			=						-	_		<u> </u>				
											20	19r	(θ)	26051	1 1 4	
	Form	, 990-T	E	Exempt O	rgani	ization I	Busi	ine	ss Inc	ome 1	Tax Re	3 9 3	n 1	26051 OMB No 15	45-0887	
		•		•	(aric	l proxy tax	unde	r se	ection 603	33(e))				20.	10	
			For ca	lendar year 2018 or oth								20	<u>19</u>	20 °	10	
	Depa	rtment of the Treasury nal Revenue Service		▶ 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)(:									,	Open to Public 501(c)(3) Organi	Inspection for	
	A [Check box if address changed										D Emp (Em)	ployer identification ployees' trust, seructions)	n number		
	BE	xempt under section	Print												945	
]501(c)) 3)	or	or Number, street, and room or suite no. If a P.O. box, see instructions.										Unrelated business activity code (See instructions)		
		408(e) 220(e)	Туре		1001 TENTH AVENUE									,		
	닏			City or town, state				foreig	ın postal code				446	5110		
	_ <u></u>	529(a) bok value of all assets		HUNTINGTON, WV 25701 F Group exemption number (See instructions.) ▶												
	at	ook value of all assets end of year 122,182,6	14.					ratio	n 50	1(c) trust		401(a) trust	Ot	her trust	
	H E	nter the number of the o					1				the only (or	<u>-</u>	·	1		
		ide or business here 🕨									, complete P					
		scribe the first in the bl			previous	sentenco, comp	lote Part	ts I ar	nd II, complete	a Schedul	e M for each	ı addıtıo	nal trad	le or		
		isiness, then complete luring the tax year, was t			v in an affi	listed aroup or s	a narent.	-cube	udiary control	ed aroun?		_		es X No		
2021		"Yes," enter the name a					a paront	5000	nuiar, control	ou group r			ш.	03 <u>(22</u> 110	r	
2	<u>j</u> Th	ne books are in care of	> :	THE ORGAN	IZAT	ION				Teleph	one numbe)	304-	691-16		
0				de or Busines		me			(A) Inc	ome	(B) E	xpense	s	(C) N	iet	
	1a	Gross receipts or sale		39,964,3		Dolones		4.	39,964	250	,			/		
==	2	Less returns and allow Cost of goods sold (So							31,422							
Ċ,		Gross profit. Subtract		3	8,542					8,542	,144.					
Z	4 a	Capital gain net incom	_	4a				_/								
Æ	b	Net gain (loss) (Form	<u>-2</u>	,599.	<u> </u>			-2	<u>,599.</u>							
SCANNED	С 5	Capital loss deduction			ition (attac	h statement)	-	4c 5						 		
•	6	Rent income (Schedul	ome (loss) from a partnership or an S corporation (attach statement)											 		
	7															
	8	Interest, annuities, roy	-		•	•	` ′⊢	8		<u></u>				<u></u>		
	9	Investment income of Exploited exempt activ			(17) orga	nization (Schedi		9 10	-					-		
	10 11	Advertising income (S					_ F	11						 		
	12	Other income (See ins		•			-	12								
		Total. Combine lines	3 throu	gh 12		<u></u>		13	8,539					8,539	<u>,545.</u>	
	Pa	Int II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)														
	14	Compensation of office							7				14	40	,451.	
	15	Salaries and wages	501 O, GII		· I I		*****	\Box	<u>ွှု</u>				15	1,470		
	16	Repairs and maintena	ance		2252	JUL 21	2020	13	0.05				16		,940.	
	17	Bad debts							۲ م	ama m	53 (53 7 m)	4	17	93	<u>,858.</u>	
	18	Interest (attach sched Taxes and licenses	fule) (se	e instructions)		OGDEN	I, UT	· [SEE	ŞTAT	EMENT	Т	18	128	$\frac{26.}{432.}$	
	19 20	Charitable contribution	ns (Seế	instructions for lim					ー 4 SEE	STAT	EMENT	2	20		,384.	
	21	Depreciation (attach F				··, -,		_		21	130,			<u> </u>		
	22	Less depreciation clai	med on	Schedule A and els	sewhere o	n return			{	22a			22b	130	<u>,358.</u>	
	23	Depletion											23	7.6	100	
	24 25	Contributions to defer Employee benefit pro-		npensation plans									24 25		,120. ,659.	
	26	Excess exempt expen		hedule I)		•							26	110	<u>, U.J</u>	
	27	Excess readership co											27			
	28	Other deductions (attach schedule) SEE STATEMENT 3										3	28	4,920		
	29	Total deductions. Ad			avator Ir	na dadiratica - C	dance e t	00) from he = 40			28	229	7,009		
	30 31	Unrelated business ta Deduction for net ope								ctions)			31	1,529	104.	
	32/	Unrelated business ta	-					., 20	.5 (555 1134 4			31	32	1,529,	784.	
		1 01-09-19 LHA For										- 1	ı	Form 990 -	T (2018)	

