

APPLICATION FOR NOMINATION TO THE ST. JOHNS COUNTY COURT

Instructions: Respond fully to the questions asked below. Please make all efforts to include your full answer to each question in this document. You may attach additional pages, as necessary, however it is discouraged. In addition to the application, you must provide a recent color photograph to help identify yourself.

Full Name: Alyssa Camper Shorstein Social Security No.: 

Florida Bar No.: 0068414 Date Admitted to Practice in Florida: 10/1/2009

1. Please state your current employer and title, including any professional position and any public or judicial office you hold, your business address and telephone number.

Employer: Law Offices of Shorstein and Lee, LLC

Title: Partner

305 Kingsley Lake Drive, Suite 701

St. Augustine, Florida 32092

(904) 829-3035

2. Please state your current residential address, including city, county, and zip code. Indicate how long you have resided at this location and how long you have lived in Florida. Additionally, please provide a telephone number where you can be reached (preferably a cell phone number).




St. Augustine, Florida 32095

I have lived at this address since August of 2016.

(904)  7891

3. State your birthdate and place of birth.

 Charleston, South Carolina

4. Are you a registered voter in Florida (Y/N)?

Yes

5. Please list all courts (including state bar admissions) and administrative bodies having special admissions requirements to which you have ever been admitted to practice, giving the dates of admission, and if applicable, state whether you have ever been suspended or resigned. Please explain the reason for any lapse in membership.

The Florida Bar, 2009

U.S. District Court, Middle District of Florida, 2009
Florida Middle District Bankruptcy Court, 2009
U.S. District Court, Southern District Court, 2010
Florida Southern District Bankruptcy Court, 2010

6. Have you ever been known by any aliases? If so, please indicate and when you were known by such alias.

Alyssa Shepard Clayton: [REDACTED]-3/30/2002;
Alyssa Clayton Camper: 3/31/2002-11/3/2017.

EDUCATION:

7. List in reverse chronological order each secondary school, college, university, law school or any other institution of higher education attended and indicate for each the dates of attendance, whether a degree was received, the date the degree was received, class standing, and graduating GPA (if your class standing or graduating GPA is unknown, please request the same from such school).

University of Levin College of Law, LLM in Taxation, attended fall of 2009, medical leave taken in Spring of 2010, degree not received.

University of Levin College of Law, J.D. received May 2009, attended from Fall 2006- Spring 2009, GPA 3.31, Class rank requested.

Flagler College, B.A. in Political Science received in December 2005, attended from Fall of 2002 to December of 2005, GPA 3.75, Class rank requested but unavailable.

St. Augustine High School, High School Diploma received in Spring of 2002, attended from fall of 2000 to Spring of 2002, GPA 3.43 (unweighted), 4.15 (weighted), Class Rank requested but unavailable.

St. Joseph Academy, transferred to St. Augustine High in 2001, attended from fall of 1998 to spring of 2000, degree not received.

8. List and describe any organizations, clubs, fraternities or sororities, and extracurricular activities you engaged in during your higher education. For each, list any positions or titles you held and the dates of participation.

University of Florida Levin College of Law

Student Mentor, Caring and Sharing School (approximate 2008-2009)

Member, International Law Society (approximate 2006-2009)

Member, John Marshall Bar Association (approximate 2006-2009)

Flagler College Extra Curriculars:

Member, Varsity Basketball Team (2003 season)

Recipient, 50 Hours Community Service for Students with Disabilities (approximately 2002-2005)

EMPLOYMENT:

9. List in reverse chronological order all full-time jobs or employment (including internships and clerkships) you have held since the age of 21. Include the name and address of the employer, job title(s) and dates of employment. For non-legal employment, please briefly describe the position and provide a business address and telephone number.

Employment during college years between 2002-2005:

The Reef Restaurant: Hostess, Busser, Server
4100 Coastal Hwy
St. Augustine, FL 32084
(904) 824-8008

Outback Steakhouse: Server
245 FL-312
St. Augustine, FL 32086
(904) 826-4329

St. Johns County Ocean Rescue: Beach Lifeguard
500 San Sebastian View
St. Augustine, FL 32084
(904) 209-0655

YMCA: daycare worker
St. Augustine Family YMCA
500 Pope Rd
St. Augustine, FL 32080
(904) 471-9622

Three Rivers Legal Services, 1000 NE 16th Ave, Building I, Gainesville, FL 32601, (352) 372-0519

General Intake Clinic and Pro Se Divorce Clinic Volunteer September 2007 to May 2008

- Assisted with general intake interviews and completion of pro se divorce documents

Alachua County Attorney's Office, 120 W University Ave, Gainesville, FL 32601, (352) 374-3670

- *Legal Extern* Summer 2008
- Expanded legal research and drafting skills

Alyssa C. Camper, Attorney at Law P.A., 255 W. King St, St. Augustine, Florida, (904) 201-1711
Attorney November 2009 to December 2017

- Criminal Defense for clients charged with misdemeanors and/or felonies;
- Represent clients in bankruptcy, mortgage modifications, foreclosure defense, and civil litigation;
- Represent clients in estate planning, probate administrations, trust administrations, guardianships, & family law cases.

The Law Offices of Shorstein and Lee, LLC, 305 Kingsley Lake Dr, Suite 701, St. Augustine, Florida, (904) 829-3035

Attorney/Partner

January 2018 to Current

- Representation of clients for main practice areas of Criminal Defense, Bankruptcy, and Estates & Trusts;
- Representation of clients for guardian advocacies, guardianship of minors, & civil litigation.

10. Describe the general nature of your current practice including any certifications which you possess; additionally, if your practice is substantially different from your prior practice or if you are not now practicing law, give details of prior practice. Describe your typical clients or former clients and the problems for which they sought your services.

Certificate in Estate and Trusts received from Levin College of Law in May of 2009;

My main current practice areas are Criminal Defense, Bankruptcy and Estate Planning/Probate, I previously practiced in a wider range of areas and have narrowed throughout the past few years. Typical clients would include people who have been arrested or are being investigated for crimes, people who are considering filing for bankruptcy, people have suffered a loss and require an estate of trust administration, and people who want to do their estate planning.

11. What percentage of your appearance in court in the last five years or in the last five years of practice (include the dates) was:

	Court		Area of Practice
Federal Appellate	_____ %	Civil	<u>15</u> %
Federal Trial	_____ %	Criminal	<u>35</u> %
Federal Other	<u>35</u> %	Family	<u>5</u> %
State Appellate	_____ %	Probate	<u>15</u> %
State Trial	<u>5</u> %	Other:	<u>25</u> %
State Administrative	_____ %	Bankruptcy	
State Other	<u>60</u> %		
TOTAL	<u>100</u> %	TOTAL	<u>100</u> %

If your appearance in court the last five years is substantially different from your prior practice, please provide a brief explanation:

I stopped taking family law cases in 2018.

12. In your lifetime, how many (number) of the cases that you tried to verdict, judgment, or final decision were:

Jury?	_____	Non-jury?	<u>34</u>
Arbitration?	<u>1</u>	Administrative Bodies?	<u>15</u>
Appellate?	<u>3</u>		

13. Please list every case that you have argued (or substantially participated) in front of the United States Supreme Court, a United States Circuit Court, the Florida Supreme Court, or a Florida District Court of Appeal, providing the case name, jurisdiction, case number, date of argument, and the name(s), e-mail address(es), and telephone number(s) for opposing appellate counsel. If there is a published opinion, please also include that citation.

N/A

14. Within the last ten years, have you ever been formally reprimanded, sanctioned, demoted, disciplined, placed on probation, suspended, or terminated by an employer or tribunal before which you have appeared? If so, please state the circumstances under which such action was taken, the date(s) such action was taken, the name(s) of any persons who took such action, and the background and resolution of such action.

No.

15. In the last ten years, have you failed to meet any deadline imposed by court order or received notice that you have not complied with substantive requirements of any business or contractual arrangement? If so, please explain full.

No.

16. For your last six cases, which were tried to verdict or handled on appeal, either before a jury, judge, appellate panel, arbitration panel or any other administrative hearing officer, list the names, e-mail addresses, and telephone numbers of the trial/appellate counsel on all sides and court case numbers (include appellate cases). *This question is optional for sitting judges who have served five years or more.*

1. State of Florida v. Bruce Gutknecht CF21-0405 – Prosecutor: Rebecca Emert, emertr@sao7.org, (904) 209-1620 – felony sentencing hearing

2. Jeffrey A. Kerr Construction Inc. vs. George Boatwright, CA15-1167, CA15-1187,

Co-Counsel: Matthew Mercer & Elizabeth Kutch, service@mercercfirm.com, (904) 824-4949

Opposing Counsel:

Brittany Loper, Esq,
Brittany Marie Loper "Brittany"
Law Office of Brittany Cooper PLLC
Office: 904-364-6441
Email: brittany@cooperattorney.com

Johnie Cooper, Esq.
Johnie Steven Cooper
The Law Offices of John Cooper PA
Office: 904-964-4701

William S Frazier
William Stafford Frazier
Law Office of William Frazier PA
Office: 904-384-1441
Cell: 904-384-1441
Email: wfrazier@romanellogoode.com

Eric Kolar, Esq.
Eric Scott Kolar
Office: 904-396-0009
Email: eric@kolarlaw.com

Marika Sevin, Esq.
Marika C Sevin
U.S. Patriot Title/ Sevin Law PA
Office: 904-640-8060
Email: sevinlawpa@gmail.com

3. James Guernon D.L. No.: D.L. G655-444-83-107-0 - Bureau of Administrative Review Hearing
4. Johnny Smiley D.L. No.: S540-432-80-308-0 – Bureau of Administrative Review Hearing
5. Erin Bryant, D.L. No.: D.L.# B653-217-93-901-0 Bureau of Administrative Review Hearing
6. State of Florida vs. Clyde Thomas Jennings, CF03-1883, Prosecutor: Rebecca Emert, emertr@sao7.org, (904) 209-1620

17. For your last six cases, which were either settled in mediation or settled without mediation or trial, list the names and telephone numbers of trial counsel on all sides and court case numbers (include appellate cases). *This question is optional for sitting judges who have served five years or more.*

1. State of Florida vs. Willie Rollins, III, CF20-1495, Prosecutor: John Scott, Esq. (904) 209-1620, scottj@sao7.org
2. State of Florida vs. Kyle Goettl, CF19-1474, Prosecutor: Kaitlyn Payne, Esq. (904) 209-1620, paynek@sao7.org
3. State of Florida vs. Erin Bryant, CT20-1499, Prosecutor: Holly Southworth, Esq., (904) 209-1620, southworthh@sao7.org
4. State of Florida vs. Leroy Shane, CF20-1070, Prosecutor Tara Libby, (386) 313-4329, libbyt@sao7.org
5. State of Florida vs. Nicholas Kelco, MM21-0563, Prosecutor: Holly Southworth, Esq., (904) 209-1620, southworthh@sao7.org
6. State of Florida vs. Terri Nicole Jagers, MM21-0381, Prosecutor: John Scott, Esq. (904) 209-1620, scottj@sao7.org

18. During the last five years, on average, how many times per month have you appeared in Court or at administrative hearings? If during any period you have appeared in court with greater frequency than during the last five years, indicate the period during which you appeared with greater frequency and succinctly explain.

