AMENDED RETURN-P.L. 116-94 OMB No 1545-0687 **Exempt Organization Business Income Tax Retur** Form 990-T (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning $\underline{JUL~1~,~2017}$, and ending $\underline{JUN~30~,~2018}$ ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). DEmployer identification number (Employees' trust, see Check box if name changed and see instructions.) Check box if Name of organization (Instructions) address changed 06-0667600 AMERICAN SCHOOL, AT HARTFORD, FOR THE DEAF B Exempt under section Print Unrelated business activity codes (See instructions) Number, street, and room or suite no. If a P.O. box, see instructions. X = 501(c)(3)Type 7408(e) 220(e) 139 NORTH MAIN STREET City or town, state or province, country, and ZIP or foreign postal code]408A [__]530(a) WEST HARTFORD, CT 06107 529(a) C Book value of all assets F Group exemption number (See instructions.) 82,846,314. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. X No 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. 570-2372 Telephone number (860) JENNIFER PIZZOFERRATO J The books are in care of (A) Income (B) Expenses (C) Net Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit, Subtract line 2 from line 1c 4a 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts 5 Income (loss) from partnerships and S corporations (attach statement) 5 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 11 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 12 ο. 13 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Part II (Except for contributions, deductions must be directly connected with the unrelated business income) RECEIVED 14 14 Compensation of officers, directors, and trustees (Schedule K 15 -15 Salaries and wages S 16 16 Repairs and maintenance FEB 0 4 2020 RS 17 17 Bad debts 18 18 Interest (attach schedule) OGDEN, UT 19 19 Taxes and licenses 20 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22a 22b Received 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion 24 24 Contributions to deferred compensation plans 25 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Form **990-T** (2017)

0.

1,000.

30

31

32

33

30

31

33

34

line 32

Form 990-T (2	AMERICAN SCHOOL, AT HARTFORD, FOR THE DI	EAF	06-06	67600	Page 2
Part III	Tax Computation		_		
35 0	rganizations Taxable as Corporations. See instructions for tax computation.			T	
Co	ontrolled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions ar	nd:		- [, -,[
a Er	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde	er):			
(1	· · · · · · · · · · · · · · · · · · ·			(
	nter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
(2	Additional 3% tax (not more than \$100,000)				
c In	come tax on the amount on line 34			35c	0.
36 To	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	t on line 3	4 from:	<u> *, </u>	
	Tax rate schedule or Schedule D (Form 1041)		•	36	
37 P	roxy tax. See instructions		•	37	
38 AI	ternative minimum tax			38	
39 Ta	ax on Non-Compliant Facility Income. See instructions			39	
40 To	otal. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	0.
Part IV	Tax and Payments				
41a Fc	reign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		_] • [
b Ot	her credits (see instructions)	41b			
c Ge	eneral business credit. Attach Form 3800	41c			
d Cr	edit for prior year minimum tax (attach Form 8801 or 8827)		<u></u> i		
e To	otal credits. Add lines 41a through 41d			41e	
42 St	ubtract line 41e from line 40		42	0.	
43 Ot	her taxes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 88	Other (attach schedule)	43		
44 To	otal tax. Add lines 42 and 43			44	0.
45 a Pa	lyments: A 2016 overpayment credited to 2017	45a			
b 20	117 estimated tax payments	45b	7,593	7	
c Ta	x deposited with Form 8868	45c		٦	
	reign organizations: Tax paid or withheld at source (see instructions)	45d		٦.	
	ickup withholding (see instructions)	45e		~ , '.	
	edit for small employer health insurance premiums (Attach Form 8941)	45f		7 1	
	her credits and payments: Form 2439			٠,	
Ĭ	Form 4136 Other Total	45g			
46 To	ital payments. Add lines 45a through 45g		<u> </u>	46	7,593.
47 Es	timated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			47	
	x due. If line 46 is less than the total of lines 44 and 47, enter amount owed		•	48	
49 Ov	rerpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		•	49	7,593.
	ter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded >	50	7,593.
Part V	Statements Regarding Certain Activities and Other Informati	on (see	instructions)		
51 At	any time during the 2017 calendar year, did the organization have an interest in or a signature	or other	authority		Yes No
ov	er a financial account (bank, securities, or other) in a foreign country? If YES, the organization	may hav	e to file		
Fin	ICEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	foreign co	ountry		
he	re >				X
52 Du	ring the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor	to, a foreign trust?		X
lf \	/ES, see instructions for other forms the organization may have to file.				.
53 En	ter the amount of tax-exempt interest received or accrued during the tax year 🕨 🕏				
	Under penalties of perjury, Loeclare that I have examined this return, including accompanying schedules and scorrect, and complete Degraration of preparer (other than taxpayer) is passed on all information of which prepar	statements	, and to the best of my kn	owledge and beli	ef, it is true,
Sign	confect, and confidence permanent of preparer (other than taxpayer) is passed on an information of which prepare	rer nasany		Mary that IDC diam	and this set we will
Here	► < 1 30 / 2010 ► EXECUTI	VE D	TDDDDDD I	may the ins disci the preparer show	uss this return with on below (see
	Signatur For Officer Date / Title			nstructions)?	
	Print/Type preparer's name Preparer's signature Dat	te	Check	if PTIN	
Paid	Liliu.	.11	self- employed	ı	
Prepare	LISA WILLS, CPA WILLS	אנציון	20 2 0		123868
Use Onl	S WITHMI ECRY DO	/ 	Firm's EIN ▶		903326
USE UIII	280 TRUMBULL ST 24TH FL				
	Firm's address ► HARTFORD, CT 06103		Phone no.	860.522	2.3111
					m 990-T (2017)
					. ,

