-	_	aan_T/	EX	empt Organi						rn	ОМВ	No 1545-0047		
	(and proxy tax under section 6033(e)) [Form, 990-T] (and proxy tax under section 6033(e)) [Form, 2019 or other tax year beginning 01/01, 2019, and ending 12/31, and									2019	9) @10		
	s	3	الرازة المالية	r e					. / 1	/ }	<u> </u>	.W 13		
	Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization (s a 501(c)) A Check box if address changed Name of organization (Check box if name changed and see instructions)									c)(3)	Open to F 501(c)(3)	Public Inspection for Organizations Only		
										D Empl				
	B Exe	mpt under section	_	NEWYORK-PRES	BYTERIAN	u/ou	EENS			1				
		501(C 13 3)	Print	Number, street, and roor				ons		11-1	839362			
		408(e) 220(e)	_ or				•			E Unre	lated busine	ess activity code		
		408A 530(a)	1 y p c	56-45 MAIN S	TREET					(See i	nstructions)			
	-	529(a)		City or town, state or pro	ovince, country	y, and Z	ZIP or foreign posta	l code		1				
		k value of all assets		FLUSHING, NY						6219	90			
	at e	nd of year	F Gro	up exemption number (See instructi	ions)	-			•				
	71	2,392,894.	G Che	ck organization type	X 501	(c) co	rporation	501(c) trust	401(a)	trust	Other trust		
				nization's unrelated trad					Describ	e the only	y (or first) u	nrelated		
	tra	ide or business hei	re ▶LAE	SPECIMENS				f only one,	complete Parts	I-V If mor	e than one	, describe the		
	fir	st in the blank spa	ace at the	end of the previous se	entence, con	nplete	Parts I and II, co	omplete a S	chedule M for ea	ich additio	nal			
	tra	ide or business, th	en comple	ete Parts III-V										
				corporation a subsidiar				subsidiary	controlled group?			Yes Jan No		
	If '	"Yes," enter the n	ame and	identifying number of t	ne parent cor	rporati	on ▶ ATC		WY	<u> </u>	13-3457095			
		e books are in car							re-number ▶ 21		-5978			
	Par	Unrelated	Trade o	or Business Incom	e		(A) Inco	me	(B) Expe	nses	_	(C) Net		
	1 a	Gross receipts or		15,186,323.			4 70	1 076			ı			
	þ	Less returns and allowa		10,464,447.		-	4,72	1,876.			-			
	2	_	•	ule A, line 7)		2	4 72	1 076				4,721,876.		
	3	•		2 from line 1c		3	4,72	1,876.			 / 	4,721,876.		
	4 a			ttach Schedule D)		4a								
	ь	• , ,,		Part II, line 17) (attach Fo		4b				/				
	C	•		rusts		4c_		<u> </u>		$-\!\!\!/-$				
	5			r an S corporation (attach states		5					_			
	6	•	•			6								
	7			come (Schedule E)		7	_							
	8	•		nts from a controlled organizati		8 9								
7	9			1(c)(7), (9), or (17) organizatio		10								
202	10 11	•	-	ncome (Schedule I) . Iule J)		11	 				- - -			
0	12	_		tions, attach schedule)		12		$\overline{}$						
2				ough 12			4.72	1,876.				4,721,876.		
EP EP	13 Par	1 Deductio	ns Not	Taken Elsewhere	(See ınstr	uctio				Deduct	ons mus			
S				ne unrelated busin					, (,		
`	14			directors, and trustees (•		/			14				
ū	15						,					883,677.		
ANNED	16											35,934		
Z	17											146,378.		
S	18			(see instructions)								<u>-</u>		
(J)	19	Taxes and license	s		<i>[</i>		,			19		125.		
	20	Depreciation (atta	ach Form	4562)				20			_			
	21	Less depreciation	n elaimed	en Schedule A and els	ewhere on re	eturn	[3	21a		21t	,			
	22	Depletion	NEC	on Schedule A and els						22				
	23	Contributions to	deferred (compensation plans						23				
	24		, La & Ch. 4	MA. W. G. A. C. A								<u></u>		
	25	CYCESS EXELLINE EX	when sea it	belleduic 17 EE										
	26	Excess readership	excess readership costs (Schedule J)											
	27										-	2,758,755.		
	28			s 14 through 27								3,824,869.		
	29			le income before ne	_						i	897,007.		
	30	/	•	g loss arising in tax ye										
	31/			e income Subtract line		29 .	<u> </u>	<u></u>	<u> </u>	31		897,007.		
4	/	aperwork Reduct	tion Act N	lotice, see instructions	•						Fo	orm 990-T (2019)		
9X2	7 JSA 740 1 0		- D			T	0.7.55					בו אילו בי		
		6930HQ B85	ÞΡ			v 1	.9-7.5F					PAGE		