Average of 10 per month

19. If Questions 16, 17, and 18 do not apply to your practice, please list your last six major transactions or other legal matters that were resolved, listing the names, e-mail addresses, and telephone numbers of the other party counsel.

N/A

20. During the last five years, if your practice was greater than 50% personal injury, workers' compensation or professional malpractice, what percentage of your work was in representation of plaintiffs or defendants?

N/A

21. List and describe the five most significant cases which you personally litigated giving the case style, number, court and judge, the date of the case, the names, e-mail addresses, and telephone

numbers of the other attorneys involved, and citation to reported decisions, if any. Identify your client and describe the nature of your participation in the case and the reason you believe it to be significant.

Jessica Nalley vs. Stephen K Nalley DR13-1534 – Intense family law case that incorporated bankruptcy and civil litigation, by the end of all of the cases my client's life was absolutely changed for the better. Deborah Greene was opposing counsel: 3217 Atlantic Blvd, Jacksonville, FL 32207, Phone (904) 359-5505, dgreene@flalaw.com

Preston Scott Kinlaw vs. Jessica Lynn Wills DR09-1998, Successful motion for rehearing after lengthy litigation and trial, Jonathan Luca was opposing counsel, 904814-8942, jonathan@lucalawfirm.com

Kemper Point v. Charismatic Orthodox Church, CA11-0335 – negotiating the forgiveness of the mortgage debt for a group of board members who had been swindled by their religious leader and left holding the bag, opposing counsel was Susan Argo, 513-629-2716, SArgo@graydon.com

State of Florida vs. Allison Tomlinson CF17-1813– attempted murder charge pled down to shooting within a dwelling, co-counsel defense attorney with law partner Sung Lee, gatorslee03@yahoo.com , (904) 829-3035, prosecutor Rebecca Emert, (904) 209-1620, emertr@sao7.org

Estate of Betty Jane Kline CP15-0326 – I represented the personal representative throughout this \$8 million probate with estranged family, laughing heirs, and an heir finding company, opposing counsel were Mark Parsons (904) 826-3445, mark@mark@parsonslaw.com and Richard Pearse, (727) 462-9009, rlp@pearse.net

22. Attach at least two, but no more than three, examples of legal writing which you personally wrote. If you have not personally written any legal documents recently, you may attach a writing sample for which you had substantial responsibility. Please describe your degree of involvement in preparing the writing you attached.

Preston Scott Kinlaw vs. Jessica Lynn Wills DR09-1998 – Motion for Rehearing, dated March 6, 2019, I fully drafted this motion with my legal assistant reviewing for typographical errors

State of Florida vs. Kelly Eugene Batten, CF19-1722 – Motion to Dismiss, dated May 11, 2020, I fully drafted this motion with my legal assistant reviewing for typographical errors

Johnny Smiley D.L. No.: S540-432-80-308-0 – Bureau of Administrative Review Hearing, written summation dated April 6, 2021.

PRIOR JUDICIAL EXPERIENCE OR PUBLIC OFFICE

23. Have you ever held judicial office or been a candidate for judicial office? If so, state the court(s) involved, the dates of service or dates of candidacy, and any election results.

No.

24. If you have previously submitted a questionnaire or application to this or any other judicial nominating commission, please give the name(s) of the commission, the approximate date(s) of

each submission, and indicate if your name was certified to the Governor's Office for consideration.

N/A

- 25.** List any prior quasi-judicial service, including the agency or entity, dates of service, position(s) held, and a brief description of the issues you heard.

Florida Bar Fee Dispute Arbitrator from 2020-current, have presided over one arbitration for a fee dispute between an attorney and former client.

- 26.** If you have prior judicial or quasi-judicial experience, please list the following information:

- (i) the names, phone numbers and addresses of six attorneys who appeared before you on matters of substance;
- (ii) the approximate number and nature of the cases you handled during your tenure;
- (iii) the citations of any published opinions; and
- (iv) descriptions of the five most significant cases you have tried or heard, identifying the citation or style, attorneys involved, dates of the case, and the reason you believe these cases to be significant.

- 27.** Provide citations and a brief summary of all of your orders or opinions where your decision was reversed by a reviewing court or where your judgment was affirmed with significant criticism of your substantive or procedural rulings. If any of the opinions listed were not officially reported, attach copies of the opinions.

N/A

- 28.** Provide citations for significant opinions on federal or state constitutional issues, together with the citation to appellate court rulings on such opinions. If any of the opinions listed were not officially reported, attach copies of the opinions.

N/A

- 29.** Has a complaint about you ever been made to the Judicial Qualifications Commission? If so, give the date, describe the complaint, whether or not there was a finding of probable cause, whether or not you have appeared before the Commission, and its resolution.

No.

- 30.** Have you ever held an attorney in contempt? If so, for each instance state the name of the attorney, case style for the matter in question, approximate date and describe the circumstances.

No.

31. Have you ever held or been a candidate for any other public office? If so, state the office, location, dates of service or candidacy, and any election results.

Currently a judicial candidate for the St. Johns County court seat that will be vacant due to Judge Tinlin's retirement.

NON-LEGAL BUSINESS INVOLVEMENT

32. If you are now an officer, director, or otherwise engaged in the management of any business enterprise, state the name of such enterprise, the nature of the business, the nature of your duties, and whether you intend to resign such position immediately upon your appointment or election to judicial office.

N/A

33. Since being admitted to the Bar, have you ever engaged in any occupation, business or profession other than the practice of law? If so, explain and provide dates. If you received any compensation of any kind outside the practice of law during this time, please list the amount of compensation received.

N/A

POSSIBLE BIAS OR PREJUDICE

34. The Commission is interested in knowing if there are certain types of cases, groups of entities, or extended relationships or associations which would limit the cases for which you could sit as the presiding judge. Please list all types or classifications of cases or litigants for which you, as a general proposition, believe it would be difficult for you to sit as the presiding judge. Indicate the reason for each situation as to why you believe you might be in conflict. If you have prior judicial experience, describe the types of cases from which you have recused yourself.

N/A

PROFESSIONAL ACCOMPLISHMENTS AND OTHER ACTIVITIES

35. List the titles, publishers, and dates of any books, articles, reports, letters to the editor, editorial pieces, or other published materials you have written or edited, including materials published only on the Internet. Attach a copy of each listed or provide a URL at which a copy can be accessed.

N/A

36. List any reports, memoranda or policy statements you prepared or contributed to the preparation of on behalf of any bar association, committee, conference, or organization of which you were or

are a member. Provide the name of the entity, the date published, and a summary of the document. To the extent you have the document, please attach a copy or provide a URL at which a copy can be accessed.

N/A

37. List any speeches or talks you have delivered, including commencement speeches, remarks, interviews, lectures, panel discussions, conferences, political speeches, and question-and-answer sessions. Include the date and place they were delivered, the sponsor of the presentation, and a summary of the presentation. If there are any readily available press reports, a transcript or recording, please attach a copy or provide a URL at which a copy can be accessed.

Facebook live interview of then judge and judicial candidate Bryan Rendzio:
<https://www.facebook.com/alyssa.c.camper/videos/10101537247061659>

38. Have you ever taught a course at an institution of higher education or a bar association? If so, provide the course title, a description of the course subject matter, the institution at which you taught, and the dates of teaching. If you have a syllabus for each course, please provide.

N/A

39. List any fellowships, honorary degrees, academic or professional honors, honorary society memberships, military awards, and any other special recognition for outstanding service or achievement. Include the date received and the presenting entity or organization.

University of Levin College of Law (Received during attendance between 2006 and 2009):

Dean's List (Spring 2007, Spring 2008)

Book Award, White Collar Crime, Spring 2008

Pro Bono Certificate, Spring 2009

Flagler College (All awards received during attendance at Flagler College between 2002 and 2005):

Recipient, Wetherell Scholarship for Political Science

Recipient, Alice and Ashley Verlander Student-Athlete Scholarship, 2003

Recipient, Florida Bright Futures Merit Award

Recipient, All American Academic Award

President's List, Fall 2002 and Fall 2005

Dean's List, Spring and Fall 2003, Spring and Fall 2004, Spring 2005

Recipient, Department Award for Liberal Studies December 2005

Member, National Dean's List

40. Do you have a Martindale-Hubbell rating? If so, what is it and when was it earned?

N/A

41. List all bar associations, legal, and judicial-related committees of which you are or have been a member. For each, please provide dates of membership or participation. Also, for each indicate any office you have held and the dates of office.

St. Johns County Bar Association, 2012- present

- Treasurer, 2012
- Secretary, 2013
- Vice President, 2014
- President, 2015
- Past President, 2016
- CLE Director, 2016-present

Florida Bar Grievance Committee, 2015-2017 & 2020-present

- Chairman, 2017

Volusia County Bar Association, 2019-present

Jacksonville Bankruptcy Bar Association, 2014-2020

Florida Bar, Real Property, Probate and Trust Law Section, 2017-present

Florida Bar, Family Law Section, 2017-2018

St. Augustine Inn of Court, 2018-Present

- CLE Chair 2021

42. List all professional, business, fraternal, scholarly, civic, charitable, or other organizations, other than those listed in the previous question to which you belong, or to which you have belonged since graduating law school. For each, please provide dates of membership or participation and indicate any office you have held and the dates of office.

Wild Flower Clinic Board Member, 2021

St. Johns County Sports Club, 2013-Present

St. Augustine Historical Society, 2016-present

United Way of St. Johns, 2020-present

43. Do you now or have you ever belonged to a club or organization that in practice or policy restricts (or restricted during the time of your membership) its membership on the basis of race, religion (other than a church, synagogue, mosque or other religious institution), national origin, or sex (other than an educational institution, fraternity or sorority)? If so, state the name and

nature of the club(s) or organization(s), relevant policies and practices and whether you intend to continue as a member if you are selected to serve on the bench.

N/A

44. Please describe any significant pro bono legal work you have done in the past 10 years, giving dates of service.

Consistently volunteer with St. Johns County Legal Aid and volunteer for the Bankruptcy legal aid clinic when available.

