IN THE SUPREME COURT OF THE STATE OF NEVADA

THOMAS A. PICKENS, INDIVIDUALLY AND AS TRUSTEE OF THE LV BLUE TRUST,

Appellant,

Electronically Filed Feb 23 2022 11:04 a.m. Elizabeth A. Brown Clerk of Supreme Court

vs.

DR. DANKA K. MICHAELS, INDIVIDUALLY AND AS TRUSTEE OF THE MICH-MICH TRUST,

Respondent;

S.C. DOCKET NO.: 83491 D.C. Case No. D-17-560737-D

APPENDIX

Volume XIII of XXXVII

ATTORNEYS FOR APPELLANT

ATTORNEYS FOR RESPONDENT

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and

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CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Complaint for Divorce and for Set Aside of Deeds of Real Property and Assignment of L.L.C. Interest	10/24/2017	I/AA00001-00015
Request for Issuance of Joint Preliminary Injunction	10/25/2017	I/AA00016
Affidavit of Process Server	11/02/2017	I/AA00017-00022
Notice of Appearance of Attorney	11/27/2017	I/AA00023-00024
Appendix of Exhibits in Support of Defendant's Motion to Dismiss	11/29/2017	I/AA00025-00044
Motion to Dismiss	11/29/2017	I/AA00045-00061
Petition to Seal Records Pursuant to NRS 125.110(2)	12/15/2017	I/AA00062-00063
Exhibit Appendix to Opposition to Defendant's Motion to Dismiss and Countermotion for Attorney's Fees and Costs	12/20/2017	I/AA00064-00093
Motion Opposition Fee Information Sheet	12/20/2017	I/AA00094
Opposition to Defendant's Motion to Dismiss and Countermotion for Attorney's Fees and Costs	12/20/2017	I/AA00095- I/AA00111
Order to Seal Records Pursuant to NRS 125.110(2)	12/22/2017	I/AA00112- I/AA00113
Stipulation and Order to Continue Hearing	12/28/2017	I/AA00114- 000115
Notice of Entry of Stipulation and Order	12/29/2017	I/AA00116- 000119
Notice of Entry of Order to Seal Records	01/03/2018	I/AA00120-00124
Reply to Opposition to Defendant's Motion to Dismiss and Opposition to Countermotion for Attorney's Fees and Costs	01/09/2018	I/AA00125-00141
Court Minutes	01/25/2018	I/AA00142-00143
Court Minutes	02/23/2018	I/AA00144-00145
Order	03/09/2018	I/AA00146-00154

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Notice of Entry of Order	03/12/2018	I/AA00155-00164
Order	03/12/2018	I/AA0065-00173
First Amended Compliant for Divorce; for Set Aside of Deeds of Real Property and Assignment of L.L.C. Interest; and for Alternative Equitable Relief Under the Putative Spouse Doctrine	03/22/2018	I/AA00174-00188
Answer to First Amended Complaint for Divorce; for Set Aside of Deeds of Real Property and Assignment of L.L.C. Interest; and for Alternative Equitable Relief Under the Putative Spouse Doctrine; Affirmative Defenses and Counterclaim	05/02/2018	I/AA00189-00211
Reply to Defendant's Counterclaim	05/30/2018	I/AA00212-00219
Plaintiff, Danka K. Michaels' Initial Expert Witness List	07/11/2018	I/AA00220-00229
Declaration of Service	07/13/2018	I/AA00230
Joint Early Case Conference Report Pursuant to N.R.CP 16.2(i)(2)	07/13/2018	I/AA00231-00237
Declaration of Service	07/19/2018	I/AA00238
Order Setting Case Management Conference and Directing Compliance with NRCP 16.2	07/31/2018	I/AA00239-00242
Declaration of Service Robert Semonian	08/03/2018	I/AA00243
Declaration of Service Shannon L. Evans	08/03/2018	I/AA00244
Motion for Leave to File Second Amended Complaint	09/07/2018	I/AA00245- II/AA00270
Motion Opposition Fee Information Sheet	09/07/2018	II/AA00271
Case and Trial Management Order	09/10/2018	II/AA00272- 00274
Court Minutes	09/10/2018	II/AA00275- 00276

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Certificate of Service	09/11/2018	II/AA00277- 00278
Stipulation and Order Granting Leave to File Second Amended Complaint, and Vacating Motion Hearing	10/08/2018	II/AA00279- 00281
Notice of Entry of Stipulation and Order	10/10/2018	II/AA00282- 00287
Second Amended Complaint for Equitable Relief Under (1) the Putative Spouse Doctrine, and (2) Pursuant to Express and/or Implied Agreement to Hold Property as if the Parties Were Married Under <i>Michoff</i> ; and to Set Aside Deeds of Real Property and Assignment of L.L.C. Interest	10/15/2018	II/AA00288- 00305
Answer to Second Amended Complaint for Equitable Relief Under (1) the Putative Spouse Doctrine, and (2) Pursuant to Express and/or Implied Agreement to Hold Property as if the Parties Were Married Under <i>Michoff</i> ; and to Set Aside Deeds of Real Property and Assignment of L.L.C. Interest; Affirmative Defenses and Counterclaim	11/19/2018	II/AA00306- 00329
Declaration of Danka K. Michaels in Support of Answer to Second Amended Complaint for Equitable Relief Under (1) the Putative Spouse Doctrine, and (2) Pursuant to Express and/or Implied Agreement to Hold Property as if the Parties Were Married Under <i>Michoff</i> ; and to Set Aside Deeds of Real Property and Assignment of L.L.C. Interest; Affirmative Defenses and Counterclaim	11/21/2018	II/AA00330- 00332
Order After Hearing of September 10, 2018	12/11/2018	II/AA00333- 00336

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII		
Reply to Defendant's Counterclaim	12/12/2018	II/AA00337- 00344
Notice of Entry of Order	12/17/2018	II/AA00345- 00351
Motion Opposition Fee Information Sheet	01/08/2019	II/AA00352
Motion to Withdraw as Attorney of Records for Plaintiff	01/08/2019	II/AA00353- 00358
Certificate of Service	01/09/2019	II/AA00359- 00360
Order Granting Withdrawal as Attorney of Record for Plaintiff	02/05/2019	II/AA00361- 00362
Notice of Entry of Order	02/06/2019	II/AA00363- 00367
Notice of Taking Videotaped Deposition	02/15/2019	II/AA00368- 00370
Defendant's Witness List (Non-Expert)	02/20/2019	II/AA00371- 00375
Amended Notice of Taking Videotaped Deposition	03/05/2019	II/AA00376- 00378
Second Amended Notice of Taking Videotaped Deposition	03/05/2019	II/AA00379- 00381
Notice of Appearance	03/08/2019	II/AA00382- 00383
Notice of Department Reassignment	03/11/2019	II/AA00384- 00385
Peremptory Challenge of Judge	03/11/2019	II/AA00386- 00388
Case Management Order – Domestic	03/21/2019	II/AA00389- 00394
Notice of Attorney's Lien	04/05/2019	II/AA00395- 00397

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Appendix of Exhibits in Support of Defendant's Motion to Compel Discovery Responses	04/22/2019	II/AA00398- 00440
Defendant's Motion to Compel Discovery Reponses	04/22/2019	II/AA00441- 00458
Notice of Hearing	04/22/2019	II/AA00459
Defendant's Supplemental Witness List (Non- Expert)	04/24/2019	II/AA00460- 00464
Notice of Unavailability of Counsel	05/08/2019	II/AA00465- 00467
Appendix of Exhibits to Plaintiff's Response and Opposition to Defendant's Motion to Compel Discovery Responses	05/13/2019	II/AA00468- 00495
Plaintiff's Response and Opposition to Defendant's Motion to Compel Discovery Reponses	05/13/2019	II/AA00496- III/AA00516
Reply in Support of Defendant's Motion to Compel Discovery Responses	05/15/2019	III/AA00517- 00522
Plaintiff's Supplement to Response and Opposition to Defendant's Motion to Compel Discovery Responses	05/21/2019	III/AA00523- 00527
Stipulation and Order RE: Motion to Compel	05/28/2019	III/AA00528- 00534
Notice of Entry of Stipulation and Order RE: Motion to Compel	05/29/2019	III/AA00535- 00543
Receipt of Check	06/03/2019	III/AA00544
Notice of Entry of Stipulation and Order to Continue	06/13/2019	III/AA00545- 00551
Stipulation and Order to Continue	06/13/2019	III/AA00552- 00556
Stipulation and Order to Vacate Discovery Hearing	06/18/2019	III/AA00557- 00559
Notice of Entry of Stipulation and Order to Vacate Discovery Hearing	06/19/2019	III/AA00560- 00564

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Satisfaction and Release of Lien	07/31/2019	III/AA00565- 00566
Appendix of Exhibits in Support of Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees	08/01/2019	III/AA00567- IV/AA00702
Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees	08/01/2019	IV/AA00703- 00736
Notice of Hearing	08/01/2019	IV/AA00737
Notice of Unavailability of Counsel	08/05/2019	IV/AA00738- 00740
Stipulation to Extend Discovery Deadlines and Continue Trail (First Request) and Order Continuing Trial	08/05/2019	IV/AA00741- 00745
Plaintiff's Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Countermotion for Leave of Court to File Supplemental Points and Authorities	08/12/2019	IV/AA00746- V/AA00754
Notice of Entry of Stipulation and Order	08/16/2019	V/AA0055-00762

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Appendix of Exhibits to Plaintiff's Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Countermotion 1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for Intentional Misrepresentation/Fraud; Negligent Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement; Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e)	08/19/2019	V/AA00763- 00813
Plaintiff's Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Countermotion (1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for International Misrepresentation/Fraud; Negligent Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement; Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e)	08/19/2019	V/AA00814- 00843
Declaration of Service	09/05/2019	V/AA00844

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII		
Appendix of Exhibits in Support of Reply to Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Opposition to Countermotion (1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for Intentional Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e)	09/06/2019	V/AA00845- 00861
Reply to Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Opposition to Countermotion (1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for Intentional Misrepresentation/Fraud; Negligent Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement; Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e)	09/06/2019	V/AA00862- 00879
Minute Order	09/10/2019	V/AA00880- 00881

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII		
Declaration of Service	11/01/2019	V/AA00882
Notice of Taking Custodian of Records Deposition and Seven Day Notice of Intent to Serve Subpoena Duces Tecum	12/09/2019	V/AA00883- 00885
Declaration of Service	12/20/2019	V/AA00886
Defendant's Second Supplemental Witness List (Non-Expert)	12/27/2019	V/AA00887- 00891
Trial Subpoena Robert Semonian	01/28/2020	V/AA00892- 00898
Trial Subpoena Shannon L. Evans, Esq.	01/28/2020	V/AA00899- 00905
Trial Subpoena	01/29/2020	V/AA00906- 00909
Declaration of Service	02/04/2020	V/AA00910
Declaration of Service	02/05/2020	V/AA00911
Stipulation and Order to Extend Filing of Pre- Trial Memorandum and Trail Exhibits	02/06/2020	V/AA00912- 00913
Defendant's Pre-Trial Memorandum	02/07/2020	V/AA00914- 00932
Plaintiff Thomas Pickens Pretrial Memorandum	02/07/2020	V/AA00933- 00950
Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	02/10/2020	V/AA00951- 00954
Plaintiff Thomas Pickens General Financial Disclosure Form-Trial	02/11/2020	V/AA00955- 00962
Receipt of Copy	02/11/2020	V/AA00963
General Financial Disclosure Form	02/13/2020	V/AA00964- 00981
Notice of Non-Opposition to Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	02/13/2020	V/AA00982- VII/AA01254

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII		
Supplemental Exhibit in Support of Notice of Non-Opposition to Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	02/13/2020	VII/AA01255- VIII/AA01727
Court Minutes	02/14/2020	VIII/AA01728
Notice of Intent to Appear by Communication Equipment	02/20/2020	VIII/AA01729- IX/01768
Plaintiff's Request for the Court to take Judicial Notice Pursuant to NRS 47.130	02/20/2020	IX/AA01769- 01770
Plaintiff's Request for the Court to take Judicial Notice Pursuant to NRS 47.130	02/20/2020	IX/AA01771- 01780
Court Minutes	02/21/2020	IX/AA01781- 01793
Notice of Hearing	03/20/2020	IX/AA01794- 01798
Stipulation and Order to Continue Day Three of Trial	06/24/2020	IX/AA01799- 01800
Notice of Entry of Stipulation and Order	06/25/2020	IX/AA01801- 01810
Notice of Change of Firm	06/26/2020	IX/AA01811- 01819
Court Minutes	07/20/2020	IX/AA01820- 01823
Estimated Cost of Expedited Transcripts	07/22/2020	IX/AA01824- 01826
Notice of Hearing	08/26/2020	IX/AA1827- X/AA2051
Final Billing for Transcripts	09/01/2020	X/AA02052- 02054
Transcript RE: Non-Jury Trial	09/01/2020	X/AA02055- 02070
Transcript RE: Non-Jury Trial Day 2	09/01/2020	X/AA02071- 02086

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII		
Notice of Appearance of Co-Counsel for Defendant	10/16/2020	X/AA02087- 02122
Notice of Hearing	10/26/2020	X/AA02123- 02190
Notice of Hearing	11/17/2020	X/AA02191- 02201
Notice of Hearing	11/25/2020	X/AA02202- 02209
Court Minutes	01/22/2021	X/AA02210- 02220
Notice of Hearing	01/22/2021	X/AA02221- 02232
Notice of Change of Firm Address	01/27/2021	X/AA02233- 02243
Notice of Hearing	02/23/2021	X/AA02244- XI/AA02252
Court Minutes	03/05/2021	XI/AA02253- 02261
Notice of Hearing	03/08/2021	XI/AA02262- 02271
Court Minutes	03/12/2021	XI/AA02272- 02284
Court Minutes	04/02/2021	XI/AA02285- 02301
Defendant's EDCR 7.27 Brief	04/02/2021	XI/AA02302- 02320
Stipulation and Order to Extend Briefing Deadlines	04/14/2021	XI/AA02321- 02329
Notice of Entry of Stipulation and Order	04/19/2021	XI/AA02330- 02351
Stipulation and Order to Extend Briefing Deadline	04/22/2021	XI/AA02352- 02369

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII		
Plaintiff's Closing Argument	04/23/2021	XI/AA02370- 02834
Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	04/23/2021	XI/AA02835- 02406
Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	04/23/2021	XI/AA02407- 02424
Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	04/23/2021	XI/AA02425- 02443
Defendant's Closing Argument Brief	05/28/2021	XI/AA02444- 02467
Stipulation and Order to Extend Deadline for Plaintiff to File His Rebuttal Brief	06/14/2021	XI/AA02468- 02488
Plaintiff's Rebuttal to Defendant's Closing Argument	06/15/2021	XI/AA02489- XII/AA02524
Notice of Change of Firm Address	08/01/2021	XII/AA02525- 02567
Findings of Fact, Conclusions of Law and Judgement	08/03/2021	XII/AA02568- 02613
Notice of Entry of Findings of Fact, Conclusions of Law, and Judgement	08/05/2021	XII/AA02614- 02657
Defendant Danka K. Michaels Memorandum of Fees and Costs	08/25/2021	XII/AA02658- 02671
Exhibit of Appendix to Defendant Danka K. Michaels Memorandum of Fees and Costs	08/25/2021	XII/AA02672- 02716
Case Appeal Statement	09/02/2021	XII/AA02717- 02743
Notice of Appeal	09/02/2021	XII/AA02744- XIII/AA02768
Estimated Cost of Transcript	09/07/2021	XIII/AA02769- 02791
Estimated Costs of Transcript	09/07/2021	XIII/AA02792- 02822

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Objection to Defendant Danka K. Michaels' Memorandum of Fees and Costs	09/07/2021	XIII/AA02823- 02854
Defendant's Reply to Plaintiff's Objection to Memorandum of Fees and Costs	09/20/2021	XIII/AA02855- 02885
Certification of Transcripts Notification of Completion	10/28/2021	XIII/AA02886- 02913
Final Billing for Transcripts	10/28/2021	XIII/AA02914- 02956
Transcript RE: Non-Jury Trial Day 3	10/28/2021	XIII/AA02957- XIV/AA03007
Transcript RE: Non-Jury Trial Day 4	10/28/2021	XIV/AA03008- 03040
Transcript RE: Non-Jury Trial Day 5	10/28/2021	XIV/AA03041- 03054
Receipt of Copy	11/10/2021	XIV/AA03055- 03069
Plaintiff's Trial Exhibit 1 - Photographs of the parties' wedding on April 7, 2002 and announcement	02/14/2020	XIV/AA03070- 03083
Plaintiff's Trial Exhibit 2 - Litterae Matrimoniales (Marriage Certificate) of Thomas Pickens and Danka Katarina Oltusova dated April 7, 2002	02/14/2020	XIV/AA03084- 03096
Plaintiff's Trial Exhibit 3 - Medical Records for Tom Pickens produced by Danka Michaels, his physician	02/14/2020	XIV/AA03097- 03111
Plaintiff's Trial Exhibit 4 - Nevada Prescription Monitoring Program Prescription log for Tom Pickens	02/14/2020	XIV/AA03112- 03116
Plaintiff's Trial Exhibit 5 - Chain of Title with Applicable Deeds for 9517 Queen Charlotte Drive, Las Vegas, Nevada 89145	02/14/2020	XIV/AA03117- 03127

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 6 - Chain of Title with Applicable Deeds for 7608 Lowe Avenue, Las Vegas, Nevada 89131	02/14/2020	XIV/AA03128- 03136
Plaintiff's Trial Exhibit 7 - Affidavit of Custodian of Records and file from First American Title Company—purchase of 9517 Queen Charlotte Drive, Las Vegas, Nevada 89145 on October 7, 2004	02/14/2020	XIV/AA03137- 03150
Plaintiff's Trial Exhibit 8 - Certificate of Custodian of Records for Ticor Title of Nevada—purchase of 7608 Lowe Avenue, Las Vegas, Nevada 89131 on February 28, 2011	02/14/2020	XIV/AA03151- 03164
Plaintiff's Trial Exhibit 9 - 2005 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XIV/AA3165- 03180
Plaintiff's Trial Exhibit 10 - 2006 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XIV/AA03181- 03196
Plaintiff's Trial Exhibit 11 - 2007 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XIV/AA03197- 03210
Plaintiff's Trial Exhibit 12 - 2008 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XIV/AA03211- 03224
Plaintiff's Trial Exhibit 13 - 2009 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XIV/AA03225- XV/AA03262
Plaintiff's Trial Exhibit 14 - 2010 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03263- 03319
Plaintiff's Trial Exhibit 15 - 2011 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03320- 03372
Plaintiff's Trial Exhibit 16 - 2012 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03373- 03429
Plaintiff's Trial Exhibit 17 - 2013 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03430- 03478
Plaintiff's Trial Exhibit 18 - 2014 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03479- 03494

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 19 - 2015 1040	02/14/2020	XV/AA03495-
Income Tax Return for Thomas A. Pickens		XVI/AA03543
Plaintiff's Trial Exhibit 20 - 2016 1040	02/14/2020	XVI/AA03544-
Income Tax Return for Thomas A. Pickens		03639
Plaintiff's Trial Exhibit 21 - 2005 1040	02/14/2020	XVI/AA03640-
Income Tax Return for Danka Michaels		03735
Plaintiff's Trial Exhibit 22 - 2006 1040	02/14/2020	XVI/AA03736-
Income Tax Return for Danka Michaels		XVII/AA03823
Plaintiff's Trial Exhibit 23 - 2007 1040	02/14/2020	XVII/AA03824-
Income Tax Return for Danka Michaels		03848
Plaintiff's Trial Exhibit 24 - 2008 1040	02/14/2020	XVII/AA03849-
Income Tax Return for Danka Michaels		03998
Plaintiff's Trial Exhibit 25 - 2009 1040	02/14/2020	XVII/AA03999
Income Tax Return for Danka Michaels		XVIII/AA04127
Plaintiff's Trial Exhibit 26 - 2010 1040	02/14/2020	XVIII/AA04128-
Income Tax Return for Danka Michaels		04239
Plaintiff's Trial Exhibit 27 - 2011 1040	02/14/2020	XVIII/AA04240-
Income Tax Return for Danka Michaels		XIX/AA04361
Plaintiff's Trial Exhibit 28 - 2012 1040	02/14/2020	XIX/AA04362-
Income Tax Return for Danka Michaels		04482
Plaintiff's Trial Exhibit 29 - 2013 1040	02/14/2020	XIX/AA04483-
Income Tax Return for Danka Michaels		XX/AA04646
Plaintiff's Trial Exhibit 30 - 2014 1040	02/14/2020	XX/AA04647-
Income Tax Return for Danka Michaels		XXI/AA04755
Plaintiff's Trial Exhibit 31 - 2015 1040	02/14/2020	XXI/AA04756-
Income Tax Return for Danka Michaels		04842
Plaintiff's Trial Exhibit 32 - 2016 1040	02/14/2020	XXI/AA04843-
Income Tax Return for Danka Michaels		04879
Plaintiff's Trial Exhibit 35 - 2006 1120S	02/14/2020	XXI/AA04880-
Income Tax Return for Danka K. Michaels MD, PC		04908

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII		
Plaintiff's Trial Exhibit 36 - 2007 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXI/AA04909- XXII/AA05059
Plaintiff's Trial Exhibit 37 - 2008 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXII/AA05060- 05200
Plaintiff's Trial Exhibit 38 - 2009 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXII/AA05201- XXIII/AA05305
Plaintiff's Trial Exhibit 39 - 2010 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXIII/AA05306- 05391
Plaintiff's Trial Exhibit 40 - 2011 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXIII/AA05392- 05488
Plaintiff's Trial Exhibit 41 - 2012 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXIII/AA05489- XXIV/AA05577
Plaintiff's Trial Exhibit 42 - 2013 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXIV/AA05578- 05669
Plaintiff's Trial Exhibit 43 - 2014 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXIV/AA05670- XXV/AA05758
Plaintiff's Trial Exhibit 44 - 2015 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXV/AA05759- 05802
Plaintiff's Trial Exhibit 45 - 2016 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXV/AA05803- 05934
Plaintiff's Trial Exhibit 46 - 2017 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXV/AA005935- XXVI/AA06106

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII		
Plaintiff's Trial Exhibit 47 - 2012 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVI/AA06107- XXVII/AA06297
Plaintiff's Trial Exhibit 48 - 2013 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVII/AA06298- 06490
Plaintiff's Trial Exhibit 49 - 2014 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVII/AA06491- XXVIII/ AA06589
Plaintiff's Trial Exhibit 50 - 2015 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVIII/ AA06590-06672
Plaintiff's Trial Exhibit 51 - 2016 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVIII/ AA06673-06691
Plaintiff's Trial Exhibit 52 - 2008 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXVIII/ AA06692- XXIX/ AA06759
Plaintiff's Trial Exhibit 53 - 2009 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06760-06832
Plaintiff's Trial Exhibit 54 - 2010 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06833-06862
Plaintiff's Trial Exhibit 55 - 2011 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06863-06912
Plaintiff's Trial Exhibit 56 - 2012 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06913-06930
Plaintiff's Trial Exhibit 57 - 2013 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06931-06962
Plaintiff's Trial Exhibit 58 - 2014 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06963-06998

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII		
Plaintiff's Trial Exhibit 59 - 2015 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06999
Plaintiff's Trial Exhibit 60 - 2016 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXX/AA07000
Plaintiff's Trial Exhibit 63 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 05/29/2014 through 12/31/2014	02/14/2020	XXX/AA07001- 07002
Plaintiff's Trial Exhibit 65 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2015 through 12/31/2015	02/14/2020	XXX/AA07003- 07006
Plaintiff's Trial Exhibit 67 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2016 through 12/31/2016	02/14/2020	XXX/AA07007- 07008
Plaintiff's Trial Exhibit 69 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2017 through 12/31/2017	02/14/2020	XXX/AA07009- 07010
Plaintiff's Trial Exhibit 70 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2018 through 12/31/2018	02/14/2020	XXX/AA07011
Plaintiff's Trial Exhibit 71 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2019 through 04/30/19	02/14/2020	XXX/AA07012- 07013
Plaintiff's Trial Exhibit 74 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 07/01/2014 through 12/31/14	02/14/2020	XXX/AA07014

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 76 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2015 through 12/31/15	02/14/2020	XXX/AA07015- 07016
Plaintiff's Trial Exhibit 78 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2016 through 12/31/16	02/14/2020	XXX/AA07017- 07050
Plaintiff's Trial Exhibit 79 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2017 through 12/31/17	02/14/2020	XXX/AA07051
Plaintiff's Trial Exhibit 80 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2018 through 04/30/18	02/14/2020	XXX/AA07052
Plaintiff's Trial Exhibit 82 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/30/10 through 12/15/11	02/14/2020	XXX/AA07053
Plaintiff's Trial Exhibit 83 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/11 through 12/14/12	02/14/2020	XXX/AA07054- 07057
Plaintiff's Trial Exhibit 84 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/15/12 through 12/15/13	02/14/2020	XXX/AA07058
Plaintiff's Trial Exhibit 85 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/13 through 12/15/14	02/14/2020	XXX/AA07059

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 86 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/14 through 12/15/15	02/14/2020	XXX/AA07060
Plaintiff's Trial Exhibit 87 - American Express Statements #72004 Thomas Pickens card #72004 #73002 Danka Michaels card #72020	02/14/2020	XXX/AA07061- 07092
12/16/15 through 12/15/16		
Plaintiff's Trial Exhibit 88 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/16 through 12/15/17	02/14/2020	XXX/AA07093- 07095
Plaintiff's Trial Exhibit 89 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/17 through 12/15/18	02/14/2020	XXX/AA07096- 07204
Plaintiff's Trial Exhibit 90 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/18 through 04/14/19	02/14/2020	XXX/AA07205- 07228
Plaintiff's Trial Exhibit 93 - Lowes house summary with supporting Wells Fargo Home Mortgage #9607 (PMA #3436) titled in the names of Danka Katarina Michaels and Thomas A. Pickens 07/02/14 through 07/01/2016	02/14/2020	XXX/AA07229- 07230
Plaintiff's Trial Exhibit 97 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/10 through 12/08/11	02/14/2020	XXX/AA07231
Plaintiff's Trial Exhibit 98 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/11 through 12/07/12	02/14/2020	XXX/AA07232- 07236

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 99 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/12 through 12/08/13	02/14/2020	XXX/AA07237- 07239
Plaintiff's Trial Exhibit 100 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/13 through 12/08/14	02/14/2020	XXX/AA07240- 07247
Plaintiff's Trial Exhibit 101 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/14 through 12/08/15	02/14/2020	XXX/AA07248- 07250
Plaintiff's Trial Exhibit 102 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/15 through 12/08/16	02/14/2020	XXXI/AA07251- 07255
Plaintiff's Trial Exhibit 103 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/16 through 12/08/17	02/14/2020	XXXI/AA07256- 07258
Plaintiff's Trial Exhibit 104 - American Express Statements #63006 titled in the name of Thomas Pickens 01/08/18 through 12/07/18	02/14/2020	XXXI/AA07259
Plaintiff's Trial Exhibit 105 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/18 through 05/08/19	02/14/2020	XXXI/AA07260
Plaintiff's Trial Exhibit 106 - American Express #51001 titled in the name of Blue Point Development 12/05/12 through 12/20/13	02/14/2020	XXXI/AA07261- 07262
Plaintiff's Trial Exhibit 107 - American Express #51001 titled in the name of Blue Point Development 12/21/13 through 12/19/14	02/14/2020	XXXI/AA07263
Plaintiff's Trial Exhibit 108 - American Express #51001 titled in the name of Blue Point Development 12/20/14 through 12/20/15	02/14/2020	XXXI/AA07264- XXXII/AA 07516
Plaintiff's Trial Exhibit 109 - American Express #51001 titled in the name of Blue Point Development 12/21/15 through 12/20/16	02/14/2020	XXXII/AA 07517-07682

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 110 - American Express #51001 titled in the name of Blue Point Development 12/21/16 through 12/20/17	02/14/2020	XXXII/AA 07683-07685
Plaintiff's Trial Exhibit 111 - American Express #51001 titled in the name of Blue Point Development 12/21/17 through 12/20/18	02/14/2020	XXXII/AA 07686-07687
Plaintiff's Trial Exhibit 112 - American Express #51001 titled in the name of Blue Point Development 12/21/18 through 04/19/19	02/14/2020	XXXII/AA 07688-07689
Plaintiff's Trial Exhibit 113 - Bank of America Bank Statements #2561 titled in the name of Blue Point Development 10/29/12 through 02/28/14	02/14/2020	XXXII/AA 07690-07691
Plaintiff's Trial Exhibit 114 - Bank of America Bank Statements #0222 titled in the name of Patience One LLC 11/01/12 through 12/31/13	02/14/2020	XXXII/AA 07692-07693
Plaintiff's Trial Exhibit 115 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 06/06/17 through 12/08/17	02/14/2020	XXXII/AA 07694-07695
Plaintiff's Trial Exhibit 116 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/09/17 through 12/07/18	02/14/2020	XXXII/AA 07696-07698
Plaintiff's Trial Exhibit 117 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/08/18 through 05/08/19	02/14/2020	XXXII/AA 07699-07700
Plaintiff's Trial Exhibit 118 - Wells Fargo Checking #8952 titled in the name of Thomas Pickens 10/16/18 through 12/31/18	02/14/2020	XXXII/AA 07701-07702
Plaintiff's Trial Exhibit 119 - Wells Fargo Checking #8952 titled in the name of Thomas Pickens 01/01/19 through 04/30/19	02/14/2020	XXXII/AA 07703-07704
Plaintiff's Trial Exhibit 125 - Land Rover Financial Group statement 12/13/13 – 01/12/14	02/14/2020	XXXII/AA 07705-07706

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 126 - Lexus Statement – 12/24/13	02/14/2020	XXXII/AA 07707
Plaintiff's Trial Exhibit 127 - Southwest Pension Services – Danka Michaels. Statements 09/03/2013 and 12/31/13	02/14/2020	XXXII/AA 07708- XXXIII/AA 07769
Plaintiff's Trial Exhibit 128 - Valic – Danka Michalecko statements 9/30/13, 12/31/13, and 9/30/15	02/14/2020	XXXIII/AA 07770-07772
Plaintiff's Trial Exhibit 129 - Pinnacle Health Systems – Danka K. Michaels. Statements 9/30/13 and 12/31/13	02/14/2020	XXXIII/AA 07773-07778
Plaintiff's Trial Exhibit 132 - Danka Michaels Pinnacle Health Systems Statement 7/1/15	02/14/2020	XXXIII/AA 07779-07780
Plaintiff's Trial Exhibit 133 - Bank of the West – 2015 Porsche statement 12.2.14	02/14/2020	XXXIII/AA 07781-07841
Plaintiff's Trial Exhibit 134 - Life Insurance Statement 11/25/15	02/14/2020	XXXIII/AA 07842-07849
Plaintiff's Trial Exhibit 138 - Thomas Pickens UBS Retirement statements dated June 2017 and October-December 2017 (Supplemental Response to Request for Production No. 16.)	02/14/2020	XXXIII/AA 07850-07857
Plaintiff's Trial Exhibit 144 - JP Morgan Statements, Danka K. Michaels IRA, August 31, 2019 through September 30, 2019	02/14/2020	XXXIII/AA 07858-07866
Plaintiff's Trial Exhibit 146 - Plaintiff email dated April 3, 2014	02/14/2020	XXXIII/AA 07867-07919
Plaintiff's Trial Exhibit 147 - Plaintiff email dated August 26, 2014	02/14/2020	XXXIII/AA 07920-07922
Plaintiff's Trial Exhibit 148 - Plaintiff email dated May 22, 2013	02/14/2020	XXXIII/AA 07923-07930
Plaintiff's Trial Exhibit 149 - Plaintiff email dated July 9, 2012	02/14/2020	XXXIII/AA 07931-07933

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 150 - Plaintiff email dated May 9, 2012	02/14/2020	XXXIII/AA 07934-07964
Plaintiff's Trial Exhibit 151 - Plaintiff email dated November 13, 2011	02/14/2020	XXXIII/AA 07965-07998
Plaintiff's Trial Exhibit 152 - Plaintiff email dated December 2, 2016	02/14/2020	XXXIII/AA 07999- XXXIV/AA 08018
Plaintiff's Trial Exhibit 153 - Plaintiff email dated June 30, 2014	02/14/2020	XXXIV/AA 08019-08202
Plaintiff's Trial Exhibit 154 - #002651 Emails between Dr. Michaels and R. Semonian	02/21/2020	XXXIV/AA 08203-08209
Plaintiff's Trial Exhibit 155 – NV Prescription Monitoring Program	02/21/2020	XXXIV/AA 08210-08247
Plaintiff's Trial Exhibit 156 – Request to appeal denial of unemployment benefits	02/21/2020	XXXIV/AA 08248
Defendant's Trial Exhibit A – Plaintiff's Response to Defendant's First Request for Production of Documents and Tangible Things from Plaintiff (with certain attachments thereto)	02/14/2020	XXXIV/AA 08249
Defendant's Trial Exhibit C – Documentation of \$450,000 loan taken by Danka K. Michaels, M.D., PC for tenant improvements	02/14/2020	XXXIV/AA 08250- XXXV/AA 08257
Defendant's Trial Exhibit G – Records produced by Equity Title, LLC, in response to Subpoena Duces Tecum for Blue Mesa property (Affidavit and relevant documents)	02/14/2020	XXXV/AA 08258-08270
Defendant's Trial Exhibit J – Plaintiff's Decree of Divorce filed June 26, 2021	02/14/2020	XXXV/AA 08271

CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Defendant's Trial Exhibit K – Blue Point Development account statement and record produced by Wells Fargo Bank, in response to Subpoena Duces Tecum	02/14/2020	XXXV/AA 08272
Defendant's Trial Exhibit L – Wells Fargo billing Statement dated November 2016	02/14/2020	XXXV/AA 08273- XXXVI/AA 08571
Defendant's Trial Exhibit M – Notice of Entry of Findings of Fact and Conclusions of Law filed on June 1, 2018 in the matter of <i>Bluepoint</i> <i>Development Inc. v. Patience One, LLC</i>	02/14/2020	XXXVI/AA 08572- XXXVII/AA 08867
Defendant's Trial Exhibit N – Records evidencing attorney's fees and expert fees paid by Defendant in this action	02/14/2020	XXXVII/AA 08868-08938
Receipt of Copy	11/10/2021	XXXVII/AA 08939

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Affidavit of Process Server	11/02/2017	I/AA00017-00022
Amended Notice of Taking Videotaped	03/05/2019	II/AA00376-
Deposition		00378
Answer to First Amended Complaint for Divorce; for Set Aside of Deeds of Real Property and Assignment of L.L.C. Interest; and for Alternative Equitable Relief Under the Putative Spouse Doctrine; Affirmative Defenses and Counterclaim	05/02/2018	I/AA00189-00211
Answer to Second Amended Complaint for Equitable Relief Under (1) the Putative Spouse Doctrine, and (2) Pursuant to Express and/or Implied Agreement to Hold Property as if the Parties Were Married Under <i>Michoff</i> ; and to Set Aside Deeds of Real Property and Assignment of L.L.C. Interest; Affirmative Defenses and Counterclaim	11/19/2018	II/AA00306- 00329
Appendix of Exhibits in Support of Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees	08/01/2019	III/AA00567- IV/AA00702
Appendix of Exhibits in Support of Defendant's Motion to Compel Discovery Responses	04/22/2019	II/AA00398- 00440
Appendix of Exhibits in Support of Defendant's Motion to Dismiss	11/29/2017	I/AA00025-00044

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Appendix of Exhibits in Support of Reply to Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Opposition to Countermotion (1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for Intentional Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e)	09/06/2019	V/AA00845- 00861
Appendix of Exhibits to Plaintiff's Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Countermotion 1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for Intentional Misrepresentation/Fraud; Negligent Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement; Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e)	08/19/2019	V/AA00763- 00813
Appendix of Exhibits to Plaintiff's Response and Opposition to Defendant's Motion to Compel Discovery Responses	05/13/2019	II/AA00468- 00495

ALPHABETICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Case and Trial Management Order	09/10/2018	II/AA00272- 00274
Case Appeal Statement	09/02/2021	XII/AA02717- 02743
Case Management Order – Domestic	03/21/2019	II/AA00389- 00394
Certificate of Service	09/11/2018	II/AA00277- 00278
Certificate of Service	01/09/2019	II/AA00359- 00360
Certification of Transcripts Notification of Completion	10/28/2021	XIII/AA02886- 02913
Complaint for Divorce and for Set Aside of Deeds of Real Property and Assignment of L.L.C. Interest	10/24/2017	I/AA00001-00015
Court Minutes	01/25/2018	I/AA00142-00143
Court Minutes	02/23/2018	I/AA00144-00145
Court Minutes	09/10/2018	II/AA00275- 00276
Court Minutes	02/14/2020	VIII/AA01728
Court Minutes	02/21/2020	IX/AA01781- 01793
Court Minutes	07/20/2020	IX/AA01820- 01823
Court Minutes	01/22/2021	X/AA02210- 02220
Court Minutes	03/05/2021	XI/AA02253- 02261
Court Minutes	03/12/2021	XI/AA02272- 02284
Court Minutes	04/02/2021	XI/AA02285- 02301

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Declaration of Danka K. Michaels in Support of Answer to Second Amended Complaint for Equitable Relief Under (1) the Putative Spouse Doctrine, and (2) Pursuant to Express and/or Implied Agreement to Hold Property as if the Parties Were Married Under <i>Michoff</i> ; and to Set Aside Deeds of Real Property and Assignment of L.L.C. Interest; Affirmative Defenses and Counterclaim	11/21/2018	II/AA00330- 00332
Declaration of Service	07/13/2018	I/AA00230
Declaration of Service	07/19/2018	I/AA00238
Declaration of Service	09/05/2019	V/AA00844
Declaration of Service	11/01/2019	V/AA00882
Declaration of Service	12/20/2019	V/AA00886
Declaration of Service	02/04/2020	V/AA00910
Declaration of Service	02/05/2020	V/AA00911
Declaration of Service Robert Semonian	08/03/2018	I/AA00243
Declaration of Service Shannon L. Evans	08/03/2018	I/AA00244
Defendant Danka K. Michaels Memorandum of Fees and Costs	08/25/2021	XII/AA02658- 02671
Defendant's Closing Argument Brief	05/28/2021	XI/AA02444- 02467
Defendant's EDCR 7.27 Brief	04/02/2021	XI/AA02302- 02320
Defendant's Motion to Compel Discovery Reponses	04/22/2019	II/AA00441- 00458
Defendant's Pre-Trial Memorandum	02/07/2020	V/AA00914- 00932
Defendant's Reply to Plaintiff's Objection to Memorandum of Fees and Costs	09/20/2021	XIII/AA02855- 02885
Defendant's Second Supplemental Witness List (Non-Expert)	12/27/2019	V/AA00887- 00891

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Defendant's Supplemental Witness List (Non- Expert)	04/24/2019	II/AA00460- 00464
Defendant's Trial Exhibit A – Plaintiff's Response to Defendant's First Request for Production of Documents and Tangible Things from Plaintiff (with certain attachments thereto)	02/14/2020	XXXIV/AA 08249
Defendant's Trial Exhibit C – Documentation of \$450,000 loan taken by Danka K. Michaels, M.D., PC for tenant improvements	02/14/2020	XXXIV/AA 08250- XXXV/AA 08257
Defendant's Trial Exhibit G – Records produced by Equity Title, LLC, in response to Subpoena Duces Tecum for Blue Mesa property (Affidavit and relevant documents)	02/14/2020	XXXV/AA 08258-08270
Defendant's Trial Exhibit J – Plaintiff's Decree of Divorce filed June 26, 2021	02/14/2020	XXXV/AA 08271
Defendant's Trial Exhibit K – Blue Point Development account statement and record produced by Wells Fargo Bank, in response to Subpoena Duces Tecum	02/14/2020	XXXV/AA 08272
Defendant's Trial Exhibit L – Wells Fargo billing Statement dated November 2016	02/14/2020	XXXV/AA 08273- XXXVI/AA 08571
Defendant's Trial Exhibit M – Notice of Entry of Findings of Fact and Conclusions of Law filed on June 1, 2018 in the matter of <i>Bluepoint</i> <i>Development Inc. v. Patience One, LLC</i>	02/14/2020	XXXVI/AA 08572- XXXVII/AA 08867
Defendant's Trial Exhibit N – Records evidencing attorney's fees and expert fees paid by Defendant in this action	02/14/2020	XXXVII/AA 08868-08938
Defendant's Witness List (Non-Expert)	02/20/2019	II/AA00371- 00375

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Estimated Cost of Expedited Transcripts	07/22/2020	IX/AA01824- 01826
Estimated Cost of Transcript	09/07/2021	XIII/AA02769- 02791
Estimated Costs of Transcript	09/07/2021	XIII/AA02792- 02822
Exhibit Appendix to Opposition to Defendant's Motion to Dismiss and Countermotion for Attorney's Fees and Costs	12/20/2017	I/AA00064-00093
Exhibit of Appendix to Defendant Danka K. Michaels Memorandum of Fees and Costs	08/25/2021	XII/AA02672- 02716
Final Billing for Transcripts	09/01/2020	X/AA02052- 02054
Final Billing for Transcripts	10/28/2021	XIII/AA02914- 02956
Findings of Fact, Conclusions of Law and Judgement	08/03/2021	XII/AA02568- 02613
First Amended Compliant for Divorce; for Set Aside of Deeds of Real Property and Assignment of L.L.C. Interest; and for Alternative Equitable Relief Under the Putative Spouse Doctrine	03/22/2018	I/AA00174-00188
General Financial Disclosure Form	02/13/2020	V/AA00964- 00981
Joint Early Case Conference Report Pursuant to N.R.CP 16.2(i)(2)	07/13/2018	I/AA00231-00237
Minute Order	09/10/2019	V/AA00880- 00881
Motion for Leave to File Second Amended Complaint	09/07/2018	I/AA00245- II/AA00270
Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees	08/01/2019	IV/AA00703- 00736
Motion Opposition Fee Information Sheet	12/20/2017	I/AA00094

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XX DESCRIPTION	AAVII DATE FILED	VOL./PAGE NO.
Motion Opposition Fee Information Sheet	09/07/2018	II/AA00271
Motion Opposition Fee Information Sheet	01/08/2019	II/AA00352
Motion to Dismiss	11/29/2017	I/AA00045-00061
Motion to Withdraw as Attorney of Records for Plaintiff	01/08/2019	II/AA00353- 00358
Notice of Appeal	09/02/2021	XII/AA02744- XIII/AA02768
Notice of Appearance	03/08/2019	II/AA00382- 00383
Notice of Appearance of Attorney	11/27/2017	I/AA00023-00024
Notice of Appearance of Co-Counsel for Defendant	10/16/2020	X/AA02087- 02122
Notice of Attorney's Lien	04/05/2019	II/AA00395- 00397
Notice of Change of Firm	06/26/2020	IX/AA01811- 01819
Notice of Change of Firm Address	01/27/2021	X/AA02233- 02243
Notice of Change of Firm Address	08/01/2021	XII/AA02525- 02567
Notice of Department Reassignment	03/11/2019	II/AA00384- 00385
Notice of Entry of Findings of Fact, Conclusions of Law, and Judgement	08/05/2021	XII/AA02614- 02657
Notice of Entry of Order	03/12/2018	I/AA00155-00164
Notice of Entry of Order	12/17/2018	II/AA00345- 00351
Notice of Entry of Order	02/06/2019	II/AA00363- 00367
Notice of Entry of Order to Seal Records	01/03/2018	I/AA00120-00124
Notice of Entry of Stipulation and Order	12/29/2017	I/AA00116- 000119

ALPHABETICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF X DESCRIPTION	DATE FILED	VOL./PAGE NO.
Notice of Entry of Stipulation and Order	10/10/2018	II/AA00282- 00287
Notice of Entry of Stipulation and Order	08/16/2019	V/AA0055-00762
Notice of Entry of Stipulation and Order	06/25/2020	IX/AA01801- 01810
Notice of Entry of Stipulation and Order	04/19/2021	XI/AA02330- 02351
Notice of Entry of Stipulation and Order RE: Motion to Compel	05/29/2019	III/AA00535- 00543
Notice of Entry of Stipulation and Order to Continue	06/13/2019	III/AA00545- 00551
Notice of Entry of Stipulation and Order to Vacate Discovery Hearing	06/19/2019	III/AA00560- 00564
Notice of Hearing	04/22/2019	II/AA00459
Notice of Hearing	08/01/2019	IV/AA00737
Notice of Hearing	03/20/2020	IX/AA01794- 01798
Notice of Hearing	08/26/2020	IX/AA1827- X/AA2051
Notice of Hearing	10/26/2020	X/AA02123- 02190
Notice of Hearing	11/17/2020	X/AA02191- 02201
Notice of Hearing	11/25/2020	X/AA02202- 02209
Notice of Hearing	01/22/2021	X/AA02221- 02232
Notice of Hearing	02/23/2021	X/AA02244- XI/AA02252
Notice of Hearing	03/08/2021	XI/AA02262- 02271

Alphabetical Index of Appellant's Appendix Volume XIII of XXXVII		
Notice of Intent to Appear by Communication Equipment	02/20/2020	VIII/AA01729- IX/01768
Notice of Non-Opposition to Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	02/13/2020	V/AA00982- VII/AA01254
Notice of Taking Custodian of Records Deposition and Seven Day Notice of Intent to Serve Subpoena Duces Tecum	12/09/2019	V/AA00883- 00885
Notice of Taking Videotaped Deposition	02/15/2019	II/AA00368- 00370
Notice of Unavailability of Counsel	05/08/2019	II/AA00465- 00467
Notice of Unavailability of Counsel	08/05/2019	IV/AA00738- 00740
Opposition to Defendant's Motion to Dismiss and Countermotion for Attorney's Fees and Costs	12/20/2017	I/AA00095- I/AA00111
Order	03/09/2018	I/AA00146-00154
Order	03/12/2018	I/AA0065-00173
Order After Hearing of September 10, 2018	12/11/2018	II/AA00333- 00336
Order Granting Withdrawal as Attorney of Record for Plaintiff	02/05/2019	II/AA00361- 00362
Order Setting Case Management Conference and Directing Compliance with NRCP 16.2	07/31/2018	I/AA00239-00242
Order to Seal Records Pursuant to NRS 125.110(2)	12/22/2017	I/AA00112- I/AA00113
Peremptory Challenge of Judge	03/11/2019	II/AA00386- 00388
Petition to Seal Records Pursuant to NRS 125.110(2)	12/15/2017	I/AA00062-00063
Plaintiff Thomas Pickens General Financial Disclosure Form-Trial	02/11/2020	V/AA00955- 00962

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff Thomas Pickens Pretrial Memorandum	02/07/2020	V/AA00933- 00950
Plaintiff, Danka K. Michaels' Initial Expert Witness List	07/11/2018	I/AA00220-00229
Plaintiff's Closing Argument	04/23/2021	XI/AA02370- 02834
Plaintiff's Objection to Defendant Danka K. Michaels' Memorandum of Fees and Costs	09/07/2021	XIII/AA02823- 02854
Plaintiff's Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Countermotion for Leave of Court to File Supplemental Points and Authorities	08/12/2019	IV/AA00746- V/AA00754
Plaintiff's Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Countermotion (1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for International Misrepresentation/Fraud; Negligent Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement; Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e)	08/19/2019	V/AA00814- 00843
Plaintiff's Rebuttal to Defendant's Closing Argument	06/15/2021	XI/AA02489- XII/AA02524
Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	02/10/2020	V/AA00951- 00954

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Request for the Court to take Judicial Notice Pursuant to NRS 47.130	02/20/2020	IX/AA01769- 01770
Plaintiff's Request for the Court to take Judicial Notice Pursuant to NRS 47.130	02/20/2020	IX/AA01771- 01780
Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	04/23/2021	XI/AA02835- 02406
Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	04/23/2021	XI/AA02407- 02424
Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	04/23/2021	XI/AA02425- 02443
Plaintiff's Response and Opposition to Defendant's Motion to Compel Discovery Reponses	05/13/2019	II/AA00496- III/AA00516
Plaintiff's Supplement to Response and Opposition to Defendant's Motion to Compel Discovery Responses	05/21/2019	III/AA00523- 00527
Plaintiff's Trial Exhibit 1 - Photographs of the parties' wedding on April 7, 2002 and announcement	02/14/2020	XIV/AA03070- 03083
Plaintiff's Trial Exhibit 10 - 2006 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XIV/AA03181- 03196
Plaintiff's Trial Exhibit 100 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/13 through 12/08/14	02/14/2020	XXX/AA07240- 07247
Plaintiff's Trial Exhibit 101 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/14 through 12/08/15	02/14/2020	XXX/AA07248- 07250
Plaintiff's Trial Exhibit 102 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/15 through 12/08/16	02/14/2020	XXXI/AA07251- 07255
Plaintiff's Trial Exhibit 103 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/16 through 12/08/17	02/14/2020	XXXI/AA07256- 07258

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 104 - American Express Statements #63006 titled in the name of Thomas Pickens 01/08/18 through 12/07/18	02/14/2020	XXXI/AA07259
Plaintiff's Trial Exhibit 105 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/18 through 05/08/19	02/14/2020	XXXI/AA07260
Plaintiff's Trial Exhibit 106 - American Express #51001 titled in the name of Blue Point Development 12/05/12 through 12/20/13	02/14/2020	XXXI/AA07261- 07262
Plaintiff's Trial Exhibit 107 - American Express #51001 titled in the name of Blue Point Development 12/21/13 through 12/19/14	02/14/2020	XXXI/AA07263
Plaintiff's Trial Exhibit 108 - American Express #51001 titled in the name of Blue Point Development 12/20/14 through 12/20/15	02/14/2020	XXXI/AA07264- XXXII/AA 07516
Plaintiff's Trial Exhibit 109 - American Express #51001 titled in the name of Blue Point Development 12/21/15 through 12/20/16	02/14/2020	XXXII/AA 07517-07682
Plaintiff's Trial Exhibit 11 - 2007 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XIV/AA03197- 03210
Plaintiff's Trial Exhibit 110 - American Express #51001 titled in the name of Blue Point Development 12/21/16 through 12/20/17	02/14/2020	XXXII/AA 07683-07685
Plaintiff's Trial Exhibit 111 - American Express #51001 titled in the name of Blue Point Development 12/21/17 through 12/20/18	02/14/2020	XXXII/AA 07686-07687
Plaintiff's Trial Exhibit 112 - American Express #51001 titled in the name of Blue Point Development 12/21/18 through 04/19/19	02/14/2020	XXXII/AA 07688-07689
Plaintiff's Trial Exhibit 113 - Bank of America Bank Statements #2561 titled in the name of Blue Point Development 10/29/12 through 02/28/14	02/14/2020	XXXII/AA 07690-07691

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 114 - Bank of America Bank Statements #0222 titled in the name of Patience One LLC 11/01/12 through 12/31/13	02/14/2020	XXXII/AA 07692-07693
Plaintiff's Trial Exhibit 115 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 06/06/17 through 12/08/17	02/14/2020	XXXII/AA 07694-07695
Plaintiff's Trial Exhibit 116 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/09/17 through 12/07/18	02/14/2020	XXXII/AA 07696-07698
Plaintiff's Trial Exhibit 117 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/08/18 through 05/08/19	02/14/2020	XXXII/AA 07699-07700
Plaintiff's Trial Exhibit 118 - Wells Fargo Checking #8952 titled in the name of Thomas Pickens 10/16/18 through 12/31/18	02/14/2020	XXXII/AA 07701-07702
Plaintiff's Trial Exhibit 119 - Wells Fargo Checking #8952 titled in the name of Thomas Pickens 01/01/19 through 04/30/19	02/14/2020	XXXII/AA 07703-07704
Plaintiff's Trial Exhibit 12 - 2008 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XIV/AA03211- 03224
Plaintiff's Trial Exhibit 125 - Land Rover Financial Group statement 12/13/13 – 01/12/14	02/14/2020	XXXII/AA 07705-07706
Plaintiff's Trial Exhibit 126 - Lexus Statement – 12/24/13	02/14/2020	XXXII/AA 07707
Plaintiff's Trial Exhibit 127 - Southwest Pension Services – Danka Michaels. Statements 09/03/2013 and 12/31/13	02/14/2020	XXXII/AA 07708- XXXIII/AA 07769
Plaintiff's Trial Exhibit 128 - Valic – Danka Michalecko statements 9/30/13, 12/31/13, and 9/30/15	02/14/2020	XXXIII/AA 07770-07772

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 129 - Pinnacle Health Systems – Danka K. Michaels. Statements 9/30/13 and 12/31/13	02/14/2020	XXXIII/AA 07773-07778
Plaintiff's Trial Exhibit 13 - 2009 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XIV/AA03225- XV/AA03262
Plaintiff's Trial Exhibit 132 - Danka Michaels Pinnacle Health Systems Statement 7/1/15	02/14/2020	XXXIII/AA 07779-07780
Plaintiff's Trial Exhibit 133 - Bank of the West – 2015 Porsche statement 12.2.14	02/14/2020	XXXIII/AA 07781-07841
Plaintiff's Trial Exhibit 134 - Life Insurance Statement 11/25/15	02/14/2020	XXXIII/AA 07842-07849
Plaintiff's Trial Exhibit 138 - Thomas Pickens UBS Retirement statements dated June 2017 and October-December 2017 (Supplemental Response to Request for Production No. 16.)	02/14/2020	XXXIII/AA 07850-07857
Plaintiff's Trial Exhibit 14 - 2010 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03263- 03319
Plaintiff's Trial Exhibit 144 - JP Morgan Statements, Danka K. Michaels IRA, August 31, 2019 through September 30, 2019	02/14/2020	XXXIII/AA 07858-07866
Plaintiff's Trial Exhibit 146 - Plaintiff email dated April 3, 2014	02/14/2020	XXXIII/AA 07867-07919
Plaintiff's Trial Exhibit 147 - Plaintiff email dated August 26, 2014	02/14/2020	XXXIII/AA 07920-07922
Plaintiff's Trial Exhibit 148 - Plaintiff email dated May 22, 2013	02/14/2020	XXXIII/AA 07923-07930
Plaintiff's Trial Exhibit 149 - Plaintiff email dated July 9, 2012	02/14/2020	XXXIII/AA 07931-07933
Plaintiff's Trial Exhibit 15 - 2011 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03320- 03372
Plaintiff's Trial Exhibit 150 - Plaintiff email dated May 9, 2012	02/14/2020	XXXIII/AA 07934-07964

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 151 - Plaintiff email dated November 13, 2011	02/14/2020	XXXIII/AA 07965-07998
Plaintiff's Trial Exhibit 152 - Plaintiff email dated December 2, 2016	02/14/2020	XXXIII/AA 07999- XXXIV/AA 08018
Plaintiff's Trial Exhibit 153 - Plaintiff email dated June 30, 2014	02/14/2020	XXXIV/AA 08019-08202
Plaintiff's Trial Exhibit 154 - #002651 Emails between Dr. Michaels and R. Semonian	02/21/2020	XXXIV/AA 08203-08209
Plaintiff's Trial Exhibit 155 – NV Prescription Monitoring Program	02/21/2020	XXXIV/AA 08210-08247
Plaintiff's Trial Exhibit 156 – Request to appeal denial of unemployment benefits	02/21/2020	XXXIV/AA 08248
Plaintiff's Trial Exhibit 16 - 2012 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03373- 03429
Plaintiff's Trial Exhibit 17 - 2013 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03430- 03478
Plaintiff's Trial Exhibit 18 - 2014 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03479- 03494
Plaintiff's Trial Exhibit 19 - 2015 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03495- XVI/AA03543
Plaintiff's Trial Exhibit 2 - Litterae Matrimoniales (Marriage Certificate) of Thomas Pickens and Danka Katarina Oltusova dated April 7, 2002	02/14/2020	XIV/AA03084- 03096
Plaintiff's Trial Exhibit 20 - 2016 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XVI/AA03544- 03639
Plaintiff's Trial Exhibit 21 - 2005 1040 Income Tax Return for Danka Michaels	02/14/2020	XVI/AA03640- 03735
Plaintiff's Trial Exhibit 22 - 2006 1040 Income Tax Return for Danka Michaels	02/14/2020	XVI/AA03736- XVII/AA03823

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 23 - 2007 1040	02/14/2020	XVII/AA03824-
Income Tax Return for Danka Michaels		03848
Plaintiff's Trial Exhibit 24 - 2008 1040	02/14/2020	XVII/AA03849-
Income Tax Return for Danka Michaels		03998
Plaintiff's Trial Exhibit 25 - 2009 1040	02/14/2020	XVII/AA03999
Income Tax Return for Danka Michaels		XVIII/AA04127
Plaintiff's Trial Exhibit 26 - 2010 1040	02/14/2020	XVIII/AA04128-
Income Tax Return for Danka Michaels		04239
Plaintiff's Trial Exhibit 27 - 2011 1040	02/14/2020	XVIII/AA04240-
Income Tax Return for Danka Michaels		XIX/AA04361
Plaintiff's Trial Exhibit 28 - 2012 1040	02/14/2020	XIX/AA04362-
Income Tax Return for Danka Michaels		04482
Plaintiff's Trial Exhibit 29 - 2013 1040	02/14/2020	XIX/AA04483-
Income Tax Return for Danka Michaels		XX/AA04646
Plaintiff's Trial Exhibit 3 - Medical Records	02/14/2020	XIV/AA03097-
for Tom Pickens produced by Danka Michaels,		03111
his physician		
Plaintiff's Trial Exhibit 30 - 2014 1040	02/14/2020	XX/AA04647-
Income Tax Return for Danka Michaels		XXI/AA04755
Plaintiff's Trial Exhibit 31 - 2015 1040	02/14/2020	XXI/AA04756-
Income Tax Return for Danka Michaels		04842
Plaintiff's Trial Exhibit 32 - 2016 1040	02/14/2020	XXI/AA04843-
Income Tax Return for Danka Michaels		04879
Plaintiff's Trial Exhibit 35 - 2006 1120S	02/14/2020	XXI/AA04880-
Income Tax Return for Danka K. Michaels MD,		04908
PC		
Plaintiff's Trial Exhibit 36 - 2007 1120S	02/14/2020	XXI/AA04909-
Income Tax Return for Danka K. Michaels MD,		XXII/AA05059
PC		
Plaintiff's Trial Exhibit 37 - 2008 1120S	02/14/2020	XXII/AA05060-
Income Tax Return for Danka K. Michaels MD,		05200
PC		

ALPHABETICAL INDEX OF APPELLANT'S APPENDIX		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 38 - 2009 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXII/AA05201- XXIII/AA05305
Plaintiff's Trial Exhibit 39 - 2010 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXIII/AA05306- 05391
Plaintiff's Trial Exhibit 4 - Nevada Prescription Monitoring Program Prescription log for Tom Pickens	02/14/2020	XIV/AA03112- 03116
Plaintiff's Trial Exhibit 40 - 2011 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXIII/AA05392- 05488
Plaintiff's Trial Exhibit 41 - 2012 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXIII/AA05489- XXIV/AA05577
Plaintiff's Trial Exhibit 42 - 2013 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXIV/AA05578- 05669
Plaintiff's Trial Exhibit 43 - 2014 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXIV/AA05670- XXV/AA05758
Plaintiff's Trial Exhibit 44 - 2015 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXV/AA05759- 05802
Plaintiff's Trial Exhibit 45 - 2016 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXV/AA05803- 05934
Plaintiff's Trial Exhibit 46 - 2017 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXV/AA005935- XXVI/AA06106
Plaintiff's Trial Exhibit 47 - 2012 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVI/AA06107- XXVII/AA06297

Alphabetical Index of Appellant's Appendix Volume XIII of XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 48 - 2013 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVII/AA06298- 06490
Plaintiff's Trial Exhibit 49 - 2014 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVII/AA06491- XXVIII/ AA06589
Plaintiff's Trial Exhibit 5 - Chain of Title with Applicable Deeds for 9517 Queen Charlotte Drive, Las Vegas, Nevada 89145	02/14/2020	XIV/AA03117- 03127
Plaintiff's Trial Exhibit 50 - 2015 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVIII/ AA06590-06672
Plaintiff's Trial Exhibit 51 - 2016 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVIII/ AA06673-06691
Plaintiff's Trial Exhibit 52 - 2008 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXVIII/ AA06692- XXIX/ AA06759
Plaintiff's Trial Exhibit 53 - 2009 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06760-06832
Plaintiff's Trial Exhibit 54 - 2010 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06833-06862
Plaintiff's Trial Exhibit 55 - 2011 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06863-06912
Plaintiff's Trial Exhibit 56 - 2012 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06913-06930
Plaintiff's Trial Exhibit 57 - 2013 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06931-06962

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 58 - 2014 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06963-06998
Plaintiff's Trial Exhibit 59 - 2015 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06999
Plaintiff's Trial Exhibit 6 - Chain of Title with Applicable Deeds for 7608 Lowe Avenue, Las Vegas, Nevada 89131	02/14/2020	XIV/AA03128- 03136
Plaintiff's Trial Exhibit 60 - 2016 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXX/AA07000
Plaintiff's Trial Exhibit 63 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 05/29/2014 through 12/31/2014	02/14/2020	XXX/AA07001- 07002
Plaintiff's Trial Exhibit 65 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2015 through 12/31/2015	02/14/2020	XXX/AA07003- 07006
Plaintiff's Trial Exhibit 67 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2016 through 12/31/2016	02/14/2020	XXX/AA07007- 07008
Plaintiff's Trial Exhibit 69 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2017 through 12/31/2017	02/14/2020	XXX/AA07009- 07010
Plaintiff's Trial Exhibit 7 - Affidavit of Custodian of Records and file from First American Title Company—purchase of 9517 Queen Charlotte Drive, Las Vegas, Nevada 89145 on October 7, 2004	02/14/2020	XIV/AA03137- 03150

Alphabetical Index of Appellant's Appendix Volume XIII of XXXVII		
Plaintiff's Trial Exhibit 70 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2018 through 12/31/2018	02/14/2020	XXX/AA07011
Plaintiff's Trial Exhibit 71 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2019 through 04/30/19	02/14/2020	XXX/AA07012- 07013
Plaintiff's Trial Exhibit 74 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 07/01/2014 through 12/31/14	02/14/2020	XXX/AA07014
Plaintiff's Trial Exhibit 76 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2015 through 12/31/15	02/14/2020	XXX/AA07015- 07016
Plaintiff's Trial Exhibit 78 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2016 through 12/31/16	02/14/2020	XXX/AA07017- 07050
Plaintiff's Trial Exhibit 79 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2017 through 12/31/17	02/14/2020	XXX/AA07051
Plaintiff's Trial Exhibit 8 - Certificate of Custodian of Records for Ticor Title of Nevada—purchase of 7608 Lowe Avenue, Las Vegas, Nevada 89131 on February 28, 2011	02/14/2020	XIV/AA03151- 03164
Plaintiff's Trial Exhibit 80 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2018 through 04/30/18	02/14/2020	XXX/AA07052

Alphabetical Index of Appellant's Appendix		
VOLUME XIII OF XXXVII		
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Plaintiff's Trial Exhibit 82 - American Express Statements #72004	02/14/2020	XXX/AA07053
Thomas Pickens card #72004 Danka Michaels card #72020		
12/30/10 through 12/15/11		
Plaintiff's Trial Exhibit 83 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/11 through 12/14/12	02/14/2020	XXX/AA07054- 07057
Plaintiff's Trial Exhibit 84 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/15/12 through 12/15/13	02/14/2020	XXX/AA07058
Plaintiff's Trial Exhibit 85 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/13 through 12/15/14	02/14/2020	XXX/AA07059
Plaintiff's Trial Exhibit 86 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/14 through 12/15/15	02/14/2020	XXX/AA07060
Plaintiff's Trial Exhibit 87 - American Express Statements #72004 Thomas Pickens card #72004 #73002 Danka Michaels card #72020 12/16/15 through 12/15/16	02/14/2020	XXX/AA07061- 07092
Plaintiff's Trial Exhibit 88 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/16 through 12/15/17	02/14/2020	XXX/AA07093- 07095

Alphabetical Index of Appellant's Appendix Volume XIII of XXXVII		
Plaintiff's Trial Exhibit 89 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/17 through 12/15/18	02/14/2020	XXX/AA07096- 07204
Plaintiff's Trial Exhibit 9 - 2005 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XIV/AA3165- 03180
Plaintiff's Trial Exhibit 90 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/18 through 04/14/19	02/14/2020	XXX/AA07205- 07228
Plaintiff's Trial Exhibit 93 - Lowes house summary with supporting Wells Fargo Home Mortgage #9607 (PMA #3436) titled in the names of Danka Katarina Michaels and Thomas A. Pickens 07/02/14 through 07/01/2016	02/14/2020	XXX/AA07229- 07230
Plaintiff's Trial Exhibit 97 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/10 through 12/08/11	02/14/2020	XXX/AA07231
Plaintiff's Trial Exhibit 98 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/11 through 12/07/12	02/14/2020	XXX/AA07232- 07236
Plaintiff's Trial Exhibit 99 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/12 through 12/08/13	02/14/2020	XXX/AA07237- 07239
Receipt of Check	06/03/2019	III/AA00544
Receipt of Copy	02/11/2020	V/AA00963
Receipt of Copy	11/10/2021	XIV/AA03055- 03069
Receipt of Copy	11/10/2021	XXXVII/AA 08939
Reply in Support of Defendant's Motion to Compel Discovery Responses	05/15/2019	III/AA00517- 00522
Reply to Defendant's Counterclaim	05/30/2018	I/AA00212-00219

Alphabetical Index of Appellant's Appendix					
VOLUME XIII OF XX	XXVII	1			
DESCRIPTION	DATE FILED	VOL./PAGE NO.			
Reply to Defendant's Counterclaim	12/12/2018	II/AA00337- 00344			
Reply to Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Opposition to Countermotion (1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for Intentional Misrepresentation/Fraud; Negligent Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement; Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e)	09/06/2019	V/AA00862- 00879			
Reply to Opposition to Defendant's Motion to Dismiss and Opposition to Countermotion for Attorney's Fees and Costs	01/09/2018	I/AA00125-00141			
Request for Issuance of Joint Preliminary Injunction	10/25/2017	I/AA00016			
Satisfaction and Release of Lien	07/31/2019	III/AA00565- 00566			
Second Amended Complaint for Equitable Relief Under (1) the Putative Spouse Doctrine, and (2) Pursuant to Express and/or Implied Agreement to Hold Property as if the Parties Were Married Under <i>Michoff</i> ; and to Set Aside Deeds of Real Property and Assignment of L.L.C. Interest	10/15/2018	II/AA00288- 00305			
Second Amended Notice of Taking Videotaped Deposition	03/05/2019	II/AA00379- 00381			

ALPHABETICAL INDEX OF APPELLANT'S APPENDIX				
VOLUME XIII OF X	XXVII			
DESCRIPTION	DATE FILED	VOL./PAGE NO.		
Stipulation and Order Granting Leave to File Second Amended Complaint, and Vacating Motion Hearing	10/08/2018	II/AA00279- 00281		
Stipulation and Order RE: Motion to Compel	05/28/2019	III/AA00528- 00534		
Stipulation and Order to Continue	06/13/2019	III/AA00552- 00556		
Stipulation and Order to Continue Day Three of Trial	06/24/2020	IX/AA01799- 01800		
Stipulation and Order to Continue Hearing	12/28/2017	I/AA00114- 000115		
Stipulation and Order to Extend Briefing Deadline	04/22/2021	XI/AA02352- 02369		
Stipulation and Order to Extend Briefing Deadlines	04/14/2021	XI/AA02321- 02329		
Stipulation and Order to Extend Deadline for Plaintiff to File His Rebuttal Brief	06/14/2021	XI/AA02468- 02488		
Stipulation and Order to Extend Filing of Pre- Trial Memorandum and Trail Exhibits	02/06/2020	V/AA00912- 00913		
Stipulation and Order to Vacate Discovery Hearing	06/18/2019	III/AA00557- 00559		
Stipulation to Extend Discovery Deadlines and Continue Trail (First Request) and Order Continuing Trial	08/05/2019	IV/AA00741- 00745		
Supplemental Exhibit in Support of Notice of Non-Opposition to Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	02/13/2020	VII/AA01255- VIII/AA01727		
Transcript RE: Non-Jury Trial	09/01/2020	X/AA02055- 02070		
Transcript RE: Non-Jury Trial Day 2	09/01/2020	X/AA02071- 02086		

ALPHABETICAL INDEX OF APPEI Volume XIII of XX		ЭІХ
DESCRIPTION	DATE FILED	VOL./PAGE NO.
Transcript RE: Non-Jury Trial Day 3	10/28/2021	XIII/AA02957- XIV/AA03007
Transcript RE: Non-Jury Trial Day 4	10/28/2021	XIV/AA03008- 03040
Transcript RE: Non-Jury Trial Day 5	10/28/2021	XIV/AA03041- 03054
Trial Subpoena	01/29/2020	V/AA00906- 00909
Trial Subpoena Robert Semonian	01/28/2020	V/AA00892- 00898
Trial Subpoena Shannon L. Evans, Esq.	01/28/2020	V/AA00899- 00905

Forr	4562		Depre	ciation and /	Amortiza	ation			OMB No. 1545-0172
		i	(Including	J Information	on Listed	I Property	()		2009
Interr	rtment of the Treasury nal Revenue Service (99)		See separat	e instructions.	Attach to	your tax retur	n.		Attachment Sequence No. 67
	e(s) shown on return				s or activity to whi	ch this form relates			Identifying number
1 1 1 1 1 1	NKA K MICHAR				DRM 1120)S			56-2371654
<u>Pa</u>				operty Under Se plete Part V before you		rt I.			
1				r limit for certain busine				1	250,000
2	Total cost of section							2	50,588
3				ction in limitation (see	instructions)			3	800,000
4				If zero or less, enter -0-				4	0
5				ne 1. If zero or less, ent		ed filina			<u> </u>
				* * * * * * * * * * * *		-		5	250,000
) Description of pr	****		(business use or		cted cost		250,000
6	SPA EOUIP	, sousipier er pr	opony	(0) 0031	48,720		48,7	20	
	JII DOULL				40,120	<u></u>	40,1	20	
7	Listed property. Enter	r the amount fi	rom line 29 •	· · · · · · · · · · · · · ·	7	,			
8				ounts in column (c), line				8	40 700
9				ine 8 • • • • • • • •				9	48,720
10				our 2008 Form 4562				10	48,720
11				siness income (not les				ļ	
12				D, but do not enter mor		-		11	250,000
13						· · · · · ·	•••	12	48,720
				es 9 and 10, less line 1		s			<u>De la construcción de la</u>
press and the second	Do not use Part II or	****					·····		
14				and Other Depr			sted pro	perty.)	(See instructions.)
14				ty (other than listed pro					
4 "			'				• • •	14	934
15	Property subject to se		•	• • • • • • • • • • • •				15	
16	Other depreciation (ir			• • • • • • • • • • •			• • •	16	32,642
Pa	rt III MACRS I	Depreciatio	on (Do not inc	lude listed property.) (S	*********	is.)			
4 84				Section A				·	
17				tax years beginning be		• • • • • • •	• • •	17	
18				rvice during the tax yea			,,		
	asset accounts, chec			• • • • • • • • • • • •			1 1		말 것 같은 사람이 집에 가지?
	Section	on B - Assets		vice During 2009 Tax		1	preciatio	on Sys	tem
	(a) Classification of prop	perty	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property			934	3	НҮ	S/L		156
b	5-year property					1			<u></u>
С	7-year property								
d	10-year property					1			
e	15-year property								
f	20-year property					1			
g	*				25 yrs.	†	S/L		
	Residential rental		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		27.5 yrs.	MM	S/L		
	property	-			27.5 yrs.	MM	S/L		
i	Nonresidential real		······		39 yrs.	MM	S/L		
•	property	ŀ				MM	S/L		
		n C - Assots I	Placed in Servi	ce During 2009 Tax Y	oor Hoing the				
20.2	Class life	10-Assets 1	aceu in Servi	Ce During 2003 Tax T	ear Using the	Alternative D			ystem
<u></u> b							S/L		
	12-year 40-year				12 yrs.		S/L		
pinter inspirations of		(000 11-	diama)	L	40 yrs.	MM	S/L		***
		(see instruct						0 4	
21 22	Listed property. Ente			7 8 40 400				21	
22			-	7, lines 19 and 20 in c					
				ships and S corporation		ctions · · ·	· · ·]	22	33,732
23		•		ng the current year, en					
				ts	•••• 23				
ror P	aperwork Reduction	ACT NOTICE, S	ee separate ins	structions.	EEA				Form 4562 (2009)

Form 7004 (Rev. December 2008) Department of the Treasu		Business Inc	ome Tax, Inf a separate appli	tension of Time To File Certain formation, and Other Returns cation for each return.		OMB No. 1545-0233
Internal Revenue Service	e Nam		See separa	ate instructions.	<u></u>	-
Type or Print					Identifying	
		NKA K MICHAELS M ber, street, and room or suite no. (If P.O.			56-	2371654
File by the due date for the		· · · · · · · · · · · · · · · · · · ·		·/		
return for which an extension is		73 PEAK DR NO 1				
requested. See instructions.	posta	al code)). S VEGAS	aress, enter city, pro	vince or state, and country (follow the country's practice for NV 89134	r entering	
Note. See instructio		ore completing this form.	****	NV 09134		
Part I Aut	omatic	5-Month Extension Complete	if Filing Form 106	65, 1041, or 8804	,	
	n code	for the return that this application	n is for (see belo	w) ••••••••••••••••••••••••••••••••••••	• • • •	
Application			Form	Application		Form
Is For:			Code	Is For:	·	Code
Form 1065			09	Form 1041 (estate)		04
Form 8804			31	Form 1041 (trust)		05
I manual and a second s	· · · · · · · · · · · · · · · · · · ·	6-Month Extension Complete				
Application	1 code	for the return that this application	Form		• • • •	
Is For:			Code	Application Is For:		Form
Form 706-GS(D)			01	Form 1120-PC		Code
Form 706-GS(T)			01	Form 1120-PC		21
Form 1041-N		e ne estas di presis en siste en la companya	06	Form 1120-REIT	Deterio ficari	22
Form 1041-QFT	<u> </u>		07	Form 1120-RIC	n tra consequent de T	23
Form 1042			08	Form 1120-S	NAMES AND	24
Form 1065-B			10	Form 1120-SF	an an Andreas T	25
Form 1066			11	Form 3520-A		20
Form 1120			12	Form 8612	da a tradição est	28
Form 1120-C			34	Form 8613		29
Form 1120-F			15	Form 8725		30
Form 1120-FSC			16	Form 8831		32
Form 1120-H			17	Form 8876		33
Form 1120-L		······································	18	Form 8924		35
Form 1120-ND			19	Form 8928		36
Form 1120-ND (sect	ion 49	51 taxes)	20			
check here • 3 If the organiza check here •	ition is	a corporation and is the commo schedule, listing the name, addr	on parent of a gro	e or place of business in the United States, oup that intends to file a consolidated return, ver Identification Number (EIN) for each mem		۳ <u>لـــا</u>
Part III All I	Filers	Must Complete This Part				
				Regulations section 1.6081-5, check here		
	: If this	tax year is less than 12 months	, check the reas			
6 Tentative total	tax •	••••••••••••••			6	0
7 Total payment	s and	credits (see instructions)			7	0
Electronic Fe	deral ⁻	ct line 7 from line 6. Generally, Fax Payment System (EFTPS) thdrawal (EFW) (see instructior	, a Federal Tax	Deposit (FTD) Coupon, or	8	0
	_	rwork Reduction Act Notice,			manulana	7004 (Rev. 12-2008)
	1					ichaels001803