Part III	(019) NEWYORK-PRESBYTERIAN/QUEENS	11-1839362	Pag
	Total Unrelated Business Taxable Income		
	of unrelated business taxable income computed from all unrelated trades or businesses (see	1	
	· · · · · · · · · · · · · · · · · · ·	32 89	7,00
	tions)	H	,,,,,
33 Amou	nts paid for disallowed fringes	33	
34 Charit	able contributions (see instructions for limitation rules)	84	
35 Total	unrelated business taxable income before pre-2018 NOLs and specific defluction Subtract line	11 1	
	n the sum of lines 32 and 33	35 89	7,00
36 Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see		
oo bedad	ATCH 3	36 89	7,00
	ctions)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	1 0
38 Speci	ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,00
39 Unrel	ted business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,	1 1 1	
, enter	he smaller of zero or line 37	39	
	Tax Computation	i	
	izations Taxable as Corporations. Multiply line 39 by 21% (0.21)	l kn	
		 	
	Taxable at Trust Rates. See instructions for tax computation. Income tax on	11.1	
	ount on line 39 from: Tax rate schedule or Schedule D (Form 1041)		
12 Proxy	tax. See instructions	42	
3 Altern	ative minimum tax (trusts only)	43	
	Noncompliant Facility Income. See instructions		
	Add lines 42, 43, and 44 to line 40 or 41, whichever applies		
		1 43	
	Tax and Payments		
	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	1 1	
b Other	credits (see instructions)	1	
c Gener	al business credit Attach Form 3800 (see instructions)	!	
d Credit	for prior year minimum tax (attach Form 8801 or 8827)	1.	
	redits. Add lines 46a through 46d	1460	
7 Subtra	ct line 46e from line 45	11/	
	exes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .		
9 Total	ax. Add lines 47 and 48 (see instructions)	49	
2019	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.1	5b	
1a Paym	ints. A 2018 overpayment credited to 2019		
	estimated tax payments	1	
	posited with Form 8868	1	
		1 [
_	n organizations. Tax paid or withheld at source (see instructions)	1 1	
	p withholding (see instructions) , , , , , , ,	1 1	
f Credit	for small employer health insurance premiums (attach Form 8941)]]	
g Other	credits, adjustments, and payments: Form 2439]	
	Form 4136 Other Total ▶ 51g		
	payments. Add lines 51a through 51g	52	
17 TATAL		182	
		1 40 1	
3 Estim	tted tax penalty (see instructions). Check if Form 2220 is attached	43	
3 Estim	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	\$3 54	
3 Estima 4 Tax di	•		
S Estimated S Esti	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
Estimate State Sta	te. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 55 56	
3 Estim. 4 Tax di 5 Overp 6 Enter t Part VI	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 55 56 s)	res l
Estim. A Tax di Overp B Enter t Part VI	te. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 55 56 s) other authority	res
3 Estima 4 Tax di 5 Overp 6 Enter t Part VI 7 At an over	the If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 55 56 s) other authority 1 ay have to file	res
3 Estim. 4 Tax di 5 Overp 6 Enter t Part VI 7 At an over FinCE	te. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 55 56 s) other authority 1 ay have to file	
3 Estim. 4 Tax di 5 Overp 6 Enter t Part VI 7 At an over FinCE here (te. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 55 56 s) other authority ay have to file foreign country	,
3 Estim. 4 Tax di 5 Overp 6 Enter t Part VI 7 At an over FinCE here i	te. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 55 56 s) other authority ay have to file foreign country	,
3 Estimate 4 Tax de 5 Overp 5 Enter t 1 Part VI 17 At an over FinCEI here 1 8 During	te. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 55 56 s) other authority ay have to file foreign country	,
3 Estima 4 Tax di 5 Overp 6 Enter t Part VI 17 At an over FinCEI here I 18 During If "Yes	the If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 55 56 s) other authority ay have to file foreign country	,
3 Estimate 14 Tax di 5 Overp 16 Enter t 17 At an over 17 FinCE 18 During 16 "Yes 19 Enter t	the If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	s) other authority ay have to file foreign country	>
3 Estimate 14 Tax di 5 Overp 16 Entert VI 17 At an over FinCE 18 During If "Yes 19 Enter VI 19 Enter V	the If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	s) other authority ay have to file foreign country	>
3 Estimate 14 Tax di 5 Overp 16 Enter t 17 At an over FinCEl here 18 During If "Yes 19 Enter	the If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	s) other authority ay have to file foreign country gn trust?) belief
53 Estimates 65 Overpool 65 Entert VI 167 At an over FinCEI here I 168 During If "Yes 169 Enter VI 169 Enter	the If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	s) other authority ay have to file foreign country gn trust?) it belief his ret wn bel
3 Estimate 14 Tax di 5 Overp 16 Entert 17 At an over FinCEI here 18 During If "Yes 19 Enter 18 Over 19 Enter 19	the If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	s) other authority ay have to file foreign country gn trust?) it belief his return bel
53 Estim. 54 Tax di 55 Overp 56 Enter t Part VI 57 At an over FinCEI here I 58 During If "Yes 59 Enter	the If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	state of my knowledge and by the IRS discuss if he preparer show a instructions?) it belief his return bel
53 Estim. 54 Tax di 55 Overp 56 Entert Part VI 57 At an over FinCEI here II 58 During If "Yes 59 Enter	the If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	states of my knowledge and by the IRS discuss 11 h the preparer show a instructions? This	belief
53 Estim. 54 Tax di 55 Overp 56 Entert Part VI 57 At an over FinCEI here II 58 During If "Yes 59 Enter	The If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	state of my knowledge and spy the IRS discuss 11 h the preparer show an instructions)? Yes Till PTIN P0168:	X X X X X X X X X X X X X X X X X X X
3 Estimate 14 Tax di 5 Overp 16 Entert 17 At an over 17 FinCE 18 During 16 "Yes 19 Enter 18 Over 19 Enter 19 En	the If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	states of my knowledge and by the IRS discuss 11 h the preparer show a instructions? This	x x x x x x x x x x x x x x x x x x x