45. Please describe any hobbies or other vocational interests.

Singing in church, Crossfit, spending time with friends and family, traveling to sporting events

46. Please state whether you have served or currently serve in the military, including your dates of service, branch, highest rank, and type of discharge.

N/A

47. Please provide links to all social media and blog accounts you currently maintain, including, but not limited to, Facebook, Twitter, LinkedIn, and Instagram.

Facebook: <https://www.facebook.com/alyssa.c.camper>

Instagram: alyssashorstein

Linked In: <https://www.linkedin.com/in/alyssa-shorstein-44857b15/>

FAMILY BACKGROUND

48. Please state your current marital status. If you are currently married, please list your spouse's name, current occupation, including employer, and the date of the marriage. If you have ever been divorced, please state for each former spouse their name, current address, current telephone number, the date and place of the divorce and court and case number information.

Married to Bryan Shorstein, Executive Director at the Seventh Circuit State Attorney's Office, Boss: RJ Larizza, Date of Marriage: 11/2/17.

Former Husband: Christopher D. Camper, 26 Dory Rd., St. Augustine, Florida, (904) 392-3428, Divorce: 2011, St. Johns County, Florida, DR11-1701.

49. If you have children, please list their names and ages. If your children are over 18 years of age, please list their current occupation, residential address, and a current telephone number.

C [REDACTED] C [REDACTED] Jr. – 19 years old, Student/UPS employee
[REDACTED] St. Augustine, FL 32092
[REDACTED]

D [REDACTED] S [REDACTED] C [REDACTED] – 14 years old, high school student
[REDACTED]
[REDACTED]

CRIMINAL AND MISCELLANEOUS ACTIONS

50. Have you ever been convicted of a felony or misdemeanor, including adjudications of guilt withheld? If so, please list and provide the charges, case style, date of conviction, and terms of any sentence imposed, including whether you have completed those terms.

No.

51. Have you ever pled nolo contendere or guilty to a crime which is a felony or misdemeanor, including adjudications of guilt withheld? If so, please list and provide the charges, case style, date of conviction, and terms of any sentence imposed, including whether you have completed those terms.

No.

52. Have you ever been arrested, regardless of whether charges were filed? If so, please list and provide sufficient details surrounding the arrest, the approximate date and jurisdiction.

No.

53. Have you ever been a party to a lawsuit, either as the plaintiff, defendant, petitioner, or respondent? If so, please supply the case style, jurisdiction/county in which the lawsuit was filed, case number, your status in the case, and describe the nature and disposition of the matter.

Yes.

Dissolution Petitioner – DR11-1701, consent final judgment entered 10/27/2011
[REDACTED]

Defendant – 11000068ACMA, leash law ordinance violation, AG

54. To your knowledge, has there ever been a complaint made or filed alleging malpractice as a result of action or inaction on your part?

No.

55. To the extent you are aware, have you or your professional liability carrier ever settled a claim against you for professional malpractice? If so, give particulars, including the name of the client(s), approximate dates, nature of the claims, the disposition and any amounts involved.

No.

56. Has there ever been a finding of probable cause or other citation issued against you or are you presently under investigation for a breach of ethics or unprofessional conduct by any court, administrative agency, bar association, or other professional group. If so, provide the particulars of each finding or investigation.

No.

57. To your knowledge, within the last ten years, have any of your current or former co-workers, subordinates, supervisors, customers, clients, or the like, ever filed a formal complaint or accusation of misconduct including, but not limited to, any allegations involving sexual harassment, creating a hostile work environment or conditions, or discriminatory behavior against you with any regulatory or investigatory agency or with your employer? If so, please state the date of complaint or accusation, specifics surrounding the complaint or accusation, and the resolution or disposition.

No.

58. Are you currently the subject of an investigation which could result in civil, administrative, or criminal action against you? If yes, please state the nature of the investigation, the agency conducting the investigation, and the expected completion date of the investigation.

No.

59. Have you ever filed a personal petition in bankruptcy or has a petition in bankruptcy been filed against you, this includes any corporation or business entity that you were involved with? If so, please provide the case style, case number, approximate date of disposition, and any relevant details surrounding the bankruptcy.

No.

60. In the past ten years, have you been subject to or threatened with eviction proceedings? If yes, please explain.

No.

61. Please explain whether you have complied with all legally required tax return filings. To the extent you have ever had to pay a tax penalty or a tax lien was filed against you, please explain giving the date, the amounts, disposition, and current status.

Yes.

HEALTH

62. Are you currently addicted to or dependent upon the use of narcotics, drugs, or alcohol?

No.

63. During the last ten years have you been hospitalized or have you consulted a professional or have you received treatment or a diagnosis from a professional for any of the following: Kleptomania, Pathological or Compulsive Gambling, Pedophilia, Exhibitionism or Voyeurism? If your answer is yes, please direct each such professional, hospital and other facility to furnish the Chairperson of the Commission any information the Commission may request with respect to any such hospitalization, consultation, treatment or diagnosis. ["Professional" includes a Physician, Psychiatrist, Psychologist, Psychotherapist or Mental Health Counselor.] Please describe such treatment or diagnosis.

No.

64. In the past ten years have any of the following occurred to you which would interfere with your ability to work in a competent and professional manner: experiencing periods of no sleep for two or three nights, experiencing periods of hyperactivity, spending money profusely with extremely poor judgment, suffering from extreme loss of appetite, issuing checks without sufficient funds, defaulting on a loan, experiencing frequent mood swings, uncontrollable tiredness, falling asleep without warning in the middle of an activity. If yes, please explain.

No.

65. Do you currently have a physical or mental impairment which in any way limits your ability or fitness to properly exercise your duties as a member of the Judiciary in a competent and professional manner? If yes please explain the limitation or impairment and any treatment, program or counseling sought or prescribed.

No.

66. During the last ten years, have you ever been declared legally incompetent or have you or your property been placed under any guardianship, conservatorship or committee? If yes, provide full details as to court, date, and circumstances.

No.

67. During the last ten years, have you unlawfully used controlled substances, narcotic drugs, or dangerous drugs as defined by Federal or State laws? If your answer is "Yes," explain in detail. (Unlawful use includes the use of one or more drugs and/or the unlawful possession or distribution of drugs. It does not include the use of drugs taken under supervision of a licensed health care professional or other uses authorized by Federal or State law provisions.)

No.

68. In the past ten years, have you ever been reprimanded, demoted, disciplined, placed on probation, suspended, cautioned, or terminated by an employer as result of your alleged consumption of alcohol, prescription drugs, or illegal drugs? If so, please state the circumstances under which such action was taken, the name(s) of any persons who took such action, and the background and resolution of such action

No.

69. Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of alcohol or drugs? If so, please state the date you were requested to submit to such a test, the type of test required, the name of the entity requesting that you submit to the test, the outcome of your refusal, and the reason why you refused to submit to such a test.

No.

70. In the past ten years, have you suffered memory loss or impaired judgment for any reason? If so, please explain in full.

No.

SUPPLEMENTAL INFORMATION

71. Describe any additional education or experiences you have which could assist you in holding judicial office.

Being a parent of 2 older children and raising them while I went through school and then built my practice required hard work and grit. I have had a lot of life experience that allows me to relate to people, listen, be compassionate, yet tough when needed. It has also given me a good head on my shoulders for seeing both sides, being reasonable, and communicating effectively. Time management has been key for me which make me value people's time. I have an incredibly strong sense of right vs. wrong and highly value honesty. I am able to learn what is needed, am a strong leader, and would make a difference in this community as a long term county court judge.

72. Explain the particular contribution you believe your selection would bring to this position and provide any additional information you feel would be helpful to the Commission and Governor in evaluating your application.

I am currently already working on laying the groundwork for a mental health court in our County. If appointed, I would be able and excited to personally put in the additional time and effort that is needed to provide docket time for this alternative court for our county.

The variety of my legal experience and life experience, along with this specific phase in my life would allow me to channel my energy and talents to ensuring that this seat is best utilized. My specific experience within our county courtrooms enables me to identify the issues that are important for practitioners, defendants, pro se litigants, and court room staff and personnel for efficient and respectful administration of justice.

REFERENCES

73. List the names, addresses, e-mail addresses and telephone numbers of ten persons who are in a position to comment on your qualifications for a judicial position and of whom inquiry may be made by the Commission and the Governor.

Judge Howard Maltz
St. Johns County Courthouse
4010 Lewis Speedway
St. Augustine, FL 32084
(904) 819-3600
smiller@circuit7.org

Judge Charles Tinlin
St. Johns County Courthouse
4010 Lewis Speedway
St. Augustine, FL 32084
(904) 819-3600
ctinlin@circuit7.org

Judge Howard McGillin
410 St Johns Ave, Palatka, FL 32177
(386) 326-7600
hmcgillin@circuit7.org

Carrie Lee
1000 Legion Place, Suite 1625
Orlando, Florida 32801-1050
Phone: 407-515-3224
CLee@floridabar.org

Pastor Alan Liphart
4229 Pacetti Rd, St. Augustine, FL 32092
Phone: (904) 940-6768
pastoralan@wgv.church

Debby Brownell
3940 Lewis Speedway, Ste. 2102
St. Augustine, FL 32084
904.824.3525
debby@coastalcourtreporters.com

Susan Miller
St. Johns County Courthouse
4010 Lewis Speedway
St. Augustine, FL 32084
(904) 819-3600
smiller@circuit7.org

Missy Renfroe
St. Johns County Courthouse
4010 Lewis Speedway
St. Augustine, FL 32084
(904) 819-3600
mrenfroe@sjccoc.us

Craig Maguire
4015 Lewis Speedway,
St. Augustine, FL 32084
(904) 824-8304
cmaguire@sjso.org

Hunter Conrad
St. Johns County Administration
(St. Johns County Government Building)
500 San Sebastian View
St. Augustine, FL 32084
(904) 209-0655
hconrad@sjcfl.us

CERTIFICATE

I have read the foregoing questions carefully and have answered them truthfully, fully and completely. I hereby waive notice by and authorize The Florida Bar or any of its committees, educational and other institutions, the Judicial Qualifications Commission, the Florida Board of Bar Examiners or any judicial or professional disciplinary or supervisory body or commission, any references furnished by me, employers, business and professional associates, all governmental agencies and instrumentalities and all

consumer and credit reporting agencies to release to the respective Judicial Nominating Commission and Office of the Governor any information, files, records or credit reports requested by the commission in connection with any consideration of me as possible nominee for appointment to judicial office. Information relating to any Florida Bar disciplinary proceedings is to be made available in accordance with Rule 3-7.1(1), Rules Regulating The Florida Bar. I recognize and agree that, pursuant to the Florida Constitution and the Uniform Rules of this commission, the contents of this questionnaire and other information received from or concerning me, and all interviews and proceedings of the commission, except for deliberations by the commission, shall be open to the public.

