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		14		Extended to	July	15, 2020 _					
	Form	990-T	E	Exempt Organization Bus	sine	ess Income 7	Tax Re	eturn	۱	OMB	No 1545-0687
	, (	. معرف کند		(and proxy tax und			191		ا ر	2	<b>Λ1</b> Ω
			For cal	lendar year 2018 or other tax year beginning SEP 1				201	9	_	UIO
		tment of the Treasury at Revenue Service	<b></b>	► Go to www.irs gov/Form990T for i Do not enter SSN numbers on this form as it ma				i01(c)(3)		Open to P 501(c)(3) C	ublic Inspection for Organizations Only
	A [	Check box if address changed		Name of organization ( Check box if name	change	d and see instructions.)			(Empl	oyer identi loyees' tru ictions )	fication number ist, see
	B E:	xempt under section	Print	ORIGINAL MUSIC WORKSHO	OP.	INC.			2	7-29	74840
		]501(c <b>)</b> [3_)	or	Number, street, and room or suite no. If a P.O. bo					E Unrela		less activity code
		408(e) 220(e)	Туре	80 N. 6TH STREET	•				(300 11	i i su u cu o i i	• ,
		408A 530(a) 529(a)		City or town, state or province, country, and ZIP of BROOKLYN, NY 11249	or foreig	n postal code			722	210	
	C Bo	ok value of all assets	<b></b>	F Group exemption number (See instructions.)	<b></b>						
<del>-</del>	a 16	287 <b>4</b> 3	92.	G Check organization type ► X 501(c) cor	poratio	n 501(c) trust		401(a)	trust		Other trust
20,	ĮH En	ter the number of the	organiza	ition's unrelated trades or businesses.	1	Describe	the only (or	r fırst) unı	related		
2	4	de or business here 🕨	► <u>PR</u> ]	IVATE EVENTS PRODUCTION	1	If only one,	complete F	arts I-V. I	If more	than on	e,
0	ك	scribe the first in the b	lank spa	ce at the end of the previous sentence, complete P	arts I ar	nd II, complete a Schedule	e M for each	addition	al trade	e or	
z		siness, then complete		<del></del>							
	l Du			oration a subsidiary in an affiliated group or a pare	ent-subs	sidiary controlled group?		► L	Ye	s X	No
	lf "	Yes," enter the name a	ınd ident	tifying number of the parent corporation.							
	y Th	e books are in care of	J Tue	JOHN ANGELLO, COMPTROLI de or Business Income	<u> </u>		one numbe				
Ž	Pa	rt i Unrelated	ırac	de or Business Income	1	(A) Income	(B) E	xpenses			(C) Net
=	1 a	Gross receipts or sale	S								
SCA	. D	Less returns and allow		c Balance	10		ļ			/	
Š	2	Cost of goods sold (S		•	2					_	
		Gross profit. Subtract Capital gain net incom			3 4a		··· · · · · · · · · · · · · · · · · ·	•	$\overline{}$		
		· ·	•	art II, line 17) (attach Form 4797)	4a 4b						
		Capital loss deduction			4c			-			
		•		ship or an S corporation (attach statement)	5			<u> </u>			
		Rent income (Schedu		mp of an o corporation (attach statement)	6						
		Unrelated debt-finance		ne (Schedule E)	7			-	-		
				and rents from a controlled organization (Schedule F)	8			•			
	9	Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9						
	10	Exploited exempt activ	vity inco	me (Schedule I)	10	644105.		2927	14.		351391.
	11	Advertising income (S	Schedule	: J)	11_						
	12	Other income (See ins	struction	s; attach schedule)	12						
,		Total, Combine lines			13	644105.		<u> 2927:</u>	14.		351391.
İ	Pa	rt II Deduction	ns No	ot Taken Elsewhere (See instructions for	or limita	ations on deductions)					
				itions, deductions must be directly connecte			s income )	· · · · · · · · · · · · · · · · · · ·			
	14		icers, dir	ectors, and trustees (Schedule K)	RE	CEIVED		-	14		
	15	Salaries and wages				SC	ı		15		
	16	Repairs and mainten	ance	[8]	.10	L 2 0 2020 3	1		16		
	17	Bad debts	dla\ /a.a	<u> </u>	•	Z T C			17		
	18 10	Interest (attach sched Taxes and licenses	auie) (se	e instructions)	00	EDEN, UT		}	18		· · · · · · · · · · · · · · · · · · ·
	19 20		nn /Snn	instructions for limitation rules)	U	ALJEN, UI	1	}	19 20		
	20 21	Depreciation (attach l				21			20		<del></del>
	22			Schedule A and elsewhere on return		22a			22b		
	23	Depletion		poonedule A and disconicie on return		[224]			23		
	24	Contributions to defe	rred con	mpensation plans				-	24		<del></del>
	25	Employee benefit pro	/	··					25		
	26	Excess exempt exper		hedule I)				ŀ	26		351391.
	27	Excess readership co						ļ	27		
	28	Other deductions (att						أميم	28		
	29	Total deductions. Ad						28	29		351391.
	30			come before net operating loss deduction. Subtrac	ct line 2	9 from line 13		] يە	30		0.
;	31	Deduction for net ope	erating lo	oss arising in tax years beginning on or after Janua	ıry 1, 20	118 (see instructions)		30	31		
•	32 /	_		come. Subtract line 31 from line 30			<del></del>	3	32		0.
ر (	23701	01-09-19 LHA <b>Fo</b>	r Paperv	work Reduction Act Notice, see instructions.					ン	Form 9	<b>990-T</b> (2018)
-					1			Ì			