Form **990-T** (2019)

▶

Total dividends-received deductions included in column 8.

,		Exem	pt Co	ntrolled Org	anızatıc	ns				
Name of controlled organization	2 Employer identification numb	(H)		elated income 4 Total of s payments			included in the con		rolling	6 Deductions directly connected with income in column 5
(1)										
(2)										_
(3)							_			
(4)							<u> </u>	_		
Nonexempt Controlled Organiz	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc	í		Total of specific ayments made		inc	luded in the	mn 9 that is controlling ross income		Deductions directly nnected with income in column 10
(1)	_									
(2)										
(3)							_			
(4)										
Totals		 ction 501(c	 :)(7),		▶) Orga	Pa	ter here and rt 1, line 8, c	olumn (A)		ter here and on page 1, rt i, line 8, column (B)
1 Description of income	2 Amount of	income		3 Deduction of the directly cortain (attach sch	nected			Set-asides ach schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)			ļ	_	_					
(2)										
(3)										
(4)										Enter here and on page 1
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	er Th	an Advert	sing In	come	(see ins	tructions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected or production unrelated business inc	with of	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 though 7		activity tha ot unrelated	t attribut	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)	 									
(3)										
(4)	-	•			-					
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pai line 10, col	rt I,					- -1 .		Enter here and on page 1, Part II, line 25
Schedule J-Advertising In Part I Income From Per			nsol	idated Bas	sis				-	
1 Name of periodical	2 Gross advertising income	3 Direct advertising c	t .	4 Advertigan or (los 2 minus co a gain, co cols 5 thro	rtising pss) (col col 3) If compute		5 Circulation 6 Reade income cost			7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)		_								
(3)										
(4)		_								
-										
Totals (carry to Part II, line (5))										Form 990-T (2019

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 ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1 Name	2	Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business		

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

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning $\underline{-01/01}$, 2019, and ending $\underline{-12/31}$, 20 $\underline{1}$

▶ Go to www.irs gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for

Name of the organization

NEWYORK-PRESBYTERIAN/QUEENS

Employer identification number

11-1839362

Unrelated Business Activity Code (see instructions) ► 446110

Describe the unrelated trade or business ► SPECIALTY PHARMACY

Par	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales 51, 597, 238.			***************************************	
b	Less returns and allowances c Balance	1c	51,597,238		
2	Cost of goods sold (Schedule A, line 7) ATCH, 4 .	2	45,114,159.	· · · · · · · · · · · · · · · · · · ·	
3	Gross profit Subtract line 2 from line 1c	3	6,483,079.		6,483,079.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5_			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)				
8	Interest, annuities, royalties, and rents from a controlled		-		
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)			•	
13	Total. Combine lines 3 through 12	13	6,483,079.		6,483,079.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

	connected with the unrelated business income)		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		527,599.
16	Repairs and maintenance	i 1	6,134,933.
17	Bad debts,		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	125.
20	Depreciation (attach Form 4562)		•
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	36,240.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	552,686.
28	Total deductions. Add lines 14 through 27	28	7,251,583.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-768,504.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-768,504.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

