed deduction	•				10	
11	Business income limitation. Enter the					11	
12	Section 179 expense deduction. A					12	
	Carryover of disallowed deduction Don't use Part II or Part III below				13		
	t II Special Depreciation Allo				ude listed property) (S	oo in	etructions)
	Special depreciation allowance for		•				Structions.)
14	during the tax year (see instruction		•		erty) placed in service	14	
15	Property subject to section 168(f)(15	
	Other depreciation (including ACR				,	16	
Par	t III MACRS Depreciation (D	on't include listed r	property.) (S	See instructi	ons.)		<u> </u>
	materie z opresiduent (z		Section A		<u></u>		
17	MACRS deductions for assets place	ced in service in tax v	ears beginning	na before 20	17	17	368.
	MACRS deductions for assets place If you are electing to group any a					17	368.
	If you are electing to group any a asset accounts, check here	ssets placed in servi	ce during the	tax year int	o one or more general		
	If you are electing to group any a	ssets placed in servi	ce during the	tax year int	o one or more general		
18 	If you are electing to group any a asset accounts, check here	ssets placed in servi	ce during the	tax year int	to one or more general ▶ ☐ te General Depreciation	Syst	
18 	If you are electing to group any a asset accounts, check here Section B — Assets Plac Classification of property (b) Month and year placed in service	ed in Service During (c) Basis for depreciation (business/investment use	ce during the	e tax year int	to one or more general ▶ ☐ te General Depreciation	Syst	em
(a) (If you are electing to group any a asset accounts, check here Section B — Assets Plac Classification of property (b) Month and year placed in service 3-year property	ed in Service During (c) Basis for depreciation (business/investment use	ce during the	e tax year int	to one or more general ▶ ☐ te General Depreciation	Syst	em
(a) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	If you are electing to group any a asset accounts, check here Section B – Assets Place Classification of property Classification of property 3-year property 5-year property	ssets placed in servi 	ce during the	e tax year int	to one or more general	Syst	em Depreciation deduction
(a) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	If you are electing to group any a asset accounts, check here Section B – Assets Place Classification of property 3-year property 5-year property 7-year property 10-year property	ssets placed in servi 	ce during the	e tax year int	to one or more general	Syst	em Depreciation deduction
(a) (d) (d) (e) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	If you are electing to group any a asset accounts, check here Section B — Assets Place Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	ssets placed in servi 	ce during the	e tax year int	to one or more general	Syst	em Depreciation deduction
18 (a) (d) 19a (d) d (e) 1	If you are electing to group any a asset accounts, check here Section B — Assets Place Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	ssets placed in servi 	ce during the 2017 Tax Y (d) Recovery period	e tax year int	to one or more general	Syst	em Depreciation deduction
18 (a) (d) 19a (d) (e) (f) (g) (f) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	If you are electing to group any a asset accounts, check here Section B — Assets Place Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	ssets placed in servi 	ce during the control of the control	e tax year int	to one or more general	Syst	em Depreciation deduction
18 (a) (d) 19a (d) (e) (f) (g) (f) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	If you are electing to group any a asset accounts, check here Section B – Assets Place Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property Residential rental	ssets placed in servi 	ce during the control of the control	e tax year int ear Using th (e) Convention HY	co one or more general concerned by the General Depreciation on (f) Method 200 DB S/L S/L	Syst	em Depreciation deduction
18 (a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	If you are electing to group any a asset accounts, check here Section B – Assets Place Classification of property 3-year property 5-year property 10-year property 15-year property 25-year property Residential rental property	ssets placed in servi 	ce during the control of the control	ear Using the (e) Convention HY MM MM MM	so one or more general	Syst	em Depreciation deduction
18 (a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	If you are electing to group any a asset accounts, check here Section B – Assets Place Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real	ssets placed in servi 	ce during the control of the control	e tax year int ear Using th (e) Convention HY MM MM MM	so one or more general	Syst	em Depreciation deduction