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N	/A				
1 Inventory at beginning of year	1		6 Inventory at end o	f year				
2 Purchases	2		7 Cost of goods sol	d. Subtract	t line 6			
3 Cost of labor	3		from line 5. Enter	Part I,	-3			
4a Additional section 263A costs			line 2		7			
(attach schedule)	4a		8 Do the rules of sec	(with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced	property produced or acquired				,
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Prope	ty Leas	sed With Real Pro	perty	v) 	
1. Description of property								
(1)								
(2)								
(3)			······				<u> </u>	
(4)								
		ed or accrued			3(a) Deductions directly	v connec	ted with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	and personal property (if the per personal property exceeds 50% nt is based on profit or income)	centage or If			ittach schedule)			
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)					
			Gross income from or allocable to debt-		Deductions directly conto debt-finance		erty	
1. Description of debt-fi	nanced property		financed property		Straight line depreciation (attach schedule)	(D) Other deduc (attach sched		
(1)	· · · · · ·			1			<u></u>	—
(2)								_
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6. Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)	(c	8. Allocable deduction olumn 6 x total of colum 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				/ 6				
(4)				6				
			- · · · - ·		Enter here and on page 1, Part I, line 7, column (A)		nter here and on page 1 art I, line 7, column (B)	
Totals				▶	0	.		0.
Total dividends-received deductions in	cluded in column	8		· +				0.

			Ind Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations											
1. Name of controlled organiza	tion	2. Employer Identification number		3. Net unrelated income (loss) (see instructions)		al of specified ments made	Part of column 4 that included in the controllin organization's gross incor			illing connected with income				
(1)						_								
(2)														
(3)														
(4)														
onexempt Controlled Organi	zations													
7. Taxable Income		ed Income (loss) tructions)	9. Total	of specified pays made	ments	10. Part of colur in the controlli gross	nn 9 that is ng organiza i income	included tion's	11. Dec	luctions directly confincome in column 10	ected			
(1)	 							†						
(2)														
(3)						-								
(4)														
	· · · · · · · · · · · · · · · · · · ·					Enter here and	on page 1,		Enter he	d columns 6 and 11 are and on page 1, Pa line 8, column (B)	rt I,			
<u> </u>					▶			0.		_	0			
Schedule G - Investme		of a Section	n 501(c)	(7), (9), or	(17) Or	ganization	_							
(see insti	ructions)			<u> </u>		3. Deduction	15 T			5. Total deduc	tions			
1. Desc	ription of income			2. Amount of	income	directly connec	cted	4. Set-as (attach sci		and set-asid	es			
(1)					\neg					 	<u> </u>			
(2)										 				
(3)											_			
(4)							+-			 				
<u> </u>				Enter here and o Part I, line 9, co	lumn (A)	;		•		Enter here and on p Part I, line 9, colum	ın (B)			
Totals	F A	V-24 1	_	. Th A .	0.			<u>'</u>		<u> </u>	0.			
Schedule I - Exploited (see instru		livity incor	ne, Otne	r inan Ad	vertisi	ng income	•							
1. Description of exploited activity	2. Gross unrelated busine income from trade or busine	ess directly with p	expenses r connected production nrelated ess income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a e cols 5	is not unrelated attrib			nses ple to 1 5	7. Excess exer expenses (colu 6 minus column but not more the column 4)	mn 15,			
(1)				· · · · · · · · · · · · · · · · · · ·						 				
(2)	 	-												
(3)							- -			 				
(4)							- +-			 -				
	Enter here and o page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B)					٠,	ř	Enter here and on page 1, Part II, line 26				
otals >		0.	0.			1,	٠,	·	•	<u> </u>	0.			
Schedule J - Advertisii	ng Income	(see instructio	ns)											
Part I / Income From I	Periodicals	Reported o	on a Con	solidated	Basis									
1. Name of periodical	2. G advert	using	3. Direct vertising costs	4. Advertion (loss) (co col 3) If a ga cols 5 the	l 2 minus in, compute	5. Circulation income	on	6. Readers	ship	7. Excess readers costs (column 6 mi column 5, but not m than column 4)	nus			
1)				· · · · · · · · · · · · · · · · · · ·		 	- -		-+	• •				
(5)				7		<u> </u>	- -							
3)				┪			-+	-			•			
4)				┥					 ,	-				
<u>- ′- </u>				+		 			- '	. '}	<u>· · </u>			
otals (carry to Part II, line (5))	•	0.	0								0.			