11-1839362

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

THE NEW YORK AND PRESBYTERIAN HOSPITAL 13-3957095

V 19-7.5F

ATTACHMENT 2

FORM	990T	_	PART	TT	_	LINE	27	_	TOTAL	OTHER	DEDUCTIONS
r Orn	ンフひょ	-	PARI	TT	-	TITINE	~ /	_	TOTAL	OIUEK	DEDOCITOR

GENERAL EXPENSES	23,662.
UTILITIES	22,954.
LEASES	133,954.
MARKETING EXPENSE	205.
MEDICAL SURGICAL SUPPLIES	96,798.
INDIRECT COST ALLOCATION PER ICR-CDL	2,478,807.
TAX PREPARATION FEES	2,375.

PART II - LINE 27 - OTHER DEDUCTIONS 2,758,755.

PHARMACY

SCHEDULE M LINE 2: SCHEDULE A - COST OF GOODS SOLD

В	INVENTORY AT BEGINNING OF YEAR 419,410. PURCHASES 48,693,183. COST OF LABOR 48,693,183. ADDITIONAL SECTION 263A COSTS OTHER COSTS 49,112,593.	
6 7	INVENTORY AT END OF YEAR	3,998,434. 45,114,159.
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?	YES NO X

ATTACHMENT 5

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

GENERAL EXPENSES	287,864.
SERVICES & FEES	64,840.
UTILITIES	131,738.
LEASES	65,869.
TAX PREPARATION	2,375.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

552,686.

Form 4562

Department of the Treasury Internal Revenue Service

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

2019

Attachment Sequence No 179

Name(s) shown on return

NEWYORK - PRESBYTERIAN/QUEENS

Identifying number 11-1839362

PAGE 139

Busi	ness or activity to which this form relates								
S	PECIALTY PHARMACY								<u> </u>
Pa	rt I Election To Expense C Note: If you have any lis				you comp	lete Part I			
1	Maximum amount (see instructions).		1						
2	Total cost of section 179 property pl	aced in service (see in	structions)			<i></i>		2	
3	Threshold cost of section 179 prope	rty before reduction i	n limitation (se	e instructio	ns)			3	
4 5	Reduction in limitation Subtract line Dollar limitation for tax year Subtract line 4 from separately, see instructions		5						
6	(a) Description	~			isiness use only		ted cost	1	
		<u> </u>							1 '
									1
7	Listed property Enter the amount fro	m line 29			7	"			j
8	Total elected cost of section 179 pro							8	
9	Tentative deduction Enter the smalle							9	
10	Carryover of disallowed deduction fr								
11	Business income limitation Enter th								
12	Section 179 expense deduction Add								
13	Carryover of disallowed deduction to								_
Note	. Don't use Part II or Part III below fo				•				·
Pa	rt Special Depreciation A	llowance and Ot	her Depred	iation (D	on't include	listed proper	ty Se	e inst	ructions)
14	Special depreciation allowance for	or qualified propert	y (other tha	ın listed	property) pl	aced in servi	се		
	during the tax year. See instructions							14	
15	Property subject to section 168(f)(1)	election						15	
								16	36,240
	rt III MACRS Depreciation (I								
			Sec	tion A					
17	MACRS deductions for assets place	d in service in tax yea	irs beginning b	efore 2019				17	
18	If you are electing to group any a asset accounts, check here						ral		
	Section B - Assets	Placed in Service	During 201	9 Tax Yea	r Using the	General Dep	reciat	ion S	ystem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/invonly - see in	estment use		(e) Convention	(f) M	ethod	(g) Depreciation deduction
19a	3-year property								
ь	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property]			25 yrs		s	/L	
h	Residential rental				27 5 yrs	ММ	s	/L	
	property				27 5 yrs	ММ	s	/L	
i	Nonresidential real				39 yrs	MM	s	/L	
	property					ММ	s	/L	
	Section C - Assets F	Placed in Service C	Ouring 2019	Tax Year	Using the	Alternative De	epreci	ation	System
20a	Class life						S	/L	
b	12-year				12 yrs		s	/L	
С	30-year				30 yrs	ММ	s	/L	
	40-year				40 yrs	ММ	S	/L	
Рa	rt IV Summary (See instruct	ions)							
21	Listed property Enter amount from li	ne 28						21	
22	Total. Add amounts from line 12,	lines 14 through 1	7, lines 19 a	ind 20 in	column (g),	and line 21 E	Inter		
	here and on the appropriate lines of y For assets shown above and plac portion of the basis attributable to se	our return Partnershi	ps and S corp	orations - s	ee instruction	ns	<u></u>	22	36,240
	Paperwork Reduction Act Notice, se								Form 4562 (2019)