18 (a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	If you are electing to group any a asset accounts, check here Section B — Assets Place Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	ssets placed in service of the servi	ce during the 2017 Tax Y (d) Recovery period 5.0 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	e tax year int ear Using th (e) Convention HY MM MM MM MM MM	so one or more general	Syst	Depreciation deduction 914.
(a) (d) (e) (d) (e) (f) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	If you are electing to group any a asset accounts, check here Section B — Assets Place Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C — Assets Place	ssets placed in service of the servi	ce during the 2017 Tax Y (d) Recovery period 5.0 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	e tax year int ear Using th (e) Convention HY MM MM MM MM MM	so one or more general	Syst	Depreciation deduction 914.
(a) (a) (b) (c) (d) (e) (f) (g) (h) (i) (i) (20a)	If you are electing to group any a asset accounts, check here Section B — Assets Place Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C — Assets Place Class life	ssets placed in service of the servi	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.7 yrs.	e tax year int ear Using th (e) Convention HY MM MM MM MM MM	So one or more general Graph General Depreciation (f) Method 200 DB S/L S/L S/L S/L S/L S/L S/L S/	Syst	Depreciation deduction 914.
(a) (a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	If you are electing to group any a asset accounts, check here Section B — Assets Place Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C — Assets Place Class life 12-year	ssets placed in service of the servi	2017 Tax Y (d) Recovery period 5.0 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 2017 Tax Ye.	e tax year int ear Using the (e) Convention HY MM MM MM MM MM MM MM MM MM	So one or more general (i)	Syst	Depreciation deduction 914.
(a) (a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	If you are electing to group any a asset accounts, check here Section B — Assets Place Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C — Assets Place Class life 12-year	ssets placed in service of the servi	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.7 yrs.	e tax year int ear Using th (e) Convention HY MM MM MM MM MM	So one or more general Graph General Depreciation (f) Method 200 DB S/L S/L S/L S/L S/L S/L S/L S/	Syst	Depreciation deduction 914.
(a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	If you are electing to group any a asset accounts, check here Section B — Assets Place Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C — Assets Place Class life 12-year 40-year TIV Summary (See instruction)	ssets placed in service of in Service During (c) Basis for depreciation (business/investment use only—see instructions) 4,569.	2017 Tax Y (d) Recovery period 5.0 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 2017 Tax Ye.	e tax year int ear Using the (e) Convention HY MM MM MM MM MM MM MM MM MM	So one or more general (i)	(g) D	Depreciation deduction 914.
(a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	If you are electing to group any a asset accounts, check here Section B — Assets Place Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C — Assets Place Class life 12-year 40-year IV Summary (See instructio Listed property. Enter amount from	ssets placed in service of in Service During (c) Basis for depreciation (business/investment use only—see instructions) 4,569. d in Service During 2 ons.) In line 28	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	e tax year int	So one or more general Be General Depreciation In (f) Method 200 DB S/L S/L S/L S/L S/L S/L S/L S/	Syst	Depreciation deduction 914.
(a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	If you are electing to group any a asset accounts, check here Section B — Assets Place Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C — Assets Place Class life 12-year 40-year TIV Summary (See instruction)	d in Service During d in Service During 4,569. d in Service During and in Service During	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	e tax year int ear Using th (e) Convention HY MM MM MM MM Ar Using the MM 20 in column	So one or more general Be General Depreciation In (f) Method 200 DB S/L S/L S/L S/L S/L S/L S/L S/	(g) D	pepreciation deduction 914.
(a) (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	If you are electing to group any a asset accounts, check here Section B—Assets Place Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—Assets Place Class life 12-year 40-year Total. Add amounts from line 12,	d in Service During d in Service During (c) Basis for depreciation (business/investment use only—see instructions) 4,569. d in Service During in the interview of the interv	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.7 yrs. 27.7 yrs. 27.7 yrs. 27.7 yrs. 27.7 yrs. 39 yrs.	e tax year int ear Using th (e) Convention HY MM MM MM MM MM Ar Using the MM Corporations	So one or more general Be General Depreciation In (f) Method 200 DB S/L S/L S/L S/L S/L S/L S/L S/	(g) D	Depreciation deduction 914.