Form 990-		<u> -297</u>	4840		Page 2
Pagt	Total Unrelated Business Taxable Income				
7.38	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33		0.
34	Amounts paid for disallowed fringes		34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
	lines 33 and 34	,	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38	37	10	00.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		1		
00	enter the smaller of zero or line 36		38		0.
Part I	V Tax Computation		1 00 1		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	_	39		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		0.0		
70	Tax rate schedule or Schedule D (Form 1041)		40		
41	Proxy tax See instructions		41		
	•		<del></del>	_	
42	Alternative minimum tax (trusts only)		42		
43	Tax on Noncompliant Facility Income. See instructions  Tatel. Add lines 41, 42, and 43 to line 30 or 40, whichever applies		43		0.
Part \	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  / Tax and Payments		44		<u> </u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a	<del></del> -			
		-	1		
b	•				
C	General business credit. Attach Form 3800  Credit for successory was maximum tox (attach Form 9901 or 9907)		1 1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)  That I are different for through 45d.		1,5		
	Total credits. Add lines 45a through 45d		45e		
46	Subtract line 45e from line 44		46		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach s	chedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)		48		<u>0.</u>
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0.
	Payments: A 2017 overpayment credited to 2018				
	2018 estimated tax payments 50b				
	Tax deposited with Form 8868				
	Foreign organizations: Tax paid or withheld at source (see instructions)  50d				
	Backup withholding (see instructions) 50e				
	Credit for small employer health insurance premiums (attach Form 8941)				
9	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ <b>50g</b>				
	Total payments. Add lines 50a through 50g		51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶	54		
	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded		55		
Part V					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here 🕨				_X_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tru	ıst?			_X_
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
٥.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	of my know	ledge and bel	lief, it is true,	
Sign		Ma	v the IRS disc	uss this return v	with
Here	VI Herita V1/13/201 CHAIRMAN		preparer show		
	Signature of officer Date 1 Title	ins	tructions)?	X Yes	No
	Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN		
Paid	M / May - 1 salf-an	nployed			
Prepa			P00!	574306	
Use O	F + NADWIN DOLAN C NOLWON I WD	EIN ►	54-1	106576	3
USE U	4435 WATERFRONT DRIVE, SUITE 200	-			
	Firm's address ► GLEN ALLEN, VA 23060 Phone	no. (	804)34	46-959	5
823711 01-		•		rm 990-T	