Further, I stipulate I have read, and understand the requirements of the Florida Code of Judicial Conduct.

Dated this 2d day of August, 2021.

Alyssa Shorten
Printed Name

[Signature]
Signature

(Pursuant to Section 119.071(4)(d)(1), F.S.), . . . The home addresses and telephone numbers of justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges; the home addresses, telephone numbers, and places of employment of the spouses and children of justices and judges; and the names and locations of schools and day care facilities attended by the children of justices and judges are exempt from the provisions of subsection (1), dealing with public records.

FINANCIAL HISTORY

1. State the amount of gross income you have earned, or losses you have incurred (before deducting expenses and taxes) from the practice of law for the preceding three-year period. This income figure should be stated on a year to year basis and include year to date information, and salary, if the nature of your employment is in a legal field.

Current Year-To-Date: Approx: \$200,000.00

Last Three Years: 2020: \$224,723 , 2019: \$224,965.59 , 2018: \$181265.88

2. State the amount of net income you have earned, or losses you have incurred (after deducting expenses but not taxes) from the practice of law for the preceding three-year period. This income figure should be stated on a year to year basis and include year to date information, and salary, if the nature of your employment is in a legal field.

Current Year-To-Date: Approx: \$120000

Last Three Years: \$136537.31 \$127,055.59 \$119,165.00

3. State the gross amount of income or losses incurred (before deducting expenses or taxes) you have earned in the preceding three years on a year by year basis from all sources other than the practice of law, and generally describe the source of such income or losses.

Current Year-To-Date: \$14600 – Rental Income

Last Three Years: \$22800 \$22800 \$22800 (approx.)

4. State the amount you have earned in the preceding three years on a year by year basis from all sources other than the practice of law, and generally describe the source of such income or losses.

Current Year-To-Date: N/A, other than above stated rental income

Last Three Years: _____

5. State the amount of net income you have earned or losses incurred (after deducting expenses) from all sources other than the practice of law for the preceding three-year period on a year by year basis, and generally describe the sources of such income or losses.

Current Year-To-Date: Rental Income – evens out with expenses or is a loss each year

Last Three Years: _____

**FORM 6
FULL AND PUBLIC
DISCLOSURE OF
FINANCIAL INTEREST**

PART A – NET WORTH

Please enter the value of your net worth as of December 31 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of August 2, 2021 was \$495270

PART B - ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes; jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 10,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required – see instructions p. 3)	VALUE OF ASSET
Engagement Ring	\$8,000
2019 Kia Rio	\$12,000
2006 Toyota Corolla (Jointly Owned with Uncle)	\$3000
Ameris Checking and Savings	\$3400
Suntrust Checking and Savings	\$48000
Simple Retirement Account	\$5400
IRA/ROTH	\$8500
Campaign Account Loans	\$28,000
Fidelity account	\$70.00
Law Office of Shorstein and Lee Office Building, 305 Kingsley Lake Dr. (Jointly owned with partner)	\$350,000
825 Oak Arbor Circle, St. Augustine Florida 32084	\$390,000

PART C – LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Annie Mac Home Mortgage, 1 Corporate Drive Suite 360 Lake Zurich IL 60047	\$159,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Business Office First Mortgage – M&T Bank, PO Box 619063 Dallas TX 75261	\$29000
Business Office Second Mortgage - M&T Bank, PO Box 619063 Dallas TX 75261	\$2200

PART D – INCOME

You may ***EITHER*** (1) file a complete copy of your latest federal income tax return, *including all W2's, schedules, and attachments*, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000 including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my latest federal income tax return and all W2's, schedules, and attachments.
 (if you check this box and attach a copy of your latest tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCE OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 6]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

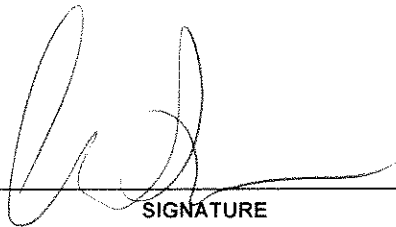
PART E – INTERESTS IN SPECIFIC BUSINESS [Instructions on page 7]

	BUSINESS ENTITY #1	BUSINESS ENTITY #2	BUSINESS ENTITY #3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

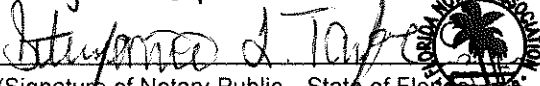
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.


SIGNATURE

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this 2nd day of August 2021 by _____


 (Signature of Notary Public—State of Florida)
STEFANIE L. TAYLOR
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Stefanie L. Taylor
 Notary Public
 State of Florida
 Comm# HH111154
 Expires 3/29/2025

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

JUDICIAL APPLICATION DATA RECORD

The judicial application shall include a separate page asking applicants to identify their race, ethnicity and gender. Completion of this page shall be optional, and the page shall include an explanation that the information is requested for data collection purposes in order to assess and promote diversity in the judiciary. The chair of the Commission shall forward all such completed pages, along with the names of the nominees to the JNC Coordinator in the Governor's Office (pursuant to JNC Uniform Rule of Procedure).

(Please Type or Print)

Date: August 2, 2021

JNC Submitting To: Seventh Circuit Judicial Nominating Committee

Name (please print): Alyssa Shorstein

Current Occupation: Attorney

Telephone Number: (904) 829-3035 Attorney No.: 0068414

Gender (check one): Male Female

Ethnic Origin (check one): White, non-Hispanic

Hispanic

Black

American Indian/Alaskan Native

Asian/Pacific Islander

County of Residence: St. Johns

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

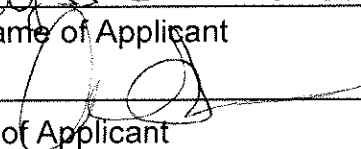
DISCLOSURE PURSUANT TO THE
FAIR CREDIT REPORTING ACT (FCRA)

The Florida Department of Law Enforcement (FDLE) may obtain one or more consumer reports, including but not limited to credit reports, about you, for employment purposes as defined by the Fair Credit Reporting Act, including for determinations related to initial employment, reassignment, promotion, or other employment-related actions.

CONSUMER'S AUTHORIZATION FOR
FDLE TO OBTAIN CONSUMER REPORT(S)

I have read and understand the above Disclosure. I authorize the Florida Department of Law Enforcement (FDLE) to obtain one or more consumer reports on me, for employment purposes, as described in the above Disclosure.

Alyssa Shorstein
Printed Name of Applicant


Signature of Applicant

Date: 8/2/21

U.S. Individual Income Tax Return

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial BRYAN L.	Last name SHORSTEIN	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial ALYSSA C.	Last name SHORSTEIN	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). ST. AUGUSTINE, FL 32095		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>		

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
[REDACTED]	[REDACTED]	[REDACTED]	SON		<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	SON	<input checked="" type="checkbox"/>	

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	126,358.
2a	Tax-exempt interest	2a 154.	2b	
3a	Qualified dividends	3a 1,084.	3b	1,302.
4a	IRA distributions	4a	4b	
c	Pensions and annuities	4c	4d	
5a	Social security benefits	5a	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		6	3,782.
7a	Other income from Schedule 1, line 9		7a	156,293.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶		7b	287,735.
8a	Adjustments to income from Schedule 1, line 22		8a	10,106.
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b	277,629.
9	Standard deduction or itemized deductions (from Schedule A)	9 42,402.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10 25,641.		
11a	Add lines 9 and 10		11a	68,043.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	209,586.

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	38,212.
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	38,212.
13a	Child tax credit or credit for other dependents	13a	2,500.
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	2,562.
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	35,650.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	19,754.
16	Add lines 14 and 15. This is your total tax	16	55,404.
17	Federal income tax withheld from Forms W-2 and 1099	17	14,900.

• If you have a qualifying child, attach Sch. EIC.
 • If you have nontaxable combat pay, see instructions

18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	38,500.
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	38,500.
19	Add lines 17 and 18e. These are your total payments	19	53,400.

Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	
Direct deposit? See instructions.	21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21a	
	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
	22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe	23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	2,074.
	24	Estimated tax penalty (see instructions)	24	70.

Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions

Yes. Complete below.
 No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation **ATTORNEY**

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation **ATTORNEY**

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Phone no. _____ Email address **BSHORSTEIN@YAHOO.COM**

Paid Preparer Use Only

Preparer's name **PHILLIP H. CAMPBELL** Preparer's signature **PHILLIP H. CAMPBELL** Date _____ PTIN **P00014824**

Check it: 3rd Party Designee Self-employed

Firm's name **SHORSTEIN & SHORSTEIN P.A.** Phone no. **(904) 739-1311** Firm's EIN **59-2701990**

Firm's address **8265 BAYBERRY ROAD JACKSONVILLE, FL 32256**

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment
Sequence No. 01

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

BRYAN L. & ALYSSA C. SHORSTEIN

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	137,949.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	0.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ X-B-ONLINE 18,344.	8	18,344.
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	156,293.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	9,746.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	360.
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction STATEMENT 2	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	10,106.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

BRYAN L. & ALYSSA C. SHORSTEIN

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	19,492.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) SEE STATEMENT 3	8	262.
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	19,754.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

2019
Attachment
Sequence No. 03

Name(s) shown on Form 1040 or 1040-SR

Your social security number

BRYAN L. & ALYSSA C. SHORSTEIN

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	62.
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	62.

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	STMT 4	8	38,500.
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>		13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d		14	38,500.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE A
(Form 1040 or 1040-SR)
(Rev. January 2020)

Itemized Deductions

OMB No. 1545-0074

2019

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Go to www.irs.gov/ScheduleA for instructions and the latest information.
Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

BRYAN L. & ALYSSA C. SHORSTEIN

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	5.
2	Enter amount from Form 1040 or 1040-SR, line 8b	2	277,629.
3	Multiply line 2 by 7.5% (0.075)	3	20,822.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid	5 State and local taxes.		
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>	5a	1,944.
	b State and local real estate taxes (see instructions) SEE STATEMENT 6	5b	12,492.
	c State and local personal property taxes	5c	
	d Add lines 5a through 5c	5d	14,436.
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.
6	Other taxes. List type and amount	6	
7	Add lines 5e and 6	7	10,000.
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited SEE STATEMENT 5	8a	12,738.
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b	
	c Points not reported to you on Form 1098. See instructions for special rules	8c	
	d Mortgage insurance premiums (see instructions) STMT 7	8d	0.
	e Add lines 8a through 8d	8e	12,738.
9	Investment interest. Attach Form 4952 if required. See instructions	9	
10	Add lines 8e and 9	10	12,738.
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	1,320.
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	
	13 Carryover from prior year	13	
14	Add lines 11 through 13	14	1,320.
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	
Other Itemized Deductions	16 Other - from list in instructions. List type and amount GAMBLING LOSSES	16	18,344.
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9	17	42,402.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

SCHEDULE B
(Form 1040 or 1040-SR)

Interest and Ordinary Dividends

OMB No. 1545-0074

2019
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.
▶ Attach to Form 1040 or 1040-SR.