Form 8879-S	IRS e-file Signature Authorization			OMB No. 1545-1863
Form 0013-3	for Form 1120S			
				2009
Department of the Treasury	For calendar year 2009, or tax year beginning , 2009, ending	. 20	······································	
Internal Revenue Service Name of corporation	See instructions. Do not send to the IRS. Keep for your rec	·····		
	VELC MD DDOE CODD	Employer identificati		ſ
for the second	AELS MD PROF CORP urn Information (Whole dollars only)	56-2371	654	
1 Gross receipts or s	ales less returns and allowances (Form 1120S, line 1c) ·····		1	1 100 100
	1120S, line 3)	1	2	1,123,157
	income (loss) (Form 1120S, line 21)	L	3	<u>1,005,858</u> 65,688
	te income (loss) (Form 1120S, Schedule K, line 2)	L	4	05,000
	nciliation (Form 1120S, Schedule K, line 18)	1	5	17,102
for present provide a second	tion and Signature Authorization of Officer (Be sure to get		corn	
Under penalties of perjur 2009 electronic income t true, correct, and comple electronic income tax ret to send the corporation's of the transmission, (b) a the date of any refund. If withdrawal (direct debit) of corporation's federal taxe I must contact the U.S. T date. I also authorize the information necessary to (PIN) as my signature for funds withdrawal. Officer's PIN: check one X I authorize RI on the corpora	y, I declare that I am an officer of the above corporation and that I have examine ax return and accompanying schedules and statements and to the best of my kr te. I further declare that the amounts in Part I above are the amounts shown on urn. I consent to allow my electronic return originator (ERO), transmitter, or inter return to the IRS and to receive from the IRS (a) an acknowledgement of receip in indication of any refund offset, (c) the reason for any delay in processing the r applicable, I authorize the U.S. Treasury and its designated Financial Agent to i entry to the financial institution account indicated in the tax preparation software is owed on this return, and the financial institution to debit the entry to this accou- reasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to financial institutions involved in the processing of the electronic payment of taxe answer inquiries and resolve issues related to the payment. I have selected a p the corporation's electronic income tax return and, if applicable, the corporation BERD firm name to enter my PIN <u>12345</u> BOS firm name to prove the corporation's 2009 electronic and prove the corporation's 2009 electronic and prove the corporation of the corporation's 2009 electronic and prove the corporation of t	ed a copy of the c nowledge and beli the copy of the co rmediate service p ot or reason for rej eturn or refund, an nitiate an electron for payment of th unt. To revoke a p of the payment (set es to receive confi ersonal identificat n's consent to elect a s my ar all zeros	orporati orporation provider rection nd (d) nic funds e ayment ttement idential ion nun	on's on's ,) hber
Officer's signature	Date ▶ 2010-08-	20 Title ▶ PI	REST	DENT
ـــــــــــــــــــــــــــــــــــــ				
Part III Certific	ation and Authentication			
ERO's EFIN/PIN. Enter yo	our six-digit EFIN followed by your five-digit self-selected PIN.	<u>95088498</u>		r ail zeros
corporation indicated abo	meric entry is my PIN, which is my signature on the 2009 electronically filed inco ve. I confirm that I am submitting this return in accordance with the requirement ion, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-f	s of Pub. 3112. IR	S e-file	5
ERO's signature		Date ▶ <u>08-12</u>	2-20	10
	ERO Must Retain This Form - See Instructior Do Not Submit This Form to the IRS Unless Requeste			
For Paperwork Reduction	on Act Notice, see instructions.	EEA		Form 8879-S (2009)

	Federal Supporting Sta	tements	2009 PAGE
Name(s) as shown on return			FEIN
DANKA K MICH	IAELS MD PROF CORP		56-2371654
OTHER CURREN DESCRIPTION NOTE RECEIVA TOTALS:		LINE 6 BEGINNING OF TAX YEAR	STATEMENT # 19 END OF <u>TAX YEAR</u> 4,71 4,71
	FORM 1120S LINE 19	2	PG01 STATEMENT # 2
BANK CHARGES DUES AND SUE EDUCATION AN LIABILITY IN WORKERS COME 50% MEALS AN MISCELLANEOU OFFICE EXPEN PAYROLL PROC POSTAGE/SHIP SECURITY TELEPHONE TRAVEL UNIFORMS UTILITIES ANSWERING SE BILLING SERV EQUIPMENT MA	SCRIPTIONS D TRAINING SURANCE D ENTERTAINMENT S SE ESSING EXPENSE PING RVICE ICE INT CONTRACTS MISSIONS INSURANCE LIES TION STUDY ERVICES		AMOUNY 65 9,26 8,18 23 7,05 39,69 2,96 11 15,560 2,35 3,43 46 9,428 12,618 1,142 4,80 77 25,33 2,540 18,47 6,188 40,53 9,848 230,210

STATMENT.LD

Name(s) as shown on return	Federal Supporting Statements	2009 PG01
		FEIN
DANKA K MICHAELS MD	PROF CORP	56-2371654
	SCHEDULE M-2 LINE 3	STATEMENT # 29
DESCRIPTION		AMOUN
INTEREST INCOME		13
TOTAL		13
		PG01 STATEMENT # 30
	SCHEDULE M-2 LINE 5	STATEMENT # 30
DESCRIPTION		AMOUN
SECTION 179 EXPENSE NONDEDUCTIBLE EXPENS	TC	48,72
	69	11
TOTAL		48,83

STATMENT.LD

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1120S	Overflow State		2009 Page 1
Name(s) as shown on return DANKA K MICHAELS	MD PROF CORP		FEIN
PARTIA IN PITCHADIO	TAD EROF CORP		56-2371654
	MTCC	TAXES	
	MI DC	TAADS	
Description NEVADA MODIFIED	DIICTNECC MAY		Amount
NEVADA NODIFIED	JUDINEDS TAX	Total:	\$ 8,673 \$ 8,673

Form	Form 1120S K-K1 Comparison Worksheet				2009
		(Кеер	for your records)		
S CORI	PORATION NAME				EIN
DAN	KA K MICHAEL	S MD PROF CORP			56-2371654
		Lines 1-13	Schedule K	K-1 Totals	Difference
1	Ordinary business inco	ome (loss) ••••••••••	65,688	65,688	
2	Net rental real estate i	ncome (loss)			
3	Other net rental incom	e (loss)			
		_			
4	Interest income · · ·		134	134	
5 a		· · · · · · · · · · · · · · · · · · ·			
b	Qualified dividends ·	•••••			
6	Royalties • • • • • •				
-					
7	Net short-term capital	gain (loss)		····	
8 a	Not long form conital a				
o a b		gain (loss) •••••••••••			
		n (loss) • • • • • • • • • • • • • • • • • •			
С	Unrecaptured section	1250 gain • • • • • • • • • • • • • • • •			
9	Net section 1231 gain	(2005)			
	Not soolon izon gain				
10 A	Other portfolio income	(loss)			
в					
с		straddles · · · · · · · · · · · · · · · · · · ·			
D	Mining exploration cos	ts recapture			
Ε	Other income				
11	Section 179 deduction	· · · · · · · · · · · · · · · · · · ·	48,720	48,720	
12 A		1%) • • • • • • • • • • • • • • • • • • •			
B	•	")			
c		(50%)		· · · · · · · · · · · · · · · · · · ·	
D		(30%)			
E		b a 50% organization (30%) · · ·			
F		20%) • • • • • • • • • • • • • • • • • • •			
G LI	Contributions (100%)	1			
н	Investment interest exp				_
1	Deductions - royalty in				_
J	Section 59(e)(2) exper				-
K L	Deductions - portfolio (Deductions - portfolio (
M	Preproductive period e				
N		ion ded. from real estate			
0					-
P	•	deduction · · · · · · · · · · · · · · · · · · ·		······································	
Q		ctivities income · · · · · · · · ·		·····	
R					
S					

(

Form 1	1205	K-K1 Com	orm 1120S K-K1 Comparison Worksheet				
		(Кеер	for your records)		2009		
S CORPO	DRATION NAME				EIN		
DANK	A K MICHAELS	MD PROF CORP			56-2371654		
	Description Lines 13	- 14	Schedule K	K-1 Totals	Difference		
		redit (section 42(j)(5)) Pre 2008					
	•	redit other Pre 2008					
		redit (section 42(j)(5)) Post 2007					
	Low-income housing cr						
E	Qualified rehabilitation	expenditures (rental real estate)					
F	Other rental real estate	credits					
G	Other rental credits ·	• • • • • • • • • • • • • • • • • • • •					
н	Undistributed capital ga	ains credit					
		biofuels credit					
J	Work opportunity credit						
		· · · · · · · · · · · · · · · · · · ·					
L	Empowerment zone & i	rental comm. employment credit • •					
М	Credit for increasing re-	search activities					
N	Credit for employer soc	ial security and Medicare taxes •					
0	Backup withholding •	• • • • • • • • • • • • • • • • • • • •					
Ρ	Other credits · · · ·	••••••••••••••••••••••••••••••••••					
14 B	Gross income from all s	sources · · · · · · · · · · · ·					
С	Gross income sourced	at partner level					
D	Passive category	• • • • • • • • • • • • • • • • • • • •					
Е	General category • •						
F	Other category • • •						
G	Interest expense • •						
н	Other • • • • • • •	• • • • • • • • • • • • • • • • • • • •					
1	Passive category •••						
J	General category •••	••••••	······································				
κ	Other category	•••••••••					
L	Total foreign taxes paid		******				
M	Total foreign taxes accr	ued • • • • • • • • • • • • • • • • • • •					
Ν	Reduction in taxes avai	lable for credit					
0	Foreign trading gross re	eceipts • • • • • • • • • • • • • • • • • • •		······			
Р	Extraterritorial income e	exclusion ••••••		••••••••••••••••••••••••••••••••••••••			
Q	Other foreign transactio	ns					

orm 1120S K-K1 Comparison Worksheet				2009
	(Кеер	for your records)		
S CORPORATION NAME				EN
DANKA K MICHAEL				56-2371654
Description Line	es 15 - 17	Schedule K	K-1 Totals	Difference
•	on adjustment			-
	·····			
	oil & gas) ••••••••••••••			-
	-gross income			
	-deductions			
F Other AMT items • •				
16 A Tax-exempt interest in	icome • • • • • • • • • • • • • • • • • • •			
B Other tax-exempt inco	me • • • • • • • • • • • • • • • • • • •			•
C Nondeductible expens	es	115	115	•
D Property distributions		25,000	25,000	
E Repayment of loans fr	om shareholders			-
17 a Investment income •		134	134	
b Investment expenses			<u> </u>	-
c Dividend distributions	paid from A & E			
	nditures (other than rental real est.) • • • •			
	rty			•
E Recapture of low-incor	me housing credit (sec. 42)j)(5))			-
F Recapture of low-incor	me housing credit (other)			-
G Racapture of investme	ent credit			•
H Recapture of other cre	edits • • • • • • • • • • • • • • • • • • •			-
I Look-back interest-cor	mpleted long-term contracts · · · ·			•
J Look-back interest-inc				-
K Dispositions of propert	ty with section 179 deductions			-
L Recapture of section 1	79 deduction			•
M Section 453 (I)(3) infor		······		•
	ation • • • • • • • • • • • • • • • • • • •			-
.,	nation • • • • • • • • • • • • • • • • • • •			•
• •	oduction expenditures · · · · ·			•
•	drawals			-
	figure depletion-oil and gas •••			-
	station costs			•
				-

WK_SCOMP.LD3

0.05		Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-file Including with a paper filed return is optional.		2009
	RPORATION NAME	LS MD PROF CORP		EIN 56-2371654
	<u>1141 IC III OIIIII</u>	<u>Jo mo rikor com</u>		
Taxe	es and Licenses	Form 1120S		Page 1, Line 12
1	State income taxes		1	<u> </u>
	State franchise taxes		2	
	City income taxes		3	
	City franchise taxes		4	
	Local property taxes		5	
	Intangible property tax	es	6	
	Payroll taxes	a a la	7	31,90
	Less: credit from Form	8846	8	
	Foreign taxes paid		9	
	Occupancy taxes		10	
	Other miscellaneous ta Built in gains tax alloca		11	8,67
	Licenses	ted to ordinary income	12	
13	Licenses		13	96
14	Total to Form 1120S, F	Page 1, Line 12	14	41,53

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r	orm 1120S Schedule M-2/Retained Earnings Reconciliation Worksheet (Keep for your records)	2009
5-C	ORPORATION NAME	EIN
D	ANKA K MICHAELS MD PROF CORP	56-2371654
	Analysis of Current Year Retained Earnings	
1	Beginning Retained Earnings per Balance Sheet (Sch L, Column b, Lines 24 and 25)	31,208
2	Book Income/(Loss) (Sch M-1, Line 1) •••••••••••••••••••••••••••••••••••	16,987
3	Distributions (Sch K, Line 16d) ••••••••••••••••••••••••••••••••••••	(25,000)
4	Subtotal (Combine Lines 1 through 3) · · · · · · · · · · · · · · · · · ·	23,195
5	Ending Retainings per Balance Sheet (Sch L, Column d, Lines 24 and 25) •••••••••••••• 5	23,195
6	Difference (Line 4 minus Line 5) (should be zero) ••••••••••••••••••••••••••••••••••••	
	Current Year Change to Retained Earnings Compared to Current Year Change to AAA & OAA	
7	Ending Retained Earnings (Sch L, Column d, Line 24) · · · · · · · · · · · · · · · · · · ·	23,195
8	Beginning Retained Earnings (Sch L, Column b, Line 24)	31,208
9	Retained Earnings Change (line 7 minus line 8) · · · · · · · · · · · · · · · · · ·	(8,013)
10	Ending AAA Plus OAA ••••••••••••••••••••••••••••••••••	23,195
11	Beginning AAA Plus OAA • • • • • • • • • • • • • • • • • •	20120
12	Difference (line 10 minus line 11) ••••••••••••••••••••••••••••••••••	J17200
	Current Year Timing Adjustments per Sch M-1 Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2):	
14 15 16	Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2): 13 Tax exempt interest 14 Other income recorded on books not included on Schedule K 14 Depreciation on Schedule K not included in books 15 Other Schedule K items not included on books 16	
14 15 16	Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2): 13 Tax exempt interest 14 Other income recorded on books not included on Schedule K 14 Depreciation on Schedule K not included in books 15 Other Schedule K items not included on books 16 Total Subtractions (Lines 13 through 16) 17	
14 15 16 17	Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2): 13 Tax exempt interest 13 Other income recorded on books not included on Schedule K 14 Depreciation on Schedule K not included in books 15 Other Schedule K items not included on books 16 Total Subtractions (Lines 13 through 16) 17 Additions to Net Income Per Books (Schedule M-1, Lines 2 and 3 - not included on Schedule M-2):	
14 15 16 17	Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2): Tax exempt interest 13 Other income recorded on books not included on Schedule K 14 Depreciation on Schedule K not included in books 15 Other Schedule K items not included on books 16 Total Subtractions (Lines 13 through 16) 17 Additions to Net Income Per Books (Schedule M-1, Lines 2 and 3 - not included on Schedule M-2): 18	
14 15 16 17 18	Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2): 13 Tax exempt interest 13 Other income recorded on books not included on Schedule K 14 Depreciation on Schedule K not included in books 15 Other Schedule K items not included on books 16 Total Subtractions (Lines 13 through 16) 17 Additions to Net Income Per Books (Schedule M-1, Lines 2 and 3 - not included on Schedule M-2): 18 Depreciation on books not included on Schedule K 19	
14 15 16 17 18 19 20	Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2): 13 Tax exempt interest 13 Other income recorded on books not included on Schedule K 14 Depreciation on Schedule K not included in books 15 Other Schedule K items not included on books 16 Total Subtractions (Lines 13 through 16) 17 Additions to Net Income Per Books (Schedule M-1, Lines 2 and 3 - not included on Schedule M-2): 18 Income included on Schedule K not recorded on books 19 Travel and Entertainment not allowed 20	
14 15 16 17 18 19 20 21	Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2): 13 Tax exempt interest 13 Other income recorded on books not included on Schedule K 14 Depreciation on Schedule K not included in books 15 Other Schedule K items not included on books 16 Total Subtractions (Lines 13 through 16) 17 Additions to Net Income Per Books (Schedule M-1, Lines 2 and 3 - not included on Schedule M-2): 18 Income included on Schedule K not recorded on books 19 Travel and Entertainment not allowed 20 Other items on books not included on Schedule K 21	
14 15 16 17 18 19 20 21	Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2): 13 Tax exempt interest 13 Other income recorded on books not included on Schedule K 14 Depreciation on Schedule K not included in books 15 Other Schedule K items not included on books 16 Total Subtractions (Lines 13 through 16) 17 Additions to Net Income Per Books (Schedule M-1, Lines 2 and 3 - not included on Schedule M-2): 18 Income included on Schedule K not recorded on books 19 Travel and Entertainment not allowed 20	
14 15 16 17 18 19 20 21 22	Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2): 13 Tax exempt interest 13 Other income recorded on books not included on Schedule K 14 Depreciation on Schedule K not included in books 15 Other Schedule K items not included on books 16 Total Subtractions (Lines 13 through 16) 17 Additions to Net Income Per Books (Schedule M-1, Lines 2 and 3 - not included on Schedule M-2): 18 Income included on Schedule K not recorded on books 19 Travel and Entertainment not allowed 20 Other items on books not included on Schedule K 21	
14 15 16 17 18 19 20 21 22 23	Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2): 13 Tax exempt interest 14 Depreciation on Schedule K not included in books 15 Other Schedule K items not included on books 16 Total Subtractions (Lines 13 through 16) 17 Additions to Net Income Per Books (Schedule M-1, Lines 2 and 3 - not included on Schedule M-2): 18 Income included on Schedule K not recorded on books 19 Travel and Entertainment not allowed 20 Other items on books not included on Schedule K 21 Total Additions (Lines 18 through 21) 22	
13 14 15 16 17 18 19 20 21 22 23 24 25	Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2): 13 Tax exempt interest · · · · · · · · · · · · · · · · · · ·	
14 15 16 17 18 19 20 21 22 23 23	Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2): 13 Tax exempt interest 14 Depreciation on Schedule K not included in books 15 Other Schedule K items not included on books 16 Total Subtractions (Lines 13 through 16) 17 Additions to Net Income Per Books (Schedule K - 1, Lines 2 and 3 - not included on Schedule M-2): 18 Income included on Schedule K not recorded on books 19 Travel and Entertainment not allowed 20 Other items on books not included on Schedule K 21 Total Additions (Lines 18 through 21) 22 Net Timing Adjustments (Line 17 minus Line 22) 23 Distributions reported on Schedule K, Line 16d, not allowed on Schedule M-2, Line 7 24	

Form 1120S	S CORPO	RATION BUSIN	IESS INCOME	LIMIT WORKSHI	EET	2009
Comparing Name	<u> </u>	(Keep	o for your records)			
S Corporation Name	AELS MD PR	OF CORP			EIN 56-	2371654
1 Dollar limitation for tax	year. Enter amoun	t from Form 4562, lir	1e5 • • • • • • •			
2 Ordinary business inco	ome (loss) (Form 11)	20S, Page 2, Sch K,	. Line 1) • • • • •		65,688	anna an 1992 - Sa dan San Tan In
3 Less: Credit amounts t						
4 Plus: Compensation pa	aid to shareholder-e	mployees (Form 112	20S, Page 1, Lines	7 and 8)2(02,500	
5 Adjusted ordinary busi	ness income (loss) (Combine lines 2 thr	ough 4) • • • • • •	26	58,188	
6 Net rental real estate in	ncome (loss) (Form	1120S, Page 2, Sch	K, Line 2) • • • •	••••		
7 Other net rental incom	e (loss). (Form 1120	S, Page 2, Line 3c)				
8 Interest Income (Form	1120S, Page 2, Line	e 4) • • • • • • • • •		• • • • •	134	
9 Dividends (Form 1120)	S, Page 2, Line 5a)			••••	1/4/12	
10 Royalties (Form 11205	S, Page 2, Line 6) ·			• • • • •		
11 Net short term capital (gain (loss) (Form 11:	20S, Page 2, Line 7))			
12 Net long-term capital g	ain (loss) (Form 112	OS, Page 2, Line 8a	a) • • • • • • • • • •	• • • • •		
13 Net section 1231 gain	(loss) (Form 1120S,	Page 2, Line 9) • •	• • • • • • • • • •	•••••		
14 Other Income (Form 1	120S, Page 2, Line 1	10) • • • • • • • • •	•••••	• • • • •	······································	
15 Charitable Contribution	ıs (Form 1120S, Paç	ge 3, Line 12a) 🔸	• • • • • • • • • •	· · · · ·		
16 Investment interest exp	penses (Form 1120S	S, Page 3, Line 12b)		•••••		
17 Section 59(e)(2) expen	ditures (Form 11208	5, Page 3, Line 12c(2))	•••••		
18 Other deductions (Forr	n 1120S, page 3, Lir	ne 12d) • • • • • • •	• • • • • • • • • •	• • • • •		
19 Total business income	(loss). Combine line	es 4 through 18	· · · · · <i>·</i> · · · · ·			268,322
20 Business income limit	ation. Lesser of line	e 1 or line 19, but no	t < zero. Enter here	e and on Form 4562, li	ne 11 ••	250,000
Distribution among asse	ate	Year Acquired	Elected Section 179	Used in	Used in 2009	Remaining
1120 SPA EQUI		2009	48,720	prior years	48,720	carryover
TOTAL ALLOWABI TOTAL 2009 ELE				48,720	48,720	

WK_S179LLD

j.

S MD PROF CORP Salvage Business Section Depression ENT 20030625 9,151 100.00 17.9 B. ENT 20030625 1,304 100.00 17.576 B. ENT 20030625 1,304 100.00 17.576 B. ENT 20030625 1,3,576 100.00 17.576 B. 20050701 14,5576 100.00 100.00 17.576 B. 20080701 14,7576 100.00 100.00 100.00 B. B. 20080701 5,990 100.00 100.00 100.00 B. B. B. 20090701 15,550 100.00 100.00 100.00 20.000 B. B. Contraction B. Contraction B. B. Contraction B. Contraction B. Contraction B. Contraction Contraction Contraction D. D. D. D. D. D. D. D. <t< th=""><th></th><th></th><th></th><th></th><th></th><th>FORM 1120S For your records only</th><th>FORM 1120S our records</th><th>os is only</th><th></th><th></th><th></th><th></th><th></th><th>PAGE 1</th><th>pred.</th></t<>						FORM 1120S For your records only	FORM 1120S our records	os is only						PAGE 1	pred.
pton Dia Can Strong Benices between antitation Strong antitation S	Name(s) as shown on return DANKA K MICHAELS MD PROF	corp										Social	security numberit 56-2371654	N	
Martinez 2001462 9,13 100,00 9,13 1,128 1,307 6,123 Restrictu: Expression 20030625 7,138 100,00 7,138 10,10 1,236 1,207 6,137 Raseriou: Informers 20030701 17,556 100,00 7,148 7,128 1,426 1,795 6,130 Raseriou: Informers 20030701 17,556 100,00 5,300 100,00 5,300 100,00 5,300 107,26 6,233 7,136 Raseriou: Informers 20007011 5,500 100,00 5,306 10,146 7 5/1 11 2,30 107,30 5,000 Raseriou: Information 2,300 100,00 4,726 6,720 10,20 5,500 10,20 5,233 107,305 5,000 Raseriou: Information 2,000010 4,720 10,20 4,128 1,120 3,637 2,136 Raseriou: Information 2,000010 4,720 10,20 2,128 10,206 2,128 2,129 2,129 2,129 2,129 2,129 2,129 2,129 2,126<	Description	Date	Cost	 Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciati		AMT Current
DUTEMENT 20306653 1,304 100.00 1,304 5,12 117,576 1111 9,441 9,411 9,411 9,411 9,411 9,411	1	0030625	9,151	100.00		9, 151	6		+				-		1,307
Interortestand C0030623 73,188 100.00 30,697 30,737 30,737 30,973 30,737 30,973 30,737 30,737 30,737 30,737 30,737 30,737 30,737 30,737 30,737 30,737 30,737 30,737 30,737 30,737 30,737 30,737 <	MEDICAL EQUIPMENT 21	0030625	1, 304	 100.00			7				1,170				186
2009/01/1 17,576 17,526 12,526 12,526 12,526 12,526 12,526 12,5	LEASEHOLD IMPROVEMENT 20	0030625	73, 188	 100.00		73,188									4,879
2006/01 14, 0.54 100.01 50, 001 14, 0.54 7 5/1 14 <		0050701	17,576	100.00		0	ۍ	XP.	0		17,576				
2007071 59.066 100.00 59.066 14.28 8,438 21,095 20080701 5.590 100.00 2,957 21,11 9.411 9.431 20090701 5.590 100.00 7,735 7 21,11 9.411 9.441 20090701 1.5.560 100.00 7,735 7 21,11 9.426 1.03 20090701 1.5.560 100.00 48,720 7,735 8,712 11 9.411 9.411 20090701 1.666 100.00 48,720 9.472 9.712 19.667 156 1.000 2009071 1.666 100.00 48,720 9.41 10.000 48,720 48,71 11 9.41 10.000 20090701 1.666 1.000 48,72 9.71 11 16.667 156 1.000 20090701 1.666 100.00 48,72 9.71 11 16.667 100 2010 100.01 1.000 10.00		0060701	164,054	 100.00	50,000	114,054					107,026				16,293
20080701 5,900 100.00 2,395 7 8/1 14.206 428 3.637 20090701 15,550 100.00 44,720 0 5 5/1 11 9,441 20090701 1,9720 100.00 44,720 0 64,720 0 64,720 20090701 1,963 100.00 44,720 0 934 3 87/1 14 16.667 1500 20090701 1,963 100.00 44,720 0 934 3 87/1 14 16.667 1000		0070701	59,066	 100.00		59,066									8,438
20090701 15,550 100.00 20090701 43,720 100.00 20090701 1.668 10.00 20090701 1.666 48,720 48,720 20090701 1.666 100.00 100.00 934 3 5/L HY 16.66 1.000 100.00 100.00 934 3 5/L HY 16.66 1.000		0080701	5, 990	 100.00		2,995	2					¥ 10	λd	2,995	428
2009711 48.720 100.00 46.720 0 5 5/L HY 0 48.720 48.720 20030701 1.666 1.000 0 5 5/L HY 1 1.666 1.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0080801	15, 550	 100.00		7,775	-				9,441		ЪХ	7,775	1,111
20030701 1.466 10.00 934 3 5/L HY 16.667 156 1.000		1070000	48,720	 100.00	48,720					48,720					48,720
		1070000	1, 868	 100.00			m			~	1,090		CY/50	934	156
Totals 396,467 116,296 268,467 81,518 248,676 67,576 CY	fotals		396,467		116,296	268,467				81,518	248,676	67,576	сY	934	81,518

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Danka Michaels001814

AA02763

						ă	Depreciation Detail Listing STATE FORM 11205 For your records only	i ation Detail STATE FORM 1120S or your records only	Stail Li s 11205 ds only	sting				200 PAGE	2009 PAGE 1
Nam	Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	OF CORP											Social	Social security number/EIN 56-2371654	
No,	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
	OFFICE FURNITURE	20030625	9, 151		100.00			7			1,1		0		
3	MEDICAL EQUIPMENT	20030625	1, 304		100.00	0	1,304	6	S/L HY	14.28	186	1,170	0		
ო	LEASEHOLD IMPROVEMENT 20030625	1 20030625	73, 188		100.00		73, 188	15	S/L HY		4,879		0		
47	MED EQUIP	20050701	17,576		100.00		0	- in	EXP	Q		17,576			
ŝ	MED EQUIP	20060701	164,054		100.00	50,000	114,054	7					50,000		
9	MED EQUIP	20070701	59,066		100.00	0	59,066	-			6 8,438				
1	MED EQUIP	20080701	5, 990		100.00		. 066'5						0		
8	MED EQUIP	20080801	15,550		100.00						. ~				
51 6	SPA EQUIP	10709000	48,720		100.00	48,720	0	u) (S/L HY	0	48,720	48,720			
	Totals	-	396.467			116.296	280.171				83.211	239 435	67 576		
	Tand Duciner						****				77770	1111111111	01210		
	Net Depreciable Cost		396, 467												48,720
														$\mathbf{C} = \mathbf{C} + \mathbf{C} + \mathbf{C}$	1

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Danka Michaels001815

AA02764

Danka K Michaels MD Prof Corp 7373 Peak Dr No 160 Las Vegas, NV 89134

Invoice Date: 08/12/2010

Your 2009 tax return was prepared by ROBERT S SEMONIAN CPA.

Description of Charges

Price

Federal and	Supplemental Forms		
Form 1120S	- U.S. S Corp Income Tax Return Page 1		\$
Form 1120S	- U.S. S Corp Income Tax Return Page 2		•
Form 1120S	- U.S. S Corp Income Tax Return Page 3		
Form 1120S	- U.S. S Corp Income Tax Return Page 4		
Schedule K-1	- Shareholder's Share of Income		
Form 4562	- Depreciation and Amortization		
Form 7004	- Application for Automatic Extension	L .	
Form 8879-S	- E-File Signature Authorization for	1120S	
Statement 11203	5 - Subsidiary Schedule for 11205		
Statement 1120S	- Form 1120S Statement - Line 19		
Statement 29	- Schedule M-2 Statement - Line 3		
Statement 30	- Schedule M-2 Statement - Line 5		
K-K1 Comparisor	n - Comparison of Schedule K to K-1		
K-K1 Comparison	n - Comparison of Schedule K to K-1		
Wksht Tax/Lic	- Taxes and Licenses Worksheet		
Attachment	- Itemized Listing Attachment		
Comparison	- Tax Year Comparison Sheet		
Wksht M-2	- Schedule M-2 Worksheet		
Wksht 179 Limit	- Business Income Limitation Worksheet		
Depr Sch	- Federal Depreciation Schedule		
ST Depr Sch	- State Depreciation Schedule		
Total Forms	: 21	Forms Subtotal	0.00

Total Balance Due 0.00

1120S			Corporation tic Summary		2009
^{Name} DANKA K MIC	HAELS MD PROF	CORP			Employer Identification #
	373 PEAK DR AS VEGAS, NV		Phone:		
Resident State: N	V				
Diagnostics Preparer: ROBER	T S SEMONIAN	Invoice:		Date: 08-1	2-2010
Return Information					
item o	n Return	1	2009 Ideral		08 Federal 7 available)
Total Assets			211,105	-	207,078
Number of Sharehold	iers		1		1
Gross Receipts/Sale)S	1	,123,157		833,618
Total Income		1	,005,858		829,524
Total Deductions			940,170		801,457
Ordinary Income			65,688		28,067
Tax					
Overpayment					
Refund					
Refund Applied to E	<u>}</u>				
Balance Due					
2220 Penalty					
Total Equity			40,195		

State/City Information

0

State/City	Gross	Taxable	Composite	Other Tax	Refund/
	Income	Income	Tax		(Balance Due)

1120S TAX RETURN COMPARISON 2007 / 2008 / 2009

2009

Name(s) as shown on return
DANKA K MICHAELS MD PROF CORP

Identifying number 56-2371654

Γ	2007	2008	2009	DIFFERENCE
Income	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2008 & 2009
Net receipts	746,415	833,476	1,123,157	289,681
Cost of goods sold	112,773	101,249	117,299	16,050
Gross profit	633,642	732,227	1,005,858	273,631
Net gain/loss from 4797 • • • • • • •				
Other income		97,297		(97,297)
Total income	633,642	829,524	1,005,858	176,334
Deductions				
Compensation of officers	187,500	142,521	202,500	59,979
Salaries and wages • • • • • • • • • •	162,279	155,024	292,120	137,096
Repairs and maintenance	12,823	1,347	20,323	18,976
Bad debts				
Rents • • • • • • • • • • • • • • • • • • •	107,972	115,505	79,909	(35, 596)
Taxes and licenses	32,243	79,330	41,538	(37,792)
Interest		13,856	4,323	(9,533)
Net depreciation	26,884	42,642	33,732	(8,910)
Depletion • • • • • • • • • • • • • • • • • • •			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Advertising	14,895	21,021	35,120	14,099
Pension, profit-sharing	50,410	50,000	395	(49,605)
Employee benefits		21,634		(21,634)
Other deductions	194,680	158,577	230,210	71,633
Total deductions · · · · · · · · · · ·	789,686	801,457	940,170	138,713
Ordinary business income(loss)	(156,044)	28,067	65,688	37,621
Tax				
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23d				
Results				
Amount owed · · · · · · · · · ·				
Overpayment • • • • • • • • • • • • • •				
Applied to estimate				
Refund			·····	

SCHEDULE K - Shareholder's Share Items

Income				
Ordinary business income (loss) • • • •	(156,044)	28,067	65,688	37,621
Net rental real estate income (loss) · · ·				
Other net rental income (loss)				
Interest income	492	136	134	(2)
Ordinary dividends				
Qualified dividends				
Royalties • • • • • • • • • • • • • • • • • • •				
Net short-term capital gain (loss)				
Net long-term capital gain (loss) • • • •				
Collectibles (28%) gain (loss) • • • • •				
Unrecaptured section 1250 gain • • • •				
Net section 1231 gain (loss) • • • • • •				
Other income (loss)				

2007

2008

2009

DIFFERENCE

1120S TAX RETURN COMPARISON 2007 / 2008 / 2009

2009

Name(s) as shown on return

Page 2 Identifying number 56-2371654

DANKA K MICHAELS MD PROF CORP

	2007	2008	2009	DIFFERENCE
Deductions	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2008 & 2009
Section 179 deduction • • • • • • • • • • • • • • • • • • •			48,720	48,720
Contributions · · · · · · · · · · · · · · · · · · ·	250	133		(133)
Investment interest expense				
Section 59(e)(2) expenditures				
Other deductions				
Credits				
Low-income housing credit (section 42(j)(5))				
Low-income housing credit (other) • • • Quilified rehabilitation expenditures (rental real estate) Other rental real estate credits • • • • • •				
Other rental credits			······	
Credit for alcohol used as fuel				
Other credits • • • • • • • • • • • • • • • • • • •				
Foreign Transactions				
Gross income from all sources				
Gross income sourced at shareholder level ••				
Foreign gross income sourced at corporate level				
Passive category • • • • • • • • • • • •				
General categories				
Other · · · · · · · · · · · · · · · · · · ·				
Interest expense				
Other • • • • • • • • • • • • • • • • • • •				
General categories • • • • • • • • • • • •				
Other • • • • • • • • • • • • • • • • • • •				
Total foreign taxes paid or accrued				
Reduction in taxes available for credit ••				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment · · ·				
Adjusted gain or loss				
Depletion · · · · · · · · · · · · · · · · · · ·				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				······································
Items Affecting Shareholder Basis				
Tax-exempt interest income • • • • • •				
Other tax-exempt income • • • • • • • •				
Nondeductible expenses • • • • • • •	1,641	56	115	59
Property distributions • • • • • • • • • • • • • • • • • • •	15,000		25,000	25,000
Repayment of loans from shareholders ·	54,697			
Other information				
Investment income			134	134
Investment expenses · · · · · · · · · · · · · · · · · ·				
RESIDENT STATE	1	I	Ι	
Taxable income • • • • • • • • • • • • • • • • • • •				
Overpayment • • • • • • • • • • • • • • • • • • •				
Balance due				
	2007	2008	2009	DIFFERENCE

COMPARES.LD2

1120SEF	EF Transmission Status	2010
me(s) as shown on return	(Keep for your records)	
		Your EIN
<u>ANKA K MICHAELS M</u>	ID PROF CORP	56-2371654
	mended 1120S	
	mended 1120S	
X 1120S 7004 Ar	mended 1120S	
X 1120S 7004 Ar	mended 1120S	

Form 1120S		~	U.S. Income Tax Return for an S Corporation							OMB No. 1545-0130	
Form	120	5	Do not file this form unless the corporation has filed or is								
Departme				attao	ching Form 2553 to e		orporation.			2010	
Internal R					See separ	ate instructions.					
		ear 2010 or ta	x year beg			, 2010, ending		accontraction of the second		20	
A S election effective date										D Employer identification number	
06-25-2003									6-2371654		
B Business activity code number (see instructions)									Date incorporated		
. ,		PRINT	PRINT 7373 PEAK DR NO 160						06-25-2003		
621111				City or town, state, and ZIP code F Tot						ts (see instructions)	
C Check		VI-3			2.0				•		
G is the corporation election		ration alocting	to be on	LAS VEG		NV	89134		\$	294,753	
H Chec		(1) Fin				hereneed	X No If "	res," attacr	n Form 255	53 if not already filed	
n chec	ж н.	· · · · · · · · · · · · · · · · · · ·			me change (3)						
1 Ento	etha ai	(4) [] Am			lection termination or						
					olders during any part					1	
Caution					xpenses on lines 1a th						
		Gross receipts		Construction of the constr	564 b Less returns			16 c Bal		1,409,518	
	2	-		,	• • • • • • • • • • •				2	92,702	
Income	3	-			· · · · · · · · · · · ·				3	1,316,816	
	4				line 17 (attach Form	,			4		
	5				attach statement) • •				5		
	6				ıgh 5 • • • • • • • •					1,316,816	
	7	•			• • • • • • • • • • • • • •				7	197,000	
	8				credits) • • • • • •				8	399,940	
	9				• • • • • • • • • • • •				9	9,153	
	10								10		
Deduc-	11								11	100,528	
tions	12								12	80,702	
(see	13				• • • • • • • • • • • •				13	2,880	
instruc-	14				A or elsewhere on retu	,	1		14	32,521	
tions for	15			-	depletion.) • • • •				15		
limita-	16				• • • • • • • • • • • •				16	24,953	
tions)	17				• • • <i>•</i> • • • • • • • •				17	10,635	
	18								18	42,922	
	19								19	242,720	
	20	Total deduc	tions. Ad	d lines 7 through	19 • • • • • • • •	• • • • • • • • • •	• • • • • • • •	••••	20	1,143,954	
	21				btract line 20 from line		• • • • • • • •	• • • • •	21	172,862	
	22 a				apture tax (see instru	•	22a				
	b	Tax from Sch	nedule D (Form 1120S) • •		••••	22b				
					for additional taxes)			• • • • •	22c		
Tax	23 a	2010 estimat	ted tax pay	yments and 2009	overpayment crediter	d to 2010 ••	23a				
and	b				• • • • • • • • • • •		23b				
Pay-	c				ch Form 4136) • • •	• • • • • • • • •	23c				
ments	d	Add lines 23	a through	23c •••••	• • • • • • • • • • •	• • • • • • • • •	• • • • • • • •	• • • • •	23d		
	24				. Check if Form 2220			• Þ 🗌	24		
	25				an the total of lines 22			• • • • •	25		
	26	Overpayme	nt. If line 2	3d is larger than	the total of lines 22c a	and 24, enter amo	unt overpaid •		26		
	27				2011 estimated tax			inded 🕨	27		
					ned this return. including a , and complete. Declaration				May the IRS	discuss this return	
Sign	all ir	nformation of whi	ch preparer l	has any knowledge.	and bemploter booteronor		in anpayor no base	5.011		parer shown below	
-									(see instruct	uons)? Yes X No	
Here						,		-		and the second	
	DANKA MICHAELS MD								NT		
		ignature of office				Date	Titl	e			
Paid		Print/Type prepar			Preparer's signature		Date		un Lasi "	PTIN	
		ROBERT	S SEM	ONIAN CPA			02-10-2	011 self-		<u>P00391972</u>	
Prepai			ROBE		ONIAN CPA			Firm's EIN	▶ 95.	-4514704	
Use O	my L	Firm's address	►PO B					Phone no.			
			Vent	ura CA 93	3005			L	(8)	05)659-5344	
For Pap	erwork	Reduction A	Act Notice	, see separate ir	nstructions.		EE.	Ą		Form 1120S (2010)	

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Form	1120S (2010) DANKA K MICHAELS MD PROF CORP	56-2371654	Page 2							
Sc	nedule A Cost of Goods Sold (see instructions)									
1	Inventory at beginning of year · · · · · · · · · · · · · · · · · · ·									
2	Purchases · · · · · · · · · · · · · · · · · ·		0,000 2,702							
3	Cost of labor • • • • • • • • • • • • • • • • • • •									
4	Additional section 263A costs (attach statement) · · · · · · · · · · · · · · · · · · ·									
5	Other costs (attach statement) ••••••••••••••••••••••••••••••••••••	5								
6	Total. Add lines 1 through 5 • • • 6 112									
7	Inventory at end of year ••••••••••••••••••••••••••••••••••••		0,000							
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2 · · · · · · · · · · · ·	8 9	2,702							
9 a	Check all methods used for valuing closing inventory: (i) X Cost as described in Regulations section 1.4	71-3								
	(ii) Lower of cost or market as described in Regulations section 1.471-4									
	(iii) Other (Specify method used and attach explanation.)									
b	Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c)		· · ▶							
	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) •	• • • • • • • • • • • • •	•• ▶□							
d	If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing									
	inventory computed under LIFO ••••••••••••••••••••••••••••••••••••									
	If property is produced or acquired for resale, do the rules of section 263A apply to the corporation?		XNo							
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory?	···· Yes	XNo							
<u></u>	If "Yes," attach explanation.									
	edule B Other Information (see instructions)		Yes No							
1 2	Check accounting method: a X Cash b Accrual c Other (specify)									
Z	See the instructions and enter the: a Business activity PHYSTCTAN b Product or service MEDICAT .									
3	a Business activity PHYSICIAN b Product or service MEDICAL At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a d		and the second							
5	corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and									
	identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a qualified subchapter S subsi									
	election made? • • • • • • • • • • • • • • • • • • •	1								
4	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide	ļ	<u> </u>							
	information on any reportable transaction?	1	x							
5	Check this box if the corporation issued publicly offered debt instruments with original issue discount	h								
	If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue	- hanned								
	Instruments.									
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired	an								
	asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in									
	the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in ga	in								
	from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see								
	instructions • • • • • • • • • • • • • • • • • • •									
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year.	\$								
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year									
	than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1		<u>X</u>							
9	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instr		<u>X</u>							
Sch	edule K Shareholders' Pro Rata Share Items	Total amount								
	1 Ordinary business income (loss) (page 1, line 21) •••••••••••••••••••••••••••••••••••		2,862							
	2 Net rental real estate income (loss) (attach Form 8825)	2								
l n	3a Other gross rental income (loss)									
c	b Expenses from other rental activities (attach statement) ••••••• 3b									
0	c Other net rental income (loss). Subtract line 3b from line 3a 4 Interest income	3c								
m		4	57							
е	5 Dividends: a Ordinary dividends	5a	······							
(L	6 Royalties · · · · · · · · · · · · · · · · · · ·	6								
o s	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7								
s)	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a								
-	b Collectibles (28%) gain (loss) • • • • • • • • • • • • • • • • • •									
	c Unrecaptured section 1250 gain (attach statement) •••••••• 8c	-								
	9 Net section 1231 gain (loss) (attach Form 4797) • • • • • • • • • • • • • • • • • • •	9								
	10 Other income (loss) (see instructions) • • • Type ►	10	*******							

Form 1120S (2010)

Danka Michaels001841

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		DANKA K MICHAELS MD PROF CORP 5 Shareholders' Pro Rata Share Items (continued) 5	T	371654 Page Total amount
	11	Section 179 deduction (attach Form 4562)	11	60,514
	12a	Contributions • • • • • • • • • • • • • • • • • • •	12a	900
eductions	b	Investment interest expense	12b	
	с	Section 59(e)(2) expenditures (1) Type ► (2) Amount ►	12c(2)	1
	d	Other deductions (see instructions) • • • • Type >	12d	
	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
redits	d	Other rental real estate credits (see instructions) • • • Type	13d	
	e	Other rental credits (see instructions) ••••••Type	13e	
	f	Alcohol and cellulosic biofuel fuels credit (attach Form 6478)	13f	
	g	Other credits (see instructions) · · · · · · · · · · · · · · · · · · ·	13g	
	14a	Name of country or U.S. possession	1.29	
	b	Gross income from all sources	14b	
	c	Gross income sourced at shareholder level	140 14c	
	Ŭ	Foreign gross income sourced at corporate level	140	
	d	Passive category • • • • • • • • • • • • • • • • • • •		
	e	General category	14d	
		Other (attach statement)	14e	
	f		14f	
	_	Deductions allocated and apportioned at shareholder level	- 6033	
oreign	g		14g	
rans-	h	Other • • • • • • • • • • • • • • • • • • •	14h	
ctions		Deductions allocated and apportioned at corporate level to foreign source income		
	i	Passive category · · · · · · · · · · · · · · · · · · ·	14i	
	1	General category • • • • • • • • • • • • • • • • • • •	14j	
	k	Other (attach statement)	14k	
		Other information		
	1	Total foreign taxes (check one): Paid Accrued	141	
	m	Reduction in taxes available for credit (attach statement) ••••••••••••••••••••••••••••••••••••	14m	
	n	Other foreign tax information (attach statement) ••••••••••••••••••••••••••••••••••••		
	15a	Post-1986 depreciation adjustment	15a	
Itemative	b	Adjusted gain or loss ••••••••••••••••••••••••••••••••••	15b	
inimum	с	Depletion (other than oil and gas) ••••••••••••••••••••••••••••••••••••	15c	
ax (AMT)	d	Oil, gas, and geothermal properties-gross income	15d	
ems	е	Oil. gas, and geothermal properties-deductions	15e	
	f	Other AMT items (attach statement) • • • • • • • • • • • • • • • • • • •	15f	
	16a	Tax-exempt interest income • • • • • • • • • • • • • • • • • • •	16a	
ems	b	Other tax-exempt income ••••••••••••••••••••••••••••••••••••	16b	
fecting	с	Nondeductible expenses ••••••••••••••••••••••••••••••••••	16c	10
nareholder	d	Distributions (attach statement if required) (see instructions)	16d	A ¥
asis	е	Repayment of loans from shareholders	16e	*******
	17a	Investment income	17a	57
ther	b	Investment expenses ••••••••••••••••••••••••••••••••••	17b	
formation	c	Dividend distributions paid from accumulated earnings and profits ••••••••••••••••••••••••••••••••••••	17c	
	d	Other items and amounts (attach statement)		
econ-	10	Incomollogo reconciliation. Combine the ensurements on these 4 threads 40 to the Contract		
liation	18	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right		
		column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	111,505

 $\left(\right)$

-	n 1120S (2010) DANKA K MICHAEI hedule L Balance Sheets per Books	LS MD PROF CORP Beginning of tax year		56-2371654 Page End of tax year			
50	Assets		ng of tax ye			End of ta	
		(a)	·	(b)	(c)		(d)
1				38,598	STEELEN ST		129,132
2 a							
b)	()	
3	Inventories • • • • • • • • • • • • • • • • • • •			20,000			20,000
4	U.S. government obligations						
5	Tax-exempt securities (see instructions) • • •						
6	Other current assets (attach statement) • • •	STATEMENT # 19		4,716			30,351
7	Loans to shareholders		·				
8	Mortgage and real estate loans • • • • • •						
9	Other investments (attach statement) • • • •					사망자 같은 	
0 a	5	396,467			456		
	Less accumulated depreciation • • • • • •	248,676)	47,791 (341,	,711)	115,270
1 a	•		-				
	Less accumulated depletion • • • • • • • •	()	()	
2	Land (net of any amortization) • • • • • •	요즘 이 이 영향된 소리		Ad an			
3 a	5						
d A		[)	(·····)	
4 5	Other assets (attach statement) • • • • • •						
5	Total assets		4	11,105			294,753
~	Liabilities and Shareholders' Equity			가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가		같은 것이 있을까? 같은 것이 있는 것이 있다.	
6	Accounts payable		ļ			1993 	
7	Mortgages, notes, bonds payable in less than 1 year		·	30,350			28,006
8 9	Other current liabilities (attach statement) • •					1993 (S. 1994)	
	Loans from shareholders • • • • • • • •						
0 1	Mortgages, notes, bonds payable in 1 year or more		_	40,560			115,057
2	Other liabilities (attach statement) • • • • • • • • • • • • • • • • • • •			17 000			1
2 3	Additional paid-in capital			17,000			17,000
3 4	Retained earnings		j	00.105			104 600
4 5	•			23,195			134,690
6	Adjustments to shareholders' equity (attach statement)		<u> </u>	<u>\</u>			
7	Less cost of treasury stock • • • • • • • • • • • • • • • • • • •		<u> </u>	11 105			
	Total liabilities and shareholders' equity • • •			11,105			294,753
SC	hedule M-1 Reconciliation of Incor Note: Schedule M-3 required i						
1	Net income (loss) per books •••••••			recorded on book			
	Income included on Schedule K, lines 1, 2, 3c, 4,			I on Schedule K.	-		
*-	5a, 6, 7, 8a, 9, and 10, not recorded on books		10 (item		mes i unoug	J11	
	this year (itemize):		a lax-exe	mpt interest \$			
2	Expenses recorded on books this year not		6 Doducti	ana included as C	abadula 12		·····
	included on Schedule K, lines 1 through 12 and			ons included on S hrough 12 and 14			
	14l (itemize):			0	0		
а	Depreciation S			book income this	year (itemize):	
	Travel and entertainment \$ 10		a Depreci	auon ș			
b			7 Add line	s 5 and 6 • • • •			
						· · · ·	
	Add lines 1 through 3 · · · · · · · · · · · ·			(loss) (Schedule I	,		111 505
		111,505		ess line 7 • • •			111,505
Scl	hedule M-2 Analysis of Accumulated Adj Undistributed Taxable Incom				t, and Share	holders'	
	Undistributed Taxable Incom	(a) Accumulat	·····	·····	istmonto	(a) Shara	haldara' undistributed
		adjustments ac		(b) Other adju accou			holders' undistributed come previously taxed
1 🗆	Balance at beginning of tax year ••••••	,					
	Drdinary income from page 1, line 21 · · · ·		3,195				
	Dther additions STATEMENT # 29	<u> </u>	2,862				
	loss from page 1, line 21	/	<u> </u>			1	
	Dther reductions STATEMENT # 30)				
			1,424	1)	199700000000	
	Combine lines 1 through 5 • • • • • • • • • • •	134	1,690				
	Distributions other than dividend distributions •	1 ~ .			Andreak linder in an	 	
88	lalance at end of tax year. Subtract line 7 from line 6 •	134	1,690	www.www.son.com		l	

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Form 1120S (2010) Danka Michaels001843

Cale adapter 16.4			Final K-1	Amended K-1	893332 OMB No. 1545-01
Schedule K-1	2010		rt III Shareholde	r's Share of	Current Year Income,
(Form 1120S)	For calendar year 2010, or tax	ГРа	Deductions	, Credits, an	d Other Items
Department of the Treasury Internal Revenue Service	year beginning 2010	1	Ordinary business income	(loss) 13	Credits
	ending, 20		172,8	62	
Shareholder's Sha	re of Income, Deductions,	2	Net rental real estate incon	ne (loss)	
Credits, etc.	 See page 2 of form and separate instructions. 	3	Other net rental income (lo	ee)	
			e nor net tental income (io		
	on About the Corporation	4	Interest income		
A Corporation's employer ident	Incation number		Ordinary dividends	57	
B Corporation's name, address	. city, state, and ZIP code	+	orumary underida		
DANKA K MICHA	AELS MD PROF CORP	5b	Qualified dividends	14	Foreign transactions
7373 PEAK DR	NO 160	6	Royalties		
LAS VEGAS	NV 89134	7	Net short-term capital gain	(loss)	
C IRS Center where corporation	n filed return	8a	Net long-term capital gain (
Part II Informatio	on About the Shareholder	8b	Collectibles (28%) gain (los		
D Shareholder's identifying nun		8c	Unrecaptured section 1250		
E Shareholder's name, address DANKA MICHAEI		9	Net section 1231 gain (loss)	
		10	Other income (loss)	15	Alternative minimum tax (AMT) items
7373 PEAK DR LAS VEGAS	NV 89128				
F Shareholder's percentage of ownership for tax year	stock 100.00000 %				
		11	Section 179 deduction	16	Items affecting shareholder basis
r		"	60, 51		10
F o		12	Other deductions	<u> </u>	10
r		A	90	00	
1					
R S					
U s					
e					
0				17	Other information
n					57
ı Y				A) 3/
-		l			
		I			
		l			
			* See attached state	ement for add	itional information.
or Paperwork Reduction Act Notice.	see Instructions for Form 1120S.		EEA		Schedule K-1 (Form 1120S) 20

Schedule K-1 (Form 1120S) 2010

Passive loss

Net income

4. Interest income

Net loss

6. Royatties

Code

в

С

n

8

С

D

E

F

G

1

к

L.

Ν

0

Q

R

13. Credits

information

Passive income

Page 2

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return. Code Report on 1. Ordinary business income (loss). Determine whether the income (loss) is M Credit for increasing research passive or nonpassive and enter on your return as follows activities See the Shareholder's Instructions Report on N Credit for employer social security and Medicare taxes See the Shareholder's instructions Form 8846, line 5 0 Backup withholding Form 1040, line 61 Schedule E, line 28, column (g) Other credits See the Shareholder's Instructions Nonpassive loss Schedule E, line 28, column (h) Nonpassive income Schedule E, line 28, column (j) 14. Foreign transactions A Name of country or U.S. 2. Net rental real estate income (loss) See the Shareholder's Instructions possession 3. Other net rental income (loss) в Gross income from all sources Form 1116, Part I Schedule E, line 28, column (a) С Gross income sourced at See the Shareholder's Instructions shareholder level Form 1040, line 8a Foreign gross income sourced at corporate level D Passive category 5a. Ordinary dividends Form 1040, line 9a General category E Form 1116, Part I 5b. Qualified dividends Form 1040, line 9b F Other Schedule E, line 4 Deductions allocated and apportioned at shareholder level G Interest expense Form 1116, Part I 7. Net short-term capital gain (loss) Schedule D, line 5, column (f) H Other Form 1116, Part I 8a. Net long-term capital gain (loss) Schedule D, line 12, column (f) Deductions allocated and apportioned at corporate level to foreign source 8b. Collectibles (28%) gain (loss) 28% Rate Gain Worksheet, line 4 income (Schedule D instructions) t Passive category 8c. Unrecaptured section 1250 gain General category See the Shareholder's Instructions Form 1116, Part I K Other 9. Net section 1231 gain (loss) See the Shareholder's Instructions Other information 10. Other income (loss) Total foreign taxes paid Form 1116, Part II 1 м Total foreign taxes accrued Form 1116, Part II A Other portfolio income (loss) Ν Reduction in taxes available for See the Shareholder's Instructions credit Form 1116, line 12 Involuntary conversions See the Shareholder's Instructions Form 8873 Sec. 1256 contracts & straddles Form 6781, line 1 O Foreign trading gross receipts Mining exploration costs recapture See Pub. 535 Extraterritorial income exclusion Form 8873 Q Other foreign transactions E Other income (loss) See the Shareholder's Instructions See the Shareholder's Instructions 15. Alternative minimum tax (AMT) items 11. Section 179 deduction See the Shareholder's Instructions A Post-1986 depreciation adjustment 12. Other deductions See the в Adjusted gain or loss Cash contributions (50%) Shareholder's с Depletion (other than oil & gas) Cash contributions (30%) Noncash contributions (50%) Instructions and Oil, gas, & geothermal - gross income Ð the Instructions for Ε Oil, gas, & geothermal - deductions See the Shareholder's Noncash contributions (30%) Form 6251 F Other AMT items Capital gain property to a 50% Instructions 16. Items affecting shareholder basis organization (30%) Capital gain property (20%) Tax-exempt interest income Form 1040, line 8b А Contributions (100%) в Other tax-exempt income Form 4952, line 1 Nondeductible expenses H Investment interest expense С See the Shareholder's Distributions Deductions - royalty income D Schedule E, line 18 Section 59(e)(2) expenditures See the Shareholder's Instructions Repayment of loans from Instructions ε Deductions - portfolio (2% floor) shareholders Schedule A, line 23 Deductions - portfolio (other) Schedule A, line 28 17. Other information Preproductive period expenses See the Shareholder's Instructions A Investment income Form 4952, line 4a Commercial revitalization deduction B Investment expenses Form 4952, line 5 from rental real estate activities See Form 8582 Instructions С Qualified rehabilitation expenditures Reforestation expense deduction See the Shareholder's Instructions (other than rental real estate) See the Shareholder's Instructions Domestic production activities n Basis of energy property See the Shareholder's Instructions See Form 8903 Instructions Е Recapture of low-income housing Qualified production activities income Form 8903, line 7b credit (section 42(j)(5)) Form 8611, line 8 Employer's Form W-2 wages Form 8903, line 17 F Recapture of low-income housing S Other deductions See the Shareholder's Instructions credit (other) Form 8611, line 8 Recapture of investment credit See Form 4255 Н Recapture of other credits See the Shareholder's Instructions A Low-income housing credit (section Look-back interest - completed ŧ 42(j)(5)) from pre-2008 buildings See the Shareholder's Instructions long-term contracts See Form 8697 J Look-back interest - income forecast See the Shareholder's Instructions method See Form 8866 Low-income housing credit (section к Dispositions of property with Form 8586, line 11 section 179 deductions Low-income housing credit (other) Recapture of section 179 L Form 8586, line 11 deduction Section 453(I)(3) information М See the Shareholder's Section 453A(c) information Instructions 0 Section 1260(b) information Interest allocable to production See the Shareholder's Form 1040, line 71, box a expenditures Instructions o CCF nonqualified withdrawals Form 6478, line 8 Depletion information - oil and gas R Form 5884, line 3 s Amortization of reforestation See the Shareholder's instructions costs т Section 108(i) information Form 8844, line 3 U Other information

- B Low-income housing credit (other) from pre-2008 buildings
- С 42(j)(5)) from post-2007 buildings Ð
- from post-2007 buildings Е Qualified rehabilitation
- expenditures (rental real estate) F
- Other rental real estate credits G Other rental credits
- н Undistributed capital gains credit Alcohol and cellulosic biofuel fuels Ł
- credit 4 Work opportunity credit
- к Disabled access credit
- Empowerment zone and renewal L community employment credit

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Form	4562		Depre	eciation	and A	Amortiz	zation			OMB No. 1545-0172
-			(Including	Informat	ion or	n Listed	Property)		2010
	tment of the Treasury al Revenue Service (99)		See separat	e instructions	. 1	Attach to	your tax retur	n.		Attachment Sequence No. 67
-	(s) shown on return					and the second se	ich this form relate			Identifying number
DAI	NKA K MICHA	ELS MD	PROF CO	RP	FO	RM 1120)S			56-2371654
	rt I Election	To Expens	se Certain Pr ted property, con	operty Und	er Sect	ion 179				
1	Maximum amount (se						• • • • • • •		1	E00 000
2	Total cost of section								2	<u>500,000</u> 60,514
3	Threshold cost of see			,	,				3	2,000,000
4	Reduction in limitatio					• • • • •			4	2,000,000
5	Dollar limitation for ta	ax year. Subt	ract line 4 from li	ne 1. If zero or	less, ente	er -0 If marr	ied filing			ŬŬ
	separately, see instru	uctions · ·							5	500,000
6	(a) Description of	property		(b) Cost (b	usiness use on	ily) (c) Ele	cted cost	.	
1	AEDICAL EQU	IP				54,660)	54,6	60	
	COMPUTER EQ	UIP				5,854		5,8		
7	Listed property. Ente	r the amount	from line 29 ·		• • • • •	• • • • 7	·			철영 학자 이 관련을 얻는 것은
8	Total elected cost of	section 179	property. Add am	iounts in columi	n (c), line	s 6 and 7 •		• • •	8	60,514
9	Tentative deduction.	Enter the sn	naller of line 5 or	line 8 • • • •	• • • • •	• • • • • •		• • •	9	60,514
10	Carryover of disallow								10	
11	Business income limi						r line 5 _{(see ins}	tructions)	11	369,019
12	Section 179 expense						• • • • • •	• • •	12	60,514
13	Carryover of disallow					• ▶ 1	3			
	Do not use Part II or									
Par 14								isted pro	perty.)	(See instructions.)
14	Special depreciation									
15	during the tax year (s Property subject to se							• • •	14	
16	Other depreciation (ir	. ,	. ,					•••	15 16	20 501
			ion (Do not inc						10	32,521
<u></u>		Jepicelar			ction A					
17	MACRS deductions f	or assets pla	iced in service in			ore 2010 •			17	
18	If you are electing to						more general			
	asset accounts, chec							· 🗍 🛛		
	Section	on B - Asset	s Placed in Serv	vice During 20	10 Tax Ye	ar Using th	e General Dep	oreciatio	n Sys	tem
	(a) Classification of pro	perty	(b) Month and year placed in service	(c) Basis for dep (business/investi only-see instru	ment use	(d) Recovery period	(c) Convention	(f) Met	nod	(g) Depreciation deduction
19a	3-year property					1				
b	5-year property		1							***************************************
c	7-year property		1			1				***************************************
d	10-year property]			1				
e	15-year property]							
f	20-year property									
g	25-year property					25 yrs.		S/L		
h	Residential rental					27.5 yrs.	MM	S/L		
	property		1			27.5 yrs.	MM	S/L		
i	Nonresidential real		L			39 yrs.	MM	S/L		
	property		<u> </u>	<u> </u>			MM	S/L		
		n C - Assets	Placed in Servi	ce During 2010) Tax Yea	ar Using the	Alternative D		ion Sy	/stem
20a	Class life		4					S/L		
	12-year			ļ		12 yrs.	L	S/L		
C Do	40-year	/ (See instru	L	<u> </u>		40 yrs.	MM	S/L		
21	t IV Summary Listed property. Ente		*****			·····			24	
22	Total. Add amounts f							here	21	*****
	and on the appropriat		-						22	20 E01
23	For assets shown abo				-					32,521
	portion of the basis at					1	3			
For P	aperwork Reduction				******	EEA		l		Form 4562 (2010)

Form 8879-S	IRS e-file Signature Authorization			OMB No. 1545-1863
	for Form 1120S			
	For calendar year 2010, or tax year beginning , 2010, ending	. 20		2010
Department of the Treasury Internal Revenue Service	 See instructions. Do not send to the IRS. Keep for your in 		·········``	
Name of corporation		Employer identifica	tion numb	er
DANKA K MICH	AELS MD PROF CORP	56-2371	654	
Part I Tax Ret	urn Information (Whole dollars only)			
1 Gross receipts or s	ales less returns and allowances (Form 1120S, line 1c) ••••••••••		1	1,409,518
	1120S, line 3) •••••••••••••••••••••••••••••••••••		2	1,316,816
3 Ordinary business	income (loss) (Form 1120S, line 21)		3	172,862
	te income (loss) (Form 1120S, Schedule K, line 2)		4	
the second se	nciliation (Form 1120S, Schedule K, line 18) • • • • • • • • • • • • • • • • • • •		5	111,505
Part II Declara	ion and Signature Authorization of Officer (Be sure to get a	a copy of the	corpo	oration's return)
in the processing of the e issues related to the pay income tax return and, if Officer's PIN: check or	than 2 business days prior to the payment (settlement) date. I also authorize the lectronic payment of taxes to receive confidential information necessary to answer nent. I have selected a personal identification number (PIN) as my signature for applicable, the corporation's consent to electronic funds withdrawal. e box only DBERT S SEMONIAN CPA to enter my PIN 12345 ERO firm name do not enter	wer inquiries and the corporation' as my	resolve	pnic
	ion's 2010 electronically filed income tax return.			
income tax ret	the corporation, I will enter my PIN as my signature on the corporation's 2010 ern.	electronically filed	1	
Officer's signature		11 Title ▶ <u>P</u>	RESI	DENT
Part III Certific	ation and Authentication			
ERO's EFIN/PIN. Enter y	our six-digit EFIN followed by your five-digit self-selected PIN.	950884	9 <u>876</u> o not ente	5 r all zeros
corporation indicated abo	meric entry is my PIN, which is my signature on the 2010 electronically filed inc ve. I confirm that I am submitting this return in accordance with the requirement ion, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-	ome tax return fo is of Pub. 3112 , I	r the RS e-fil	9
ERO's signature P ROB	ERT S SEMONIAN CPA	Date ▶ <u>02-1</u>	0-20	11
	ERO Must Retain This Form - See Instruction Do Not Submit This Form to the IRS Unless Requested	-		
For Paperwork Reducti	on Act Notice, see instructions.	EEA		Form 8879-S (2010)

	Summary of Sto	ock Ow	nership		201	0	
CORPORATION NAME DANKA K MICHAELS MD PROF C					EIN	650	
Shareholder Information	UNE		Shares	5	<u>56-2371654</u> % Ownership		
Name	EIN/SSN	Туре	Beginning	Ending	Beginning	Ending	
DANKA MICHAELS			1,000	1,000	100.00000	100.00000	
TOTAL			1,000	1,000			

	oporting Statements	2010	PG01
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP		FEIN 56-237	1654
		00 201	1004
FORM 11	20S LINE 19	STATI	EMENT # 2
DESCRIPTION AUTOMOBILE AND TRUCK EXPENSE BANK CHARGES COMPUTER DUES AND SUBSCRIPTIONS EDUCATION AND TRAINING LIABILITY INSURANCE WORKERS COMP INSURANCE LEGAL AND PROFESSIONAL 50% MEALS AND ENTERTAINMENT MEETINGS OFFICE EXPENSE PAYROLL PROCESSING EXPENSE POSTAGE/SHIPPING SECURITY TELEPHONE TRAVEL UNIFORMS UTILITIES ANSWERING SERVICE BILLING SERVICE EQUIPMENT MAINT CONTRACTS LAB SERVICES MEDICAL SUPPLIES NERVE CONDUCTION STUDY ULTRASOUND SERVICES WELLNESS PROGRAM			AMOUNY 8,72 6,53 1,98 3(1,27 55,15 2,86 65(47 20,720 3,082 3,95(468 9,58 884 413 8,467 1,609 4,802 5,594 4,138 18,62 6,863 68,970 6,832 242,720
FORM 1120S,	SCHEDULE K, LINE 12a	STATE	PAGE 1 MENT # 9
DESCRIPTION CASH CONTRIBUTIONS (50%)			AMOUNI 900
TOTAL			900

. . .

	Federal Supporting Statements	2010 _{PG01}
Name(s) as shown on return DANKA K MICHAELS MD P	ROF CORP	FEIN 56-2371654
OTHER CURRENT ASSETS	20S, SCHEDULE L, LINE 6	STM19
DESCRIPTION NOTE RECEIVABLE		BEG OF YEAR END OF YE
TOTAL		<u>4,716</u> <u>30,3</u>
	SCHEDULE M-2 LINE 3	PG01 STATEMENT # 29
DESCRIPTION INTEREST INCOME		AMOUNT
TOTAL		57
	SCHEDULE M-2 LINE 5	PG01 STATEMENT # 30
DESCRIPTION ALLOWED SECTION 179 EX CONTRIBUTIONS NONDEDUCTIBLE EXPENSES		AMOUNT 60,514 900 10
TOTAL		61,424

1120S	Overflow Statement	2010 Page 1
Name(s) as shown on return DANKA K MICHAEL:	S MD PROF CORP	FEIN 56-2371654
	MISC TAXES	
Description NEVADA MODIFIED	BUSINESS TAX	Amount \$ 10,689
		Total: \$ 10,689

OVERFLOW.LD

Form 1120S	K-K1 Compa	rison Worksheet		2010		
	(Keep for	your records)				
CORPORATION NAME	MD DDOE CODD			EIN		
DANKA K MICHAEL Description	56-2371654 Difference					
		Schedule K	K-1 Totals	Difference		
	income (loss)	172,862	172,8			
4 Interest income .		57		57		
	tion	60,514	60,5			
6 C Nondeductible exp		900		900		
7 a Investment income		57		57		

S CORPORATION NAME	Taxes and Licenses Attachment lote: This information does not transmit to the IRS with e-filed re Including with a paper filed return is optional.	eturns.	2010
DANKA K MICHAELS MD	PROF CORP		56-2371654
Taxes and Licenses	Form 1120S		Page 1, Line 12
 State income taxes State franchise taxes 		1	
3 City income taxes		2	
4 City franchise taxes		4	
5 Local property taxes		5	
6 Intangible property taxes		6	
7 Payroll taxes		7	68,45
8 Less: credit from Form 8846		8	00,40
9 Foreign taxes paid		9	
10 Occupancy taxes		10	
11 Other miscellaneous taxes		11	10,68
12 Built in gains tax allocated to ord	nary income	12	<u> </u>
13 Licenses		13	1,56
			<u>~</u>
14 Total to Form 1120S, Page 1, Lin	e 12	14	80,70
TT_STLLD			

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L	orm 1120S Schedule M-2/Retained Earnings Worksheet (Keep for your records)	2010	
1	Doration Name	EIN	
	ANKA K MICHAELS MD PROF CORP	56-2371654	
	Analysis of Current-Year Retained Earnings		
1 2 3 4 5	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25) Book income (loss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11) Distributions (Schedule K, line 16d) Subtotal (combines lines 1 through 3) Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	$ \begin{array}{c} & 2 \\ & 111,495 \\ & 3 \\ & 4 \\ \end{array} $	
6	Difference (line 4 minus line 5) (should be zero)	••• 6	
	Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA	Almand Hanna a fan de stande a general y ser fan ser af were de stande af yn a ser a ser a ser a ser a ser a s	
1 2	Ending retained earnings (Schedule L, column d, line 24) · · · · · · · · · · · · · · · · · · ·	··· 2 23,195	
3	Retained earnings change (line 1 minus line 2) • • • • • • • • • • • • • • • • • •	··· 3 <u>111,495</u>	
4	Ending AAA plus OAA	±0 ± y 0 > 0	
5	Beginning AAA plus OAA • • • • • • • • • • • • • • • • • •	<u> </u>	
6	Difference (line 4 minus line 5)	·· 6 <u>111,495</u>	
7 8 9 10 11 12 13 14 15	Current-Year Timing Adjustments per Schedule M-1 Subtractions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2) Other income recorded on books not included on Schedule K Depreciation on Schedule K not included on books Other Schedule K items not included on books Schedule K items not included on Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3) Income included on Schedule K not recorded on books Other items on books not included on Schedule K Cutrent items on books not included on Schedule K Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10) Sch M-1 timing adjustments Per Schedule M-3 Permanent or temporary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens app		
	on line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100.	ear	
16	Permanent differences		
17	Temporary differences	******	
18	Timing adjustments not included on Schedule M-2 (combine lines 16 and 17)	•• 18	
19 20 21 22	Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7 · · · · · · · · · · · · · · · · · ·	· · 20 · · 21 <u>111,495</u> · · 22	
23	Net reconciliation difference (line 3 minus line 21 or 22)	· · 23	

Form 1120S	S CORPOR			LIMIT WORKSI	IEET	2010
S Corporation Name		(Кее	p for your records)			EIN
DANKA K MICH	AELS MD PRO	F CORP				56-2371654
1 Dollar limitation for tax	year. Enter amount fr	rom Form 4562, I	ine 5 • • • • • • •			500,000
2 Ordinary business inco	me (loss) (Form 1120	S. Page 2, Sch K	. Line 1) •••••	• • • • •	172,862	2
3 Less: Credit amounts t	hat reduced expenses	or increased inc	ome ••••••	• • • • •		
4 Plus: Compensation pa	aid to shareholder-emp	ployees (Form 11	20S, Page 1, Lines	7 and 8)	197,000	<u>)</u>
5 Adjusted ordinary busin	ness income (loss) (Co	ombine lines 2 th	rough 4) • • • • •	••••	369,862	2
6 Net rental real estate in	ncome (loss) (Form 11	20S, Page 2, Sch	n K, Line 2) • • • •	• • • • •		
7 Other net rental income	e (loss). (Form 1120S,	Page 2, Line 3c)		• • • • •		
8 Interest Income (Form	1120S, Page 2, Line 4) • • • • • • • •	• • • • • • • • • • •	• • • • •	57	7
9 Dividends (Form 11205	S, Page 2, Line 5a) •			• • • • •		
10 Royalties (Form 1120S	, Page 2, Line 6) ••			· · · · · ·		
11 Net short term capital g	jain (loss) (Form 1120	S. Page 2, Line 7)			
12 Net long-term capital g	ain (loss) (Form 11208	S, Page 2, Line 8	a) •••••••	• • • • •		
13 Net section 1231 gain (loss) (Form 1120S, Pa	age 2, Line 9) •		••••		
14 Other Income (Form 11	20S, Page 2, Line 10))		•••••		
15 Charitable Contribution	s (Form 1120S, Page	3, Line 12a) •		• • • • •	(900))
16 Investment interest exp	enses (Form 1120S, F	Page 3, Line 12b)		••••		
17 Section 59(e)(2) expen	ditures (Form 1120S, I	Page 3, Line 12c	(2))	•••••		
18 Other deductions (Forn	n 1120S, page 3, Line	12d) • • • • • •		••••		
19 Total business income	(loss). Combine lines	4 through 18		• • • • • • • • • • •	• • • • • • •	. 369,019
20 Business income limi	tation. Lesser of line	1 or line 19, but r	not < zero. Enter he	ere and on Form 450	62, line 11 •	369,019
		Year	Elected	Used in		ed in Remaining
Distribution among asse 1120 COMPUTER		Acquired 2010	Section 179 5,854	prior years	20 5,8	
1120 MEDICAL		2010	54,660		_54,6	
TOTAL ALLOWAB: TOTAL 2010 EL)	60,514	60,5	014
			-	• · · · · · · · · · · · · · · · · · · ·		

WK_S179LLD

						For your records only	record	s only				•		
Name(s) as shown on return tradity it is to take the sade code	dece p											Social	Social security number/EIN 56-0371553	
Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
SECULATIONS	20030625	9,151		166,60		3,151	- 303 17-1	2/L 37	14.236	_	9, 253			2
THERE IN PREMI	20030425	1, 100.		100.06		1, 202	5) 24	211. A.C	14 - 24 A	19	1.11			1.5.1
LASSEMUD INCROVEDED	2002002	29,288		100.00			0 		5 ee . 6	2	35, 576			979
ands usy	20050763	12,575		100.00	37,574		ы ю	dXE	2		17,575	12,024		
410/2 day	30060701	1.41, (15.0		106.00	50,000		13 C*	a.A. ar	17 . 285	16, 295	123, 319	040 * 040		14,243
411/02 02/	20070700	59,00h		100.00		19, 344	47 ex		11.280		19, 333			S
dinor der	20030701	946.25		100.05		2, 295, 2	5		14.246		6, B45		548 "2 Zd	-
anda des	20090605	15,550		100.00		2, 775	~		11.1246		20, 552			
ATTÓR VAS	20090201	061.18.		100,00	16, 730	2: 2:			୍		-4,720	14, 226		
定る対応ある	200.997401	2,868		100.46		22 28 28	- 17		878 V. 878 878 - 878 878	1.00 1.00 1.00	1,491		93° 14	
VEDTOAL ZOUTE	26101224	51, 440		300.06	54, 400	0			3	S	57, 660			3
							******							Annual alors (
(2016) -		n en					\neg							
Sonal -	-	 Contraction Contract												

Danka Michaels001856

AA02786

Answer Server Server<	And Interview Sound Interview Sound Interv							ž	Depreciation Detail LISUNG STATE MAR LISCO For your records only	TALION DELE STATE PUPP UEOC or your records	etali Torr rds on	LISUI Iy	D				Ñ	2010
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	Inclusion Bane Gat Sound Control Each Control Contro Contro Contro <th>Name</th> <th>e(s) as shown on return DARKA IN RECHABLA COR PROF</th> <th></th> <th>Socia</th> <th>il secunty numberil∃N Sonks??tabe</th> <th></th>	Name	e(s) as shown on return DARKA IN RECHABLA COR PROF													Socia	il secunty numberil∃N Sonks??tabe	
Minute Minute<	0000. 00000000000000000000000000000000	No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	We	thod	Rate	Current depr.	Accumulated	1	Bonus depreciation	AMI
Matchess Matchess Lab Matchess Lab Matchess Lab Lab <thlab< th=""> Lab <thlab< th=""> <thlab< th=""> Lab</thlab<></thlab<></thlab<>	Mathematication Mathematic	-	SADIUCE EDIAES	20030425	9,151		100.00	0	9,151	2	3/L	ME	14.286	12.6	151.46		-	
Mataline Intervention Mathematication Mathemathematication Mathematication <th< td=""><td>International (1000) (1000)</td><td>¢)</td><td>unemetros trocter</td><td>20030435</td><td>1,204</td><td></td><td>100.00</td><td></td><td>1,304</td><td>~</td><td>3/1</td><td>лу.</td><td>14.286</td><td>134</td><td></td><td></td><td></td><td></td></th<>	International (1000) (1000)	¢)	unemetros trocter	20030435	1,204		100.00		1,304	~	3/1	лу.	14.286	134				
00001 011000 01100 01100 <t< td=""><td>RB (RD) M(000 17.01 M(000 <</td><td></td><td>LEAGEROND INPERVENDIN</td><td>20030025</td><td>75,183</td><td></td><td>100.00</td><td>5</td><td>73,288</td><td></td><td>1/3</td><td>æ</td><td>$\xi_{1,1}, \psi, \xi_{1,2}^{(2)}$</td><td>425</td><td></td><td>٩</td><td></td><td></td></t<>	RB (RD) M(000 17.01 M(000 <		LEAGEROND INPERVENDIN	20030025	75,183		100.00	5	73,288		1/3	æ	$\xi_{1,1}, \psi, \xi_{1,2}^{(2)}$	425		٩		
(1) (1)	000000000000000000000000000000000000		KED 2001P	20050201	11, 576		166.00	312, 636	0	a	SXF		2		37,576	17,574		
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(55),981 176,810 2360,171 547,885 537,726	150,941 178,810 280,171 94,685 145,336 114,295																	
	156, 931		foralu.		454,931			176,810	280,171			-		34,885	\$30, 326	316,296		-
		1	Land Anomat.														teri and a	

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Danka K Michaels MD Prof Corp 7373 Peak Dr No 160 Las Vegas, NV 89134

Invoice Date: 02/10/2011

Your 2010 tax return was prepared by ROBERT S SEMONIAN CPA.