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.) 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) Recovery Type of property (list Date placed Method/ Depreciation Elected section 179 Cost or other basis nvestment use (business/investment vehicles first) period Convention deduction in service 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

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) .	(a Vehi	a) cle 1	(t Vehi		Vehi	c) cle 3	(c Vehic		(∈ Vehid		(1 Vehi	
	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			X	1								
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.		
Pai	rt VI Amortization		

27 Property used 50% or less in a qualified business use: 01/01/2017 17.10 %

%

29 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

Vehicle

	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiza period percenta	or	(f) Amortization for this year
42	Amortization of costs that beg	ins during your 20	17 tax year (see instruction	ns):	•		
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	uctions for where to repor	t		44	

Form **2106**

Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form2106 for instructions and the latest information.

OMB No. 1545-0074

2017
Attachment
Sequence No. 129

Internal Revenue Service (99)
Your name
Sonny Phunky

Department of the Treasury

Occupation in which you incurred expenses

Musician

Social security number 222-33-4444

Part I Employee Business Expenses and Reimbursements

Ste	o 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	1,106.		
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	6,636.		
4	Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	2,599.		
	Meals and entertainment expenses (see instructions)	5			1,554.
	result. In Column B, enter the amount from line 5	6	10,341.		1,554.
	Note: If you weren't reimbursed for any expenses in Step 1, skip line 7	and e	enter the amount from lin	ne 6 c	on line 8.
	2 Enter Reimbursements Received From Your Employer for	г Ехр	enses Listed in Step	1	
7	Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)		5,082.		1,554.
Ste	o 3 Figure Expenses To Deduct on Schedule A (Form 1040 or	Forr			1,331.
8	Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	5,259.		0.
	Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9	In Column A, enter the amount from line 8. In Column B, multiply line 8 by 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.)	9	5,259.		0.
10	Add the amounts on line 9 of both columns and enter the total here. Als Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), lireservists, qualified performing artists, fee-basis state or local government.	ne 7).	. (Armed Forces		
	individuals with disabilities: See the instructions for special rules on who			10	5,259.

Page 2

Part	II Vehicle Expenses							
	on A-General Information (You mu	st cor	nplete this section if y	ou		(a) Vehicle 1	(b) Ve	hicle 2
are cla	iming vehicle expenses.)						(6)	111010 2
11	Enter the date the vehicle was place				11	01/01/2017		
12	Total miles the vehicle was driven d	uring	2017	[12	12,088 miles		miles
13					13	2,067 miles		miles
14	Percent of business use. Divide line	-		-	14	17.10 %		%
15	Average daily roundtrip commuting				15	miles		miles
16	Commuting miles included on line 1				16	miles		miles
17	Other miles. Add lines 13 and 16 an				17	10,021 miles		miles
18	Was your vehicle available for person						X Yes	No
19	Do you (or your spouse) have anoth		•				X Yes	☐ No
20	Do you have evidence to support you						⊠ Yes	☐ No
21	If "Yes," is the evidence written? .						X Yes	□ No
22	on B-Standard Mileage Rate (Se					_		1,106.
	Multiply line 13 by 53.5¢ (0.535). Enton C—Actual Expenses	er trie	(a) Ve		•		ehicle 2	1,100.
23	Gasoline, oil, repairs, vehicle		(a) ve	TIICIE I		(B) V		
20	insurance, etc	23						
24a	Vehicle rentals	24a						
b	Inclusion amount (see instructions) .	24b					-	
С	Subtract line 24b from line 24a .	24c						
25	Value of employer-provided							
	vehicle (applies only if 100% of							
	annual lease value was included							
	on Form W-2—see instructions)	25						
26	Add lines 23, 24c, and 25	26				7		
27	Multiply line 26 by the percentage							
	on line 14	27			<u> </u>			
28	Depreciation (see instructions) .	28						
29	Add lines 27 and 28. Enter total							
	here and on line 1	29					0 (11	
Section	on D-Depreciation of Vehicles (Us	e this			e and		on C for the ehicle 2	e vehicle.)
00			(a) Vehic	ie i		(b) V	enicie z	
30	Enter cost or other basis (see instructions)	30						
31	Enter section 179 deduction and	30						
31	special allowance (see instructions)	31						
00		01						
32	Multiply line 30 by line 14 (see instructions if you claimed the							
	section 179 deduction or special							
	allowance)	32						
33	Enter depreciation method and						1	
	percentage (see instructions)	33						
34	Multiply line 32 by the percentage							
	on line 33 (see instructions)	34						
35	Add lines 31 and 34	35						
36	Enter the applicable limit explained							
	in the line 36 instructions	36						
37	Multiply line 36 by the percentage							
	on line 14	37						
38	Enter the smaller of line 35 or line							
	37. If you skipped lines 36 and 37, enter the amount from line 35.							
	Also enter this amount on line 28							
	above	38						