Name(s) shown on return
BRYAN L. & ALYSSA C. SHORSTEIN

Your social security number
[REDACTED]

Part I
Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1 **2**
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b **4**

Note: If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

5 List name of payer ▶ **NATIONAL FINANCIAL SVCS-FIDELITY 7738**

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b **6**

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions. 927501 11-19-19

7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements **X**

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

8 During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions **X**

Yes	No
	X
	X

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

ALYSSA C. SHORSTEIN

Enter code from instructions

A Principal business or profession, including product or service (see instructions)

541100

ATTORNEY

Employer ID number (EIN) (see instr.)

C Business name. If no separate business name, leave blank.

ATTORNEY

E Business address (including suite or room no.) **305 KINGSLEY LAKE DRIVE, SUITE 701**
City, town or post office, state, and ZIP code **ST. AUGUSTINE, FL 32092**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2019, check here

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	225,021.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	225,021.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	225,021.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	225,021.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	3,102.	18	Office expense	18	4,562.
9	Car and truck expenses (see instructions)	9	3,956.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	1,225.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	2,893.	22	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		23	Supplies (not included in Part III)	23	1,000.
15	Insurance (other than health)	15	2,332.	24	Taxes and licenses	24	
16	Interest (see instructions):			a	Travel and meals:	24a	541.
a	Mortgage (paid to banks, etc.)	16a		b	Travel	24b	3,271.
b	Other	16b	3,212.	25	Deductible meals (see instructions)	25	757.
17	Legal and professional services	17	4,169.	26	Utilities	26	
18				27	Wages (less employment credits)	27a	56,052.
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		b	Other expenses (from line 48)	27b	
29	Tentative profit or (loss). Subtract line 28 from line 7	29			Reserved for future use	28	87,072.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				29	137,949.
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31				31	137,949.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory:
a Cost b Lower of cost or market c Other (attach explanation)
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
35 Inventory at beginning of year.
36 Purchases less cost of items withdrawn for personal use
37 Cost of labor. Do not include any amounts paid to yourself
38 Materials and supplies
39 Other costs
40 Add lines 35 through 39
41 Inventory at end of year
42 Cost of goods sold.

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business.

43 When did you place your vehicle in service for business purposes? 01 / 01 / 18
44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
a Business 5,726 b Commuting 5,280 c Other 6,172
45 Was your vehicle available for personal use during off-duty hours?
46 Do you (or your spouse) have another vehicle available for personal use?
47 a Do you have evidence to support your deduction?
b If "Yes," is the evidence written?

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 2 columns: Description of expense and Amount. Row 1: SEE STATEMENT 8, 56,052. Row 2: Total other expenses, 56,052.

SCHEDULE D
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2019
Attachment
Sequence No. **12**

Name(s) shown on return

BRYAN L. & ALYSSA C. SHORSTEIN

Your social security number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	8,919.	5,137.		3,782.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 3,782.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2019



Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. <p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p> <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p> <p>20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </p> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>	<p>16</p> <p>18</p> <p>19</p> <p>21</p>	<p>3,782.</p>
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SCHEDULE E
Form 1040 or 1040-SR)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2019
Attachment
Sequence No. 13

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

Your social security number

BRYAN L. & ALYSSA C. SHORSTEIN

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No
 B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
 A 825 OAK ARBOR CIRCLE, ST. AUGUSTINE, FL 32084

B
 C

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
			A	B	C	
A	1		365			<input type="checkbox"/>
B						<input type="checkbox"/>
C						<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	18,550.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	5,637.		
8 Commissions	8			
9 Insurance	9	1,535.		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13	7,614.		
14 Repairs	14	5,923.		
15 Supplies	15			
16 Taxes	16	3,688.		
17 Utilities	17	322.		
18 Depreciation expense or depletion	18	6,470.		
19 Other (list) ▶ STMT 9	19	2,083.		
20 Total expenses. Add lines 5 through 19	20	33,272.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-14,722.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	0.		
23a Total of all amounts reported on line 3 for all rental properties	23a	18,550.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d	6,470.		
e Total of all amounts reported on line 20 for all properties	23e	33,272.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			0.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			0.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			0.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040 or 1040-SR) 2019

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

BRYAN L. & ALYSSA C. SHORSTEIN

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section

Table with 6 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Row A: DONEGAL DERBY DREAMS VIII, LLC, P, 47-5204043.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction, (k) Nonpassive income from Schedule K-1. Row A: 0.

Summary rows for Part II: 29a Totals, 29b Totals, 30 Add columns (h) and (k) of line 29a, 31 Add columns (g), (i), and (j) of line 29b, 32 Total partnership and S corporation income or (loss).

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A and B.

Summary rows for Part III: 34a Totals, 34b Totals, 35 Add columns (d) and (f) of line 34a, 36 Add columns (c) and (e) of line 34b, 37 Total estate and trust income or (loss).

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b.

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

Part V Summary

Summary rows: 40 Net farm rental income or (loss) from Form 4835, 41 Total income or (loss), 42 Reconciliation of farming and fishing income, 43 Reconciliation for real estate professionals.

SCHEDULE SE
(Form 1040 or
1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

2019

Attachment
Sequence No. 17

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

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

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

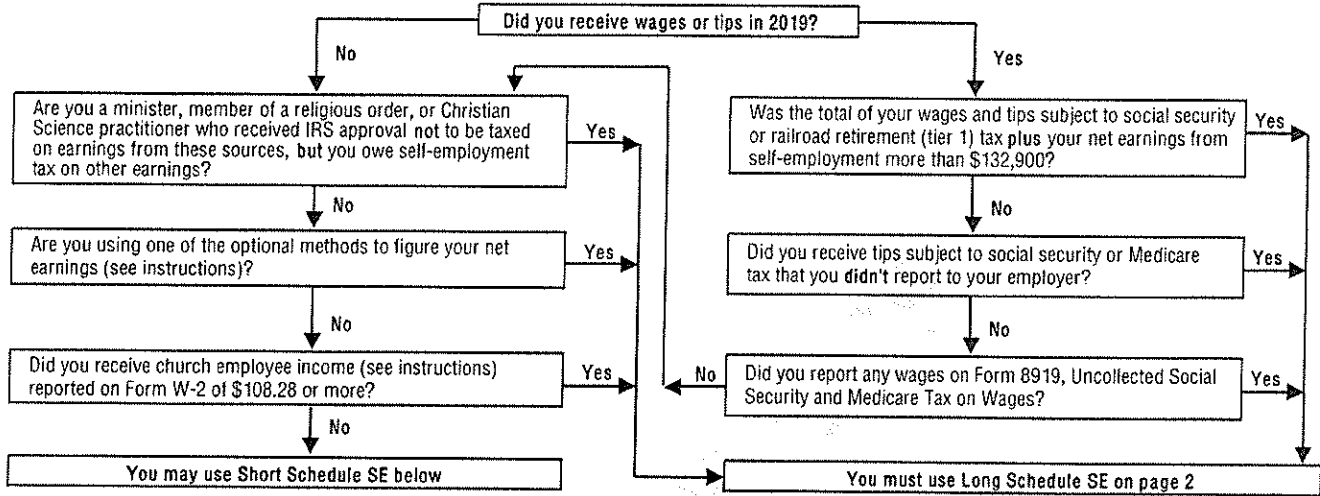
Social security number of
person with self-employment
income

ALYSSA C. SHORSTEIN

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A-Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	137,949.
3	Combine lines 1a, 1b, and 2	3	137,949.
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	127,396.
5	Self-employment tax. If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55	5	19,492.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	9,746.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040 or 1040-SR) 2019

Foreign Tax Credit

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name

Identifying number as shown on page 1 of your tax return

BRYAN L. & ALYSSA C. SHORSTEIN

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
 b Foreign branch category income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession	OTHER COUNTRIES			
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	28,344.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	28,344.			
d Gross foreign source income				
e Gross income from all sources	393,357.			
f Divide line 3d by line 3e	.000000000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Foreign taxes paid or accrued									
	In foreign currency				In U.S. dollars					
	Taxes withheld at source on:				(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
(j) <input checked="" type="checkbox"/> Paid	(k) <input type="checkbox"/> Accrued	(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A										
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2

8

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10	Carryback or carryover (attach detailed computation) (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	2,266.	
11	Add lines 9 and 10	11	2,266.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		2,266.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15		
16	Adjustments to line 15	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18	Individuals: Enter the amount from Form 1040 or 1040-SR, line 11b; or Form 1040-NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20	Individuals: Enter the total of Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 41, 42, and 44. Foreign estates and trusts should enter the amount from Form 1040-NR, line 42 Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.	20		
21	Multiply line 20 by line 19 (maximum amount of credit)	21		
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV	22		0.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on section 951A category income	23		
24	Credit for taxes on foreign branch category income	24		
25	Credit for taxes on passive category income	25		
26	Credit for taxes on general category income	26		
27	Credit for taxes on section 901(j) income	27		
28	Credit for taxes on certain income re-sourced by treaty	28		
29	Credit for taxes on lump-sum distributions	29		
30	Add lines 23 through 29	30		
31	Enter the smaller of line 20 or line 30	31		0.
32	Reduction of credit for international boycott operations	32		
33	Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 1; Form 1040-NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 46a	33		0.

Child and Dependent Care Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

BRYAN L. & ALYSSA C. SHORSTEIN

[REDACTED]

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

Part I **Persons or Organizations Who Provided the Care** - You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
	BO CLARK BASKETBALL CAMP	614 E. RED HOUSE BRANCH RD ST. AUGUSTINE, FL 32084	59-3226270	310.

Did you receive dependent care benefits? No Yes

Complete only Part II below.
Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040 or 1040-SR), line 7a; or Form 1040-NR, line 59a.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2019 for the person listed in column (a)
First	Last		
[REDACTED]	[REDACTED]	[REDACTED]	310.