		la Calal m								
	nedule A - Cost of Good	IS SOIG. Enter	method of inver	· 1 · · ·					T	
	Inventory at beginning of year	1		_	Inventory at end of year			6	<del>                                     </del>	
	Purchases	2		<b>⊣</b> 7	Cost of goods sold. S					
•	Cost of labor	3		_	from line 5. Enter here	and in I	Part I,	-	-	
4 a	Additional section 263A costs				line 2					<del></del>
	(attach schedule)	4a		_ 8	Do the rules of section				Yes	No _
b	Other costs (attach schedule)	4b		4	property produced or	acquired	d for resale) apply to			
	Total Add lines 1 through 4b	5		<u> </u>	the organization?					<u> </u>
	edule C - Rent Income	(From Real	Property an	d Per	sonal Property	Leas	ed With Real Pro	per	ty)	
(se	e instructions)								<del></del>	
1 De	scription of property									
(1)										
(2)									,	
(3)										
(4)										
			ed or accrued				0(2) 20 1 1 1 1 1 1 1			
	(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	oersonal j	onal property (if the percent property exceeds 50% or if id on profit or income)	age	3(a) Deductions directly columns 2(a) a	y conn nd 2(b)	ected with the incom- (attach schedule)	e in
(1)										
(2)										
(3)										
(4)									-	
Total		0.	Total			0.				
(c) To	tal income Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions.			
	and on page 1, Part I, line 6, columi		<b>&gt;</b>			0.	Enter here and on page 1, Part I, line 6, column (8)	<b>&gt;</b>		0.
Sch	edule E - Unrelated Del	bt-Financed	Income (see	ınstruc	tions)					
					Gross income from		Deductions directly cor to debt-finance			
	1. Description of debt-fi	nanced property		'	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deducta (attach schedule	ons e)
(1)	<del></del>			1				-		
(2)										
(3)										
(4)										
	Amount of average acquisition ebt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis llocable to need property schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction 6 x total of column 6 x total of column 3(a) and 3(b))	columns
(1)			_		%			+		
(2)	•				%					
(3)					% -					
(4)					%					
					, , , , , , , , , , , , , , , , , , , ,		nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Total	e				<b>&gt;</b>		0			0.
	o dividends-received deductions in	icluded in column	8					.+-		<u> </u>

Form **990-T** (2018)

Schedule F - Interest,				Controlled O						
1 Name of controlled organiza	identi		3 Net unrelated income (loss) (see instructions)			al of specified ments made	5. Part of column 4 that included in the controllin organization's gross inco		rolling	Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)					<u> </u>					
Nonexempt Controlled Organi	ızatıons									· · · · · · · · · · · · · · · · · · ·
7. Taxable Income	8. Net unrelated inco (see instruction		9 Total	of specified pay- made	ments	10 Part of colur in the controlli gross	mn 9 tha ng orga income	nization's	11. De with	ductions directly connected income in column 10
(1)										
(2)										
(3)	l.									·
_(4)										
						Add colum Enter here and line 8, c	on page	e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					•			0.		0.
Schedule G - Investme		Section 5	01(c)(	7), (9), or	(17) Or	ganization	)	•		
	cription of income			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)			-			•				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)					İ					
(3)										
(4)										
	-			Enter here and Part I, line 9, co		•				Enter here and on page 1 Part I, line 9, column (B)
Totals			•		0.					0.
Schedule I - Exploited (see instru	•	y Income,	Othe	r Than Ad	vertisi	ng Income	,			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly conne with produce of unrelate business inc	ected tion ed	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a e cots 5	5. Gross inco from activity the is not unrelate business inco	nat ed	6 Expe attributa colum Stmt	able to nn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) PRIVATE								·		
(2) EVENTS (3)	644105.	2927	714.	351	391.	8887	83.	3329	9783	351391.
(4)										<u> </u>
	Enter here and on page 1, Part I,	Enter here an page 1, Par	tl,							Enter here and on page 1,
	line 10, col (A)	line 10, col								Part II, line 26
Totals -	644105.	2927	14.							351391.
Schedule J - Advertisi Part I Income From I	ng Income (see Periodicals Rep		Con	solidated	Basis		<del></del>			
1. Name of periodical	2 Gross advertising income	3 Di advertisir		4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5 Circulati	on	6 Reader costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				4						
(3)				4						
(4)				1	•	<u> </u>				
Totals (carry to Part II, line (5))	<b>•</b>	0.	0							0.
										Form 990-T (2018)

Form 990-T (2018) ORIGINAL MUSIC WORKSHOP, INC. 27-29748

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)		<u> </u>				mar odiami 47
(1)			ļ			
(2)		}				
(3)						
(4)						
Totals from Part I	· 0.	0.		• .	,	0.
	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 27
Totals, Part II (lines 1-5)	0.	0.	_ •		· · · · ·	0.
Schodula K - Componenti	on of Officers	Directors and	Tructoos (and in	atricational		· ·

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		•	0.

Form 990-T (2018)

Form 990-T Schedule I - Expen Production of U	ses Directly Conne nrelated Business		Statement	1
Description	Activity Number	Amount	Total	
- Sub	Total - 1	292714.	29271	 L <b>4.</b>
Total of Form 990-T, Schedule I,	Column 3		29271	4.
Form 990-T Schedule I - Expen with Production of			Statement	2
	7 _L:_: L			
Description	Activity Number	Amount	Total	
	<del>-</del>	Amount 3329783.	332978	

**Depreciation and Amortization** (Including Information on Listed Property)

990

Business or activity to which this form relates

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.