Form 990-T (2017) AMERICAN SCHOOL, AT HARTFORD, FOR THE DEAF 06-06676 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.	W. C.	Maria Contraction	場は記録の機	0.
		Enter here and on page 1, Part I, tine 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

•	1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			_ %	
(3)			%	
(4)			%	
Total. Enter he	re and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

1

FOOTNOTES

STATEMENT

TAXPAYER IS AMENDING TO REFLECT RECENT LEGISLATIVE CHANGES RELATING TO EMPLOYEE PARKING EXPENSES. THE CONSOLIDATED APPROPRIATIONS ACT OF 2020 (H.R.1865, P.L.116-94) REPEALED, RETROACTIVELY, THE UNRELATED BUSINESS TAXABLE INCOME RELATING TO QUALIFIED TRANSPORTATION FRINGE BENEFITS, OR THE "PARKING TAX". THE TAXPAYER IS FILING THIS AMENDED RETURN TO REQUEST A REFUND OF PARKING TAXES PAID. THIS AMENDED RETURN IS FILED IN ACCORDANCE WITH IRS INSTRUCTIONS AND INTERNAL REVENUE CODE SECTION 512(A)(7) AS REPEALED. TAXPAYER REQUESTS A FULL REFUND OF THIS TAX AND ANY INTEREST OR PENALTIES ASSESSED AS THE TAX LAW CHANGE WAS RETROACTIVE. BELOW ARE THE CHANGES PER LINE.

FORM 990-T, LINE 12: THIS AMOUNT WAS CHANGED DUE TO THE AFOREMENTIONED OVERREPORTING OF EMPLOYEE USAGE AND THE PARKING FRINGE EXPENSES ASSOCIATED WITH THAT USAGE.

FORM 990-T, LINE 13: THIS AMOUNT WAS CHANGED DUE TO THE CHANGE MENTIONED REGARDING LINE 12.

FORM 990-T, LINE 30: THIS AMOUNT WAS CHANGED DUE TO THE CHANGE MENTIONED REGARDING LINE 13.

FORM 990-T, LINE 32: THIS AMOUNT WAS CHANGED DUE TO THE CHANGE MENTIONED REGARDING LINE 30.

FORM 990-T, LINE 34: THIS AMOUNT WAS CHANGED DUE TO THE CHANGE MENTIONED REGARDING LINE 32.

FORM 990-T, LINE 35C: THIS AMOUNT WAS CHANGED DUE TO THE CHANGE MENTIONED REGARDING LINE 34.

FORM 990-T, LINE 40: THIS AMOUNT WAS CHANGED DUE TO THE CHANGE MENTIONED REGARDING LINE 35C.

FORM 990-T, LINE 42: THIS AMOUNT WAS CHANGED DUE TO THE CHANGE MENTIONED REGARDING LINE 40.

FORM 990-T, LINE 44: THIS AMOUNT WAS CHANGED DUE TO THE CHANGE MENTIONED REGARDING LINE 42.

FORM 990-T, LINE 45B: THIS AMOUNT WAS CHANGED TO REFLECT THE TAX PAYMENT WITH THE ORIGINALLY FILED FORM 990-T.

FORM 990-T, LINE 46: THIS AMOUNT WAS CHANGED DUE TO THE CHANGE MENTIONED REGARDING LINE 45B.