3 Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	310.
4 Enter your earned income. See instructions	4	126,358.
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4	5	128,203.
6 Enter the smallest of line 3, 4, or 5	6	310.
7 Enter the amount from Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35	7	277,629.
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x .20
9 Multiply line 6 by the decimal amount on line 8. If you paid 2018 expenses in 2019, see the instructions	9	62.
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	STATEMENT 11 38,212.
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Schedule 3 (Form 1040 or 1040-SR), line 2; or Form 1040-NR, line 47	11	62.

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0 - 15,000		.35	\$29,000 - 31,000		.27
15,000 - 17,000		.34	31,000 - 33,000		.26
17,000 - 19,000		.33	33,000 - 35,000		.25
19,000 - 21,000		.32	35,000 - 37,000		.24
21,000 - 23,000		.31	37,000 - 39,000		.23
23,000 - 25,000		.30	39,000 - 41,000		.22
25,000 - 27,000		.29	41,000 - 43,000		.21
27,000 - 29,000		.28	43,000 - No limit		.20

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received in 2019. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	
13 Enter the amount, if any, you carried over from 2018 and used in 2019 during the grace period. See instructions	13	
14 Enter the amount, if any, you forfeited or carried forward to 2020. See instructions	14	()
15 Combine lines 12 through 14. See instructions	15	
16 Enter the total amount of qualified expenses incurred in 2019 for the care of the qualifying person(s)	16	
17 Enter the smaller of line 15 or 16	17	
18 Enter your earned income . See instructions	18	
19 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	
20 Enter the smallest of line 17, 18, or 19	20	
21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	
22 Is any amount on line 12 from your sole proprietorship or partnership? <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	
23 Subtract line 22 from line 15	23	
24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25 Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	
26 Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8, enter "DCB"	26	

To claim the child and dependent care credit, complete lines 27 through 31 below.

27 Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28 Add lines 24 and 25	28	
29 Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2018 expenses in 2019, see the instructions for line 9	29	
30 Complete line 2 on page 1 of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

DOES NOT APPLY
Alternative Minimum Tax - Individuals

OMB No. 1545-0074

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form6251 for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

2019

Attachment
Sequence No. 32

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

BRYAN L. & ALYSSA C. SHORSTEIN

Part I Alternative Minimum Taxable Income

1 Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	209,586.
2a If filing Schedule A (Form 1040 or 1040-SR), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 9	2a	10,000.
b Tax refund from Schedule 1 (Form 1040 or 1040-SR), line 1 or line 8	2b	
c Investment interest expense (difference between regular tax and AMT)	2c	
d Depletion (difference between regular tax and AMT)	2d	
e Net operating loss deduction from Schedule 1 (Form 1040 or 1040-SR), line 8. Enter as a positive amount	2e	
f Alternative tax net operating loss deduction	2f	
g Interest from specified private activity bonds exempt from the regular tax SEE STATEMENT 12	2g	76.
h Qualified small business stock, see instructions	2h	
i Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m Passive activities (difference between AMT and regular tax income or loss)	2m	0.
n Loss limitations (difference between AMT and regular tax income or loss)	2n	
o Circulation costs (difference between regular tax and AMT)	2o	
p Long-term contracts (difference between AMT and regular tax income)	2p	
q Mining costs (difference between regular tax and AMT)	2q	
r Research and experimental costs (difference between regular tax and AMT)	2r	
s Income from certain installment sales before January 1, 1987	2s	
t Intangible drilling costs preference	2t	
3 Other adjustments, including income-based related adjustments	3	
4 Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$733,700, see instructions.)	4	219,662.

Part II Alternative Minimum Tax (AMT)

5 Exemption. (If you were under age 24 at the end of 2019, see instructions.) IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ... Single or head of household \$510,300 \$71,700 Married filing jointly or qualifying widow(er) ... 1,020,600 111,700 Married filing separately 510,300 55,850 If line 4 is over the amount shown above for your filing status, see instructions.	5	111,700.
6 Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	107,962.
7 • If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result.	7	27,535.
8 Alternative minimum tax foreign tax credit (see instructions)	8	
9 Tentative minimum tax. Subtract line 8 from line 7	9	27,535.
10 Add Form 1040 or 1040-SR, line 12a (minus any tax from Form 4972), and Schedule 2 (Form 1040 or 1040-SR), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040 or 1040-SR), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 12a, refigure that tax without using Schedule J before completing this line (see instructions)	10	38,212.
11 AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 1	11	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12	Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	107,962.
13	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Forms 1040 and 1040-SR or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040 or 1040-SR), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	13	4,866.
14	Enter the amount from Schedule D (Form 1040 or 1040-SR), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	14	
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	4,866.
16	Enter the smaller of line 12 or line 15	16	4,866.
17	Subtract line 16 from line 12	17	103,096.
18	If line 17 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result	18	26,805.
19	Enter: <ul style="list-style-type: none"> • \$78,750 if married filing jointly or qualifying widow(er), • \$39,375 if single or married filing separately, or • \$52,750 if head of household. 	19	78,750.
20	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 11b; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20	204,720.
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	0.
22	Enter the smaller of line 12 or line 13	22	4,866.
23	Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	0.
24	Subtract line 23 from line 22	24	4,866.
25	Enter: <ul style="list-style-type: none"> • \$434,550 if single • \$244,425 if married filing separately • \$488,850 if married filing jointly or qualifying widow(er) • \$461,700 if head of household 	25	488,850.
26	Enter the amount from line 21	26	0.
27	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 11b; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27	204,720.
28	Add line 26 and line 27	28	204,720.
29	Subtract line 28 from line 25. If zero or less, enter -0-	29	284,130.
30	Enter the smaller of line 24 or line 29	30	4,866.
31	Multiply line 30 by 15% (0.15)	31	730.
32	Add lines 23 and 30 If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.	32	4,866.
33	Subtract line 32 from line 22	33	0.
34	Multiply line 33 by 20% (0.20) If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.	34	
35	Add lines 17, 32, and 33	35	
36	Subtract line 35 from line 12	36	
37	Multiply line 36 by 25% (0.25)	37	
38	Add lines 18, 31, 34, and 37	38	27,535.
39	If line 12 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result	39	28,070.
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	27,535.

**ALTERNATIVE MINIMUM TAX
Foreign Tax Credit**

OMB No. 1545-0121

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

2019
Attachment
Sequence No. 19

Name **BRYAN L. & ALYSSA C. SHORSTEIN** Identifying number as shown on page 1 of your tax return XXXXXXXXXX

BRYAN L. & ALYSSA C. SHORSTEIN

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
b Foreign branch category income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession ▶	OTHER COUNTRIES			
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	18,344.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	18,344.			
d Gross foreign source income				
e Gross income from all sources	393,433.			
f Divide line 3d by line 3e	.000000000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Foreign taxes paid or accrued								
	In foreign currency				In U.S. dollars				
	Taxes withheld at source on:				(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued
(j) <input checked="" type="checkbox"/> Paid						(q) Dividends	(r) Rents and royalties	(s) Interest	
(k) <input type="checkbox"/> Accrued	(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest					
A									
B									
C									

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2019)

ALTERNATIVE MINIMUM TAX

Part III Figuring the Credit



9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10	Carryback or carryover (attach detailed computation) (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	3,299.	
11	Add lines 9 and 10	11	3,299.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		3,299.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15		
16	Adjustments to line 15	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18	Individuals: Enter the amount from Form 1040 or 1040-SR, line 11b; or Form 1040-NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20	Individuals: Enter the total of Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 41, 42, and 44. Foreign estates and trusts should enter the amount from Form 1040-NR, line 42 Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.	20		
21	Multiply line 20 by line 19 (maximum amount of credit)	21		
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV	22		0.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on section 951A category income	23		
24	Credit for taxes on foreign branch category income	24		
25	Credit for taxes on passive category income	25		
26	Credit for taxes on general category income	26		
27	Credit for taxes on section 901(j) income	27		
28	Credit for taxes on certain income re-sourced by treaty	28		
29	Credit for taxes on lump-sum distributions	29		
30	Add lines 23 through 29	30		
31	Enter the smaller of line 20 or line 30	31		0.
32	Reduction of credit for international boycott operations	32		
33	Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 1; Form 1040-NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 46a	33		0.

Nondeductible IRAs

▶ Go to www.irs.gov/Form8606 for instructions and the latest information.

▶ Attach to 2019 Form 1040, 1040-SR, or 1040-NR.

Name. If married, file a separate form for each spouse required to file 2019 Form 8606. See instructions.

Your social security number

ALYSSA C. SHORSTEIN

[REDACTED]

Fill in Your Address
Only if You Are
Filing This Form by
Itself and Not With
Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below.

Foreign country name

Foreign province/state/county

Foreign postal code

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2019.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2019 and you made nondeductible contributions to a traditional IRA in 2019 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2019 Forms 8915-C and 8915-D)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2019 and you made nondeductible contributions to a traditional IRA in 2019 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2019, including those made for 2019 from January 1, 2020, through April 15, 2020. See instructions	1	600.
2	Enter your total basis in traditional IRAs. See instructions	2	650.
3	Add lines 1 and 2	3	1,250.
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> In 2019, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? </div> No → Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes → Go to line 4.			
4	Enter those contributions included on line 1 that were made from January 1, 2020, through April 15, 2020	4	
5	Subtract line 4 from line 3	5	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2019, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2019 Forms 8915-C and 8915-D)	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2019. Do not include rollovers (other than repayments of qualified disaster distributions (see 2019 Forms 8915-C and 8915-D)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2019. Also enter this amount on line 16	8	
9	Add lines 6, 7, and 8	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	x
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2019 and earlier years	14	1,250.
15a	Subtract line 12 from line 7	15a	
b	Enter the amount on line 15a attributable to qualified disaster distributions from 2019 Forms 8915-C and 8915-D (see instructions). Also, enter this amount on 2019 Form 8915-C, line 22, or 2019 Form 8915-D, line 13, as applicable	15b	
c	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2019 Form 1040 or 1040-SR, line 4b; or 2019 Form 1040-NR, line 16b	15c	
Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59 1/2 at the time of the distribution. See instructions.			

Part II 2019 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2019.