Description of Charges

Price

Federal and	Supplemental Forms
Form 1120S	- U.S. S Corp Income Tax Return Page 1 \$
Form 1120S	- U.S. S Corp Income Tax Return Page 2
Form 1120S	- U.S. S Corp Income Tax Return Page 3
Form 1120S	- U.S. S Corp Income Tax Return Page 4
Schedule K-1	- Shareholder's Share of Income
Form 4562	- Depreciation and Amortization
Form 8879-S	- E-File Signature Authorization for 1120S
Statement 1120S	- Subsidiary Schedule for 1120S
Statement 1120S	- Form 1120S Statement - Line 19
Statement 1120S	- Form 1120S, Schedule K Statement - Line 12a
Statement 1120S	- Subsidiary Schedule for 1120S
Statement 29	- Schedule M-2 Statement - Line 3
Statement 30	- Schedule M-2 Statement - Line 5
K-K1 Comparison	- Comparison of Schedule K to K-1
Wksht Tax/Lic	- Taxes and Licenses Worksheet
Attachment	- Itemized Listing Attachment
Comparison	- Tax Year Comparison Sheet
Wksht M-2	- Schedule M-2 Worksheet
Wksht 179 Limit	- Business Income Limitation Worksheet
Depr Sch	- Federal Depreciation Schedule
ST Depr Sch	- State Depreciation Schedule
Total Forms	: 21 Forms Subtotal 0.00

Total Balance Due 0.00

1120S		S Corporation	2010
Name DANKA K MICHAEL	S MD PROF CORP		Employer Identification # 56-2371654
Demographics Mailing Address: 7373 LAS V	PEAK DR NO 160 EGAS, NV 89134	Phone:	
Resident State: NV			
<u>Diagnostics</u> Preparer: ROBERT S	SEMONIAN Invoice:		Date: 02-10-2011
Return Information			
item on Return		2010 Federal	2009 Federal (If available)
Total Assets		294,753	211,105
Number of Shareholders		1	1
Gross Receipts/Sales		1,409,564	1,123,157
Total Income		1,316,816	1,005,858
Total Deductions		1,143,954	940,170
Ordinary Income		172,862	65,688
Тах			
Overpayment			
Refund			
Refund Applied to ES		****	
Balance Due			
2220 Penalty			
Total Equity		151,690	40,195

State/City Information

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State/City	Gross	Taxable	Composite	Other Tax	Refund/
	Income	Income	Tax		(Balance Due)

1120S TAX RETURN COMPARISON 2008 / 2009 / 2010

2010

	1
Name(s) as shown on return	Identifying number
DANKA K MICHAELS MD PROF CORP	56-2371654

	2008	2009	2010	DIFFERENCE
Income	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2009 & 2010
Net receipts	833,476	1,123,157	1,409,518	286,361
Cost of goods sold • • • • • • • • • • • • •	101,249	117,299	92,702	(24,597)
Gross profit	732,227	1,005,858	1,316,816	310,958
Net gain/loss from 4797 • • • • • • • •				
Other income	97,297			
Total income	829,524	1,005,858	1,316,816	310,958
Deductions				
Compensation of officers • • • • • • •	142,521	202,500	197,000	(5,500)
Salaries and wages • • • • • • • • • •	155,024	292,120	399,940	107,820
Repairs and maintenance • • • • • • •	1,347	20,323	9,153	(11,170)
Bad debts • • • • • • • • • • • • • • • • • • •				
Rents •••••	115,505	79,909	100,528	20,619
Taxes and licenses •••••••••	79,330	41,538	80,702	39,164
Interest	13,856	4,323	2,880	(1, 443)
Net depreciation	42,642	33,732	32,521	(1,211)
Depletion • • • • • • • • • • • • • • • • • • •				
Advertising •••••	21,021	35,120	24,953	(10,167)
Pension, profit-sharing • • • • • • • •	50,000	395	10,635	10,240
Employee benefits • • • • • • • • • • •	21,634		42,922	42,922
Other deductions •••••••••	158,577	230,210	242,720	12,510
Total deductions • • • • • • • • • • • •	801,457	940,170	1,143,954	203,784
Ordinary business income(loss)	28,067	65,688	172,862	107,174
Tax				
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23d • • • • • • •				
Results				
Amount owed				
Overpayment				
Applied to estimate • • • • • • • • • • •				
Refund •••••				

SCHEDULE K - Shareholder's Share Items

Income				
Ordinary business income (loss) • • • •	28,067	65,688	172,862	107,174
Net rental real estate income (loss) · · ·				
Other net rental income (loss)				
Interest income	136	134	57	(77)
Ordinary dividends				.
Qualified dividends • • • • • • • • • • •				
Royalties • • • • • • • • • • • • • • • • • • •				
Net short-term capital gain (loss)				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss) • • • • •		*****		
Unrecaptured section 1250 gain				
Net section 1231 gain (loss)				
Other income (loss)				
	L		<u> </u>	1

2008

2009

2010

DIFFERENCE

1120S TAX RETURN COMPARISON 2008 / 2009 / 2010

2010

Name(s) as shown on return DANKA K MICHAELS MD PROF CORP

Page 2 Identifying number

56-2371654

	2008	2009	2010	DIFFERENCE
Deductions	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2009 & 2010
Section 179 deduction • • • • • • • • • • • • • • • • • • •		48,720	60,514	11,794
Contributions • • • • • • • • • • • • • • • • • • •	133		900	900
Investment interest expense • • • • • •				
Section 59(e)(2) expenditures • • • • •				
Other deductions • • • • • • • • • • • • • • • • • • •				
Credits		경험을 가지 않는 것이 가지?		
Low-income housing credit (section 42(j)(5))				
Low-income housing credit (other) • • • • Qualified rehabilitation expenditures (rental real estate)				
Other rental real estate credits • • • • •				
Other rental credits • • • • • • • • • • • • • • • • • • •				
Credit for alcohol used as fuel • • • • • •			L	
Other credits				
Foreign Transactions	n a star a star star star star star star	물건 이 전 이 것을 것 이 이 것을 것.		
Gross income from all sources •••••				
Gross income sourced at shareholder level • •				
Foreign gross income sourced at corporate level	요즘 한국 이 사람은 것같은 것같은			
Passive category				
General categories • • • • • • • • • • • •				
Other				
Other • • • • • • • • • • • • • • • • • • •				
General categories				
Other • • • • • • • • • • • • • • • • • • •		······································		
		······································		
Total foreign taxes paid or accrued • • • • Reduction in taxes available for credit • •				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment • • •				
Adjusted gain or loss • • • • • • • • • • • • • • • • • •				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions Other AMT items				
Items Affecting Shareholder Basis				
Tax-exempt interest income • • • • • •				
Other tax-exempt income • • • • • • •				
Nondeductible expenses • • • • • •	56	115	10	(105)
Property distributions		25,000		(25,000)
Repayment of loans from shareholders •				
Other information				
Investment income		134	57	(77)
Investment expenses • • • • • • • • • • • • • • • • • •				
RESIDENT STATE	T			
Overpayment • • • • • • • • • • • • • • • •				
Balance due				
	2008	2009	2010	DIEEEDENOE
COMPARES.LD2	2000	2009	2010	DIFFERENCE

ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing is allowed.

Name(s)	FEIN
DANKA K MICHAELS MD PROF CORP	56-2371654

1113 AMENDED E-FILE INELIGIBLE: Required information is missing for e-filing an amended return. Please review the following:

* The "Amended Return" check box on screen 1 (Name, Address, General Info) must be marked.

* The "Amended 1120S" check box on the EF screen (EF Selections) must be marked.

* A statement detailing the reasons for the amended return must be included. List all changes made to the original return and reported on the amended return on the AMD screen.

1120SEF		EF Transmission Stat	tus	2011
	<u> </u>	(Keep for your records)		
Name(s) as shown on return	TO NO DOOD GOT			EIN number
DANKA K MICHAE	LS MD PROF COE	<u> </u>		56-2371654
The following will be trans	mitted to the IRS.	1120S 7004	Amended	
The following state returns	s will be transmitted:			
The following returns have	been suppressed or are	not eligible and will NOT be tr	ansmitted	
EF Notes				
Fed return h	as MESSAGE PAG	ΞE.		

1120SEF.LD

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Form 1	120	s			me Tax Retu					OMB No. 1545-0130
		_			file this form unle ing Form 2553 to	•				2011
Departmer Internal Re				attach		rate instructions.		1.		2011
		ear 2011 or ta	x year be	ainnina		, 2011, ending				. 20
A Selec				Name		, 2011, 510113			D Emplo	ver identification number
06-	25-2	2003		DANKA K	MICHAELS N	ID PROF CO) R P		56-3	2371654
B Busine			TYPE		om or suite no. If a P.O.		×		and the second s	corporated
numbe	er (see ins	tructions)	OR	7373 PEA	K DR NO 1	60			06-2	25-2003
621	111		PRINT	City or town, state, and						ssets (see instructions)
C Check	if Sch. M	-3								
attache				LAS VEGA		NV	8913	4	\$	223,521
				S corporation begin			X No			2553 if not already filed
							ended retur	n (5) 🗌 Se	election te	rmination or revocation
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	********			ho were sharehold				• • • • • • •		
Caution	7			ss income and exp	******			ons for more in	formation	l. 1
				d-party payments.			<u>1a</u>		0	
	b			s not reported on li	•	, <u>-</u>		,652,63		
	C d	Total. Add lin			• • • • • • • • •			,652,63	1	
	d			es plus any other a		· · L	1d			
Income	e	Subtract line			• • • • • • • • •	• • • • • • • • •	• • • • •		. <u>1e</u>	1,652,631
	2			tach Form 1125-A)						307,002
	3	Gross pront.	Subtract	ine 2 from line 1e		• • • • • • • • • •	• • • • •	• • • • • • • •	3	1,345,629
	4			orm 4797, Part II, li						
	5			ee instructions - att						
	6	I otal incom	e (loss).	Add lines 3 through	15	<u> </u>	• • • • •		▶ 6	1,345,629
	7	Compensatio	on of office	ers	• • • • • • • • •		• • • • •		. 7	216,000
	8			ess employment cre						525,699
	9			nce						12,577
	10	Bad debts								
Deduc-	11									101,896
tions	12									97,419
(see	13	Interest								7,822
instruc-	14			ed on Form 1125-A		•	· · ·			31,460
tions for	15			luct oil and gas de						
limita-	16									23,124
tions)	17			, etc., plans						18,391
	18			rams						
	19			ch statement)					_ <u> </u>	311,300
	20			d lines 7 through 1					20	1,345,688
	21	Ordinary bu	siness in	come (loss). Subt	act line 20 from lin	e6	7	• • • • • • • •	21	(59)
	22 a			come or LIFO recap			22a			
	D			Form 1120S)			22b			
				(see instructions for				• • • • • • • •	22c	
Tax	23 a			yments and 2010 o		-	23a			
and	b	Tax deposite					23b			
Pay-	c d			aid on fuels (attach			23c			
ments		Add lines 23	-		· · · · · · · · · · · ·		• • • • • •	••••••	23d	
	24			(see instructions). (					24	
	25			23d is smaller than					25	
	26 27			3d is larger than th			ount overpa		26	
	L			26 Credited to 20					- padazaño de la comencia de la come	
Sign	thet	est of my knowled	dge and belie	that I have examined this f, it is true, correct, and co	mplete. Declaration of pr	eparer (other than taxpa	ver) is based o	n	8	RS discuss this return
Here	all in	formation of which	n preparer has	s any knowledge.						uctions)?
	1 m	N N T T T N T	TOTAT			1	)		A	
		DANKA M	LCHAE.		·····	Date		PRESID	ENT.	
		Print/Type prepare	er's name		Preparer's signature		Date	/		if PTIN
Paid					r reparer s signature			1	neck X	
Prepar	ror m	index this is a state in the second	L.	ONIAN CPA	ITAN CDA		100-2	4-2012 se Firm's EIN	If-employed	P00391972
Use O	nlv –		PROBE	<u>RT S SEMO</u> OX 5605	NIAN CPA					5-4514704
	- F				05			Phone no.		00ELCE0 5044
For Par	anuari	Raduction		ura CA 93( a, see separate ins				EEA	(	805) 659-5344
- i ui rap	GIWUTN	neuuuuuon A	<b></b>	, ace separate ins				tania (1		Form 1120S (2011)

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-	1120S (2011) DANKA K MICHAELS MD PROF CORP	56-2371654	P	age 2
h	hedule B Other Information (see instructions)		Yes	No
1	Check accounting method: a 🔀 Cash b 🗌 Accrual c 🗌 Other (specify) 🕨			
2	See the instructions and enter the:			
	a Business activity  PHYSICIAN b Product or service  MEDICAL (	CARE		
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a de			
	corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and e			
	identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a qualified subchapter S subsid	diary		
	election made?			Х
4	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide			
	information on any reportable transaction?			Х
5	Check this box if the corporation issued publicly offered debt instruments with original issue discount	▶□		
	If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue	Discount		
	Instruments.			
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired a	in		
	asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in			
	the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gai			
	from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (	see		
	instructions)			
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$			
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year	ear less		
	than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1			Х
9	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instru-	uctions		X
10 a	Did the corporation make any payments in 2011 that would require it to file Form(s) 1099 (see instructions)?		X	
b	If "Yes," did the corporation file or will it file all required Forms 1099?		X	
Scł	nedule K Shareholders' Pro Rata Share Items	Total amo	unt	
	1 Ordinary business income (loss) (page 1, line 21)	1	(	59)
	2 Net rental real estate income (loss) (attach Form 8825)	2		
I	3a Other gross rental income (loss) 3a			
n	b Expenses from other rental activities (attach statement) 3b	] ]		
с о	c Other net rental income (loss). Subtract line 3b from line 3a	3c		
m	4 Interest income	4	1	26
e	5 Dividends: a Ordinary dividends	5a		
(L	b Qualified dividends			
0	6 Royalties	6		
s	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7		
s)	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a		
	b Collectibles (28%) gain (loss)			
	c Unrecaptured section 1250 gain (attach statement) 8c			
	9 Net section 1231 gain (loss) (attach Form 4797)	9		
	10 Other income (loss) (see instructions) Type ►	10		
EEA		Form 1	120S (	2011)

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Form 112	T		6-23	
	11	Section 170 doduction (attack Form 4500)		Total amount
	12a	Section 179 deduction (attach Form 4562)	11	
eductions			12a	
SUCCEDENTS	b	Investment interest expense	12b	
	C	Section 59(e)(2) expenditures (1) Type ▶(2) Amount ▶	12c(2)	······································
	1	Other deductions (see instructions) Type ▶	12d	
	13a		13a	
	b	Low-income housing credit (other)	13b	
	C	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
recits	d	Other rental real estate credits (see instructions) Type	13d	
	e	Other rental credits (see instructions)	13e	
	f	Alcohol and cellulosic biofuel fuels credit (attach Form 6478)	13f	
	g	Other credits (see instructions)	13g	2,303
	14a	Name of country or U.S. possession		
	b	Gross income from all sources	14b	
	c	Gross income sourced at shareholder level	14c	
		Foreign gross income sourced at corporate level		
	d	Passive category	14d	
	e	General category	14e	
	f	Other (attach statement)	14f	
		Deductions allocated and apportioned at shareholder level		
reign	g	Interest expense	14g	
ans-	h	Other	14h	
tions		Deductions allocated and apportioned at corporate level to foreign source income		
	1	Passive category	14i	
		General category		
	k		14j	
	n	Other (attach statement)	14k	
		Total foreign taxes (check one):	141	
		Reduction in taxes available for credit (attach statement)	14m	
	n	Other foreign tax information (attach statement)		
	15a	Post-1986 depreciation adjustment	15a	
ernative		Adjusted gain or loss	15b	
nimum	C	Depletion (other than oil and gas)	15c	
X (AMT)	d	Oil, gas, and geothermal properties-gross income	15d	
ms	e	Oil, gas, and geothermal properties-deductions	15e	
	f	Other AMT items (attach statement)	15f	
ms	16a	Tax-exempt interest income	16a	
lecting	b	Other tax-exempt income	16b	
areholder	C	Nondeductible expenses	16c	2,353
isis	d	Distributions (attach statement if required) (see instructions)	16d	14,288
1543	е	Repayment of loans from shareholders	16e	
	17a	Investment income	17a	126
her	b	Investment expenses	17b	<u> </u>
ormation	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement)		
con-	18	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right		
iation	-	column From the reputh subtract the sum of the amounte on lines 14 through 19d and 14	18	65
EA	L	column. From the result, subtract the sum of the amounts of times 11 through 120 and 141		67 Form <b>1120S</b> (201

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	n 1120S (2011) DANKA K MICHAE hedule L   Balance Sheets per Books		GORP	ear l		56-23 End of tax	71654 Page 4	
	Assets	(a)		(b)	(c)	(c) (d)		
1	Cash			129,132	(0)		114,995	
2 a		and the second		123,132			114, 333	
b		(						
3	Inventories	<u>.</u>		20,000			20,000	
4	U.S. government obligations			20,000			20,000	
5	Tax-exempt securities (see instructions)							
6	Other current assets (attach statement)	STATEMENT # 19		30,351			4,716	
7	Loans to shareholders						37710	
8	Mortgage and real estate loans						·····	
9	Other investments (attach statement)							
10 a	Buildings and other depreciable assets	456,981			456,	981		
b	Less accumulated depreciation	( 341,711)	-	115,270		171)	83,810	
11 a	Depletable assets		199333335					
b	Less accumulated depletion	( )	1	(		)		
12	Land (net of any amortization)			a de la companya de la				
13 a	Intangible assets (amortizable only)							
b	Less accumulated amortization	( )		(		)		
14	Other assets (attach statement)							
15	Total assets		2	294,753			223,521	
	Liabilities and Shareholders' Equity							
16	Accounts payable							
17	Mortgages, notes, bonds payable in less than 1 year			28,006			22,655	
18	Other current liabilities (attach statement)							
19	Loans from shareholders							
20	Mortgages, notes, bonds payable in 1 year or more		1	L15,057			65,750	
21	Other liabilities (attach statement)							
22	Capital stock			17,000			17,000	
23	Additional paid-in capital							
24	Retained earnings		1	134,690			118,116	
25	Adjustments to shareholders' equity (attach statement)							
26	Less cost of treasury stock		(	<u>)</u>		(	)	
27	Total liabilities and shareholders' equity			294,753			223,521	
Sci	hedule M-1 Reconciliation of Inco							
	Note. Schedule M-3 required						ns	
	Net income (loss) per books			recorded on bool				
	Income included on Schedule K, lines 1, 2, 3c, 4	,		d on Schedule K,	lines 1 throug	ih		
	5a, 6, 7, 8a, 9, and 10, not recorded on books		10 (item	•				
	this year (itemize):		a lax-exe	empt interest \$				
2	Expenses recorded on books this year not	,	Dealerati					
				ions included on S				
	included on Schedule K, lines 1 through 12 and 14 (itemize):			through 12 and 14				
	Depreciation \$		-	book income this	year (itemize	<i>.</i>		
	Travel and entertainment \$ 50		a Depreci	iau0i) ə				
~	STATEMENT # 26 2, 303	.	Add line	es5and6				
	STATEWENT #20 2, 505	1 1		(loss) (Schedule		····		
4	Add lines 1 through 3	67	~				67	
preter interest and the	nedule M-2 Analysis of Accumulated A				nt and Shar	eholdere'	67	
1.000	Undistributed Taxable Inco				in, and onai	enolueis		
		(a) Accumulate		(b) Other adj	Istments	(c) Shareh	olders' undistributed	
		adjustments acc		accou		taxable inc	ome previously taxed	
1 E	Balance at beginning of tax year	174	,690	<b> </b>				
	Ordinary income from page 1, line 21	<u>+J</u> -	1020					
	Other additions STATEMENT # 29		126	1				
	oss from page 1, line 21	(	59)					
	Other reductions STATEMENT # 30		,353)		1 			
	Combine lines 1 through 5		,404	<u> </u>	/			
	Distributions other than dividend distributions		,288	1				
	alance at end of tax year. Subtract line 7 from line 6		,116	1				
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Form 1120S (2011) Danka Michaels001891

(Form 1120S)     Part III     Shareholder's Share of Current Year Income, Deductions, Crotits, and Other Items       Destination Reveals Barbook     (59)     13       Contrain Reveals Barbook     (59)     14       Contrain Reveals Barbook     (50)     (50)       Data Reveals Revea	Schedule K-1		Final K-1	X Amer	nded K-1	67]]]]]] OMB No. 1545-0130
Part Landow year 2011 of its     manny     year beginning	Form 1120S) 2011	Pa	rt III			,
minimum revenues solves     owning	epartment of the Treasury					
Shareholder's Share of Income, Deductions, Credits, etc. <ul> <li>Not wertal real assists income (loss)</li> <li>A retreat real assists income (loss)</li> <li>Composition and provide individual number</li> <li>Composition number</li> <li>Contract real assists income (loss)</li> <li>Creating of the information and provide individual number</li> <li>Composition number</li> <li>Contract real assists income (loss)</li> <li>Creating of the information and provide individual number</li> <li>Composition number</li> <li>Contract real assists income (loss)</li> <li>Creating of the information and provide individual number</li> <li>Composition in the individual number</li> <li>Contract real assists income (loss)</li> <li>Creating of the information and provide individual number</li> <li>Context where compared in the individual number</li> <li>Context where individual number</li> <li>Context where indithe individual number</li> <li>Context where in</li></ul>	iterrital Revenue Service	1	Ordinary			
Shareholder's Share of Income, Deductions, Credits, etc.     > boe page 2 of term and sequent instructions.     3     Other net remain instructions.       PartI     Information About the Corporation     4     Information Relation number     5       Scapezations makes address, obj. state, and 21P code     5     Ordinary dividends     12.6       B     Comparison markes address, obj. state, and 21P code     5     Ordinary dividends     14     Foreign transactions       C     TRS Center where corporation filed return     5     5     Collectibles (28%) gain (loss)     14     Foreign transactions       C     TRS Center where corporation filed return     5     5     Collectibles (28%) gain (loss)     14     Foreign transactions       C     TRS Center where corporation filed return     5     5     Collectibles (28%) gain (loss)     14     Foreign transactions       OGDEN     5     Statemoder's name, address, obj. state, and 21P code     5     Collectibles (28%) gain (loss)     15     Alternative minimum tax (AMT)       T373 PEAK DR     100.00000 %     10     Other information (loss)     15     Alternative minimum tax (AMT)       T373 PEAK DR     100.00000 %     11     Section 176 deduction     16     Items affecting stratmoder tax       T373 PEAK DR     100.00000 %     11     Section 176 deduction     16     I	ending, 20	2	Net rental		⊣ [₽] *	STMT
Credits, etc.       > See page 2 of form and apparate inducators.       3       Other net institute formers (bas)         Part I       Information About the Corporation       4       Institute induces (bas)         A       Corporations employee identification number       12.6         B       Construct semployee identification number       14         F       Foreign inamactions       16         F       Statesholder's name, address, city, state, and 21P code       9         DANKA MICHAELS       NV 89128       10       Other information dots         F       Shareholder's name, address, city, state, and 21P code       100, 00000 %       11       Section 178 deduction       16       Items affecting statedidder base         F       Shareholder isame, address, city, state, and 21P code       1	Shareholder's Share of Income, Deductions,					
Part I       Information About the Corporation       4       Interest income         56-2371654       126         8       Comparison's amployer identification number       126         56       Ordinary dividentification number       126         56       Ordinary dividentification number       126         57       Source (it, statis, and 20 pools)       0         DANKA K MICHAELS MD PROF CORP       6       Regatiles         7373 PEAK DR NO 160       6       Regatiles         LAS VEGAS       NV 89134       7       Net abort-term capital gain (loss)         OGDEN       0       Net tong-term capital gain (loss)       0         Part II       Information About the Shareholder       0       Unrecaptured section 1280 gain         D       Buordolder state, and 20 code       9       Net secton 1281 gain (loss)         DANKA MICHAELS       10       Other income (loss)       16         Part II       Information About the Shareholder       9       Net secton 1281 gain (loss)         DANKA MICHAELS       100       Other income (loss)       16       Items affecting shareholder base (loss)         F       Statecholder sector 1281 gain (loss)       10       Other information       16       Items affecting shareholder base (loss)		3	Other net	rental income (loss)		
A Corporation's employer identification number <u>56-2371654     B     Corporation's employer identification number     <u>126     Secondition's employer identification number     <u>126     Construction's employer identification number     <u>126     Construction number     <u>127     Const</u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u>		1				
56-2371654     126       B     Ordinary divisants       DANKA K MICHAELS MD PROF CORP       7373 PEAK DR NO 160       LAS VEGAS     NV 89134       C     Royalite       OGDEN       B     Collectedes (28%) gain (loss)       OGDEN       B     Section 1250 gain       Dankka K MICHAELS     NV 89134       C     INS Center where corporation filed return       OGDEN     80       Part II     Information About the Shareholder       D     Shareholder's name, address, oity, state, and 20° code       D     Shareholder's name, address, oity, state, and 20° code       DANKA MICHAELS     9       NV 89128     10       F     Shareholder's name, address, oity, state, and 20° code       DANKA MICHAELS     100.00000 %       11     Section 179 deductors       12     Other income (loss)       13     Section 179 deductors       14     Items affecting shareholder base       15     Alternative minimum tax (AMT)       16     Items affecting shareholder base       17     Other information       12     Other deductors       11     Section 179 deductors       12     Other information       14     14       14	hanna (	4	Interest in	icome	-	
DANKA K MICHAELS MD PROF CORP       30       Qualified dividends       14       Foreign transactions         7373 PEAK DR NO 160       8       Reyatiles       1       Foreign transactions         LAS VEGAS       NV 89134       7       Net short-form capital gain (loss)       16         C IRS Center where corporation filed return OGDEN       8       Nat forg-term capital gain (loss)       16       Alternative minimum tax (AMT)         Part II       Information About the Shareholder       8       Nat section 1231 gain (loss)       16       Alternative minimum tax (AMT)         D Shareholder's name, address, ety, state, and ZIP code       9       Net section 1231 gain (loss)       16       Alternative minimum tax (AMT)         T Shareholder's percentage of stock covernaming for tax year       100.00000 %       11       Section 179 deduction       16       Items affecting shareholder bases         T Other information       10       Other information       14       Items affecting shareholder bases         T Other information       11       Section 179 deduction       16       Items affecting shareholder bases         T Other information       10       Other information       16       Items affecting shareholder bases         T Other information       12       Other deductions       0       14, 281		1		126		
DANKA K MICHAELS MD PROF CORP       30       Qualified dividends       14       Foreign transactions         7373 PEAK DR NO 160       8       Reyatiles       1       Foreign transactions         LAS VEGAS       NV 89134       7       Net short-form capital gain (loss)       16         C IRS Center where corporation filed return OGDEN       8       Nat forg-term capital gain (loss)       16       Alternative minimum tax (AMT)         Part II       Information About the Shareholder       8       Nat section 1231 gain (loss)       16       Alternative minimum tax (AMT)         D Shareholder's name, address, ety, state, and ZIP code       9       Net section 1231 gain (loss)       16       Alternative minimum tax (AMT)         T Shareholder's percentage of stock covernaming for tax year       100.00000 %       11       Section 179 deduction       16       Items affecting shareholder bases         T Other information       10       Other information       14       Items affecting shareholder bases         T Other information       11       Section 179 deduction       16       Items affecting shareholder bases         T Other information       10       Other information       16       Items affecting shareholder bases         T Other information       12       Other deductions       0       14, 281	56-2371654	- 5a	Ordinary	dividends		
7373 PEAK DR NO 160     6     Royalies       1     And Societation State Societation State Societation State Societation State Actie			Qualified	di da ada		19 mar lan anna llana
IAS VEGAS       NV 89134       7       Net short-term capital gain (loss)         C       INS Center where corporation filed return       8a       Net torg-term capital gain (loss)         OGDEN       8a       Net torg-term capital gain (loss)         Part II       Information About the Shareholder       8a       Collectibles (28%) gain (loss)         D       Shareholder's name, address, city, state, and ZIP code       9       Net section 1231 gain (loss)         DANKA MICHAELS       10       Other income (lose)       15       Attemptive minimum tax (AMT) terms/ve minimum tax (AMT)         T373 PEAK DR       100.00000 %       11       Section 179 deduction       16       Items affecting shareholder base         F       Shareholder's percentage of stock overnemity for tax year       100.00000 %       11       Section 179 deduction       16       Items affecting shareholder base         12       Other deductions       D       14, 281         14, 281       14, 281       14, 281       12       14, 281	DANKA K MICHAELS MD PROF CORP	00	Guaimed	aiviaenas	14	Foreign transactions
IAS VEGAS       NV 89134       7       Net short-term capital gain (loss)         C       INS Center where corporation filed return       8a       Net torg-term capital gain (loss)         OGDEN       8a       Net torg-term capital gain (loss)         Part II       Information About the Shareholder       8a       Collectibles (28%) gain (loss)         D       Shareholder's name, address, city, state, and ZIP code       9       Net section 1231 gain (loss)         DANKA MICHAELS       10       Other income (lose)       15       Attemptive minimum tax (AMT) terms/ve minimum tax (AMT)         T373 PEAK DR       100.00000 %       11       Section 179 deduction       16       Items affecting shareholder base         F       Shareholder's percentage of stock overnemity for tax year       100.00000 %       11       Section 179 deduction       16       Items affecting shareholder base         12       Other deductions       D       14, 281         14, 281       14, 281       14, 281       12       14, 281	7272 DEMI OF NO 160	6	Royalties		_	
IAX 3 VEGAS     INV 83134       C     IRS Center where corporation filed return       C     IRS Center where corporation filed return       OGDEN     8b       Callectibles (28%) gain (loss)       Part II     Information About the Shareholder       D     Shareholder's name, address, city, state, and 2IP code       D     9       Net section 1231 gain (loss)       I     Section 1231 gain (loss)       10     Other income (loss)       11     Section 179 deduction       12     Other deductions       12     Other deductions       14     2 at 35       15     Attemative minimum tax (AMT)	1313 PEAK DR NU 160	Ĩ				
C     IRS Center where corporation filed return     Bit     Net long-term capital gain (loss)       OGDEN     Bit     Net long-term capital gain (loss)       Part II     Information About the Shareholder     Bit     Collectibles (28%) gain (loss)       D     Shareholder's identifying number     Bit     Unrecaptured section 1230 gain       E     Shareholder's name, address, city, state, and ZIP code     9     Net section 1231 gain (loss)       DANKA MICHAELS     9     Net section 1231 gain (loss)       7373 PEAK DR LAS VEGAS     NV 89128       F     Shareholder's parcentage of stock ownership for tax year     100,00000 %       11     Section 179 deducton     16     Items affecting shareholder base       12     Other deductions     D     14, 281       13     Section 179 deducton     16     Items affecting shareholder base       14     Section 179 deducton     16     Items affecting shareholder base       11     Section 179 deducton     16     Items affecting shareholder base       12     Other deductions     D     14, 281       17     Other information     A     121	LAS VECAS NV 90134	7	Net short-	term capital gain (loss)		
OGDEN     Information About the Shareholder     Bit Collectibles (28%) gain (loss)       D     Shareholder's identifying number     8e     Unrecaptured section 1250 gain       E     Shareholder's name, address, city, state, and ZIP code     9     Net section 1231 gain (loss)       DANKA MICHAELS     10     Other income (loss)     15     Attemative minimum tax (AMT)       7373 PEAK DR LAS VEGAS     NV 89128     10     Other income (loss)     15     Attemative minimum tax (AMT)       F     Shareholder's percentage of stock covereship for tax year     100.00000 %     11     Section 179 deduction     16     Items affecting shareholder base       12     Other deductions     D     14 , 281       13     Section 179 deduction     Attemation     14 , 281						
Part II     Information About the Shareholder     8b     Collectibles (28%) gain (loss)       D     Shareholder's identifying number     8c     Unreceptured section 1250 gain       E     Shareholder's name, address, city, state, and ZIP code     9     Net section 1231 gain (loss)       DANKA MICHAELS     9     Net section 1231 gain (loss)     15     Atternative minimum tax (AMT)       7373 PEAK DR LAS VEGAS     NV 89128     10     Other income (loss)     15     Atternative minimum tax (AMT)       F     Shareholder's parcentage of slock connership for tax year     100.00000 %     11     Section 179 deduction     16     Items affecting shareholder base       12     Other deductions     D     114 , 284       14 , 284     12     17     Other information	C IRS Center where corporation filed return	8a	Net long-t	erm capital gain (loss)	-	
Part II       Information About the Shareholder         D       Shareholder's identifying number       8c       Unrecaptured section 1250 gain         E       Shareholder's name, address, city, state, and ZIP code       9       Net section 1231 gain (loss)         DANKA MICHAELS       10       Other income (loss)       15       Alternative minimum tax (AMT)         7373 PEAK DR LAS VEGAS       NV 89128       10       Other income (loss)       15       Alternative minimum tax (AMT)         F       Shareholder's parcentage of stock ownership for tax year       100.00000 %       11       Section 179 deduction       16       Items affecting shareholder base         11       Section 179 deduction       16       Items affecting shareholder base       14, 281         12       Other deductions       14, 281       14, 281       14, 281	OGDEN	1				
D     Shareholder's identifying number     8c     Unrecaptured section 1250 gain       E     Shareholder's identifying number     9     Net section 1231 gain (loss)       F     Shareholder's name, address, city, state, and ZIP code     9     Net section 1231 gain (loss)       10     Other income (loss)     15     Alternative minimum tax (AMT)       F     Shareholder's parcentage of stock covership for tax year     100.00000 %     11     Section 179 deduction       11     Section 179 deduction     16     Items affecting shareholder base       12     Other deductions     D     14, 284       12     Other information     A     12	Part II Information About the Shareholder	85	Collectible	es (28%) gain (loss)	-	
E Shareholder's name, address, city, state, and ZIP code DANKA MICHAELS 7373 PEAK DR LAS VEGAS NV 89128 F Shareholder's percentage of stock ownership for tax year 100.0000 % 11 Section 179 deduction 16 Items affecting shareholder bas 12 Other deductions D 14, 281 14 Other information 17 Other information 17 Other information 12 Other information 13 Alternative minimum tax (AMT)		1			_	
DANKA MICHAELS 7373 PEAK DR LAS VEGAS NV 89128  F Shareholder's parcentage of stock ownership for tax year 100.00000 %  11 Section 179 deduction 16 Items affecting shareholder bas 2, 353 12 Other deductions D 14, 284 17 Other information A 120	D Shareholder's identifying number	8c	Unrecaptu	ired section 1250 gain		
DANKA MICHAELS 7373 PEAK DR LAS VEGAS NV 89128  F Shareholder's percentage of stock ownership for tax year 100.00000 %  11 Section 179 deduction 16 Items affecting shareholder bas 12 Other deductions D 14, 280 17 Other information A 120		<u> </u>				
7373 PEAK DR LAS VEGAS       NV 89128       10       Other income (loss)       15       Attendative minimum tax (AMT) items         F       Shareholder's percentage of stock ownership for tax year       100.00000 %       11       Section 179 deduction       16       Items affecting shareholder bas 0         11       Section 179 deduction       16       Items affecting shareholder bas 0       14, 281         12       Other indextons       D       14, 281         17       Other information       A       120		9	Net sectio	n 1231 gain (loss)		
7373 PEAK DR LAS VEGAS     NV 89128       F     Shareholder's percentage of stock ownership for tax year     100.00000 %       11     Section 179 deduction     16       12     Other deductions     C       12     Other deductions     D       14, 284       17     Other information       A     120	DANKA MICHAELS	10	Other inco	ome (loss)	15	Alternative minimum tax (AMT)
LAS VEGAS       NV 89128         F       Shareholder's percentage of stock ownership for tax year       100.00000 %         11       Section 179 deduction       16         12       Other deductions       C       2,35:         12       Other deductions       D       14,283         14,284       17       Other information       17         14,284       12       17       Other information         14       12       17       Other information	7373 DENK DO					items
F     Shareholder's percentage of stock ownership for tax year     100.00000 %       11     Section 179 deduction     16       12     Other deductions     C       12     Other deductions     D       14, 281       17     Other information       A     120						
ownership for tax year     100.00000 %       11     Section 179 deduction       12     Other deductions       12     Other deductions       14,281       17     Other information       A     12						
ownership for tax year     100.00000 %       11     Section 179 deduction       12     Other deductions       12     Other deductions       14,281       17     Other information       A     12	F Shareholder's percentage of stock	1				
11     Section 179 deduction     16     Items affecting shareholder bas       12     Other deductions     C     2,35       12     Other deductions     D     14,281       14     14     12						
C 2,353 D 14,281						
C 2,353 D 14,281						
C 2,353 D 14,281		1				
C 2,35 D 14,28 D 14,28 D 14,28 D 14,28 A 12			Section 17	79 deduction	16	Itoma officialize churcheldes havin
D 14,284		"	Jection In	9 06000001		
D 14,284	-	12	Other ded	uctions		2,353
A 121						14 000
S J S A A A A A A A A A A A A A						14,288
17     Other information       12     12       13     12	5					
17     Other information       12     14       14     14       15     14       16     17       17     0ther information       18     12	3					
Image: State of the state o	J					
D It AND A CARLES	MANTER AT A STATE AT A STATE AND					
	网络白色 医小儿儿儿 法法律证书 医马克尔氏 计分子用于单位的 化化乙酸 医胆甾酮 化酸乙酸乙酸乙酸乙酸乙酸乙酸乙酸乙酸				17	
					A	126
		<b> </b>	* * *			lana attata s
* See attached statement for additional information.			* See	attached statemen	t for add	itional information.
or Paperwork Reduction Act Notice, see Instructions for Form 11205. EEA Schedule K-1 (Form 11205) 2 Danka Michaels001892	r Paperwork Reduction Act Notice, see Instructions for Form 1120S.		EEA			Schedule K-1 (Form 1120S) 2011

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Shareholde			chedule K-1 S			011	2011 Shareholder's ID N	lumber
DANK Name of S (	A MICHA	ELS				****	S Corporadorrs en	·
DANK	A K MIC	HAELS M	D PROF CORP				56-237	1654
0000	22022		FORM 1120	S SCHEDU	LE K-1 LIN	<u>E 13</u>		
P		CURDITO	ALL EMPLOYE	R HEALTH	INSURANCE	PREMIUM	1 <b>2</b> ,303	AMOUN: 2,30
	TOTAL							2,303
								ı

K_1

Form	4562	Depr	eciation and	Amorti	zation			OMB No. 1545-0172
Deper	tmost of the Teresure	(Including	g Information o	n Listed	Property	)		2011
Intern	tment of the Treasury al Revenue Service (99) (s) shown on return	► See separa	ate instructions.	Attach to	your tax retu	m.		Attachment Sequence No. 179 Identifying number
		ETO NE PROF CO						
		ELS MD PROF CO Fo Expense Certain P		<u>)RM 112(</u>	JS			56-2371654
<u> </u>		have any listed property, co			orti			
1		ee instructions)					1	I
2		179 property placed in servi					2	
3		ction 179 property before rec					3	
4		n. Subtract line 3 from line 2					4	
5		ax year. Subtract line 4 from						
	separately, see instru	uctions					5	
6	(a	Description of property	(b) Cost	(business use only		cted cost	L	
					····			
		****						
7	Listed property. Ente	r the amount from line 29	• • • • • • • • • • • •	7	•			
8	Total elected cost of	section 179 property. Add ar	mounts in column (c), lir	nes 6 and 7.			8	
9	Tentative deduction.	Enter the smaller of line 5 of	r line 8				9	
10	Carryover of disallow	ed deduction from line 13 of	your 2010 Form 4562				10	
11	Business income lim	itation. Enter the smaller of b	ousiness income (not les	ss than zero) o	or line 5 (see inst	ructions)	11	
12	Section 179 expense	e deduction. Add lines 9 and	10, but do not enter mo	re than line 11		• • •	12	······································
13	Carryover of disallow	ed deduction to 2012. Add li	nes 9 and 10, less line	12 . 🎽 1	3			
		r Part III below for listed prop						
		epreciation Allowance				listed pro	perty.	(See instructions.)
14		allowance for qualified prope						
	during the tax year (s	see instructions)				•••	14	
15		ection 168(f)(1) election					15	
16	Other depreciation (i	ncluding ACRS)				• • •	16	31,460
Pa	t III MACRS I	Depreciation (Do not in			ns.)			
17	MACDO deductioned		Section A					
18		for assets placed in service in group any assets placed in s				• • •	17	
10	asset accounts, chec							
		on B - Assets Placed in Se	rvice During 2011 Tax			nraciati	on Su	etom
		(b) Month and	(c) Basis for depreciation			-pieciau	on Sy	Stem
	(a) Classification of prop	erty year placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property		, , , , , , , , , , , , , , , , , , , ,			<u> </u>		
b	5-year property							
с	7-year property							
d	10-year property				1			
e	15-year property					1		***************************************
f	20-year property					1		······································
g	25-year property			25 yrs.	[ · · · · · · · · · · · · · · · · · · ·	S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		*****
	property				MM	S/L		
	Sectio	n C - Assets Placed in Serv	vice During 2011 Tax \	ear Using th	e Alternative	Deprecia	tion §	System
20a	Class life					S/L		
b	12-year			12 yrs.		S/L		
	40-year			40 yrs.	MM	S/L		
-	the second se	(See instructions.)						
21		er amount from line 28				• • •	21	
22		from line 12, lines 14 through						
•		te lines of your return. Partne			uctions	•••	22	31,460
23		ove and placed in service du						
		ttributable to section 263A co			3			-
For F	aperwork Reduction	Act Notice, see separate i	nstructions.	EEA				Form 4562 (2011)

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Form 8879-S	IRS e-file Signature Authorization			OMB No. 1545-1863
	for Form 1120S			
	For calendar year 2011, or tax year beginning	, 20		2011
Department of the Treasury Internal Revenue Service	See instructions. Do not send to the IRS. Keep for your		······	
Name of corporation		Employer identificat	ion numbe	1r
DANKA K MICH	AELS MD PROF CORP	56-2371	654	
Part I Tax Ret	urn Information (Whole dollars only)	1 00 2071	.004	······································
	sales less returns and allowances (Form 1120S, line 1e)	• • • • • • • •	1	1,652,631
2 Gross profit (Form	1120S, line 3)		2	1,345,629
3 Ordinary business	income (loss) (Form 1120S, line 21)		3	(59)
4 Net rental real esta	ate income (loss) (Form 1120S, Schedule K, line 2)		4	
5 Income (loss) reco	nciliation (Form 1120S, Schedule K, line 18)		5	67
Part II Declara	tion and Signature Authorization of Officer (Be sure to get a	a copy of the	corpo	oration's return)
transmission, (b) the rea the U.S. Treasury and its institution account indica the financial institution to 1-888-353-4537 no later in the processing of the e issues related to the pay income tax return and, if Officer's PIN: check or X I authorize <u>R</u> on the corpora	OBERT S SEMONIAN CPA to enter my PIN 123	Fund. If applicable abit) entry to the es owed on this r Freasury Financia refinancial instit swer inquiries an or the corporation or the corporation add 5 enter all zeros	e, I auth financia etum, a al Agent utions ir d resolv n's elect	orize I nd at ivolved e ronic
Officer's signature		12 ^{Title} ▶ P	RESI	DENT
Part III Certific	ation and Authentication			
l certify that the above nu corporation indicated abo	your six-digit EFIN followed by your five-digit self-selected PIN. meric entry is my PIN, which is my signature on the 2011 electronically filed in ove. I confirm that I am submitting this return in accordance with the requirement	come tax return nts of Pub. 3112	. IRS e-	r all zeros
Returns.	tion, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS of ERT S SEMONIAN CPA ERO Must Retain This Form - See Instruction Do Not Submit This Form to the IRS Unless Requested	^{Date} ▶ <u>08-2</u> s		
	be not outline ring roun to the ing othess Requested	10 00 30		
For Paperwork Reducti	on Act Notice, see instructions.	EEA		Form 8879-S (2011)

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Danka Michaels001895

AA02801

	Listing of Shareholder Distribu	tions 2011
Name(s) as shown on return DANKA K MICHAELS	5 MD PROF CORP	Employer Identification Number 56-2371654
Date		Amour
12-31-2011		
		14,28
TOTAL		14,28

<u> </u>		Summary of Sto	ock Ow	nership		201	1
	CORPORATION NAME					EIN	
	DANKA K MICHAELS MD PROF CC	DRP				56-2371	
	Shareholder Information			Shares	······································	% Ow	nership
	Name	EIN/SSN	Туре		Ending	Beginning	Ending
	DANKA MICHAELS			1,000	1,000	100.00000	100.00000
	TOTAL			1,000	1,000		
2							



Federal Supporting Statements	<b>2011</b> PG01
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	FEIN 56-2371654
AMENED RETURN ORIGINAL RETURN REPORTED PAYMENTS TO MANAGEMENT COMPAN PAYMENTS TO SHAREHOLDERS IN ERROR. IN ADDITION, THE O FAILED TO CLAIM THE CREDIT FOR SMALL EMPLOYER HEALTH I FORM 8941	STATEMENT#1 Y AS DIVIDEND RIGINAL RTURN
FORM 1120S LINE 19	<b>PG01</b> STATEMENT # 2
DESCRIPTION BANK CHARGES DUES AND SUBSCRIPTIONS EQUIPMENT RENTAL/LEASE INSURANCE LEGAL AND PROFESSIONAL 50% MEALS AND ENTERTAINMENT MEETINGS FORM 8941 CREDIT ADJUSTMENT OFFICE EXPENSE OUTSIDE SERVICES/SUB CONTRACTORS PAYROLL PROCESSING EXPENSE POSTAGE/SHIPPING SECURITY TELEPHONE UNIFORMS UTILITIES EMPLOYUEE AUTO REIMBURSEMENTS BILLING SERVICE EQUIPMENT MAINT CONTRACTS MANAGEMENT FEES TOTAL	AMOUN 5,96 10 6,63 46,11 111,19 65 5 2,23 (2,30 13,13 14,58 2,97 4,57 35 10,94 18 7,41 12,45 9,12 10,75 54,14 311,300

	Federal Supporting Statements	2011 PG01
Name(s) as shown on return	WEIG ME DECE COED	FEIN
DANKA A MICI	HAELS MD PROF CORP	56-2371654
	SCHEDULE A LINE 5	STATEMENT # 5
DESCRIPTION WELLNESS PRO NERVE CONDUC ULTRA SOUND LAB FEES MEDICAL SUP TOTAL	CTION COSTS SERVICES	AMOUN 6,46 6,63 71,99 3,96 33,77 122,84
	FORM 1120S, SCHEDULE K, LINE 13g	PAGE : STATEMENT # 12
DESCRIPTION CREDIT FOR	SMALL EMPLOYER HEALTH INSURANCE PREMIUMS	AMOUNY 2,303
TOTAL		2,303
OTHER CURREN	FORM 1120S, SCHEDULE L, LINE 6	PG01 STM19
DESCRIPTION NOTE RECEIVA	BEG OF	YEAR END OF YE
TOTAL		
		<u>4,</u>

Name(s) as shown on return	Federal Supporting Statements	2011 PG01	
DANKA K MICHAELS M	56-2371654		
······································			
	SCHEDULE M-1 LINE 3B	STATEMENT # 26	
DESCRIPTION		AMOUN	
FORM 8941 CREDIT A	2,30		
TOTAL		2,30	
	SCHEDULE M-2 LINE 3	PG01 STATEMENT # 29	
DESCRIPTION INTEREST INCOME		AMOUN 12	
TOTAL			
IOIAL		12	
	SCHEDULE M-2 LINE 5	PG01 STATEMENT # 30	
DESCRIPTION NONDEDUCTIBLE EXPE	NSES	$\frac{\text{AMOUN}}{2,35}$	
TOTAL			
IOIAE		2,35	

		mparison Worksheet			2011
SCOPP	ORATION NAME (Kee				
		EIN			
DAN	KA K MICHAELS MD PROF CORP	Schedule K	K-1 Totals	56-23	71654
		Schedule K	K-1 Totais	<u> </u>	Difference
1	Ordinary business income (loss)	. (5	9)	(59)	
4	Interest income		1	126 -	
13 P	Other credits			303 -	(2,3
	Nondeductible expenses	2,353		353	
D	Property distributions	14,288		288	
17 a	Investment income	126	5	126	
			j.	1	

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	Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-filed re Including with a paper filed return is optional.	eturns. 2011
S CORPORATION NAME		EIN
DANKA K MICHAE	LS MD PROF CORP	56-23716
Taxes and Licenses	Form 1120S	Page 1, Lin
1 State income taxes		1
2 State franchise taxes		2
3 City income taxes		3
<ul><li>4 City franchise taxes</li><li>5 Local property taxes</li></ul>		4
6 Intangible property tax	P6	5
7 Payroll taxes		7 9
8 Less: credit from Form	8846	8
9 Foreign taxes paid		9
10 Occupancy taxes		10
11 Other miscellaneous t		11
	ated to ordinary income	12
13 Licenses		13
14 Total to Form 1120S,	Page 1 Line 12	14 9
1		

L	Drm 1120S Schedule M-2/Retained Earnings Worksheet (Keep for your records)	2011
	oration Name	EIN
	ANKA K MICHAELS MD PROF CORP	56-2371654
	Analysis of Current-Year Retained Earnings	
1 2 3 4 5 6	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	2 (2,286) 3 (14,288) 4 118,116 5 118,116
	Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA	
1		
2	Ending retained earnings (Schedule L, column d, line 24)	. 2 134,690
4	Ending AAA plus OAA	. 4118,116
5	Beginning AAA plus OAA	. 5 134,690
6	Difference (line 4 minus line 5)	. 6 (16,574)
7 8 9 10	Current-Year Timing Adjustments per Schedule M-1         Subtractions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2)         Other income recorded on books not included on Schedule K         Depreciation on Schedule K not included on books         Other Schedule K items not included on books         Other Schedule K items not included on books         Total subtractions (lines 7 through 9)	
11	Additions to net income per books (Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3)	
12	Income included on Schedule K not recorded on books	·····
13	Other items on books not included on Schedule K	
14	Total additions (lines 11 through 13) 14	
15	Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10)	. 15
16 17	Current-Year Timing Adjustments Per Schedule M-3         Permanent or temporary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens app on line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100.         Permanent differences       16         Temporary differences       17	ear
18	Timing adjustments not included on Schedule M-2 (combine lines 16 and 17)	. 18
19 20 21 22	Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7	20 . 21 (16,574)
23	Net reconciliation difference (line 3 minus line 21 or 22)	. 23

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<b>2011</b> PAGE 1			AMT Current		4,879		16,293	2.995 8,438	1		934 311		31.460
	social security number EIN	56-2371654	Bonus depreciation					2 Ad			ЪХ		
	social		Prior expense			17,576	50,000			48,720		54,660	176,810
			Accumulated Depreciation	9,151	¥			17,971 4,493	•••		1,712	5,854	373,171
			Current depr.		4,879		r~1	5 8,438 5 428	1		3 311	~	31,460
bu			Rate	0 0	6.667	0	14.286	14.286	14.286	20	33.333	33.333	
Lepreciation Letail Listing FORM 11205 For your records only			Method		S/L HY			S/L HY S/L HY				S/L HY	
CIATION DETAIL L FORM 1120S For your records only			Life	7 7								ი ო	
preclatic For you			Depreciation Basis	9,1517	73,18815	0	114,0547	2,9957	7,7757	0	934 3	0 0	268,467
ne			Section 179				50,000			48,720		5,854	176,810
			Business percentage	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.001	
			Salvage										
			Cost	9,151	73,188	17,576	164,054	5,990	15,550	48,720	1,868	5,854	456,981
		PROF CORP	Date	20030625 20030625	<b>20030625</b>	20050701	20060701	20080701	20080801	20090701	20090701	20100217	
<ul> <li>Item was disposed of during current year.</li> </ul>	Name(s) as shown on return	DANKA K MICHAELS MD E	Description	OFFICE FURNITURE MEDICAL EQUIPMENT	ģ			ALL EQUIP		<u>д</u>		COMPUTER EQUIP	Totals
* Item of dur	sjemen	ä	vy	<u>0 2</u> ⊢ N		- <del>63</del>	<u>к</u>	<u>a a</u>	<u></u> 2i co		10 12		H

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2011 PAGE 1		AMT Current		
0	social security numberitaria 56-2371654	Bonus depreciation		
	Socialize	Prior expense	17,576 50,000 600 54,660 5,854 5,854	176,810
		Accumulated	9,151 1,304 1,305 139,612 37,971 2,996 1,557 54,660 5,854 5,854	367,630
		Current depr.	4,879 16,293 8,438 2,221 623 623	33,310
<u>bug</u>		Rate	0 0 14.286 14.286 14.286 33.333 33.333 33.333	
HAUON LOCIALI LIS STATE FORM 1120S or your records only		Method	NH 7/S NH 7/S NH 7/S NH 7/S NH 7/S NH 7/S NH 7/S	
I FORM		Life	LQ	
Lepreciation Letail Listing STATE FORM 1120S For your records only		Depreciation Basis	9,1517 1,3047 1,3046 5,9067 5,9907 15,5507 1,8683 1,8683 05 03	280,171
hen		Section 1 179	5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,854 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956 5,956	176,810
		Business percentage	100.001 100.001 100.001 100.001 100.001 100.001 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.00000 100.00000 100.00000000	
		Salvage		
		Cost	9,151 17,576 17,576 59,065 59,066 48,755 5,866 5,866 5,866 5,866	456, 98 <u>1</u>
	PROF CORP	Date	20030625 20030625 20050701 20050701 20080701 20080701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 200907001 200907001 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 20090701 200907000000000000000000000000000000000	
	Name(s) as snown on reium DANKA K MICHAELS MD E	Description	OFFICE FURNITURE 2003062 MEDICAL EQUIPMENT 2003062 LEASEHOLD IMEROVERERT0030622 MED EQUIP 20060703 MED EQUIP 20060703 MED EQUIP 20060703 SPA EQUIP 20090703 SPATWARE 2011P 20101226 COMPUTER EQUIP 20101226 COMPUTER EQUIP 20100217	Totals
	uame(s D.R	ov V	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

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	Next Year's De		2	2011		
Form Multi-Form I 1120 1 1120 1	Next Year's De CHAELS MD PROF CORP Description OFFICE FURNITURE MEDICAL EQUIPMENT LEASEHOLD IMPROVEMENT MED EQUIP MED EQUIP MED EQUIP MED EQUIP SPA EQUIP SOFTWARE MEDICAL EQUIP COMPUTER EQUIP TOTAL	-	Basis 9,151 1,304 73,188 114,054 59,066 2,995 7,775 934	FEIN Method SL SL SL SL SL SL SL SL SL SL		2011 56-2371654 Deduction 4,879 16,293 8,438 428 1,111 156 31,305

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	Federal Filing Instructions	2011 Your Social Security Number
Name(s) as shown on return <u>DANKA K MICHAELS MD</u>	PROF CORP	56-2371654
Form to be filed:	Form 1120S and supplemental forms a	nd schedules
Sign and date:	An officer must sign and date Form	1120S on page 1.
Address to file:	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0013	
Refund:	Neither a refund nor a balance due	
Other Instructions:	This is an amended Form 1120S. Atta that identifies the line number of item, the corrected amount or treat item, and an explanation of the rea change. If the income, deductions, other information provided to any s Schedule K-1 are incorrect, file an Schedule K-1 for that shareholder w Form 1120S. Also give a copy of the Schedule K-1 to that shareholder.	each amended ment of the sons for each credits, or hareholder on amended ith the amended

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Danka K Michaels MD Prof Corp 7373 Peak Dr No 160 Las Vegas, NV 89134 Invoice Date: 08/24/2012

Your 2011 tax return was prepared by Robert S Semonian Cpa.

Description of Charges Price Federal and Supplemental Forms Form 1120S - U.S. S Corp Income Tax Return Page 1 \$ Form 1120S - U.S. S Corp Income Tax Return Page 2 Form 1120S - U.S. S Corp Income Tax Return Page 3 Form 1120S - U.S. S Corp Income Tax Return Page 4 Schedule K-1 - Shareholder's Share of Income Form 1125-A - Cost of Goods Sold Form 4562 - Depreciation and Amortization Form 8879-S - E-File Signature Authorization for 1120S - Small Employer Health Insurance Premium Cr Form 8941 Statement 1120S - Subsidiary Schedule for 1120S Statement 1120S - Subsidiary Schedule for 1120S Statement 1120S - Form 1120S Statement - Line 5 Statement 11205 - Form 1120S Statement - Line 19 Statement 1120S - Form 1120S, Schedule A Statement - Line 5 Statement 1120S - Form 1120S, Schedule K Statement - Line 13g Statement 11205 - Subsidiary Schedule for 1120S Statement 26 - Schedule M-1 Statement - Line 3B Statement 29 - Schedule M-2 Statement - Line 3 Statement 30 - Schedule M-2 Statement - Line 5 - Shareholder's Share of Distributions K1_Dist K-K1 Comparison - Comparison of Schedule K to K-1 Next Year Depr - Next Year Depreciation Schedule Wksht Tax/Lic - Taxes and Licenses Worksheet Wksht 8941 - Form 8941 Worksheet A and B Wksht 8941 - Form 8941 Worksheet A and B Comparison - Tax Year Comparison Sheet Wksht M-2 - Schedule M-2 Worksheet Depr Sch - Federal Depreciation Schedule ST Depr Sch - State Depreciation Schedule Total Forms : 29 Forms Subtotal 0.00 Total Balance Due 0.00

1120S		Sub S Corporation Diagnostic Summary							
Name			Employer Identification #						
DANKA K MICHA	DANKA K MICHAELS MD PROF CORP								
	73 PEAK DR NO 160 5 VEGAS, NV 89134	Phone:							
Resident State: NV									
<u>Diagnostics</u> Preparer: ROBERT	S SEMONIAN Invoice:		Date: 08-24-2012						
Return Information									
Item on R		2011	2010 Federal						
item on R	eturn	Federal	(If available)						
Total Assets		223,521	294,753						
Number of Shareholder	rs	1	1						
Gross Receipts/Sales		1,652,631	1,409,564						
Total Income		1,345,629	1,316,816						
Total Deductions		1,345,688	1,143,954						
Ordinary Income		(59)	172,862						
Tax									
Overpayment									
Refund									
Refund Applied to ES									
Balance Due									
2220 Penalty									

State/City Information

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State/City	Gross	Taxable	Composite	Other Tax	Refund/
	Income	Income	Tax		(Balance Due)

#### **1120S TAX RETURN COMPARISON** 2009 / 2010 / 2011

## 2011

Name(s) as shown on return DANKA K MICHAELS MD PROF CORP

Identifying number 56-2371654

]	2009	2010	2011	DIFFERENCE
Income	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2010 & 2011
Net receipts	1,123,157	1,409,518	1,652,631	243,113
Cost of goods sold	117,299	92,702	307,002	214,300
Gross profit	1,005,858	1,316,816	1,345,629	28,813
Net gain/loss from 4797			<u>+10101020</u>	207013
Other income				
Total income	1,005,858	1,316,816	1,345,629	28,813
Deductions			<u> </u>	20/013
Compensation of officers	202,500	197,000	216,000	19,000
Salaries and wages	292,120	399,940	525,699	125,759
Repairs and maintenance	20,323	9,153	12,577	3,424
Bad debts				<u> </u>
Rents	79,909	100,528	101,896	1,368
Taxes and licenses	41,538	80,702	97,419	16,717
Interest	4,323	2,880	7,822	4,942
Net depreciation	33,732	32,521	31,460	(1,061)
Depletion				
Advertising	35,120	24,953	23,124	(1,829)
Pension, profit-sharing	395	10,635	18,391	7,756
Employee benefits		42,922		(42,922)
Other deductions	230,210	242,720	311,300	68,580
Total deductions.	940,170	1,143,954	1,345,688	201,734
Ordinary business income(loss)	65,688	172,862	(59)	(172,921)
Тах				
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23d				
Results				
Amount owed				
Overpayment				
Applied to estimate				
Refund				

#### SCHEDULE K - Shareholder's Share Items

Income				
Ordinary business income (loss)	65,688	172,862	(59)	(172,921)
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income	134	57	126	69
Ordinary dividends				
Qualified dividends		1		
Royalties				·····
Net short-term capital gain (loss)				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss)				
Unrecaptured section 1250 gain				
Net section 1231 gain (loss)				
Other income (loss)				
	2009	2010	2011	DIFFERENCE

#### **1120S TAX RETURN COMPARISON** 2009 / 2010 / 2011

2011

$\bigcirc$	2009 / 2010 / 2011	2011
N		Page 2
Name(s) as shown on re	tum	Identifying number
DANKA K MICH	AELS MD PROF CORP	56-2371654

Deductions	2009 FEDERAL	2010 FEDERAL	2011 FEDERAL	DIFFERENCE BETWEEN 2010 & 2011
Section 179 deduction	48,720	60,514		(60,514)
Contributions		900		(900)
Investment interest expense				
Section 59(e)(2) expenditures				
Other deductions				
Credits				
Low-income housing credit (section 42(j)(5))				
Low-income housing credit (other) Qualified rehabilitation expenditures (rental real estate)				
Other rental real estate credits				
Other rental credits				
Credit for alcohol used as fuel				
Other credits			2,303	2,303
Foreign Transactions				
Gross income from all sources			Not and a second s	
Gross income sourced at shareholder level				
Foreign gross income sourced at corporate level				
Passive category				
General categories				
Other Deductions allocated and apportioned at				
shareholder level				
Other Deductions allocated / apportioned at corp. level				
Passive category				
General categories				
Other				
Reduction in taxes available for credit .				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment				
Adjusted gain or loss				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
Items Affecting Shareholder Basis				
Tax-exempt interest income				
Other tax-exempt income				
Nondeductible expenses	115	10	2,353	2,343
Property distributions	25,000	<u>+0</u>	14,288	14,288
Repayment of loans from shareholders	20,000		13/200	13,200
Other information				
Investment income	134	57	126	<u> </u>
Investment expenses Dividend distributions paid from accum earnings and profits	¥54	57	120	69
RESIDENT STATE				
Taxable income.				
Total tax				
Overpayment.				
Balance due				
COMPARES LD2	2009	2010	2011	DIFFERENCE

COMPARES.LD2

		Credit for Small Employer Health Insurance Dremium	_	OMB No. 1545-2198
Form	8941	Credit for Small Employer Health Insurance Premium		2011
Departor	ient of the Treasury	Information about Form 8941 and its inst. is available at www.irs.gov/form8941	•	
	Revenue Service	Attach to your tax return.		Attachment Sequence No. 63
Name(s)	shown on return		Identi	lying number
אמת	IKA K MTCHI	AELS MD PROF CORP	56	-2371654
		KIED FID FROT CORF	1 30	-2371034
1	Enter the number o	f individuals you employed during the tax year who are considered		
	employees for purp	oses of this credit (see instructions)	1	17
2		f full-time equivalent employees you had for the tax year (see instructions). If		
	you entered 25 or r	nore, skip lines 3 through 11 and enter -0- on line 12	2	12
3		ges you paid for the tax year (see instructions). If you entered \$50,000 or	<b>  </b>	
		nrough 11 and enter -0- on line 12	3	43,000
4		during the tax year for employees included on line 1 for health insurance		157000
		ualifying arrangement (see instructions)	4	44,766
5		Id have entered on line 4 if the total premium for each employee equaled the	1999-223	44,100
		or the small group market in which you offered health insurance coverage		
		· · · · · · · · · · · · · · · · · · ·	5	81,277
6		f line 4 or line 5	6	44,766
7		e applicable percentage:	53032	44,700
		Il employers, multiply line 6 by 25% (.25)		
		mployers, multiply line 6 by 35% (.35)	7	15,668
8		s, enter the amount from line 7. Otherwise, see instructions	8	13,584
9		or less, enter the amount from line 8. Otherwise, see instructions	9	
10		unt of any state premium subsidies paid and any state tax credits available to		2,303
		icluded on line 4 (see instructions)	10	
11		n line 4. If zero or less, enter -0-	11	11 700
12		f line 9 or line 11	12	44,766
13		ip lines 13 and 14 and go to line 15. Otherwise, enter the number of	14	2,303
		I on line 1 for whom you paid premiums during the tax year for health		
			13	0
14		under a qualifying arrangement (see instructions)	-13	9
14		s included on line 13		0
15		ployer health insurance premiums from partnerships, S corporations,	14	8
15				
16		es, and trusts (see instructions)	15	
10				
		is 17 and 18 and go to line 19. Partnerships and S corporations, stop here unt on Schedule K. All others, stop here and report this amount on Form		
	3800, line 4h	unit on Schedule K. All others, stop here and report this amount on Form		
47		• • • • • • • • • • • • • • • • • • • •	16	2,303
17		patrons of the cooperative or beneficiaries of the estate or trust (see		
40	Instructions)		17	
18		es, and trusts, subtract line 17 from line 16. Stop here and report this amount		
40			18	
19	-	ou paid in 2011 for taxes considered payroll taxes for purposes of this credit		
••			19	
20		mployers, enter the smaller of line 16 or line 19 here and on Form 990-T,		
	line 44f		20	
ror Paj	perwork Reduction	Act Notice, see separate instructions. EEA		Form 8941 (2011)

Shareholder's name		Distribution Inform	ation	2011 Shareholder's ID Number
DANKA MICHAELS	5			S corporation's Env
DANKA K MICHAI	ELS MD PROF COR	P		56-2371654
Data of Distribution	Total Amount of	Ownership % at		Shareholder's Pro Ra
Date of Distribution	Distribution	Date of Distribution	Shares 1000.000	Share of Distribution0014,288
TOTAL				14,288

1120SK_1.LD2

FORM 8941	WORKSHEETS 1 and 4	2011
	(Keep for your records)	
Name(s) as shown on return		Identifying Number
DANKA K MICHAR	ELS MD PROF CORP	56-2371654

#### Worksheet 1. Information Needed to Complete Line 1 and Worksheets 2 and 3

If you need more rows, use a separate sheet and include the additional amounts in the totals below.

## Worksheet 4. Information Needed to Complete Lines 4 and 5 and Worksheet 7

If you need more rows, use a separate sheet and include the additional amounts in the totals below.

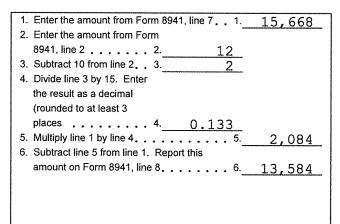
(a) Individuals Considered Employees	(b) Employee Hours of Service	(c) Employee Wages Paid	(a) Enrolled Individuals Considered Employees	(b) Employer Premiums Paid	(c) Employer State Average Premiums	(d) Enrolled Employee Hours of Service
1. ALTMEYER	1,669	21,697	1. ALTMEYER	4,974	4,781	1,669
2. ALTMEYERS	22	178	2.		4,781	
3. ASHMAN	2,080	117,487	3. ASHMAN	4,974	4,781	2,080
4. CARILLO	2,080	73,339	4. CARILLO	4,974	4,781	2,080
5. GOROC	320	6,400	5.		4,781	
6. LANG	2,080	54,800	6. LANG	4,974	4,781	2,080
7. LOYA	760	4,750	7.		4,781	
8. MAKNO	2,080	31,400	8.		4,781	
9. MARTIN	99	985	9.		4,781	
10. MCLINTIC	149	1,485	10.		4,781	
11. OBRIEN	2,080	43,363	11. OBRIEN	4,974	4,781	2,080
12. PAQUE	2,080	27,240	12. PAQUE	4,974	4,781	2,080
13. PICKENS	2,080	25,100	13. PICKENS	4,974	4,781	2,080
14. QUBIN	2,080	45,332	14. QUBIN	4,974	4,781	2,080
15. SHAW	2,080	25,375	15. SHAW	4,974	4,781	2,080
16. SUBERTOVA	1,552	31,040	16.		4,781	
17. WOLF	1,846	15,230	17.		4,781	
18.			18.			
19.			19.			
20.			20.			
21.			21.			
22.			22.			
23.			23.			
24.			24.			
25.			25.			
Totals: <u>1</u> 7	25,137	525,201	Totals: 9	44,766	81,277	18,309

FORM 8941	WORKSHEETS 2, 3, 5, 6, and 7	2011
	(Keep for your records)	
Name(s) as shown on return		Identifying Number
DANKA K MICHAELS MD PROF CORP		56-2371654

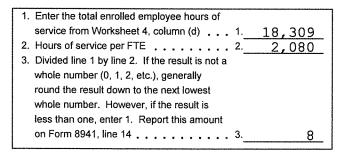
# Worksheet 2. Full-Time Equivalent Employees (FTEs)

1. Enter the total employee hours of service
from Worksheet 1, column (b) 1. 25,137
2. Hours of service per FTE 2. 2,080
3. Full-time equivalent employees.
Divide line 1 by line 2. If the result is not a
whole number (0, 1, 2, etc.), generally
round the result down to the next lowest
whole number. However, if the result is
less than one, enter 1. Report this
amount on Form 8941, line 2 3. <u>12</u>

#### Worksheet 5. FTE Limitation

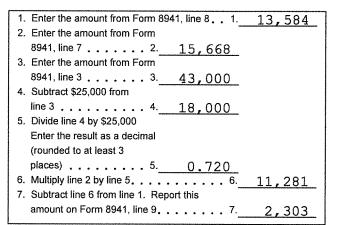


#### Worksheet 7. FTEs Enrolled in Coverage



#### Worksheet 3. Average Annual Wages

#### Worksheet 6. Average Annual Wage Limitation



WK_8941B.LD

## Form **1125-A**

(December 2011) Department of the Treasury Internal Revenue Service

## Cost of Goods Sold

OMB No. 1545-2225

Attach to Form 1120, 1120-C, 1120-F, 1120-S, 1065, and 1065-B.

Vame			Employer identification number
DAI	IKA K MICHAELS MD PROF CORP		56-2371654
1	Inventory at beginning of year	1	20,000
2	Purchases	2	184,156
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	122,846
6	Total. Add lines 1 through 5	6	327,002
7	Inventory at end of year	7	20,000
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the		207000
	appropriate line of your tax return (see instructions)	8	307,002
9a	Check all methods used for valuing closing inventory:	L	
	(i) 🗙 Cost		
	(ii) Lower of cost or market		
	(iii) Other (Specify method used and attach explanation.)		
b	Check if there was a writedown of subnormal goods	******************	► □
с	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)		
d	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed	• •	•••••
	under LIFO.	04	
e	If property is produced or acquired for resale, do the rules of section 263A apply to the corporation?		
-			
f	Was there any change in determining quantities, cost, or valuations between enoning and eleging investor	O 14 mV.	n
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory attach explanation		

# ETD ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing of extensions is allowed.

Name(s)	SSN/EIN
DANKA K MICHAELS MD PROF CORP	56-2371654

0148 PREVIOUSLY ACCEPTED EXTENSION: Form 7004 for this corporation has been previously e-filed and accepted by the IRS.

NOTE: This message will ONLY prevent the e-filing of Form 7004.