FORM 990-T, LINE 49: THIS AMOUNT WAS CHANGED DUE TO THE CHANGE MENTIONED REGARDING LINES 44 & 46.

FORM 990-T, LINE 50: THIS AMOUNT WAS CHANGED DUE TO THE CHANGE MENTIONED REGARDING LINE 49.

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No 1545-0172

Attachment Sequence No 179

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

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

| Business or activity to which this form relates

Identifying number

AM	ERICAN SCHOOL, AT HA	RTFORD, FO	R THE	DEAFFOR	M 9	90_1	PAGE 10		06-0667600		
Pa		rty Under Section 1	79 Note: If yo	ou have any lis	sted pro	perty	, complete Part	V before	you complete Part I		
1	Maximum amount (see instructions)							1	510,000.		
	Total cost of section 179 property place	ed in service (see	instructions)				2			
	Threshold cost of section 179 property			•				3	2,030,000.		
		4									
					e instructi	ons		5			
_							(c) Elected	cost			
7 1	isted property Enter the amount from	line 29				7					
8	Total elected cost of section 179 prope	erty. Add amounts	s 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	n line 13 of your 2	016 Form 45	62				10			
11 (Business income limitation. Enter the s	maller of busines:	s income (no	t less than ze	ro) or lu	ne 5		11			
12 3	Section 179 expense deduction Add li	nes 9 and 10, but	t don't enter	more than line	e 11			12			
13 (Carryover of disallowed deduction to 2	018 Add lines 9 a	and 10, less	line 12	▶	13			•		
Note	: Don't use Part II or Part III below for	listed property In	stead, use F	Part V.							
Pa	rt II Special Depreciation Allowa	nce and Other D	epreciation	(Don't include	e listed	prope	erty)				
14 5	Special depreciation allowance for qua	lified property (otl	ner than liste	d property) pl	laced in	servi	ce during				
t	he tax year							14			
15 F	Property subject to section 168(f)(1) ele	ection						15	001 000		
16 (16	901,030.		
Pa	rt III MACRS Depreciation (Don't	include listed pro	perty) (See	instructions)							
			Se	ection A							
17	MACRS deductions for assets placed i	n service in tax ye	ears beginnir	ng before 201	7			_ 17			
18								<u> </u>			
	Section B - Assets	- 			Using t	he Ge	neral Deprecia	ation Syst	em		
	(a) Classification of property	year placed in service	(business/i	rvestment use	(d) F	ecovery eriod	(e) Convention	(f) Method	(g) Depreciation deduction		
19a	3-year property	_									
b	5-year property	_									
c	7-year property	_									
<u>d</u>	10-year property	_									
_е	15-year property	_									
f	20-year property	」 .									
9	25-year property				25	yrs		S/L			
h	Posidential rental property	/			27.	5 yrs	MM	S/L			
	nesidential rental property	/			27	5 yrs	MM	S/L			
	Nonrosidential roal property				39	yrs.	MM	S/L			
	<u> </u>	/			<u> </u>		MM	S/L			
	Section C - Assets P	laced in Service	During 201	7 Tax Year U	sing th	e Alte	rnative Depre	iation Sy	stem		
20a	Class life				ļ			S/L	··-		
b	12-year				12	yrs.		S/L			
С	40-year				40	yrs.	ММ	S/L			
Pa	T IV Summary (See instructions.)										
	, , ,							21			
4 Reduction in imitation Subtract line 3 from line 2. If zero or less, enter 0. 5 Color triundation for tax year Subtract the 4 from line 1 if zero or texts, enter 0. If manual filing assessably, see instructions 6 III) Description of property 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 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of business income (not less than zero) or line 5 11 Section 178 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 Section 178 expense deduction Add lines 9 and 10, lines line 12 13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, lines line 12 14 Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) 15 Proporty subject to section 168(f)(1) election 16 Other depreciation (Including ACRS) 17 MACRS deductions for assets placed in service in fax years beginning before 2017 18 If you are elective to group any assets placed in service line fax years beginning before 2017 18 If you are elective to group any assets placed in service line fax years beginning before 2017 18 If you are elective to group any assets placed in service line fax years beginning before 2017 19 If you are elective to group any assets placed in service line fax years beginning before 2017 19 If you are elective to group any assets placed in service line fax years beginning before 2017 19 If you are elective to group any assets placed in service line fax years beginning before 2017 19 If you are elective to group any assets placed in service line fax years beginning before 2017 19 If you are elective to group any assets placed in service line fax years beginning before 2017 20 Syear property 21 Syear property 22 Syear property 33 year											
Ε	nter here and on the appropriate lines	of your return. Pa	artnerships a	nd S corporat	tions - <u>s</u>	ee ins	tr.	22	901,030.		
23 F	or assets shown above and placed in	service during the	e current vea	r enter the		ſ					
	or account account account places in		,	ii, onto the	- 1	- 1					