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2019	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions)	17	
18	Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on 2019 Form 1040 or 1040-SR, line 4b; or 2019 Form 1040-NR, line 16b	18	

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2019. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2019 Forms 8915-C and 8915-D)), qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2019, including any qualified first-time homebuyer distributions, and any qualified disaster distributions (see instructions). Also see 2019 Forms 8915-C and 8915-D	19	
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000 reduced by the total of all your prior qualified first-time homebuyer distributions	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions)	23	
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA. See instructions	24	
25 a	Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c	25a	
b	Enter the amount on line 25a attributable to qualified disaster distributions from 2019 Forms 8915-C and 8915-D (see instructions). Also, enter this amount on 2019 Form 8915-C, line 23, or 2019 Form 8915-D, line 14, as applicable	25b	
c	Taxable amount. Subtract line 25b from line 25a. If more than zero, also include this amount on 2019 Form 1040 or 1040-SR, line 4b; or 2019 Form 1040-NR, line 16b	25c	

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature
 Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

**Qualified Business Income Deduction
Simplified Computation**

2019

Attachment
Sequence No. 55

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

BRYAN L. & ALYSSA C. SHORSTEIN

[REDACTED]

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	ATTORNEY	[REDACTED]	128,203.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	128,203.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	128,203.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	25,641.	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	25,641.	
11	Taxable income before qualified business income deduction	11	235,227.	
12	Net capital gain (see instructions)	12	4,866.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	230,361.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14	46,072.	
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15	25,641.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8995 (2019)

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return
BRYAN L. & ALYSSA C. SHORSTEIN
 Enter preparer's name and PTIN

Taxpayer identification number
XXXXXXXXXX

PHILLIP H. CAMPBELL

P00014824

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-IV for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents, if any, that you relied on. _____ _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Medicare Tax

2019

Attachment
Sequence No. 71

Department of the Treasury
Internal Revenue Service

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
- ▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
- ▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return: **BRYAN L. & ALYSSA C. SHORSTEIN** Your social security number: XXXXXXXXXX

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	130,258.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	130,258.		
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			0.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040 or 1040-SR), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8	127,396.		
9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.		
10 Enter the amount from line 4	10	130,258.		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	119,742.		
12 Subtract line 11 from line 8. If zero or less, enter -0-	12			7,654.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			69.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15			
16 Subtract line 15 from line 14. If zero or less, enter -0-	16			
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040 or 1040-SR), line 8 (check box a) (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions), and go to Part V	18			69.
--	----	--	--	-----

Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	1,889.		
20 Enter the amount from line 1	20	130,258.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	1,889.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			0.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040 or 1040-SR, line 17 (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions)	24			

Net Investment Income Tax - Individuals, Estates, and Trusts

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Attachment
Sequence No. 72

Name(s) shown on your tax return

Your social security number or EIN

BRYAN L. & ALYSSA C. SHORSTEIN

Part I Investment Income

- Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1 Taxable interest (see instructions)		1	
2 Ordinary dividends (see instructions)		2	1,302.
3 Annuities (see instructions)		3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a		
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c Combine lines 4a and 4b		4c	
5a Net gain or loss from disposition of property (see instructions)	5a		3,782.
b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d Combine lines 5a through 5c		5d	3,782.
6 Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7 Other modifications to investment income (see instructions)		7	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	5,084.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a Investment interest expenses (see instructions)	9a		
b State, local, and foreign income tax (see instructions)	9b		
c Miscellaneous investment expenses (see instructions)	9c		
d Add lines 9a, 9b, and 9c		9d	
10 Additional modifications (see instructions)		10	
11 Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12 Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		12	5,084.
Individuals:			
13 Modified adjusted gross income (see instructions)	13		277,629.
14 Threshold based on filing status (see instructions)	14		250,000.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15		27,629.
16 Enter the smaller of line 12 or line 15		16	5,084.
17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	193.
Estates and Trusts:			
18a Net investment income (line 12 above)	18a		
b Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c		
19a Adjusted gross income (see instructions)	19a		
b Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20 Enter the smaller of line 18c or line 19c		20	
21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, Form 1040-SR, or Form 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

2019
Attachment
Sequence No. 88

Name(s) shown on return

Identifying number

BRYAN L. & ALYSSA C. SHORSTEIN



Part I 2019 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a		1d	-24,220.
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(14,722.)		
1c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(9,498.)		
d Combine lines 1a, 1b, and 1c					

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	()	2c	()
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()		
c Add lines 2a and 2b					

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	919.	3d	-12,372.
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()		
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	(13,291.)		
d Combine lines 3a, 3b, and 3c					

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4			-36,592.
---	---	---	--	--	----------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4	5	24,220.
6	Enter \$150,000. If married filing separately, see instructions	6	150,000.
7	Enter modified adjusted gross income, but not less than zero. See instructions	7	287,375.
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
8	Subtract line 7 from line 6	8	
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10	Enter the smaller of line 5 or line 9	10	0.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	919.
16	Total losses allowed from all passive activities for 2019. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	919.

SEE STATEMENT 17

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 1					
Total. Enter on Form 8582, lines 1a, 1b, and 1c		-14,722.	-9,498.		

Worksheet 2 - For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c	919.		-13,291.		

Worksheet 4 - Use This Worksheet if an Amount is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

Worksheet 5 - Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 5				
Total		36,592.	1.000000000	36,592.

Worksheet 6 - Allowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 6				
Total		37,511.	36,592.	919.

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (see instructions)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total					

ALTERNATIVE MINIMUM TAX
Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040, Form 1040-SR, or Form 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

Identifying number

BRYAN L. & ALYSSA C. SHORSTEIN

Part I 2019 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	(14,722.)	
1c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	(9,498.)	
1d	Combine lines 1a, 1b, and 1c		-24,220.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	()	
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	()	
2c	Add lines 2a and 2b		()

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	919.	
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	()	
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	(12,014.)	
3d	Combine lines 3a, 3b, and 3c		-11,095.

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used		-35,315.
---	---	--	----------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4		24,220.
6	Enter \$150,000. If married filing separately, see instructions	150,000.	
7	Enter modified adjusted gross income, but not less than zero. See instructions	287,375.	
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions		
10	Enter the smaller of line 5 or line 9		0.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions		
12	Enter the loss from line 4		
13	Reduce line 12 by the amount on line 10		
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13		

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total		919.
16	Total losses allowed from all passive activities for 2019. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	SEE STATEMENT 23	919.

ALTERNATIVE MINIMUM TAX

Form 8582 (2019) **BRYAN L. & ALYSSA C. SHORSTEIN**

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 1				
Total. Enter on Form 8582, lines 1a, 1b, and 1c		-14,722.	-9,498.		

Worksheet 2 - For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
Total. Enter on Form 8582, lines 3a, 3b, and 3c	919.		-12,014.		

Worksheet 4 - Use This Worksheet if an Amount is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

Worksheet 5 - Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 5			
Total		35,315.	1.000000000	35,315.

ALTERNATIVE MINIMUM TAX

Form 8582 (2019) BRYAN L. & ALYSSA C. SHORSTEIN

Worksheet 6 - Allowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 6				
Total		36,234.	35,315.	919.

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (see instructions)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total					

Form 1116

U.S. and Foreign Source Income Summary

NAME

BRYAN L. & ALYSSA C. SHORSTEIN

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation	126,358.	126,358.	
Dividends/Distributions	1,302.	1,302.	
Interest			
Capital Gains	3,782.	3,782.	
Business/Profession	225,021.	225,021.	
Rent/Royalty	18,550.	18,550.	
State/Local Refunds			
Partnership/S Corporation			
Trust/Estate			
Other Income	18,344.	18,344.	
Gross Income	<u>393,357.</u>	<u>393,357.</u>	
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	<u>393,357.</u>	<u>393,357.</u>	
Deductions:			
Business/Profession Expenses	87,072.	87,072.	
Rent/Royalty Expenses	18,550.	18,550.	
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	9,746.	9,746.	
Self-employment Health Insurance	360.	360.	
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	<u>115,728.</u>	<u>115,728.</u>	
Adjusted Gross Income	<u>277,629.</u>	<u>277,629.</u>	
Less Itemized Deductions:			
Specifically Allocated	1,320.	1,320.	
Home Mortgage Interest	12,738.	12,738.	
Other Interest			
Ratably Allocated	28,344.	28,344.	
Total Adjustments to Adjusted Gross Income	<u>42,402.</u>	<u>42,402.</u>	
Taxable Income	<u>235,227.</u>	<u>235,227.</u>	

NAME

BRYAN L. & ALYSSA C. SHORSTEIN

	Total Itemized Deductions	Form 1116		
		Specifically U.S.	Specifically Foreign	Ratable
Medical/Dental				
Taxes	10,000.			10,000.
Interest - Not Including Investment Interest	12,738.	12,738.		
Investment Interest				
Contributions	1,320.	1,320.		
Casualty Losses				
Other Miscellaneous Deductions - Not Including Gambling Losses				
Gambling Losses	18,344.			18,344.
Foreign Adjustment				
Total Itemized Deductions	42,402.	14,058.		28,344.

PREPARED BY

NAME

BRYAN L. & ALYSSA C. SHORSTEIN



Foreign Income Category

PASSIVE INCOME

Regular	2014	2015	2016	2017	2018	2019
1. Foreign tax paid/accrued						
2. FTC carryback to 2019 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						
5. Maximum credit allowable						
6. Unused foreign tax (+) or excess of limit (-)			530.	581.	734.	
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining			530.	581.	734.	
Total foreign taxes from all available years to be carried to next year						2,266.

	2009	2010	2011	2012	2013
1. Foreign tax paid/accrued					
2. FTC carryback to 2019 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)			215.	206.	
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining			215.	206.	

NAME

BRYAN L. & ALYSSA C. SHORSTEIN



Foreign Income Category

PASSIVE INCOME

AMT	2014	2015	2016	2017	2018	2019
1. Foreign tax paid/accrued						
2. FTC carryback to 2019 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						
5. Maximum credit allowable						
6. Unused foreign tax (+) or excess of limit (-)	185.	253.	575.	589.	734.	
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining	185.	253.	575.	589.	734.	
Total foreign taxes from all available years to be carried to next year						3,299.

	2009	2010	2011	2012	2013
1. Foreign tax paid/accrued					
2. FTC carryback to 2019 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)	89.	111.	268.	297.	198.
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining	89.	111.	268.	297.	198.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Bryan L. & Alyssa C. Shorstein
[REDACTED]

ST. AUGUSTINE, FL 32095

Taxpayer Identification Number: [REDACTED]

For the Year Ending December 31, 2019

Bryan L. & Alyssa C. Shorstein are making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

DUPLICATE COPY



FORM 1040 QUALIFIED DIVIDENDS STATEMENT 1

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
NATIONAL FINANCIAL SVCS-FIDELITY 7738	1,302.	1,084.
TOTAL INCLUDED IN FORM 1040, LINE 3A		1,084.