	- 4560 ((2010)												11	-1839	362	Page	2
_	n 4562 (I rt V	Listed		ty (Include			certai	n oth	ner ve	hicles	, certa	ain air	craft,	and	prope	ty us	ed f	
		Note: Fo	or any ve umns (a)	ehicle for wh through (c) o	ich you are f Section A,	using all of S	Section	B, and	Section	C If ap	plicable						nly 24	а
				reciation and													V	_
248	Do yo	u have evi	dence to s	upport the bus		ent use	e claimed	<u>' </u>		No :	24b lf "	T .				Yes	 X N	<u> </u>
		/pe of property (list Date placed Investm		(c) Business/ investment usinercentage	use Cost or other ba			(e) Basis for depreciat (business/investments) use only)		(f) Recovery period			(h) Depreciation deduction		(i) Elected section cost		79	
25				lowance for ore than 50%	qualified lis							1,	. 25				·	
26		-		n 50% in a q							<u></u>		. 1 20					_
		,				%	-	<u>-</u>		Ī			·-					
_						%								1	-			_
			_	_		%				-			_					_
27	Prop	erty used	50% or le	ess in a qualif								1	_					_
<u>-</u> -					T	%						S/L -				T		_
		_			1	%						S/L -				1		
					+	%						S/L -	_			1		
28	Δdd a	amounts i	n column	(h), lines 25	through 27	Enter	here ar	nd on li	ne 21 r	nage 1	-	1	28			1		
				(i), line 26 E	_					_					. 29	<u> </u>		_
==				(// 1/1/2 22 2	Sectio								 			<u> </u>		_
Cor	nnlete	this section	n for veh	icles used by								er." or r	elated	person	If you r	rovided	vehic	les
to y	our em	ployees, fir	st answer f	he questions i	n Section C to	see if	you mee	t an exc	eption to	compl	eting this	section	for thos	e vehicle	s .			
		<u> </u>				((a)		(b)		(c)	1 (d)	1 ((e)	T	(f)	_
30		Total business/investment miles driver the year (don't include commuting mile			Vehicle 1		Vel	Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		nicle 6		
31	-																	
	Total commuting miles driven during the year. Total other personal (noncommuting) miles driven																	
33	Total miles driven during the year Add lines 30 through 32																	
34	Was	the ve	hicle av	cle available for personal			No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	_
35	use during off-duty hours?				I				 								<u> </u>	_
	than	5% owner	or relate	d person?			<u> </u>			<u> </u>	+					 -		
36	ls a	nother v	ehicle a	vailable for	personal		1							i				
	use?.	<u></u>												J		<u> </u>		_
			stions to	C - Question determine if	you meet a	in exc										who a	ren't	
				ated persons	<u> </u>						_					Yes	No	_
37				tten policy :												163	110	_
38	your employees?							y your			_							
									ers, dire	ctors, o	or 1% or	more o	wners			<u> </u>		_
				ehicles by en										; .		<u> </u>	<u> </u>	
40	Do y	ou provid	le more	than five ve	hicles to yo	our er	nployee -	s, obta	ain info	rmatio	n trom	your e	mploye	es abo	ut the	}	ŀ	
	use o	of the vehi	cles, and	retain the inf	ormation red	ceived	"				:					<u> </u>		_
41				ements conce												1	L	
				37, 38, 39, 4	10, or 41 is	Yes,"	don't co	mplete	Sectio	u R tor	the cov	erea ve	nicies			<u> </u>		_
Pa	rt VI	Amorti	zation				1				_							_
		Descrip	(a) tion of costs		(b) Date amorti begins	tization Amort			(c) izable amount		(d) Code section		(e) Amortization period or percentage		(f) Amortization for this ye		this year	
42	Amor	rtization o	f costs th	at begins dur	ing your 20	19 tax	year (se	e instr	uctions)								
_																		_
43	Amor	rtization o	f costs th	at began bef	ore your 20	19 tax	year							43				
44	Total	Add am	ounts in	column (f) S	ee the instri	ictions	for wh	ere to r	eport		-			44				

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Form **4562** (2019)