1120SEF		EF Transmission	Status		2012	
Name(s) as shown on return		(Keep for your recor	ds)		EIN number	
	ELS MD PROF CO	RP		1	6-2371654	
The following will be tran	smitted to the IRS.	🛛 1120S 🔲 7	004 🗌 Amended			
The following state return	ns will be transmitted:					
				<del></del>		
			***************************************			
					••••••••••••••••••••••••••••••••••••••	
					-	
4.002-04-04-04-04-04-04-04-04-04-04-04-04-04-						
*****					* **********	
					_	
Alfred Announce of the Annual Annua			and the second second second second		-	
				A-100-000-000-000-000-000-000-000-000-00		
		*****				
The following returns hav	re been suppressed or are n	ot eligible and will NOT b	e transmitted.			
					• ••••••••••••••••••••••••••••••••••••	
				•iii		
		***************************************				
				·		
EF Notes						

1120SEF.LD

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Form 1	120	s			me Tax Return			on		OMB No. 1545-0130
0		_		Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.						2012
Departmer Internal Re			Informa		1120S and its separat			ov/form112	0s.	
For cale	ndar y	ear 2012 or tax ye				, 2012, ending	<u>_</u>			20
A Select	tion effe	ctive date		Name		******	****		D Employer	identification number
New York Contractory		2003 _T	TYPE	DANKA K	MICHAELS MD	PROF CC	DRP		56-23	71654
B Busine		ity code	DR	Number, street, and i	room or suite no. If a PO, box,	see instructions.			E Date incor	porated
			PRINT		UFFALO DR				06-25	-2003
621	111		RINT	City or town, state, a	nd ZIP code				F Total asse	ts (see instructions)
C Check attache		^{и-3}		LAS VEGA	C	NV	89129		¢	116 000
W1074145045466			be an S		ning with this tax year?				S Form 255	116,090 3 if not already filed
					(3) X Address change		ended return (	5) 🗍 S elec	ction termi	nation or revocation
					ers during any part of th					
					enses on lines 1a throug		nstructions for m	ore informat	tion.	
	1 a	Gross receipts of	or sales				1a 1,55	57,314	TT	
	b	Returns and allo	owances	;	· · <i>· ·</i> · · · · · · · ·	· · <i>·</i> · · · [	1b			
<i>a</i>	c	Balance. Subtra	act line 1	b from line 1a		<i>.</i> <del>.</del>	· · · · · · · · ·		1c	1,557,314
Income	2	Cost of goods s	old (atta	ch Form 1125-A)				<i></i>	2	305,618
nco	3	Gross profit. Su	ibtract lir	ne 2 from line 1c	••••••••••••••••••••••••••••••••••••••	<i>.</i>			3	1,251,696
-	4			,	ittach Form 4797)				4	
	5				ach statement) · ·				5	·····
	6				15				6	1,251,696
_	7	Compensation of			• • • • • • • • • • • •				7	195,000
Suc	8 9			. ,	edits) • • • • • • •				8	531,238
itati	9 10				· · · · <i>·</i> · · · · · · · ·				9	14,005
Ē	11	Bad debts •							10	00 205
for	12	Rents							11	99,305
Deductions (see instructions for limitations)	13								12	62,124
ucti	14								13	31,305
nstr	15									51,505
ee	16			-					15	21,130
s (s	17	-							17	16,433
ion	18		-						18	49,571
nct	19	Other deduction	ns (attacl	h statement)			· · · Statem	ent·#2·	19	270,787
Ded	20				9				20	1,290,898
	21	Ordinary busin	iess inc	ome (loss). Subtr	act line 20 from line 6				21	(39,202)
	22 a	Excess net pass	sive inco	me or LIFO recap	lure tax (see instruction	s) • • •	22a			
	b	Tax from Sched	ule D (F	orm 1120S) ·	• • • • • • • • • • • • •		22b		]	
	с				r additional taxes)				22c	
ents	23 a				verpayment credited to 2	2012 ·	23a			
Tax and Paymen		Tax deposited w					23b		1	
Pa	с			d on fuels (attach	,	••••••	23c			
pue	d				• • • • • • • • • • • •		•••••		23d	
ax	24				heck if Form 2220 is at			. ▶ []	24	
μ –	25 26				the total of lines 22c and			• • • • •	25	
	26 27			•	e total of lines 22c and 2	4, enter amoun	` <b>.</b>	•••••	26	
				6 Credited to 20	13 estimated tax F ins return, including accompany	dan anh-dat		inded 🏲	27	
	the	best of my knowledge.	and belief,	it is true, correct, and	is return, including accompany complete. Declaration of prepa	rer (other than taxpa	statements, and to iver) is based on	1		discuss this return parer shown below
	alli	information of which pre	eparer has	any knowledge.				1	(see instructi	
Sign		DANKA MIC	HAET	S MD		1	L PR	ESIDEN		
Here		Signature of officer				Date			•	
		Print/Type preparer's r	name		Preparer's signature		Date	Chec	k 🛛 if	PTIN
Paid		ROBERT S	SEMC	NIAN CPA			05-23-2	0.1.0		200391972
Prepar	er		OBER		NIAN CPA			Firm's EIN		-4514704
Use Or	nly [	Firm's address P	O BC					Phone no.		
	[	V	'entu	ira CA 93	005			1	( 8 (	)5)659-5344
For Pape	erworl	k Reduction Act I	Notice,	see separate inst	tructions.					Form 1120S (2012)

Reduction Act Notice, see separate instructions. ар EEA

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6 1

Sc	hedule B Other Inf	formation (see instructions)		~	56-2371654		age
1	Check accounting method:	a 🛛 Cash b 🗌 Accr	ual		New York Control of Co	Yes	No
	-	c 🗌 Other (specify) 🕨					
2	See the instructions and enter						
	a Business activity ► PH	IYSICIAN	b Product or se	rvice 🕨 MEDICAL	CARE		
3	At any time during the tax ye	ar, was any shareholder of the co	rporation a disregarde	ed entity, a trust, an estate, c	ora		
	nominee or similar person?		· · · <i>· · ·</i> · · · · ·	<i></i>			Х
ŀ	At the end of the tax year, did						
а		r own, directly or indirectly, 50% o					
		ion? For rules of constructive own					
	below · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • •	• <i>•</i> • • • • • • • • • • • • • • • • •			Х
	(i) Name of Corporation	(ii) Employer identification Number	(iii) Country of	(iv) Percentage of Stock	<ul> <li>(v) If Percentage in (iv) is 10</li> <li>Date (if any) a Qualified Sub</li> </ul>		
		(if any)	Incorporation	Owned	Subsidiary Election Was		0
		+					
	·····						
h	Own directly an interest of 20	0% or more, or own, directly or ind	irectly, an internet of 5	50% or more in the profit las			
~		estic partnership (including an ent					
		ve ownership, see instructions. If "			elescol a		X
		Conterstip, see institueions, in	res, complete (i) the			II	
	(i) Name of Entity	(ii) Employer Identification Number	(iii) Type of Entity	(iv) Country of	(v) Maximum Percentage Ow	ned in Pr	rofit.
	(7	(if any)	(iii) iyocorening	Organization	Loss. or Capital		
	***************************************		******				
i a	At the end of the tax year, did	the corporation have any outstar	ding shares of restric	ted stock?			Χ
	If "Yes," complete lines (i) an	d (ii) below.					
	(i) Total shares of restricte	d stock • • • • • • • • • •	<i></i>				
	(ii) Total shares of non-rest	ricted stock · · · · · · ·					
b	At the end of the tax year, did	I the corporation have any outstar	iding stock options, w	arrants, or similar instrumen	its?		Х
	If "Yes," complete lines (i) and	d (ii) below.					
		itstanding at the end of the tax yea	-				
		tstanding if all instruments were e		▶			
		is it required to file, Form 8918, M					
	information on any reportable	transaction?					Х
		tion issued publicly offered debt in	*		· · · · · · ▶ 🔲		
	If checked, the corporation m		*				****
	If checked, the corporation m Instruments.	tion issued publicly offered debt in lay have to file <b>Form 8281, I</b> nform	ation Return for Public	cly Offered Original Issue D	iscount		
	If checked, the corporation m Instruments. If the corporation: (a) was a C	tion issued publicly offered debt in way have to file Form 8281, Inform C corporation before it elected to b	ation Return for Public	cly Offered Original Issue D	iscount		
	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined	tion issued publicly offered debt in ay have to file <b>Form 8281</b> , Inform C corporation before it elected to b d by reference to the basis of the a	ation Return for Publi- te an S corporation or asset (or the basis of a	cly Offered Original Issue D the corporation acquired ar any other property) in	n		
	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined the hands of a C corporation	tion issued publicly offered debt in lay have to file Form 8281, Inform C corporation before it elected to b d by reference to the basis of the a and (b) has net unrealized built-ir	ation Return for Public re an S corporation or asset (or the basis of a r gain in excess of the	cly Offered Original Issue D the corporation acquired ar any other property) in net recognized built-in gain	n		
	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined the hands of a C corporation from prior years, enter the ne	tion issued publicly offered debt in lay have to file Form 8281, Inform C corporation before it elected to b d by reference to the basis of the a and (b) has net unrealized built-in t unrealized built-in gain reduced	ation Return for Public e an S corporation or asset (or the basis of a gain in excess of the by net recognized buil	cly Offered Original Issue D the corporation acquired ar any other property) in net recognized built-in gain	n		
	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined the hands of a C corporation from prior years, enter the ne instructions)	tion issued publicly offered debt in aay have to file Form 8281, Inform C corporation before it elected to b d by reference to the basis of the a and (b) has net unrealized built-in et unrealized built-in gain reduced	ation Return for Public e an S corporation or asset (or the basis of a n gain in excess of the by net recognized buil \$	cly Offered Original Issue D the corporation acquired ar any other property) in net recognized built-in gain t-in gain from prior years (se	iscount n se		
ł	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined the hands of a C corporation from prior years, enter the ne instructions) Enter the accumulated earning	tion issued publicly offered debt in a have to file Form 8281, Inform C corporation before it elected to b d by reference to the basis of the a and (b) has net unrealized built-in et unrealized built-in gain reduced not solve the corporation a	ation Return for Public e an S corporation or asset (or the basis of a n gain in excess of the by net recognized buil \$	cly Offered Original Issue D the corporation acquired ar any other property) in net recognized built-in gain t-in gain from prior years (se	n		
3 ) )	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined the hands of a C corporation from prior years, enter the ne instructions) Enter the accumulated earnin Does the corporation satisfy	tion issued publicly offered debt in any have to file Form 8281, Inform C corporation before it elected to b d by reference to the basis of the a and (b) has net unrealized built- in tunrealized built-in gain reduced on the following conditions?	ation Return for Public e an S corporation or asset (or the basis of a n gain in excess of the by net recognized buil \$ \$	cly Offered Original Issue D the corporation acquired ar any other property) in net recognized built-in gain t-in gain from prior years (se	iscount n se		
a a	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined the hands of a C corporation from prior years, enter the ne instructions) Enter the accumulated earnin Does the corporation satisfy I The corporation's total receip	tion issued publicly offered debt in a phave to file Form 8281, Inform C corporation before it elected to b d by reference to the basis of the a and (b) has net unrealized built- in turrealized built-in gain reduced 	ation Return for Public e an S corporation or asset (or the basis of a gain in excess of the by net recognized buil \$ \$	cly Offered Original Issue D the corporation acquired ar any other property) in net recognized built-in gain t-in gain from prior years (se	iscount n se		v
3	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined the hands of a C corporation from prior years, enter the ne instructions) Enter the accumulated earnin Does the corporation satisfy I The corporation's total receip The corporation's total assets	tion issued publicly offered debt in a phave to file Form 8281, Inform C corporation before it elected to b d by reference to the basis of the a and (b) has net unrealized built-in et unrealized built-in gain reduced of the following conditions? ts (see instructions) for the tax year s at the end of the tax year were le	ation Return for Public e an S corporation or asset (or the basis of a gain in excess of the by net recognized buil \$ \$	cly Offered Original Issue D the corporation acquired ar any other property) in net recognized built-in gain t-in gain from prior years (se	iscount n se		X
) a b	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined the hands of a C corporation from prior years, enter the ne instructions) Enter the accumulated earnin Does the corporation satisfy I The corporation's total receip The corporation's total assets If "Yes," the corporation is no	tion issued publicly offered debt in any have to file Form 8281, Inform C corporation before it elected to b d by reference to the basis of the a and (b) has net unrealized built- in turnealized built-in gain reduced the net unrealized built-in gain reduced to the following conditions? ts (see instructions) for the tax year s at the end of the tax year were le t required to complete Schedules	ation Return for Public e an S corporation or asset (or the basis of a gain in excess of the by net recognized buil \$	cly Offered Original Issue D the corporation acquired ar any other property) in net recognized built-in gain t-in gain from prior years (se par.	scount see		x
a b	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined the hands of a C corporation from prior years, enter the ne instructions) Enter the accumulated earnin Does the corporation satisfy I The corporation's total receip The corporation's total assets If "Yes," the corporation is no During the tax year, did the corporation to the corpor	tion issued publicly offered debt in any have to file Form 8281, Inform C corporation before it elected to b d by reference to the basis of the a and (b) has net unrealized built- in the unrealized built-in gain reduced to the following conditions? ts (see instructions) for the tax year s at the end of the tax year were le t required to complete Schedules orporation have any non-sharehol	ation Return for Public e an S corporation or asset (or the basis of a gain in excess of the by net recognized buil \$	cly Offered Original Issue D the corporation acquired ar any other property) in onet recognized built-in gain t-in gain from prior years (se par. 0,000	scount s s 		
a b	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined the hands of a C corporation from prior years, enter the ne instructions) Enter the accumulated earnin Does the corporation satisfy I The corporation's total receip The corporation's total assets If "Yes," the corporation is no During the tax year, did the co-	tion issued publicly offered debt in a phave to file Form 8281, Inform C corporation before it elected to b d by reference to the basis of the a and (b) has net unrealized built- in the unrealized built-in gain reduced to the following conditions? ts (see instructions) for the tax year s at the end of the tax year were le t required to complete Schedules orporation have any non-shareholice the principal amount of the deb	ation Return for Public e an S corporation or asset (or the basis of a gain in excess of the by net recognized buil \$	cly Offered Original Issue D the corporation acquired ar any other property) in net recognized built-in gain t-in gain from prior years (se par.	scount s s 		X
3 ) ) b	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined the hands of a C corporation from prior years, enter the ne instructions) Enter the accumulated earnin Does the corporation satisfy I The corporation's total receip The corporation's total assets If "Yes," the corporation is no During the tax year, did the co terms modified so as to reduc If "Yes," enter the amount of s	tion issued publicly offered debt in any have to file Form 8281, Inform C corporation before it elected to b d by reference to the basis of the a and (b) has net unrealized built- in at unrealized built-in gain reduced to the following conditions? ts (see instructions) for the tax year at the end of the tax year were le t required to complete Schedules orporation have any non-shareholice the principal amount of the deb principal reduction	ation Return for Public e an S corporation or asset (or the basis of a gain in excess of the by net recognized buil \$ \$	cly Offered Original Issue D the corporation acquired ar any other property) in net recognized built-in gain t-in gain from prior years (se ear. 0,000	iscount 1 3 5 5  the 		X
8 9 0 1 1	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined the hands of a C corporation from prior years, enter the ne instructions) Enter the accumulated earnin Does the corporation satisfy I The corporation's total receip The corporation's total assets If "Yes," the corporation is no During the tax year, did the co terms modified so as to reduc If "Yes," enter the amount of g During the tax year, was a qu	tion issued publicly offered debt in any have to file Form 8281, Inform C corporation before it elected to b d by reference to the basis of the a and (b) has net unrealized built- in the unrealized built-in gain reduced the unrealized built-in gain reduced to the following conditions? Is (see instructions) for the tax yes at the end of the tax year were left to required to complete Schedules or poration have any non-shareholic the principal amount of the deb principal reduction S alified subchapter S subsidiary eleft	ation Return for Public e an S corporation or asset (or the basis of a gain in excess of the by net recognized buil \$	cly Offered Original Issue D the corporation acquired ar any other property) in net recognized built-in gain t-in gain from prior years (se bar. 0,000 	iscount 1 2e \$ the tions		X X
8 9 0 a	If checked, the corporation m Instruments. If the corporation: (a) was a C asset with a basis determined the hands of a C corporation from prior years, enter the ne instructions) Enter the accumulated earnin Does the corporation satisfy I The corporation's total assets If "Yes," the corporation is no During the tax year, did the co- terms modified so as to reduc If "Yes," enter the amount of g During the tax year, was a qu Did the corporation make any	tion issued publicly offered debt in any have to file Form 8281, Inform C corporation before it elected to b d by reference to the basis of the a and (b) has net unrealized built- in at unrealized built-in gain reduced to the following conditions? ts (see instructions) for the tax year at the end of the tax year were le t required to complete Schedules orporation have any non-shareholice the principal amount of the deb principal reduction	ation Return for Public e an S corporation or asset (or the basis of a gain in excess of the by net recognized buil \$ at the end of the tax ye at the end of the tax ye ar were less than \$250,000 L and M-1, der debt that was can t? conterminated or re- uire it to file Form(s) 1	cly Offered Original Issue D the corporation acquired ar any other property) in net recognized built-in gain t-in gain from prior years (se bar. 0,000 	iscount		X

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Form 1120S (2012)

		S(2012) DANKA K MICHAELS MD PROF CORP	56-2	371654 Page 3
Scł	nedu	le K Shareholders' Pro Rata Share Items		Total amount
	1	Ordinary business income (loss) (page 1, line 21)	1	(39,202)
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)		
	b	Expenses from other rental activities (attach statement) 3b	7	
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Interest income	4	
(s	5	Dividends: a Ordinary dividends	5a	
Los		b Qualified dividends		
e ()	6	Royalties	6	
Income (Loss)	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
lnc	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b	Collectibles (28%) gain (loss)		
	с	Unrecaptured section 1250 gain (attach statement)	1	
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10	Other income (loss) (see instructions)	10	
	11	Section 179 deduction (attach Form 4562)		1,437
suo	12a	Charitable contributions		1,107
Deductions	Ь	Investment interest expense		
npə	c	Section 59(e)(2) expenditures (1) Type ► (2) Amount ►	12c(2)	
ă	d	Other deductions (see instructions) · · · Type ►	120(2)	
	13a	Low-income housing credit (section 42(i)(5))		
	b	Low-income housing credit (other)		
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)		
ts	d	Other rental real estate credits (see instructions) · Type	13d	
Credits	e	Other rental credits (see instructions)	13u	
ς	f	Alcohol and cellulosic biofuel fuels credit (attach Form 6478)		
	g.		13g	1.61
	14a	Other credits (see instructions)       · · · · · · · · · Type       Statement #12         Name of country or U.S. possession       •	139	161
	b	Gross income from all sources	14b	
	c	Gross income sourced at shareholder level	1.40	
		Foreign gross income sourced at corporate level	140	
	d	Passive category	14d	
	e	General category		
ç	f	Other (attach statement)		
tio	· ·	Deductions allocated and apportioned at shareholder level	141	
sac	g		14-	
ans	h	Other		
Ę	''	Deductions allocated and apportioned at corporate level to foreign source income	14h	
igr				
Foreign Transaction		Passive category		
11.		•		
	k	Other (attach statement)	14k	
	Ι.	Other information		
		Total foreign taxes (check one):	141	
	m	Reduction in taxes available for credit (attach statement)	14m	
	n	Other foreign tax information (attach statement)		
	15a	Post-1986 depreciation adjustment	15a	
Tax Tax	b	Adjusted gain or loss	15b	
Ite	C .	Depletion (other than oil and gas)	15c	
MT	d	Oil, gas, and geothermal properties-gross income	15d	
Minimum Tax (AMT) Items	e	Oil, gas, and geothermal properties-deductions	15e	
	f	Other AMT items (attach statement)	15f	
der	16a	Tax-exempt interest income	16a	
s lot	b	Other tax-exempt income	16b	
asi	с	Nondeductible expenses	16c	1,744
Shareholder Basis	d	Distributions (attach statement if required) (see instructions)	16d	29,643
2	e	Repayment of loans from shareholders	16e	
EEA				Form 1120S (2012)

EEA

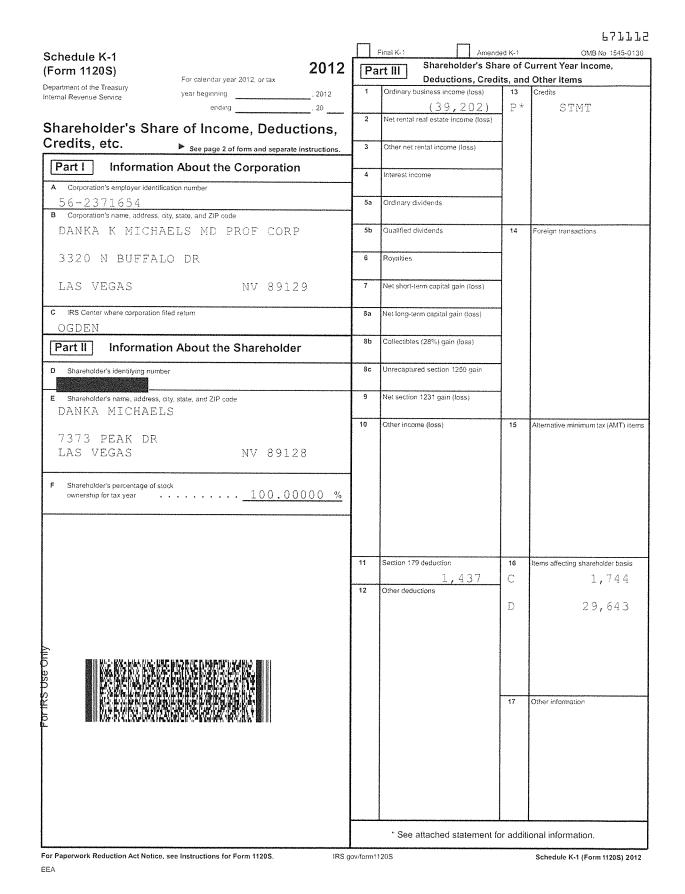
C.

Sc	1120S (2012) DANKA K MICHAEI hedule K Shareholders' Pro Rata Share I		*****		T	371654 Page Total amount
					17a	
Other Information	b Investment expenses				17b	
	c Dividend distributions paid from accum	ulated earnings and pro-	fits		17c	
tnfo -	d Other items and amounts (attach state	<b>u</b> ,				
					┼──┼╴	
recon- ciliation	18 Income/loss reconciliation. Combine	the amounts on lines 1	through 10 in the far right	ht		
cilis	column. From the result, subtract the s				18	(40,639
Scl	nedule L Balance Sheets per Books		of tax year	T	End of ta	
	Assets	(a)	(b)	(c)		(d)
1	Cash	· · · ·	114,995			37,517
2 a	Trade notes and accounts receivable			1	-	<u> </u>
b	Less allowance for bad debts	(		(	)	
3	Inventories	<u>,                                     </u>	20,000	1		20,000
4	U.S. government obligations			1	F	
5	Tax-exempt securities (see instructions)		**************************************	1	-	
6	Other current assets (attach statement)	Statement #19	4,716	- Statement #:		6,068
7	Loans to shareholders		1/ / 2 3		5 F	<u> </u>
в	Mortgage and real estate loans			1	-	
Э	Other investments (attach statement)			1		
)a	Buildings and other depreciable assets	456,981		458,4	18 F	
b	Less accumulated depreciation	(373, 171)	83,810	( 405,9		52,505
۱a	Depletable assets		<u></u>	1		
b	Less accumulated depletion	( )		(	)	
2	Land (net of any amortization)			<u> </u>		
3 a	Intangible assets (amortizable only)			1		
b	Less accumulated amortization	( )		(	)	
4	Other assets (attach statement)			1		
5	Total assets		223,521	1		116,090
	Liabilities and Shareholders' Equity		and the second			
6	Accounts payable					
7	Mortgages, notes, bonds payable in less than 1 year		22,655	1	- I-	21,024
3	Other current liabilities (attach statement)	Statement #22	0	- Statement #2	22	10,652
Э	Loans from shareholders				-  -	
)	Mortgages, notes, bonds payable in 1 year or more +		65,750	1	F	21,324
1	Other liabilities (attach statement)			1	F	
2	Capital stock		17,000	1	F	17,000
3	Additional paid-in capital				F	
1	Retained earnings		118,116	1	F	46,090
5	Adjustments to shareholders' equity (attach statement)			1		
3	Less cost of treasury stock		(	1	C	
7	Total liabilities and shareholders' equity	1	223,521	1	È-	116,090

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Form 1120S (2012)



Schedule K-1 Supplemental Information	2012
Shareholder's name DANKA MICHAELS	Shareholder's ID Number
Name of S Corporation DANKA K MICHAELS MD PROF CORP	S Corporation's EIN 56-2371654
FORM 1120S SCHEDULE K-1 LINE 13	
CODE DESCRIPTION	AMOU
P OTHER CREDITS CREDIT FOR SMALL EMPLOYER HEALTH INS. PREMIUMS	1611
TOTAL	

1120SK_1.LD2

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rorm	4562		Depre	eciation and	Amort	ization			OMB No. 1545-0172
		(	Including	Information	on Liste	d Property	/)		2012
	nent of the Treasury		-						Attachment
And in case of the local division of the loc	Revenue Service (99) shown on return		See separate	e instructions.		o your tax return ich this form relates	n.		Sequence No. 179
	KA K MICHAI	FT.S MD I	POF COP		DRM 112				
Par	t I Election	To Expense	Certain Pr	operty Under Se		00			56-2371654
L				olete Part V before you		rt l			
1				• • • • • • • • • • • •	·····			1	500,000
		,		(see instructions)				2	1,437
				tion in limitation (see ir				3	2,000,000
4	Reduction in limitation	n. Subtract line	3 from line 2. If	zero or less, enter -0-				4	0
5	Dollar limitation for ta	x year. Subtract	line 4 from line	1. If zero or less, ente	er -0 If marri	ed filing			
	separately, see instru	ctions · · · ·						5	500,000
6	(a)	) Description of pro	perty	(b) Cost	(business use o	nly) (c) Ele	ected cost		
E	QUIP				1,43	7	1,4	37	
	Listed property. Enter					7			
				ints in column (c), lines				8	1,437
				ne 8 • • • • • • • • • • • • • • • • • •			• • •	9	1,437
	Carryover of disallow		,				• • •	10	
				iness income (not less			tructions)	11	155,637
				but do not enter more	·	<u> </u>	• • •	12	1,437
*****				s 9 and 10, less line 12		13			L
Part				y. Instead, use Part V.					
				and Other Depr			isted prop	perty.)	(See instructions.)
				(other than listed prop					
		,						14	
	Property subject to se Other depreciation (in			· · · · · · · · · · · · ·				15	21 205
Part				lude listed property.) (			• • •	16	31,305
			(Bo not me	Section A		(15.)			
17	MACRS deductions for	or assets placer	t in service in ta	ax years beginning before				17	
				vice during the tax year					
				• • • • • • • • • • • •			·		
				ce During 2012 Tax Y			t	Syste	m
******		(1	<ul> <li>Month and year</li> </ul>	(c) Basis for depreciation	(d) Recover	.	T		
	(a) Classification of prop	perty	placed in service	(business/investment use only-see instructions)	period	(e) Convention	(f) Meth	ođ	(g) Depreciation deduction
19a	3-year property						1		
b	5-year property						1		
с	7-year property						1		
d	10-year properly								
	15-year property						1		
<u>e</u>	10-year property								
	20-year property								
f					25 yrs.		S/L		
f 2 g 2	20-year property				25 yrs. 27.5 yrs.	MM	S/L S/L		
f g h l	20-year property 25-year property Residential rental property								
f g h l	20-year property 25-year property Residential rental				27.5 yrs.		S/L		
f 2 g 2 h 1 i 1	20-year property 25-year property Residential rental property Nonresidential real property				27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L		
f 2 g 2 h 1 i 1	20-year property 25-year property Residential rental property Nonresidential real property Section	n C - Assets PI	aced in Servic	e During 2012 Tax Ye	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L preciatio	n Syst	em
f 2 g 2 h 1 i 1 20a (	20-year property 25-year property Residential rental property Nonresidential real property Section Class life	n C - Assets P	aced in Servic	e During 2012 Tax Ye	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L Dreciatio S/L	n Syst	em
f 2 g 2 h 1 i 1 20a ( b 2	20-year property 25-year property Residential rental property Nonresidential real property Section Class life 12-year	n C - Assets Pl	aced in Servic	e During 2012 Tax Ye	27.5 yrs. 27.5 yrs. 39 yrs. ear Using the 12 yrs.	MM MM MM Alternative Dep	S/L S/L S/L S/L Dreciatio S/L S/L	n Syst	em
f : g : h   i   20a ( b : c :	20-year property 25-year property Residential rental property Nonresidential real property Section Class life 12-year 40-year			e During 2012 Tax Ye	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L Dreciatio S/L	n Syst	em
f : g : h   i   20a ( b : c : Part	20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year <b>IV</b> Summary	y (See instructi	ons.)	e During 2012 Tax Ye	27.5 yrs. 27.5 yrs. 39 yrs. ear Using the 12 yrs.	MM MM MM Alternative Dep	S/L S/L S/L S/L Dreciatio S/L S/L		em
f 2 g 2 h 1 i 1 20a ( b 2 c 2 Part 21 1	20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year <b>IV Summary</b> Listed property. Enter	✓ (See instructi r amount from li	ons.) ne 28 ••••		27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs.	MM MM Alternative Dep MM	S/L S/L S/L S/L Dreciatio S/L S/L	n Syst	em
f 2 g 2 h 1 i 1 20a ( b 2 c 2 Part 21 1 22	20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year EIV Summary Listed property. Enter Total. Add amounts fr	<ul> <li>Y (See instruction in the second secon</li></ul>	ons.) ne 28 • • • s 14 through 17	7, lines 19 and 20 in co	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs.	MM MM Alternative Dep MM	S/L S/L S/L S/L S/L S/L S/L	21	
f 20a ( b 20a ( b 20a ( b 20a ( 20a ( 21 1 22 1	20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year EIV Summary Listed property. Enter Total. Add amounts fr here and on the approc	(See instructi amount from li rom line 12. line opriate lines of y	ons.) ne 28 · · · · s 14 through 17 rour return. Part	7, lines 19 and 20 in co inerships and S corpor	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs.	MM MM Alternative Dep MM	S/L S/L S/L S/L Dreciatio S/L S/L		.em 31,305
f 2 g 2 h 1 20a 0 b 2 C 2 Part 21 1 22 5 1 23 6	20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year EIV Summary Listed property. Enter Total. Add amounts fr here and on the approc	y (See instruction of amount from line rom line 12, line opriate lines of y ove and placed	ions.) ne 28 s 14 through 17 rour return. Parl in service durin	7, lines 19 and 20 in co Inerships and S corpor g the current year, ente	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs.	MM MM Alternative Dep MM	S/L S/L S/L S/L S/L S/L S/L	21	

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	<ul> <li>Do not send to the IRS. Keep for your records.</li> <li>Information about Form 8879-S and its instructions is at www.irs.gov/form1120S.</li> </ul>					2042	
Decentry of the Transie	Information about Form 8879-S	and its instruc	tions is at www	v.irs.gov/form11	20S.	2012	
Department of the Treasury nternal Revenue Service	For calendar year 2012, or tax year beginning		, 2012, ending		20		
Name of corporation				Employer ide	ntification nu	mber	
DANKA K MICHAELS	MD PROF CORP			56-2371	654		
	turn Information (Whole dollars only)						
	sales less returns and allowances (Form 1120					1,557,31	
. ,	1120S, line 3) • • • • • • • • • • • • • • • • • •					1,251,69	
	income (loss) (Form 1120S, line 21) · · ·					(39,20	
	ate income (loss) (Form 1120S, Schedule K, li	'					
	nciliation (Form 1120S, Schedule K, line 18)					(40,63	
Part II   Declara	tion and Signature Authorization	of Officer (E	se sure to g	et a copy of	the cor	poration's retu	
ncome tax return and, if	applicable, the corporation's consent to electro	onic funds withdr	awal.				
	OBERT S SEMONIAN CPA ERO firm name		nter my PIN <u>12</u> d	: 3.4.5 o not enter all zeros	_ as my s	ignature	
I authorize R	DBERT S SEMONIAN CPA	rn.	d	o not enter all zeros			
I authorize Reference on the corpora	OBERT S SEMONIAN CPA ERO firm name Ition's 2012 electronically filed income tax retur	rn. gnature on the co	d	o not enter all zeros 2 electronically fil	ed income	tax	
<ul> <li>I authorize R</li> <li>on the corpora</li> <li>As an officer or return.</li> </ul>	DBERT S SEMONIAN CPA ERO firm name ation's 2012 electronically filed income tax retur f the corporation, I will enter my PIN as my sig	rn. gnature on the co	d	o not enter all zeros 2 electronically fil		tax	
<ul> <li>I authorize R</li> <li>on the corpora</li> <li>As an officer or return.</li> </ul>	OBERT S SEMONIAN CPA ERO firm name Ition's 2012 electronically filed income tax retur	rn. gnature on the co	d	o not enter all zeros 2 electronically fil	ed income	tax	
<ul> <li>I authorize R</li> <li>on the corpora</li> <li>As an officer or return.</li> </ul>	DBERT S SEMONIAN CPA ERO firm name ation's 2012 electronically filed income tax retur f the corporation, I will enter my PIN as my sig	rn. gnature on the co	d	o not enter all zeros 2 electronically fil	ed income	tax	
I authorize       N         on the corpora       As an officer or return.         Officer's signature       ▶         Part III       Certificer	DBERT S SEMONIAN CPA ERO firm name ation's 2012 electronically filed income tax retur f the corporation, I will enter my PIN as my sig	rn. gnature on the co Date	d	o not enter all zeros 2 electronically fil	ed income PRESIC	tax	
I authorize R on the corpora As an officer o return.  Officer's signature Part III Certific ERO's EFIN/PIN. Enter s certify that the above nu corporation indicated above	DBERT S SEMONIAN CPA ERO firm name Ition's 2012 electronically filed income tax return if the corporation, I will enter my PIN as my sig cation and Authentication	rn. gnature on the co Date elf-selected PIN. on the 2012 elect n accordance with	d rporation's 2012 ▲ <u>0.5-0.8-20</u> ronically filed in h the requireme	2 electronically fil 1 3 Title 1 250884 come tax return nts of <b>Pub. 3112</b>	ed income PRESIC 98763 do not el for the I, IRS e-file	tax DEINT 3 nter all zeros	
I authorize Reference in the corporation on the corporation indicated above nutricipal certify that the	ERO firm name ERO firm name ation's 2012 electronically filed income tax return if the corporation, I will enter my PIN as my sig cation and Authentication your six-digit EFIN followed by your five-digit se umeric entry is my PIN, which is my signature of ove. I confirm that I am submitting this return in	rn. gnature on the co Date elf-selected PIN. on the 2012 elect n accordance with	d rporation's 2012 ▲ <u>0.5-0.8-20</u> ronically filed in h the requireme	2 electronically fil 1 3 Title 1 250884 come tax return nts of <b>Pub. 3112</b>	ed income PREST 98763 do not el for the , IRS e-file or Business	tax )E'NT 3 nter all zeros	
I authorize Reference in the corporation on the corporation indicated above nutricipal certify that the	ERO firm name tition's 2012 electronically filed income tax retur if the corporation, I will enter my PIN as my sig cation and Authentication your six-digit EFIN followed by your five-digit set umeric entry is my PIN, which is my signature of two. I confirm that I am submitting this return in tion, and Pub. 4163, Modernized e-File (MeF)	rn. gnature on the co Date elf-selected PIN. on the 2012 elect n accordance with Information for A	rporation's 2012 <u>0.5-0.6-2.0</u> ronically filed in the requiremend withorized IRS of See Instruct	o not enter all zeros 2 electronically fil 1.3 Title <u>450884</u> come tax return nts of <b>Pub. 3112</b> 2-file Providers for <u>Date 05-</u> ions	ed income PRESID 9876: 40 not of do not of for the , IRS e-file or Business 23-2013	tax DENT 3 nter all zeros	

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	Listing of Shareholder Distributions	2012
Name(s) as shown on return DANKA K MICHAELS MD PF	ROF CORP	Employer Identification Number $56-2371654$
	99100 7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
Date		2motto
		Amoun
12-31-2012		29,643
TOTAL		29,643

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	Summary of St	ock Ov	/nership		2012	2
CORPORATION NAME DANKA K MICHAELS MD PROF	CORP		*******		EIN 56 0071/	се <i>А</i>
Shareholder Information Shares				<u>56-2371</u> % Owr		
Name	EIN/SSN	Туре	Beginning	Ending	Beginning	Ending
DANKA MICHAELS			1,000	1,000	100.00000	100.0000
FOTAL			1,000	1,000		

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Federal Supporting Statements	2012 PG01
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	FEIN 56-2371654
	***************************************
FORM 1120S LINE 19	Statement #2
DESCRIPTION	AMOUN
COMMISSIONS	79,102
EDUCATION AND TRAINING	1,253
EQUIPMENT RENTAL/LEASE	2,428
GIFTS	745
LIABILITY INSURANCE WORKERS COMP INSURANCE	56,682
INTERNET	1,503 1,253
JANITORIAL	12,211
LEGAL AND PROFESSIONAL	1,117
50% MEALS AND ENTERTAINMENT	1,584
FORM 8941 CREDIT ADJUSTMENT MISCELLANEOUS	(161
OFFICE EXPENSE	1,209 22,571
PAYROLL PROCESSING EXPENSE	3,236
POSTAGE/SHIPPING	3,818
PRINTING	720
SECURITY SUPPLIES	468 2,234
TELEPHONE	8,383
UTILITIES	7,973
EMPLOYUEE AUTO REIMBURSEMENTS	3,233
BILLING SERVICE	6,958
EQUIPMENT MAINT CONTRACTS MANAGEMENT FEES	5,063 12,469
ANSWERING SERVICE	1,345
BANK AND MERCHANT FEES	17,146
BOOKKEEPING FEES	16,244
TOTAL	270,787
	PG01
SCHEDULE A LINE 5	Statement #5
DESCRIPTION	AMOUNT
WELLNESS PROGRAMS	7,049
NERVE CONDUCTION COSTS ULTRA SOUND SERVICES	6,600
LAB FEES	72,570 3,945
MEDICAL SUPPLIES	29,290
VACCINES	46,679
TOTAL	166,133
	nanta didak birini dan kana kana kana kana kana kana dina dina dina kana kana kana kana kana kana kana k

STATMENTLD

	Federal Supporting Statemen	its	2012	PAGE
Name(s) as shown on return DANKA K MIC	HAELS MD PROF CORP		fein 56-237	
	FORM 1120S, SCHEDULE K, LIN	NE 13g	Stat	ement #12
DESCRIPTION CREDIT FOR	SMALL EMPLOYER HEALTH INS. PREMIUMS	5		<b>AMOUN</b> 161
TOTAL				161
OTHER CURRE	FORM 1120S, SCHEDULE L, LINE 6		STM	PG01 19
DESCRIPTION NOTE RECEIV		BEG OF YI	EAR <u>E1</u> 716	ND OF YE
TOTAL		4,		
OTHER CURRE DESCRIPTION SALES TAX P EMPLOYEE TI PAYROLL TAX	AY PS PAY	BEG OF YI	STM: Ear <u>Ei</u>	PG01 22 ND OF YE 2,3 1,6 6,6
TOTAL				10,6
	SCHEDULE M-1 LINE 3B		State	PG01 ement #26
DESCRIPTION FORM 8941 C	REDIT ADJUSTMENT			<b>AMOUNT</b> 161

STATMENTLD

1	Federal Supporting Statements	2012 PG0
Name(s) as shown on return DANKA K MICHA	AELS_MD_PROF_CORP	FEIN 56-2371654
	SCHEDULE M-2 LINE 5	
	SCHEDOLE M-2 LINE J	Statement #
DESCRIPTION		AMO
ALLOWED SECTI NONDEDUCTIBLE	ON 179 EXPENSE	1,
	, LAFENOLO	1,
TOTAL		3,

Form	11205	K-K1 Com	parison Worksheet		2012	
		(Кеер	for your records)			
		C MD DDOE CODD			EIN	
DANI	Description	S MD PROF CORP	Schedule K	K-1 Totals	56-2371654 Difference	
					Difference	
1	Ordinary business	income (loss)	(39,202)	(39,2	02)	
11		zion	1,437	1,4		
	Other credits		161		61	
	Nondeductible exp		1,744	1,7		
Ð	Property distribu	tions	29,643	29,6	43	
					1	

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	Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-filed returns. Including with a paper filed return is optional.		2012
S CORPORATION NAME	including with a paper incurreturn is optional.		EIN
DANKA K MICHAE	LS MD PROF CORP		56-2371654
Taxes and Licenses	Form 1120S		D
			Page 1, Line 12
1 State income taxes		1	
2 State franchise taxes		2	
3 City income taxes		3	
4 City franchise taxes		4	*****
5 Local property taxes		5	460
6 Intangible property taxe	'S	6	
7 Payroll taxes		7	60,599
8 Less: credit from Form	8846	8	00,00.
9 Foreign taxes paid		9	
10 Occupancy taxes		10	
11 Other miscellaneous ta	xes	11	
12 Built in gains tax allocat		12	
13 Licenses		13	1,065
			1,003
14 Total to Form 1120S, Pa	age 1, Line 12	14	62,124

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F	Schedule M-2/Retained Earnings Worksheet orm 1120S (Keep for your records)	2	2012
		EIN	
<u> </u>	ANKA K MICHAELS MD PROF CORP	56-237	1654
	Analysis of Current-Year Retained Earnings		
1 2 3 4 5	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	· · 2 · · 3 · · 4	(42,383) (29,643) 46,090 46,090
6	Difference (line 4 minus line 5) (should be zero)	••• 6	
	Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA		
1	Ending retained earnings (Schedule L, column d, line 24)	1	46 090
2	Beginning retained earnings (Schedule L, column b, line 24)		118,116
3	Retained earnings change (line 1 minus line 2)	· · 3	(72,026)
4	Ending AAA plus OAA	4	16 090
5	Beginning AAA plus OAA	5	118 116
6	Difference (line 4 minus line 5)	· · 6	(72,026)
7 8 9 10 11 12 13 14 15	Current-Year Timing Adjustments per Schedule M-1         Subtractions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2)         Other income recorded on books not included on Schedule K         Depreciation on Schedule K not included on books         Other Schedule K items not included on books         Income included on Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3)         Income included on Schedule K not recorded on books         Income included on Schedule K not recorded on books         Other items on books not included on Schedule K         Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10)         Current-Year Timing Adjustments Per Schedule M-3	· · 15	
	Permanent or temporary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens appear		
16	on line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100.		
16 17	Permanent differences         16           Temporary differences         17		
18	Timing adjustments not included on Schedule M-2 (combine lines 16 and 17)	• 18	
19	Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7	· 19	
20	Adjustments to retained earnings (Schedule L, line 25 column d minus Schedule L, line 25, column b)		
21	M-2 amount after M-1 timing adjustments (add lines 6, 15, 19, and 20)	· 21	(72,026)
22	M-2 amount after M-3 timing adjustments (add lines 6, 18, 19, and 20)	• 22	
23	Net reconciliation difference (line 3 minus line 21 or 22)	· 23	

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Form 1120S S Corporation Name			LIMIT WORKSHE	ET	2012
S Corporation Name	(Ке	eep for your records)			2012
DANKA K MICHAE	LS MD PROF CORP			EIN 56-2	371654
1 Dollar limitation for tax yea	r. Enter amount from Form 4562. I	line 5 • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		
	(loss) (Form 1120S, Page 2, Sch k				
	reduced expenses or increased inc				
	lo shareholder-employees (Form 11				
	s income (loss) (Combine lines 2 th				
	ne (loss) (Form 1120S, Sch K, Line				
7 Other net rental income (lo	oss). (Form 1120S, Sch K, Line 3c)				
8 Net short term capital gain	(loss) (Form 1120S, Sch K. Line 7	)			
	(loss) (Form 1120S, Sch K, Line 8a				
	s) (Form 1120S, Sch K, Line 9)				
	S. Sch K, Line 10)		************************		
	Form 1120S, Sch K, Line 12a)		· · · · · ·		
13 Section 59(e)(2) expenditu	ires (Form 1120S, Sch K, Line 12c(	(2)) • • • • • • • •	• • • • •		
14 Other deductions (Form 11	120S, Sch K, Line 12d) (excluding c	codes K & L)	• • • • •	****	
15 Total business income (los	s). Combine lines 5 through 14			· · · · · .	155,637
16 Business income limitati	ion. Lesser of line 1 or line 15. but	not < zero. Enter here	e and on Form 4562, line	: 11 · ·	
					155,637
	Year	Elected	Used in	Used in	155,637 Remaining
Distribution among assets	Acquired	Section 179	Used in prior years	2012	
1120 EQUIP	Acquired 2012			<b>2012</b> 1,437	Remaining
1120 EQUIP TOTAL ALLOWABLE	Acquired 2012	Section 179		2012	Remaining

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ol during current year.															
a fa h a a sharra a a ar h an	<u> </u>					FORM 1120S For your records only	FORM 1120S our records c	)S s only						PAGE	
Nation's tas shown on relation												Social s	Social security number/EIN		
DANKA K MICHAELS MD PROF CORP	IOF CORP						ŀ					-("	56-2371654		
Description	Dato	Cost	Salvage	Busmess percontago	Section 179	Depreciation L Basis	Liko	Mathod	Rate	Current dopr.	Accumulated Depreciation	Puor expense	Bonus depreciation		AMT Current
DFFICE FURNITURE	20030625	9, 151		100.00		9,151 7			0		9,151				
MEDICAL EQUIPMENT	20030625	1,304		100.00		1,304 7			0		1,304				
LEASEHOLD IMPROVEMENT 20030625	20030625	73,188		100.00		73,188 15		SL HY	6.667	4,879					4,879
MED EQUIP	20050701	17,576		100.00	17,576	0			0		17,576	17,576			
MED EQUIP	20060701	164,054		100.00	50,000	114,054		SL HY	14.285	5 16,293					16,293
MED EQUIP	20070701	59,066		100.00		59,066 7	sL.	L HY	14.285	5 8,438					8,438
MED EQUIP	20080701	5, 990		100.00		2,995	SL	т нх	14.285					2,995	428
MED EQUIP	20080801	15,550		100.00		7,775 7	SL		14.285	1,111			Ъ	7,775	111.1
SPA EQUIP	20090701	48,720		100.00	48,720	0 5			20			48.720			
SOFTWARE	20090701	1,868		100,00		934 3			33.338	3 156			ΡΥ	934	156
MEDICAL EQUIP	20101228	54,660		100.00	54,660	0 5			20		54,660	54,660			
COMPUTER EQUIP	20100217	5,854		100.00	5,854	0 3		L HY	33,33		5,854				
EQUIP	20120701	1,437		100,00	1,437				0	1.437	1.437				757 F
Totals		458,418			178,247	268,467				32,742	405,913 176.810	176.810			32 742
					1 2 2 2 1 7	101,007				261175		1 / P, 81U			32,74

AA02842

						For your records only	recor	or your records only						
Name(s) as shown on roturn												Social se	Social security number/EIN	
DANKA K MICHAELS MD PROF CORP Description Description	ROF CORP Date	Cost	Salvago	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current deor	Accumulated Denicication	Pror Pror oxproso	56-2371654 Borus democration	AMT
OFFICE FURNITURE	20030625	9.151		00 001		151 0	-				151 0			-
MEDICAL EQUIPMENT	20030625	1,304		100.00		1,304					1.304			
LEASEHOLD IMPROVEMENT 20030625	20030625	73,188		100.00	0	73,188 15	15	SL HY	6.667	4.879		0		
AED EQUIP	20050701	17,576		100.00	17,57	0	цл		0			17.576		
ÆD EQUIP	20060701	164,054		100.00		114,054	-1	SL HY	14.285	16.293	155.905	50.000		
TED EQUIP	20070701	59,066		100.00	0	59.0667	-		14.285			000/00		
JED EOUTP	20080701	5 990		100 00		2 000 2	. r			999				
MED EOUIP	20080801	15.550		100 001	<del>,</del>	15 550 7			107.FL	000		> <		
	1000000			00.001	0000	0000	- L		0 4	177/7				
atoXa var	10106002	1070 5		00.001	40,140		n (				48,/20	48,720		
UE I WARE	Thinsonz	1, 353		00.001	5	T, 868 3	<u>n</u>		155.55	311	1,868	0		
MEDICAL EQUIP	82210102			100.00	54,660	0			20		54,660	54,660		
COMPUTER EQUIP	20100217	5,854		100.00	5,854	0	e	SL HY	33,338		5,854	5,854		
Totals		458.418			778 247	280.177				30 425	100 066	010 721		

(

AA02843

	Next Year's D	epreciation			4	2012
Name DANKA K MIC	CHAELS MD PROF CORP			FEIN		6-2371654
Form         Multi-Form           1120         1           1120         1           1120         1           1120         1           1120         1           1120         1           1120         1           1120         1           1120         1           1120         1           1120         1           1120         1           1120         1           1120         1           1120         1           1120         1           1120         1           1120         1	Description OFFICE FURNITURE MEDICAL EQUIPMENT LEASEHOLD IMPROVEMENT MED EQUIP MED EQUIP MED EQUIP SPA EQUIP SOFTWARE MEDICAL EQUIP COMPUTER EQUIP EQUIP TOTAL	Date 20030625 20030625 20050701 20060701 20080701 20090701 20090701 20101228 20100217 20120701	1,304 73,188 114,054 59,066 2,995 7,775 934	Method SL SL SL SL SL SL SL SL SL SL	Life 7 15 5 7 7 7 5 3 5 5 5	Deduction 4,879 8,149 8,438 428 1,111 23,005

(



	Federal Filing Instructions	2012
Name(s) as shown on return DANKA K MICHAELS MD	PROF CORP	Your Social Security Number 56-2371654
Date to file by:		
	Form 1120S and supplemental forms	
Sign and date:	An officer must sign and date Form	1120S on page 1.
Address to file:	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0013	
Refund:	Neither a refund nor a balance due	

FILEINSTLD

Danka K Michaels MD Prof Corp 3320 N Buffalo Dr Las Vegas, NV 89129

Invoice Date: 05/23/2013

Your 2012 tax return was prepared by Robert S Semonian CPA.

Description	of Charges		Price
Federal and	Supplemental Forms		
Form 1120S	- U.S. S Corp Income Tax Return Page 1		Ş
Form 1120S	- U.S. S Corp Income Tax Return Page 2		
Form 1120S	- U.S. S Corp Income Tax Return Page 3		
Form 1120S	- U.S. S Corp Income Tax Return Page 4		
	- Shareholder's Share of Income		
Form 1125-A	- Cost of Goods Sold		
Form 4562	- Depreciation and Amortization		
Form 8879-S	- E-File Signature Authorization for 112	05	
Form 8941	- Small Employer Health Insurance Premiu	.m Cr	
Statement 1120S	- Subsidiary Schedule for 1120S		
Statement 1120S	- Subsidiary Schedule for 1120S		
Statement 1120S	- Form 1120S Statement - Line 19		
Statement 1120S	- Form 1120S, Schedule A Statement - Lin	e 5	
Statement 1120S	- Form 1120S, Schedule K Statement - Lin	e 13g	
Statement 1120S	- Subsidiary Schedule for 1120S		
Statement 26	- Schedule M-1 Statement - Line 3B		
Statement 30	- Schedule M-2 Statement - Line 5		
X1_Dist	- Shareholder's Share of Distributions		
K-K1 Comparison	- Comparison of Schedule X to X-1		
Next Year Depr	- Next Year Depreciation Schedule		
Wksht Tax/Lic	- Taxes and Licenses Worksheet		
Wksht 8941	- Form 8941 Worksheet A and B		
Wksht 8941	- Form 8941 Worksheet A and B		
Comparison	- Tax Year Comparison Sheet		
Wksht M-2	- Schedule M-2 Worksheet		
Wksht 179 Limit	- Business Income Limitation Worksheet		
Depr Sch	- Federal Depreciation Schedule		
ST Depr Sch	- State Depreciation Schedule		
Total Forms	: 28	Forms Subtotal	0.00

Total Balance Due 0.00

1120S		b S Corporation	2012
Name DANKA K MICHAEL	Employer Identification # $56 - 2371654$		
Demographics Mailing Address: 3320 H LAS V	N BUFFALO DR EGAS, NV 89129	Phone:	
Resident State: NV			
Diagnostics Preparer: ROBERT S :	SEMONIAN Invoice:		<b>Date:</b> 05-23-2013
Return Information			
Return Information item on Return		2012 Federal	2011 Federal (If available)
Item on Return			(If available)
Item on Return Total Assets		Federal	
Item on Return Total Assets Number of Shareholders		Federal 116,090 1 1,557,314	(If available)
***************************************		Federal 116,090 1	(If available) 223, 521 1
item on Return Total Assets Number of Shareholders Gross Receipts/Sales		Federal 116,090 1 1,557,314	(lf available) 223,521 1 1,652,631
Item on Return Total Assets Number of Shareholders Gross Receipts/Sales Total Income Total Deductions Ordinary Income		Federal 116,090 1 1,557,314 1,251,696	(lf available) 223,521 1,652,631 1,345,629
Item on Return Total Assets Number of Shareholders Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax		Federal 116,090 1 1,557,314 1,251,696 1,290,898	(lf available) 223,521 1,652,631 1,345,629 1,345,688
Item on Return Total Assets Number of Shareholders Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax Overpayment		Federal 116,090 1 1,557,314 1,251,696 1,290,898	(lf available) 223,521 1,652,631 1,345,629 1,345,688
Item on Return Total Assets Number of Shareholders Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax Overpayment Refund		Federal 116,090 1 1,557,314 1,251,696 1,290,898	(lf available) 223,521 1,652,631 1,345,629 1,345,688
Item on Return Total Assets Number of Shareholders Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax Overpayment Refund Refund Applied to ES		Federal 116,090 1 1,557,314 1,251,696 1,290,898	(lf available) 223,521 1,652,631 1,345,629 1,345,688
Item on Return Total Assets Number of Shareholders Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax Overpayment Refund Refund Applied to ES Balance Due		Federal 116,090 1 1,557,314 1,251,696 1,290,898	(lf available) 223,521 1,652,631 1,345,629 1,345,688
Total Assets Number of Shareholders Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax Overpayment Refund Refund Applied to ES		Federal 116,090 1 1,557,314 1,251,696 1,290,898	(lf available) 223,521 1,652,631 1,345,629 1,345,688

State/City	Gross	Taxable	<u>Composite</u>	Other Tax	Refund/
	Income	Income	Tax		(Balance Due)

#### 1120S TAX RETURN COMPARISON 2010 / 2011 / 2012

### 2012

Name(s) as shown on return

Identifying number 56-2371654

DANKA K MICHAELS MD PP	OF CORP			56-2371654
	2010	2011	2012	DIFFERENCE
Income	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2011 & 2012
Net receipts	1,409,518	1,652,631	1,557,314	(95,317)
Cost of goods sold • • • • • • • • • •	92,702	307,002	305,618	(1,384)
Gross profit	1,316,816	1,345,629	1,251,696	(93,933)
Net gain/loss from 4797 · · · · · · ·				
Other income				
Total income	1,316,816	1,345,629	1,251,696	(93,933)
Deductions				
Compensation of officers	197,000	216,000	195,000	(21,000)
Salaries and wages	399,940	525,699	531,238	5,539
Repairs and maintenance	9,153	12,577	14,005	1,428
Bad debts				
Rents	100,528	101,896	99,305	(2,591)
Taxes and licenses	80,702	97,419	62,124	(35,295)
Interest	2,880	7,822		(7,822)
Net depreciation	32,521	31,460	31,305	(155)
Depletion				1
Advertising	24,953	23,124	21,130	(1,994)
Pension, profit-sharing	10,635	18,391	16,433	(1,958)
Employee benefits	42,922		49,571	49,571
Other deductions	242,720	311,300	270,787	(40,513)
Total deductions	1,143,954	1,345,688	1,290,898	(54,790)
Ordinary business income(loss)	172,862	(59)	(39,202)	(39,143)
Tax				<u>, , , , , , , , , , , , , , , , , , , </u>
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23d				
Results				
Amount owed			*******	
Overpayment				
Applied to estimate				
Refund				
		I		1

#### SCHEDULE K - Shareholder's Share Items

Income				
Ordinary business income (loss)	172,862	(59)	(39,202)	(39,143)
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income	57	126		(126)
Ordinary dividends				
Qualified dividends				
Royalties · · · · · · · · · · · · · · · · · · ·				
Net short-term capital gain (loss)				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss) · · · · ·				
Unrecaptured section 1250 gain				
Net section 1231 gain (loss) · · · · ·				
Other income (loss) · · · · · · · · ·				
	2010	2011	2012	DIFFERENCE

2011

COMPARES.LD

#### 1120S TAX RETURN COMPARISON 2010 / 2011 / 2012

### 2012

Page 2

Identifying number

56-2371654

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

F				
	2010	2011	2012	DIFFERENCE
Deductions	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2011 & 2012
Section 179 deduction	60,514		1,437	1,437
Contributions	900			
Investment interest expense • • • • • •				
Section 59(e)(2) expenditures				
Other deductions				
Credits				
Low-income housing credit (section 42(j)(5)) · ·				
Low-income housing credit (other) Qualified rehabilitation expenditures (rental real				
estate) Other rental real estate credits • • • • • •				
Other rental credits				
Credit for alcohol used as fuel				
Other credits		2,303	161	(2,142)
Foreign Transactions		2/000		(2/172)
Gross income from all sources				
Gross income sourced at shareholder level			****	
Foreign gross income sourced at corporate level				
Passive category				
General categories				
Deductions allocated and apportioned at shareholder level	****			
Interest expense				
Other				
Passive category				
General categories				
Other				
Total foreign taxes paid or accrued				
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment · · · ·				
Adjusted gain or loss				
Oil. gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
Items Affecting Shareholder Basis				
Tax-exempt interest income				
Other tax-exempt income				
Nondeductible expenses	10	2,353	1,744	(609)
Property distributions		14,288	29,643	15,355
Repayment of loans from shareholders			27,043	
Other information				
Investment income	57	126		(126)
Investment expenses	<u> </u>	220		(120)
Dividend distributions paid from accum earnings and profits				
RESIDENT STATE	T	I		
Taxable income				
Total tax				
Overpayment				
Balance due				
L	2010	2011	2012	DIFFERENCE

COMPARES.LD2

OMB No. 1545-2198 Credit for Small Employer Health Insurance Premiums Form 8941 2012 Attach to your tax return. Department of the Treasury Internal Revenue Service Attachment Sequence No. 63 Information about Form 8941 and its separate instructions is at www.irs.gov/form 8941. Name(s) shown on return Identifying number DANKA K MICHAELS MD PROF CORP 56-2371654 1a Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions) .......... 1a 2.0 b Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a (see instructions) 1b 56-2371654 2 Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12 . . . . . . . . . . . . . . 2 3 Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12 3 48,000 4 Premiums you paid during the tax year for employees included on line 1a for health insurance coverage under a qualifying arrangement (see instructions) 4 51,564 5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage 35,196 5 6 35,196 7 Multiply line 6 by the applicable percentage: Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35) 7 12,319 8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions . . . . . . . . . . . . . 8 11.494 9 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions 9 161 10 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions) 10 Subtract line 10 from line 4. If zero or less, enter -0-11 11 51,564 12 Enter the smaller of line 9 or line 11 ..... 12 161 13 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions) . . . . . . . . . . . . 13 14 Enter the number of full-time equivalent employees you would have entered on line 2 if you only 14 15 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) 15 16 Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 161 16 17 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see 17 18 Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount 18 19 Enter the amount you paid in 2012 for taxes considered payroll taxes for purposes of this credit 19 20 Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 44f ..... 20 For Paperwork Reduction Act Notice, see separate instructions. Form 8941 (2012)

EEA

Shareholder's name	Schedule K-1	Distribution Inform	ation	2012 Shareholder's ID Number
DANKA MICHAELS				
lame of S Corporation DANKA K MICHAE	LS MD PROF CORI	p		S Corporation's EIN 56-2371654
Date of Distribution	Total Amount of Distribution	Ownership % at Date of Distribution	Shares	Shareholder's Pro Rat Share of Distribution
12-31-2012	29,643	100.00	1000.000	29,643
TOTAL				29,643

1120SK_1 LD2

#### WORKSHEETS 1 and 4

FORM 8941

(Keep for your records)

Identifying Number

56-2371654

Name(s) as shown on return

#### DANKA K MICHAELS MD PROF CORP

#### Worksheet 1. Information Needed to Complete Line 1 and Worksheets 2 and 3

If you need more rows, use a separate sheet and include the additional amounts in the totals below.

#### Worksheet 4. Information Needed to Complete Lines 4 and 5 and Worksheet 7

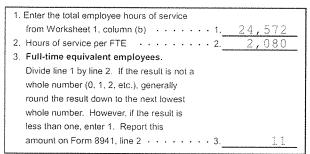
If you need more rows, use a separate sheet and include the additional amounts in the totals below.

(a) Individuals Considered Employees	(b) Employee Hours of Service	(c) Employee Wages Paid	(a) Enrolled Individuals Considered Employees	(b) Employer Premiums Paid	(c) Employer State Average Premiums	(d) Enrolled Employee Hours of Service
1. ALTMEYER	1,759	24,476	1. ALTMEYER	5,364	5,028	1,759
2. ALTMEYERS	145	1,196	2.			
3. ASHMAN	2,080	149,481	3. ASHMAN	5,988	5,028	2,080
4. CARILLO	2,080	70,030	4. CARILLO	3,636	5,028	2,080
5. GREER	1,800	21,700	5. GREER	5,364	5,028	1,800
6. LANG	2,080	50,750	6.			
7. LOYA	760	0	7.			
8. MAKNO	232	3,488	8.			
9. MARTIN	143	1,430	9.			
10. MCLINTIC	64	640	10.			
11. OBRIEN	2,080	43,600	11. OBRIEN	5,988	5,028	2,080
12. PAQUE	2,080	27,440	12.			
13. PICKENS	2,080	35,100	13. PICKENS	19,236	5,028	2,080
14. QUINN	2,080	32,612	14.			
15. SHAW	2,080	27,260	15. SHAW	5,988	5,028	2,080
16. PRATT	200	2,932	16.			
17. WOLF	1,899	19,009	17.			
18. CARRILLO F	275	2,745	18.			
19. GOROCICA	280	13,600	19.			
20. MEDINA	375	3,750	20.			
21.			21.			
22.			22.			
23.			23.			
24.			24.			
25.			25.			
Totals: 2.0	24,572	531,239	Totals: 7	51,564	35,196	13,959

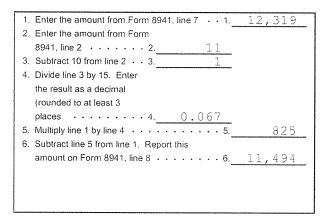
WK_8941A.LD

FORM 8941					WORKSHEETS 2, 3, 5, 6, and 7	2012	
						(Keep for your records)	
Name(s) as she	own (	on return					Identifying Number
DANKA	K	MICHAE	LS	MD	PROF	CORP	56-2371654

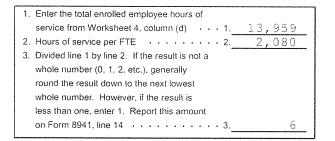
# Worksheet 2. Full-Time Equivalent Employees (FTEs)



#### Worksheet 5. FTE Limitation



#### Worksheet 7. FTEs Enrolled in Coverage



#### Worksheet 3. Average Annual Wages

1. Enter the total employee wages paid
from Worksheet 1, column (c) • • • • • • • 1. 531, 239
2. Enter FTE's from Worksheet 2, line 3 · · · · 2. 11
3. Average annual wages. Divide line 1
by line 2. If the result is not a multiple of
\$1,000 (\$1,000, \$2,000, \$3,000, etc.),
round the result down to the next lowest
multiple of \$1,000. Report this amount
on Form 8941, line 3 • • • • • • • • • • 3. <u>48,000</u>

#### Worksheet 6. Average Annual Wage Limitation

1. Enter the amount from Form 8941, line 8 • • 1. 11, 49	4
2. Enter the amount from Form	
8941, line 7 • • • • • • 2. <u>12, 319</u>	
3. Enter the amount from Form	
8941, line 3 · · · · · · 3. 48,000	
4. Subtract \$25,000 from	
line 3 • • • • • • • • • 423,000	
5. Divide line 4 by \$25,000	
Enter the result as a decimal	
(rounded to at least 3	
places) • • • • • • • • 5. 0 • 920	
6. Multiply line 2 by line 5 • • • • • • • • • • • • 6. 11, 33	3
7. Subtract line 6 from line 1. Report this	
amount on Form 8941, line 9 • • • • • • • • 7. 16	1

WK_8941B.LD

Form		Cost of Goods Sold			OMB No. 154	5-2225
	December 2012) ment of the Treasury	Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.		1		
Interna	I Revenue Service	Information about Form 1125-A and its instructions is at www.irs.gov/form1	125a.			
Name				Employe	er identification nu	umber
DAN	IKA K MICHAE	LS MD PROF CORP		56-	2371654	
1	Inventory at beginning	of year • • • • • • • • • • • • • • • • • • •	1		20,	000
2	Purchases · · · ·		2		139,	485
3	Cost of labor · · ·		3		·····	
4	Additional section 263A	costs (attach schedule)	4			
5	Other costs (attach sch	edule) •••••Statement·#5•	5		166,	133
6	Total. Add lines 1 thro	ugh 5 • • • • • • • • • • • • • • • • • •	6		325,	618
7	Inventory at end of year	• • • • • • • • • • • • • • • • • • • •	7		20,	000
8	Cost of goods sold. S	Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the				
	appropriate line of your	tax return (see instructions)	8		305,	618
9a	Check all methods use	d for valuing closing inventory:				
	(i) 🔀 Cost					
	(ii) 🔲 Lower of cost or	market				
	(iii) D Other (Specify r	nethod used and attach explanation.)				
b	Check if there was a wr	itedown of subnormal goods				
с	Check if the LIFO inver	tory method was adopted this tax year for any goods (if checked, attach Form 970)				
đ		ethod was used for this tax year, enter amount of closing inventory computed				
	under LIFO • • • • •		9d			
е	If property is produced	or acquired for resale, do the rules of section 263A apply to the entity (see instructions)?		• • •	• 🗌 Yes	X No
f	Was there any change	n determining quantities, cost, or valuations between opening and closing inventory? If "	Yes,"			
	attach explanation •				. 🗌 Yes	No No

C

# ETD ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing of extensions is allowed.

Name(s)	SSN/EIN
DANKA K MICHAELS MD I	56-2371654

0148 PREVIOUSLY ACCEPTED EXTENSION: Form 7004 for this corporation has been previously e-filed and accepted by the IRS.

NOTE: This message will ONLY prevent the e-filing of Form 7004.



1120SEF		EF Transmission Status	2013								
		(Keep for your records)									
Name(s) as shown on return DANKA K MICHAE	LS MD PROF COR	P	<b>EIN number</b> 56-2371654								
The following will be trans	nitted to the IRS.	🔀 1120S 🗌 7004 🔲 Amended									
The following state returns	The following state returns will be transmitted:										
The following returns have	been suppressed or are no	t eligible and will NOT be transmitted.									
	*****										
47878787878787878787878787878787887888888											
EF Notes											

1120SEF.LD

6.

1120S 001
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EEA

Form 1	120	s			ome Tax Retu		•	on		OMB No. 1545-0130
_		_			ot file this form unless ching Form 2553 to el	•				2013
Departmen Internal Re			▶ Inform		m 1120S and its separ			ov/form11	20s.	
For caler	ndar y	ear 2013 or ta				, 2013, ending	Z			20
A Select				Name						identification number
06 B Busine		<u>2003</u>	- TYPE		MICHAELS MI d room or suite no. If a PO, bo		)RP		56-23	
		ny code istructions)	OR			x. see instructions.			E Date incor	
621:	Bit Model (deal instructions)         OR         3320 N         BUF FALO DR         06-25           621111         PRINT         City or town, state or province, country, and ZIP or foreign postal code         F Total asset								ts (see instructions)	
C Check	f Sch /	и-з								
attache			L	LAS VEG		NV	89129		\$	538,961
					inning with this tax year (3) 🛛 Address chan		⊠ No If"	Yes," attacl	h Form 255	3 if not already filed
					ders during any part of l					
					penses on lines 1a throu					
								23,655		······································
	b	Returns and	l allowance	s			1b			
	c	Balance. Su	btract line	1b from line 1a		•••••••			1c	1,723,655
ncome	2	Cost of good	ds sold (att	ach Form 1125-A	.)				2	455,523
nco	3			ine 2 from line 1c					3	1,268,132
_	4	÷ .			(attach Form 4797)				4	
	5 6				ittach statement)				5	1 0 6 0 1 0 0
	7			Add lines 3 through	gh 5 • • • • • • • • • • • • • • • • • •		· · · · · · · · · ·		• 6 7	1,268,132
()	8				redits)				8	<u>    195,000    </u> 537,025
tions	9								9	7,773
nita	10	Bad debts								
or life	11	Rents •							11	108,373
us fo	12	Taxes and li	censes			<i>.</i>	· · · ATT· ST	L · · · ·	12	66,114
ction	13	Interest							13	29,844
stru	14				A or elsewhere on retur				14	26,572
e in	15 16	-		-	depletion.) · · · ·				15	
s (se	10	Advertising Reasion are			· · · <i>· ·</i> · · · · · · · · ·				16	1,497
suo	18	Employee be							17	<u>    19,498  </u> 53,958
ucti	19								19	197,559
Deductions (see instructions for limitations)	20				19					1,243,213
	21	Ordinary bu	isiness ind	come (loss). Sub	stract line 20 from line 6				21	24,919
	22 a	Excess net p	passive inc	ome or LIFO reca	apture tax (see instruction	ons) •••	22a			
		Tax from Scl		,	<i></i>		22b			
s					for additional taxes)				22c	
lent	23 a b				overpayment credited to	5 2013 ·				
ayn	c c	,		aid on fuels (attac	h = 136		23b 23c			
Tax and Payment	d				· · · · · · · · · · · · · · · · · · ·				23d	
an	24		0		Check if Form 2220 is a	attached · ·		П	24	
Tax	25				n the total of lines 22c a		untowed .		25	
	26	Overpayme	nt. If line 2	3d is larger than I	the total of lines 22c and	l 24, enter amoun	t overpaid		26	
	27	Enter amoun	t from line	26 Credited to 2	014 estimated tax	>	Refu	unded 🏼 🏲	27	
	Un	der penalties of pe best of my knowle	rjury, I declare	that I have examined	this return, including accompa d complete. Declaration of pre-	mying schedules and s	statements, and to		May the IRS	discuss this return
		information of whic			a complete i Deviaration of pre-	Pover (vitter man taxpa	yerns based on		1	arer shown below
Sign		א הצוארר	TOUNT	TO MD		1	سوسية ا		(see instructi	ons)? Yes 🛛 No
Here		DANKA M Signature of officer		LS MD		Date		<u>RESIDE</u> 1e	IV.T.	
	<b>K</b>	Print/Type prepar			Preparer's signature		Date	Che	eck X if	PTIN
Paid		ROBERT	S SEM	ONIAN CPA			04-02-2			200391972
Prepar		Firm's name	▶ROBE]		DNIAN CPA			Firm's EIN		-4514704
Use Or	niy	Firm's address	►PO B	OX 5605				Phone no.		
			Venti	ura CA 93	3005				(8(	)5)659-5344
For Pape	rwor	k Reduction A	Act Notice,	see separate in	structions.					Form 11205 (2013)

		A K MICHAELS MD			56-2371654		Pag
1	Check accounting method:	a 🛛 Cash b 🗌 Ac			***************************************	Yes	
	-	c 🔲 Other (specify) 🕨					
2	See the instructions and en	ter the:					
_		HYSICIAN	b Product or serv				
3		ear, was any shareholder of the c				ļ	
4		If "Yes," attach Schedule B-1, Inf	ormation on Certain Shar	reholders of an S Corpora	ition • • • • • •		X
 a	At the end of the tax year, d	or own, directly or indirectly, 50%	or more of the total stock	cissued and outstanding	of any		
-		tion? For rules of constructive ow					
						<b> </b>	X
	(i) Name of Corporation	(ii) Employer Identification Number	(iii) Country of	(iv) Percentage of Stock	<ul> <li>(v) If Percentage in (iv) is 10</li> <li>Date (if any) a Qualified Sul</li> </ul>		
	()	(if any)	Incorporation	Owned	Subsidiary Election Was		3
	·····						
b	Own directly an interest of 2	0% or more, or own, directly or ir	directly, an interest of 50	% or more in the profit, lo	ss, or	1	
		nestic partnership (including an er			terest of a		
	trust? For rules of construct	ive ownership, see instructions. I	f "Yes," complete (i) throu	igh (v) below ·	• • • • • • • • • • • • •		Х
		(ii) Employer Identification Number		(iv) Country of	(v) Maximum Percentage Ov	unart in f	hafit
	(i) Name of Entity	(if any)	(iii) Type of Entity	Organization	Loss, or Capitai	ined in i	
	<u></u>						
						•••••	
5 a		id the corporation have any outsta	anding shares of restricte	d stock? · · ·			Χ
	If "Yes," complete lines (i) ar						
	<ul><li>(i) Total shares of restrict</li><li>(ii) Total shares of non-res</li></ul>		· · · · · · · · · · · »				
b		d the corporation have any outsta		rants, or similar instrume	nts?		Х
	If "Yes," complete lines (i) ar		and by stock options, war	rand, or similar instrance			
	(i) Total shares of stock o	utstanding at the end of the tax ye	ear 🕨				
	(ii) Total shares of stock o	utstanding if all instruments were	executed	Þ			
6		is it required to file. Form 8918,					
-		e transaction?				ļ	Х
7		ation issued publicly offered debt			•••••		
	Instruments.	may have to file Form 8281, Infor	mation Return for Publici	y Offered Original Issue L	hscount		
8		C corporation before it elected to	be an S corporation or th	he corooration acquired a	n		
		ed by reference to the basis of the					
	the hands of a C corporation	n and (b) has net unrealized built-	in gain in excess of the n	et recognized built-in gair	1		
	from prior years, enter the n	et unrealized built-in gain reduced	d by net recognized built-i	in gain from príor years (s	ee		
	instructions)		······································				
	,			ir.	\$		
9	Enter the accumulated earn	ings and profits of the corporation	-				
10	Enter the accumulated earn Does the corporation satisfy	both of the following conditions?					
10 a	Enter the accumulated earn Does the corporation satisfy The corporation's total recei	<b>both</b> of the following conditions? pts (see instructions) for the tax y	ear were less than \$250,				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
10 a	Enter the accumulated earn Does the corporation satisfy The corporation's total recei The corporation's total asset	<b>both</b> of the following conditions? pts (see instructions) for the tax y ts at the end of the tax year were	ear were less than \$250, less than \$250,000	000	· · · · · · · · · · · · · · · · · · ·		Х
10 a b	Enter the accumulated earn Does the corporation satisfy The corporation's total recei The corporation's total asset If "Yes," the corporation is no	<b>both</b> of the following conditions? pts (see instructions) for the tax y is at the end of the tax year were of required to complete Schedule:	ear were less than \$250, less than \$250,000 s L and M-1,	• • • • • • • • • • • • • • • • • • •			Х
10 a b	Enter the accumulated earn Does the corporation satisfy The corporation's total recei The corporation's total asset If "Yes," the corporation is no During the tax year, did the o	<b>both</b> of the following conditions? pts (see instructions) for the tax y ts at the end of the tax year were	ear were less than \$250, less than \$250,000 s L and M-1, older debt that was cance	eled, was forgiven, or had	the		
10 a b	Enter the accumulated earn Does the corporation satisfy The corporation's total recei The corporation's total asset If "Yes," the corporation is no During the tax year, did the of terms modified so as to redu If "Yes," enter the amount of	both of the following conditions? pts (see instructions) for the tax y ts at the end of the tax year were of required to complete Schedule: corporation have any non-sharehouse the principal amount of the de principal reduction \$	ear were less than \$250, less than \$250,000 s L and M-1. older debt that was cance sbt?	eled, was forgiven, or had	the 		
10 a b 11	Enter the accumulated earn Does the corporation satisfy The corporation's total recei The corporation's total asset If "Yes," the corporation is no During the tax year, did the o terms modified so as to redu If "Yes," enter the amount of During the tax year, was a q	both of the following conditions? pts (see instructions) for the tax y ts at the end of the tax year were of required to complete Schedules corporation have any non-shareho uce the principal amount of the de principal reduction \$ ualified subchapter S subsidiary e	ear were less than \$250, less than \$250,000 s L and M-1. older debt that was cance bt? •••••••	eled, was forgiven, or had	the 		X
10 a	Enter the accumulated earn Does the corporation satisfy The corporation's total recei The corporation's total asset If "Yes," the corporation is no During the tax year, did the of terms modified so as to redu If "Yes," enter the amount of During the tax year, was a q Did the corporation make an	both of the following conditions? pts (see instructions) for the tax y ts at the end of the tax year were of required to complete Schedule: corporation have any non-sharehouse the principal amount of the de principal reduction \$	ear were less than \$250, less than \$250,000 s L and M-1. older debt that was cance abt?	eled, was forgiven, or had	the 	X	X X X

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Form 1120S (2013)

		S(2013) DANKA K MICHAELS MD PROF CORP	56-2	371654 Page 3
Sci	nedu	ile K Shareholders' Pro Rata Share Items		Total amount
	1	Ordinary business income (loss) (page 1, line 21)	1	24,919
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)		
	b	Expenses from other rental activities (attach statement) 3b		
	с	Other net rental income (loss). Subtract line 3b from line 3a		
	4	Interest income	4	9
s)	5	Dividends: a Ordinary dividends	5a	······································
-os		b Qualified dividends		***********
e (I	6	Royalties	6	
Income (Loss)	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
nc.	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b	Collectibles (28%) gain (loss)		
	c	Unrecaptured section 1250 gain (attach statement)	-	
	9	Net section 1231 gain (loss) (attach Form 4797)	9	(25,414)
	10	Other income (loss) (see instructions) ·· Type >	10	(20, 414)
	11	Section 179 deduction (attach Form 4562)		
suc	12a	Charitable contributions		
Deductions	b	Investment interest expense		
np	c			
De	d	Section 59(e)(2) expenditures       (1) Type ▶       (2) Amount ▶         Other deductions (see instructions)       · · · Type ▶       (2) Amount ▶	12c(2) 12d	
	13a	Low-income housing credit (section 42(j)(5))		
	b	Low-income housing credit (other)		
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)		
ŝ	Ι.			
Credits	d	Other rental real estate credits (see instructions) · · Type	13d	
õ	e	Other rental credits (see instructions)       · · · · · Type         Biofuel producer credit (attach Form 6478)       · · · · · · · · · · · · · · · · · · ·	13e	
	f			
	<u>g</u> 14a	Other credits (see instructions) · · · · · · · · Type  Name of country or U.S. possession	13g	
	b			
	с	Gross income sourced at shareholder level	· 14c	
	d	Foreign gross income sourced at corporate level Passive category		
			1	
	e f			
tio,	f	Other (attach statement)	· 14f	
act		Deductions allocated and apportioned at shareholder level		
eign Transaction	g	Interest expense		
Ë	h	Other	· 14h	
ign	.	Deductions allocated and apportioned at corporate level to foreign source income		
Fore		Passive category	14i	
Ű,		General category	· 14j	
	k	Other (attach statement)	14k	
		Other information		
		Total foreign taxes (check one):	141	
	m	Reduction in taxes available for credit (attach statement)	14m	
	n	Other foreign tax information (attach statement)		
	15a	Post-1986 depreciation adjustment	15a	6
ax ax ns	b	Adjusted gain or loss	15b	
Alternative Minimum Tax (AMT) Items	c	Depletion (other than oil and gas)	15c	
AT)	d	Oil, gas, and geothermal properties-gross income	15d	
Aina	е	Oil, gas, and geothermal properties-deductions	15e	
		Other AMT items (attach statement)	15f	
ing ler	16a	Tax-exempt interest income	16a	
ect	b	Other tax-exempt income	16b	
Aff reh asis	с	Nondeductible expenses	16c	371
ns Bé	d	Distributions (attach statement if required) (see instructions)	16d	
Items Affecting Shareholder Basis	е	Repayment of loans from shareholders	16e	
EEA				Form <b>1120S</b> (2013)

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	1120S (2013) DANKA K MICHAEL	S MD PROF C	ORP		56-2.	371654 Page <b>4</b>
Sc	hedule K   Shareholders' Pro Rata Sha	are Items (continued	d)		}	Total amount
6	17 a Investment income		••••••••••••••••••••••••••••••••••••••		17a	9
Other	b Investment expenses · · · · ·	<i>.</i> .			17b	
Other	c Dividend distributions paid from accumu	ulated earnings and pro	ofits • • • • • • • • • • • • • • • • • • •		17c	
	d Other items and amounts (attach stater	nent)				
Recon-	18 Income/loss reconciliation. Combine	the amounts on lines 1	through 10 in the far righ	t		
Se la	column. From the result, subtract the su	im of the amounts on li	nes 11 through 12d and	41	18	(486)
Sc	hedule L   Balance Sheets per Books	Beginning	g of tax year		End of ta	x year
	Assets	(a)	(b)	(c)		(d)
1	Cash • • • • • • • • • • • • • • • • • • •		37,517			35,037
2 a	Trade notes and accounts receivable			1		
b	Less allowance for bad debts	( )		(	)	
3	Inventories		20,000			57,519
4	U.S. government obligations • • • • • • •			1		
5	Tax-exempt securities (see instructions)			1		·····
6	Other current assets (attach statement)	Statement #19	6,068	 Statement #1	9	15,093
7	Loans to shareholders			[ <i>"</i>		
8	Mortgage and real estate loans			1		
9	Other investments (attach statement)			1	-	
10 a	Buildings and other depreciable assets	458,418		816,0	23 🗖	
b	Less accumulated depreciation	(405,913)	52,505	( 384,7		431,312
11 a	Depletable assets					
b	Less accumulated depletion	( )	1	(	)	
12	Land (net of any amortization)					
13 a	Intangible assets (amortizable only)					
b	Less accumulated amortization	( )		(	)	
14	Other assets (attach statement)					······································
15	Total assets		116,090			538,961
	Liabilities and Shareholders' Equity					
16	Accounts payable					
17	Mortgages, notes, bonds payable in less than 1 year		21,024			6,020
18	Other current liabilities (attach statement) .	Statement #22	10,652	Statement #2	2	12,508
19	Loans from shareholders		0			51,792
20	Mortgages, notes, bonds payable in 1 year or more · ·		21,324			406,408
21	Other liabilities (attach statement)				[	
22	Capital stock		17,000			17,000
23	Additional paid-in capital					
24	Retained earnings		46,090			45,233
25	Adjustments to shareholders' equity (attach statement)					
26	Less cost of treasury stock		( )		(	)
27	Total liabilities and shareholders' equity		116,090			538,961

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Form 1120S (2013)

For	m 1120S (2013) DANKA K MICHAEL	S MD PRC	F CORP		56	-2371654	Page 5
S	chedule M-1 Reconciliation of Incor	ne (Loss) pe	er Books W	lith Income (Loss	) per Return		
	Note. Schedule M-3 required in	stead of Schedu	ule M-1 if total a	assets are \$10 million o	r more-see instru	ctions	
1	Net income (loss) per books	(85		recorded on books this year			
2	Income included on Schedule K, lines 1, 2, 3c, 4,			edule K, lines 1 through 10 (it			
	5a, 6, 7, 8a, 9, and 10, not recorded on books this		a Tax-e	xempt interest \$			
	year (Itemize):			······································			
3	Expenses recorded on books this year not		6 Dedu	ctions included on Sche	dule K,		
	included on Schedule K, lines 1 through 12 and		lines	1 through 12 and 14I, r	ot charged		
	14I (itemize):		again	st book income this yea	r (itemize):		
а	Depreciation \$		1	eciation \$			
b	Travel and entertainment \$ 371						
		37	1 7 Add li	nes 5 and 6 • • • •			
4	Add lines 1 through 3	(48	6) 8 Income	(loss) (Schedule K, line 18). I	ine 4 less line 7		(486)
S	chedule M-2 Analysis of Accumulated Adju	ustments Acco					
	Undistributed Taxable Incom	e Previously Ta	ixed (see instru	uctions)			
			imulated nts account	(b) Other adjust account		hareholders' undis	
1	Balance at beginning of tax year		46,090				*******
2	Ordinary income from page 1, line 21		24,919				
3	Other additions · · · · Statement · #29	***************************************	. 9				
4	Loss from page 1, line 21	(		)			
5	Other reductions · · · · Statement · #30	(	25,785	$\overline{)}$	)		
	Combine lines 1 through 5		45,233				
7	Distributions other than dividend distributions •						
8	Balance at end of tax year. Subtract line 7 from line 6 · · ·	****	45,233				

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Form 1120S (2013)

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Form	1125-A	Cost of Goods Sold		
Rev. December 2012) Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.				OMB No. 1545-2225
nterna Vame	I Revenue Service	Information about Form 1125-A and its instructions is at www.irs.gov/form	1125a.	Employer identification number
	IVA V MTOUAR	LS MD PROF CORP		, , , , , , , , , , , , , , , , , , , ,
1	Inventory at beginning			56-2371654
2	, , , ,		1	20,000
2 3		• • • • • • • • • • • • • • • • • • • •	2	258,851
-			3	
4 c		costs (attach schedule) · · · · · · · · · · · · · · · · · · ·	4	0.01
5		edule) · · · · · · · · · · · · · · · · · · ·	5	234,191
6	Total. Add lines 1 through		6	513,042
7			7	57,519
8	-	ubtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the		
		tax return (see instructions)	8	455,523
9a		I for valuing closing inventory:		
	(i) 🔀 Cost			
	(ii) Lower of cost or			
		nethod used and attach explanation.)		
b		itedown of subnormal goods		
С		tory method was adopted this tax year for any goods (if checked, attach Form 970)	• •	
d		athod was used for this tax year, enter amount of closing inventory computed		
е	If property is produced	or acquired for resale, do the rules of section 263A apply to the entity (see instructions)?	?	•••• 🗌 Yes 🛛 I
f	Was there any change	n determining quantities, cost, or valuations between opening and closing inventory? If	"Yes,"	
	attach explanation •			· · · · · · · · · Yes · · ·

C



Schedule K-1 2013		Final K-1	Amen	ied K-1	6711 ОМВ №. 1545-01
Form 1120S) 2013	Pa	rt III	Shareholder's Sh	are of (	Current Year Income,
For calendar year 2013, or tax		J	Deductions, Crec		
ternal Revenue Service year beginning, 2013	1	Ordinary	business income (loss)	13	Credits
ending 20	2	Not ronta	24,919 I real estate income (loss)	-	
Shareholder's Share of Income, Deductions,			riour colore meetine (1033)		
Credits, etc. See page 2 of form and separate instructions.	3	Other nel	rental income (loss)	1	
Part I Information About the Corporation	1				
	4	Interest in	ncome	1	
A Corporation's employer identification number		ļ	9	4	
56-2371654 B Corporation's name, address, city, state, and ZIP code	- 5a	Ordinary	dividends		
DANKA K MICHAELS MD PROF CORP	5b	Qualified	dividends	14	Foreign transactions
3320 N BUFFALO DR	6	Royalties			
LAS VEGAS NV 89129	7	Net short	-term capital gain (loss)		
c IRS Center where corporation filed return OGDEN	8a	Net long-	term capital gain (loss)	1	
Part II Information About the Shareholder	8b	Collectibl	es (28%) gain (loss)		
D Shareholder's identifying number	8c	Unrecapt	ured section 1250 gain		
E Shareholder's name, address, city, state, and ZIP code	9	Net section	on 1231 gain (loss)	1	
DANKA MICHAELS	ļ		(25,414)	ļ	
	10	Other inc	ome (loss)	15	Alternative minimum tax (AMT) if
3320 N BUFFALO DR LAS VEGAS NV 89129				A	6
F Shareholder's percentage of stock ownership for tax year					
	11	Section 1	79 deduction	16	
	''	Section	19 02002000	C	Items affecting shareholder basis 3 7 1
	12	Other dec	luctions		2/2
	1				
■ N 2004、2004、2004、2014、2014、2014、2014、2014、				17	Other information
	1				
				A	9
	<b> </b>	۱ * See	attached statement I	l or addit	l lional information.
Paperwork Reduction Act Notice, see Instructions for Form 1120S.	gov/form1	*****			Schedule K-1 (Form 1120S) 2

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Danka Michaels002015

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Form	4562		Depre	ciation	and A	۹mor	tiz	ation			OMB No. 1545-0172
			(Including	Informat	tion or	n Liste	ed	Property	r)		2013
	ment of the Treasury		<ul> <li>See separate</li> </ul>						,		Attachment
-	I Revenue Service (99) s) shown on return		· See Separate	e instructions.				our tax return	1.		Sequence No. 179 Identifying number
	KA K MICHAE	T.S. MD	PROF COR	D	1	M 112					56-2371654
Par	tI Election T	o Expens	e Certain Pro	operty Und							100-20/1004
		-	d property, comp								
1	Maximum amount (see									1	
2	Total cost of section 1		·							2	
3	Threshold cost of sect									3	
4	Reduction in limitation		-			,				4	
5	Dollar limitation for tax					0 If marr	ied	filina		<u> </u>	
	separately, see instruc	-						0		5	
6	(a)	Description of pr	operty		(b) Cost (bi	usiness use	only)	(c) Ele	cted cost	1	
	***************************************	*****						1		*******	-
						******					
7	Listed property. Enter	the amount fr	om line 29 ·				7				
8	Total elected cost of se	ection 179 pro	operty. Add amou	ints in column (	c), lines 6	and 7				8	1
9	Tentative deduction. E	inter the sma	ller of line 5 or lir	ne8 ••••						9	
10	Carryover of disallowe	d deduction f	rom line 13 of yo	ur 2012 Form 4	1562 ·					10	
11	Business income limita	ation. Enter th	e smaller of busi	iness income (r	not less th	an zero) c	or lin	e 5 (see inst	ructions)	11	
12	Section 179 expense of	deduction. Ad	d lines 9 and 10,	but do not ente	er more th	an line 11		• • • • • • •		12	
13	Carryover of disallowe	d deduction t	o 2014. Add lines	s 9 and 10, less	line 12	▶	13				
	Do not use Part II or I										
Par	t II   Special De	epreciatio	n Allowance	and Other	Depred	ciation	(Do	not include li	sted prop	perty.)	(See instructions.)
14	Special depreciation a	llowance for o	qualified property	(other than list	ed proper	ty) placed	in s	ervice			
	during the tax year (se	e instructions	s) • • • • • • •				• •			14	2,208
15	Property subject to see									15	
16	Other depreciation (inc								• • •	16	20,566
Par	TIII MACKSL	epreciatio	on (Do not inc			e instructi	ons	.)			
47	MACDO daduatiana fa				ection A					r	T
17 18	MACRS deductions fo							•••••		17	I
10	If you are electing to g asset accounts, check			-				•			
************			Placed in Servi							Sunta	
••••••		11 D - A33613	(b) Month and year	(c) Basis for dep		T Using t		seneral Depre		Syste	111 
	(a) Classification of prope	erty	placed in service	(business/investn only-see instruc	nent use	(d) Recove period	ery	(e) Convention	(f) Metl	hod	(g) Depreciation deduction
<u>19a</u>	3-year property						T				
b	5-year property										
c	7-year property S	tatement	#50								259
d	10-year property										
	15-year property			424	,671	15	5	MQ	SL		3,539
	20-year property					<u> </u>					
	25-year property					25 yrs			S/		
h	Residential rental					27.5 yr		MM	S/	******	
	property					27.5 yr	s.	MM	S/	L	
i	Nonresidential real					39 yrs	<u>.                                    </u>	MM	S/		
	property			L		L		MM	S/		
		1 C - Assets I	Placed in Servic	e During 2013	Tax Year	Using th	e Al	ternative Dep	r		tem
	Class life								S/		
	12-year					12 yrs			S/		
Par	40-year t IV Summary	(Con instru		l		40 yrs	<u>.                                    </u>	MM	S/	L	<u> </u>
21	Listed property. Enter									24	
22	Total. Add amounts fro							0.21 Entor	•••	21	
~~	here and on the appropriate		-							22	26 572
23	For assets shown abov		•						•••	- 44	26,572
	portion of the basis att						23				

For Paperwork Reduction Act Notice, see separate instructions.