Identifying number

OI	RIGINAL MUSIC WORKSHO	OP, INC.		Form 9	90 1	Page 10		27-2974840
P	art   Election To Expense Certain Proper	rty Under Section 1	179 Note: If you have	any listed p	roperty	, complete Part	V before	you complete Part I
1	Maximum amount (see instructions)						1	1000000.
2	Total cost of section 179 property place	ed in service (see	instructions)				2	
3	Threshold cost of section 179 property	before reduction	ın lımıtatıon				3	2500000.
4	Reduction in limitation. Subtract line 3 t	from line 2 If zero	o or less, enter -0-				4	
5	Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	r -0- If married filing separ	ately, see instruc	ctions		5	
6	(a) Description of pro	operty	(b) Co	st (business use	only)	(c) Elected of	cost	
								]
	<del></del>							
		• •						]
		-						] '
7	Listed property. Enter the amount from	line 29			7			] <b>_</b>
8	Total elected cost of section 179 prope	rty 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	line 13 of your 2	017 Form 4562				10	
11	Business income limitation. Enter the si	maller of busines	s income (not less th	nan zero) or l	line 5		11	
12	Section 179 expense deduction Add III	nes 9 and 10, bu	t don't enter more th	an line 11			12	
13	Carryover of disallowed deduction to 20	019 Add lines 9	and 10, less line 12	<b>•</b>	13			
	te: Don't use Part II or Part III below for I							
P	art II Special Depreciation Allowa	nce and Other D	epreciation (Don't	ınclude liste	d prope	rty.)		
14	Special depreciation allowance for qual	ified property (ot	her than listed prope	erty) placed	ın servic	e during		
	the tax year						14	
15	Property subject to section 168(f)(1) ele	ction					15	
16	Other depreciation (including ACRS)						16	126027.
	art III MACRS Depreciation (Don't	include listed pro	perty. See instruction	ons )				
			Section A		_			
17	MACRS deductions for assets placed in	n service in tax ye	ears beginning before	e 2018			17	
18	If you are electing to group any assets placed in serv	ice during the tax year	into one or more general a	sset accounts, c	heck here	▶ □		
	Section B - Assets	Placed in Service	e During 2018 Tax	Year Using	the Ge	neral Deprecia	tion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investment only - see instruction	use (a)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property	_		2	5 yrs		S/L	_
	Decidential restal areasity	/		27	7 5 yrs	MM	S/L	
r	n Residential rental property	/		27	<sup>7</sup> 5 yrs	MM	S/L	
	Name and anticolor and arranged to	/		3	9 yrs	MM	S/L	
j	Nonresidential real property	/				MM	S/L	
	Section C - Assets P	laced in Service	During 2018 Tax Y	ear Using tl	ne Alter	native Depreci	ation Sys	stem
20a	Class life						S/L	
b	12-year			1	2 yrs		S/L	
С	30-year	/		3	0 yrs	MM	S/L	
C		/		4	0 yrs	MM	S/L	· · · · · · · · · · · · · · · · · · ·
Pa	art IV Summary (See instructions)							
21	Listed property Enter amount from line	28					21	
22	Total. Add amounts from line 12, lines 1	4 through 17, lin	es 19 and 20 in colu	ımn (g), and	lıne 21			
	Enter here and on the appropriate lines	of your roturn. Dr	artnerships and S co			tr	22	126027.
	Enter here and on the appropriate lines	or your return Pa	artrierships and 3 cc	rporations -	see ins	u		100
23	For assets shown above and placed in s				see ins	<u>u.                                    </u>		120027:

27-2974840 Page 2 Form 4562°(2018) ORIGINAL MUSIC WORKSHOP, Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (e) (i) (f) (g) (h) (d) Date Elected Business Type of property Cost or Recovery Method/ Depreciation (business/investment placed in investment section 179 deduction period Convention (list vehicles first) other basis use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use S/L % S/L % % S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the guestions in Section C to see if you meet an exception to completing this section for those vehicles (d) (e) (f) (a) (b) (c) Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes Yes No Yes Yes No Yes Yes Nο No No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 is another vehicle available for personal 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 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 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? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Dart VI Amortization

	art vi Amortization					
	(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during your	2018 tax year				
43	Amortization of costs that began before your	2018 tax year		· · · · · · · · · · · · · · · · · · ·	43	4367.
<u>44</u>	Total, Add amounts in column (f) See the ins	tructions for whe	ere to report		44	4367.

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Form 4562 (2018)