Form 990-	(2018) UNIVERSITY PHYSICIANS & SURGEONS, INC.	<u> 55-05</u>	64945_	Page 2
Part				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	instructions)	3 1	,529,784.
34	Amounts paid for disallowed fringes	, , , , , , , , , , , , , , , , , , , ,	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruct	tions) STMT 5		,462,324.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sun	•	00 -	1400,504.
30	·	0		67 460
	lines 33 and 34	c1 60	36	67,460.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	y 601	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36.	11 126	11 /	
	enter the smaller of zero or line 36		/ 3/8	66,460.
Part	₩ Tax Computation			
39 1	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	I (UK)) 39	13,957.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on	line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)		42	 -
43	Tax on Noncompliant Facility Income. See instructions			
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	715) 43	13,957.
		' 19 '	744	13,937.
	Tax and Payments		 	
45 a	The state of the s	45a	-	
b	· · · · · · · · · · · · · · · · · · ·	45b	↓	
C	General business credit. Attach Form 3800	45c	_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	_	
е	Total credits. Add lines 45a through 45d	- 1	45e	
46	Subtract line 45e from line 44		45	13,957.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	4 (4	48	13,957.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1.0	49	0.
		50a	 	
	r i de la companya d	50b	1	
			1	
		50c	4	
	· · · · · · · · · · · · · · · · · · ·	50d	-	
	The state of the s	50e	-	
	· · · · · · · · · · · · · · · · · · ·	50f		
9	Other credits, adjustments, and payments: Form 2439			
		50g	_	
51	Total payments. Add lines 50a through 50g	d É	41	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8 (3)	52	<u>585.</u>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	9 10	53	14,542.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded 🄛	55	
Part \	/I Statements Regarding Certain Activities and Other Information	(see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	•		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for			
	here	orgii courta y		🔻
67	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	fores to a foreign truct?		$- \frac{\mathbf{x}}{\mathbf{x}}$
57		deror to, a foreign trustr		-
	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 >\$			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer h	ements, and to the best of my kno las any knowledge	wiedge and bel	ier, it is true,
	1 1 1 m Cr 1 1 l			uss this return with
Here	2 101. The 07/14/2020 CFO	th	e preparer shov	vn below (see
	Signature of officer Date Title	ın:	structions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check I	f PTIN	-
Paid	$\Lambda \cup \Lambda \cup \Lambda \cup \Lambda$	self- employed		
Prepa	rer JOHN G. HESS 7/1	1/2	P001	L33027
-	C	Firm's EIN ▶		0657218
Use C	P.O. BOX 10/60			
	Firm's address HUNTINGTON WV 25713-1060	Phone no. (304)	523-6464
823711 01		1		m 990-T (2018)
			. 01	1 (~0.0)

Schedule A - Cost of Good	ls Sold. Enter	method of inven	ntory va	luation COS	ST					
1 Inventory at beginning of year	ar		6	3,051,	255.					
2 Purchases	ing of year 1 2,315,768. 6 Inventory at end of year 2 32,157,702. 7 Cost of goods sold. Subtract line 6									
3 Cost of labor	3			j						
4a Additional section 263A costs			7 :	line 2		7	31,422,	215.		
(attach schedule)	4a		8	Do the rules of section	with respect to		Ye	s No		
b Other costs (attach schedule)	4b		7	property produced or	-	**		,		
5 Total. Add lines 1 through 4b	5 34	,473,470.		the organization?					Х	
Schedule C - Rent Income	(From Real	Property and	d Pers	sonal Property	Leas	ed With Real Pro	pert	y)		
(see instructions)										
1. Description of property										
(1)	· -					·				
(2)										
(3)		_								
(4)										
	2. Rent receiv	ed or accrued				0(0) 0				
(a) From personal property (if the personal property is more 10% but not more than 50%)	e than	of rent for p	personal p	nal property (if the percent roperty exceeds 50% or if I on profit or income)	tage f	3(a) Deductions directly columns 2(a) a	y conne nd 2(b) (cted with the incon (attach schedule)	10 IN	
(1)										
(2)	 									
(3)										
(4)							-			
Total	0.	Total			0.					
(c) Total income. Add totals of columns		ter		-		(b) Total deductions. Enter here and on page 1,			•	
here and on page 1, Part I, line 6, column Schedule E - Unrelated Del		Lincome (see	·nota ioi	hone)	0.	Part I, line 6, column (B)	<u> </u>		0.	
Schedule L - Officialed Dei	ot-Fillanced	income (see	Instruct	lions)	Γ	3. Deductions directly con	nected	with or allocable		
				Gross income from		to debt-finance				
1. Description of debt-fi	nanced property			r allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
						(=====,	(unacir scribacily)			
(1)			1							
(2)							1			
(3)							-			
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6.	Column 4 divided by column 5 7. Gross income reportable (column 2 x column 8)			(8. Allocable deduction 6 x total of 3(a) and 3(b)	columns	
(1)				%						
(2)			1	%						
(3)				%						
(4)				%						
						nter here and on page 1, art I, line 7, column (A)		inter here and on p		
Totals				▶ i		0			0.	
Total dividends-received deductions in	cluded in column	8			<u> </u>		1		0.	
		-							<u> </u>	