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Form 4562 (2013)

Fo	rm <b>4797</b>	/ / /		es of Bus					OMB No. 1545-0184
		()	Un	der Sections	179 and 280	capture Amoun )F(b)(2))	ts		2013
	partment of the Treasury rnal Revenue Service	Informati		Attach to	your tax return.	ns is at www.irs.go	v/form4797		Attachment Sequence No. 27
	ne(s) shown on return					io io ut mitimo.go	Identifying n		Sequence ND.
Ľ	DANKA K MICHA	ELS MD PR	OF CORP				56-23		54
1	Enter the gross proceeds	s from sales or exc	changes reported	to you for 2013 o	n Form(s) 1099-	B or 1099-S (or		T	
	substitute statement) that							1	
P						nd Involuntary		ions I	From Other
	Than Casua	lty or Theft - I	Most Propert	y Held More	Than 1 Year	(see instruction	ıs)		
2	(a) Description of property		(b) Date acquired (yr., mo., day)	(c) Date sold (yr., mo., day)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	<ul> <li>(f) Cost or o basis, plu improvements expense of s</li> </ul>	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
LE	ASEHOLD IMP ABAND	OONED	20030625	20130101		47,774	73,	188	(25,414)
				1 1		1	<u>_</u>	<u> </u>	<u></u>
			1 1						
			1 1	1 1		1			
3	Gain, if any, from Form 4	1684, line 39 🕠					• • • • • •	3	
4	Section 1231 gain from i	nstallment sales fr	om Form 6252, li	ne 26 or 37 🕠				4	
5	Section 1231 gain or (los	ss) from like-kind e	exchanges from F	orm 8824 •				5	
6	Gain, if any, from line 32							6	
7	Combine lines 2 through	6. Enter the gain	or (loss) here and	I on the appropria	te line as follows	:		7	(25,414)
	Partnerships (except e instructions for Form 106 Individuals, partners, S line 7 on line 11 below ar losses, or they were reca	65, Schedule K, lin 6 corporation sha and skip lines 8 and	e 10, or Form 112 <b>reholders, and a</b> 9. If line 7 is a ga	20S, Schedule K, <b>III others.</b> If line 7 ain and you did no	line 9. Skip lines is zero or a loss t have any prior	8, 9, 11, and 12 belo , enter the amount fr year section 1231			
8 9	Schedule D filed with you Nonrecaptured net section Subtract line 8 from line	on 1231 losses fro 7. If zero or less, e	m prior years (se inter -0 If line 9 i	e instructions) s zero, enter the			 ie	8	
	9 is more than zero, enter					-			
P	capital gain on the Scheo art II   Ordinary Ga	ins and Loss			•••••		• • • • •	9	
10	Ordinary gains and losse				hy hold 1 year or	1000):			
	Ordinary gains and losse	s not included on i		o (include proper	ty neiti i year or				·····
			I	······································					
	······		I	<u></u>					
11	Loss, if any, from line 7		· · · · · · · · · ·	· · · · · · · · · ·				11	()
12	Gain, if any, from line 7 o	r amount from line	8. if applicable					12	<u> </u>
13	Gain, if any, from line 31							13	
14	Net gain or (loss) from Fo	orm 4684, lines 31	and 38a 🕠					14	
15	Ordinary gain from install	ment sales from F	orm 6252, line 25	or 36				15	
16	Ordinary gain or (loss) fro	om like-kind excha	nges from Form	3824 • • • • •				16	***************************************
17	Combine lines 10 through	16 • • • • • •						17	
18	For all except individual r						1		
	and b below. For individu				,	,			
а	If the loss on line 11 inclu	des a loss from Fo	orm 4684, line 35,	column (b)(ii), er	iter that part of th	e loss here. Enter th	ie part		
	of the loss from income-p								
	used as an employee on	Schedule A (Form	1040), line 23. lo	entify as from "Fo	orm 4797, line 18	a." See instructions		18a	
b	Redetermine the gain or	(loss) on line 17 ex	cluding the loss,	if any, on line 18a	. Enter here and	on Form 1040, line	14	18b	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4797 (2013)



Compensation	of	Officers
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(Rev. December 2013) Department of the Treasury Internal Revenue Service

Form

Name

1125-E

# Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S. Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

56-2371654

DANKA K MICHAELS MD PROF CORP

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to	Percent of s	tock owned	(f) Amount of
	(see instructions)	business	(d) Common	(e) Preferred	compensation
1 DANKA K MICHAELS		80 %	100 %	%	195,000
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	40000.00000000000000000000000000000000
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	·
		%	%	%	
		%	%	%	
		%	%	%	*****
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2 Total compensation of officers		<u></u>		2	105 000
					195,000
3 Compensation of officers claimed on Form 1	125-A or elsewhere on return			3	
4 Subtract line 3 from line 2. Enter the result he					
appropriate line of your tax return For Paperwork Reduction Act Notice, see separat	te instructions.				<b>195,000</b> <b>25-E</b> (Rev. 12-2013)

EEA

Department of the Treasury	Information about Form 8879-S and	its instructions is at www.ir	s.gov/form88798	S.	2013
nternal Revenue Service	For calendar year 2013, or tax year beginning	, 2013, ending	. 20		
lame of corporation	······································	, so to, orderig	Employer identific	ation numbe	r
ANKA_K_MICHAELS	MD PROF CORP		56-237165	4	
	urn Information (Whole dollars only)	·····	1 22 22 4 2 4	3	
	ales less returns and allowances (Form 1120S, lin	ne 1c)			1,723,65
	1120S, line 3)	,			1,268,13
	income (loss) (Form 1120S, line 21)			3	24,91
,,	te income (loss) (Form 1120S, Schedule K, line 2)			4	<u> </u>
		,		5	(48
	tion and Signature Authorization of (				( = 0
correct, and complete. I full electronic income tax retu- lectronic income tax retu- end the corporation's ret ransmission, (b) the reas ne U.S. Treasury and its stitution account indicate ne financial institution to -888-353-4537 no later t in the processing of the el assues related to the payn	ix return and accompanying schedules and statem urther declare that the amounts in Part I above are irm. I consent to allow my electronic return originat urn to the IRS and to receive from the IRS (a) an a ison for any delay in processing the return or refunc designated Financial Agent to initiate an electronic ed in the tax preparation software for payment of t debit the entry to this account. To revoke a payme han 2 business days prior to the payment (settlem lectronic payment of taxes to receive confidential i nent. I have selected a personal identification num applicable, the corporation's consent to electronic to the payment of the payment to the payment to the payment of the applicable, the corporation's consent to electronic to the payment of the payment to the payment to the payment to the payment of the payment to the payment to the payment of the payment of the payment of the payment (settlem the payment of the payment of the payment (settlem the payment of the payment of the payment (settlem the payment of the paym	e the amounts shown on the co tor (ERO), transmitter, or intern acknowledgement of receipt or d, and (c) the date of any refun c funds withdrawal (direct debit the corporation's federal taxes ent, I must contact the U.S. Tre- nent) date. I also authorize the information necessary to answ- ther (PIN) as my signature for the	ppy of the corpora nediate service pr r reason for reject d. If applicable, I : ) entry to the finar owed on this return asury Financial Ag financial institution er inquiries and re	tion's ovider to ion of the authorize ncial rn, and gent at ns involvec asolve	
on the corporat	BERT S SEMONIAN CPA ERO firm name ion's 2013 electronically filed income tax return. the corporation, I will enter my PIN as my signatu		ot enter all zeros	as my signa ncome tax	awre
fficer's signature		Date ► <u>04-07-2014</u>	Title 🏲 P	RESIDEN	<u>T</u>
	ation and Authentication	Date ► <u>04-07-2014</u>	Title ▶ <u>p</u>	RESIDEN	P
	ation and Authentication	Date ► <u>04-07-2014</u>	Title 🕨 <u>P</u>	RESIDEN	P
Part III   Certific	ation and Authentication			98765	<u>T</u>
Part III   Certific			950884		
ERO's EFIN/PIN. Enter you certify that the above nur corporation indicated above indicated abo		elected PIN.	950884 me tax return for t of <b>Pub. 3112</b> , IR	98765 do not enter the S e-file	
Part III Certific Certify that the above nur corporation indicated above application and Participati Returns.	our six-digit EFIN followed by your five-digit self-se meric entry is my PIN, which is my signature on th ve. I confirm that I am submitting this return in acc	elected PIN. 2013 electronically filed inco 2013 electronically filed inco 2013 cordance with the requirements 2014 requirements 2015 requirements 2015 requirements 2015 requirements 2015 requirements 2015 requirements 2015 requirements 2015 requirements 2015 requirements 2016 requirements 2017 requirements 2017 requirements 2018 requirements 2018 requirements 2018 requirements 2018 requirements 2018 requirements 2018 requirements 2018 requirements 2019 requ	950884 me tax return for t of <b>Pub. 3112</b> , IR	98765 do not enter he S e-file usiness	
Part III Certific ERO's EFIN/PIN. Enter you certify that the above nur corporation indicated above Application and Participati	our six-digit EFIN followed by your five-digit self-semeric entry is my PIN, which is my signature on th ve. I confirm that I am submitting this return in acc ion, and <b>Pub. 4163</b> , Modernized e-File (MeF) Infor	elected PIN. e 2013 electronically filed inco cordance with the requirements rmation for Authorized IRS e-fil	950884 me tax return for t of Pub. 3112, IR e Providers for Bu Date ► <u>04-02-</u> ns	98765 do not enter he S e-file usiness	

# IRS e-file Signature Authorization for Form 1120S

OMB No. 1545-1863

Do not send to the IRS. Keep for your records.

Form 8879-S

AA02867

# Depreciation Reconciliation for DANKA K MICHAELS MD PROF CORP

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يد معر		Cost	Basis	Current Depreciation	Accumulated Depreciation	
Surger 1	Beginning of Year	458,418	269,401	20,566	414,775	11,704
	Placed in Service in Current Year	430,793	428,585	3,798	3,798	2,208
	Removed from Service in Current Year	73,188	73,188	2,440	47,774	
	End of Year	816,023	624,798	21,924	370,799	13,912



	Summary of	Stock Ow	vnership		2013	3	
CORPORATION NAME	OF COPP				EIN	с 5 <i>А</i>	
Shareholder Information			Share	es	<u>56-2371654</u> % Ownership		
lame	EIN/SSN	і Туре	Beginning		Ending Beginning		
ANKA MICHAELS			1,000	1,000	100.00000	Ending 100.0000	
OTAL			1,000	1,000			
				-Antilla de Anto, Marcado de Sera Agrana Agrana Paragona antigan			



Federal Supporting Statements	2013 PG01
Name(s) as shown on return	FEIN
DANKA K MICHAELS MD PROF CORP	56-2371654
FORM 1120S LINE 19	Statement #2
DESCRIPTION	AMOUN
AUTOMOBILE AND TRUCK EXPENSE	92
COMPUTER DUES AND SUBSCRIPTIONS	5,83
EDUCATION AND TRAINING	2,42 ⁻ 2,91
EQUIPMENT RENTAL/LEASE	28,621
INSURANCE	71,47:
JANITORIAL LEGAL AND PROFESSIONAL	20,18
50% MEALS AND ENTERTAINMENT	37:
OFFICE EXPENSE	15,23
OUTSIDE SERVICES/SUB CONTRACTORS	1,11
PAYROLL PROCESSING EXPENSE POSTAGE/SHIPPING	3,475 3,704
SECURITY	3,64
TELEPHONE	9,443
UTILITIES BILLING SERVICE	1,64( 5,44
Panyand Opinaton	<u> </u>
TOTAL	197,55
SCHEDULE A LINE 5	PG01 Statement #5
DESCRIPTION	PG01 Statement #5 AMOUNY
DESCRIPTION WELLNESS PROGRAMS	PG01 Statement #5 <u>AMOUN</u> 5,823
DESCRIPTION	PG01 Statement #5 <u>AMOUN7</u> 5,82 9,863
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES	<b>PG01</b> Statement #5 <u>AMOUN</u> 5,82 9,86 82,332 4,08
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES	PG01 Statement #5 <u>AMOUN</u> 5,822 9,862 82,332
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES	PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES	<b>PG01</b> Statement #5 <u>AMOUN</u> 5,82 9,86 82,332 4,08
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES	PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES	PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES	PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES	PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES	PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES	PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES	PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES	PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES	PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES	PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092

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Danka Michaels002022

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	Federal Supporting Statemen		13 PG01
Name(s) as shown on return DANKA K MICHAELS MD PH	ROF CORP	FEIN	56-2371654
	20S, SCHEDULE L, LINE 6		STM19
DESCRIPTION NOTE RECEIVABLE		BEG OF YEAR	END OF YE
TOTAL		6,068	
FORM 112 OTHER CURRENT LIABILIT	20S, SCHEDULE L, LINE 18 FIES		PG01 STM22
DESCRIPTION SALES TAX PAY EMPLOYEE TIPS PAY PAYROLL TAXES PAY		BEG OF YEAR 2,324 1,687 6,641	END OF YE 3 12,1
TOTAL		10,652	12,5
DESCRIPTION INTEREST INCOME	SCHEDULE M-2 LINE 3		PG01 Statement #29 <u>AMOUNT</u>
INTEREST INCOME TOTAL			9

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	Federal Supporting Statements	2013 PG01
Name(s) as shown on return DANKA K MICHAE	LS MD PROF CORP	FEIN 56-2371654
	SCHEDULE M-2 LINE 5	Statement #3
DESCRIPTION NET SECTION 12 NONDEDUCTIBLE		<b>AMOUN</b> 25,41
TOTAL		25,78
	FORM 4562 - LINE 19C	PG01 Statement #50
BASIS 205 2,209	RP         CV         METHOD         DEDUCTION           7         MQ         200 DB         22           7         MQ         200 DB         237	
TOTAL	259	

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	Taxes and Licenses Attachment This information does not transmit to the IRS with e-filed returns. Including with a paper filed return is optional.		2013
SCORPORATION NAME DANKA K MICHAELS MD PF		ем 56-2371654	
Taxes and Licenses	Form 1120S		Page 1, Line 12
1 State income taxes	***************************************		***********
2 State franchise taxes		2	
3 City income taxes		3	
4 City franchise taxes		4	
5 Local property taxes		5	
6 Intangible property taxes		6	
7 Payroll taxes		7	62,511
8 Less: credit from Form 8846		8	
9 Foreign taxes paid		9	
10 Occupancy taxes		10	
11 Other miscellaneous taxes		11	3,603
12 Built in gains tax allocated to ordinary i	ncome	12	
13 Licenses		13	
14 Total to Form 1120S, Page 1, Line 12		14	66,114
ATT_STL.LD			

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	Form 1120S K-K1 Comparison Worksheet					
S CORP	ORATION NAME (Keep f	or your records)				
	KA K MICHAELS MD PROF CORP			EIN 56-2371654		
	Description	Schedule K	K-1 Totals	Difference		
			T			
1	Ordinary business income (loss)	24,919	24,	919		
ń	Interest income	9		9		
9	Net section 1231 gain (loss)	(25,414)	(25,	414)		
15 A. 17 A	Post - 1986 depreciation adjustment Nondeductible expenses	6 371		6		
	Nondeddotlowe expenses	9		371 9		
		taman annan annan agust yanan annan annan annan				
			l			
			]			
		1	1	1		

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F	orm 1120S Schedule M-2/Retained Earnings Worksheet (Keep for your records)	2013	
1	oration Name	EIN	
D	ANKA K MICHAELS MD PROF CORP	56-2371654	
	Analysis of Current-Year Retained Earnings		
1 2 3 4 5	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	· · 2 ( · · 3	090 (857) 233 233
6	Difference (line 4 minus line 5) (should be zero)		
	Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA		
1	Ending retained earnings (Schedule L, column d, line 24)	•• 1 45.	233
2	Beginning retained earnings (Schedule L, column b, line 24) ·····	2 46.	090
3	Retained earnings change (line 1 minus line 2)	· · 3(	857)
4	Ending AAA plus OAA		233
5	Beginning AAA plus OAA	··· 4 <u> </u>	233
6	Difference (line 4 minus line 5)	· · 6(	857)
7 8 9 10 11 12 13 14 15	Current-Year Timing Adjustments per Schedule M-1         Subtractions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2)         Other income recorded on books not included on Schedule K         Depreciation on Schedule K not included on books         Other Schedule K items not included on books         Income included on Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3)         Income included on Schedule K not recorded on books         Income included on Schedule K not recorded on books         Other items on books not included on Schedule K         Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10)		
16 17	Current-Year Timing Adjustments Per Schedule M-3         Permanent or temporary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens appear on line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100.         Permanent differences       16         Temporary differences       17		
18	Timing adjustments not included on Schedule M-2 (combine lines 16 and 17)		
19 20 21 22 <b>23</b>	Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7	· · 20 · · 21 (	857)

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					í	FORM 1120S	FORM 1120S	0S	n					PAGE 1	ר ר
						For your records only	record	s only							
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	ROF CORP											Social	Social security number/EIN 56–2371654	r/EIN	
No. Description	Date	Cost	Salvage	Business Dercentage	Section 179	Depreciation Basis	Life	Method	Rate	Current deor	Accumulated	Prior expense	Bonus depreciation	us	AMT
1 OFFICE FURNITURE	20030625	9,151		100.00		, 151			0	- Idaa	9,151		approx.		Californ
2 MEDICAL EQUIPMENT	20030625	1,304		100.00		1,304	7		0		1,304				
4 MED EQUIP	20050701	17,576		100.00	17,576	0	ى. م		0		17,576	17,576			
5 MED EQUIP	20060701	164,054		100.00	50,00d	114,054 7		SL HY	14.286	8,149					8,149
6 MED EQUIP	20070701	59,066		100.00		59,066		SL HY	14.286						8,438
7 MED EQUIP	20080701	5 , 990		100.00		2,995 7		SL HY	14.286				ΡY	2,995	428
8 MED EQUIP	20080801	15,550		100.00		7,775 7		SL HY	14.286	1,111	13,885		ЪХ	7,775	1,111
9 SPA EQUIP	20090701	48,720		100.00	48,720	0 5		SL HY	20		48,720	48,720			
10 SOFTWARE	20090701	1,868		100.00		1,868 3	<u>е</u>		0		1,868		ЪЛ	934	
11 MEDICAL EQUIP	20101228	54,660		100.00	54,660	0	ی د	SL HY	20		54,660	54,660			
12 COMPUTER EQUIP	20100217	5,854		100.00	5,854	0 3		SL HY	33.333		5,854	5,854			
13 EQUIP	20120701	1,437		100.00	1,437	0 5		SL. HY	20		1,437	1,437			
14 DFFICE EQUIPMENT	20130701	205		100.001		205 7		200 DB MQ	10.71	22	22				16
15 MEDICAL EQUIPMENT	20130701	4,417		100.001		2,209 7		200 DB MQ	10.71	237	2,445		сĸ	2,208	237
16 LEASEHOLD IMPROVEMENT 20131001	120131001	424,671		100.00		424,671	15 S	SL MQ	. 833	3,539	3,539				3,539
17 SPA EQUIPMENT	20131001	1,500		100.00		1,500	7 2	200 DB MQ	3.57						
Asset(s) Sold															
3 LEASEHOLD IMP ABANDON 20030625	N20030625	73,188		100.00		73,188 15		XH TS	6,667	2,440	47,774				2,440
											******				
							*****		******					999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 99	
Totals		889,211			178,247	697,986				24 364	432 485	178 247	2	2 20A	34 350
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Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	Image: constraint of the	Name(	WD T												Social	security number/EIN		
Denotional         Data         Cost         Submets         Table         Cost         Submets         Table         Cost         Rest         Res         Res	Incontrol         Transmistion         True         Const         State         Number         Nu	1								┢						1+COT/57-00		
Contract Experiment         2030623         9,131         100.00         9,143         9,131           Centract Experiment         2030623         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306         1,306	Differe Fundamentalize     20000623     3,131     100.00     3,131     100.00     3,131     100.00     3,131     100.00     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     1,1596     0     1,1596     0     1,1596     0     1,1596     0     0     1,1596     0     0     1,1596     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0     0	°N N	Description	Date	Cost	Salvage	Business percentage	Section 179		Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Borus depreciation		AMT Current
Discription         2030652         1,304         100         1,304         100         1,304         100         1,304         100         1,304         100         1,304         100         1,304         100         1,304         100         1,304         100         1,304         100         1,304         100         1,304         100         1,304         100         114,304         1         114,305         10         10         100         100         100         100         100         100         100         114,304         114,305         114,305         100         0         11,304         100         10         100         114,305         114,305         114,305         110         100         100         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         114,305         11	Exercise         2000703         1,7,04         100         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,04         1,7,17         1,1,04         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1         1,1,1	-	OFFICE FURNITURE	20030625	9, 151		100.00		9,151 7			0		9,151				
BEDUTF         2006/0101         17.976         100.00         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.977         17.977         17.977         17.977         17.977         17.977         17.977         17.977         17.977         17.977         17.976         17.976         17.976         17.976         17.976         17.976         17.9	EED         COUTD         COOPONID         17.976         100.00         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976         17.976 <td>N</td> <td>MEDICAL EQUIPMENT</td> <td>20030625</td> <td>1,304</td> <td>_</td> <td>100.00</td> <td></td> <td>1,304 7</td> <td>~</td> <td></td> <td>0</td> <td></td> <td>1,304</td> <td></td> <td></td> <td></td> <td></td>	N	MEDICAL EQUIPMENT	20030625	1,304	_	100.00		1,304 7	~		0		1,304				
BED FOUTP         20060701         164,054         100.00         59,067         15.1         14.26         6,169         59,007           BED RQUTP         20007011         59,066         100.00         0         59,067         11.2         26         6,39         54,007           RED RQUTP         20007011         15,550         100.00         0         59,067         11.2         20         0         12.221         0         0           RED RQUTP         20007011         1,550         100.00         63,701         53,907         51.1         11.2,216         0.0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	mem         District         20060701         54,056         100         9,066         14,054         5,50         6,17,05         6,000         0<0           mem         District         20060701         5,906         7         11,14,05         6,47,05         6,47,05         6,000         0           mem         District         20090701         1,530         100         0         5,906         7         11,120         6,00         1,00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0        <	ব	MED EQUIP	20050701	17,576	_	100.00		0			0		17,576				
mem         200701         59.06         100.00         0         59.06         100.00         59.06         100.00         59.06         100.00         59.06         100.00         59.06         100.00         59.06         100.00         59.06         100.00         59.06         100.00         59.06         100.00         59.06         100.00         59.06         100.00         59.06         100.00         59.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.06         50.07         20.07         20.07	mem         20070701         59,066         100         00         59,066         11,426         6,443         6,443         6,443         6,443         6,443         6,443         6,443         6,443         6,443         6,443         6,443         6,443         6,443         6,443         6,443         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,433         6,133         6,133         6,133         6,133         6,133         6,133         7,133         4,133         7,133         4,133         7,133         4,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133         7,133	ŝ	MED EQUIP	20060701	164,054	_	100.00		114,054 7			14.28		-				
mem becurre strengtime         2008071         5,900         100.00         6,550         7         SL         HZ         14,26         6,50         4,708         0           SFA EQUITY         20090701         14,725         100.00         44,72         0         15,550         7         SL         HZ         14,20         2,221         12,226         0           SFA EQUITY         20090701         1,472         100.00         44,72         0         5         SL         HZ         14,20         2,221         14,70         0         34,56         5,64         0         34,56         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64         5,64 <td< td=""><td>Constraint         Condenti         5,900         10000         6         5,900         7         51         11,216         6,700         6         7         6         7         7         11,216         6         700         0         0         0           DEN RULT         2000701         45,720         100.00         45,750         100.00         45,750         100.00         45,750         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         76,660         47,76         46,720         76,760         76,660         76,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,610         56,710         10,711         20,201         <t< td=""><td>9</td><td>MED EQUIP</td><td>20070701</td><td>59,066</td><td></td><td>100.00</td><td>0</td><td>59,066 7</td><td></td><td></td><td>14.28</td><td></td><td></td><td></td><td></td><td></td><td></td></t<></td></td<>	Constraint         Condenti         5,900         10000         6         5,900         7         51         11,216         6,700         6         7         6         7         7         11,216         6         700         0         0         0           DEN RULT         2000701         45,720         100.00         45,750         100.00         45,750         100.00         45,750         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         76,660         47,76         46,720         76,760         76,660         76,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,660         56,610         56,710         10,711         20,201 <t< td=""><td>9</td><td>MED EQUIP</td><td>20070701</td><td>59,066</td><td></td><td>100.00</td><td>0</td><td>59,066 7</td><td></td><td></td><td>14.28</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	9	MED EQUIP	20070701	59,066		100.00	0	59,066 7			14.28						
Ben BOUTE         20000001         15,550         100.00         48,720         100.00         48,720         100.00         48,720         100.00         48,720         100.00         48,720         100.00         48,720         100.00         48,720         100.00         48,720         100.00         48,720         100.00         48,720         100.00         48,720         100.00         48,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         47,73         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         474         474,611         52.00	Meth Bould Bould Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bound Bo	2	MED EQUIP	20080701	5,990		100.00		5,990 7			14.28		_				
Sar Bourte         20000001         46,720         100.00         43,724         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         46,720         47,774         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473         473	SIX ROUTE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATURE STATU	80	MED EQUIP	20080801	15,550		100.00	0	15,550 7			14.28						
SOFTWARK         20090701         1,668         100.00         54,660         0         5         51,660         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         5,646         7,017         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437         1,437 <t< td=""><td>Submuttion         2000/01         1,668         100.00         5,66         100.00         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66</td></t<> <td>a,</td> <td>SPA EQUIP</td> <td>20090701</td> <td>48,720</td> <td></td> <td>100.00</td> <td></td> <td>0</td> <td></td> <td></td> <td>20</td> <td></td> <td>48,720</td> <td></td> <td></td> <td></td> <td></td>	Submuttion         2000/01         1,668         100.00         5,66         100.00         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66         5,66	a,	SPA EQUIP	20090701	48,720		100.00		0			20		48,720				
CMEDICAL EQUIP EXERT:         20101228         54,660         100.00         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,660         54,670         52,120         52,120         52,120         52,120         54,120         54,121         52,120         54,121         52,120         54,121         52,120         54,121         52,120         54,121         52,120         54,121         52,120         54,121         52,120         54,121         52,120         54,121         52,120         54,121         52,120         52,120	MEDICAL EQUIP BOUNTER SQUITS         20101228         54,660         100.00         5,564         100.00         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564         5,564	10	SOFTWARE	20090701	1,868		100.00		1,868 3	~~		0		1,868		ΡΥ	934	
COMEVERE RQUIP     20100217     5,854     100.00     5,854     0     3     5L     HX     23.335     5,654       REQUE     20120701     1,437     100.00     1,437     200     1,437     20     1,437       REDICIL RQUIPRENT     20130701     4,417     100.00     1,437     200     1,437     22     2       REDICIL RQUIPRENT     20130701     4,417     100.00     4,417     7     200     1,473     2       REDICIL RQUIPRENT     20131001     1,500     1,417     100.00     4,417     2     1,33     3,539     3,539       REDICIL RQUIPRENT     20131001     1,500     1,00.00     4,417     1     200     1,473     2       REASHOLD INFROVERENT     20131001     1,500     1,00.00     4,417     1     2     1,33       RASENDIA INFROVERENT     20131001     1,500     4,44,67     1,500     1,500     1,500     3,539     3,539       RASENCID INFRAT     2010000     1,500     1,500     1,500     1,500     1,500     1,714       LASENCID INFRAT     2010100     1,500     1,500     1,500     1,500     1,714       LASENCID INFRAT     201000000     1,500     1,500     1,500	COMPUTER RQUIP         Z010011         5, 834         100.00         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         5, 854         7, 313         1, 307         1, 307         1, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 201         2, 2, 201         2, 2, 201         2, 2, 201         2, 2, 201         2, 2, 201         2, 2, 201         2, 2, 2, 201 <t< td=""><td>11</td><td>MEDICAL EQUIP</td><td>20101228</td><td>54,660</td><td></td><td>100.00</td><td>54,660</td><td>0 5</td><td></td><td></td><td>20</td><td></td><td>54,660</td><td></td><td></td><td></td><td></td></t<>	11	MEDICAL EQUIP	20101228	54,660		100.00	54,660	0 5			20		54,660				
EQUIP COLIMENT         20120701         1,437         100.00         1,437         100.00         1,437         100.11         222         222           DFFICE EQUIPMENT         201310701         205         7         200 BB MQ         10.71         22         22           LEASENDLD INTREVERT         201310701         4,471         100.00         44,471         200 BB MQ         10.71         22         23           LEASENDLD INTREVERT         201310701         1,500         424,671         115         210 BMQ         10.71         22         23           SEA EQUIPMENT         201310701         1,500         424,671         12         20         3,539         3,539           ASSENCID INFERT         20131001         1,500         1,500         1,500         3,579         3,539         3,539           Assencies         20131001         1,500         1,500         1,500         1,500         3,579         3,539         3,539           Assencies         20131001         1,500         1,500         1,500         1,500         3,579         3,539           Assencies         20131001         1,500         1,518         15         1,4         6,667         2,440         47,774	DECURP Concrete Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Sector Secto	12	COMPUTER EQUIP	20100217	5,854		100.00		0 3			33.33	~	5,854				
OFFICE RQUIPMENT       20130701       205       100.00       205       7       200 BMQ       10.71       22       22         MEDICAL EQUIPMENT       20130701       4,117       100.00       4,4177       200 BMQ       10.71       473       473         MEDICAL EQUIPMENT       20131001       1,500       100.00       4,4177       200 BMQ       1353       3,539       3,539         SAA SUDIPMENT       20131001       1,500       100.00       424,671       100.00       3,57       3,539       3,539         SAA SUDIPMENT       20131001       1,500       100.00       1,500       1,500       3,57       3,539       3,539         Masset(s) Sold       1,500       100.00       0       73,188       100.00       0       73,188       7,774         LEASEHOLD THF ARANDOV20030625       73,188       100.00       0       73,188       100.00       0       73,188       47,774         LEASEHOLD THF ARANDOV20030625       73,188       100.00       0       73,188       100.00       47,774         LEASEHOLD THF ARANDOV20030625       73,188       100.00       0       73,188       100.00       107,174	DFECE SQUEMENT         20130701         205         100.00         205         7         200 Bb M0         10.71         22         22         22           REDICAL         SQUEMENT         20130701         4.17         100.00         2.417         200 Bb M0         10.71         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         4.73         7.33         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.5313         3.531         3.531		EQUIP	20120701	1,437		100.00		0 5			20		1,437				
MEDICAL EQUIPRENT       20130701       4,417       100.00       4,417       200 DB MQ       10.71       473       473         EAASEHOLD IERROVENERT       20131001       1,500       100.00       424,671       15       51       MO       333       3,539       3,539       3,539         EAASEHOLD IERROVENERT       20131001       1,500       100.00       1,500       1,500       1,500       3,57       3,539       3,539         Asset (2) IERROVENERT       20131001       1,500       100.00       0       73,188       15       51       HY       6.667       2,440       47,774         LEASEHOLD IMP ARANDO(20030625       73,188       100.00       0       73,188       15       S1       HY       6.667       2,440       47,774         LEASEHOLD IMP ARANDO(20030625       73,188       100.00       0       73,188       15       S1       HY       6.667       2,440       47,774         LEASEHOLD IMP ARANDO(20030625       73,188       15       S1       HY       6.667       2,440       47,774         LEASEHOLD IMP ARANDO(20030625       73,188       15       S1       HY       6.667       2,440       47,774 <td>MEDICAL BOUTEMENT         2013/101         4.417         100.00         4.417         200 DB MQ         10.71         473         473         473           LASSHOLD INFERNENCS         20131001         1,500         1,500         1,500         3.57         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.7714         9.7714         9.7714         9.7714         9.7714         9.7774         9.26523         7.7714         1.7774         9.7774         9.26513         3.7714         1.7774         1.77</td> <td></td> <td>OFFICE EQUIPMENT</td> <td>20130701</td> <td>205</td> <td></td> <td>100.00</td> <td></td> <td>205 7</td> <td></td> <td>DB</td> <td>10.71</td> <td>22</td> <td></td> <td></td> <td></td> <td></td> <td></td>	MEDICAL BOUTEMENT         2013/101         4.417         100.00         4.417         200 DB MQ         10.71         473         473         473           LASSHOLD INFERNENCS         20131001         1,500         1,500         1,500         3.57         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.539         3.7714         9.7714         9.7714         9.7714         9.7714         9.7774         9.26523         7.7714         1.7774         9.7774         9.26513         3.7714         1.7774         1.77		OFFICE EQUIPMENT	20130701	205		100.00		205 7		DB	10.71	22					
LEASEHOLD INFROVEMENT 20131001 424,671 15 SL MQ 833 3.539 3.539 SEA EQUITMENT 20131001 1,500 1,500 1,500 DB MQ 3.57 200 DB MQ 3.57 Asset(s) Sol.d LEASEHOLD INF ARANDON 20030625 73,188 100.00 0 73,188 15 SL HY 6.667 2,440 47,774 LEASEHOLD INF ARANDON 20030625 73,188 100.00 0 73,188 15 SL HY 6.667 2,440 47,774	IzASEHOLD INPROVEMENT     20131001     424, 671     100.00     424, 671     15     51     93.3     3,539     3,539       SAS EQUINMENT     20131001     1,500     1,500     1,500     1,500     3,51     3,539     3,539       Asset(a) Sold     100.00     100.00     0     73,188     100.00     47,774     0       IzASEBOLD INF ARANDON20030625     73,188     100.00     0     73,188     100.00     47,774     0       IzASEBOLD INF ARANDON20030625     73,188     100.00     0     73,188     15     5L <hy< td="">     6.667     2,440     47,774     0       IzASEBOLD INF ARANDON20030625     73,188     100.00     0     73,188     10,966     5L<hy< td="">     6.667     2,440     47,774     0       Interstein     89.521     100.00     0     73,188     10,964     0     26,138     47,774     0</hy<></hy<>		MEDICAL EQUIPMENT	20130701	4,417		100.00		4,417 7		DB	10.71	473	4				
SPA EQUIPHENT       20131001       1,500       100.00       1,500       3.57       0.00         Asset(s) Sold       100.00       0       73,188       100.00       0       73,188       47,774         LEASEHOLD INF ARANDOR/20030625       73,188       100.00       0       73,188       100.00       0       73,188       47,774         LEASEHOLD INF ARANDOR/20030625       73,188       100.00       0       73,188       100.00       100.00       100.00         LEASEHOLD INF ARANDOR/20030625       73,188       100.00       0       73,188       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00       100.00	SPA BQUTEMENT     20111001     1,500     100.00     1,500     7     200 DB M2     3.57     7     7       Asset(e) Sold     73,188     100.00     0     73,188     100.00     47,774     0       LEASENCID INF ARANDOR20030625     73,188     100.00     0     73,188     15     5L     HY     6.667     2,440     47,774     0       LEASENCID INF ARANDOR20030625     73,188     100.00     0     73,188     15     5L     47,774     0	16	LEASEHOLD IMPROVEMEN	120131001	424.671		100.00		424 671 1			558	3 530					
According to the rest of	Assertion     Accords     Accords <td></td> <td>SDA FOILTDMENT</td> <td>10012100</td> <td></td> <td></td> <td>100 001</td> <td></td> <td></td> <td></td> <td>, ,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		SDA FOILTDMENT	10012100			100 001				, ,							
Table (1) 0.00     13,188     100.00     0     73,188     15     51     HX     6.667     2,440     47,774       EASEHOLD IMP ABANDON20030625     73,188     15     51     HX     6.667     2,440     47,774       Image: Comparison of the comparison of	Insertion and Insertion in Anamol 20030625     73,188     100.00     0     73,188     15     Si     BY     6.667     2,440     47,774     0       Insertion in Anamol 20030625     73,188     100.00     0     73,188     13,188     177,774     0       Insertion in Anamol 20030625     73,188     100.00     0     73,188     13,178     0       Insertion in Anamol 20030625     178,247     710,964     1     26,138     428,203     178,247		A PACE (2) Cald	TOOTETOZ	0000 1 1		00.001				21	10.5						
LEASEHOLD IMP ARANDON 20030025     73,188     100.00     0     73,188     100.00       73,188     100.00     0     73,188     5.667     2,440     47,774	EASEMOLD INP ABANDOR 20030025     73,188     100.00     0     73,188     51. BN     6.667     2,440     47,774     0       Image: Second Seco		HSSEL(S) 2010															
	889.211     26,138     226,138     178,247	m	LEASEHOLD IMP ABANDO	N20030625	73,188		100.00		73,188			6.667	2,440					
	889,211 178,247 710,964 26,138 428,203 178,247																	
	889,211         178,247         710,964         26,138         428,203         178,247           889,211         889,211         178,247         178,247         178,247         178,247																	
683,244 178,247 710,964 26,138 428,203	889,211	1	Totals		889,211			178,247	710,964				26,138					
	889,211	1	Tand Ducket														-	

## Next Year's Depreciation

## 2013

	IICHAELS MD PROF CORP				C	56- <u>2371654</u>
ame         ANKA       K       N         Drm       Multi-For         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120       1         120		Date 20030625 20050701 20060701 20080701 20080801 20090701 20101228 20100217 20120701 20130701 20131001 20131001	1,304 114,054 59,066 2,995 7,775 1,868 205 2,209 424,671	FEIN Method SL SL SL SL SL SL SL SL SL M M SL M	Life 7 7 7 7 7 5 3 5 7 7 5 3 5 7 7 1 5 7 7	56-2371654 Deduction 4,219 428 1,111 52 564 28,311 413 35,098

	Federal Filing Instructions	2013
Name(s) as shown on return DANKA K MICHAELS MD	PROF CORP	Your Social Security Number 56-2371654
Date to file by:		
	Form 1120S and supplemental forms a	
Sign and date:	An officer must sign and date Form	1120S on page 1.
Address to file:	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0013	
Refund:	Neither a refund nor a balance due	

FILEINST.LD

#### **ROBERT S SEMONIAN CPA** PO BOX 5605 Ventura, CA 93005 semon(a)prodigy.net Phone: (805)659-5344 | Fax: (805)659-5346 Danka K Michaels MD Prof Corp Invoice Date: 04/02/2014 3320 N Buffalo Dr Las Vegas, NV 89129 Your 2013 tax return was prepared by Robert S Semonian CPA. Description of Charges Price Federal and Supplemental Forms Ş Form 1120S - U.S. S Corp Income Tax Return Page 1 Form 1120S - U.S. S Corp Income Tax Return Page 2 Form 1120S - U.S. S Corp Income Tax Return Page 3 Form 1120S - U.S. S Corp Income Tax Return Page 4 Form 1120S - U.S. S Corp Income Tax Return Page 5 Schedule K-1 - Shareholder's Share of Income Form 1125-A - Cost of Goods Sold Form 4562 - Depreciation and Amortization Form 4797 - Sales of Business Property Form 1125-E - Compensation of Officers Form 8879-S - E-File Signature Authorization for 1120S Statement 1120S - Subsidiary Schedule for 1120S Statement 11205 - Form 11205 Statement - Line 19 Statement 11205 - Form 11205, Schedule A Statement - Line 5 Statement 11205 - Subsidiary Schedule for 11205 Statement - Schedule B, Line 4A Statement Statement 29 - Schedule M-2 Statement - Line 3 Statement 30 - Schedule M-2 Statement - Line 5 Statement 4562 - Form 4562 Statement K-Kl Comparison - Comparison of Schedule K to K-1 Next Year Depr - Next Year Depreciation Schedule Whisht Tax/Lic - Taxes and Licenses Worksheet Depr Rec - Depreciation Reconciliation - Depreciation .... - Tax Year Comparison Sheet Comparison Wksht M-2 - Schedule M-2 Worksheet Depr Sch - Federal Depreciation Schedule <u>ST Depr Sch</u> - State Depreciation Schedule Total Forms : 27 ST Depr Sch Forms Subtotal 0.00 Total Balance Due 0.00

1120S		Sub S Corporation Diagnostic Summary		
Name DANKA K MICHAEL	S MD PROF CORP		Employer Identification # 56-2371654	
Demographics Mailing Address: 3320 LAS V	N BUFFALO DR EGAS, NV 89129	Phone:		
Resident State: NV				
<mark>Diagnostics</mark> Preparer: ROBERT S	SEMONIAN Invoice:		<b>Date:</b> 04-02-2014	
Return Information				
Return Information Item on Return	1	013 Jeraj	2012 Federal (If available)	
Item on Return	י Fed	leral	(If available)	
Item on Return	י Fed			
Item on Returr Total Assets Number of Shareholders	Fed	leral 538,961 1	(If available) 116,090 1	
Item on Returr Total Assets Number of Shareholders Gross Receipts/Sales	1 Fed	Jeral           538,961           1           723,655	(If available) 116,090 1 1,557,314	
Item on Returr Total Assets Number of Shareholders Gross Receipts/Sales Total Income	1 Fed	Jeral       538,961       1       723,655       268,132	(If available) 116,090 1 1,557,314 1,251,696	
Item on Return Total Assets Number of Shareholders Gross Receipts/Sales Total Income Total Deductions	1 Fed	Jeral       538,961       1       723,655       268,132       243,213	(lf available) 116,090 1 1,557,314 1,251,696 1,290,898	
Item on Return Total Assets Number of Shareholders Gross Receipts/Sales Total Income Total Deductions Ordinary Income	1 Fed	Jeral       538,961       1       723,655       268,132	(If available) 116,090 1 1,557,314 1,251,696	
Item on Return Total Assets Number of Shareholders Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax	1 Fed	Jeral       538,961       1       723,655       268,132       243,213	(lf available) 116,090 1 1,557,314 1,251,696 1,290,898	
Item on Return Total Assets Number of Shareholders Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax Overpayment	1 Fed	Jeral       538,961       1       723,655       268,132       243,213	(lf available) 116,090 1 1,557,314 1,251,696 1,290,898	
Item on Return Total Assets Number of Shareholders Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax Overpayment Refund	1 Fed	Jeral       538,961       1       723,655       268,132       243,213	(lf available) 116,090 1 1,557,314 1,251,696 1,290,898	
Item on Return Total Assets Number of Shareholders Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax Overpayment Refund Refund Applied to ES	1 Fed	Jeral       538,961       1       723,655       268,132       243,213	(lf available) 116,090 1 1,557,314 1,251,696 1,290,898	
item on Return	1 Fed	Jeral       538,961       1       723,655       268,132       243,213	(lf available) 116,090 1 1,557,314 1,251,696 1,290,898	

State/City Information

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State/City	Gross	Taxable	Composite	Other Tax	Refund/
	Income	Income	Tax		(Balance Due)

#### 1120S TAX RETURN COMPARISON 2011 / 2012 / 2013

2013

Name(s) as shown on return DANKA K MICHAELS MD PROF CORP Identifying number 56-2371654

Γ	2011	2012	2013	DIFFERENCE
Income	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2012 & 2013
Net receipts	1,652,631	1,557,314	1,723,655	166,341
Cost of goods sold	307,002	305,618	455,523	149,905
Gross profit	1,345,629	1,251,696	1,268,132	16,436
Net gain/loss from 4797 • • • • • • • •				
Other income				
Total income	1,345,629	1,251,696	1,268,132	16,436
Deductions				· · · · · · · · · · · · · · · · · · ·
Compensation of officers • • • • • • •	216,000	195,000	195,000	
Salaries and wages	525,699	531,238	537,025	5,787
Repairs and maintenance	12,577	14,005	7,773	(6,232)
Bad debts				
Rents	101,896	99,305	108,373	9,068
Taxes and licenses	97,419	62,124	66,114	3,990
Interest	7,822		29,844	29,844
Net depreciation	31,460	31,305	26,572	(4,733)
Depletion • • • • • • • • • • • • • • • • • • •				
Advertising	23,124	21,130	1,497	(19,633)
Pension, profit-sharing	18,391	16,433	19,498	3,065
Employee benefits		49,571	53,958	4,387
Other deductions	311,300	270,787	197,559	(73,228)
Total deductions	1,345,688	1,290,898	1,243,213	(47,685)
Ordinary business income(loss)	(59)	(39,202)	24,919	64,121
Тах				
Total tax				
Payments				
Estimated taxes paid · · · · · · · · [				
Total payments line 23d · · · · · ·				
Results				
Amount owed • • • • • • • • • • •				
Overpayment				
Applied to estimate				
Refund				

SCHEDULE K - Shareholder's Share Items				
Income				
Ordinary business income (loss)	(59)	(39,202)	24,919	64,121
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income	126		9	9
Ordinary dividends				
Qualified dividends				
Royalties · · · · · · · · · · · · · · · · · · ·				
Net short-term capital gain (loss)				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss)				
Unrecaptured section 1250 gain				
Net section 1231 gain (loss) · · · · ·			(25,414)	(25,414)
Other income (loss)	<u></u>			
	2011	2012	2013	DIFFERENCE

COMPARES.LD

### 1120S TAX RETURN COMPARISON 2011 / 2012 / 2013

## 2013

Name(s) as shown on return DANKA K MICHAELS MD PROF CORP Page 2 Identifying number

<u>56-2371654</u>

ſ	2011	2012	2013	DIFFERENCE
Deductions	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2012 & 2013
Section 179 deduction		1,437		(1,437)
Contributions				
Investment interest expense				
Section 59(e)(2) expenditures				
Other deductions				
Credits				
Low-income housing credit (section 42(j)(5))				
Low-income housing credit (other) · · · · Qualified rehabilitation expenditures (rental real estate)				
Other rental real estate credits · · · · ·				
Other rental credits				
Credit for alcohol used as fuel • • • • • •				
Other credits	2,303	161		(161)
Foreign Transactions				
Gross income from all sources				······
Gross income sourced at shareholder level · ·				
Foreign gross income sourced at corporate level				
Passive category				
General categories				
Other · · · · · · · · · · · · · · · · · · ·				
shareholder level				
Other • • • • • • • • • • • • • • • • • • •				
Deductions allocated / apportioned at corp. level to foreign source inc.				
General categories				
Total foreign taxes paid or accrued				
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment			6	6
Adjusted gain or loss · · · · · · · · · · · · · · · · · ·				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
Items Affecting Shareholder Basis				
Tax-exempt interest income				
Other tax-exempt income				
Nondeductible expenses	2,353	1,744	371	(1,373)
Property distributions	14,288	29,643		(29,643)
Repayment of loans from shareholders	······			
Other information				
Investment income	126		9	9
Investment expenses				
Dividend distributions paid from accum earnings and profits				
RESIDENT STATE		······		
Taxable income • • • • • • • • • • • • • • • • • •				
Total tax • • • • • • • • • • • • • • • • • •				
Overpayment · · · · · · · · · · · · ·				
Balance due				
_	2011	2012	2013	DIFFERENCE

COMPARES.LD2

						FORM 1120S For vour records only	FORM 1120S	FORM 1120S For vour records only	)			. <u></u>		PAGE ]	, ≓
5												Social	Social security number/EIN	EIN	
LANKA K MICHAELS MU PH						1							56-2371654		
Description	Date	Cast	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumutated Depreciation	Prior expense	Bonus deprectation	5	AMT Current
OFFICE FURNITURE	20030625	9,151		100.00		9,151	-		0		9,151	-			
JEDICAL EQUIPMENT	20030625	1,304		100.00			7		0		1,304	-			
ED EQUIP	20050701	17,576		100.00	17,576	0	ۍ د		0		17,576	17,576			
JED EQUIP	20060701	164,054		100.00	50,000		7 SL	г нү	14.286	8,149	164,054				8,149
AED EQUIP	20070701	59,066		100.00		59,066 7			14.286	8,438	54,847				8,438
MED EQUIP	20080701	5,990		100.00		2,995 7		г ну	14.286		5,349		Хđ	2,995	428
MED EQUIP	20080801	15,550		100.00		7,775 7		г нү	14.286	ч,	13,885		ЪY	7,775	1,111
SPA EQUIP	20090701	48,720		100.00	48,720	0 5			20		48,720	48,720			
SOFTWARE	20090701	1,868		100.001		1,8683	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		0		1,868		Хđ	934	
EDICAL EQUIP	20101228	54,660		100.00	54,660	0	5 SL	ТН 1	20		54,660	54,660			
COMPUTER EQUIP	20100217	5,854		100.00	5,854	0	3 SL		33.333		5,854				
EQUIP	20120701	1,437		100.00	1,437	0	5 SL	с ну	20		1,437	1,437			
OFFICE EQUIPMENT	20130701	205		100.00		205 7	7 20	200 DB MQ	10.71	22	22				16
MEDICAL EQUIPMENT	20130701	4,417		100.00		2,209 7		DB	10.71	237	2,445		CX	2.208	237
LEASEHOLD IMPROVEMENT 20131001	20131001	424,671		100.00		424,671 15			. 833	3,539	3,539				3.539
SPA EOUIPMENT	20131001	1.500		100.00		1.500		AU C	3 67						
Asset(s) Sold						1		3							
LEASEHOLD TWP ABANDON20030625	20020505	73 188		00 001		73 100 15	с <u>т</u>		22.2	044					
		22				1 001/0			0.00	7, 114 0	B / / / B				2,440
							*****							<b></b>	
Totals		889.211			178.247	697 9R6	+			1 V O V C	130 ADE	110 or 1			
-			•	•				•							

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Danka Michaels002036

AA02884

2013 PAGE 1			AMT Curren	42,705		6,191	1,700	5 2 2 2 2 2 2
2013	Social socurity number/EIN	02432	Bonus deprectation			61,907		רק ער ר
	at security	45-5302432				ΡY		 
	Soci		Prior expense					
			Accumulated Depreciation			68,872		141 753
			Current depr			6,191		51 365 51
isting LAS VEGAS			Rate	3.175		10	14.2857	
			Method	SL MM	NDA	SL MQ	AMT-461	
20 N De			Life	31.5				
Depreciation Detail L Form 8825 - 3320 N BUFFALO For vour records only			Depreciation Basis	1,345,221	0	61,906 10	11,900 7	 1,434,291
Eon Fon			Section 179					
			Business percentage	100.001	100.00	100.00	100.00	
			Salvage					
			Cost	1,345,221	427,541	123, 813	11,900	1, 939,002
			Date	20120925	20120925	20121227	20120925	
<ul> <li>Item was disposed</li> <li>of during current year.</li> </ul>	Name(s) as shown on return	PATIENCE ONE LLC	Description	BUILDING	LAND	TENANT IMPROVEMENTS	LOAN FEES	Totals
ltem f durii	ame(s)	₽	No				<u>н</u> м	

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Danka Michaels002037

AA02885

# ETD ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing of extensions is allowed.

Name(s)		SSN/EIN
DANKA K MICHAELS MD PROF CORP		56-2371654
	······	

0148 PREVIOUSLY ACCEPTED EXTENSION: Form 7004 for this corporation has been previously e-filed and accepted by the IRS.

NOTE: This message will ONLY prevent the e-filing of Form 7004.



## NOTES

## THESE SHOULD BE CONSIDERED BEFORE FILING

NameEmployer Identification NumberDANKA K MICHAELS MD PROF CORP56-2371654

374 PRIOR YEAR DEPRECIATION MISSING: An entry has been made on a depreciation detail screen for an asset that was placed in service in a prior year, but no prior year depreciation or Section 179 expense has been entered. Review data entry on Depreciation Detail screen number 016

1120SEF	E	EF Transmission Status	2014
Name(s) as shown on return		(Keep for your records)	
	LS MD PROF CORP		EIN number 56-2371654
The following will be transr	nitted to the IRS.	X 1120S 7004 Amended	
The following state returns	will be transmitted:		
		-	
Westerneterenter (Contractor Contractor)			
The following returns have	heen suppressed or are not al	igible and will NOT be transmitted.	
		-	
EF Notes		na - 1 da mar a Bandad A Ranad A Alla Persona ( 1 da 1	

1120SEF.LD

Form 1	120	s			ome Tax Retu		•	on		OMB No. 1545-0123
					ot file this form unle aching Form 2553 to					2014
Department Internal Rev		· · ·	▶ Inform		rm 1120S and its sep			ov/form112	20s.	
		ear 2014 or ta				, 2014, ending				20
A Selecti	ion effec	ctive date	1	Name		********		ľ	D Employe	r identification number
06-2	25-	2003	TYPE	DANKA K	MICHAELS N	1D PROF CC	DRP		56-23	371654
B Busines			OR	Number, street, ar	nd room or suite no. If a P.O.	box, see instructions.		T	E Date inco	
		structions)	PRINT		BUFFALO DR				06-25	5-2003
6211	111		PRINT	City or town, state	or province, country, and ZII	° or foreign postal code			F Total ass	ets (see instructions)
C Check i attache		^{A-3}			3.0	NT 7	0.01.0.0			500 0.64
			to be an S	LAS VEG	IAS ginning with this tax yea	NV ar? Yes	89129 X No If"	Vac " attach	\$ 	502,864
					e (3) 🗌 Address cha					
					Iders during any part of					
					penses on lines 1a thr					
	1 a	Gross receip	ots or sales				1a 1,84	7,926		
	b	Returns and	allowance	s • • • • •		[	1b	598		
	с	Balance. Su	btract line	1b from line 1a		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • •		1c	1,847,328
ncome	2	Cost of good	ds sold (att	ach Form 1125-	A) • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •			2	315,728
nco	3	Gross profit.	Subtract li	ne 2 from line 1		• • • • • • • • • •		<i></i>	3	1,531,600
_	4				(attach Form 4797)				4	
	5				attach statement)				5	
	6				igh 5 • • • • • •					1,531,600
	7 8			-	ons - attach Form 1125	,				205,000
ous	о 9				credits) • • • • • • •				8	579,698
Deductions (see instructions for limitations)	- 10	Bad debts							10	36,934
lim	11								11	139,104
s for	12	Taxes and li							12	72,210
ions	13	Interest							13	20,521
ruct	14				-A or elsewhere on ret				14	35,098
inst	15				depletion.) · · · ·	•	· ·		15	
see	16	-		-					16	10,891
is (s	17	Pension, pro	ofit-sharing,	etc., plans					17	11,169
tion	18	Employee be	enefit progr	ams • • • •					18	51,998
Inc	19	Other deduc	tions (attac	ch statement)			· · · Statem	ent·#2·	19	276,959
Dec	20	Total deduc	tions. Ad	d lines 7 through	19			🕨	20	1,439,582
	21		*****		btract line 20 from line		· · · · · · · · ·		21	92,018
	22 a				apture tax (see instruc	,	22a		_	
		Tax from Scl	`	<i>,</i>	• • • • • • • • • •		22b			
Is	с				for additional taxes)		1 1		22c	
ner					overpayment creditec	10 2014 •	23a		-	
Tax and Payments	b c			n 7004 • • • iid on fuels (atta	$\cdots$		23b 23c			
d	d						230			
an	24				. Check if Form 2220 i	s attached			24	
Тах	25				an the total of lines 22c		unt owed		25	
	26				the total of lines 22c a				26	
	27	Enter amour	t from line	26 Credited to	2015 estimated tax	₽	Refu	inded 🏼 🏲	27	
	Un	der penalties of pe	rjury, I declare	hat I have examine	d this return, including accorr	panying schedules and	statements, and to		May the IR	S discuss this return
		best of my knowle information of whice			nd complete. Declaration of p	reparer (other than taxpa	ayer) is based on		with the pre	parer shown below
<u>.</u>				_		t			(see instruc	tions)? Yes 🗶 No
Sign	1 86. *	DANKA M		LS MD		<u> </u>		ESIDE	NT	
Here		Signature of officer				Date	Title			Law
Paid		Print/Type prepar		ONT NY 00	Preparer's signature		Date	Che	housed	PTIN
Paid Prepar				<u>onian cp</u>			05-20-2	7	employed	P00391972
Use Or		Firm's name	PO B		ONIAN CPA		·····	Firm's EIN	▶ 95	-4514704
036 01	···y	Firm's address	Vent		3005			Phone no.	10	051650-5214
For Pape	rwor	k Reduction /		see separate i				1	(0	05)659-5344
upc				coc ocparate il						Form 1120S (2014)

For Paperwork Reduction Act Notice, see separate instructions. EEA

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	1120S (2014) DANKA	K MICHAELS MD	PROF CORP		56-2371654	F	Page 2
L		formation (see instruction	S)				
1	Check accounting method:	a X Cash b Ac c ☐ Other (specify) ▶	crual			Yes	No
2	See the instructions and enti-			*****			
	a Business activity > PH	IYSICIAN	b Product or se	rvice 🕨 MEDICAL	CARE		
3		ear, was any shareholder of the o					
	nominee or similar person?	If "Yes," attach Schedule B-1, Int	formation on Certain Sh	areholders of an S Corpora	tion • • • • • • • • •		X
4	At the end of the tax year, di						
а		r own, directly or indirectly, 50%					
		ion? For rules of constructive ov					ļ
	below · · · · · · · · · · ·	••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • •	* * * * * * * * * * * * * * *	<u></u>	<u> </u>	X
	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 10 Date (if any) a Qualified Sut Subsidiary Election Was	ochapter	
					*****		
b	Own directly an interest of 20	0% or more, or own, directly or in	ndirectly, an interest of §	50% or more in the profit, lo	SS. OF	<u> </u>	
	capital in any foreign or dom	estic partnership (including an e	ntity treated as a partne	rship) or in the beneficial in	terest of a		
	trust? For rules of constructive	ve ownership, see instructions. I	f "Yes," complete (i) thro	ough (v) below ••••			Χ
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Ov Loss, or Capital	med in P	'rofit,
	·····			-			
					······		······
					······		
5 a	At the end of the tax year did	the corporation have any outst	anding shares of restric	ted stock?			Х
	If "Yes," complete lines (i) an		anding shares of restric				<u></u>
	(i) Total shares of restricte	. ,					
	(ii) Total shares of non-rest						
b	At the end of the tax year, did	d the corporation have any outst	anding stock options, w	arrants, or similar instrumer	nts?		X
	If "Yes," complete lines (i) an						
	(i) Total shares of stock ou	itstanding at the end of the tax y	ear				
		itstanding if all instruments were		. >			
6	Has this corporation filed, or	is it required to file, Form 8918,	Material Advisor Disclo	sure Statement, to provide			
	information on any reportable	e transaction?					Х
7		tion issued publicly offered debt hay have to file Form 8281, Infor	•		have		
8		C corporation before it elected to	be an S corporation or	the corporation acquired a	n		
		d by reference to the basis of the					
	the hands of a C corporation	and (b) has net unrealized built	-in gain in excess of the	net recognized built-in gair	1		
		et unrealized built-in gain reduce		It-in gain from prior years (s	ee		
9	Enter the accumulated earning	ngs and profits of the corporation	n at the end of the tax ye	ear.	\$		
10	Does the corporation satisfy	both of the following conditions?	?				
а	The corporation's total receip	ots (see instructions) for the tax y	/ear were less than \$25	0,000 • • • • • • •			
b		s at the end of the tax year were t required to complete Schedule					X
11	During the tax year, did the c	orporation have any non-shareh	older debt that was can	celed, was forgiven, or had	the		
	terms modified so as to redu	ce the principal amount of the de	ebt? • • • • • •				X
	If "Yes," enter the amount of	· · ·				]	
12		alified subchapter S subsidiary					
13 a		y payments in 2014 that would re			1	X	
<u>b</u>	ii res, did the corporation fi	le or will it file required Forms 10	1997 •••••			X	
EEA					Form 1	120S (2	2014)

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Form 1120S (2014)

		S(2014) DANKA K MICHAELS MD PROF CORP	56-2	371654 Page 3
Scl	nedu	Ie K Shareholders' Pro Rata Share Items		Total amount
	1	Ordinary business income (loss) (page 1, line 21)	1	92,018
	2	Net rental real estate income (loss) (attach Form 8825)	2	1
	3a	Other gross rental income (loss)		
	b	Expenses from other rental activities (attach statement) 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a		
	4	Interest income	4	31
ŝ	5	Dividends: a Ordinary dividends	5a	1
ö		b Qualified dividends		
Income (Loss)	6	Royalties	6	
me	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
20	8a	Net long-term capital gain (loss) (attach Schedule D (Pom 1120S))		
=	b	Collectibles (28%) gain (loss)	<u>8a</u>	
	C	Unrecaptured section 1250 gain (attach statement)		
	9	Net section 1231 gain (loss) (attach Form 4797)		
	10	Other income (loss) (see instructions) · · Type >	10	
S	11	Section 179 deduction (attach Form 4562)		
Deductions	12a	Charitable contributions	12a	
fuc	b	Investment interest expense	12b	
Jec	c	Section 59(e)(2) expenditures (1) Type ▶(2) Amount ▶	12c(2)	
	d	Other deductions (see instructions) · · · Type 🏲	12d	
	13a	$\label{eq:low-income} \text{Low-income housing credit (section 42(j)(5))} \qquad \cdots \qquad $	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
lits	d	Other rental real estate credits (see instructions) Type .	13d	
Credits	e	Other rental credits (see instructions) Type	13e	
U U	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions)	13g	1
********	14a	Name of country or U.S. possession		
	b	Gross income from all sources	14b	
	c	Gross income sourced at shareholder level	14c	
		Foreign gross income sourced at corporate level		
	d	Passive category	14d	
	e	General category	14e	
su	f	Other (attach statement)	14f	
tio		Deductions allocated and apportioned at shareholder level		
sac	g		14g	
an	h	Other	14h	
Foreign Transactions	1 "			
igr		Deductions allocated and apportioned at corporate level to foreign source income	1.0	
ore		Passive category	14i	
Ŭ.	1	General category	14j	
	ĸ	Other (attach statement)	14k	<u> </u>
	.	Other information		
	1	Total foreign taxes (check one):	141	
	m	Reduction in taxes available for credit (attach statement)	14m	
	n	Other foreign tax information (attach statement)		
	15a	Post-1986 depreciation adjustment	15a	112
ax ax ns	b	Adjusted gain or loss	15b	
Alternative linimum Tax (AMT) Items	с	Depletion (other than oil and gas)	15c	
Tur Tur	d	Oil, gas, and geothermal properties - gross income	15d	
Mini AN	e	Oil, gas, and geothermal properties - deductions	15e	
	f	Other AMT items (attach statement)	15f	
er	16a	Tax-exempt interest income	16a	
old	b	Other tax-exempt income	16b	
Affer	с	Nondeductible expenses	16c	239
tems Affecting Shareholder Basis	d	Distributions (attach statement if required) (see instructions)	16d	
s	е	Repayment of loans from shareholders	16e	
	-			hanna an

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Form 1120S (2014)

Form	11208 (2014) DANKA K MICHAEL	S MD PROF C	ORP	5	6-2371654 Page 4
Sc	hedule K Shareholders' Pro Rata Sha	ire Items (continued	j)		Total amount
-	17 a Investment income			• • • • • • • • 1	7a 31
Other	b Investment expenses · · · · · ·			1	7b
oth	c Dividend distributions paid from accumu	lated earnings and pro	ofits	1	7c
je je	d Other items and amounts (attach stater	nent)			
. =					
Recon- ciliation	18 Income/loss reconciliation. Combine	the amounts on lines 1	through 10 in the far righ	t	
Cili Re		im of the amounts on li	nes 11 through 12d and 1	4	18 92,049
Sc	hedule L   Balance Sheets per Books	Beginning	g of tax year	En	d of tax year
	Assets	(a)	(b)	(c)	(d)
1	Cash		35,037		69,718
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts	( )		(	
3	Inventories		57,519		33,361
4	U.S. government obligations			1	
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement) .	Statement #19	15,093	Statement #19	3,571
7	Loans to shareholders				
8	Mortgage and real estate loans			1	
9	Other investments (attach statement)				
10 a	Buildings and other depreciable assets	816,023		816,02	3
b	Less accumulated depreciation	( 384,711)	431,312	( 419,80	9) 396,214
11 a	Depletable assets				
b	Less accumulated depletion	()		(	)
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		(	)
14	Other assets (attach statement)				
15	Total assets •••••••••••••••••		538,961		502,864
	Liabilities and Shareholders' Equity				
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year		6,020		24,068
18	Other current liabilities (attach statement) .	Statement #22		Statement #22	1,953
19	Loans from shareholders		51,792		47,181
20	Mortgages, notes, bonds payable in 1 year or more		406,408		275,619
21	Other liabilities (attach statement)				
22	Capital stock		17,000		17,000
23	Additional paid-in capital				
24	Retained earnings		45,233		137,043
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock		()		()
27	Total liabilities and shareholders' equity		538,961		502,864

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Form 1120S (2014)

		Π	Final K-1	Г	Amende	d K-1	OM	<b>Ь711</b> ] 3 No. 1545-012
Schedule K-1 Form 1120S)	2014		art III	Sharehol			Current Year Inc	
epartment of the Treasury	For calendar year 2014, or tax						I Other Items	
iternal Revenue Service	year beginning, 2014	1	Ordinary t	ousiness income 92 , (	1	13	Credits	
	ending 20	2	Net rental	real estate inco				
	e of Income, Deductions,							
Credits, etc.	See page 2 of form and separate instructions.	3	Other net	rental income (I	oss)			
Part I Information	About the Corporation	4	Interest in	come				
A Corporation's employer identificati	on number	1			31			
56-2371654		5a	Ordinary d	lividends				
B Corporation's name, address, city, DANKA K MICHAE	state, and ZIP code LS MD PROF CORP	56	Qualified of	dividends		14	Foreign transaction	s
3320 N BUFFALC	DR	6	Royalties					
LAS VEGAS	NV 89129	7	Net short-t	term capital gair	ı (loss)			
c IRS Center where corporation filed	l return	8a	Net long-te	erm capital gain	(loss)			
Part II Information	About the Shareholder	86	Collectible	es (28%) gain (k	oss)			
D Shareholder's identifying number		8c		red section 125				
E Shareholder's name, address, city, DANKA MICHAELS		9	Net section Other inco	n 1231 gain (los	s)	15	Allogation of the	1 104 (ARPT) 1
3320 N BUFFALO LAS VEGAS	DR NV 89129	10	Other Inco	nne (1055)		A	Alternative minimun	112
F Shareholder's percentage of stock ownership for tax year								
		11	Section 17	9 deduction		16	Items affecting share	
		12	Other dedu	uctions		С		239
<								
se								
For IKS Use Only					F	17	Other information	
or H							Concernio(mation	
Ĩ.								
						A		31
			* See	attached sta	tement for	addit	ional information	
or Paperwork Reduction Act Notice, se	e Instructions for Form 1120S. IRS.c	gov/form1	120S				Schedule K-1 (Fo	m 11208) 20

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Form	4562			ciation and	on Listed I				OMB No. 1545-0172
Depar	tment of the Treasury			Attach to your					Attachment
	al Revenue Service (99)	Information	about Form 45	62 and its separate i			v/form45	562.	Sequence No. 179
	(s) shown on return				as or activity to whi	ch this form relates			Identifying number
	IKA K MICHA				<u>DRM 1120</u>	)s			56-2371654
Ра		-		operty Under Se					
				lete Part V before you					•
1	•	. ,		•••••				1	
2				see instructions)				2	
3				tion in limitation (see i				3	
4				zero or less, enter -0-		•••••	· · <i>·</i>	4	
5				1. If zero or less, ente		•			
				· · · · · · · · · · · ·			• • •	5	
6		(a) Description of pro	operly	(b) Cos	t (business use onl	y) (c) Ele	cted cost		
				l				·	
7	Listed property. Ent					7			
8				ints in column (c), line		• • • • • • •		8	
9				ne8 • • • • • • • • •				9	
10				ur 2013 Form 4562				10	
11				iness income (not less		ine 5 (see insl	tructions)	11	
12				but do not enter more		<u> </u>	<u>· · ·</u>	12	
13				9 and 10, less line 12		3			
				y. Instead, use Part V.					
L				and Other Depr			sted prop	erty.)	(See instructions.)
14				(other than listed prop					
	during the tax year		·					14	
15				· · · · · · · · · · · ·				15	
16							<u></u>	16	34,069
Pai	t III   MACRS	5 Depreciatio	on (Do not inc	lude listed property.) (	See instruction	s.)			*****
				Section					
17				ix years beginning bef		• • • • • • • •	•••	17	1,029
18				vice during the tax yea		-			
	asset accounts, che			• • • • • • • • • • • •					
	Sec			ce During 2014 Tax Y	ear Using the	General Depr	eciation	Syste	m
	(a) Classification of pr	1	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	(e) Convention	(f) Meth	od	(g) Depreciation deduction
	(-)	- sp 5 - G	service	only-see instructions)	period	(e) convention	(1) Weth		(g) Depreciation deduction
<u>19a</u>	3-year property								
b	5-year property					L			
<u> </u>	7-year property								
d	10-year property								
	15-year property								
f	20-year property								
g	25-year property				25 yrs.		S/I	-	
h	Residential rental				27.5 yrs.	MM	S/I	- ]	
	property				27.5 yrs.	MM	S/I	-	
i	Nonresidential real				39 yrs.	MM	S/I	-	
******	property	Γ				MM	S/I		
	Secti	ion C - Assets P	laced in Servic	e During 2014 Tax Ye	ar Using the	Alternative Dep	oreciatio	n Syst	em
20a	Class life						S/I	]	
b	12-year				12 yrs.		S/I	-	
	40-year				40 yrs.	MM	S/I		
		ry (See instruc	tions.)						
21	Listed property. Ent	ter amount from	line 28 • • •				[	21	******
22	Total. Add amounts	from line 12, line	es 14 through 17	, lines 19 and 20 in co	lumn (g), and l	ine 21. Enter	ľ		····
				nerships and S corpo				22	35,098
23			-	g the current year, ent					
	portion of the basis				1	3			