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

Sonny Phunky 222-33-4444 Part I Part of Your Home Used for Business Musician Area used regularly and exclusively for business, regularly for daycare, or for storage of 1 2 1,321 Divide line 1 by line 2. Enter the result as a percentage 3 15.75 % 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 15.75 % 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) 7,921. 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 6,408. 11 Real estate taxes (see instructions) 11 1,897 Add lines 9, 10, and 11 12 12 8,305. Multiply line 12, column (b), by line 7. . . 13 1,308. 13 14 Add line 12, column (a), and line 13 14 1,308. 15 15 Subtract line 14 from line 8. If zero or less, enter -0-6,613. 16 Excess mortgage interest (see instructions) . 16 17 17 Insurance 478. 18 18 Rent 19 Repairs and maintenance 19 199. 20 20 2,977. 21 Other expenses (see instructions). 21 22 Add lines 16 through 21 22 3,654. 23 23 Multiply line 22, column (b), by line 7. . . . 576. 24 24 Carryover of prior year operating expenses (see instructions) Add line 22, column (a), line 23, and line 24 25 25 576. 26 Allowable operating expenses. Enter the **smaller** of line 15 or line 25. 26 576. 27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 27 6,037. Excess casualty losses (see instructions) . . 28 28 29 Depreciation of your home from line 41 below 29 768. Carryover of prior year excess casualty losses and depreciation (see 30 instructions) 30 31 Add lines 28 through 30. 31 768. 768. 32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31 . . . 32 33 2,652. 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 2,652. **Depreciation of Your Home** Part III 36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions) . . . 225,000. 36 35,000. 37 38 190,000. 39 29,925. 40 2.5641 % 41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above 41 768. **Carryover of Unallowed Expenses to 2018** 0. 42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- 42 43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-43 0.