Form 990-T (2018) UNIVERSITY PHYSICIANS & SURGEONS,

Page 4

Form **990-T** (2018)

55-0564945

%

%

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.) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 2. Gross 5. Circulation 6. Readership 3. Direct advertising 1. Name of periodical advertising costs costs income (1) (2) (3) (4) 0. Totals from Part I 0 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on Enter here and page 1, Part i, line 11, coi (B) on page 1, Part II, line 27 Totals, Part II (lines 1-5) 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business Compensation attributable to unrelated business 2. Title 1. Name (1) (2) %

Form 990-T (2018)

0.

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T	STATEMENT				
DESCRIPTION		AMOUNT			
INTEREST EXPENSE	26	26			
TOTAL TO FORM 990-T, PAGE 1,	26	5 .			
FORM 990-T	CONTRIBUTIONS	STATEMENT	2		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT			
CASH ONLY	118,43				
TOTAL TO FORM 990-T, PAGE 1,	118,432				
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	_		
DESCRIPTION		AMOUNT			
PURCHASED SERVICES		4,717,537	— 7.		
OFFICE EXPENSE		69,516			
INSURANCE PROFESSIONAL FEES	•	-19,680			
TELEPHONE AND UTILITIES		24,595 28,352			
ADVERTISING		15,575			
TRAINING AND DEVELOPMENT		61,404	1.		
RENT		-11,946			
FRAVEL MISCELLANEOUS		12,114 22,631			
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	4,920,098.			

FORM '990-T	CONTRIBUTIONS	SUMMARY		STATEMENT	4
QUALIFIED C	CONTRIBUTIONS SUBJECT TO 100%	LIMIT			
·	OF PRIOR YEARS UNUSED CONTRIBU	JTIONS			
FOR TAX Y FOR TAX Y FOR TAX Y FOR TAX Y	YEAR 2014 YEAR 2015 YEAR 2016	1,169 974 2,123 1,607			
TOTAL CARRY	OVER ENT YEAR 10% CONTRIBUTIONS	·	5,873 118,432		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	-	124,305 7,384		
EXCESS 100%	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS		116,921 0 116,921		
ALLOWABLE C	CONTRIBUTIONS DEDUCTION		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7,:	384
TOTAL CONTR	RIBUTION DEDUCTION		·	7,3	384

FORM, 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/15	147,579.	0.	147,579.	147,579.
06/30/16	619,834.	0.	619,834.	619,834.
06/30/17	485,222.	0.	485,222.	485,222.
06/30/18	209,689.	0.	209,689.	209,689.
NOL CARRYO	VER AVAILABLE THIS	YEAR	1,462,324.	1,462,324.

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

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

Form 4562 (2018)

OMB No. 1545-0172

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates Sequence No 179

Identifying number

UNIVERSITY PHYSICIANS & SURGEONS, INC. FORM 990 PAGE 10 55-0564945 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,000,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation 3 2,500,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 13 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.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 272,877 16 Other depreciation (including ACRS) Part III | MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (a) Classification of property (e) Convention (a) Depreciation deduction year placed in service (business/investment use period only - see instructions) 3-year property 19a 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25-year property 25 yrs. MM 27 5 yrs S/I Residential rental property h MM S/L 27.5 yrs. ММ S/L 39 yrs. Nonresidential real property i MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System S/L Class life 20a S/L 12-year 12 yrs. b 30 yrs. MM S/L 30-year C ММ S/L 40 yrs. 40-year 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. 2,27<u>2,877.</u> Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 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

818251 12-28-18 LHA For Paperwork Reduction Act Notice, see separate instructions.