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Form 4562 (2014)

8879-S	IRS e-file Signature A	Authorization for	r Form 1120S	OMB No. 1545-0123
Form COLO C				0044
	Information about Form 8879-S at	nd its instructions is at v	www.irs.gov/form8879	os. 2014
Department of the Treasury Internal Revenue Service	887.9-S			
Name of corporation		ication number		
		5.4		
Part I   Tax Ret		·····		
		,		
· · · · · · · · · · · · · · · · · · ·	,			
		•		
• Do not send to the IRS. Keep for your records.           • Dragonder your search is instructions is at wow ins.gov/form8879s.             • Strabulation about Form 8879-5 and its instructions is at wow ins.gov/form8879s.           • Dragonder your 2014. cr trax your beginning           2014. erding           2014. erding           2014. erding             • Are Autom Information (Whole dollars only)           Set-2371.654           Set-2371.654             • Cores receipts or sales less returns and allowances (Form 1120S, line 10)           1, f. 2           Cores receipts or sales less returns and allowances (Form 1120S, line 21)           1, f. 2            Cores receipts or sales less returns and allowances (Form 1120S, line 21)           1, f. 2            Cores receipts or sales less returns and allowances (Form 1120S, line 21)           1, f. 2            Cores receipts or sales less (Form 1120S, line 21)           1, f. 2            Are tractin information (Whole dollars abubie corporation of Microsoff allowances (Form 1120S, line 21)           1, f. 2            Are corporation return to the IKS and to receive form the S(B (g) an ecorporation return of the corporation return of the acorporation return to the IKS end to receive form the IKS (g) an ecornowindgement of receiptor ressor of receipts and th				
	le corporation's return			
1-888-353-4537 no later ti in the processing of the el issues related to the paym ncome tax return and, if a Officer's PIN: check one I authorize RO On the corporati As an officer of	han 2 business days prior to the payment (settle ectronic payment of taxes to receive confidentia ent. I have selected a personal identification nu applicable, the corporation's consent to electroni e box only BERT S SEMONIAN CPA ERO firm name ion's 2014 electronically filed income tax return.	ement) date. I also authori al information necessary to umber (PIN) as my signatu ic funds withdrawal. to enter my PIN	ze the financial institutio o answer inquiries and r ire for the corporation's $\frac{12345}{\text{do not enter all zeros}}$	ons involved resolve electronic as my signature
		Date ▶ <u>05-21-</u>	2015 Title ▶ p	PRESIDENT
Part III Certific	ation and Authentication			
RO's EFIN/PIN. Enter yo	our six-digit EFIN followed by your five-digit self-	-selected PIN.	950884	
corporation indicated above Application and Participati	ve. I confirm that I am submitting this return in a	ccordance with the require	ements of Pub. 3112, IF	the RS e-file
ERO's signature			Date ▶ <u>0.5-2.0</u>	)-2015
Provide the product of the Next State of the IRS, Keep for your records.     Product of the Next State of the Proceedings of the State of the S				

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For	m 1120S (2014) DANKA K MICHAEL	S MD PROF	CORP		56-	2371654	Page 5
S	chedule M-1 Reconciliation of Incon	ne (Loss) per E	Books Wit	h Income (Loss) per R			
	Note. The corporation may be r	equired to file Scheo	lule M-3 (see	instructions)			
1	Net income (loss) per books	91,810	5 Income r	ecorded on books this year not inc	luded		
2	Income included on Schedule K, lines 1, 2, 3c, 4,		on Sched	ule K. lines 1 through 10 (itemize)	r:		
	5a, 6, 7, 8a, 9, and 10, not recorded on books this		a Tax-exe	mpt interest \$			
	year (itemize):						
3	Expenses recorded on books this year not		6 Deductio	ons included on Schedule K,			
	included on Schedule K, lines 1 through 12 and		lines 1 ti	rough 12 and 14I, not charge	d		
	14I (itemize):		against	book income this year (itemize	):		
а	Depreciation \$		a Deprecia	ation \$			
b	Travel and entertainment \$ 239						
		239	7 Add line	s 5 and 6 • • • • • • • • • •	· · <i>·</i>		
4		92,049		oss) (Schedule K, line 18). Line 4		92	,049
3	chedule M-2 Analysis of Accumulate				ccount	, and Share	holders'
<del></del>	Undistributed Taxable						
		<ul> <li>(a) Accumula adjustments a</li> </ul>		(b) Other adjustments account		areholders' undis income previou	
1	Balance at beginning of tax year	4	5,233		+		
2	Ordinary income from page 1, line 21		2,018		1		
3	Other additions · · · · Statement · #29		31				
	Loss from page 1, line 21	(	)		1		
5	Other reductions · · · · Statement · #30	(	239)	(	)		
	Combine lines 1 through 5	13	7,043		1		
7	Distributions other than dividend distributions				1		
8	Balance at end of tax year. Subtract line 7 from line 6	13	7,043				

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Form 1120S (2014)

Federal Supporting Sta	tements 2014 PG01	<b>.</b>
Name(s) as shown on return	FEIN	
DANKA K MICHAELS MD PROF CORP	56-2371654	
FORM 1120S LINE 1	9 Statement #2	2
DESCRIPTION	AMOU	JN'
AUTOMOBILE AND TRUCK EXPENSE		5
BANK CHARGES		4
DUES AND SUBSCRIPTIONS	1,9	
EDUCATION AND TRAINING	1,6	
EQUIPMENT RENTAL/LEASE GIFTS	44,6	
LIABILITY INSURANCE		2
WORKERS COMP INSURANCE	49,5 2,4	
JANITORIAL	12,3	
LEGAL AND PROFESSIONAL	37,0	
50% MEALS AND ENTERTAINMENT		4(
MISCELLANEOUS		4
OFFICE EXPENSE	24,7	
PAYROLL PROCESSING EXPENSE	3,6	
POSTAGE/SHIPPING PRINTING	4,5	
SOFTWARE	1,0	
UTILITIES	13,8 9,4	
CREDIT AND MERCHANT FEES	19,8	
TEMP LABOR	3,6	
MANAGEMENT FEES	31,4	
COMMUNICATIONS	13,2	
TOTAL	276,9	59
FORM 1120S, SCHEDULE L, LIN OTHER CURRENT ASSETS	PG01 E 6 Statement #1	.9
DESCRIPTION	BEG OF YEAR END OF	VI
NOTE RECEIVABLE		, -
TOTAL	15,093 3	<u> </u>

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	Federal Supporting Statement		<b>4</b> PG01
Name(s) as shown on return DANKA K MICHAELS ME	PROF CORP	FEIN 5	6-2371654
FORM OTHER CURRENT LIABI	1120S, SCHEDULE L, LINE 18		Statement #22
DESCRIPTION SALES TAX PAY EMPLOYEE TIPS PAY		BEG OF YEAR 383 12,125	END OF Y
GIFT CARDS			1,
TOTAL		12,508	1,
	SCHEDULE M-2 LINE 3		PG01 Statement #29
DESCRIPTION INTEREST INCOME			AMOUN
TOTAL		UPE APPENDIX AND	3
	SCHEDULE M-2 LINE 5		PG01 Statement #30
DESCRIPTION			AMOUN
NONDEDUCTIBLE EXPEN	SES		23
TOTAL			23

STATMENTLD

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Federal Supporting Statements	2014 PG01				
DANKA K MICHAELS MD PROF CORP	56-2371654				
SCHEDULE A LINE 5	Statement #5				
DESCRIPTION	AMOUN				
LAB FEES MEDICAL SUPPLIES	1,12 86,02				
NERVE CONDUCTION COSTS ULTRA SOUND SERVICES	6,27				
	79,62				
TOTAL	173,04				
MENTLD	Danka Michaels002094				

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Form	I205 KAI Comparison Worksheet  Received on the second of t			2014		
		(Кеє	(Keep for your records)       EIN       56-23       Schedule K       K-1 Totals       0        92,018     92,018 </th <th></th>			
					1	
DANI		5 MD PROF CORP			56-	2371654
	Description		Schedule K	K-1 Totals		Difference
1			02 019	0.2	010	
- 4						
			1	1	1	

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	Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-filed returns. Including with a paper filed return is optional.		2014
	Including with a paper filed return is optional.  RPORATION NAME IKA K MICHAELS MD PROF CORP es and Licenses Form 1120S State income taxes State franchise taxes City income taxes City income taxes Local property taxes Intangible property taxes Payroll taxes Less: credit from Form 8846 Foreign taxes paid Occupancy taxes Other miscellaneous taxes		ein 56-2371654
Taxes and Licenses	Form 1120S		Page 1, Line 12
1 State income taxes		1	
2 State franchise taxes	5	2	*****
3 City income taxes		3	
4 City franchise taxes		4	
		5	
	axes	6	
		7	69,78
	m 8846	8	
		9	
		10	
		11	2,42
	caleu lo ordinary income	12 13	
iv Licenses			
14 Total to Form 1120S.	Page 1, Line 12	14	72,21
ATT_STLLD			

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AA02901

Fo	Schedule M-2/Retained Earnings Worksheet           orm 1120S         (Keep for your records)		2014
1	oration Name	(Keep for your records)         EN           CHAELS MD PROF CORP         56-2371 (           Analysis of Current-Year Retained Earnings         1           ed earnings per balance sheet (Schedule L, column b, lines 24 and 25)         1           ss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11)         2           inhedule K, line 160         3           earnings per balance sheet (Schedule L, column d, lines 24 and 25)         5           rent-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA           earning (Schedule L, column d, line 24)         1           ge change (line 1 minus line 2)         2           gs change (line 1 minus line 2)         3           is OAA         4           intus line 5)         6           ming Adjustments per Schedule M-1           net lincome pooks (Schedule M-1           net lincome pooks (Schedule M-1           net lincome per books (Schedule M-1, lines 2 and 3 - not included on Schedule M-2)           ions 2 not included on books         1           gi clines 7 through 9)         10           inces 1 through 13)         14           ines 4 through 13)         14           ines 5 redule K         12           ions Schedule K not included on books         13 <td< th=""><th></th></td<>	
DI	ANKA K MICHAELS MD PROF CORP	56-	2371654
	, · · · · · · · · · · · · · · · · · · ·		
1 2 3 4	Distributions (Schedule K, line 16d)	·· 2 ·· 3	137,043
5 6	Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	• 5	137,043
Ŭ		. 0	
	Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA		******
1	Ending retained earnings (Schedule L, column d, line 24)	• 1	137.043
2	Beginning retained earnings (Schedule L, column b, line 24)	• 2	45,233
3	Retained earnings change (line 1 minus line 2)	• 3	91,810
4	Ending AAA plus OAA	. 4	137.043
5	Beginning AAA plus OAA	5	45.233
6	Difference (line 4 minus line 5)	· 6	91,810
7 8 9 10 11 12 13 14 15	Current-Year Timing Adjustments per Schedule M-1         Subtractions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2)         Other income recorded on books not included on Schedule K         Depreciation on Schedule K not included on books         Other Schedule K items not included on books         Income included on Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3)         Income included on Schedule K not recorded on books         Income included on Schedule K not recorded on books         Other items on books not included on Schedule K         Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10)		
	Current-Year Timing Adjustments Per Schedule M-3		
16 17	Permanent or temporary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens appear on line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100. Permanent differences		
17			
18	Timing adjustments not included on Schedule M-2 (combine lines 16 and 17)	· 18_	
19 20 21 22	Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7	· 20 · 21	
23	Net reconciliation difference (line 3 minus line 21 or 22)	· 23	

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4		AMT Current				4,219	428	1,111					40	564	28,311	n 1 1	34,986
2014 PAGE 1	Social security number/EIN 56-2371654	Bonus depreciation					PY 2,995	PX 7,775	726 Xd					PY 2,208			
<del></del>	Social sec	Prior expense		, , , , ,	a/c'/T				48,720	54,660	5,854	1,437					 178,247
		Accumulated Depreciation	9,151	1,304	164.054	59,066	5,777	14,996	48,720 1.868	54,660	5,854	1,437	74	3,009	31,850	9 	 419,809
ing		Current depr.	1			6 4,219		6 1,111						564	28,311		 35,098
		Rate	0	0 0		14.286	14.286	14,286	n 0	20	0	20	25.51	25.51	6.667		
Depreciation Detail Listing Form 11205 For vour records only	<b>f</b> ire on	Method				SL HY		SL HY		XH TS		SL HY		200 DB MQ	SL MQ		
Clation Detail   FORM 1120S For vour records only		Life	1 7	04 7		7	2		იო	5	6 3	0 5					
preciati For vo		Depreciation Basis	9,151	1,304	114,054	59,066	2,995	7,775	1,868				205	2,209 7	424,671 15		624,798
ne		Section 179		17 576	50,000				48,124	54,660	5,854	1,437					178,247
		Business percentage	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100,00		
		Salvage															
		Cost	9, 151	1,304	164,054	59,066	5, 990	15,550	1,868	54,660	5,854	1,437	205	4,417	424,671		 816,023
	ROF CORP	Date	06252003	06252003	07012006	07012007	07012008	08012008	600710/0	12282010	02172010	07012012	07012013	07012013	10012013		
<ul> <li>Item was disposed</li> <li>of during current year.</li> </ul>	Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	Description	OFFICE FURNITURE	MEDICAL EQUIPMENT	MED EQUIP	MED EQUIP	MED EQUIP	MED EQUIP	SCFTWARE	MEDICAL EQUIP	COMPUTER EQUIP	EQUIP	OFFICE EQUIPMENT	MEDICAL EQUIPMENT	LEASEHOLD IMPROVEMENT10012013		Totals

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Cost         Salvage         Business         Section           3         9,151         100.000         17,5           3         9,151         100.000         17,5           5         17,576         100.00         17,5           5         17,576         100.00         17,5           6         164,054         100.00         54,6           7         59,066         100.00         48,7           8         15,550         100.00         54,6           9         15,550         100.00         54,6           9         4,417         100.00         1,4           3         4,417         100.00         1,4           3         4,417         100.00         1,4           3         4,417         100.00         1,4           3         4,417         100.00         1,4           3         1,500         100.00         1,4	etail Listing 2014 11205 PAGE 1	Social security number/EIN 56-2371654	t Accumulated Prior Bonus Demission experse rience	Rate depr. Depreciation expense depreciation (		0 1,304	0 17,576 17,576		HY 14.286 4,219 59,066	HY 14.286 856 5,564	HY 14.286 2,221 14,437	НҮ 20	 HY 20 54,660 5	5,854	HY 20 1,4	DB MQ 25.51 52 74	DB MQ 25.51 1,127	MQ 6.667 28,311 31,850	MQ 27.55 413	
Cost         Salvage         Business         Section           3         9,151         100.00         179           3         1,7576         100.00         177,50,50           17,576         100.00         177,50,50         100.00           15,550         100.00         50,6         177,50           15,550         100.00         50,6         1,77,50           15,550         100.00         54,66         1,00.00           1,437         100.00         54,6         1,437           1,437         100.00         54,6         1,437           1,437         100.00         54,6         1,417           1,437         100.00         1,4,5         1,00.00           1,4417         100.00         1,4,5         1,00.00           1,500         1,500         1,00.00         1,4	Depreciation Detail Listing STATE FORM 11205		Life Method	Life Method	7	7	5		SL HY	SL HY	SL HY	SL HY	 5 SL HY	<u></u>	5 SL HY	7 200 DB MQ	200 DB MQ	sl. mq	200 DB MQ	
Cost Cost 5 6 6 1 6 1 5 9 1 7 5 9 6 1 5 9 6 6 1 6 1 7 5 9 0 6 6 1 6 1 7 5 5 9 0 6 6 6 1 6 7 5 5 9 0 6 6 6 1 6 7 5 5 9 0 6 6 6 6 6 6 6 6 6 6 6 6 6	Depre		Business Section percentage 179	percentage 179	100.00	100.00														
		DANKA K MICHAELS MD PROF CORP		Cost		06252003 1,304	07012005 17,576	07012006 164,054	07012007 59,066				 						10012013 1,500	-

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AA02904

2014

me NK/	<u>a k m</u> i	CHAELS MD PROF CORP			FEIN	(	56-237165
m	Multi-Form	Description	Date	Basis	Method	Life	Deduction
.20		OFFICE FURNITURE	06252003		SL	7	
.20		MEDICAL EQUIPMENT	06252003		SL	7	
.20		MED EQUIP	07012005		EXP	5	
20		MED EQUIP	07012006		SL	7	
20 20	1	MED EQUIP MED EQUIP	07012007	59,066	SL	7	0.1
20		MED EQUIP	08012008		SL SL	77	21
20		SPA EQUIP	07012009		SL		55
20		SOFTWARE	07012009		SL	3	
20		MEDICAL EQUIP	12282010		SL	5	
20		COMPUTER EQUIP	02172010		SL	5 3 5 3 5 5	
20		EQUIP	07012012		SL	5	
20		OFFICE EQUIPMENT	07012013		M	7	3
20		MEDICAL EQUIPMENT	07012013		M	7	40
20		LEASEHOLD IMPROVEMENTS SPA EQUIPMENT	10012013		SL	15	28,31
20	1.	SPA LQUIPMENI	10012013	1,500	М	7	29
		TOTAL					29,81
						1	

	Federal Filing Instructions	2014
Name(s) as shown on return DANKA K MICHAELS MD	PROF CORP	Your Social Security Number 56-2371654
Date to file by:		
Form to be filed:	Form 1120S and supplemental forms a	nd schedules
Sign and date:	An officer must sign and date Form	1120S on page 1.
Address to file:	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0013	
Refund:	Neither a refund nor a balance due	

# **ROBERT S SEMONIAN CPA**

PO BOX 5605 Ventura, CA 93005 semon@prodigy.net Phone: (805)659-5344 | Fax: (805)659-5346

Danka K Michaels MD Prof Corp 3320 N Buffalo Dr Las Vegas, NV 89129

Invoice Date: 05/20/2015

Your 2014 tax return was prepared by Robert S Semonian CPA.

Description of Charges Price Federal and Supplemental Forms Ś Form 1120S - U.S. S Corp Income Tax Return Page 1 Form 1120S - U.S. S Corp Income Tax Return Page 2 Form 1120S - U.S. S Corp Income Tax Return Page 3 Form 1120S- U.S. S Coro Income Tax Return Page 4Form 1120S- U.S. S Coro Income Tax Return Page 5 Schedule K-1 - Shareholder's Share of Income Form 1125-A - Cost of Goods Sold Form 4562 - Depreciation and Amortization Form 1125-E - Compensation of Officers - E-File Signature Authorization for 1120S Form 8879-S K-K1 Comparison - Comparison of Schedule K to K-1 Next Year Depr - Next Year Depreciation Schedule Wksht Tax/Lic - Taxes and Licenses Worksheet Comparison - Tax Year Computi-Muche M-2 - Schedule M-2 Worksheet - Tax Year Comparison Sheet Depr Sch - Federal Depreciation Schedule ST Depr Sch - State Depreciation Schedule Statement 11205 - Form 11205 - Itemized Other Deduction Statement Sch L - Schedule L - Itemized Other Current Assets Statement Sch L - Schedule L - Itemized Other Current Liab's Statement Sch M2- Schedule M2 - Accum Adj Acc Other Add Statement Sch M2- Schedule M2 - Accum Adj Acc Other Ded Statement 1125A - Form 1125A - Itemized Other Costs Total Forms : 23 Forms Subtotal 0.00

Total Balance Due 0.00

1120S		Sub S Corporation iagnostic Summary	2014
^{Name} DANKA K MICH	AELS MD PROF CORP		Employer Identification # 56-2371654
	820 N BUFFALO DR AS VEGAS, NV 89129	Phone:	
Resident State: NV			
Diagnostics Preparer: ROBERT Return Information	'S SEMONIAN Invoice:		<b>Date:</b> 05-20-2015
ltem on	Return	2014 Federal	2013 Federal (If available)
Total Assets			(in available)
Number of Sharehold		502.864	538.961
Number of Sharehold	ərs	502,864	538,961
Gross Receipts/Sales		1	1
		1,847,926	1,723,655
Gross Receipts/Sales		1 1,847,926 1,531,600	1 1,723,655 1,268,132
Gross Receipts/Sales Total Income		1,847,926	1 1,723,655 1,268,132 1,243,213
Gross Receipts/Sales Total Income Total Deductions		1 1,847,926 1,531,600 1,439,582	1 1,723,655 1,268,132
Gross Receipts/Sales Total Income Total Deductions Ordinary Income		1 1,847,926 1,531,600 1,439,582	1 1,723,655 1,268,132 1,243,213
Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax		1 1,847,926 1,531,600 1,439,582	1 1,723,655 1,268,132 1,243,213
Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax Overpayment		1 1,847,926 1,531,600 1,439,582	1 1,723,655 1,268,132 1,243,213
Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax Overpayment Refund		1 1,847,926 1,531,600 1,439,582	1 1,723,655 1,268,132 1,243,213
Gross Receipts/Sales Total Income Total Deductions Ordinary Income Tax Overpayment Refund Refund Applied to ES		1 1,847,926 1,531,600 1,439,582	1 1,723,655 1,268,132 1,243,213

State/City Information

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State/City	Gross	Taxable	Composite	Other Tax	Refund/
	Income	Income	Tax		(Balance Due)

#### **1120S TAX RETURN COMPARISON** 2012 / 2013 / 2014

## 2014

Name(s) as shown on return DANKA K MICHAELS MD PROF CORP Identifying number 56-2371654

	2012	2013	2014	DIFFERENCE
Income	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2013 & 2014
Net receipts	1,557,314	1,723,655	1,847,328	123,673
Cost of goods sold	305,618	455,523	315,728	(139,795)
Gross profit	1,251,696	1,268,132	1,531,600	263,468
Net gain/loss from 4797 • • • • • • • • •				
Other income • • • • • • • • • • • • • • • • • • •				
Total income	1,251,696	1,268,132	1,531,600	263,468
Deductions				
Compensation of officers	195,000	195,000	205,000	10,000
Salaries and wages	531,238	537,025	579,698	42,673
Repairs and maintenance	14,005	7,773	36,934	29,161
Bad debts			······································	
Rents	99,305	108,373	139,104	30,731
Taxes and licenses	62,124	66,114	72,210	6,096
		29,844	20,521	(9,323)
Net depreciation	31,305	26,572	35,098	8,526
Depletion • • • • • • • • • • • • • • • • • • •				
Advertising	21,130	1,497	10,891	9,394
Pension, profit-sharing	16,433	19,498	11,169	(8,329)
Employee benefits	49,571	53,958	51,998	(1,960)
Other deductions	270,787	197,559	276,959	79,400
Total deductions	1,290,898	1,243,213	1,439,582	196,369
Ordinary business income(loss)	(39,202)	24,919	92,018	67,099
Тах				
Total tax •••••				
Payments				
Estimated taxes paid				
Total payments line 23d · · · · · · ·				
Results				
Amount owed • • • • • • • • • • • • • • • • •				
Overpayment				
Applied to estimate				
Refund				

#### SCHEDULE K - Shareholder's Share Items

Income				
Ordinary business income (loss) • • • •	(39,202)	24,919	92,018	67,099
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income		9	31	22
Ordinary dividends				
Qualified dividends				
Royalties · · · · · · · · · · · · · · · · · ·				
Net short-term capital gain (loss)				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss)				
Unrecaptured section 1250 gain · · · ·				
Net section 1231 gain (loss)		(25,414)		25,414
Other income (loss)				
	2012	2013	2014	DIFFERENCE

2013

#### 1120S TAX RETURN COMPARISON 2012 / 2013 / 2014

## 2014

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Page 2 Identifying number

56-2371654

Γ	2012	2013	2014	DIFFERENCE
Deductions	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2013 & 2014
Section 179 deduction · · · · · · · ·	1,437			
Investment interest expense				
Section 59(e)(2) expenditures			1	
Other deductions				
Credits				
Low-income housing credit (section 42(j)(5))				
Low-income housing credit (other)				
Qualified rehabilitation expenditures (rental real estate)	****			
Other rental real estate credits				
Other rental credits				
Credit for alcohol used as fuel • • • • •				
Other credits	161			
Foreign Transactions				
Gross income from all sources				
Gross income sourced at shareholder level · ·				
Foreign gross income sourced at corporate level				
Passive category			······································	
General categories		********		
Other · · · · · · · · · · · · · · · · · · ·				
shareholder level				
Other				
General categories				
Other · · · · · · · · · · · · · · · · · · ·				
Total foreign taxes paid or accrued · · ·				
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment · · ·		6	112	106
Adjusted gain or loss				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
Items Affecting Shareholder Basis				
Tax-exempt interest income				
Other tax-exempt income	1			
Nondeductible expenses	1,744	371	239	(132)
Property distributions	29,643			<u>`</u>
Repayment of loans from shareholders	·····			
Other information				
Investment income		9	31	22
Investment expenses · · · · · · · ·			<u> </u>	La La
Dividend distributions paid from accum earnings and profils			******	
RESIDENT STATE				
Taxable income • • • • • • • • • • • • • • • •				
Total tax				
Overpayment · · · · · · · · · · · · · · · ·				
Balance due				
L	2012	2013	2014	DIFFERENCE

COMPARES.LD2

	Summary of St	ock Ow	/nership		2014	1
ORPORATION NAME	) R D				EIN 56-23716	<u>с</u> 5 л
Shareholder Information			Share	s	1	nership
ame	EIN/SSN	Туре	Beginning	Ending	Beginning	Ending
ANKA MICHAELS			1,000	1,000	100.00000	100.0000
OTAL			1,000	1,000		
				norma develo della mande adde adde parte		

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Form	1125-A	Cost of Goods Sold		OMD No. 1545 0005
(Rev. I	December 2012)	Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.		OMB No. 1545-2225
	ment of the Treasury I Revenue Service	Information about Form 1125-A and its instructions is at www.irs.gov/form	1125a	
Name			11200.	Employer identification number
DAN	IKA K MICHAE	LS MD PROF CORP		56-2371654
1	Inventory at beginning		1	57,519
2	Purchases	· · · · · · · · · · · · · · · · · · ·	2	118,527
3	Cost of labor		3	
4	Additional section 263/	costs (attach schedule)	4	
5	Other costs (attach sch	edule) · · · · · · · · · · · · · · · · · · ·	5	173,043
6	Total. Add lines 1 thro		6	349,089
7	Inventory at end of yea	 F - • • • • • • • • • • • • • • • • • •	7	33,361
8	Cost of goods sold.	Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the		
	appropriate line of your	tax return (see instructions)	8	315,728
9a	Check all methods use	d for valuing closing inventory:	1	
	(i) 🔀 Cost			
	(ii) Lower of cost o	market		
	(iii) Other (Specify r	nethod used and attach explanation.)		
b	Check if there was a w	itedown of subnormal goods		
с	Check if the LIFO inver	tory method was adopted this tax year for any goods (if checked, attach Form 970)		
d	If the LIFO inventory m	ethod was used for this tax year, enter amount of closing inventory computed		hanna a
	under LIFO • • • • •		9d	
е	If property is produced	or acquired for resale, do the rules of section 263A apply to the entity (see instructions)?	·i ?	Yes X N
f		in determining quantities, cost, or valuations between opening and closing inventory? If		
	attach explanation	· · · · · · · · · · · · · · · · · · ·		П Yes П No

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Form <b>1125-E</b>	Compensation of Officers		
(Rev. December 2013)			OMB No. 1545-2225
Department of the Treasury	Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.		
Internal Revenue Service	Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e	•	
Name		Emplo	yer identification number

DANKA K MICHAELS MD PROF CORP

number 56-2371654

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number	(c) Percent of	Percent of stock owned		(f) Amount of	
	(see instructions)	time devoted to business	(d) Common	(e) Preferred	compensation	
1 DANKA K MICHAELS		80 %	100 %	%	205,000	
		%	%	%		
		%	%	%		
		%	%	%		
		%	%	%		
		%	%	%		
		%	%	%		
		%	%	%		
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		%	%	%	·//	
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		%	%	%		
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		%	%	%		
		%	%	%	· · · · · · · · · · · · · · · · · · ·	
		%	%	%		
2 Total compensation of officers				2	205,000	
3 Compensation of officers claimed on Form 1125-A or elsewhere on return						
		12 or the		3		
appropriate line of your tax return					205,000	
For Paperwork Reduction Act Notice, see separate instructions.					<b>5-E</b> (Rev. 12-2013)	

EEA

Form <b>1096</b>						OME	3 No. 1545-0108				
Form <b>IU90</b> Department of the Treasury Internal Revenue Service	/	Annual Summary and Transmittal of U.S. Information Returns							20 <b>15</b>		
FILER'S name DANKA K MIC	HAELS M	D PROB	F CO	RP						·····	
Street address (including room or suite number)											
3320 N BUFFALO DR STE 106											
City or town, state or prov	ince, country, ar	id ZIP or fore	eign pos	stal code							
LAS VEGAS	NV 891	29									
Name of person to contact Telephone number							Fo	r Offic	ial Use	Only	
D MICHAELS N	1D										
Email address				Fax number							
1 Employer identification numb	er 2 Social s	ecurity numbe	r	3 Total number of	of forms	4 Federal i	ncome tax with	held 5 To	tal amount re	eported with thi	s Form 1096
56-2371654					9	\$		.00 \$	1	92102.	74
6 Enter an "X" in only one t	box below to indi	cate the type	e of form	n being filed.		7 If this is	s your final re	turn, enter a	an "X" here		
W-2G 1097-BTC 10 32 50 8		1098-Е 84	1098-0 74	Q 1098-T 83	1099-A 80	1099-E 79	3 1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-INT 92
	MISC 1099-OID 5 96	1099-PATR 97	1099- 31	Q 1099-R 98	1099-S 75	1099-S/ 94	A 3921 25	3922 26	5498 28	5498-ESA 72	5498-SA 27

## Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature	Þ
-----------	---

Title > PRESIDENT

Date 🕨

EMPLOYER COPY ONLY DO NOT FILE THIS COPY WITH THE IRS

PAYER'S name, street address, city or town, state or proving or foreign postal code, and telephone no	1 Rents	2 Royalties	OMB No. 1545-0115		
DANKA K MICHAELS MD PR	\$ 3 Other income	S     Federal income tax withheld	2015		
3320 N BUFFALO DR STE	\$ 5 Fishing boat proceeds	G Medical & health care payments	Miscellaneous Income		
3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		\$ 7 Nonemployee compensation			\$
		\$ 16760.72	8 Substitute payments in lieu of dividends or interest	Copy E	
	identification number 4119213	9 Payer made direct sales of \$5,000 or more of consumer	S     10 Crop insurance proceeds	For Recipient	
RECIPIENT'S name and address	products to a buyer (recipient) for resale	\$	This is important tax information and is being		
BETA CONSULTANTS LLC	11	12	furnished to the Interna Revenue Service. If you are required to file a return, a		
5606 TRILLING BIRD DR LAS VEGAS NV 89135	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	negligence penalty or othe sanction may be imposed on you if this income is		
		15a Section 409A deferrals S	15b Section 409A income \$	taxable and the IRS determines that it has no been reported	
	FATCA filing	16 State tax withheld	17 State/Payer's state no.	18 State income	
Account number (see instructions)	requirement	\$		>	

		CTED (if checked)		
PAYER'S name, street address, city or town, or foreign postal code, and telephone no	state or province, country, ZIP	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS		\$ 3 Other income	S     4 Federal income tax withheld	2015
3320 N BUFFALO D LAS VEGAS NV 891		S     Fishing boat proceeds     S     Nonemployee compensation     S     16760.72	\$         6         Medical & health care payments           \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$ <td< th=""><th>Miscellaneous Income</th></td<>	Miscellaneous Income
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 46-4119213	9 Payer made direct sales of \$5,000 or more of consumer products to a huver	10 Crop insurance proceeds	Сору 2
RECIPIENT'S name and address BETA CONSULTANTS	LLC	(recipient) for resale	\$ 12	To be filed with recipient's state income tax return,
5606 TRILLING BI LAS VEGAS NV 891		13 Excess golden parachute payments \$ 15a Section 409A deferrals	14 Gross proceeds paid to an attorney \$ 15b Section 409A income	when required.
Account number (see instructions)	FATCA filing requirement	5 16 State tax withheld \$	S 17 State/Payer's state no.	18 State income \$
Form 1099-MISC	www.irs.gov	\$ //form1099misc	Department of the Tr	S assury - Internal Revenue Service

#### Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (IEIN). However, the issuer has reported your complete identification number (BEN). Account number, May show an account or other unique number the payer assigned to distinguish your account or other unique number the payer.

assigned to distinguish your account. FATCA filing requirement, If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions to Form 8938 Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is 5400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information if no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns. Ecom 1009 MISC inserced 21 this fidem is inserced on account of their tax returns. Form 109-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub 544.

box 7 instructions For royalties on limber, coal, and iron ore, see Pub 544 Box 3. Generally, report this amount on the "Other income" line of Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub 525 If it is trade or business income, report this amount on Schedule C or F (Form 1040) Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub, 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed Report this amount on Schedule C (Form 1040). See Pub. 334. Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish. box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8019 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sportatic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13, Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report. Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a non-employee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and pnor year deferrals

pus any earlings on current and prior year detertais Box 15b. Shows income as a nonemployee under an NODC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15 at that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions Boxes 16-18. Shows state or local income tax withheld from the payments

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS MD PROF CORP	\$ 3 Other income	S     Federal income tax withheld	2015
3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129	S Chief include     S     S Fishing boat proceeds     S	Federal filcome tax withierd      S      Medical & health care payments      S	Miscellaneous Income
LAS VEGAS NV 09129	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number RECIPIENT'S identification number	\$ 6375.00 9 Payer made direct sales of \$5,000 or more of consumer	\$ 10 Crop insurance proceeds	Copy B For Recipient
RECIPIENT'S name and address	products to a buyer (recipient) for resale	\$	This is important tax information and is being
MOISES CUEVAS JR GP MD	11	12	furnished to the Internal Revenue Service. If you are required to file a return, a
744 RISING STAR DR HENDERSON NV 89014	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	negligence penally or other sanction may be imposed on you if this income is
	15a Section 409A deferrals \$	15b Section 409A income \$	taxable and the IRS determines that it has not been reported.
Account number (see instructions)	16 State tax withheld \$\$	17 State/Payer's state no	18 State income S

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS MD PROF CORP	3 Other income	S     4 Federal income tax withheld	2015
3320 N BUFFALO DR STE 106	\$ 5 Fishing boat proceeds	S     Medical & health care payments	Miscellaneous
LAS VEGAS NV 89129	<ul> <li>Nonemployee compensation</li> <li>6375.00</li> </ul>	<ul> <li>\$</li> <li>8 Substitute payments in lieu of dividends or interest</li> </ul>	Income Form 1099-MISC
PAYER'S federal identification number RECIPIENT'S identification number 56-2371654	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	S     Crop insurance proceeds	Сору
RECIPIENT'S name and address MOISES CUEVAS JR GP MD	(recipient) for resale	\$ 12	To be filed with recipient's state income tax return,
744 RISING STAR DR HENDERSON NV 89014	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	when required
	15a Section 409A deferrals \$ 16 State tax withheld	15b Section 409A income \$ 17 State/Payer's state no.	18 State income
Account number (see instructions)	s s		\$\$

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FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement You also may have a filing requirement. See the Instructions to Form 8938

You also may have a filing requirement. See the instructions to Form 8938. Amounts Shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business Box 2 Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040) However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544

box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544. Box 3. Generally, report this amount on the "Other income" line of Form 1040 NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040). Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number, See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334. Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 or Form 1040. Inte 7 (or Form 1040NR, line 8). You must also complete Form 8019 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, S5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown, Generally, report any income from your sale of these products on Schedule C (Form 1040)

Box 10. Report this amount on Schedule F (Form 1040). Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report. Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Services Report only the taxable part as income on your return. Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NDDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals. Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions. Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc.

PAYER'S name, street address, city or town or foreign postal code, and telephone no.	state or province, country, ZIP	ECTED (if checked)	2 Royalties	OMB No 1545-0115
DANKA K MICHAELS		\$ 3 Other income	S     Federal income tax withheld	2015
3320 N BUFFALO D LAS VEGAS NV 891		\$ 5 Fishing boat proceeds \$	\$ 6 Medical & health care payments \$	Miscellaneous Income
TKO AN CYCIA CYT	29	7 Nonemployee compensation \$ 9552.78	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 46-4347185	<ol> <li>Payer made direct sales of \$5,000 or more of consumer</li> </ol>	\$ 10 Crop insurance proceeds	Copy E For Recipien
RECIPIENT'S name and address		(recipient) for resale	]  s	This is important ta information and is being
LISA WARK MBA &	ASSOC	11	12	furnished to the Interna Revenue Service. If you an required to file a return,
2142 CAST PEBBLE DR LAS VEGAS NV 89135		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	negligence penalty or othe sanction may be imposed on you if this income in
		15a Section 409A deferrats \$	15b Section 409A income \$	taxable and the IRS determines that it has no been reported
	I FATCA (iline	16 State tax withheld	17 State/Payer's state no	18 State income
Account number (see instructions)	requirement	\$		\$

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country or foreign postal code, and telephone no. 1 Rents Royalties OMB No. 1545-0115 DANKA K MICHAELS MD PROF CORP s 3 Other income 4 Federal income tax withheld 2015 Miscellaneous 5 3320 N BUFFALO DR STE 106 Fishing boat proceeds 6 Medical & health care payments Income \$ LAS VEGAS NV 89129 7 Nonemployee compensation Substitute payments in lieu of dividends or interest 9552. Payer made direct sales of 78 Form 1099-MISC PAYER'S federal identification number RECIPIENT'S identification number 9 Copy 2 10 Crop insurance proceeds \$5,000 or more of consume 56-2371654 46-4347185 products to a buyer ► L RECIPIENT'S name and address (recipient) for resale To be filed with 11 12 recipient's state LISA WARK MBA & ASSOC income tax return. when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 2142 CAST PEBBLE DR LAS VEGAS NV 89135 S 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Paver's state no 18 State income ATCA filing Account number (see instructions) \$ S ç Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service DXA

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Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525 If it is trade or business income. report this amount on Schedule C or F (Form 1040) Box 4. Shows backup withholding or withholding on Indian gamma profits Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub 505 for more information. Report this annual no your isorgan I ar yeturn as tax withhold. this amount on your income tax return as tax withheld.

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Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedule SE (Form 1040) you create the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and camot get the payer to correct this form, report the amount from box 7 or Form 1040, Nine 7 (or Form 1040, Nine 7), You must also complete Form 8319 and attach it to your return if you are not an employee but the amount in this box is not SE income (for example, it is income it nor a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040, Nine S) and states in the order of your boker on your behalf as a result of a loan of your securities Report on the "Other income" into if you are not your behalf as a result of a loan of your securities Report on the "Other income" into a sporadic activity and half as a result of a loan of your securities Report on the "Other income" into of spore form 1040 (or Form 1040, Nine 21).

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Box 13. Shows your total compensation of excess golden parachule payments subject to a 20% excise tax. See the Form 1040 (or Form 1040MR) instructions for where to report. Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a non-employee under a nonqualified deferred compensation (NODC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in t box. This income is also subject to a substantial additional tax to be reported on Form 1040, (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions. Boxes 16-18. Shows state or local income tax withheld from the payments.

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PAYER'S name, street address, city or tow or foreign postal code, and telephone no.	n, state or province, country, ZIP	1 Rents	2 Royatties	OMB No. 1545-0115
DANKA K MICHAEL		\$ 83962.24 3 Other income	S     Federal income tax withheld	2015
3320 N BUFFALO I LAS VEGAS NV 893	DR STE 106 129	S Fishing boat proceeds S 7 Nonemployee compensation	S     G Medical & health care payments     S	Miscellaneous Income
PAYER'S federal identification number	RECIPIENT'S identification number	S     Payer made direct sales of     S5.000 or more of consumer	8 Substitute payments in lieu of dividends or interest     5     10 Crop insurance proceeds	Copy E For Recipien
56-2371654 RECIPIENT'S name and address	45-5302432	products to a buyer (recipient) for resale	]   \$	This is important tag information and is being
PATIENCE ONE LLC	2	11	12	furnished to the Interna Revenue Service. If you an required to file a return, a
3320 N BUFFALO DR STE 208 LAS VEGAS NV 89129		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	negligence penalty or oth sanction may be impose on you if this income
		15a Section 409A deferrals \$	15b Section 409A income \$	laxable and the IRS determines that it has not been reported
Account number (see instructions)	FATCA filing	16 State tax withheld \$	17 State/Payer's state no.	18 State income S
		\$		6

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, count or foreign postal code, and telephone no. 1 Rents 2 Royatties OMB No. 1545-0115 83962 24 DANKA K MICHAELS MD PROF CORP S S 3 2015 Other income 4 Federal income tax withheld Miscellaneous 3320 N BUFFALO DR STE 106 Fishing boat proceeds 6 Medical & health care payments Income \$ LAS VEGAS NV 89129 7 Nonemployee compensation Substitute payments in lieu of dividends or interest Form 1099-MISC PAYER'S federal identification number RECIPIENT'S identification number 9 Payer made direct sales of Copy 2 10 Crop insurance proceeds 56-2371654 \$5,000 or more of consume 45-5302432 products to a buyer RECIPIENT'S name and address (recipient) for resale To be filed with 12 recipient's state PATIENCE ONE LLC income tax return. when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 3320 N BUFFALO DR STE 208 LAS VEGAS NV 89129 S s 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Payer's state no 18 State income FATCA filing Account number (see instructions) \$ equ \$ Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service DXA

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Assigned to using bit account: FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement You also may have a filing requirement. See the Instructions to Form 8938 Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is 5400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns. Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Report your income company.
Box 1. Report rends from real estate on Schedule E (Form 1040). However, report rends on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or renierd personal property as a business.
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Dox 1 instructions Pol royatiles on infiber, coal, and iron fore, see Pub. 544.
Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian ganing profits, or other taxable income. See Pub 525.
If it is trade or business income, report this amount on Schedule C or F (Form 1040).
Box 4. Shows backup withholding or withholding on Indian ganing profits.
Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub 505 for more information. Report this amount on your income tax return as tax withheld.

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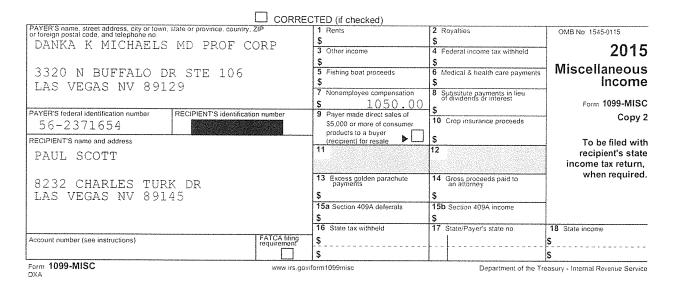
Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NODC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS MD PROF CORI	P \$ 3 Other income	\$	- 2015
	3 Other income	4 Federal income tax withheld s	Miscellaneous
3320 N BUFFALO DR STE 106	5 Fishing boat proceeds	6 Medical & health care payments	Income
LAS VEGAS NV 89129	7 Nonemployee compensa	1 of dividends or interest	Form 1099-MISC
PAYER'S lederal identification number RECIPIENT'S identification num	s 1050 mber 9 Payer made direct sales \$5,000 or more of consu	. UU S	Copy B For Recipient
56-2371654 RECIPIENT'S name and address	products to a buyer	▶□ s	This is important tax information and is being
PAUL SCOTT	11	12	furnished to the Interna Revenue Service. If you are required to file a return, a
8232 CHARLES TURK DR LAS VEGAS NV 89145	13 Excess golden parachu payments	te 14 Gross proceeds paid to an attorney \$	<ul> <li>negligence penalty or other sanction may be imposed on you if this income is laxable and the IRS</li> </ul>
	15a Section 409A deferrals \$	15b Section 409A income \$	determines that it has not been reported.
	16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions) FAT requ	CA tiling \$		\$
	\$		\$



## Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EN). However, the issuer has reported your complete identification number (BN). Account number, May show an account or other unique number the payer assigned to distinguish your account.

ASSIGNED to using outsing your account. FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions to Form 8938. Tou also may have a limit requirement. See the instructions to Form 3938. Amounts shown may be subject to self-omployment (SE) tax, if your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040), However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on limber, coal, and iron ore, see Pub. 544.

box 7 instructions For royalities on timber, coal, and iron ore, see Pub 544. Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employce, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub 525 If it is trade or business income, report this amount on Schedule C or F (Form 1040). Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not turnish your taxpayer identification number. See Form W-9 and Pub, 505 for more information. Report this amount on your income tax return as tax withheld. Box 5. An amount in this box nears the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub 334.

Box 6. For individuals, report on Schedule C (Form 1040)

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedula SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you are engloyee and did engloyee and cannot get the payer did not consider you are engloyee and the payer did not consider the sale of the sale o

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown, Generally, report any income from your sale of these products on Schedule C (Form 1040)

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

plus any earlings on current and prior year deletratis. Box 15b, Shows income as a nonemployee under an NODC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15 at hat is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040, (or Form 1040R). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions. Boxes 16-18. Shows state or local income tax withheld from the payments.

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PAYER'S name, street address, city or tow or foreign postal code, and telephone no.	n. state or province, country, ZIP	1 Rents	2 Royalties	OMB No 1545-0115
DANKA K MICHAEL		\$ 3 Other income	S     Federal income tax withheld	2015
3320 N BUFFALO		S 5 Fishing boat proceeds S	S     G Medical & health care payments     S	Miscellaneous Income
LAS VEGAS NV 89	129	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number 56–2371654	RECIPIENT'S identification number 88-0428371	\$ 55470.00     Payer made direct sales of     \$5,000 or more of consumer	) \$ 10 Crop insurance proceeds	Copy E For Recipient This is important tax
RECIPIENT'S name and address		recipient) for resale	S 12	information and is being furnished to the Interna
SONIC IMAGING 6230 MCLEOD DR STE 140 LAS VEGAS NV 89120		13 Excess golden parachule payments	14 Gross proceeds paid to an attorney	Revenue Service. If you are required to file a return, a negligence penalty or othe sanction may be imposed on you if this income is
THO VEGAS INV 09.	120	15a Section 409A deferrals \$	15b Section 409A income \$	taxable and the IRS determines that it has no been reported
A	FATCA filing	16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	requirement	\$		5

CORRECTED (if checked)

PAYER'S name, street address, city or town, or foreign postal code, and telephone no.	state or province, country, ZIP	1 Rents	2 Royalties	OMB No 1545-0115
DANKA K MICHAELS		\$ 3 Other income	\$	2015
		c Other income	4 Federal income tax withheld	2015
3320 N BUFFALO D LAS VEGAS NV 891		5 Fishing boat proceeds 5 Vonemployee compensation 5 55470.00	6 Medical & health care payments     S     Substitute payments in lieu     of dividends or interest	Miscellaneous Income
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 88-0428371	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	- Copy 2
RECIPIENT'S name and address SONIC IMAGING		roducts to a buyer (recipient) for resale	<u>s</u>  12	To be filed with recipient's state income tax return,
6230 MCLEOD DR S LAS VEGAS NV 891		13 Excess golden parachute payments \$ 15a Section 409A deferrals \$	14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$	- when required.
Account number (see instructions)	FATCA filing requirement	16 State tax withheld \$ \$	17 State/Payer's state no.	18 State income \$ \$
Form 1099-MISC	www.irs.go	v/form1099misc	Department of the T	reasury - Internal Revenue Service

DXA

Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (ITIN). However, the issuer has reported your complete identification number to the IRS. Account number, May show an account or other unique number the payer assigned to distinguish your account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions to Form 8938. Tou also thay have a timing requirement. See the instructions to Form 3936. Amounts shown may be subject to self-employment (SE) tax, if your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If on income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Comportances, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns Second 1000, MSC inserved 31, this fease is inserved to be and on the second based on the Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. Box 2. Report royalties from oil, gas or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

box 7 instructions. For royalties on timber, coal, and iron ore, see Pub 544 Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes awards, taxable damages, Indian gaming profits, or other taxable income. See Pub 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040). **Box 4.** Shows backup withholding or withholding on Indian gaming profits Generally, a payer must backup withhold if you did not turnish your taxpayer identification number. See Form W-9 and Pub 505 for more information. Report this amount on your income tax return as tax withheld Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub 334.

Box 6. For individuals, report on Schedule C (Form 1040)

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax II you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040. Inte 7 (or Form 1040NR, line 8). You must also complete Form 8019 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR).

Report on the Online Income line of Form 1040 (or Form 1040kR). Box 9. If checked, 55,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040). Box 10, Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

pus any earnings on content and prior year detertais Box 15b. Shows income as a nonemployee under an NODC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15 at hat is correndly taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions. Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc.

AYER'S name, street address, city or town, state or province, country, ZIP foreign postal code, and telephone no.			
	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS MD PROF CORP	3 Other income	Federal income tax withheld	- 2015
	S	S	Miscellaneous
3320 N BUFFALO DR STE 106	5 Fishing boat proceeds \$	6 Medical & health care payments \$	Income
LAS VEGAS NV 89129	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
AYER'S federal identification number RECIPIENT'S identification number	<b>\$</b> 9360.00 <b>9</b> Payer made direct sales of	\$ 10 Crop insurance proceeds	Copy E For Recipien
56-2371654 75-3269761	S5.000 or more of consumer products to a buyer	1	This is important ta:
ECIPIENT'S name and address	(recipient) for resale	12	information and is bein furnished to the Interna
TELEDIAGNOSYS LLC		12	Revenue Service. If you are required to file a return, a
16192 COSTAL HWY LEWES DE 19958	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	negligence penalty or othe sanction may be imposed on you if this income is
00441 AD 02441 AD 02441	15a Section 409A deferrals S	15b Section 409A income	taxable and the IRS determines that it has no been reported
	16 State tax withheld	17 State/Payer's state no.	18 State income
count number (see instructions) FATCA filing requirement	\$		\$
	\$		\$

		ECTED (if checked)		
PAYER'S name, street address, city or town, or foreign postal code, and telephone no.	state or province, country, ZIP	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS		\$ 3 Other income	S     4 Federal income tax withheld	2015
3320 N BUFFALO D LAS VEGAS NV 891		S     Fishing boat proceeds     S     Nonemployee compensation     \$     9360.00	S     Medical & health care payments     S     S     Substitute payments in lieu     of dividends or interest	Miscellaneous Income
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 75-3269761	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	S     Crop insurance proceeds	Copy 2
RECIPIENT'S name and address TELEDIAGNOSYS LL	С	(recipient) for resate	\$ 12	To be filed with recipient's state income tax return,
16192 COSTAL HWY LEWES DE 19958		13 Excess golden parachute payments \$ 15a Section 409A deferrats \$	14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$	when required.
Account number (see instructions)	FATCA filing requirement	16 State tax withheld \$ \$	17 State/Payer's state no.	18 State income \$ S
Form 1099-MISC	www.irs.go	v/form1099misc	Department of the Tr	easury - Internal Revenue Service

## Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS Account number. May show an account or other unique number the payer assigned to distinguish your account

Assigned to instrugion your account FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions to Form 8938. Too also may have a limit requirement. See the instructions to Form 3936 Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)), individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, ifduciaries, or partnerships must report the amounts on the proper line of their tax returns. Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Report your incluine contracts.
Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or renter d personal property as a business.
Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, faxable damages. Indian gaming profits, or other faxable income. See Pub 525 If it is trade or business income. report this amount on Schedule C or F (Form 1040) Box 4. Shows backup withholding or withholding on Indian gaming profits Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed Report this amount on Schedule C (Form 1040) See Pub. 334. Box 6. For individuals, report on Schedule C (Form 1040)

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or Firom 1040), and complete Schedule SC (Form 1040) to received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer did not consider you an employee and form 1040, line 7 (or Form 1040NR, line 8) You must also complete Form 8919 and attach it to your return If you are not an employee but the amount in this box is not SE income (for example, it is income for example, the source of the form 1040, line 21) Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities

received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 104).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQOC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NODC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. (or Form 1040NR) See "Total Tax" in the Form 1040 (or Form 1040NR) instructions. Boxes 16-18. Shows state or local income tax withheld from the payments.

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PAYER'S name, street address, city or town or foreign postal code, and telephone no.	<ol> <li>state or province, country, ZIP</li> </ol>	1 Rents	2 Royatties	OMB No. 1545-0115
DANKA K MICHAELS		S     Other income	S     Federal income tax withheld	2015
3320 N BUFFALO I	DR STE 106	\$ 5 Fishing boat proceeds	\$ 6 Medical & health care payments	Miscellaneous
LAS VEGAS NV 891	129	<ul> <li>S</li> <li>7 Nonemployee compensation</li> <li>\$ 950.00</li> </ul>	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 77-0437723	Payer made direct sales of S5,000 or more of consumer products to a buyer	S 10 Crop insurance proceeds	Copy E For Recipien This is important ta
RECIPIENT'S name and address THE SEMONIAN GRO	DUP INC	(recipient) for resale	<u>                                    </u>	information and is bein furnished to the Interna Revenue Service. If you ar required to file a return,
3230 S VALLEY VIEW BLVD 110 LAS VEGAS NV 89102		13 Excess golden parachute payments \$ 15a Section 409A deferrals	14 Gross proceeds paid to an attorney S 15b Section 409A income	negligence penalty or othe sanction may be impose on you if this income i taxable and the IRS
		S 16 State tax withheld	State/Payer's state no.	determines that it has no been reported 18 State income
Account number (see instructions)	FATCA tiling requirement	\$ \$		\$

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country or foreign postal code, and telephone no 1 Rents 2 Royalties OMB No. 1545-0115 \$ DANKA K MICHAELS MD PROF CORP 2015 3 Other income 4 Federal income tax withheld Miscellaneous 3320 N BUFFALO DR STE 106 5 Fishing boat proceeds 6 Medical & health care payments Income \$ LAS VEGAS NV 89129 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest 950 00 Form 1099-MISC PAYER'S federal identification number **RECIPIENT'S** identification number 9 Payer made direct sales of Copy 2 10 Crop insurance proceeds 56-2371654 \$5,000 or more of consume 77-0437723 products to a buyer ▶L RECIPIENT'S name and address (recipient) for resale To be filed with 12 11 recipient's state THE SEMONIAN GROUP INC income tax return, when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 3230 S VALLEY VIEW BLVD 110 LAS VEGAS NV 89102 s 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Payer's state no 18 State income Account number (see instructions) \$ S \$ S Form 1099-MISC DXA www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or renter d personal property as a business Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

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Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334 Box 6, For individuals, report on Schedule C (Form 1040)

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Device, and 237, and 237, and a substitute payments in fieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040)

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation Any amount included in box 15a that is currently inxable is also included in it box This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions n this Boxes 16-18. Shows state or local income tax withheld from the payments

Fulure developments, For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/bmm1099misc.

PAYER S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents	2 Royalties	OMB No 1545-0115
DANKA K MICHAELS MD PROF CORP	\$ 3 Other income	\$ 4 Federal income tax withheld	2015
3320 N BUFFALO DR STE 106	S     Fishing boat proceeds     S	S     Medical & health care payments     S	Miscellaneous Income
LAS VEGAS NV 89129	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number RECIPIENT'S identification number	8622.00     Payer made direct sales of     \$5,000 or more of consumer	\$ 10 Crop insurance proceeds	Copy E For Recipien
RECIPIENT'S name and address	(recipient) for resale	\$	This is important tai information and is being
VICKIS SQUEAKY CLEAN HOUSE	11	12	furnished to the Interna Revenue Service. If you an required to file a return, a
7585 ENGLEBERG AVE LAS VEGAS NV 89178	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney S	negligence penalty or othe sanction may be imposed on you if this income is
	15a Section 409A deferrals \$	15b Section 409A income \$	taxable and the IRS determines that it has no been reported
Account number (see instructions)	16 State tax withheld \$ \$	17 State/Payer's state no.	18 State income \$

		CTED (if checked)		
PAYER'S name, street address, city or town, s or foreign postal code, and telephone no	state or province, country, ZIP	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS		\$	\$	0045
	112 11101 00110	3 Other income	4 Federal income tax withheld	2015
2222 11 51155310 55		\$	\$	Miscellaneous
3320 N BUFFALO DE	R STE 106	5 Fishing boat proceeds	6 Medical & health care payments	•
LAS VEGAS NV 8912	29	\$	\$	Income
		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
		\$ 8622.00	) s	Form 1099-MISC
PAYER'S federal identification number	RECIPIENT'S identification number	9 Payer made direct sales of	10 Crop insurance proceeds	Copy 2
56-2371654		\$5,000 or more of consumer products to a buyer	To Grop instrance proceeds	
RECIPIENT'S name and address	And a second of the second of	(recipient) for resale	」 s	To be filed with
VICKIC COURARY OF	TAN HOHER	11	12	recipient's state
VICKIS SQUEAKY CI	JEAN HOUSE			income tax return.
		10		when required
7585 ENGLEBERG AV	/E	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	menrequired
LAS VEGAS NV 8917		s	s	
	0	15a Section 409A deterrals	15b Section 409A income	
		s	S	
		16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	FATCA filing	s		e
	requirement			
		\$		\$
Form 1099-MISC	www.irs.go	v/form1099misc	Department of the Tre	easury - Internal Revenue Service

#### Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account or other unique number the payer FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions to Form 8938.

The assorting have a minig requirement. See the instructions to Form 3938 Amounts shown may be subject to self-employment (SE) tax, it your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns. Form 1098-MISC incorrect 21 this for mis incorrect or base been secured and or contract the Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040) However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544

Box 7. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub 525 If it is trade or business income, report this amount on Schedule C or F (Form 1040). Data of the backwards business income. Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334. Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 or Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8199 and attach it to your refurn. If you are not an employee but the amount in this box is not SE income (for example, t is income form a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21). You received

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown, Generally, report any income from your sale of these products on Schedule C (Form 1040)

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040MR) instructions for where to report. Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation Any amount included in box 15a that is currently taxable is also included in 11 box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR) See "Total Tax" in the Form 1040 (or Form 1040NR) instructions n this Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Gmrt099misc.

# ETD ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing of extensions is allowed.

Name(s)	SSN/EIN
DANKA K MICHAELS MD PROF CORP	56-2371654

0148 PREVIOUSLY ACCEPTED EXTENSION: Form 7004 for this corporation has been previously e-filed and accepted by the IRS.

NOTE: This message will ONLY prevent the e-filing of Form 7004.

1120SEF		EF Transmission Status	2015
lame(s) as shown on return		(Keep for your records)	
DANKA K MICHAE	LS MD PROF CO	P D	EIN number
	<u>Do tid fittor co</u>	INF	56-2371654
be fellowing with the s			
he following will be transn	nitted to the IRS.	🔀 1120S 🔲 7004 🔲 Amended	
he following state returns	will be transmitted:		
	s		
e following returns have b	een suppressed or are no	ot eligible and will NOT be transmitted.	
			**************************************
Notes			

1120SEF.LD

Form 1	12	os		U.S. Income Tax	Return for an S				OMB No. 1545-0123
Departmer	u of the	Teachura			553 to elect to be an S c				2015
Internal Re		Service	Inform	ation about Form 1120S and i			ov/form11	20s.	2010
For cale	ndar	year 2015 or tax			, 2015, ending				20
A Select				Name				D Employe	r identification number
		2003	TYPE	DANKA K MICHAE		ORP	]	56-23	371654
B Busine numbe		vity code nstructions)	OR	Number, street, and room or suite no.				E Date inco	
621			PRINT	<u>3320</u> N BUFFALO City or town, state or province, countr					5-2003
				ony or town, state or province, countri	, and ziP of loreign postal code			► Total ass	ets (see instructions)
C Check attache		м-з		LAS VEGAS	NV	89129		\$	500 005
G Is the	corp	oration electing	to be an S	corporation beginning with this			"Yes " attac		599,825 53 if not already filed
H Chec	k if:	(1) 🗌 Final re	turn (2)	Name change (3) Addre	ess change (4) Am	ended return	(5) S el	ection term	ination or revocation
I Enter	the r	umber of share	holders wh	o were shareholders during an	/ part of the tax year				
Caution	. Incl	ude only trade	or busines	s income and expenses on line:	a through 21. See the	instructions for r	nore inform	ation.	
	1:	a Gross receip	ts or sales	• • • • • • • • • • • • • •		1a 1,7	62,940	5	
		<ul> <li>Returns and</li> </ul>				1b			
e				b from line 1a					1,762,946
Income	2 3			ach Form 1125-A) • • • • •				<u> </u>	361,432
lnc	4			ne 2 from line 1c · · · · ·					1,401,514
	5			rm 4797, line 17 (attach Form 4	/			- Jj	
	6			e instructions - attach statemen				5	1 401 514
	7			rs (see instructions - attach For					1,401,514 195,000
e)	8			s employment credits)				8	506,747
tion	9			ce • • • • • • • • • • • • • • •				9	14,469
nita	10	Bad debts						10	14,409
or fir	11	Rents .						11	94,600
ls fc	12	Taxes and lic	enses -			· · · · ATT ST		12	119,575
ction	13			• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · ·		13	15,569
Deductions (see instructions for limitations)	14	Depreciation	not claime	d on Form 1125-A or elsewhere	on return (attach Form 4	562)		14	106,364
e jus	15			ict oil and gas depletion.) 🕠				15	
(set	16	-		••••••••				16	10,284
sue	17	Pension, prof			· · · · · · · · · · · · · · ·			17	
ctic	18 19			ams • • • • • • • • • • • • • •				18	27,313
npa	20			h statement)				19	205,837
ă	21			I lines 7 through 19	,				1,295,758
	22 a		The second s	me or LIFO recapture tax (see		22a	••••	21	105,756
	t				· · · · · · · · · · · · · · · · · · ·	22a 22b			
	c			see instructions for additional ta				22c	
nts				ments and 2014 overpayment c		23a			
me	b					23b			
Pay	c	Credit for fede	eral tax pai	d on fuels (attach Form 4136)	<i></i>	23c			
Fax and Payments	d	Add lines 23a	through 2	3c • • • • • • • • • • • • • •				23d	
Xa	24	Estimated tax	penalty (s	ee instructions). Check if Form	2220 is attached · ·		· 🕨 🗌	24	
Ta	25			3d is smaller than the total of lin			· · · · ·	25	
	26			d is larger than the total of lines		nt overpaid	· · · · ·	26	
	27			26 Credited to 2016 estimated		L	unded 🕨	27	
	Ur	der penalties of pen best of my knowled	ury, I declare ge and belief.	that I have examined this return, includin, it is true, correct, and complete. Declara	g accompanying schedules and tion of preparer (other than taxe	statements, and to aver) is based on		1 .	discuss this return
	all	information of which	preparer has	any knowledge.	,	,		1	parer shown below
Sign	h	DANKA MI	CHART	JS, MD	I	k mr	perer	(see instruc	tions)? Yes X No
Here		Signature of officer		507 120	Date		<u>RESIDE</u> 1e	_L	
		Print/Type prepare	r's name	Preparer's signa		Date	Che	ick 🔀 if	PTIN
Paid		ROBERT S	S SEMC	NIAN CPA		07-06-2			P00391972
Prepar			ROBEF	RT S SEMONIAN CE	Ϋ́,		Firm's EIN	► 95	-4514704
Use Or	ıly	Firm's address	►PO BC				Phone no.		
			*****	ira CA 93005			]	(8	05)659-5344
	rwor	k Reduction Ac	t Notice,	see separate instructions.					Form 1120S (2015)
EEA									

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C

	m 1120S (2015) DANKA	A K MICHAELS MD	PROF CORP		56-2371654	Page 2
-		formation (see instructions	**********	·····		
1	Check accounting method:	a 🛛 Cash b 🗌 Ac	crual			Yes No
~	0	c □ Other (specify)				
2	See the instructions and ent					
~		HYSICIAN	b Product or se			
3		ear. was any shareholder of the c				
		If "Yes," attach Schedule B-1, In	formation on Certain Sh	areholders of an S Corpora	tion • • • • • • • • •	X
4	At the end of the tax year, di					
e	Own directly 20% or more, c	or own, directly or indirectly, 50%	or more of the total sto	ck issued and outstanding of	of any	
		ion? For rules of constructive ov				
	below	····	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • •	X
	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 10 Date (if any) a Qualified Sul Subsidiary Election Was	bchapter S
b		0% or more, or own, directly or in				
	capital in any foreign or dom	estic partnership (including an e	ntity treated as a partne	rship) or in the beneficial in	erest of a	
	trust? For rules of constructiv	ve ownership, see instructions. I	f "Yes," complete (i) thro	ough (v) below		Х
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Ov Loss, or Capital	vned in Profit,
	***					
					······	
		· · · · · · · · · · · · · · · · · · ·				
5 a	At the end of the tax year, did	d the corporation have any outst	anding shares of restrict	ted stock?		X
	If "Yes," complete lines (i) an					
	(i) Total shares of restricte	d stock				
	(ii) Total shares of non-rest	rricted stock	••••			
b		I the corporation have any outsta	- anding stock options, wa	arrants, or similar instrumer	its?	X
	If "Yes," complete lines (i) and	d (ii) below.				
		itstanding at the end of the tax y				
		itstanding if all instruments were		. >		
6	Has this corporation filed, or	is it required to file. Form 8918,	Material Advisor Disclos	sure Statement, to provide		
	information on any reportable					X
7	and a second	tion issued publicly offered debt			· · · · · · · ► 🔲	
	Instruments.	ay have to file Form 8281, Infor	mation Return for Public	by Offered Original Issue D	scount	
8		Corporation before it closed to	ho on Commentian	the companying and in the		
U		C corporation before it elected to the basis of the			1	
		d by reference to the basis of the				
		and (b) has net unrealized built-				
	instructions)	t unrealized built-in gain reduced	by net recognized built	e-in gain from prior years (se	e	
9		ngs and profits of the corporation			<u></u>	
10		both of the following conditions?		a.	\$	
a		ts (see instructions) for the tax y		2.000		
b		at the end of the tax year were			•••••	
~		t required to complete Schedule			••••••	X
11		propration have any non-shareho		alad was forgiven as here	iho.	
••		ce the principal amount of the de		celed, was forgiven, or had		
	If "Yes," enter the amount of p		aut: •••••		•••••	X
12		alified subchapter S subsidiary e	ention termineted or	wokod2 If "Voo " coo in-i	tions	
13 a		payments in 2015 that would re				X
		paymonia in zo to that would re	quire it to nie Form(S) 1	000: •••••••		Х
b	If "Yes," did the cornoration fil	e or will it file required Forms 10	997			X

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Form 1120S (2015)

		DS(2015) DANKA K MICHAELS MD PROF CORP	56 - 2	<u>.371654</u> Page
		Shareholders Pro Rata Share Items	1	Total amount
	1	Ordinary business income (loss) (page 1, line 21)	1	105,756
	2	Net rental real estate income (loss) (attach Form 8825)	2	100,700
	3a	Other gross rental income (loss)		
	b	Expenses from other rental activities (attach statement) 3b		• • •
	c	Other net rental income (loss). Subtract line 3b from line 3a	_	•
	4	Interest income		
(s	5	Dividends: a Ordinary dividends	4	7
os		b Qualified dividends	5a	
E E	6	Royalties		
, me	7		6	
Income (Loss)	1 8-	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
=	6	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b	Collectibles (28%) gain (loss)		
	C	Unrecaptured section 1250 gain (attach statement) 8c		
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10	Other income (loss) (see instructions)	10	
s	11	Section 179 deduction (attach Form 4562)	11	
lon Ion	12a	Charitable contributions	12a	
tct	b	Investment interest expense		
Deductions	с		12b	
Ω	d	Section 59(e)(2) expenditures       (1) Type ▶       (2) Amount ▶         Other deductions (see instructions)       · · · Type ▶       (2) Amount ▶	12c(2)	
	13a	Low-income housing credit (section 42(j)(5))	12d	
	b		13a	
	c	Low-income housing credit (other)	13b	
s		Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
Credits	d	Other rental real estate credits (see instructions)	13d	
υ.	e	Other remaindreduts (see instructions) ····· Type >	13e	
	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions)	13g	······································
	14a	Name of country or U.S. possession		
	b	Gross income from all sources	14b	
	с	Gross income sourced at shareholder level	14c	
		Foreign gross income sourced at corporate level		
	d	Passive category	4.4.4	
	е	General category	14d	
eign Transactions	f	Other (attach statement)	14e	
3		Deductions allocated and apportioned at shareholder level	14f	
sac	g			
an	h	Interest expense	14g	
F	11		14h	
-igi		Deductions allocated and apportioned at corporate level to foreign source income		
Fore	1	Passive category	14i	
ш. I	]	General category	14j	
	k	Other (attach statement) · · · · · · · · · · · · · · · · · · ·	14k	
		Other information		
	I	Total foreign taxes (check one):  Paid Paid Accrued	141	
	m	Reduction in taxes available for credit (attach statement)		
		Other foreign tax information (attach statement)	14m	
1		Post-1986 depreciation adjustment		
<		Adjusted gain or loss	15a	54
- äl			15b	
			15c	
(AMT) Items		Oil, gas, and geothermal properties - gross income	15d	
2		Oil, gas, and geothermal properties - deductions	15e	
1	-	Other AMT items (attach statement)	15f	
; ľ		Tax-exempt interest income	16a	**************************************
s		Other tax-exempt income	16b	
Basis		Nondeductible expenses	16c	474
<u>- "</u>	d (	Distributions (attach statement if required) (see instructions)	16d	4 / 4
5		Repayment of loans from shareholders	100	

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Form 1120S (2015)

	n 11205 (2015) DANKA K MICHAEL	S MD PROF CC	)RP		56-2	371654 Page 4
Sc	hedule K Shareholders' Pro Rata Sha	are Items (continued)			1	Total amount
2	17 a Investment income				17a	7
Other	b Investment expenses · · · · · ·				17b	
ŧ	c Dividend distributions paid from accum	ulated earnings and profi	ts		17c	
1	d Other items and amounts (attach stater	ment)				
. 9						
Recon-	18 Income/loss reconciliation. Combine	the amounts on lines 1 th	nrough 10 in the far righ	ıt		
		um of the amounts on line	es 11 through 12d and	141	18	105,763
Sc	hedule Balance Sheets per Books	Beginning o	of tax year	1	End of ta	
	Assets	(a)	(b)	(c)		(d)
1	Cash • • • • • • • • • • • • • • • • • • •		69,718			102,591
2a	Trade notes and accounts receivable					
b	Less allowance for bad debts	( )		(	)	
3	Inventories		33,361			64,306
4	U.S. government obligations					
5	Tax-exempt securities (see instructions)					
6	Other current assets (attach statement) .	Statement #19	3,571	Statement #1		3,827
7	Loans to shareholders					
8	Mortgage and real estate loans					
9	Other investments (attach statement)					
10a	Buildings and other depreciable assets	816,023		955,2	74	
b	Less accumulated depreciation	( 419,809)	396,214	( 526,1	731	429,101
11 a	Depletable assets			020/1		1207101
b	Less accumulated depletion	( )		) (		
12	Land (net of any amortization)					
13a	Intangible assets (amortizable only)					
b	Less accumulated amortization	( )		(		
14	Other assets (attach statement)					
15	Total assets		502,864			599,825
	Liabilities and Shareholders' Equity		·····			
16	Accounts payable					
17	Mortgages, notes, bonds payable in less than 1 year		24,068			88,796
18	Other current liabilities (attach statement)	Statement #22		Statement #2	<b>.</b>	4,115
19	Loans from shareholders		47,181			
20	Mortgages, notes, bonds payable in 1 year or more		275,619			247,582
21	Other liabilities (attach statement)					
22	Capital stock		17,000			17,000
23	Additional paid-in capital					
24	Retained earnings		137,043			242,332
25	Adjustments to shareholders' equity (attach statement)					
26	Less cost of treasury stock	(	)			)
27	Total liabilities and shareholders' equity		502,864			599,825
FEA						Earr (4000 (2015)

EEA

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Form 1120S (2015)

Fo	rm 11208(2015) DANKA K MICHAEL	S MD PROF	CORP		56-	2371654	Page 5
S	chedute MI-1 Reconciliation of Incor	ne (Loss) per E	Books Wit	h Income (Loss) per R	eturn		
	Note. The corporation may be r						
1	Net income (loss) per books	105,289		ecorded on books this year not inc	luded	Γ	
2	Income included on Schedule K, lines 1, 2, 3c, 4,		4	ule K, lines 1 through 10 (itemize)			
	5a, 6, 7, 8a, 9, and 10, not recorded on books this		4	mpt interest \$			
	year (itemize):			· · · · · · · · · · · · · · · · · · ·			
3	Expenses recorded on books this year not		6 Deducti	ons included on Schedule K.			
-	included on Schedule K, lines 1 through 12 and			hrough 12 and 14I, not charge			
	14I (itemize):		1	0			
а				book income this year (itemize			
b	Travel and entertainment \$ 474		a Depieci	ation \$			
~							
		474	7 Add line	s 5 and 6 • • • • • • • •			
4	Add lines 1 through 3 · · · · · · · · · · ·			oss) (Schedule K, line 18). Line 4		105	760
S	chedule M-2 Analysis of Accumulate	ed Adjustments		Other Adjustments	less line /	LUD and Sharok	,763
	Undistributed Taxable	Income Previo	usly Taxe	d (see instructions)	locoum	., and Sharer	loiders
		(a) Accumula adjustments a		(b) Other adjustments account		areholders' undis income previous	
1	Balance at beginning of tax year	13	7,043		1		
2	Ordinary income from page 1, line 21		5,756				
3	Other additions · · · · Statement · #29		7				*****
	Loss from page 1, line 21	(	)				***************
5	Other reductions · · · · Statement · #30	(	474)	(	)		
	Combine lines 1 through 5	24	2,332		1		
7	Distributions other than dividend distributions				1		
8	Balance at end of tax year. Subtract line 7 from line 6	24	2,332		1		

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Form 1120S (2015)

Schedule K-1 Form 1120S)	2015	p			Current Year Income
Department of the Treasury	For calendar year 2015, or tax				d Other Items
nternal Revenue Service	year beginning, 2015	1	Ordinary business income (loss)	13	Credits
	ending 20	2	105,756 Net rental real estate income (loss)		
Shareholder's Sha	are of Income, Deductions,				
Credits, etc.	See page 2 of form and separate instructions.	3	Other net rental income (loss)	-	
[Part I ] Informati	on About the Corporation				
A Corporation's employer identit	ication number	4	Interest income 7		
56-2371654		5a	/ Ordinary dividends	$\neg$	
B Corporation's name, address,	city, state, and ZIP code	1			
DANKA K MICH.	AELS MD PROF CORP	5b	Qualified dividends	14	Foreign transactions
3320 N BUFFA			D W.	_	
JJZU N BUFFA.	LO DR	6	Royallies		
LAS VEGAS	NV 89129	7	Net short-term capital gain (loss)	-	
C IRS Center where corporation	filed return	8a	Net long-term capital gain (loss)		
OGDEN		₩ 8b	Collastibles (28%) (()	-	
	on About the Shareholder	őD	Collectibles (28%) gain (loss)		
D Shareholder's identifying numl	ber	8c	Unrecaptured section 1250 gain	-	
E Shareholder's name, address,		9	Net section 1231 gain (loss)		
DANKA MICHAE	LS	10	Other income (loss)	15	Alternative minimum to (AMATE) is
3320 N BUFFA:	LO DR	10	Conter moorne (1033)	A	Alternative minimum tax (AMT) iter 5 4
LAS VEGAS	NV 89129				01
F Shareholder's percentage of s	tock 1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0				
ownership for tax year	<u>100.00000 %</u>				
		4			
		11	Section 179 deduction	16 C *	Items affecting shareholder basis
		12	Other deductions		STMT
	NETER 1 (M) MAR VE (1400 BE €1100 MA MEDIA SI DE DESTI SI MARSI (14.)				
For IRS Use Only				17	Other information
ē <b>e</b> lina ierenti	80.957/1423/95264/264/3667-圖			A	7
		1			
		1			
		<u> </u>	L	<u> </u>	1
			* See attached statement	for addit	ional information.
		1			

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Schedule K-1 Supplemental Information	2015
DANKA MICHAELS	Shareholder's ID Number
Name of S Corporation	S Corporation's EIN
DANKA K MICHAELS MD PROF CORP	56-2371654
CODE DESCRIPTION C OTHER NONDEDUCTIBLE EXPENSES MEALS AND ENTERTAINMENT	474
TOTAL	474