Form 4562 (2017)		RICAN S										- 066 /		Page :
Part V Listed Proper recreation, or a Note: For any	amusement) vehicle for w	hich vou are i	usina th	e standaı	rd milea	ge rate o								
(a) through (c)	of Section A	, all of Section	n B, and	Section	C if app	licable_								
		on and Other					_	T					$\overline{}$	
24a Do you have evidence to	,	T	ent use c	laimed?	<u> </u>	es L	<u> No</u>	24b lf "Y			T		_∣ Yes L T	<u> No</u> (i)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investmen use percenta	tl,	(d) Cost or other basis	l /hu	(e) sis for depr siness/inve use onl	estment	(f) Recovery period	Me	(g) thod/ /ention	Depr	(h) eciation luction	Ele section	cted on 179 ost
25 Special depreciation all used more than 50% in			propert	y placed	ın servi	ce durin	g the t	ax year an	ıd	25		_		•
26 Property used more that			ess use	·:							1		1	
<u></u>			%T											
			%											
			%			-				_	1			
27 Property used 50% or l	ess in a qual						•	<u> </u>						
			%						S/L·					
			%						S/L·				1	
			%				-		S/L·				1	
28 Add amounts in column	(h), lines 25	through 27. E	nter he	re and on	line 21	, page 1				28			1.	
29 Add amounts in column		-				,, ,				<u></u>	<u></u>	29		
				B - Infor		on Use	of Vet	nicles					-	
Complete this section for ve	hicles used								or relate	d persor	n. If vou	provide	d vehicle	s
to your employees, first ans										-	-			
, , , , , , , , , , , , , , , , , , ,			•	,										
				(a)	(b)		(c)	(d)	(e)	(1	i)
30 Total business/investment	miles driven d	uring the		hicle		hicle	l v	ehicle		ncle		hicle	1	icle
year (don't include commu		ŭ		-									1	
31 Total commuting miles	- '	the vear									1			
32 Total other personal (no	-	-							-					
driven		,												
33 Total miles driven during	the vear										1			
Add lines 30 through 32														
34 Was the vehicle availab		aluse	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?	io ioi poiooii	u, 000				1			100		1-100		1.00	
35 Was the vehicle used p	rimarily by a	more	<u> </u>	 							· -			
than 5% owner or relate						1								
36 Is another vehicle availa	•	nal	\vdash					1			 	\vdash		
use?	.b.o (o) po.oo													
	Section C	- Questions 1	or Emp	lovers W	ho Pro	vide Ver	icles i	for Use h	Their I	mnlov	988			
Answer these questions to			-	-								ren't mo	re than 5	5%
owners or related persons.	,				p.og .		- 10. 1			р.о, ос				,,,,
37 Do you maintain a writte	n policy stat	ement that pr	ohibits a	all person	al use o	of vehicle	es. incl	udina con	nmutina	by you	r		Yes	No
employees?	, , , , , , , , , , , , , , , , , , , ,	,						5		, _, ,	•		1.55	1
38 Do you maintain a writte	n policy stat	ement that pr	ohibits i	personal	use of v	ehicles.	excep	t commuti	na. by v	our			<u> </u>	
employees? See the ins		•	•						•					
39 Do you treat all use of ve					, -									\vdash
40 Do you provide more tha	•				nformat	on from	vour e	emplovees	about					
the use of the vehicles,							,							
41 Do you meet the require					nonstra	tion use	?							
Note: If your answer to		• .						vered veh	ııcles					
Part VI Amortization						. = 7					-		• •	
(a)			(b)		(c)			(d)		(e)			(f)	
Description of	costs		amortization begins		Amortizab amount	te		Code section		Amortiza period or per		An fo	nortization r this year	
42 Amortization of costs the	at begins dui			ar:							<u>-,, 1</u>			
				1			T	·					-	
							\top							
43 Amortization of costs tha	at began bef	ore your 2017	tax vea								43			
44 Total. Add amounts in c					report						44			
7162\$2 01-25-18										-		F	orm 4562	(2017)
0292 01-25-18												Fr	orm 4562	(2017