UNIVERSITY PHYSICIANS & SURGEONS,

Form 4562 (2018)

816252 12-26-18

55-0564945 Page 2

Form 4562 (2018)

4562

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

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990-T

2018

Attachment Sequence No 179

Form 4562 (2018)

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

Business or activity to which this form relates | Identifying number

	IVERSITY PHYSICIANS						PAGE 1	<u> </u>	55-0564945
	rt Election To Expense Certain Prope	rty under Section	179 Note: If yo	ou nave any i	stea p	property,	complete Par		
	Maximum amount (see instructions)							1	1,000,000.
	Total cost of section 179 property place	•)	•			. 2	2 500 000
	Threshold cost of section 179 property				• •			3	2,500,000.
	Reduction in limitation Subtract line 3		-	• •	••			4	
	Dollar limitation for tax year Subtract line 4 from lin		r -0- If married fil					5	
6	(a) Description of pr	roperty		(b) Cost (busi	ness us	e only)	(c) Elected	cost	-
								-	4
		·					·		┥
									4
				<u></u>		,			_
7	usted property. Enter the amount from	ı line 29		•		7			_
8	Total elected cost of section 179 prope	erty. Add amount	s in column (c), lines 6 and	17			. 8	
	Tentative deduction. Enter the smaller							9	<u> </u>
10 (Carryover of disallowed deduction fron	n line 13 of your 2	2017 Form 45	62				. 10	
11 E	Business income limitation. Enter the s	maller of busines	s income (no	t less than ze	ro) or	line 5		11	
12 5	Section 179 expense deduction. Add l	ines 9 and 10, bu	t don't enter	more than lin	e 11			12	
	Carryover of disallowed deduction to 2					13			<u> </u>
	e: Don't use Part II or Part III below for	listed property. I	nstead, use F	Part V.					
Pa	rt II Special Depreciation Allowa	nce and Other D	Depreciation	(Don't includ	<u>e</u> liste	d proper	ty.)		
14 5	Special depreciation allowance for qua	lified property (ot	her than liste	d property) p	laced	in service	during	İ	
t	he tax year							. 14	<u> </u>
15 F	Property subject to section 168(f)(1) ele	ection .						_15	
	Other depreciation (including ACRS)		•,				<u> </u>	16	121,333.
Pa	rt III MACRS Depreciation (Don't	include listed pro	perty. See in	structions)					
			Se	ction A					
17 N	MACRS deductions for assets placed i	n service in tax y	ears beginnın	g before 201	8		<u></u>	17	L
18 If	you are electing to group any assets placed in sen	vice during the tax year	into one or more	general asset acc	ounts, c	check here			
	Section B - Assets	Placed in Service	e During 20	18 Tax Year	Using	the Gen	eral Deprecia	ation Syst	tem
	(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation ivestment use instructions)	(d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property		1:	14,815.	5.	0 YR	S MM	200DE	9,025.
_c	7-year property	_j			<u> </u>				
d	10-year property								
e	15-year property								
f	20-year property								
g	25-year property]			2	25 yrs.		S/L	
		/			27	7.5 yrs.	MM	S/L	
h	Residential rental property	/			27	7.5 yrs.	MM	S/L	
		/			3	9 yrs.	MM	S/L	
i	Nonresidential real property	1					MM	S/L	
	Section C - Assets P	laced in Service	During 2018	Tax Year Us	sing t	he Altern	ative Deprec	iation Sys	stem
20a	Class life							S/L	
b	12-year	1			1	2 yrs.		S/L	
	30-year	, ,				0 yrs.	MM	S/L	
_ _d	40-year	,				0 yrs.	MM	S/L	
Par									
	isted property. Enter amount from line	28					 -	21	
	otal. Add amounts from line 12, lines 1		es 19 and 20	in column (a)	and	line 21			
	otar. Add amounts from the 12, times of the need to th							22	130,358.
	or assets shown above and placed in s	•			.5,15				130,330.
	ortion of the basis attributable to section	=	, canonic year	, oritor trio		23			
1 10	ornon or the basis attributable to Section	いい とりりへ ししろしろ							