Form	4562		Depre	ciation	and A	۹moi	tiz	ation			OMB No. 1545-0172
			(Including	g Informat				roperty)			2015
	tment of the Treasury			Attach 1	-						Attachment
	al Revenue Service (99)	Information a	bout Form 45	62 and its sep					v/form4	562.	Sequence No. 179
	. ,	ARTO MD P			1			this form relates			Identifying number
	NKA K MICHA	To Expense	Cortain Pr	P oporty Upd	FOF	M 11	20	S			56-2371654
1000		u have any listed		• •							
1	Maximum amount (									,	T
2	Total cost of section									1 2	
3	Threshold cost of se							 		2	
4	Reduction in limitati							 		4	
5	Dollar limitation for I									4	
	separately, see instr									5	
6		(a) Description of prop			(b) Cost (bi				cted cost		
							<i>,</i>	(4) ===	0.04 0001		
7	Listed property. Ente	er the amount fror	n line 29 🛛 🔸	* * * * * * *			7			******	
8	Total elected cost of	f section 179 prop	erty. Add amou	ints in column (	c), lines 6	and 7		· · · · · · · ·		8	
9	Tentative deduction	. Enter the smalle	er of line 5 or lin	ne8 · · · ·						9	
10	Carryover of disallow	wed deduction fro	m line 13 of yo	ur 2014 Form 4	4562 ·					10	
11	Business income lin	nitation. Enter the	smaller of busi	iness income (r	not less th	an zero)	or lin	e 5 (see instru	uctions)	11	
12	Section 179 expens					an line 11				12	
13	Carryover of disallov					•	13				
Note	: Do not use Part II o	or Part III below fo	r listed property	y. Instead, use	Part V.						
Research the	tatia Special I	Depreciation	Allowance	and Other	Deprec	iation	(Do	not include li	sted prop	perty.)	(See instructions.)
14	Special depreciation										
	during the tax year (									14	69,626
15	Property subject to s			•••••						15	
16	Other depreciation (		• • • • • • •	•••••				• • • • • •	• • •	16	29,078
	WIACKS	Depreciation	1 (Do not inc			e instruct	ions.	)			
17		for appoint allocation			ection A			······			
18	MACRS deductions							•••••		17	734
10	If you are electing to asset accounts, che										
		tion B - Assets P								C	
		(b	) Month and year	(c) Basis for depr		Ι	T		clation	Syster	11
	(a) Classification of pre	operty	placed in service	(business/investm only-see instruc		(d) Recov period	ery	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property				,500		3	HY	SL		3,417
b	5-year property						<u> </u>				0/24/
c	7-year property			49.	,125		7	HY	Sī		3,509
d	10-year property						$\neg \uparrow$				5,305
e	15-year property										
f	20-year property								******		
g	25-year property					25 yrs	. 1		S/I		
h	Residential rental					27.5 yr		MM	S/I		
	property					27.5 yr	s.	MM	S/I	_	
i	Nonresidential real					39 yrs		MM	S/I		
	property							MM	S/I		
		on C - Assets Pla	ced in Service	e During 2015	Tax Year	Using th	e Al	ternative Dep	reciatio	1 Syst	em
<u>20a</u>	Class life								S/L	. I	
b	12-year					12 yrs	<u> </u>		S/L	]	
C	40-year					40 yrs	<u>.</u> [	MM	S/L	[	
Par		ry (See instruction									
21	Listed property. Ente				· · · <i>·</i>		• •	••••	· · ·	21	
22	Total. Add amounts									1	
	here and on the appr						instr	uctions	<u> </u>	22	106,364
23	For assets shown ab			-		1			1.1		
	portion of the basis a				• • • •	<u>· · ·                                 </u>	23				

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

	Information about Form 8879-S and	e IRS. Keep for your records its instructions is at www.ir		5.	2015
epartment of the Treasury ternal Revenue Service					
lame of corporation	For calendar year 2015, or fax year beginning	, 2015, and ending	, 20 Employer identific	·	
ANKA K MICHAELS	MD PROF COPP				Jer
Part Tax Ret	urn Information (Whole dollars only)		56-237165	, ú <u>i</u>	
	ales less returns and allowances (Form 1120S, lin			1	1,762,94
	1120S. line 3)			2	1,401,51
• •	ncome (loss) (Form 1120S, line 21) · · · · ·			3	105,75
	e income (loss) (Form 1120S, Schedule K, line 2)			4	100,10
	ciliation (Form 1120S, Schedule K, line 18)			5	105,76
Part I Declarat	ion and Signature Authorization of (	Officer (Be sure to get	a copy of th		pration's retu
e financial institution to 6 -888-353-4537 no later ti a the processing of the el issues related to the paym icome tax return and, if a officer's PIN: check one issue i authorize RO on the corporat	ed in the tax preparation software for payment of the lebit the entry to this account. To revoke a payment an 2 business days prior to the payment (settlem ectronic payment of taxes to receive confidential in ent. I have selected a personal identification num pplicable, the corporation's consent to electronic for the box only           BERT S SEMONIAN CPA           ERO firm name           on's 2015 electronically filed income tax return.           the corporation, I will enter my PIN as my signature	nt, I must contact the U.S. Treatent) date. I also authorize the information necessary to answer (PIN) as my signature for the funds withdrawal.	asury Financial Ag financial institutio er inquiries and re the corporation's of 45 45 ot enter all zeros	gent at ns involve esolve electronic as my sig	nature
return.	ation and Authentication	Date ► <u>09-10-2016</u>	Title 🕨 p	RESIDE	Τ
PO's CEIN/DIN Estacus	an air diath CENN fallanna dhuanna Canadh a'r traute	1			
ROSEFIN/PIN. Enter yo	our six-digit EFIN followed by your five-digit self-se	lected PIN.	950884	98765 donotente	r all have
prporation indicated abov	neric entry is my PIN, which is my signature on the re. I confirm that I am submitting this return in acco on, and <b>Pub. 4163</b> , Modernized e-File (MeF) Infor	ordance with the requirements	me tax return for t of <b>Pub. 3112.</b> IR	he S <i>e-file</i>	1 411 20105
RO's signature			Date ▶ <u>07-06</u>	-2016	Maria and a state of the second

Federal Supporting Statements	<b>2015</b> PG01
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	FEIN 56-237165
FORM 1120S - LINE 19 - OTHER DEDUCT	
DESCRIPTION AUTOMOBILE AND TRUCK EXPENSE COMPUTER DUES AND SUBSCRIPTIONS EDUCATION AND TRAINING EQUIPMENT RENTAL/LEASE LIABILITY INSURANCE JANITORIAL LEGAL AND PROFESSIONAL 50% MEALS AND ENTERTAINMENT OFFICE EXPENSE PAYROLL PROCESSING EXPENSE POSTAGE/SHIPPING TRAVEL UTILITIES COMMUNICATIONS CREDIT AND MERCHANT FEES	AMOUN 7,44 10,91 25 84 30,16 44,85 14,10 25,93 47 17,97 3,10 6,29 17 8,67 17,36
	16,42
	82 205,83
TEMP LABOR TOTAL SCHEDULE K - LINE 16C - NONDEDUCTIBLE EXPENSION	82 205,83 PG01
TEMP LABOR TOTAL SCHEDULE K - LINE 16C - NONDEDUCTIBLE EXPENSION	82 205,83 PG01 Statement #16 
TEMP LABOR TOTAL <u>SCHEDULE K - LINE 16C - NONDEDUCTIBLE EXPENS</u> DESCRIPTION MEALS AND ENTERTAINMENT	82 205,83 PG01 Statement #16 47 47 47
TEMP LABOR TOTAL <u>SCHEDULE K - LINE 16C - NONDEDUCTIBLE EXPENS</u> <u>DESCRIPTION</u> MEALS AND ENTERTAINMENT TOTAL <u>SCHEDULE L - LINE 6 - OTHER CURRENT ASSETS</u> <u>DESCRIPTION</u> BEG	 205,83 PG01 Statement #16 <u>AMOUN</u> 47 47 47
TEMP LABOR TOTAL <u>SCHEDULE K - LINE 16C - NONDEDUCTIBLE EXPENS</u> <u>DESCRIPTION</u> MEALS AND ENTERTAINMENT TOTAL <u>SCHEDULE L - LINE 6 - OTHER CURRENT ASSETS</u>	205,83 PG01 SES PG01 <u>AMOUN</u> 47 47 47 5 OF YEAR END OF YI

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	Federal Supporting Statements	2015 PG01
Name(s) as shown on return DANKA K MICHAI	ELS MD PROF CORP	FEIN 56-237165
SCHEDUL	E L - LINE 18 - OTHER CURRENT LIABILITIES	Statement #2:
DESCRIPTION	BEG OF Y	EAR END OF
PAYROLL TAXES GIFT CARDS	PAY	
		953 3,
TOTAL	1	953 4
		PG01
	SCHEDULE M-2 - LINE 3 OTHER ADJUSTMENTS	Statement #29
DESCRIPTION		AMOUN
INTEREST INCOM	ЧЕ	
TOTAL		
	SCHEDIILE M_2 _ I INE 5 OWNED DEDUCETONS	PG01
	SCHEDULE M-2 - LINE 5 - OTHER DEDUCTIONS	Statement #30
DESCRIPTION		
DESCRIPTION NONDEDUCTIBLE	EXPENSES	<b>AMOUN</b>
	EXPENSES	<u>AMOUN</u> 4 7
NONDEDUCTIBLE	EXPENSES	<b>AMOUN</b> 47
NONDEDUCTIBLE	EXPENSES	<u>AMOUN</u> 4 7
NONDEDUCTIBLE	EXPENSES	<u>AMOUN</u> 47
NONDEDUCTIBLE	EXPENSES	<u>AMOUN</u> 4 7

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Federal Supporting Statements	<b>2015</b> PG01
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	FEIN
	56-237165
FORM1125A - LINE 5 - OTHER COST	Statement #5
DESCRIPTION	NOUN
LAB FEES	AMOUN
MEDICAL SUPPLIES NERVE CONDUCTION COSTS	30,65
ULTRA SOUND SERVICES	8,12 66,00
TOTAL	
TOTAL	106,08

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Form 1	1120S	K	K1 Comp	arison Worksheet		20	15
S CORPO	DRATION NAME		(Keep for	r your records)			
		S MD PROF CORP				ем 56-2371	654
	Description			Schedule K	K-1 Totals		ference
er sp	Interest income .	income (loss)		<u> </u>	105	,756	
16 C	Nondeductible exp	ciation adjustment . enses		54 474 7		54 474 7	

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	Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-filed return Including with a paper filed return is optional.	urns.	2015
			EIN
DANKA K MICHAELS M	D PROF CORP		56-2371654
Taxes and Licenses	Form 1120S		Page 1, Line 12
1 State income taxes		1	
2 State franchise taxes		2	
3 City income taxes		3	
4 City franchise taxes		4	
5 Local property taxes		5	
6 Intangible property taxes		6	
7 Payroll taxes		7	113,027
8 Less: credit from Form 8846		8	
9 Foreign taxes paid		9	
10 Occupancy taxes		10	****
<ol> <li>Other miscellaneous taxes</li> <li>Built in gains tax allocated to or</li> </ol>		11	6,548
<ul><li>12 Built in gains tax allocated to or</li><li>13 Licenses</li></ul>	dinary income	12	
13 LICENSES		13	
14 Total to Form 1120S, Page 1, L	ino 12		
		14	119,575

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F	orm 1120S (Keep for your records)	2015
	poration Name ANKA K MICHAELS MD PROF CORP	
		56-2371654
	Analysis of Current-Year Retained Earnings	
1 2 3	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	. 2 105.289
4 5	Subtotal (combines lines 1 through 3)	• • 4 242,332
6	Difference (line 4 minus line 5) (should be zero)	••• 6
	Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA	
1	Ending relained earnings (Schedule L, column d, line 24)	1 242,332
2 3	Beginning retained earnings (Schedule L, column b, line 24)	· 2 137,043
4 5	Ending AAA plus OAA	. 5 137.043
6	Difference (line 4 minus line 5) · · · · · · · · · · · · · · · · · ·	· 6 105,289
7 8 9 10 11 12 13 14	Current-Year Timing Adjustments per Schedule M-1         Subtractions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2)         Other income recorded on books not included on Schedule K         Other Schedule K not included on books         Other Schedule K items not included on books         Income included on Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3)         Income included on Schedule K not recorded on books         Income included on Schedule K not recorded on books         Other items on books not included on Schedule K         Schedule K items not included on Schedule K         Income included on Schedule K         Other items on books not included on Schedule K         Income included on Schedule K         Include I additions (lines 11 through 13)	
15	Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10)	· 15
16 17	Current-Year Timing Adjustments Per Schedule M-3         Permanent or temporary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens appear on line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100.         Permanent differences       10         Temporary differences       17	
18	Timing adjustments not included on Schedule M-2 (combine lines 16 and 17)	• 18
19 20 21 22	Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7	· 20 · 21 105.289
23	Net reconciliation difference (line 3 minus line 21 or 22)	· 23

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of during current year.						FORM 1120S	FORM 1120S	<u>-</u>	0						0
							ecords of	<u>V</u>				Control			
DANKA K MICHAELS MD H	PROF CORP											30018	social security number/EIN 56-2371654	ber/EIN 54	
	Date	Cost	Salvage	Business percentage	Section 179	Depreciation L Basis	Life Me	Method	Rate	#	Accumulated	Prior	Bí	Bonus	AMT
1 DFFICE FURNITURE	06252003	9,151		100.00		9.1517		+		uepr.	Depreciation	exbeuse	depre	depreciation	Current
MEDICAL EQUIPMENT	06252003	1,304		100.00		1 304 7					9,151				
3 MED EQUIP	07012005	17,576		100.00	17,576						1,304				
MED EQUIP	07012006	164,054		100.00	50,000	114.054 7					17,576				
MED EQUIP	07012007	59,066		100.00		1 200, 211					164,054	50,000			
MED EQUIP	07012008	5 , 990		100.00		000,00	<u>c1</u>	~			59,066				
MED EQUIP	08012008	15,550		100.00		C 275 5		I II	14.285	213	5,990		ΡY	2,995	213
SPA EQUIP	07012009	48,720		100.00	48.720			лн	14.280	554	15,550		ЪЛ	7,775	554
SOFTWARE	07012009	1,868		100.00							48,720	48,720			
	12282010	54,660		100.00	54,660	0 5	SI	УH		<del></del>	L, 868		Хđ	934	
	02172010	5,854		100.00	5,854						7 01	54,660			
	07012012	1,437		100.00	1,437	0	ST.	μ			1, 004 1, 104	5, 854			
13 DFFICE EQUIPMENT	07012013	205		100.00		202				6	1.43/	1,437			
14 MEDICAL EQUIPMENT	07012013	4,417		100.00					77.81	15	111				32
15 LEASEHOLD IMPROVEMENT 10012013	10012013	424.671		00 001		1 60313	200			402	3,411		ЪХ	2,208	402
16 SPA EQUIPMENT	10012013	1 500		00.001		424,67115	SL	QM		28,311	60,161				28,311
17 OFFICE EQUIP AND FURN 07012015	07012015	00 2 2 2 2		00.001			0		19.68	295	708				246
	51021020	102'06		00.001		49,125 7	SL	λH	7.143	3,509	52,635		CΥ	49.126	3 500
	CTOZTOIO	000,14		100.001		20,5003	SL	HX	16.667	3,417	23,917		СХ	20,500	3,417
												<u></u>			
					*****										
										<del>4</del>					
									<del></del>						
			<u> </u>												
		***													
Totals		955,274	-		178.247	604 403									
	-		-	-	er4 . 0 .	2777 7720			~						

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1						For your records only	or your records only	solt				Sorial co	Rorlal security number/FIN	PAGE 1
DANKA K MICHAELS MD PR	PROF CORP		E .				-					Social st	security number/EIN 56-2371654	
	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
	06252003	9,151		100.00			-		0		9, 151			
	06252003	1,304		100.00		1,304	2		0		1,304			
	07012005	17,576		100.00	17,576	0	ۍ د		0		17,576	17,576		
	07012006	164,054		100.00	50,00d	114,054	7		0		164,054	50,000		
	07012007	59,066		100.00		59,066	2	_	0		59,066			
	07012008	5,990		100.00		. 066'5			14.286					
	08012008	15,550		100.00		15,550 7	7 SL	хн т	14.285	1,113				-
	07012009	48,720		100.00	48,720	0	ۍ د		0		48,720	48,720		
	07012009	1,868		100.001		1,868 3	<u>ო</u>		0		1,868			
	12282010	54,660		100.00	54,660	0	5 SL	Н НХ	20		54,660	54,660		
	02172010	5,854		100.00	5,854	0	m		0		5,854	5,854		
	07012012	1,437		100.00	1,437	0	5 SL	ТН .	20		1.437	1.437		
	07012013	205		100.00		205 7		0 DB	18.22	37	111			
JEDICAL EQUIPMENT	07012013	4,417		100.00		4.417	-	E C	18 22	. D B	111			
MENT	LEASEHOLD IMPROVEMENT 10012013	424,671		100.00		424 671 15		1	1 2 2 2 2	110 00	101 03			
	10012013	1.500		100 001		1 500 7		8	10.001	1100	TOT OD			
FURN	OFFICE FOULP AND FURNO7012015	98 251		100 001		, 100 JE1 -		3		2 2 2 2	108			
		10100		00.004		107'06			CPT./	810'/	1, 018			
	CTATANA	000'15		00.001		41,000	3 S	ТН	16.667	6,833	6,833			
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								i di din un res						
					******									
+											- 1			
	-	955.274	-		1.0									

Danka Michaels002183

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# Next Year's Depreciation

# 2015

= 6	C C HN				CORP	CHAELS MD PROF	АКМТ	
	Aethod		Rasie		<u></u>			
56 7 7 5 7 7 7 7 5 3 5 3 5 7 7 15 7 7 3	SL SL SL SL SL SL SL SL SL SL SL SL SL S	,151 ,304 ,054 ,995 ,775 ,868 205 ,671 ,500 ,125 ,500	1 114 59 2 7 1 424 424 49	252003 252003 12005 12006 12007 12008 12009 12009 12009 12010 12012 12013 12013 12013 12013 12013	RE ENT NT ENT OVEMENTS	CHAELS MD PROF Description OFFICE FURNITU MEDICAL EQUIPM MED EQUIP MED EQUIP MED EQUIP MED EQUIP SPA EQUIP SOFTWARE MEDICAL EQUIP OFFICE EQUIPMENT OFFICE EQUIP A MEDICAL LASER TOTAL	Multi-Form 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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	Federal Filing Instructions	2015
Name(s) as shown on return DANKA K MICHAELS MD	PROF CORP	Your Social Security Number 56-2371654
Date to file by:	03-15-2016	
Form to be filed:	Form 1120S and supplemental forms a	nd schedules
Sign and date:	An officer must sign and date Form	1120S on page 1.
Address to file:	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0013	
Refund:	Neither a refund nor a balance due	

FILEINST.LD

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# ROBERT S SEMONIAN CPA PO BOX 5605 Ventura. CA 93005

semon@prodigy.net Phone: (805)659-5344 | Fax: (805)659-5346

Customer Name	Customer	Information
Danka K Michaels MD Prof Corp	Invoice #:	
3320 N Buffalo Dr	Date:	July 06, 2016
Las Vegas, NV 89129	Phone:	
	E-mail:	

## Your 2015 tax return was prepared by Robert S Semonian CPA.

Federal And Supplement Form 1120S	tal Forms U.S. S Corp Income Tax			
Form 1120S	I US S Com Income Tay			
Form 1120S	U.S. S Corp Income Tax			
Form 1120S	U.S. S Corp Income Tax			
Form 1120S	U.S. S Corp Income Tax			
Form 1120S	U.S. S Corp Income Tax			
Schedule K-1	Shareholder's Share of I	ncome		
Form 1125-A	Cost of Goods Sold			
Form 4562	Depreciation and Amort	ization		
Form 1125-E	Compensation of Officer	'S		
Form 8879-S	E-File Signature Authori	zation for 1120S		[
K-K1 Comparison	Comparison of Schedule	K to K-1		
Next Year Depr	Next Year Depreciation	Schedule		
Wksht Tax/Lic	Taxes and Licenses Wor			
Comparison	Tax Year Comparison Sl	neet		
Wksht M-2	Schedule M-2 Workshee	t		
Depr Seh	Federal Depreciation Scl	nedule		
ST Depr Sch	State Depreciation Scheo	iule		
Statement 1120S	Form 1120S - Itemized C	Other Deduction		
Statement Sch K	Schedule K - Nondeduct	ible Expenses		
Statement Sch L	Schedule L - Itemized O	ther Current Asse	ts	
Statement Sch L	Schedule L - Itemized O			
Statement Sch M2	Schedule M2 - Accum A			
Statement Sch M2	Schedule M2 - Accum A			
Statement 1125A	Form 1125A - Itemized (			
Total Forms		24	Forms Subtotal	0.00

Payment due upon receipt. Thank you for your business!

Danka Michaels002186

**Total Balance Due** 

0.00

1120S		Sub S Corporation	2015
Name	l	Diagnostic Summary	
	ICHAELS MD PROF	CORP	Employer Identification # $56 - 2371654$
Demographics			<u></u>
	3320 N BUFFALO LAS VEGAS, NV S		
Resident State:	NV		
Diagnostics Preparer: ROBI	ERT S SEMONIAN	Invoice:	<b>Date:</b> 07-06-2016
Return Informatio	<u>n</u>		
Return Information	n on Return	2015 Federal	2014 Federal (If available)
		Federal	(If available)
iten	n on Return		
iten Total Assets	n on Return holders	Federal	(If available) 502,864 1
iten Total Assets Number of Share	n on Return holders	Federal           599,825           1           1,762,946	(If available) 502,864 1 1,847,926
Iten Total Assets Number of Share Gross Receipts/S	n on Return holders Sales	<b>Federal</b> 599,825 1	(If available) 502,864 1 1,847,926 1,531,600
Iten Total Assets Number of Share Gross Receipts/S Total Income	n on Return holders Sales	Federal           599,825           1           1,762,946           1,401,514	(If available) 502,864 1 1,847,926 1,531,600 1,439,582
Iten Total Assets Number of Share Gross Receipts/S Total Income Total Deductions	n on Return holders Sales	Federal           599,825           1           1,762,946           1,401,514           1,295,758	(If available) 502,864 1 1,847,926 1,531,600
Iten Total Assets Number of Sharel Gross Receipts/S Total Income Total Deductions Ordinary Income Tax	n on Return holders Sales	Federal           599,825           1           1,762,946           1,401,514           1,295,758	(If available) 502,864 1 1,847,926 1,531,600 1,439,582
Iten Total Assets Number of Sharel Gross Receipts/S Total Income Total Deductions Ordinary Income Tax Overpayment	n on Return holders Sales	Federal           599,825           1           1,762,946           1,401,514           1,295,758	(If available) 502,864 1 1,847,926 1,531,600 1,439,582
Iten Total Assets Number of Sharel Gross Receipts/S Total Income Total Deductions Ordinary Income Tax Overpayment Refund	n on Return holders Sales	Federal           599,825           1           1,762,946           1,401,514           1,295,758	(If available) 502,864 1 1,847,926 1,531,600 1,439,582
Iten Total Assets Number of Sharel Gross Receipts/S Total Income Total Deductions Ordinary Income Tax Overpayment Refund Refund Applied to	n on Return holders Sales	Federal           599,825           1           1,762,946           1,401,514           1,295,758	(If available) 502,864 1 1,847,926 1,531,600 1,439,582
Iten Total Assets Number of Sharel Gross Receipts/S Total Income Total Deductions Ordinary Income Tax	n on Return holders Sales	Federal           599,825           1           1,762,946           1,401,514           1,295,758	(If available) 502,864 1 1,847,926 1,531,600 1,439,582

State/City Information

0

Ê

State/City	Gross	Taxable	Composite	Other Tax	Refund/
	Income	Income	Tax		(Balance Due)

## **1120S TAX RETURN COMPARISON** 2013 / 2014 / 2015

2015

Name(s) as shown on return DANKA K MICHAELS MD PROF CORP

Identifying number 56-2371654

	2013	2014	2015	DIFFERENCE
Income	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2014 & 2015
Net receipts	1,723,655	1,847,328	1,762,946	(84,382)
Cost of goods sold	455,523	315,728	361,432	45,704
Gross profit	1,268,132	1,531,600	1,401,514	(130,086)
Net gain/loss from 4797 • • • • • • • •				······································
Other income • • • • • • • • • • • • • • • • • • •				
Total income	1,268,132	1,531,600	1,401,514	(130,086)
Deductions				
Compensation of officers · · · · · · ·	195,000	205,000	195,000	(10,000)
Salaries and wages • • • • • • • • • • • • • • • • • • •	537,025	579,698	506,747	(72,951)
Repairs and maintenance · · · · · · · ·	7,773	36,934	14,469	(22,465)
Bad debts				
Rents • • • • • • • • • • • • • • • • • • •	108,373	139,104	94,600	(44,504)
Taxes and licenses • • • • • • • • • • •	66,114	72,210	119,575	47,365
Interest · · · · · · · · · · · · · · · · ·	29,844	20,521	15,569	(4,952)
Net depreciation · · · · · · · · · · · ·	26,572	35,098	106,364	71,266
Advertising	1,497	10,891	10,284	(607)
Pension, profit-sharing	19,498	11,169		(11,169)
Employee benefits	53,958	51,998	27,313	(24,685)
Other deductions	197,559	276,959	205,837	(71,122)
Total deductions	1,243,213	1,439,582	1,295,758	(143,824)
Ordinary business income(loss)	24,919	92,018	105,756	13,738
Tax				
Total tax •••••				
Payments				
Estimated taxes paid				
Total payments line 23d				
Results				
Amount owed				
Overpayment				
Applied to estimate				
Refund • • • • • • • • • • • • • • • • •				

## SCHEDULE K - Shareholder's Share Items

Income				
Ordinary business income (loss) • • • •	24,919	92,018	105,756	13,738
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income	9	31	7	(24)
Ordinary dividends				
Qualified dividends				
Royalties • • • • • • • • • • • • • • • • • • •				
Net short-term capital gain (loss)				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss)				
Unrecaptured section 1250 gain	·			
Net section 1231 gain (loss)	(25,414)			
Other income (loss)				
	2013	2014	2015	DIFFERENCE

## 1120S TAX RETURN COMPARISON 2013 / 2014 / 2015

2015

				Page 2
Name(s) as shown on return DANKA K MICHAELS MD PR	OF CORP			Identifying number 56-2371654
Deductions	2013 FEDERAL	2014 FEDERAL	2015 FEDERAL	
Section 179 deduction				BETWEEN 2014 & 2015
Contributions				

	· [		1	
Investment interest expense				+
Section 59(e)(2) expenditures		1		<u> </u>
Other deductions				
Credits				
Low-income housing credit (section 42(j)(5))				
Low-income housing credit (other)				
estate) Other rental real estate credits				
Other rental credits				
Credit for alcohol used as fuel				
Other credits				
Foreign Transactions				
Gross income from all sources				
Gross income sourced at shareholder level · ·				
Foreign gross income sourced at corporate level				
Passive category				
General categories • • • • • • • • • • • • • • • • • • •				
Other • • • • • • • • • • • • • • • • • • •			1	******
Deductions allocated and apportioned at shareholder level				
Interest expense				
Other • • • • • • • • • • • • • • • • • • •				
Deductions allocated / apportioned at corp. level to foreign source inc. Passive category				
General categories				
Other • • • • • • • • • • • • • • • • • • •				
Total foreign taxes paid or accrued				
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment • • • •	6	112	54	(58
Adjusted gain or loss • • • • • • • • • • • • • • • • • •				
Depletion · · · · · · · · · · · · · · · · · · ·				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
tems Affecting Shareholder Basis				
Tax-exempt interest income • • • • • • • • • • • • • • • • • • •				
Other tax-exempt income				
Nondeductible expenses	371	239		~ ~ ~ ~
Property distributions	<u> </u>		474	235
Repayment of loans from shareholders				
Other information				***************************************
Investment income	9	<u>∩</u> 1	_	
Investment expenses	9	31	7	(24)
RESIDENT STATE	[			
Taxable income				
Total tax				
Overpayment				
Balance due	<u> </u>			
	2013			
	2015	2014	2015	DIFFERENCE

COMPARES.LD2

يرب دده مدمه

Depar Interni	December 2012) tment of the Treasury al Revenue Service	Cost of Goods Sold ► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B. ► Information about Form 1125-A and its instructions is at www.irs.gov/form	1125a.	OMB No. 1545-2225
Name				Employer identification number
DAD		LS MD PROF CORP	,	56-2371654
1	Inventory at beginning of		1	33,361
2			2	286,297
3			3	
4		costs (attach schedule)	4	
5	Other costs (attach sch	Scarcement #3	5	106,080
6	Total. Add lines 1 through	ıgh 5 • • • • • • • • • • • • • • • • • •	6	425,738
7	Inventory at end of year	• • • • • • • • • • • • • • • • • • • •	7	64,306
8		Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the		
	appropriate line of your	tax return (see instructions)	8	361,432
9a	<ul> <li>(i) X Cost</li> <li>(ii) Lower of cost or</li> <li>(iii) Other (Specify n</li> </ul>	nethod used and attach explanation.)		
b		itedown of subnormal goods		
с		tory method was adopted this tax year for any goods (if checked, attach Form 970)		
d		thod was used for this tax year, enter amount of closing inventory computed		
e		or acquired for resale, do the rules of section 263A apply to the entity (see instructions)?		· · · · 🔲 Yes 🛛 No
f		n determining quantities, cost, or valuations between opening and closing inventory? If		••••• Yes 🛛 No

C.

	1125-E	Compensation of Officers		
Departme Internal R	ender 2013) Int of the Treasury levenue Service	<ul> <li>Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.</li> <li>Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e</li> </ul>	9.	OMB No. 1545-2225
Name	A V MTON		Emplo	yer identification number
DANF	A K MICH	AELS MD PROF CORP	56	-2371654

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number	(c) Percent of	Percent of st	ock owned	(f) Amount of
	(see instructions)	time devoted to business	(d) Common	(e) Preferred	compensation
1 DANKA K MICHAELS		80 %	100 %	%	195,000
		%	%	%	
		%	%	%	
		///	/0	/0	
		%	%	%	
	*****				
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		10	70	/0	·····
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	0/	
		70	70	%	
		%	%	%	
		%	%	%	
		%	%	%	
		07	0/	~	
••••••••••••••••••••••••••••••••••••••		%	%	%	
		%	%	%	
		%	%	%	
				%	
		%	%	70	
		%	%	%	
2 Total compensation of officers				2	105 000
, · · · ·					195,000
3 Compensation of officers claimed on Form 11	25-A or elsewhere on return			3	
4 Subtract line 3 from line 2. Enter the result he	re and on Form 1120, page 1, lin	e 12 or the			
			• • • • • • • • •	a a construction and the second s	195,000
For Paperwork Reduction Act Notice, see separate	e instructions.			Form 11:	25-E (Rev. 12-2013)

EEA

	Summary of St	ock Ov	vnership		2015	i	
CORPORATION NAME	CUBB			*****	ein 56-2371654		
Shareholder Information			Share	es		ership	
Name	EIN/SSN	Туре	Beginning	Ending	Beginning	Ending	
ANKA MICHAELS			1,000	1,000	100.00000	100.0000	
FOTAL			1,000	1,000			
					ı		
	l	1					



Form 4868	Application for Automatic Extension of Time	OMB No. 1545-0074				
Department of the Treasury Internal Revenue Service (99)  Informa	To File U.S. Individual Income Tax Return ation about Form 4868 and its instructions is available at www.irs.gov/form4868.	2015				
Date to file by:	04-18-2016					
Payment:	\$0					
Payment Method:	y order clude orm 4868" ash. To m.					
Address to file:	Department of the Treasury Internal Revenue Service Fresno, CA 93888-0045					
Other Instructions:	An extension to file does not extend the time to pay your tax. You can also e-file Form 4868 and make payment by authorizing an electronic funds withdrawal from your checking or savings account.					
Taxpayer Records:						
Amount Paid						
Check Number						
Date Mailed						

▼ DETACH HERE ▼

Form <b>4868</b> Department of the Treasury Internal Revenue Service (99	Application for Aut To File U.S. Individ For calendar year 2015, or other tax year beginning		OMB No. 1545-0074	
Part I Identific	ation	Part II	Individual Income Tax	
DANKA MICHAELS	、	1	imate of total tax liability for 2015 al 2015 payments	
9517 QUEEN CHA	-	(see	ance due. Subtract line 5 from line 4         e instructions)         ount you are paying (see instructions)	
2 Your social security num	ber 3 Spouse's social security number	citiz 9 Che did	eck here if you are "out of the country" and a sen or resident (see instructions) eck here if you file Form 1040NR or 1040NI not receive wages as an employee subject ome tax withholding	▶ □ R-EZ and to U.S.
For Privacy Act and Pap EEA	erwork Reduction Act Notice, see page 4.			Form 4868 (2015)

, see page EEA

PT MICH 30 0 201515 670

Danka Michaels002193

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Copy D – For Employer					Act Notice, see se	parate estructions.
Form W-2 Wage and Tax Statement	2	015			h the Treasury-Inter Privacy Act and Pa	perwork Reduction
15 Sole Employer's state ID number 16 State wage	s. Bps, etc.	17 State incon	we tax	18 Local wages, tips, etc.	19 Local income tax	20 LocaSty name
f Employee's address and ZIP code     15 State Employee's state ID number     16 State wave						
					12d	
			PA ON	er.	12c	
LAS VEGAS, NV 89129			14 Oth			
8744 AUTUMN WREATH AVENUE			13 See	utory Peteroment These-party solver plan sick pay	12b	******
JENNIFER S SENA						
Employee's first name and initial Last name		Suff.	11 No	oqualified plans	12a See instruct	ons for box 12
000020 R7/G40			9		10 Dependent o	are benefits
d Control number			n and		40. 5	
LAS VEGAS, NV 89129			7 So	cial security tips	8 Allocated tip	5
3320 N BUFFALO DR STE 106				10663.76		154.62
PROF CORP			5 Ma	dicare wages and tips	6 Medicare tax	
DANKA K MICHAELS M D				10663.76		661.15
c Employer's name, address, and ZIP code			3 So	cial security wages	4 Social securi	to two suithback
56-2371654			1 1 196	ges, tips, other compensation 10663.76	2 Federal inco	ne tax withheld
b Employer identification number (EIN)	Management of the local data and th	OMB No. 154	-	G4Q		000020
Void a Employee's social secu	ity mandan	T				

- Striviana	's social security number	T					
Void	a social socially humans	OMB No. 1548	i-0008	G40			000013
b Employer identification number (EIN)		4	1 Wa	ges, tips, other compensation	2 Federa	il income tax	
56-2371654				23685.27			2416.89
c Employer's name, address, and ZIP code			3 So	cial security wages	4 Social	security tax	
DANKA K MICHAELS M D			23685.27			1468.49	
PROF CORP			5 Me	dicare wages and tips	6 Modica	we tax within	
3320 N BUFFALO DR STE 10	6			23685.27			343.44
LAS VEGAS, NV 89129			7 So	cial security tips	8 Allocat	ed tips	
d Control number			9		10 Depen	dent care be	melits
000013 R7/G4Q							
e Employee's first name and initial Last nam	ð	Suff.	11 No	nqualified plans	12a See ir	structions fo	ar baax 12
KIMBERLYN D SHAI	d				R		969.22
6137 CASTLEMONT AVE			13 State emp	utory Hoteconant Thest-party keyee plan sick pey	12b	******	
LAS VEGAS, NV 89156					44+		
			14 Oth	61	12c		
					9 3 4		
					12d		
					05.6		
f Employee's address and ZIP code							
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incom	etax	18 Local wages, tips, etc.	19 Local inco	me tax	20 Locsilly name
			*******				
1		an di lan ya					
		L			-		
Wage and Tax		015		Department of	of the Treasury	- Internal Re	wenue Service
Form WW Statement	<b>.</b>	CLU		For	Privacy Act a		
Copy D — For Employer					MUT PEODOR, S	ee separati	instructions.

1 Employee	e's social security number					
Void	e s social security numers	OMB No. 154	5-0008	G4Q		000014
b Employer identification number (EIN)			1 Wa	ges, tips, other compensation	2 Federal incom	e tax withheld
56-2371654			in the second	18319.06		1758.28
c Employer's name, address, and ZIP code	umaning and an		3 So	cial security wages	4 Social security	/ tax withheld
DANKA K MICHAELS M D				18319.06		1135.78
PROF CORP			5 Me	dicare wages and tips	8 Medicare tax	withtheld
3320 N BUFFALO DR STE 10	16		inin the	18319.06		265.63
LAS VEGAS, NV 89129			7 So	cial security tips	8 Allocated tips	
d Control number			9		10 Dependent ca	re benefits
000014 R7/G4Q						
e Employee's first name and initial Last name	90 90	Suff,	11 No	nqualified plans	12a See instructio	ans for box 12
BRYANA E TAN					0.22	
7006 ROYAL MEADOW PL			13 Star	usery Retaroment Thesi-party keyon plan sick pay	12b	
LAS VEGAS, NV 89147			Ē		12.4.4	
			14 Oth	ter terret	12c	
					10 an	
			alliant/or		12d	
					2	
f Employee's address and ZIP code						
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incon	le tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement	2	015			of the Treasury - Intern r Privacy Act and Pap	erwork Reduction
Copy D – For Employer					Act Notice, see sep	arate instructions.

a Employee's social security number	1	*****					974 408 51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Void	OMB No. 154	-0008	G40				000015
b Employer identification number (EIN)		1 Waş	es, tips, other com	nosaban	2 Feder	al income t	ax withheld
56-2371654		44000.09					5290.86
c Employer's name, address, and ZIP code		3 Soc	ial security wages	****	4 Socia	security ta	and the local data and the second
DANKA K MICHAELS M D		440	00.09			2728.01	
PROF CORP		5 Mei	licare wages and	lips	6 Medic	are tax wit	and the second se
3320 N BUFFALO DR STE 106		440	00.09			638.00	
LAS VEGAS, NV 89129	7 Soc	ial security tips		8 Aãoca	ted tips		
d Control number	0.00 000 0000 and 0000 and 0000000	9			10 Deper	ident care	benefits
000015 R7/G4Q							
• Employee's first name and initial Last name CHRISTIE WANAMAKER 2569 SUNDEW AVE HENDERSON, NV 89052	11     Nonqualified plans     12a See instruction       13     Naturary     Notevenset     Theoparty       13     Naturary     Notevenset     Theoparty       14     Other     12c				i for box 12		
1 Employee's address and ZIP code					12d		
15 State Employer's state ID number 16 State wages, tips, etc.	17 State incorr	e tax	18 Local wages, t	ps.ek.	19 Local inco	sme tax	20 Locally name
	,					raman na di shi 26 ki ki di na ka gra	
Form W-2 Wage and Tax 2 Statement 2	015		Der		Privacy Act	and Paper	Revenue Service work Reduction ate Instructions

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Void Void Employee's	social security number	OMB No. 154	. 0000	<i>c</i> /.o				
		UMB N0, 154		G4Q				000016
b Employer identification number (EIN)			1 Wa	ges, tips, other com	,	2 Feder	al income t	ax withheld
56-2371654	n fritan en a major a des antes estato de la de la desenada una la constance de mana a companya de la constance				91.50			231.49
c Employer's name, address, and ZIP code			3 So	cial security wage		1	security ta	ox withheid
DANKA K MICHAELS M D				55	91.50	-		346.67
PROF CORP			5 Me	dicare wages and	tipus	6 Medic	are tax witi	inheld
3320 N BUFFALO DR STE 106				55	91.50			81.08
LAS VEGAS, NV 89129			7 So	cial security tips		8 A%oca	ted tips	
d Control number		*****	9			10 Deper	ident care	benefits
000016 R7/G4Q								
e Employee's first name and initial Last name		Suff,	11 No	nqualified plans	omiesto de la comiesta de la comiest	12a See i	nstructions	for box 12
AVOTCZA WILLI	IAMS					2.4.6.5		
2705 SLIDE CANYON AVENUE			13 Sam	ultury Pickercenane Kayoo pikat	Thest sharty sick pay	12b		
NORTH LAS VEGAS, NV 89081					Π	1.2.2		
			14 Oth	er	anadette 1945 (annual annual annua	12c		
						1.04		
						12d		
						6 4		
f Employee's address and ZIP code						Constanting		
15 State Employer's state ID number 11	6 Stale wages, 6ps, etc.	17 State incon	e tax	18 Local wages, I	ips, etc.	19 Local inco	etter Lan	20 Locality name
Form W-2 Wage and Tax Statement	2	015		De		Privacy Act	and Paper	Revenue Service work Reduction
Copy D — For Employer						Act Notice,	see sepan	ne instructions.

a Employee's social security number	7				
Void U	OMB No. 154	5-0008	G4Q		000021
b Employer identification number (EIN)		1 Wa	ges, tips, other compensation	2 Federal income to	ux withheld
56-2371654			960.00		
c Employer's name, address, and ZIP code		3 So	cial security wages	4 Social security ta	x withheld
DANKA K MICHAELS M D			960.00		59.52
PROF CORP		5 Me	dicare wages and tips	6 Medicare tax with	heid
3320 N BUFFALO DR STE 106			960.00	4C Aurolaine	13.92
LAS VEGAS, NV 89129		7 Soc	sal security tips	8 Allocated tips	
d Control number		9		10 Dependent care I	venefits
000021 R7/G4Q					
e Employee's first name and initial Last name	Suff.	11 No	nqualified plans	12a See instructions	for box 12
DOLORES WOLF					
4575 DEAN MARTIN DR APT 2307		13 Saata emp	dany Referencest Thed-party loyee plan sick pay	12b	
LAS VEGAS, NV 89103					
		14 Oth	0f	12c	
				5 075 6	
				12d	
				1000	
f Employee's address and ZIP code					
15 State Employer's state ID number 16 State wages, tips, etc.	17 State incon	e tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Wage and Tax	l and all bee		i Denartment d	) of the Treasury—internal I	amenua Canàza
Form W-Z Statement	015			Privacy Act and Papers	work Reduction
Copy D — For Employer				Act Notice, see separa	te instructions.

E Fresday	ee's social security number		and the second		
	ion a supress source is the particular.	OMB No. 154	5-0008	G4Q	
b Employer identification number (EIN) 56-2371654		endezen en e	1 We	iges, tips, other compensation 701747.33	
<ul> <li>Employer's name, address, and ZIP code</li> <li>DANKA K MICHAELS M D</li> <li>PROF CORP</li> </ul>		in service and the service of the service s	3 So	cial security wages 625247.33	4 Social security tax withheld 38765.33
3320 N BUFFALO DR STE 10 LAS VEGAS, NV 89129	)6		5 M	xticare wages and tips 701747.33	6 Medicare tax withheld 10175.34
LAS (LOAS, NV 09129			7 So	cial security tips	8 Allocated tips
d Control number R7/G4Q			9		10 Dependent care benefits
e Employee's first name and initial Last na	The	Sult.		nqualified plans	12a See instructions for txx 12
				ndory Resteronized Theory Woyce plan Sock pay	12b L 2 2 2 2 2 2 2 2 2 2 2 2 2
			14 Ott	स्टर	12c
f Employee's address and ZIP code			d i a chun an		12d
			L		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality restrict
Form W-2 Wage and Tax Statement		015			of the Treasury-Internal Revenue Service Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
Copy D — For Employer					
****	****	TOTAL	s *	****	****
	t li lonimo				

For: Batch No. 2015/4/93178 For: Company R7/G4Q Dept RMS

26 TOTAL EMPLOYEES 3,738.42 Employer MSA Cont. (R-Box 12)



Form 1096		۸n	ทมว	I Summ		ad Tre	nomi				OMB N	o. 1545-0108
Department of the Treasury Internal Revenue Service		~11		l Summ I.S. Info	-						20	016
FILER'S name DANKA K MICI	HAELS M	D PROI	F CO	RP							1	****
Street address (including room or suite number)												
3320 N BUFFALO DR STE 106												
City or town, state or provi	ince, country, a	nd ZIP or for	eign pos	stal code								
LAS VEGAS NV 89129												
Name of person to contact				Telephone n	umber		1		For O	fficial	Use O	nlv
D MICHAELS M	ID								· • · •			
Email address				Fax number								
1 Employer identification number	er 2 Social s	ecurity numbe	s.	3 Total number	of forms	4 Federa	l income tax	withheld	5 Total am	ount reporte	d with this F	orm 1096
56-2371654					15	\$		0.00	\$	2411	.31.28	3
6 Enter an "X" in only one b	ox below to ind	cate the type	e of form	n being filed.		7 Form	1099-MIS	C with NEC	in box 7, cl	heck .		
W-2G 1097-BTC 109 32 50 81		1098-E 84	1098- 74	Q 1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-INT 92	1099-К 10
1099-LTC 1099-MISC 1099- 93 95 96		R 1099-Q 31	1099-0 1A	DA 1099-R 98	1099-S 75	1099-SA 94	3921 25	3922 26	5498 28	5498-ESA 72	5498-QA 2A	5498-SA 27

## Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

s	i	g	n	а	t	u	r	e	

Title > PRESIDENT

Date 🕨

EMPLOYER COPY ONLY DO NOT FILE THIS COPY WITH THE IRS

PAYER'S name, street address, city or town, stat or foreign postal code, and telephone no.	e or province, country, ZIP	ECTED (if checked)	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS N	1D PROF CORP	S 3 Other income	S     Federal income tax withheld	2016
3320 N BUFFALO DR LAS VEGAS NV 89129		S 5 Fishing boat proceeds \$	S     G Medical & health care payments     S	Miscellaneous Income
		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number RI 56-2371654	ECIPIENT'S identification number 88-0303964	<ul> <li>\$ 1433.29</li> <li>9 Payer made direct sales of \$5.000 or more of consumer</li> </ul>	S 10 Crop insurance proceeds	Copy E For Recipien
RECIPIENT'S name and address		products to a buyer (recipient) for resale	ls	This is important ta information and is being
ACE FIRE SYSTEMS		11	12	furnished to the Interna Revenue Service. If you ar required to file a return.
2620 WESTERN AVE LAS VEGAS NV 89109	)	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	negligence penalty or othe sanction may be impose on you if this income i
		15a Section 409A deferrals \$	15b Section 409A income \$	taxable and the IRS determines that it has no been reported
Account number (see instructions)	FATCA filing requirement	16 State tax withheld	17 State/Payer's state no.	18 State income S

PAYER S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents S	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS MD PROF CORP	3 Other income	4 Federal income tax withheld	2016
2200 N DURDALO DD ODD 106	\$	\$	Miscellaneou
3320 N BUFFALO DR STE 106	5 Fishing boat proceeds \$	6 Medical & health care payments	Income
LAS VEGAS NV 89129	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	income
	<b>\$</b> 1433.29	of dividends or interest	Form 1099-MISC
PAYER'S federal identification number         RECIPIENT'S identification number           56-2371654         88-0303964	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	Сору
RECIPIENT'S name and address	(recipient) for resale	\$	To be filed wit
ACE FIRE SYSTEMS	11	12	recipient's stat
2620 WESTERN AVE	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	when required
LAS VEGAS NV 89109	\$	\$	
	15a Section 409A deferrals	15b Section 409A income	
	16 State tax withheld	State/Payer's state no.	18 State income
Account number (see instructions) FATCA filing requirement	\$		s
	e		<b>A</b>

#### Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS? Account number. May show an account or other unique number the payer assigned to distinguish your account

Account furthermap and the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8038 Amounts shown may be subject to self-omployment (SE) tax, if your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub 334 for more information. If no income or social security and Medicara taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)), individuals must report these amounts as explained in the box 7 instructions on this page. Corporations. Fuducianes, or partnerships must report the amounts on the proper line of their tax returns Form 1994.MISC incorrect? If this form is incorrect or has been issued in error, contact the

Hids: lepoin integrations as explained in the box 7 instructions on this page. Corporations, idductaries, or partnerships must report the amounts on the proper line of line trax returns Form 1099-MISC incorrect? If this form correct or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly. Box 1. Report rens from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant. Sold real estate as a business, or renter depresonal property as a business. Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub 544. Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian ganing profits, or other taxable income. See Pub 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040). Box 4. Shows backup withholding or withholding on lindian gaming profits Box 4. Shows backup withholding or withholding on India gaming profits Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334 Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 or Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8019 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR).

Report of the Orther Income time of Form (Out (or Form (Out))) Box 9. If checked, 55,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).
Box 10, Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NODC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15b that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. (or Form 1040NR) See "Total Tax" in the Form 1040 (or Form 1040NR) instructions Boxes 16-18. Shows state or local income tax withheld from the payments

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/dom/1099misc.

PAYER'S name, street address, city or tow or foreign postal code, and telephone no	n, state or province, country, ZIP	1 Rents	2 Royalties	OMB No 1545-0115
DANKA K MICHAEL	S MD PROF CORP	S     Other income	S     Federal income tax withheld	2016
2000 11 51155		\$	s	Miscellaneous
3320 N BUFFALO		5 Fishing boat proceeds \$	6 Medical & health care payments	Income
LAS VEGAS NV 89	129	<ul> <li>7 Nonemployee compensation</li> <li>\$ 16280.00</li> </ul>	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 88-0498450	Payer made direct sales of \$5,000 or more of consumer	S     I0 Crop insurance proceeds	Copy E For Recipien
RECIPIENT'S name and address	00 0400400	products to a buyer (recipient) for resale	] \$	This is important ta information and is being
AIR DESIGN SYSTEM 4125 WEST BELL DR LAS VEGAS NV 89118		11	12	furnished to the Interna Revenue Service. If you an required to file a return,
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	negligence penalty or othe sanction may be impose on you if this income i
		S     S	S 15b Section 409A income S	taxable and the IRS determines that it has no been reported
Account a maker (see instructions)	FATCA filing	16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	requirement	\$ \$		\$

Form 1099-MISC	states and	//form1099misc	D	asury - Internal Revenue Service
Account number (see instructions)	FATCA tiling requirement	\$ \$		\$ \$
		3 16 State tax withheld	State/Payer's state no.	18 State income
		15a Section 409A deferrals	15b Section 409A income	
LAS VEGAS NV 891	18	\$	\$	
4125 WEST BELL D	R	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	when required
THE DECISION OF DEFE				income tax return
AIR DESIGN SYSTE	M	11	12	recipient's sta
RECIPIENT'S name and address		products to a buyer (recipient) for resale	S	To be filed wi
56-2371654	88-0498450	\$5.000 or more of consumer	10 Crop insurance proceeds	сору
PAYER'S federal identification number	RECIPIENT'S identification number	9 Payer made direct sales of	\$	Copy
		<ul> <li>7 Nonemployee compensation</li> <li>\$ 16280.00</li> </ul>	8 Substitute payments in lieu of dividends or interest	Form 1099-MIS
LAS VEGAS NV 891	29	\$	\$	Incom
3320 N BUFFALO DR STE 106		5 Fishing boat proceeds	6 Medical & health care payments	Miscellaneou
		S Other income	S rederar income (ax withheid	
DANKA K MICHAELS	MD PROF CORP	S 3 Other income	S     4 Federal income tax withheld	2010
PAYER'S name, street address, city or town, or foreign postal code, and telephone no.	state or province, country, ZIP	1 Rents	2 Royalties	OMB No. 1545-0115

DXA

Depai tment of the Treasury - Internal Revenue Service

### Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number (tens). However, the issuer has reported your complete identification number to the IRS Account number. May show an account or other unique number the payer assigned to distinguish your account.

assigned to distinguish your account FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement You also may have a filing requirement. See the Instructions for Form 8938 Amounts Shown may be subject to self-employment (SE) tax, If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub, 334 for more information If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations. Inductaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 109-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly. If this form corrected, attach an explanation to your tax return and report your income correctly. Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

the tenant, sold real estate as a business, or reinted personal property as a business. **Box 2**, Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub, 544. **Box 3**, Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub, 525 If it is trade or business income, report this amount on Schedule C or F (Form 1040). **Box 4**. Shows backup withholding or withholding on Indian gaming profits Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub, 505 for more information. Report this amount on your income tax return as tax withheld **Box 5**. An amount in this box means the fishing boat operator considers you self-employed

Box 5. An amount in this box means the fishing boat operator considers you self-employed Report this amount on Schedule C (Form 1040). See Pub. 334. Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of carching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedule SE (Form 1040) are ceived this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8019 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 6. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked. \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040)

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation Any amount included in box 15 at that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. (or Form 1040NR) See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax witheld from the payments Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no	1 Rents	2 Royalties	OMB No 1545-0115
DANKA K MICHAELS MD PROF CORP	3 Other income	S     Federal income tax withheld	- 2016
3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129	<ul> <li>S</li> <li>Fishing boat proceeds</li> <li>\$</li> </ul>	S 6 Medical & health care payments \$	Miscellaneous Income
	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number 56-2371654	<ul> <li>\$ 1455.00</li> <li>9 Payer made direct sales of \$5,000 or more of consumer</li> </ul>	S 10 Crop insurance proceeds	Copy I For Recipien
RECIPIENT'S name and address	products to a buyer (recipient) for resale	] s	This is important ta information and is bein
ALAVINA SERVICES	11	12	furnished to the Interna Revenue Service. If you ar required to file a return.
4029 SAN JOAQUIN AVE LAS VEGAS NV 89102	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	negligence penalty or othe sanction may be impose on you if this income i
LAS VEGAS NV 09102	3 15a Section 409A deferrals S	5 15b Section 409A income	taxable and the IRS determines that it has no been reported
	16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	s s		\$

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country or foreign postal code, and telephone no. 1 Rents 2 Royalties OMB No. 1545-0115 DANKA K MICHAELS MD PROF CORP S 3 Other income 4 Federal income tax withheld 2016 Miscellaneous 3320 N BUFFALO DR STE 106 5 Fishing boat proceeds 6 Medical & health care payments LAS VEGAS NV 89129 Income 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest 1455.00 Form 1099-MISC RECIPIENT'S identification number PAYER'S federal identification number 9 Payer made direct sales of Copy 2 10 Crop insurance proceeds 56-2371654 \$5,000 or more of consume products to a buver. RECIPIENT'S name and address (recipient) for resale To be filed with 12 ALAVINA SERVICES recipient's state income tax return, when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 4029 SAN JOAQUIN AVE LAS VEGAS NV 89102 \$ 15a Section 409A deferrals 15b Section 409A Income S 16 State tax withheld 17 State/Payer's state no 18 State income Account number (see instructions) ATCA filing \$ \$ Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service DXA

#### Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN) individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS. Account number. May show an account or other unique number the payer assigned to distinguish your account

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938

Amounts shown may be subject to self-employment (Sc) tax. If your net income from self-employment is \$400 or more, you must life a return and compute your SE tax on Schedule SE (Form 1040) See Pub, 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or paramethips must report the amounts on the proper line of their tax returns. Form 1094-MSC incorrect 21 (this form to reconcise to be both evend in evend in evend in the concised to the served in evend in the concised to be both evend in the concised to the served in evend in the concised to the served in evend in the concised to the served in the concised to the served in evend in the concised to the served to Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

report your income correctly. Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant. sold real estate as a business, or rented personal property as a business. Box 2. Report royalites from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalites on timber, coal, and iron ore, see Pub. 544. Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages. Indian gaming profits, or other taxable income. See Pub 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040) Box 4. Shows backup withholding or withholding on Indian daming arolits

Box 4. Shows backup withholding or withholding on Indian gaming profits Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld

Box 5. An amount in this box means the fishing boat operator considers you self-employed Report this amount on Schedule C (Form 1040). See Pub 334. Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form. report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8019 and attach it your return II you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your Report on the "Other income" line of Form 1040 (or Form 1040NR)

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040)

Box 10, Report this amount on Schedule F (Form 1040)

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return. Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NDCC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Provide any earlings on current and prior year operations. A provide the provided and prior year operation of the provided and prior year operation. The provided and prior year operation of the prior operation of the prior operation of the prior operation of the prior operation operation of the prior operation o

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc.

PAYER'S name, street address, city or town or foreign postal code, and telephone no.	, state or province, country, ZIP	1 Rents	2 Royalties	OMB No 1545-0115
DANKA K MICHAELS MD PROF CORP		\$ 3 Other income	S     Federal income tax withheld	2016
	DR STE 106	S     Fishing boat proceeds     S	S     Medical & health care payments     S	Miscellaneous
LAS VEGAS NV 891	.29	7 Nonemptoyee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number	RECIPIENT'S identification number	\$ 9523.88 9 Payer made direct sales of	S 10 Crop insurance proceeds	Copy E For Recipien
56-2371654 RECIPIENT'S name and address	46-4347185	S5,000 or more of consumer products to a buyer (recipient) for resale	] s	This is important tan information and is being
	ASSOC	11	12	furnished to the Interna Revenue Service. If you are required to file a return, a
2142 CAST PEBBLE DR LAS VEGAS NV 89135		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	negligence penalty or othe sanction may be imposed on you if this income is taxable and the IRS
		15a Section 409A deferrals \$	15b Section 409A income \$	determines that it has not been reported
Account number (see instructions)	FATCA filing requirement	16 State tax withheld \$ \$	17 State/Payer's state no	18 State income \$

· · · · · · · · · · · · · · · · · · ·	requirement	\$		S.
Account number (see instructions)	FATCA filing	16 State tax withheld \$	17 State/Payer's state no.	18 State income
		\$	\$	
110 · 100/10 · 1 · 00/1		15a Section 409A deferrals	15b Section 409A income	
LAS VEGAS NV 891.		S	s	
2142 CAST PEBBLE	DR	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	when required
LISA WARK MBA & J	ASSOC			recipient's stat income tax return
RECIPIENT'S name and address		(recipient) for resale	12	To be filed wit
	1 40 404/100	products to a buyer	]  s	
56-2371654	46-4347185	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	Сору
PAYER'S federal identification number	RECIPIENT'S identification number	9523.88 9 Payer made direct sales of	s	Form 1099-MIS
LAS VEGAS NV 891	29	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
		\$	S	Income
3320 N BUFFALO D		5 5 Fishing boat proceeds	5 6 Medical & health care payments	Miscellaneous
DANKA A MICHAELS	MD FROF CORF	3 Other income	4 Federal income tax withheld	2016
DANKA K MICHAELS		\$	\$	004
PAYER'S name, street address, city or town, or foreign postal code, and telephone no.	state or province, country, ZIP	1 Rents	2 Royalties	OMB No 1545-0115

DXA

Instructions for Recipient Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS. Account number. May show an account or other unique number the payer assigned to distinguish your account.

assigned to distinguish your account. FATCA filing requirement, if the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement See the Instructions for Form 8938. Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is 5400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub 334 for more information if no income or social security and Medicate taxes were withheld and you still receiving these payments are Form 1040-ES (or Form 1040-ES(NR)). Individuals return set, expert these amounts as explained in the tox? Instructions on this page. Corporations, fluctures, or partnerships must report the amounts on the proper line of their tax returns.

Form 109-MISC incorrect? If this form is incorrect or has been rissued in error, contact the payer If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly. If this form corrected, attach an explanation to your tax return and report your income correctly. Box 1. Report rents from reat estate on Schedule E (Form 1040), However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. Box 2. Report royalties from oil. gas. or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544

box 7 instructions. For royalties on timber, coàl, and iron ore, see Pub. 544 Box 3. Generally, report this anount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a declassed employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525 If it is trade or business income, report this amount on Schedule C or F (Form 1040). Box 4. Shows backup withholding or withholding or million formation profits Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed Report this amount on Schedule C (Form 1040). See Pub. 334. Box 6. For individuals, report on Schedule C (Form 1040)

ury

Box 7. Shows nonemployee compensation If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedule SC (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8019 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR)
 Box 9. If checked, 55,000 or more of sales of consumer products was paid to your on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generatly, report any income from your sale of these products on Schedule C (Form 1040).
 Box 40. Brown this nearwork on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 10, Report and amount of social and the own rows, Box 13, Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shaps of backet an anonemployee under an NODC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. (or Form 1040NR) See "Total Tax" in the Form 1040 (or Form 1040NR) instructions. Boxes 16-18. Shows state or local income tax withheld from the payments.

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS MD PROF CORP	\$ 3 Other income	S     Federal income tax withheld	2016
3320 N BUFFALO DR STE 106	S     Fishing boat proceeds     S	S     Medical & health care payments     S	Miscellaneous Income
LAS VEGAS NV 89129	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number RECIPIENT'S identification number	7500.00     Payer made direct sales of	S 10 Crop insurance proceeds	Copy B For Recipient
56-2371654 RECIPIENT'S name and address	S5,000 or more of consumer products to a buyer (recipient) for resale	s	This is important tax information and is being
MCL NEURODIAGNOSTIC	11	12	furnished to the Interna Revenue Service. If you are required to file a return, a
744 RISING STAR DR HENDERSON NV 89014	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS
	15a Section 409A deferrals \$	15b Section 409A income	determines that it has not been reported.
Account number (see instructions)	16 State tax withheld S S	17 State/Payer's state no.	18 State income , \$\$

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country, or foreign postal code, and telephone no 1 Ren 2 Royalties OMB No. 1545-0115 5 \$ 4 Federal income tax withheld DANKA K MICHAELS MD PROF CORP 2016 3 Other income Miscellaneous 3320 N BUFFALO DR STE 106 5 Fishing boat proceeds 6 Medical & health care payments Income S LAS VEGAS NV 89129 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest Form 1099-MISC 7500.00 PAYER'S federal identification number RECIPIENT'S identification number 9 Payer made direct sales of Copy 2 10 Crop insurance proceeds \$5,000 or more of consumer 56-2371654 products to a buyer RECIPIENT'S name and address (recipient) for resale To be filed with 11 12 recipient's state MCL NEURODIAGNOSTIC income tax return, when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 744 RISING STAR DR HENDERSON NV 89014 s 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld State/Payer's state no 18 State income 17 FATCA filing requirement Account number (see instructions) \$ iS S Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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Form 109-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly. If this form corrected, attach an explanation to your tax return and report your income correctly. Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. the tenant, sold real estate as a business, or rented personal property as a business. Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 3 instructions For royalties on timber, coal, and iron ore, see Pub, 544. Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040). Box 4. Shows backup withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld Box 5. An amount in this box means the fishing boat operator considers you self-employed

Box 5. An amount in this box means the fishing boat operator considers you self-employed Report this amount on Schedule C (Form 1040). See Pub. 334 Box 6. For individuals, report on Schedule C (Form 1040)

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Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR)

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040)

Box 10. Report this amount on Schedule F (Form 1040)

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Services Report only the taxable part as income on your return. Box 15a. May show current year deferrats as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrats. Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee componsation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions Boxes 16-18. Shows state or local income tax withhed from the naments. Boxes 16-18. Shows state or local income tax withheld from the payments

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no	1 Rents	2 Royalties	OMB No 1545-0115
DANKA K MICHAELS MD PROF CORP	\$ 3 Other income	S     Federal income tax withheld	2016
	\$ Galer income	\$	Miscellaneous
3320 N BUFFALO DR STE 106	5 Fishing boat proceeds	6 Medical & health care payments	Income
LAS VEGAS NV 89129	Nonemployee compensation	Substitute payments in lieu of dividends or interest	Form 1099-MISC
	\$ 2260.32	- S	Сору В
PAYER'S federal identification number RECIPIENT'S identification number	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	For Recipient
SCIPIENT'S name and address	products to a buyer (recipient) for resale	s	This is important tax information and is being
DAVID MILLER	11	12	furnished to the Internal Revenue Service. If you are required to file a return, a
2569 SUNDEW AVE	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	negligence penalty or other sanction may be imposed on you if this income is
LAS VEGAS NV 89052	5 15a Section 409A deferrals S	\$ 15b Section 409A income \$	taxable and the IRS determines that it has not been reported.
Account number (see instructions) FATCA filing	16 State tax withheld	17 State/Payer's state no.	18 State income
requirement requirement	\$ S		\$ \$

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country, ZIF or foreign postal code, and telephone no. 1 Rents 2 Royalties OMB No. 1545-0115 DANKA K MICHAELS MD PROF CORP 2016 3 Other income 4 Federal income tax withheld Miscellaneous 3320 N BUFFALO DR STE 106 5 Fishing boat proceeds 6 Medical & health care payments Income S LAS VEGAS NV 89129 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest 2260.32 Form 1099-MISC PAYER'S federal identification number RECIPIENT'S identification number 9 Paver made direct sales of Copy 2 10 Grop insurance proceeds \$5,000 or more of consumer 56-2371654 products to a buyer ۶L RECIPIENT'S name and address (recipient) for resale To be filed with 11 recipient's state DAVID MILLER income tax return. when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 2569 SUNDEW AVE LAS VEGAS NV 89052 ¢, 15a Section 409A deferrals 15b Section 409A income 18 State income 16 State tax withheld 17 State/Payer's state no FATCA filing requirement Account number (see instructions) s S Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

#### Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS Account number. May show an account or other unique number the payer assigned to distinguish your account.

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the tenant, sold real estate as a business, or rented personal property as a business Box 2. Report royalities from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions For royalities on limber, coal, and iron ore, see Pub, 544. Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub, 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040). Box 4. Shows backup withholding or indian gaming profits Generally, a payer must backup withhold if you did not furnish your taxpayer identification number "See Form W-9 and Pub, 505 for more information. Report this amount on your income tax return as tax withheld Box 5. An amount in this box means the fishing boat operator considers you self-employed.

Box 5, An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334 Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compansation if you are in the trade or business of catching lish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Scheduls SE (Form 1040). You received this form instead of Form V-2 because the payer did not consider you an employee and an employee and cannot get the payer to correct this form instead of Form 1040. You received form 1040 inter 7 (or Form 1040)R, line 83. You must also complete Form 8019 and attach it your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report to norm 1040, line 21 (or Form 1040/R, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040)

Box 10. Report this amount on Schedule F (Form 1040). Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

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ZIP	1 Rents	2 Royalties	OMB No. 1545-0115
PAYERS name, street address, city or lown, state or province, country, ZIP or foreign postal code, and telephone no DANKA K MICHAELS MD PROF CORP		S	- 2016
	\$	\$	Miscellaneous
	S Pisming boat proceeds	s Medical & nealth care payments	Income
	7 Nonemployee compensation	<ul> <li>8 Substitute payments in lieu</li> </ul>	Form 1099-MISC
		) s andenas or mareat	Copy E
	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	For Recipien
56-2371654         27-0780828           RECIPIENT'S name and address		] s	This is important ta: information and is being
LLC	11	12	furnished to the Interna Revenue Service. If you are required to file a return, a
4325 SOUTH WYNN RD #102 LAS VEGAS NV 89103		14 Gross proceeds paid to an attorney \$	negligence penalty or othe sanction may be imposed on you if this income is taxable and the IRS
	15a Section 409A deferrals S	15b Section 409A income \$	determines that it has not been reported.
FATCA filing requirement	16 State tax withheld \$ S	17 State/Payer's state no	18 State income \$
	ORP	ORP 3 Other income 3 Other income 5 Fishing boat proceeds 5 Fishing boat proceeds 7 Nonemployee compensation 9 Payer made direct sales of 82.8 55,000 or more of consumer products to a buyer (recipient) for resale 11 LLC 13 Excess golden parachute payments 5 15a Section 409A deferrats 5 16 State tax withheld 5 16 State tax withheld	S     S       3     Other income     4       5     3     Other income       5     Fishing boat proceeds     6       5     Fishing boat proceeds     6       5     Fishing boat proceeds     6       7     Nonemployee compensation     8       9     Payer made direct sales of \$55,000 or more of consumer products to a buyer (recipient) for resale     5       11     12       12     13     Excess golden parachute payments       13     Excess golden parachute payments     14       14     Gross proceeds paid to an attorney       15a Section 409A deferrals     15b Section 409A income       16     State tax withheld     17       FATCA filing requirement     \$

Form 1099-MISC	v	v/form1099misc		easury - Internal Revenue Servic
Account number (see instructions)	FATCA filing requirement	\$ \$		\$ \$
		16 State tax withheld	17 State/Payer's state no	18 State income
		s	s	
LIC VICTO INV OJI	~ ~ ~	15a Section 409A deferrats	15b Section 409A income	
LAS VEGAS NV 891		s	s	
4325 SOUTH WYNN	RD #102	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	when required
Houseen Groot of	JTT GYOTA GUT			income tax return
MONSOON GROUP OF	LAS VEGAS LLC	11	12	recipient's sta
ECIPIENT'S name and address	***********	(recipient) for resale	] <u>\$</u>	To be filed wi
56-2371654	27-0780828	\$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	
PAYER'S federal identification number	RECIPIENT'S identification number	9 Payer made direct sales of		Сору
		\$ 15168.00	8 Substitute payments in lieu of dividends or interest	Form 1099-MIS
LAS VEGAS NV 891	29	5 7 Nonemployee compensation	Substitute payments in linu	Incom
3320 N BUFFALO DR STE 106		5 Fishing boat proceeds	6 Medical & health care payments	Miscellaneou
		\$	\$	
DANKA K MICHAELS	MD PROF CORP	3 Other income	Federal income tax withheld	2010
PAYER'S name, street address, city or town, or foreign postal code, and telephone no		1 Rents	2 Royalties	OMB No. 1545-0115

DXA

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the tenant, sold real estate as a business, or reinted personal property as a business Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions For royalties on timber, coat, and iron ore, see Pub, 544. Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub 525 If it is trade or business income, report this amount on Schedule C or F (Form 1040). **Box 4.** Shows backup withholding on Indian gaming profits Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub, 505 for more information Report this amount on your income tax return as tax withheld **Sox 5.** An amount in this box means the fishing boat operator considers you self-employed.

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PAYER'S name, street address, city or tov or foreign postal code, and telephone no		ECTED (if checked)	2 Royalties	OMB No. 1545-0115		
DANKA K MICHAELS MD PROF CORP		\$ 103200.00	) S 4 Federal income tax withheld	2016		
3320 N BUFFALO DR STE 106		de la politico più originali		S     Fishing boat proceeds     c	S     Medical & health care payments	Miscellaneous
LAS VEGAS NV 89	129	7 Nonemployee compensation	8 Substitute payments in fieu of dividends or interest	Form 1099-MISC		
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 45-5302432	<ul> <li>9 Payer made direct sales of \$5,000 or more of consumer</li> </ul>	S 10 Crop insurance proceeds	Copy E For Recipien This is important tax		
RECIPIENT'S name and address		(recipient) for resale	] <u>\$</u>	information and is being		
PATIENCE ONE LL	С	11	12	furnished to the Interna Revenue Service. If you are required to file a return, a		
3320 N BUFFALO DR STE 208 LAS VEGAS NV 89129		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	negligence penalty or othe sanction may be imposed on you if this income is taxable and the IRS		
		15a Section 409A deferrals	15b Section 409A income \$	determines that it has not been reported		
	FATCA filing	16 State tax withheld	17 State/Payer's state no	18 State income		
Account number (see instructions)	requirement	\$\$		\$		

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country or foreign postal code, and telephone no. 2 Royalties 1 Rents OMB No. 1545-0115 103200 00 IS DANKA K MICHAELS MD PROF CORP 2016 Other income 4 Federal income tax withheld Miscellaneous 5 Fishing boat proceeds 3320 N BUFFALO DR STE 106 6 Medical & health care payments Income \$ LAS VEGAS NV 89129 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest Form 1099-MISC PAYER'S federal identification number RECIPIENT'S identification number Payer made direct sales of Copy 2 10 Crop insurance proceeds 56-2371654 45-5302432 \$5,000 or more of consume products to a buver RECIPIENT'S name and address (recipient) for resale To be filed with 2 recipient's state PATIENCE ONE LLC income tax return, when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 3320 N BUFFALO DR STE 208 LAS VEGAS NV 89129 \$ S 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Paver's state no 18 State income FATCA filing requirement Account number (see instructions) \$ \$ Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service DXA

#### Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS. Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Amounts show may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must the a return and compute your SE tax on Schedule SE (Form 1040). See Pub, 334 for more information If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fuduciaries, or partnerships must report the amounts on the proper line of their tax returns. Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Report your income correctly.
Box 1. Report rents from real estate on Schedule E (Form 1040) However, report rents from real estate on Schedule C (Form 1040) if you provided significant services to the tenant. Solf real estate as a business.
Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patients on Schedule C (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, laxable damages, Indian gaming profits, or other taxable income. See Pub. 525 If it is trade or business income, report links amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpaver identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040) See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

You received

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the safe of fish. If the amount in this box is SE income, report it on Schedule C. or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040. Inte 7 (or Form 1040)R, line 8). You must also complete Form 8019 and atach it to your return. If you are not an employee but the amount in this box is not SE income (for example, tis income from a sporadic activity or a hobby), report it on Form 1040. Inte 21(or Form 1040)R, line 21().

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR).

Report of the Code Action in the interference of the fore of the fore of the code (Action Action Action

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Show income as an onemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions. Boxes 16-18. Shows state or local income tax withheld from the payments

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PAYER'S name, street address, city or tov or foreign postal code, and telephone no	vn, state or province, country, ZIP	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAEL		\$	\$	- 2016
		3 Other income	4 Federal income tax withheld c	
3320 N BUFFALO		5 Fishing boat proceeds	6 Medical & health care payments	Miscellaneous
LAS VEGAS NV 89	129	7 Nonemployee compensation	<ul> <li>Substitute payments in lieu of dividends or interest</li> </ul>	Form 1099-MISC
PAYER'S federal identification number	RECIPIENT'S identification number	\$ 4625.00 9 Payer made direct sales of	- \$	Copy E For Recipien
56-2371654		S5,000 or more of consumer products to a buyer (recipient) for resale	10 Crop insurance proceeds	This is important ta
RECIPIENT'S name and address		(recipient) for resale	\$  12	information and is bein furnished to the Interna
ANNIE POLHAMER				Revenue Service. If you are required to file a return, a
8 SPAR DR		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	negligence penalty or othe sanction may be imposed
MASTIC BEACH NY	11951	\$	\$	on you if this income is taxable and the IRS
		15a Section 409A deferrals \$	15b Section 409A income \$	determines that it has no been reported
		16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	FATCA filing requirement	\$		\$
		2		\$

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country or foreign postal code, and telephone no Rents Royalties OMB No. 1545-0115 \$ DANKA K MICHAELS MD PROF CORP 3 Other income 4 Federal income tax withheld 2016 Miscellaneous 5 Fishing boat proceeds 3320 N BUFFALO DR STE 106 6 Medical & health care payments Income \$ LAS VEGAS NV 89129 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest 4625.00 Form 1099-MISC PAYER'S federal identification number RECIPIENT'S identification number Payer made direct sales of Copy 2 10 Crop insurance proceeds \$5.000 or more of consume 56-2371654 products to a buyer RECIPIENT'S name and address (recipient) for resale To be filed with recipient's state ANNIE POLHAMER income tax return, when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney SPAR DR 8 MASTIC BEACH NY 11951 \$ 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 18 State income 17 State/Paver's state no FATCA filing Account number (see instructions) \$ s IS Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service DXA

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Box 1. Report remis from real estate on Schedule E (Form 1040). However, report remis from real estate on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.
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Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages. Indian gaming profits, or other taxable income. See Pub 525 It it is trade or business income, report this amount on Schedule C or F (Form 1040) Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F Form 1040, and complete Schedule Schedule C, or the sale this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8019 and attact in your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21)

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-self, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040)

Box 10, Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS MD PROF CORP	\$ 3 Other income	S     4 Federal income tax withheld	- 2016
3320 N BUFFALO DR STE 106	S     Fishing boat proceeds	S     Medical & health care payments	Miscellaneous
	S	S	Income
LAS VEGAS NV 89129	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number RECIPIENT'S identification number	9 Payer made direct sales of	<u></u> \$	Сору Е
56-2371654	\$5,000 or more of consumer	10 Crop insurance proceeds	For Recipien
RECIPIENT'S name and address	roducts to a buyer (recipient) for resale	] s	This is important tag information and is being
PAUL SCOTT	11	12	furnished to the Interna Revenue Service. If you an required to file a return,
8232 CHARLES TURK DR LAS VEGAS NV 89145	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney S	negligence penalty or othe sanction may be imposed on you if this income in
	15a Section 409A deferrats \$	15b Section 409A income \$	taxable and the IRS determines that it has no been reported
	16 State tax withheld	17 State/Payer's state no	18 State income
Account number (see instructions) FATCA fi requirem			\$
	٦ s		\$

CORRECTED (if checked) PAYER S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. 1 Rents Royalties OMB No. 1545-0115 \$ DANKA K MICHAELS MD PROF CORP 3 Other income 4 Federal income tax withheld 2016 Miscellaneous 5 Fishing boat proceeds 3320 N BUFFALO DR STE 106 Medical & health care payments Income \$ LAS VEGAS NV 89129 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest 5549.97 Payer made direct sales of Form 1099-MISC PAYER'S federal identification number RECIPIENT'S identification number Copy 2 10 Crop insurance proceeds \$5,000 or more of consumer products to a buyer 56-2371654 ▶L RECIPIENT'S name and address (recipient) for resale To be filed with recipient's state PAUL SCOTT income tax return, when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 8232 CHARLES TURK DR LAS VEGAS NV 89145 \$ 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Paver's state no 18 State income FATCA filing requirement Account number (see instructions) \$ \$ Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service DXA

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Amounts show may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040) See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ESI(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns. Form 1069. MISC incorrect 21 (this for the instructions change incord in errors report in the set of t Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report you income correctly.