SCHEDULE 1 STUDENT LOAN INTEREST DEDUCTION STATEMENT 2

1. ENTER THE TOTAL INTEREST PAID IN 2019 ON QUALIFIED STUDENT LOANS. DON'T ENTER MORE THAN \$2500. 1,615.
2. ENTER THE AMOUNT FROM FORM 1040, LINE 7B 287,735.
3. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE 1, LINES 10 THROUGH 19 PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 22 10,106.
4. SUBTRACT LINE 3 FROM LINE 2 277,629.
5. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS.
 * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-\$70000.
 * MARRIED FILING JOINTLY-\$140000. 140,000.
6. IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5?
 [] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9
 [X] YES. SUBTRACT LINE 5 FROM LINE 4 137,629.
7. DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000 1.000
8. MULTIPLY LINE 1 BY LINE 7 1,615.
9. STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE 1, LINE 20 0.



SCHEDULE 2 OTHER TAXES STATEMENT 3

DESCRIPTION	AMOUNT
FROM FORM 8959	69.
FROM FORM 8960	193.
TOTAL TO SCHEDULE 2, LINE 8	262.

SCHEDULE 3 CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR STATEMENT 4

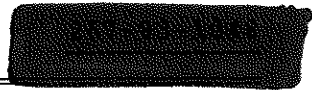
DESCRIPTION	AMOUNT
1ST QTR ESTIMATE PAYMENT - JOINT	7,500.
2ND QTR ESTIMATE PAYMENT - JOINT	8,500.
3RD QTR ESTIMATE PAYMENT - JOINT	9,000.
4TH QTR ESTIMATE PAYMENT - JOINT	8,500.
1ST QTR ESTIMATE PAYMENT - JOINT	5,000.
TOTAL TO SCHEDULE 3, LINE 8	38,500.

SCHEDULE A MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098 STATEMENT 5

DESCRIPTION	AMOUNT
WELLS FARGO BANK	12,738.
TOTAL TO SCHEDULE A, LINE 8A	12,738.

SCHEDULE A REAL ESTATE TAXES STATEMENT 6

DESCRIPTION	AMOUNT
REAL ESTATE TAXES	6,246.
WELLS FARGO BANK	6,246.
TOTAL TO SCHEDULE A, LINE 5B	12,492.



SCHEDULE A

QUALIFIED MORTGAGE INSURANCE PREMIUMS

STATEMENT 7

1.	ENTER THE TOTAL PREMIUMS YOU PAID IN 2019 FOR QUALIFIED MORTGAGE INSURANCE FOR A CONTRACT ISSUED AFTER DECEMBER 31, 2006	1,013.
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 8B OR 1040NR, LINE 35	277,629.
3.	ENTER \$100000. (\$50000. IF MARRIED FILING SEPARATELY)	100,000.
4.	IS THE AMOUNT ON LINE 2 MORE THAN THE AMOUNT ON LINE 3? <input type="checkbox"/> NO. YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 8D. DO NOT COMPLETE THE REST OF THIS WORKSHEET. <input checked="" type="checkbox"/> YES. SUBTRACT LINE 3 FROM LINE 2. IF THE RESULT IS NOT A MULTIPLE OF \$1000. (\$500 IF MARRIED FILING SEPARATELY), INCREASE IT TO THE NEXT MULTIPLE OF \$1000. (\$500 IF MARRIED FILING SEPARATELY). FOR EXAMPLE, INCREASE \$425 TO \$1,000, INCREASE \$2,025 TO \$3,000; OR IF MARRIED FILING SEPARATELY, INCREASE \$423 TO \$500, INCREASE \$2,025 TO \$2,500, ETC.	178,000.
5.	DIVIDE LINE 4 BY \$10,000 (\$5,000 IF MARRIED FILING SEP.). ENTER THE RESULT AS A DECIMAL. IF THE RESULT IS 1.0 OR MORE, ENTER 1.0	1.00
6.	MULTIPLY LINE 1 BY LINE 5	1,013.
7.	QUALIFIED MORTGAGE INSURANCE PREMIUMS DEDUCTION. SUBTRACT LINE 6 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 8D	0.

SCHEDULE C

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	AMOUNT
DUES AND SUBSCRIPTIONS	973.
JANITORIAL	423.
POSTAGE	690.
TELEPHONE	6,208.
LICENSES & FEES	165.
CONFERENCES & SEMINARS	425.
OFFICE ADMINISTRATIVE FEES	3,058.
COMPUTER & INTERNET EXPENSES	1,699.
LEGAL RESEARCH	3,168.
BUSINESS PROMOTION	25.
BANK & CREDIT CARD FEES	3,283.
CLIENT COSTS	1,419.
ADMINISTRATIVE SERVICES	34,489.
PARKING FEES & TOLLS	27.
TOTAL TO SCHEDULE C, LINE 48	56,052.

SCHEDULE E

OTHER EXPENSES

STATEMENT 9

RESIDENTIAL RENTAL - [REDACTED] OAK ARBOR CIRCLE, ST. AUGUSTINE, FL 32084

DESCRIPTION	AMOUNT
SECURITY	164.
ASSOCIATION FEES	784.
PEST CONTROL	384.
MORTGAGE INSURANCE	751.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	2,083.

SCHEDULE SE

NON-FARM INCOME

STATEMENT 10

DESCRIPTION	AMOUNT
ATTORNEY	137,949.
TOTAL TO SCHEDULE SE, LINE 2	137,949.



FORM 2441 CREDIT LIMIT WORKSHEET STATEMENT 11

- 1 ENTER THE AMOUNT FROM FORM 1040, LINE 12B; FORM 1040NR, LINE 45 38,212.
- 2 ENTER THE AMOUNT FROM SCHEDULE 3 (FORM 1040), LINE 1;
OR FORM 1040NR, LINE 46
- 3 SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THE AMOUNT ON FORM 2441,
LINE 10. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT 38,212.

FORM 6251 INTEREST FROM SPECIFIED PRIVATE ACTIVITY BONDS STATEMENT 12

DESCRIPTION	AMOUNT
NATIONAL FINANCIAL SVCS-FIDELITY 7738	76.
TOTAL TO FORM 6251, LINE 2G	76.

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 13

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RESIDENTIAL RENTAL - 825 OAK ARBOR CIRCLE, ST. AUGUSTINE, FL 320	0.	-14,722.	-9,498.		-24,220.
TOTALS	0.	-14,722.	-9,498.		-24,220.

FORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 14

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
DONEGAL DERBY DREAMS VIII, LLC	919.	0.	-13,291.		-12,372.
TOTALS	919.	0.	-13,291.		-12,372.



FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 15

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
DONEGAL DERBY DREAMS VIII, LLC	SCH E	12,372.	.338106690	12,372.
RESIDENTIAL RENTAL - 825 OAK ARBOR CIRCLE, ST. AUGUSTINE, FL 320	SCH E	24,220.	.661893310	24,220.
TOTALS		36,592.	1.000000000	36,592.

FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 16

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
DONEGAL DERBY DREAMS VIII, LLC	SCH E	13,291.	12,372.	919.
RESIDENTIAL RENTAL - 825 OAK ARBOR CIRCLE, ST. AUGUSTINE, FL 320	SCH E	24,220.	24,220.	
TOTALS		37,511.	36,592.	919.

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 17

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
DONEGAL DERBY DREAMS VIII, LLC	SCH E	919.	-13,291.	-12,372.	12,372.	
X RESIDENTIAL RENTAL - 825 OAK ARBOR CIRCLE, ST. AUGUSTINE, FL 320	SCH E	-14,722.	-9,498.	-24,220.	24,220.	
TOTALS		-13,803.	-22,789.	-36,592.	36,592.	
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						919.
TOTAL TO FORM 8582, LINE 16						919.

INCOME

WAGES, SALARIES, TIPS ETC.		126,358.
DIVIDEND INCOME		1,302.
TAXABLE REFUNDS		
ALIMONY RECEIVED		
TAXABLE IRA DISTRIBUTIONS		
TAXABLE PENSIONS AND ANNUITIES		
UNEMPLOYMENT COMPENSATION		
OTHER INCOME		18,344.
INTEREST INCOME		
ADD: SERIES EE AND I EXCLUSION		
BUSINESS INCOME OR LOSS	137,949.	
ADD: PASSIVE LOSSES		
SUBTRACT: PASSIVE INCOME		
SALE OF ASSETS	3,782.	137,949.
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		
RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS	0.	3,782.
ADD: PASSIVE/RREA PROFESSIONAL LOSSES	919.	
SUBTRACT: PASSIVE INCOME	-919.	
FARM OR FARM RENTAL INCOME OR LOSS		0.
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		
TOTAL INCOME		287,735.
ADJUSTMENTS		
MOVING EXPENSES		
SELF-EMPLOYED HEALTH INSURANCE DEDUCTION	360.	
PENALTY ON EARLY WITHDRAWAL OF SAVINGS		
ALIMONY PAID		
KEOGH/SEP DEDUCTION		
OTHER ADJUSTMENTS		
TOTAL ADJUSTMENTS		360.
TOTAL TO FORM 8582, LINE 7		287,375.



FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 19

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RESIDENTIAL RENTAL - 825 OAK ARBOR CIRCLE, ST. AUGUSTINE, FL 320	0.	-14,722.	-9,498.		-24,220.
TOTALS	0.	-14,722.	-9,498.		-24,220.

FORM 8582

ALTERNATIVE MINIMUM TAX
OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 20

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
DONEGAL DERBY DREAMS VIII, LLC	919.	0.	-12,014.		-11,095.
TOTALS	919.	0.	-12,014.		-11,095.

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 21

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
DONEGAL DERBY DREAMS VIII, LLC	SCH E	11,095.	.314172448	11,095.
RESIDENTIAL RENTAL - 825 OAK ARBOR CIRCLE, ST. AUGUSTINE, FL 320	SCH E	24,220.	.685827552	24,220.
TOTALS		35,315.	1.000000000	35,315.



FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOWED LOSSES - WORKSHEET 6

STATEMENT 22

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
DONEGAL DERBY DREAMS VIII, LLC	SCH E	12,014.	11,095.	919.
RESIDENTIAL RENTAL - 825 OAK ARBOR CIRCLE, ST. AUGUSTINE, FL 320	SCH E	24,220.	24,220.	
TOTALS		36,234.	35,315.	919.

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 23

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
DONEGAL DERBY DREAMS VIII, LLC	SCH E	919.	-12,014.	-11,095.	11,095.	
X RESIDENTIAL RENTAL - 825 OAK ARBOR CIRCLE, ST. AUGUSTINE, FL 320	SCH E	-14,722.	-9,498.	-24,220.	24,220.	
TOTALS		-13,803.	-21,512.	-35,315.	35,315.	
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						919.
TOTAL TO FORM 8582AMT, LINE 16						919.