818251 12-28-18 LHA For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobile entertainment, recreation, or amusen	s, certain c nent.)	ther vehi	cles,	certain	aircraft,	and	d propert	y used	for				
Note: For any vehicle for which you a	ire using th	e standa	rd mi	ileage ra	te or de	edu	cting leas	se expe	nse, co	mplete c	only 24a,		
24b, columns (a) through (c) of Section A - Depreciation and Ot								mite foi		agor quit	omobilos	`	
24a Do you have evidence to support the business/inve		<u>-</u>	autio	Yes		-	24b lf "Y					·/ Yes [
(b) (c)	Stillellt use			-	<u></u>	10	(f)	65, 15	(g)	erice wi	(h)	<u> </u>	<u> No</u> (i)
Type of property (list vehicles first) Calculate Calculate Date Busin investr placed in service use perconserving service service use perconserving service ser	nent	(d) Cost or other basi	s	Basis for (business	depreciati Vinvestme e only)		Recovery period		ethod/ ovention		reciation duction	secti	ected on 179
25 Special depreciation allowance for qualified lis	ted proper	ty placed	in se	ervice di	uring th	e ta	x year an	ď				1	
used more than 50% in a qualified business us	se .						·		25			l	
26 Property used more than 50% in a qualified but	ısiness us	e:											
	%												
	_%												
	<u>%</u>							<u></u>					
27 Property used 50% or less in a qualified busin	ess use:												
	%					_		S/L·				4	
	_%					\dashv		S/L ·		+	·	4	
	%		1					S/L·		+-		-	
28 Add amounts in column (h), lines 25 through 2				21, pag	je 1		•	•	. 28	<u> </u>		 	
29 Add amounts in column (i), line 26. Enter here					141	/- I-:			<u> </u>	· ·	29	<u>. </u>	
Complete this costion for unbiglion used by a calc.		B - Info						ar rainta	d parac	n levo		ملمنطمين ام	•
Complete this section for vehicles used by a sole p to your employees, first answer the questions in Se										-	•		S
to your employees, mat answer the questions in or	schon C to	See II yo	u IIIe	el all ex	ceptioi	110	Completi	ny uns	Section	101 11105	e vernole	S.	
		(a) .	Т	(b)			(c)		 (d)		(e)	1 1	ŋ
30 Total business/investment miles driven during the		ehicle		Vehicle			hicle	ļ.	hicle		ehicle	1	ncle
year (don't include commuting miles)												1	
31 Total commuting miles driven during the year												1	
32 Total other personal (noncommuting) miles			Ī										
driven													
33 Total miles driven during the year.												ŀ	
Add lines 30 through 32	<u> </u>		<u> </u>										
34 Was the vehicle available for personal use	Yes	No	Ye	s N	lo Y	es	No	Yes	No	Yes	No	Yes	No
during off-duty hours?			<u> </u>				<u> </u>		ļ		 	ļ	<u> </u>
35 Was the vehicle used primarily by a more			}		- 1						1		1
than 5% owner or related person?		 	-	- -			-		<u> </u>	+-	 		-
36 Is another vehicle available for personal			1							1			
use?		1						Tt					L
Section C - Question	•	_					_						
Answer these questions to determine if you meet a more than 5% owners or related persons.	ii exceptio	ii to com	pietii	ig Section	וטו ט ווט	vei	ilicies usi	ed by e	прюуе	22 MUO 5	iren t		
37 Do you maintain a written policy statement that	prohibits	all persor	nal us	e of vet	ncles in	nciu	idina com	mutino	by you	ır		Yes	No
employees?	, promoto	u porcor	.u. u				ang con		,, 5, ,00	••		103	110
38 Do you maintain a written policy statement that	prohibits	personal	use c	of vehic	es, exc	ept -	commuti	ng, by v	vour		•		
employees? See the instructions for vehicles us	•	•				-							
39 Do you treat all use of vehicles by employees a	s personal	use?											
40 Do you provide more than five vehicles to your	employees	s, obtain i	nforn	nation fr	om you	ır en	nployees	about				-	
the use of the vehicles, and retain the informati	on receive	d?											
41 Do you meet the requirements concerning qual	ified auton	nobile dei	mons	tration i	use?								
Note: If your answer to 37, 38, 39, 40, or 41 is '	Yes," don	't comple	te Se	ction B	for the	cov	<u>ered</u> veh	cles					
Part VI Amortization		,											
(a) Description of costs	(b) Date amortization		(C Amorti				(d) Code		(e) Amortiza	tion	An	(f) nortization	
<u> </u>	begins		amo	unt	L		section	L	period or pe		fo	this year	
42 Amortization of costs that begins during your 2	018 tax ye	ar:											
		 								$-\!\!+\!\!\!-$		··	
	40.	<u> </u>								10			
43 Amortization of costs that began before your 20				 	•			•	•	43			_
an i near Ann amounts in column (t). See the instr	ictions for	where to	reno	rr						, 44			

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