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Rooten, mile 21). Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1046NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

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PAYER S name, street address, city or town, state or provinc or foreign postal code, and telephone no	e, country, ZIP	1 Rents	2 Royafties	OMB No. 1545-0115	
DANKA K MICHAELS MD PR		\$ 3 Other income	S     Federal income tax withheld	2016	
	S Oner moune	\$	Miscellaneous		
3320 N BUFFALO DR STE	106	5 Fishing boat proceeds	6 Medical & health care payments	Income	
LAS VEGAS NV 89129		7 Nonemployee compensation	Substitute payments in lieu     of dividends or interest	Form 1099-MISC	
······································		\$ 9670.00	) of dividends or interest	Copy E	
	identification number 2322815	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	For Recipien	
	23220IJ	products to a buyer	] s	This is important ta information and is being	
RECIPIENT'S name and address		(recipient) for resale	12	furnished to the Interna	
SERVICE MAX GREEN				Revenue Service. If you are required to file a return, a	
3110 SOUTH POLARIS STE	2.4	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	negligence penalty or othe sanction may be imposed	
LAS VEGAS NV 89102	24	S	\$	on you if this income is taxable and the IRS	
		15a Section 409A deferrals	15b Section 409A income	determines that it has no	
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Account number (see instructions)	FATCA filing	\$	iii Gracen ayers State no.	S State insome	
······································	requirement	s		¢	

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country, or foreign postal code, and telephone no. 1 Rents 2 Rovalties OMB No. 1545-0115 - S DANKA K MICHAELS MD PROF CORP S 2016 3 Other income Federal income tax withheld Miscellaneous 3320 N BUFFALO DR STE 106 5 Fishing boat proceeds Medical & health care payments Income \$ LAS VEGAS NV 89129 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest 9670.00 Form 1099-MISC \$ 9670.
 9 Payer made direct sales of PAYER'S lederal identification number RECIPIENT'S identification number Copy 2 10 Crop insurance proceeds 56-2371654 52-2322815 \$5,000 or more of consumer products to a buver RECIPIENT'S name and address s (recipient) for resale To be filed with 12 recipient's state SERVICE MAX GREEN income tax return, when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 3110 SOUTH POLARIS STE 24 LAS VEGAS NV 89102 \$ S 15a Section 409A deferrals 15b Section 409A income - \$ 16 State tax withheld 17 18 State income State/Paver's state no FATCA filing requirement Account number (see instructions) \$ \$ Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service DXA

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Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15 at hat is currently taxable is also included in this box This income is also subject to a substantial additional tax to be reported on Form 1040. (or Form 1040/RS). See "Total Tax" in the Form 1040 (or Form 1040/RR) instructions. Boxes 16-18. Shows state or local income tax withheld from the payments

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PAYER'S name, street address, city or towr or foreign postal code, and telephone no		ECTED (if checked)	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS		\$	\$	- 2016
		3 Other income	4 Federal income tax withheld	
	DR STE 106	S     Fishing boat proceeds     S	S     Medical & health care payments     S	Miscellaneous
LAS VEGAS NV 891	. 29	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MIS
		<u>\$ 41709.00</u>	C C C C C C C C C C C C C C C C C C C	Copy
PAYER'S federal identification number	RECIPIENT'S identification number	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	For Recipier
56-2371654	88-0428371	products to a buyer	1	This is important ta
ECIPIENT'S name and address		(recipient) for resale	1  \$	information and is beir furnished to the Intern
SONIC IMAGING		11	12	Revenue Service. If you a required to file a return.
6230 MCLEOD DR S		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	<ul> <li>negligence penally or othe sanction may be impose on you if this income</li> </ul>
LAS VEGAS NV 891	.20	\$	\$	laxable and the IR
		15a Section 409A deferrals	15b Section 409A income	determines that it has no
		\$	\$	been reporte
	LONTON	16 State tax withheld	17 State/Payer's state no.	18 State income
ccount number (see instructions)	FATCA filing requirement	\$		\$
		le		e

PAYER'S name, street address, city or town, state or provin or foreign postal code, and telephone no.	ice. country, ZIP	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS MD PF	\$ 3 Other income	S     Federal income tax withheld	2016	
3320 N BUFFALO DR STE	106	\$ 5 Fishing boat proceeds	S     6 Medical & health care payments	Miscellaneous
LAS VEGAS NV 89129	100	\$	\$	Income
		7 Nonemployee compensation \$ 41709.00	<ol> <li>Substitute payments in lieu of dividends or interest</li> </ol>	Form 1099-MISC
	Sidentification number -0428371	9 Payer made direct sales of \$5,000 or more of consumer	5 10 Crop insurance proceeds	- Сору
RECIPIENT'S name and address		(recipient) for resale	\$	To be filed wit
SONIC IMAGING		11	12	recipient's stat income tax return
6230 MCLEOD DR STE 140	)	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	when required
LAS VEGAS NV 89120		\$	\$	
		15a Section 409A deferrals \$	15b Section 409A income S	
		16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	FATCA filing requirement	\$		\$
		s		\$

Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (TTN), adoption taxpayer identification number (ATIN), or employer identification number (EIN) However, the issuer has reported your complete identification number to the IRS Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement You also may have a filing requirement. See the Instructions for Form 8935.

You also may have a temp requirement, see the instructions or rolm orso. Amounts shown may be subject to self-omployment (SE) tax, if your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040) See Pub 334 for more information if on income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns. Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

report your income correctly. Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents form real estate on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. Box 2. Report royalities from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalities on timber, coal, and from ore, see Pub. 544. Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable danages, Indian ganing profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040) Box 4. Shows backup withholding on Indian gaming profits

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21). 1040NR, line 21)

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR)

Ros 9. If checked, 55,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).
Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachule payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation Any amount included in box 15b that is currently taxable is also included in it box This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions in this

Boxes 16-18. Shows state or local income tax withheld from the payments. Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to *www irs gov/form1099mise*.

		CTED (if checked)		
PAYER'S name, street address, city or town, or foreign postal code, and telephone no.	state or province, country, ZIP	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS		\$ 3 Other income	\$	- 2016
		3 Other Income	4 Federal income tax withheld	1
3320 N BUFFALO D		5 Fishing boat proceeds 5	S     S	Miscellaneous
LAS VEGAS NV 891	29	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
		<b>\$</b> 20412.00	or aividends of interest	Copy B
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 75-3269761	9 Payer made direct sales of \$5,000 or more of consumer	Solution of the second se	For Recipient
RECIPIENT'S name and address	15 5205701	products to a buyer (recipient) for resale	s	This is important tax information and is being
TELEDIAGNOSYS LL	С	11	12	furnished to the Internal Revenue Service. If you are required to file a return, a
16192 COSTAL HWY LEWES DE 19958		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	negligence penalty or othe sanction may be impose on you if this income i taxable and the IR
		15a Section 409A deferrals S	15b Section 409A income \$	determines that it has not been reported.
		16 State tax withheld	17 State/Payer's state no	18 State income
Account number (see instructions)	FATCA filing requirement	\$		\$ \$
Form 1099-MISC (keep for your rec	cords) www.irs.go	v/form1099misc	Department of the Tr	reasury - Internal Revenue Service

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS MD PROF CORP	\$ 3 Other income	S     4 Federal income tax withheld	2010
	\$	\$	
3320 N BUFFALO DR STE 106	5 Fishing boat proceeds S	6 Medical & health care payments \$	Miscellaneous Income
LAS VEGAS NV 89129	7 Nonemployee compensation           \$         20412.00	8 Substitute payments in lieu of dividends or interest	Form 1099-MIS
PAYER'S federal identification number         RECIPIENT'S identification number           56-2371654         75-3269761	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	Сору
RECIPIENT'S name and address	(recipient) for resale	\$	To be filed wit
TELEDIAGNOSYS LLC		12	recipient's stat income tax return
16192 COSTAL HWY	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	when required
LEWES DE 19958	\$	\$	
	15a Section 409A deferrals \$	15b Section 409A income S	
	16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions) FATCA filing requirement	<b>\$</b>		\$
	S		S

#### Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS. Account number. May show an account or other unique number the payer assigned to distinguish your account.

assigned to distinguish your account: FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938. Amounts Shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicate taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, Iductaries, or partnerships must report the amounts on the proper line of their tax returns.

Inusi report need antounts as explained in the box / instructions on this page. Corrations, Iductaries, or partnerships must report the amounts on the proper line of their tax returns. Form 1099-MISC incorrect? If this form correct or has been issued in error, contact the payer II you cannot get this form corrected, attach an explanation to your tax return and report your income correctly. Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant. sold real estate as a business, or renter d personal properties, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub 544. Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub 525. If it is trade or business income, report this amount on Schedule C (Form 1040). Box 4. Shows backup withholding or withholding on lindian gaming profits.

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the (Ishing boat operator considers you self-employed Report this amount on Schedule C (Form 1040). See Pub. 334 Box 6. For individuals, report on Schedule C (Form 1040)

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form V-2 because the payer did not consider you an employee and do not withhold moome tax or social security and Medicare tax. If you believe you are form 1040, if you are not an employee but the amount from box 7 on form 1040, into 7 or Form 1040NR, kine & how must also complete Form 9919 and attach it to your return. If you are not an employee but the amount in this box is not SE income tor example, to is income torm a sporadic activity or a hobby, report it on Form 1040, line 21 (or Form 1040NR, kine 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest eceived by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040)

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachule payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

services. Report only the taxable part as income on your return. Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NODC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals Box 15b. Shows income as a nonemployee under an NODC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in t box This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions. Boxe 16-18. Shows 51th or local income tax withhed from the expension. in this

Boxes 16-18. Shows site of local rate in the rotation of the form for over payments. Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no	1 Rents	2 Royalties	OMB No 1545-0115
DANKA K MICHAELS MD PROF CORP	\$	\$	2016
	3 Other income	4 Federal income tax withheld	
3320 N BUFFALO DR STE 106	<ul> <li>5 Fishing boat proceeds</li> <li>5</li> </ul>	6 Medical & health care payments S	Miscellaneous Income
LAS VEGAS NV 89129	7 Nonemployee compensation	8 Substitute payments in fieu of dividends or interest	Form 1099-MISC
	<u>\$ 950.0</u>		Сору В
PAYER'S federal identification number RECIPIENT'S identification number	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	For Recipient
56-2371654 77-0437723	products to a buyer		This is important tax
RECIPIENT'S name and address	(recipient) for resale		information and is being furnished to the Internal
THE SEMONIAN GROUP INC		12	Revenue Service. If you are required to file a return, a
3230 S VALLEY VIEW BLVD 110	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	negligence penalty or other sanction may be imposed
LAS VEGAS NV 89102	s	S	on you if this income is taxable and the IRS
	15a Section 409A deferrats	15b Section 409A income	determines that it has not
	\$	\$	been reported.
	16 State tax withheld	17 State/Payer's state no	18 State income
Account number (see instructions) FATCA filir requirement	19 <b>\$</b>		\$
	S		s

PAYER'S name, street address, city or town, state or foreign postal code, and telephone no.	or province, country, ZIP	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS M		\$ 3 Other income	S     4 Federal income tax withheld	2016
3320 N BUFFALO DR		<ul> <li>\$</li> <li>5 Fishing beat proceeds</li> <li>\$</li> </ul>	S 6 Medical & health care payments S	Miscellaneous
LAS VEGAS NV 89129 PAYER'S tederal identification number REC	CIPIENT'S identification number	<ul> <li>7 Nonemployee compensation</li> <li>\$ 950.00</li> <li>9 Payer made direct sales of</li> </ul>	8 Substitute payments in fieu of dividends or interest \$	Form 1099-MIS Copy
56-2371654	77-0437723	S5.000 or more of consumer products to a buyer	10 Crop insurance proceeds	
RECIPIENT'S name and address THE SEMONIAN GROUP	INC	(recipient) for resale	\$ 12	To be filed wil recipient's stat income tax return
3230 S VALLEY VIEW LAS VEGAS NV 89102	BLVD 110	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney S	when require
		15a Section 409A deferrals \$ 16 State tax withheld	15b Section 409A income \$ 17 State/Payer's state no.	18 State income
Account number (see instructions)	FATCA filing requirement	s s		\$ \$

DXA

#### Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN) However, the issuer has reported your complete identification number to the IRS.

Forever, the issuer has reported your comprete identification number to the irXs. Account number, May show an account or other unique number the payer assigned to distinguish your account. FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Amounts shown may be subject to self-employment (SE) tax, if your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the bax? In instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns. Form 1099-MISC incorrect21 (the forms is noncreated to has been issued in error, contact the Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

report your income correctly. Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents form real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. Box 2. Report royalites from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalites on timber, coal, and iron ore, see Pub. 544 Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040). Box 4. Shows backup withholding or withholding on Indian agaming profits.

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub, 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed Report this amount on Schedule C (Form 1040). See Pub. 334

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (from 1040), and complete Scheduls SE (From 1040) You received this form instead of Form W-2 because the payer that not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are from 1040 ine 7 (or For 1040)XC into a social security and Medicare tax. If you believe you are from 1040 ine 7 (or For 1040)XC into a social security and Medicare tax. If you believe you are from 1040 ine 7 (or For 1040)XC into 3) you must be no complete Form8019 and attach it to your return. If you are not an employee but the amount in this box is not SE income for example, to snow from a sporadic activity or a hobby, report it on Form 1040, line 21 (or Form 1040)XR, line 21).

Box 8. Shows substitute payments in fieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit commission, or other basis. A dollar amount does not have to be shown, Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040)

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NODC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also uncluded in this box This income is also subject to a substantial additional tax to be reported on Form 1040. (or Form 1040R). See "Total Tax" in the Form 1640 (or Form 1040RR) instructions

Boxes 16-18. Shows state or local income tax withheld from the payments. Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc

PAYER'S name, street address, city or town, st or foreign postal code, and telephone no.	tate or province, country, ZIP	1 Rents	2 Royatties	OMB No 1545-0115	
DANKA K MICHAELS		\$ 3 Other income	S     Federal income tax withheld	2016	
		\$ Other sicome	\$	Miscellaneous	
3320 N BUFFALO DR		5 Fishing boat proceeds S	6 Medical & health care payments	Income	
LAS VEGAS NV 8912	.9	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC	
PAYER'S federal identification number	RECIPIENT'S identification number	9 Payer made direct sales of	\\$	Copy E	
56-2371654	27-1995572	\$5,000 or more of consumer	10 Crop insurance proceeds	For Recipien This is important ta	
RECIPIENT'S name and address		(recipient) for resale	\$	information and is being	
VEGAS PRO ELECTRIC 3390 WYNN RD STE A LAS VEGAS NV 89102		11	12	furnished to the Interna Revenue Service. If you ar required to file a return,	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney S	negligence penalty or othe sanction may be imposed on you if this income is taxable and the IRS	
		15a Section 409A deferrals S	15b Section 409A income \$	determines that it has not been reported	
		16 State tax withheld	17 State/Payer's state no.	18 State income	
Account number (see instructions)	FATCA filing requirement	\$		\$	
		\$		\$	

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country or foreign postal code, and telephone no. 710 1 Rents Royalties OMB No. 1545-0115 \$ S DANKA K MICHAELS MD PROF CORP 3 Other income 4 Federal income tax withheld 2016 Miscellaneous 5 Fishing boat proceeds 3320 N BUFFALO DR STE 106 Medical & health care payments Income \$ LAS VEGAS NV 89129 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest 1394.82 Form 1099-MISC PAYER'S federal identification number RECIPIENT'S identification number Payer made direct sales of Copy 2 10 Crop insurance proceeds S5.000 or more of consumer products to a buyer 56-2371654 27-1995572 ►L. RECIPIENT'S name and address (recipient) for resale To be filed with recipient's state VEGAS PRO ELECTRIC income tax return, when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 3390 WYNN RD STE A LAS VEGAS NV 89102 \$ 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Payer's state no 18 State income Account number (see instructions) FATCA requiren \$ \$ Form 1099-MISC www.irs.gov/form1099mise Department of the Treasury - Internal Revenue Service DXA

Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS. Account number. May show an account or other unique number the payer assigned to distinguish your account

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Amounts show may be subject to self-temployment(SE) tax. If your not income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub, 334 for more information. If no income or social security and Medicate taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)), individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, inductances, or partnerships must report the amounts on the proper line of their tax returns Form 1069 MISC increased 21 (the increase of the proper line of their tax returns and the second second and the second of the proper line of their tax returns form 1069 MISC increased 21 (the increase of the proper line of their cax returns and the second second second and the proper line of their tax returns form 1069 MISC increased 21 (the increase of the proper line of their tax returns form the second second second second second to the proper line of the second second the form the second second second second the second second the second second the form the second second second second second the form the second second second second the second second the form form the second second second second second the form the second second second second the form the second second second second second the form the second second second second the form the second second second second second the form the second second second second the form the second second second second second the form the second second second second the form the second second second second second the form form the second second second second the form form the second second second second the form form the second second second second the form the second second second second second the form the second second second second the form the second second second second second the form the second second second second second second the form the second second second second se Form 109-MISC incorrect? If this form is incorrect or has been its sued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Report report rends from real estate on Schedule E (Form 1040) However, report rends for rends from real estate on Schedule E (Form 1040) if you provided significant services to the tenant. Sold real estate as a business, or rentered personal property as a business. Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub 544. Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040HR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages. Indian gaming profits, or other taxable income. See Pub. 525 If it is trade or business income. report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits Generally, a payer must backup withhold if your did not turnish your taxpayer identification number. See Form W-9 and Pub 505 for more information Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed Report this amount on Schedule C (Form 1040). See Pub 334 Box 6. For individuals, report on Schedule C (Form 1040)

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report if on Schedule C, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 10400RK, line 8). You must also complete Form 8919 and attach it to your return II you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21). 1040NR, line 21) 1040NR, line 21) Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040 (or Form 1040NR)

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit commission, or other basis. A dollar amount does not have to be shown. Generatly, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NODC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15 at that is currently taxable is also included in this box. This income also subject to a substantial additional tax to be reported on Form 1040. (or Form 1040NR) See "Total Tax" in the Form 1040 (or Form 1040NR) instructons.

Boxes 16-18. Shows state or local income tax withheld from the payments Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc.

# ETD ELECTRONIC FILING MESSAGES MUST be corrected before electronic filing of extensions is allowed.

	2016
Name(s) as shown on return	Tax ID Number
DANKA K MICHAELS MD PROF CORP	56-2371654

0148 PREVIOUSLY ACCEPTED EXTENSION: Form 7004 for this corporation has been previously e-filed and accepted by the IRS.

NOTE: This message will ONLY prevent the e-filing of Form 7004.



1120SEF	EF	Transmission Status		2016
Name(s) as shown on return	(	Keep for your records)		EIN number
	LS MD PROF CORP			56-2371654
*****		******		
The following will be trans	mitted to the IRS.	🔀 1120S 🗌 7004 🗌 Amended	Reserved	
The following state returns	will be transmitted:			
	Annonen and an annonen annon an annon a			
**************************************				
NP3 State State State Street and a street and a street str				
**************************************	******			
The following returns have	been suppressed or are not eligi	ble and will NOT be transmitted		
The following returns have	been suppressed of are not engi	ble and with NOT be transmitted.		
EF Notes				

1120SEF.LD

C .

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Form 1	120	20S U.S. Income Tax Return for an S Corporation Do not file this form unless the corporation has filed or is								OMB No. 1545-0123	
					ot file this form unles						2016
Department internal Rev			Inform		n 1120S and its sepa		•		form112	20s.	2010
		ar 2016 or tax				, 2016, ending					20
A Selecti	ion effect	ive date		Name		BRITCHCHONISIUS CONTRACTORIS CONTRACTORIS CONTRACTORIS CONTRACTORIS CONTRACTORIS CONTRACTORIS CONTRACTORIS CONT			T	D Employe	r identification number
06-2	25-2	2003	TYPE	DANKA K	MICHAELS M	ID PROF C	ORP			56-23	371654
B Busines			OR	Number, street, and	f room or suite no. If a P.O. b	ox, see instructions.				E Date inco	rporated
		tructions)	Course of Course		BUFFALO DR					06-25	5-2003
621:	111		PRINT	City or town, state o	r province, country, and ZIP	or foreign postal code			I	F Total ass	ets (see instructions)
C Check i		.3 m									
attache	****		L	LAS VEGA		NV	891			\$	551,768
					nning with this tax yea	lane and a second	K No				53 if not already filed
					(3) Address cha ders during any part o						
											<u> </u>
	****				penses on lines 1a thr		1a	1,552			
	b	Returns and					1b		$\frac{189}{189}$		
	с					1	I				1,540,822
ne	2				)					2	359,871
Income	3				, , , , , , , , , , , , , , , , , , , ,					3	1,180,951
5	4	Net gain (los	s) from Fo	irm 4797, line 17 (	(attach Form 4797)					4	
	5				ttach statement)					5	
	6	Total incom	ie (loss). /	Add lines 3 throug	jh 5 • • • • • • •				🕨	6	1,180,951
	7	Compensatio	on of office	rs (see instruction	ns - attach Form 1125	-Е)				7	200,000
(st	8	Salaries and	wages (le	ss employment cr	redits) • • • • • •					8	494,084
ation	9	Repairs and	maintenar	nce • • • • • •						9	45,560
mite	10	Bad debts	• • • •							10	
or li	11									11	103,200
ns f	12									12	76,537
Deductions (see instructions for limitations)	13				•••••					13	7,684
stru	14				A or elsewhere on retu					14	42,688
e ii.	15			-	lepletion.) · · · ·					15	
(se	16	0								16	31,547
suc	17 18	-			••••••					17	
ctic	10				· · · · · · · · · · · · ·					18	9,243
npa	20				19					19	217,325
ă	21				tract line 20 from line					20	1,227,868 (46,917)
	22 a			******	pture tax (see instruct		22a				(40,917)
	b					<i>'</i>	22b			-	
					for additional taxes)		I			22c	
nts	23 a				overpayment credited		23a			1000	
mei	b	Tax deposite					23b				
Tax and Payments	с	Credit for fee	leral tax pa	aid on fuels (attach	h Form 4136) •••		23c				
4 pc	d	Add lines 23	a through 2	23c • • • • •						23d	
k ar	24	Estimated ta	x penalty (:	see instructions).	Check if Form 2220 is	attached · ·			▶ 🗌	24	
Tai	25	Amount ow	ed. If line 2	3d is smaller than	the total of lines 22c	and 24, enter amo	ount owe	d · ·		25	
	26	Overpaymen	nt. If line 2	3d is larger than th	he total of lines 22c ar	nd 24, enter amou	nt overpa	aid ·		26	
L	27	Enter amoun	t from line	26 Credited to 20	017 estimated tax	<b>&gt;</b>		Refund	ed 🕨	27	
	Und the t	er penalties of per vest of my knowle	rjury, I declare	that I have examined i	this return, including accom d complete. Declaration of p	panying schedules and	statements	and to		May the IR	6 discuss this return
		formation of whic			a complete. Decision of pr	opares (onics man tax)	ayor / 5 08.	300 011			parer shown below
Sian		N N N T Z N	T O 11 7	7.0 MP		I		1		(see instruc	tions)? Yes 🗶 No
Sign Here		ANKA M		LS, MD		Date		- PRES	SIDE	T	
11616		Print/Type prepare			Preparer's signature	Vale	Date	<b>F</b>		. তা	PTIN
Paid	1			ONIAN CPA				-31-20	Che		P00391972
Prepar	F		ROBE:		NIAN CPA		<u></u>		⊥ / self- m's EIN	employed 95	-4514704
Use Or	F	******		OX 5605		~~~~~			m's EIN	- 30	1011/04
	F		Vent		3005			F	ione nu.	18	05)659-5344
For Pape	rwork	Reduction A		see separate ins			****	L			Form <b>1120S</b> (2016)
											· · · · · · · · · · · · · · · · · · ·

rwork Reduction Act Notice, see separate instru Pape EEA

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		K MICHAELS MD			56-2371654	F	Page 2
L.,		formation (see instructio			· · · · · · · · · · · · · · · · · · ·		T
1	Check accounting method:	a X Cash b Ac c Other (specify) ⊾				Yes	No
2	See the instructions and enter	er the:					
		YSICIAN	b Product or set				
3		ar, was any shareholder of the c					
	nominee or similar person? I	f "Yes," attach Schedule B-1, Ini	formation on Certain Sh	areholders of an S Corpora	tion • • • • • • • •		
4	At the end of the tax year, did	the corporation:					
a	Own directly 20% or more, o	r own, directly or indirectly, 50%	or more of the total stor	ck issued and outstanding o	of any		
	foreign or domestic corporati	on? For rules of constructive ov	vnership, see instruction	ns. If "Yes," complete (i) thro	ugh (v)		
	below · · · · · · · · ·		<u></u>				Х
	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 10 Date (if any) a Qualified Sub Subsidiary Election Was	ochapter	
L				1		r	
b		% or more, or own, directly or in					
		estic partnership (including an e					
	trust? For rules of constructiv	ve ownership, see instructions. I	f "Yes," complete (i) thro	bugh (v) below	• • • • • • • • • • • • •		X
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	<ul> <li>(v) Maximum Percentage Ov Loss, or Capital</li> </ul>	med in P	rofit,
5 a	At the end of the tax year, did	the corporation have any outst	anding shares of restrict	ted stock?			
	If "Yes," complete lines (i) and	d (ii) below.					
	(i) Total shares of restricted	d stock					
	(ii) Total shares of non-rest			*****			
b		I the corporation have any outst	-	arrants or similar instrumer	nts?		*******
	If "Yes," complete lines (i) and		anding clock options, m	and the of similar moral mor			······
		itstanding at the end of the tax y	oar				
		tstanding if all instruments were	-				
6		is it required to file, Form 8918,					
v	information on any reportable						
7							
'		tion issued publicly offered debt	•				
		ay have to file Form 8281, Infor	mation Return for Public	ciy Onered Original Issue D	Iscount		
0	Instruments.		1 0 1				
8		C corporation before it elected to			1		
		d by reference to the basis of the					
		and (b) has net unrealized built	*	• •			
		t unrealized built-in gain reduce		t-in gain from prior years (se	ee		
	*	•••••••	-				
9		igs and profits of the corporation		ear.	\$		
10		both of the following conditions?					
		ts (see instructions) for the tax y					
b	The corporation's total assets	at the end of the tax year were	less than \$250,000		· · · · · · · · · · · · · ·		Х
	If "Yes," the corporation is not	t required to complete Schedule	s L and M-1.				
11		prporation have any non-shareh					
	terms modified so as to reduc	ce the principal amount of the de	ebt?				
	If "Yes," enter the amount of p	principal reduction \$					
12	During the tax year, was a qu	alified subchapter S subsidiary	election terminated or re	evoked? If "Yes," see instruc	tions	1	
13 a	Did the corporation make any	payments in 2016 that would re	equire it to file Form(s) 1	099?			
b	If "Yes," did the corporation fil	e or will it file required Forms 10	)99?				
EEA			*****		Form 1	1205 (3	2016)

Form 1120S (2016)

Form	1120	S(2016) DANKA K MICHAELS MD PROF CORP	56-2	371654 Page 3
Scł	nedu	Ile K Shareholders' Pro Rata Share Items	1	Total amount
	1	Ordinary business income (loss) (page 1, line 21)	1	(46,917)
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)		1
	b	Expenses from other rental activities (attach statement) 3b	-	
	c	Other net rental income (loss). Subtract line 3b from line 3a	- 3c	
	4	Interest income	4	4
s)	5	Dividends: a Ordinary dividends	5a	
so		b Qualified dividends		
e (F	6	Royalties	6	
ncome (Loss)	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
DC	8a		8a	
	b	Collectibles (28%) gain (loss)		
	c	Unrecaptured section 1250 gain (attach statement)	7	
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10	Other income (loss) (see instructions)	10	
	11	Section 179 deduction (attach Form 4562)	11	
Deductions	12a	Charitable contributions	12a	
Icti	b	Investment interest expense	12b	
npe	c	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
ă	d	Other deductions (see instructions)	12d	······································
	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	с	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
its	d	Other rental real estate credits (see instructions) · · Type	13d	
Credits	е	Other rental credits (see instructions)	13e	
ũ	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type ►	13g	
	14a	Name of country or U.S. possession		
	ь	Gross income from all sources	14b	
	c	Gross income sourced at shareholder level	14c	
		Foreign gross income sourced at corporate level		
	d	Passive category	14d	
	e	General category	14e	
ns	f	Other (attach statement)	14f	
Transactions		Deductions allocated and apportioned at shareholder level		
sac	g	Interest expense	14g	
ran	h	Other	14h	
gn T		Deductions allocated and apportioned at corporate level to foreign source income	1.1.1	
	i	Passive category	14i	
Fore	i	General category	14j	
	k	Other (attach statement)	14k	
		Other information		
	1	Total foreign taxes (check one):	141	
	m	Reduction in taxes available for credit (attach statement)	14m	***************************************
	n	Other foreign tax information (attach statement)		
	15a	Post-1986 depreciation adjustment	15a	20
× 0	b	Adjusted gain or loss	15b	
Ta Ta	с	Depletion (other than oil and gas)	15c	
Alternative Minimum Tax (AMT) Items	d	Oil, gas, and geothermal properties - gross income	15d	
Alt	е	Oil, gas, and geothermal properties - deductions	15e	
ΣÚ	f	Other AMT items (attach statement)	15f	
ē r	16a	Tax-exempt interest income	16a	
sctir	b	Other tax-exempt income	16b	······································
Afference	с	Nondeductible expenses	16c	
Items Affecting Shareholder Basis	d	Distributions (attach statement if required) (see instructions)	16d	8,240
Ite	е	Repayment of loans from shareholders	16e	
			and the second second second	

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Form 1120S (2016)

Forn	1120S (2016) DANKA K MICHAEL	S MD PROF C	ORP		56-2	371654 Page 4
Sc	hedule K Shareholders' Pro Rata Sha	are Items (continued	d)			Total amount
	17 a Investment income				17a	4
Other Information	b Investment expenses · · · · · ·	<i>. </i>			17b	
Other ormati	c Dividend distributions paid from accum	ulated earnings and pro	ofits		17c	
ju	d Other items and amounts (attach stater	ment)				
Recon- ciliation	18 Income/loss reconciliation. Combine	the amounts on lines 1	through 10 in the far righ	it		
		um of the amounts on li	nes 11 through 12d and	141	18	(46,913)
Sc	hedule L Balance Sheets per Books	Beginning	g of tax year	E	End of ta	
	Assets	(a)	(b)	(c)		(d)
1	Cash		102,591	1		83,841
2a	Trade notes and accounts receivable			1		****
b	Less allowance for bad debts	()		(	)	
3	Inventories					
4	U.S. government obligations					
5	Tax-exempt securities (see instructions)					***************************************
6	Other current assets (attach statement)	Statement #19	68,133	Statement #1	9	81,514
7	Loans to shareholders					······································
8	Mortgage and real estate loans			[월일] : 말을 알 날 말을	Γ	
9	Other investments (attach statement)					**********************
10a	Buildings and other depreciable assets	955,274		955,2	74 🗖	
b	Less accumulated depreciation	(526, 173)	429,101	( 568,80		386,413
11 a	Depletable assets					
b	Less accumulated depletion	( )		(	)	
12	Land (net of any amortization)	and the second second				
13a	Intangible assets (amortizable only)					
b	Less accumulated amortization	( )		(	)	
14	Other assets (attach statement)					
15	Total assets		599,825			551,768
	Liabilities and Shareholders' Equity		a filos para conservadores de las servicios			
16	Accounts payable					
17	Mortgages, notes, bonds payable in less than 1 year		88,796			34,825
18	Other current liabilities (attach statement)	Statement #22	4,115	Statement #2	2	1,836
19	Loans from shareholders					
20	Mortgages, notes, bonds payable in 1 year or more		247,582			110,928
21	Other liabilities (attach statement)					
22	Capital stock		17,000			17,000
23	Additional paid-in capital		0			200,000
24	Retained earnings		242,332			187,179
25	Adjustments to shareholders' equity (attach statement)			]		
26	Less cost of treasury stock		()		(	)
27	Total liabilities and shareholders' equity		599,825			551,768

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Form 1120S (2016)

Fo	m 1120S (2016) DANKA K MICHAEL	S MD PROF	CORP		56-	2371654	Page 5
S	chedule M-1 Reconciliation of Incor	ne (Loss) per B	ooks Wit	h Income (Loss) per F			******
	Note: The corporation may be	required to file Scheo	ule M-3 (see	instructions)			
1	Net income (loss) per books	(46,913)	5 Income re	ecorded on books this year not inc	luded		
2	Income included on Schedule K, lines 1, 2, 3c, 4,		on Sched	ule K, lines 1 through 10 (itemize	):		
	5a, 6, 7, 8a, 9, and 10, not recorded on books this		a Tax-exer	mpt interest \$			
	year (itemize):						
2							
3	Expenses recorded on books this year not			ons included on Schedule K,			
	included on Schedule K, lines 1 through 12 and			nrough 12 and 14I, not charge			
	14I (itemize):		1	book income this year (itemize	e):		
a L			a Deprecia	ation \$			
b	Travel and entertainment \$						
			7 0 1 1 1				
4	Add lines 1 through 3 · · · · · · · · · ·	(40 012)		s 5 and 6		1.1.0	0125
ŝ	chedule M-2 Analysis of Accumulated			oss) (Schedule K, line 18). Line 4			,913)
	Undistributed Taxable Inc	-		-	, anu or	arenoiuers	
		(a) Accumula adjustments a		(b) Other adjustments account		areholders' undis income previou	
1	Balance at beginning of tax year	24	2,332				
2	Ordinary income from page 1, line 21						
3	Other additions · · · · Statement · #29		4				
4	Loss from page 1, line 21	( 4	6,917)				
5	Other reductions	(	)	(	)		
6	Combine lines 1 through 5	19	5,419		7		
7	Distributions other than dividend distributions		8,240				
8	Balance at end of tax year. Subtract line 7 from line 6		7,179				
EEA					*******	Form 11:	20S (2016)

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Form 1120S (2016)

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Form	1125-A	Cost of Goods Sold		
,	October 2016)	Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.		OMB No. 1545-0123
Depar Interna	ment of the Treasury I Revenue Service	Information about Form 1125-A and its instructions is at www.irs.gov/form	n1125a	
Name				Employer identification number
DAI	<u>IKA K MICHAE</u>	LS MD PROF CORP		56-2371654
1	Inventory at beginning	of year • • • • • • • • • • • • • • • • • • •	1	
2	Purchases · · · ·		2	234,339
3	Cost of labor · · ·		3	
4	Additional section 263A	costs (attach schedule)	4	
5	Other costs (attach sch	edule) •••••Statement #5•	5	125,532
6	Total. Add lines 1 thro	ugh 5 •••••••••••••••••••••••••••••••••••	6	359,871
7	Inventory at end of yea	r · · · · · · · · · · · · · · · · · · ·	7	
8	Cost of goods sold.	Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the		
	appropriate line of your	tax return. See instructions	8	359,871
9a	<ul> <li>(i) ∑ Cost</li> <li>(ii) ☐ Lower of cost of</li> </ul>	d for valuing closing inventory:		
		nethod used and attach explanation.)		
b	Check if there was a wi	itedown of subnormal goods		· · · · · · · · · • []
с	Check if the LIFO inver	tory method was adopted this tax year for any goods (if checked, attach Form 970)		
d	-	ethod was used for this tax year, enter amount of closing inventory computed	9d	
е	If property is produced	or acquired for resale, do the rules of section 263A apply to the entity? See instructions		· · · · 🗌 Yes 🛛 N
f	Was there any change	in determining quantities, cost, or valuations between opening and closing inventory? If "	Yes,"	
				TYes TN

chedule K-1	2016	- Friday	Final K-1	Shareholde	Amended F er's Share		OMB No. 1545-0 Current Year Income,
Form 1120S)	For calendar year 2016, or tax		irt III	Deductions	s, Credits,	and	Other Items
epartment of the Treasury ternal Revenue Service	year beginning, 2016	1	Ordinary 1	business income (	loss)	13	Credits
	ending 20			(46,9			
hareholder's Shar	e of Income, Deductions,	2	Net rental	real estate incom	e (loss)		
redits, etc.		3	011111				
	See page 2 of form and separate instructions.		Other net	rental income (los	(S)		
Part I Information	About the Corporation	4	Interest in	come			
A Corporation's employer identifica	tion number	-	-		4		
56-2371654		5a	Ordinary of	dividends			
B Corporation's name, address, city	y, state, and ZIP code	1					
DANKA K MICHAN	ELS MD PROF CORP	5b	Qualified (	dividends		14	Foreign transactions
3320 N BUFFAL	) DR	6	Royalties				
1.2.0.170.0.0		<u>-</u>					
LAS VEGAS	NV 89129	7	Net short-	term capital gain (	loss)		
C IRS Center where corporation file	ed return		Net long-le	erm capital gain (le	1990		
OGDEN			The long of	erri eekinar Jani (ii	,		
		8b	Collectible	es (28%) gain (loss	5)		
Part II Information	About the Shareholder			-			
D Shareholder's identifying number		8c	Unrecaptu	ired section 1250	gain		
E Shareholder's name, address, cit		9	Net sectio	n 1231 gain (loss)			
DANKA MICHAELS	5		01				
0000 M DITE		10	Other inco	ime (loss)		15	Alternative minimum tax (AMT) i
3320 N BUFFAL					4	A	20
LAS VEGAS	NV 89129						
-		1					
F Shareholder's percentage of stoc ownership for tax year	^k						
	••••••••••••••••••••••••••••••••••••••						
		1					
				10 · · · ·			
		11	Section 17	9 deduction	1	6	Items affecting shareholder basi
		12	Other dedi	uctions	[!]		8,240
<u>&gt;</u>							
	私礼う時代に 礼礼時代がい 気に履いた 輝いい						
	LITENARY SEVERATION						
		1					
						7	Other information
	おからもてからくぬけたされておいたがな「簡1111				Į	f	4
		1					
L		1	1				
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L							
L							
L			* Soo		amont for a	ddit	onal information.

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(Rev. October 2016) Department of the Treasury Internal Revenue Service

Form

Name

1125-E

# Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S. Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

DANKA K MICHAELS MD PROF CORP

Employer identification number 56-2371654

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

	(a) Name of officer	(b) Social security number	(c) Percent of	Percent of s	tock owned	(f) Amount of
	(a) Name of Officer	(see instructions)	time devoted to business	(d) Common	(e) Preferred	compensation
1 ]	DANKA K MICHAELS		80 %	100 %	%	200,000
			%	%	%	
						<u></u>
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	<u></u>
			%	%	%	
			%	%	%	
			%	%	%	
						N. 4 11
			%	%	%	*****
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
	and an		%	%	%	
2	Total compensation of officers	· · · · · · · · · · · · · · · · · · ·			2	200,000
3	Compensation of officers claimed on Form 112	5-A or elsewhere on return			3	
4			10 or the			********
4	Subtract line 3 from line 2. Enter the result her appropriate line of your tax return perwork Reduction Act Notice, see separate			••••••••••••••••••••••••••••••••••••••	4	200,000

EEA

Forn	4562			ciation an					OMB No. 1545-0172
			(Includ	ing Informatio		l Property)			2016
	tment of the Treasury	<b>b</b> 1=f=		Attach to yo			<i></i>		Attachment 170
	al Revenue Service (99)	Information	1 about Form 45	62 and its separat		hich this form relates	v/form4	562.	Sequence No. 179
	NKA K MICH	AFTS MD	PROF COR		FORM 112				56-2371654
Pa				operty Under S					30-2371034
	Note: If yo	ou have any liste	ed property, comp	elete Part V before y	ou complete Pa	art I.			
1	Maximum amount (	see instructions	.)		<i>.</i>		• • •	1	
2	Total cost of section		,	,				2	
3	Threshold cost of s		•		,	. <i>.</i>	• • •	3	
4	Reduction in limitat						• • •	4	
5	Dollar limitation for								
	separately, see inst			T				5	
		(a) Description of p	roperty	(b) (	Cost (business use c	only) (c) Eie	ected cost		-
	T 1. 4 . 1			l					-
7 8	Listed property. Ent				L	7		1	
9	Total elected cost o Tentative deduction					· · · · · · · · ·		8	
9 10								9	
11	Carryover of disallo		-					10	
12	Business income lin				,	•		11	
13	Section 179 expense Carryover of disallo				-	13		12	
	: Don't use Part II or					13			<u> </u>
				and Other De		(Don't include lie	tod prop	arty ) (	Soo instructions )
14	Special depreciation						ted prope	l (	
	during the tax year		,		1 2/1			14	
15	Property subject to	•	- /					15	
16	Other depreciation		,					16	42,162
Pa				ide listed property.)					12/102
L				Sectio					
17	MACRS deductions	for assets plac	ed in service in ta	ix years beginning t	pefore 2016		• • •	17	526
18	If you are electing to	o group any ass	ets placed in serv	vice during the tax y	ear into one or	more general			
	asset accounts, che	eck here 🛛 🔸					•		
	Sec	tion B - Assets	Placed in Servi	ce During 2016 Ta	x Year Using th	ne General Depr	eciation	Syste	m
	(a) Classification of p	roperty	(b) Month and year placed in service	(c) Basis for depreciat (business/investment u only-see instructions	se (d) Recove	ry (e) Convention	(f) Met	10d	(g) Depreciation deduction
19a	3-year property						1	***********	
b	5-year property							*****	
С	7-year property								
d	10-year property								
e	15-year property								
f	20-year property								
g	25-year property				25 yrs.		S/	L	
h	Residential rental				27.5 yrs	s. MM	S/	L	
	property				27.5 yrs	s. MM	S/	L	
i	Nonresidential real				39 yrs.	MM	S/	L	
	property		I			MM	S/		
		ion C - Assets	Placed in Servic	e During 2016 Tax	Year Using the	e Alternative De	preciatio	n Sys	tem
<u>20a</u>	Class life						S/	L	
b	12-year				12 yrs.		S/		
	40-year		L	L	40 yrs.	MM	S/	L	
<b>(</b>		Try (See instru							
21	Listed property. En						•••	21	
22	Total. Add amounts		-					~	10 000
	here and on the app		-		· ~	Instructions	••	22	42,688
23	For assets shown a	-				22			
Ear C	portion of the basis				· · · · · · L	23		putshe'	Earry 4600 (0040)
FOL	aperwork Reductio	m ACLNOLICE, S	ee separate inst	auguons.					Form <b>4562</b> (2016)

EEA

C

Form 8879-S		Ire Authorizati d to the IRS. Keep for		m 1120S		OMB No. 154
	Information about Form 883	79-S and its instructio	ns is at www.ir:	s.gov/form8879	s.	20 ⁻
Department of the Treasury Internal Revenue Service	For calendar year 2016, or tax year beginning	20	16, and ending	. 20		
Name of corporation	To elicited year 2010, of tax year beginning	, 20	ro, and enoing	Employer identifi	cation numb	l
DANKA K MICHAELS	MD PROF CORP			56-237165		
	turn Information (Whole dollars on	ly)		1 20 20/303	27	
	sales less returns and allowances (Form				1	1,540
	1120S, line 3)				2	1,180
3 Ordinary business	income (loss) (Form 1120S, line 21) .				3	(46
4 Net rental real esta	ate income (loss) (Form 1120S, Schedule	K, line 2)			4	
5 Income (loss) reco	nciliation (Form 1120S, Schedule K, line	18)			5	(46
Part II Declara	ition and Signature Authorizat	ion of Officer (Be	sure to get	a copy of th	e corpo	
1-888-353-4537 no later in the processing of the e issues related to the pay income tax return and, if	debit the entry to this account. To revoke than 2 business days prior to the paymen electronic payment of taxes to receive con ment. I have selected a personal identifica applicable, the corporation's consent to el	t (settlement) date. I als fidential information ne ation number (PIN) as n	so authorize the f cessary to answe ny signature for t	inancial institution	ons involve esolve	
Officer's PIN: check or						
☑ I authorize _ℝ	DERT S SEMONIAN CPA ERO firm name ition's 2016 electronically filed income tax f the corporation, I will enter my PIN as m	return.		't enter all zeros	as my sigr income tax	
<ul> <li>☑ I authorize on the corpora</li> <li>☐ As an officer of</li> </ul>	DBERT S SEMONIAN CPA ERO firm name ition's 2016 electronically filed income tax	return. y signature on the corp	don	t enter all zeros	income ta:	x
<ul> <li>☑ I authorize on the corpora</li> <li>As an officer of return.</li> <li>Officer's signature ►</li> </ul>	DBERT S SEMONIAN CPA ERO firm name ition's 2016 electronically filed income tax	return. y signature on the corp	don oration's 2016 el	t enter all zeros ectronically filed	income ta:	x
I authorize       R         on the corpora       As an officer of return.         Officer's signature       ►         Part III       Certifie	DBERT S SEMONIAN CPA ERO firm name Ition's 2016 electronically filed income tax f the corporation, I will enter my PIN as m	return. y signature on the corp Date ►	don oration's 2016 el	t enter all zeros ectronically filed	income ta:	x
I authorize       R         on the corpora       As an officer of return.         Officer's signature       ►         Part III       Certifie	OBERT S SEMONIAN CPA ERO firm name tion's 2016 electronically filed income tax f the corporation, I will enter my PIN as m	return. y signature on the corp Date ►	don oration's 2016 el	t enter all zeros ectronically filed	income tax PRESIDE	x 1
☑       I authorize       ℝ         on the corpora       As an officer of return.         Officer's signature       ► <b>Part III Certifie</b> ERO's EFIN/PIN. Enter y         I certify that the above nu corporation indicated above	DBERT S SEMONIAN CPA ERO firm name Ition's 2016 electronically filed income tax f the corporation, I will enter my PIN as m	return. y signature on the corp Date ► git self-selected PIN. ture on the 2016 electro urn in accordance with t	don oration's 2016 et 06-05-2017 unically filed incor he requirements	t enter all zeros ectronically filed Title ▶ <u>e</u> <u>950884</u> me tax return for of <b>Pub. 3112</b> , IF	income tax PRESIDE 98765 don't enter the RS <i>e-file</i>	x 1
I authorize       R         on the corpora       As an officer of return.         Officer's signature ►       Part III         Certific       ERO's EFIN/PIN. Enter of corporation indicated abore nu corporation indicated abore pulcation and Participa	ERO firm name ERO firm name tion's 2016 electronically filed income tax f the corporation, I will enter my PIN as m cation and Authentication your six-digit EFIN followed by your five-dia umeric entry is my PIN, which is my signal ove. I confirm that I am submitting this retu	return. y signature on the corp Date ►  git self-selected PIN. ture on the 2016 electro turn in accordance with to MeF) Information for Au	don oration's 2016 el 06-05-2017 onically filed incor he requirements thorized IRS <i>e-fil</i>	t enter all zeros ectronically filed Title ▶ <u>e</u> <u>950884</u> me tax return for of <b>Pub. 3112</b> , IF	income tax PRESIDE? 98765 don't enter the RS <i>e-file</i> Business	x 1
<ul> <li>☑ I authorize on the corpora</li> <li>△ As an officer of return.</li> <li>Officer's signature ►</li> <li>☑ Part III</li></ul>	DBERT S SEMONIAN CPA         ERO firm name         ition's 2016 electronically filed income tax         f the corporation, I will enter my PIN as m         cation and Authentication         your six-digit EFIN followed by your five-dia         immeric entry is my PIN, which is my signal         yove. I confirm that I am submitting this retuition, and Pub. 4163, Modernized e-File (N	return. y signature on the corp Date ► git self-selected PIN. ture on the 2016 electro urn in accordance with t MeF) Information for Au in This Form - Se	don oration's 2016 el 06-05-2017 onically filed incor he requirements thorized IRS <i>e-fil</i>	t enter all zeros ectronically filed Title $\blacktriangleright$ <u>P</u> <u>950884</u> <u>950884</u> ne tax return for of <b>Pub. 3112</b> , IF e Providers for B Date $\blacktriangleright$ <u>05-31</u> <b>15</b>	income tax PRESIDE 98765 don't enter the RS <i>e-file</i> Susiness	x 1

Federal Supporting Stateme		16 PG01
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	FEIN	56-237165
	L	<u> </u>
FORM 1120S - LINE 19 - OTHER DE	EDUCTIONS	Statement #2
DESCRIPTION		AMOUN
AUTOMOBILE AND TRUCK EXPENSE COMPUTER		3,17 ⁻ 10,74
DUES AND SUBSCRIPTIONS		2,789
EQUIPMENT RENTAL/LEASE LIABILITY INSURANCE		23,04( 62,04)
JANITORIAL		18,82
LEGAL AND PROFESSIONAL		4,104
OFFICE EXPENSE PAYROLL PROCESSING EXPENSE		24,684
POSTAGE/SHIPPING		834
SECURITY UTILITIES		954 18,77
BILLING SERVICES		11,644
COMMUNICATIONS CREDIT AND MERCHANT FEES		12,665
OVPOLT NUL HERCHANI 1550		20,713
TOTAL SCHEDULE L - LINE 6 - OTHER CURRENT A		217,32 PG01 Statement #19
SCHEDULE L - LINE 6 - OTHER CURRENT A	ASSETS	Statement #19
	ASSETS BEG OF YEAR	PG01 Statement #19 END OF YH
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> <u>DESCRIPTION</u> NOTE RECEIVABLE SPA SUPPLIES	ASSETS BEG OF YEAR 3,827	PG01 Statement #19 <u>END OF YB</u> 76,8
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> DESCRIPTION NOTE RECEIVABLE	ASSETS BEG OF YEAR 3,827	PG01 Statement #19 END OF YH
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> <u>DESCRIPTION</u> NOTE RECEIVABLE SPA SUPPLIES	ASSETS BEG OF YEAR 3,827	PG01 Statement #19 <u>END OF YH</u> 76,8 <u>4,6</u>
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> <u>DESCRIPTION</u> NOTE RECEIVABLE SPA SUPPLIES ADVANCES	ASSETS BEG OF YEAR 3,827 64,306	PG01 Statement #19 <u>END OF YR</u> 76,8 4,6
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> <u>DESCRIPTION</u> NOTE RECEIVABLE SPA SUPPLIES ADVANCES	ASSETS BEG OF YEAR 3,827 64,306	PG01 Statement #19 <u>END OF YR</u> 76,8 4,6
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> <u>DESCRIPTION</u> NOTE RECEIVABLE SPA SUPPLIES ADVANCES	ASSETS BEG OF YEAR 3,827 64,306	PG01 Statement #19 <u>END OF YR</u> 76,8 4,6
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> <u>DESCRIPTION</u> NOTE RECEIVABLE SPA SUPPLIES ADVANCES	ASSETS BEG OF YEAR 3,827 64,306	PG01 Statement #19 <u>END OF YR</u> 76,8 4,6
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> <u>DESCRIPTION</u> NOTE RECEIVABLE SPA SUPPLIES ADVANCES	ASSETS BEG OF YEAR 3,827 64,306	PG01 Statement #19 <u>END OF YR</u> 76,8 4,6
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> <u>DESCRIPTION</u> NOTE RECEIVABLE SPA SUPPLIES ADVANCES	ASSETS BEG OF YEAR 3,827 64,306	PG01 Statement #19 <u>END OF YR</u> 76,8 4,6
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> <u>DESCRIPTION</u> NOTE RECEIVABLE SPA SUPPLIES ADVANCES	ASSETS BEG OF YEAR 3,827 64,306	PG01 Statement #19 <u>END OF YR</u> 76,8 4,6
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> <u>DESCRIPTION</u> NOTE RECEIVABLE SPA SUPPLIES ADVANCES	ASSETS BEG OF YEAR 3,827 64,306	PG01 Statement #19 <u>END OF YR</u> 76,8 4,6
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> <u>DESCRIPTION</u> NOTE RECEIVABLE SPA SUPPLIES ADVANCES	ASSETS BEG OF YEAR 3,827 64,306	PG01 Statement #19 <u>END OF YR</u> 76,8 4,6
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> <u>DESCRIPTION</u> NOTE RECEIVABLE SPA SUPPLIES ADVANCES	ASSETS BEG OF YEAR 3,827 64,306	PG01 Statement #19 <u>END OF YR</u> 76,8 4,6
<u>SCHEDULE L - LINE 6 - OTHER CURRENT A</u> <u>DESCRIPTION</u> NOTE RECEIVABLE SPA SUPPLIES ADVANCES	ASSETS BEG OF YEAR 3,827 64,306	PG01 Statement #19 <u>END OF YR</u> 76,8 4,6

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Narra (a ) - a she	Federal Supporting Statements	2016 PG01
Name(s) as shown on return DANKA K MICHAELS MI	PROF_CORP	FEIN 56-23716
SCHEDULE L -	LINE 18 - OTHER CURRENT LIABILITI	ES Statement #2
DESCRIPTION	BEG O	F YEAR END OF
PAYROLL TAXES PAY GIFT CARDS		549 3,566 1
TOTAL		4,115 1
SCHEI	DULE M-2 - LINE 3 OTHER ADJUSTMENT:	PG01 S Statement #2
DESCRIPTION INTEREST INCOME		AMOU
TOTAL		
		PG01
Ē	FORM1125A - LINE 5 - OTHER COST	
DESCRIPTION	FORM1125A - LINE 5 - OTHER COST	Statement #5
DESCRIPTION LAB FEES		Statement #5
DESCRIPTION LAB FEES MEDICAL SUPPLIES NERVE CONDUCTION CC ULTRA SOUND SERVICE	STS	Statement #5 <u>AMOU</u> 7,5 42,4 7,5 68,0
DESCRIPTION LAB FEES MEDICAL SUPPLIES NERVE CONDUCTION CC	STS	Statement #5 <u>AMOU1</u> 7,5 42,4 7,5
DESCRIPTION LAB FEES MEDICAL SUPPLIES NERVE CONDUCTION CC ULTRA SOUND SERVICE	STS	Statement #5 <u>AMOUI</u> 7,5 42,4 7,5 68,0 <b>125.5</b>
DESCRIPTION LAB FEES MEDICAL SUPPLIES NERVE CONDUCTION CC ULTRA SOUND SERVICE	STS	Statement #5 <u>AMOUI</u> 7,5 42,4 7,5 68,0 <b>125.5</b>
DESCRIPTION LAB FEES MEDICAL SUPPLIES NERVE CONDUCTION CC ULTRA SOUND SERVICE	STS	Statement #5 <u>AMOUI</u> 7,5 42,4 7,5 68,0 <b>125.5</b>
DESCRIPTION LAB FEES MEDICAL SUPPLIES NERVE CONDUCTION CC ULTRA SOUND SERVICE	STS	Statement #5 <u>AMOUI</u> 7,5 42,4 7,5 68,0 <b>125.5</b>
DESCRIPTION LAB FEES MEDICAL SUPPLIES NERVE CONDUCTION CC ULTRA SOUND SERVICE	STS	Statement #5 <u>AMOUI</u> 7,5 42,4 7,5 68,0 <b>125.5</b>

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### Nevada Department of Taxation Nevada Commerce Tax Return

Tax ID	No			Or NVBID	ΝV					
Business Entity NAICS code category Choose: 062 For the taxable year 07/01/2016 through 06/30/2017										
	2	~~~~~	A K MICHAELS MD	062 PROF CORE		For the taxable	year 1077017	2016 mough	0073072017	
	ss Entity		N BUFFALO DR LA			29				
I declare that the Gross Revenue from engaging in business in Nevada of the above Business Entity did not exceed \$4,000,000 during the taxable year.										
IF THE BOX ABOVE IS CHECKED, SKIP LINES 1 THROUGH 35										
Final return Amended return Alternative situsing method Estimates used										
	Gross Revenue from engaging in business in Nevada									
Sitused to Nevada	1 Sale of inventory						1	1		
	2	Service performance					2			
	3									
		Rents, royalties and leases					3			
<u>е</u>	4						4			
Sitused	5	Damages received from litigation for loss of business income					5			
	6	Insurance proceeds for loss of business income					6			
	7	Forgiven debt								
	8	Other revenue					8			
	9	Total Gross Revenue (Line 1 through Line 8)					9			
	10	Less \$4,000,000 Threshold					10		(4,000,000.00)	
	11 Adjusted Gross Revenue (Line 9 less Line 10)									
		IF LINE 11 IS ZERO OR	LESS, GO TO LINE 29	AND INPUT ZE	RO	· · · · · ·	11	L	1 A	
	Gener	IF LINE 11 IS ZERO OR LESS, GO TO LINE 29 AND INPUT ZERO General Business Deductions								
To the extent included in revenue	12	Returns and refunds to customers					12			
	13									
	1	Bad debt					13			
	14	Distributions required by fiduciary duty or law					14			
	15	Distributions under certain written contracts				15				
	16	Reimbursement of certain expenses and advances from clients					16		*****	
	17	Taxes collected from 3rd party and remitted to taxing authority					17			
	18	Other deductions	L				18			
	Industry Specific Deductions									
	19 Employee leasing deduction						19	[		
	20	Gaming deduction					20			
	21	-					20			
	1	Health care provider deduction								
	22	Insurance deduction					22			
	23	Liquor tax deduction					23			
	24	Mining deduction					24			
	25	US Armed Forces housing deduction					25			
	26	Total Deductions (Line 12 through Line 25)					26			
27 Nevada Taxable Revenue (Line 11 less Line 26, but not less than \$0)							27			
28 Tax rate per NAICS code category							28		0.00190	
	29	Commerce Tax due					29			
Tax liability	30	Plus penalty					30			
	31	Plus interest					31			
	32	Plus liability established by Department				32				
	33	Less credit(s) approved by Department					33			
	34	Total amount due and payable (Line 29 through Line 33)					34			
		35 Amount remitted with the return					35			
l 										
Under penalty of perjury, I certify that I have examined this return and to the best of my knowledge and belief it is true, correct and complete.										
Business Entity authorized representative's signature:							Phone number:			
Name and title: DANKA MICHAELS PRESIDET							Date:	06/05/20	)17	
For Department use only										

FUIM	1120S	n-ni Compar	ison Worksheet			2016		
	<u>.</u>	(Keep for y	our records)					
			EIN	0074654				
DANI	KA K MICHAELS MD PROF COR		Schedule K	K-1 Totals	56-	2371654 Difference		
	Description	T		K-1 Iolais		Difference		
1	Orninary business income (loss)		(46,917)	(46,	917)			
4	Interest income		4		4			
	Post - 1986 depreciation adjustment		20	1864	20			
16 0	Property distributions	•••••	8,240	8,	240			
/1	investment income		4					

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Shareholder's name	Schedule K-1	Distribution Informa	ation	2016 Shareholder's ID Number								
DANKA MICHAEL	S			S Corporation's EIN								
	ELS MD PROF COR.	P		56-2371654								
	· · · · · · · · · · · · · · · · · · ·											
Date of Distribution	Total Amount of Distribution	Ownership % at Date of Distribution	Shares	Shareholder's Pro Ra Share of Distributior								
12-31-2016	8,240	100.00	1000.000	00 8,240								
TOTAL				8,240								

1120SK_1.LD2

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	Summary of Sto	ock Ov	vnership		2016	5							
CORPORATION NAME DANKA K MICHAELS MD PROF	CORD												
Shareholder Information	CORF		ès	56-2371654 % Ownership									
Name	EIN/SSN	Туре	Beginning	Ending	Beginning Endin								
DANKA MICHAELS			1,000	1,000	100.00000	100.0000							
FOTAL													
			1,000	1,000									



	Listing of Shareholder Distributions	2016
Name(s) as shown on return		Employer Identification Number
DANKA K MICH	AELS MD PROF CORP	56-2371654
Date		Amoun
12-31-2016		8,24
TOTAL		
IOIND		8,24

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	Schedule M-2/Retained Earnings Worksheet	
Form 1120S	(Keep for your records)	2016
Name(s) as shown on return DANKA K MICHA	ELS MD PROF CORP	Tax ID Number 56-2371654
	Analysis of Current-Year Retained Earnings	
<ol> <li>Book income (loss)</li> <li>Distributions (Sched</li> <li>Subtotal (combines</li> </ol>	earnings per balance sheet (Schedule L, column b, lines 24 and 25)	2 (46,913 3 (8,240 4 187,179
6 Difference (line 4 n	ninus line 5) (should be zero)	6
Curren	t-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA	
1 Ending retained earl	nings (Schedule L, column d, line 24)	1 187,179
2 Beginning retained e	earnings (Schedule L, column b, line 24)	2 242,332
4 Ending AAA plus OA	Α	4 187,179
	OAA •••••••••••••••••••••••••••••••••••	
6 Difference (line 4 mi	nus line 5) · · · · · · · · · · · · · · · · · ·	6 (55,153
Current-Year Timin	g Adjustments per Schedule M-1	
	et income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2)	
	led on books not included on Schedule K • • • • • • • • • • • • 77	
	equile k not included on books	
	nes 7 through 9)	
Additions to net inco	me per books (Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3)	
11 Income included on	Schedule K not recorded on books	-
12 Depreciation on boo	ks not included on Schedule K · · · · · · · · · · · · · · · · · ·	
	s not included on Schedule K	
•	11 through 13)	
		A1003410-10-
Permanent or tempo	g Adjustments Per Schedule M-3 rary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens appear 7 as opposite of the actual entries. For example, an entry of -100 would appear as 100.	
16 Permanent differenc	es ••••••••••••••••••••••••••••••••••••	
17 Temporary difference	es • • • • • • • • • • • • • • • • • • •	
18 Timing adjustments	not included on Schedule M-2 (combine lines 16 and 17)	18
	d on Schedule K, line 16d, not allowed on Schedule M-2, line 7	
20 Adjustments to retain	ned earnings (Schedule L, line 25 column d minus Schedule L, line 25, column b)	20
21 M-2 amount after M-	1 timing adjustments (add lines 6, 15, 19, and 20)	21 (55,153)
22 M-2 amount after M-	3 timing adjustments (add lines 6, 18, 19, and 20)	22
23 Net reconciliation of	lifference (line 3 minus line 21 or 22)	23

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	Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-filed re Including with a paper filed return is optional.	eturns.	2016
SCORPORATION NAME	LS MD PROF CORP		EIN 56-2371654
	bo hb that cont		50-2571054
Taxes and Licenses	Form 1120S		Page 1, Line 12
1 State income taxes		1	
2 State franchise taxes		2	
3 City income taxes		3	
4 City franchise taxes		4	
5 Local property taxes		5	
6 Intangible property taxe	95	6	****
7 Payroll taxes		7	53,955
8 Less: credit from Form	8846	8	
9 Foreign taxes paid		9	
10 Occupancy taxes		10	
11 Other miscellaneous ta	xes	11	22,582
12 Built in gains tax alloca		12	661JU2
13 Licenses		13	
14 Total to Form 1120S, P	age 1, Line 12	14	76,531

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ZUTO PAGE 1	Z		Current					2,995	7,775	1 C O	1			25	2,208 288	28,311			20,500 6,833	 
	Social security number/EIN 56-2371654		depreciation					ЪХ		20					Хđ				ЪХ	
	Socia	_	expense			17,576 50 000				48,720	54,660	5,854	1,437							
			Depreciation	6,151	1,304	1/2/1 164 054	59,066	5,990	15,550	48,720 1 868	54,660	5,854	H.			88,			30,750	
			depr											27	288	28,311			6,833	
5 II			Rate	0	0 (	э с	0 0	0	0	0 0	0	0	20	13.02	13.02	6.667	14.06	ORZ . PT	33.333	 
Depreciation Detail Listing FORM 1120S For your records only			Method											DB	DB		9 DB		SL HY	
FORM 1120S FORM 1120S For vour records only			Life			c 0 7 054 7	066 7	5,990 7		0 5 1 868 3	0 5	0 3	0 5	205 7	2,209 7	424,671 15	1,5007		200 3	 
sprecia For y		Occurrenting	Basis	6				5,5	15,1						2,5	424,1		4.9.	20,500	
ž		Continu	179			50.000				48,720	54,660	5,854	1,437							
		Ducknoch	percentage	100.00	100.00	100.001	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	00.00T	100.00	
			Salvage																	
			Cost	9,151	1,304	164,054	59,066	5 , 990	15,550	48,720	54,660	5,854	1,437	205	4,417	424,671	I,500	107'06	41,000	
	PROF CORP		Date	06252003	06252003	07012006	07012007	07012008	08012008	07012009	12282010	02172010	07012012	07012013	07012013	10012013	10012013	CTOTOLO	0./012015	
<ul> <li>Item was disposed of during current year.</li> </ul>	Name(s) as shown on return DANKA K MICHAELS MD PF		Description	OFFICE FURNITURE	JEDICAL EQUIPMENT	TED EQUIP	ED EQUIP	ÆD EQUIP	JED EQUIP	SPA EQUIP SOFTWARE	MEDICAL EQUIP	COMPUTER EQUIP	EQUIP	OFFICE EQUIPMENT	MEDICAL EQUIPMENT	LEASEHOLD IMPROVEMENT 10012013	SPA EQUIPMENT 10012013 OBETCE DOMITE AND EMERADOTOTOOLE	LETCE EXULT AND FOR	MEDICAL LASER	
of during	Name(s) a DANH		No.	- <u>)-</u>		ter an	-	6 MEI		IOS 6	~~~~						17 OFT			

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2016 PAGE 1		AMT	Content			<u>.</u>		<del>11</del>							· · · · · · · · · · · · · · · · · · ·			-4	 	
	Social security number/EIN 56-2371654	Bonus deoraciation																		
	Social s	Prior	perindua		17,576	50,000			48,720		54,660	5,854	1							178,247
		Accumulated	9,151	1,304	17,576	164,054	59,066 5 990	15,550	48,720	1,868	54,660	5,854	138	2,980	88,472	616	21,054	20,500		519,293
		Current deor	udan.										27	u)	28,		6 14,036			56,827
ing		Rate	0	0	0	0	0 0	0 0	0	0	0	0 0	13.02	13.02	6.667	14.06	14.286	33.333		
Depreciation Detail Listing STATE FORM 11205 For your records only		Method										ST. HV	DB DB	DB		200 DB MQ	SL HY	λH TS		
Ciation Detail STATE FORM 1120S For your records only		Life	17	4 7	0 5	4 7	6707		0 5	е 8	50	м и 0 с	, r	7			2	m		7
preciati stat For yo		Depreciation Basis	9, 151	1,304		114,054	59,066 5.990	15,550		1,8683			205	4,417	424,671 15	1,500	98,251	41,000		777,027
Пе		Section 179				50,000			48,720		u.)	5,854								178,247
		Business percentage	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00		
		Salvage																		
		Cost	9,151	1,304	17,576	164,054	59,066 5.990	15,550	48,720	1,868	54,660	1.437	205	4,417	424,671	1,500	98,251	41,000		955,274
	PROF CORP	Date	06252003	06252003	07012005	07012006	07012007	08012008	07012009	07012009	12282010	0102/120	07012013	07012013	10012013	10012013	07012015	07012015		
	Name(s) as shown on return DANKA K MICHAELS MD PF	Description	OFFICE FURNITURE	JEDICAL EQUIPMENT	ED EQUIP	JED EQUIP	ded equip	ÆD EQUIP	SPA EQUIP	SOFTWARE	ÆDICAL EQUIP	COMPUTER EQUIP EQUIP	DEFICE EQUIPMENT	MEDICAL EQUIPMENT	LEASEHOLD IMPROVEMENT 10012013	SPA EQUIPMENT	<b>DFFICE EQUIP AND FURN 07012015</b>	MEDICAL LASER		Totals
	Name(s D4	No		~~		- 5-t	ഹയ		- <u>0</u> 2	Y/	<u> </u>				15 I	16	17 0	-24 1-1 1-1		티

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	Next Year's E	for your records)			201	16			
) as ahown on return KA K MICHAE		Tax ID Number 56-2371654							
KA         K         MICHAE           Multi-Form         Descrip           0         1         OFF           0         1         MED           0         1         SPA           0         1         SOF           0         1         COM           0         1         EQU           0         1         EQU           0         1         EQU           0         1         EQU           0         1         SPA           0         1         OFF	ELS MD PROF CORP ription FICE FURNITURE DICAL EQUIPMENT D EQUIP D EQUIP D EQUIP D EQUIP A EQUIP FTWARE DICAL EQUIP MPUTER EQUIP MPUTER EQUIP MPUTER EQUIPMENT DICAL EQUIPMENT A EQUIPMENT FICE EQUIP AND FURNIT DICAL LASER	Date 0 62 52 00 3 0 62 52 00 3 0 70 12 00 5 0 70 12 00 6 0 70 12 00 7 0 70 12 00 8 0 80 12 00 8 0 70 12 00 9 122 82 01 0 0 70 12 01 9 122 82 01 0 0 70 12 01 2 0 70 12 01 3 10 0 12 01 3 10 0 12 01 3	1,304 114,054 59,066 5,990 15,550 1,868 205 2,209 424,671 1,500 49,125	Method SL SL SL SL SL SL SL SL SL SL SL SL SL	Tax IC	) Number			

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# **ROBERT S SEMONIAN CPA**

PO BOX 5605 Ventura, CA 93005 semon@prodigy.net Phone: (805)659-5344 + Fax: (805)659-5346

Customer Name	Customer	Information
Danka K Michaels MD Prof Corp	Invoice #:	
3320 N Buffalo Dr	Date:	May 31, 2017
Las Vegas, NV 89129	Phone:	
	E-mail:	

Your 2016 tax return was prepared by Robert S Semonian CPA.

Description		Fe
Federal And Supplemental I	orms	
Form 1120S	U.S. S Corp Income Tax Return Page 1	
Form 1120S pg 2	U.S. S Corp Income Tax Return Page 2	
Form 1120S pg 3	U.S. S Corp Income Tax Return Page 3	
Form 1120S pg 4	U.S. S Corp Income Tax Return Page 4	
Form 1120S pg 5	U.S. S Corp Income Tax Return Page 5	
Form 1125-A	Cost of Goods Sold	
Form 1125-E	Compensation of Officers	
Form 4562	Depreciation and Amortization	
Form 8879-S	E-File Signature Authorization for 1120S	
K-K1 Comparison	Comparison of Schedule K to K-1	
K-1_Dist	Shareholder's Share of Distributions	
Schedule K-1	Shareholder's Share of Income	
Wks DIST	Distribution Information	
Wks M-2	Schedule M-2 Worksheet	
Wks SOWN	Summary of Ownership Changes	
Wks Tax/Lic	Taxes and Licenses Worksheet	
Statement 1120S	Form 1120S - Itemized Other Deduction	
Statement 1125A	Form 1125A - Itemized Other Costs	
Statement Sch L	Schedule L - Itemized Other Current Assets	
Statement Sch L	Schedule L - Itemized Other Current Liab's	
Statement Sch M2	Schedule M2 - Accum Adj Acc Other Add	
Comparison	Tax Year Comparison Sheet	
FED DEPR Schedule	Federal Depreciation Schedule	
Next Year Depr	Next Year Depreciation Schedule	
ST DEPR Schedule	State Depreciation Schedule	
Nevada Forms		
NVTXR_30	Nevada Commerce Tax Return	
Total Forms	26 Forms Subtotal	0.00
	Total Balance Due	0.00

Payment due upon receipt. Thank you for your business!

1120S	Sub S Corporation Diagnostic Summary	2016
Name DANKA K MICHAEL	S MD PROF CORP	Employer Identification # $56 - 2371654$

Phone:

#### **Demographics**

Mailing Address: 3320 N BUFFALO DR LAS VEGAS, NV 89129

Resident State: NV

#### **Diagnostics**

Preparer: ROBERT S SEMONIAN Invoice:

### Return Information

Item on Return	2016	2015 Federal (If available) 599, 825	
item on Return	Federal		
Total Assets	551,768		
Number of Shareholders	1.		
Gross Receipts/Sales	1,552,011	1,762,946	
Total Income	1,180,951	1,401,514	
Total Deductions	1,227,868	1,295,758	
Ordinary Income	(46,917)	105,756	
Tax			
Overpayment			
Refund			
Refund Applied to ES			
Balance Due			
2220 Penalty			
Total Equity	404,179	259,332	

State/City Information

State/City	Gross	Taxable	Composite	Other Tax	Refund/
	Income	Income	Tax		(Balance Due)

NVTXR_30

Danka Michaels002283

Date: 05-31-2017

#### 1120S TAX RETURN COMPARISON 2014 / 2015 / 2016

2016

Name(s) as shown on return DANKA K MICHAELS MD PROF CORP Identifying number 56-2371654

	2014	2015	2016	DIFFERENCE
Income	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2015 & 2016
Net receipts	1,847,328	1,762,946	1,540,822	(222, 124)
Cost of goods sold	315,728	361,432	359,871	(1,561)
Gross profit	1,531,600	1,401,514	1,180,951	(220,563)
Net gain/loss from 4797 • • • • • • • • •				· · · · · · · · · · · · · · · · · · ·
Other income				
Total income	1,531,600	1,401,514	1,180,951	(220,563)
Deductions				, , , , , , , , , , , , , , , , , , ,
Compensation of officers	205,000	195,000	200,000	5,000
Salaries and wages • • • • • • • • • • • • •	579,698	506,747	494,084	(12,663)
Repairs and maintenance	36,934	14,469	45,560	31,091
Bad debts		İ	1	
Rents	139,104	94,600	103,200	8,600
Taxes and licenses • • • • • • • • • • • • • • • • • •	72,210	119,575	76,537	(43,038)
Interest	20,521	15,569	7,684	(7,885)
Net depreciation	35,098	106,364	42,688	(63,676)
Depletion • • • • • • • • • • • • • • • • • • •				
Advertising	10,891	10,284	31,547	21,263
Pension, profit-sharing	11,169			(i)
Employee benefits	51,998	27,313	9,243	(18,070)
Other deductions	276,959	205,837	217,325	11,488
Total deductions • • • • • • • • • • • • • • • • • • •	1,439,582	1,295,758	1,227,868	(67,890)
Ordinary business income(loss)	92,018	105,756	(46, 917)	(152,673)
Тах			22. 승규의 분석하여 관계에	
Total tax				
Payments	· · · · · · · · · · · · · · · · · ·	이야기에 나는 것 같아.		na ditensi di tana ka
Estimated taxes paid				
Total payments line 23d				
Results				
Amount owed				
Overpayment				
Applied to estimate				
Refund				

#### SCHEDULE K - Shareholder's Share Items

Income	t de la companya de l			a de la companya de l
Ordinary business income (loss)	92,018	105,756	(46,917)	(152,673)
Net rental real estate income (loss)				
Other net rental income (loss) · · · · ·				
Interest income	31	7	4	(3)
Ordinary dividends				
Qualified dividends				
Royalties • • • • • • • • • • • • • • • • • • •				
Net short-term capital gain (loss)				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss)				
Unrecaptured section 1250 gain • • • •				
Net section 1231 gain (loss) · · · · ·				
Other income (loss)				
	2014	2015	2016	DIFFERENCE

## 2014

2015

### 1120S TAX RETURN COMPARISON 2014 / 2015 / 2016

## 2016

 Page 2

 Name(s) as shown on return
 Identifying number

 DANKA K MICHAELS MD PROF CORP
 56-2371654

	2014	2015	2016	DIFFERENCE
Deductions	FEDERAL	FEDERAL	FEDERAL	BETWEEN 2015 & 2016
Section 179 deduction				
Contributions				
Investment interest expense · · · · ·				
Section 59(e)(2) expenditures				
Other deductions				
Credits				
Low-income housing credit (section 42(j)(5))				
Low-income housing credit (other)				
Qualified rehabilitation expenditures (rental real estate)				
Other rental real estate credits · · · · ·				
Other rental credits · · · · · · · · · ·				
Credit for alcohol used as fuel				
Other credits · · · · · · · · · · · · · · ·				
Foreign Transactions				
Gross income from all sources				
Gross income sourced at shareholder level • •				1
Foreign gross income sourced at corporate level				
Passive category				
General categories				
Other ,				
Deductions allocated and apportioned at shareholder level				
Interest expense				
Other • • • • • • • • • • • • • • • • • • •				
Deductions allocated / apportioned at corp. level	a pri da ser a company			
to foreign source inc.				······
General categories				
Other • • • • • • • • • • • • • • • • • • •				
Total foreign taxes paid or accrued				
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment · · · ·	112	54	20	(34)
Adjusted gain or loss	+ + 4		20	(34)
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - gross income			······	······································
Other AMT items			······································	
Items Affecting Shareholder Basis			an an su	
Tax-exempt interest income				
Other tax-exempt income				
	239	474		(171)
Nondeductible expenses         · · · · · · · · · · · · · · · · · · ·	2.3.7	4/4	0 240	(474)
			8,240	8,240
Repayment of loans from shareholders Other information				
	and the second	<u> </u>	n de la productive de la companya d A	а буда сили с ласси с ла в едена. С О
	31	/	4	(3)
Investment expenses				
RESIDENT STATE	I		NV	
Taxable income				
Total tax				
Overpayment • • • • • • • • • • • • • • •				
Balance due				
hear the second s	2014	2015	2016	DIFFERENCE

COMPARES.LD2