Depreciation and Amortization Report

Tax Year 2017 ► Keep for your records

Sonny Phunky

Sch C - Musician 222-33-4444

	33-4444
Fender Bass 1956 07/01/17 15,000 100.00 15,000 7.0 200DB/HY GoPro HERO5 07/01/17 395 100.00 395 5.0 200DB/HY Gallien-Krueger Amplifier 09/15/17 799 100.00 799 0 5.0 200DB/HY iPhone X 11/15/17 999 100.00 999 0 5.0 200DB/HY SUBTOTAL CURRENT YEAR 17,193 0 799 999 15,395 0 Home Office H 01/01/00 190,000 35,000 15.75 29,925 39.0 SL/MM Vehicle L 01/01/10 31.87 SUBTOTAL PRIOR YEAR 190,000 35,000 799 999 45,320 0 TOTALS 207,193 35,000 799 999 45,320 0 AMORTIZATION CD Production 07/01/17 10,000 100.00 100.00 10,000 2.0	rrent eciation
Fender Bass 1956 07/01/17 15,000 100.00 15,000 7.0 200DB/HY GoPro HERO5 07/01/17 395 100.00 395 5.0 200DB/HY Gallien-Krueger Amplifier 09/15/17 799 100.00 799 0 5.0 200DB/HY iPhone X 11/15/17 999 100.00 999 0 5.0 200DB/HY SUBTOTAL CURRENT YEAR 17,193 0 799 999 15,395 0 Home Office H 01/01/00 190,000 35,000 15.75 29,925 39.0 SL/MM Vehicle L 01/01/10 31.87 SUBTOTAL PRIOR YEAR 190,000 35,000 799 999 45,320 0 TOTALS 207,193 35,000 799 999 45,320 0 AMORTIZATION CD Production 07/01/17 10,000 100.00 100.00 10,000 2.0	
GoPro HERO5 07/01/17 395 100.00 395 5.0 200DB/HY 0 100.00 799 0 5.0 200DB/HY 0 100.00 999 0 5.0 200DB/HY 0 17,193 0 799 999 15,395 0 0 100.00	2,14
iPhone X 11/15/17 999 100,00 999 0 5.0 200DB/HY SUBTOTAL CURRENT YEAR 17,193 0 799 999 15,395 0 Home Office H 01/01/00 190,000 35,000 15.75 29,925 39.0 SL/MM Vehicle L 01/01/10 31.87 0 0 29,925 0 SUBTOTAL PRIOR YEAR 190,000 35,000 0 0 29,925 0 TOTALS 207,193 35,000 799 999 45,320 0 AMORTIZATION 0 10,000 10,000 10,000 2.0	7:
iPhone X 11/15/17 999 100.00 999 0 5.0 200DB/HY SUBTOTAL CURRENT YEAR 17,193 0 799 999 15,395 0 Home Office H 01/01/00 190,000 35,000 15.75 29,925 39.0 SL/MM Vehicle L 01/01/10 31.87 0 29,925 0 0 SUBTOTAL PRIOR YEAR 190,000 35,000 0 0 29,925 0 0 TOTALS 207,193 35,000 799 999 45,320 0 0 AMORTIZATION 07/01/17 10,000 100.00 10,000 2.0 0 0	
SUBTOTAL CURRENT YEAR	
Vehicle L 01/01/10 31.87 0 29,925 0 SUBTOTAL PRIOR YEAR 190,000 35,000 0 0 29,925 0 TOTALS 207,193 35,000 799 999 45,320 0 AMORTIZATION CD Production 07/01/17 10,000 100.00 10,000 2.0	2,22
Vehicle L 01/01/10 31.87 0 29,925 0 SUBTOTAL PRIOR YEAR 190,000 35,000 0 0 29,925 0 TOTALS 207,193 35,000 799 999 45,320 0 AMORTIZATION CD Production 07/01/17 10,000 100.00 10,000 2.0	76
SUBTOTAL PRIOR YEAR 190,000 35,000 0 0 29,925 0 0 TOTALS 207,193 35,000 799 999 45,320 0 AMORTIZATION CD Production 07/01/17 10,000 100.00 100.00 10,000 2.0	/ 0
TOTALS 207,193 35,000 799 999 45,320 0 AMORTIZATION 07/01/17 10,000 100.00 10,000 2.0	
AMORTIZATION	76
CD Production 07/01/17 10,000 100.00 10,000 2.0	2,99
CD Production 07/01/17 10,000 100.00 10,000 2.0	
	2.50
Website 08/09/17 2,841 100.00 2,841 3.0	2,50
	39
SUBTOTAL CURRENT YEAR 12,841 0 0 12,841 0	2,89
TOTALS 12,841 0 0 12,841 0	2,89

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

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Additional information from your 2017 Federal Tax Return

Schedule C (Musician): Profit or Loss from Business

Ln 24b: 50% limit Itemization Statement

Description	Amount
Atlantic City 14 days @ \$64	1,358.
New Orleans 4 days @ \$64	384.
Nashville (NAMM) 3 days @ \$59	177.
Other professional meals	704.
Total	2,623.

Schedule C (Musician): Profit or Loss from Business

Ln 5: Other Income

Itemization Statement

Description		Amount
Endorsement (value of bass guitar)		2,000.
Sales of CD's		1,950.
Royalties		241.
PLEDGEMUSIC Income		10,000.
	Total	14,191.

Schedule C (Musician): Profit or Loss from Business

Line 24a

Itemization Statement

	Description		Amount
New Orleans Hotel & Airfare			1,446.
Nashville (NAMM)			487.
		Total	1,933.

Schedule C (Musician): Profit or Loss from Business

Line 48 Other Expenses

Continuation Statement

Description	Amount
Sheet Music and Books	161.
Promo Photos	285.
Printing	49.
AMORTIZATION	2,895.
Total	3,390.

Form 2106: Employee Business Expense

Ln 3, Col A-Away travel

Itemization Statement

Description	Amount
Travel NYC 21 days @ \$316	6,636.
Tota	6,636.

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Form 2106: Employee Business Expense Ln 5, Col B-Meals/Ent

Itemization Statement

Description	Amount
NYC 21 days @ \$74	1,554.
Total	1,554.

