

IN THE SUPREME COURT OF THE STATE OF NEVADA

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

Appellant,

vs.

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

Respondent;

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Elizabeth A. Brown
Clerk of Supreme Court

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

APPENDIX

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ATTORNEYS FOR APPELLANT

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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

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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

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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

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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
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

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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
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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
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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

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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
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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

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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
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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
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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
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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
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Plaintiff's Objection to Defendant Danka K. Michaels' Memorandum of Fees and Costs	09/07/2021	XIII/AA02823-02854
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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

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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
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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
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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
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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
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Plaintiff's Trial Exhibit 153 - Plaintiff email dated June 30, 2014	02/14/2020	XXXIV/AA 08019-08202
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Plaintiff's Trial Exhibit 155 – NV Prescription Monitoring Program	02/21/2020	XXXIV/AA 08210-08247
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Plaintiff's Trial Exhibit 19 - 2015 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03495- XVI/AA03543
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Plaintiff’s Trial Exhibit 46 - 2017 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXV/AA005935- XXVI/AA06106
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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

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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
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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

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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
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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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2009

Attachment
Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

DANKA K MICHAELS MD PROF CORP

FORM 1120S

56-2371654

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	50,588
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6 SPA EQUIP	48,720	48,720
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	48,720
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	48,720
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	48,720
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	934
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	32,642

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		934	3	HY	S/L	156
b 5-year property						
c 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 property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	33,732
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2009)

Danka Michaels001802

AA02751

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**
▶ File a separate application for each return.
▶ See separate instructions.

OMB No. 1545-0233

**Type or
Print**

File by the due
date for the
return for which
an extension is
requested. See
instructions.

Name

DANKA K MICHAELS MD PROF CORP

Identifying number

56-2371654

Number, street, and room or suite no. (If P.O. box, see instructions.)

7373 PEAK DR NO 160

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

LAS VEGAS

NV 89134

Note. See instructions before completing this form.

Part I Automatic 5-Month Extension Complete if Filing Form 1065, 1041, or 8804

1 a Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension Complete if Filing Other Forms

b Enter the form code for the return that this application is for (see below) **2 5**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-PC	21
Form 706-GS(T)	02	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120-S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	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 (section 4951 taxes)	20		

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐

If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐

5 a The application is for calendar year 20 **09**, or tax year beginning _____, 20 _____, and ending _____, 20 _____

b Short tax year. If this tax year is less than 12 months, check the reason:

☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

6 Tentative total tax **6 0**

7 Total payments and credits (see instructions) **7 0**

8 Balance due. Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions) **8 0**

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.

EEA

Form **7004** (Rev. 12-2008)

Danka Michaels001803

AA02752

Form **8879-S****IRS e-file Signature Authorization
for Form 1120S**

OMB No. 1545-1863

2009Department of the Treasury
Internal Revenue Service

For calendar year 2009, or tax year beginning _____, 2009, ending _____, 20____.

▶ See instructions. Do not send to the IRS. Keep for your records.

Name of corporation

DANKA K MICHAELS MD PROF CORP

Employer identification number

56-2371654**Part I Tax Return Information** (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	1,123,157
2	Gross profit (Form 1120S, line 3)	2	1,005,858
3	Ordinary business income (loss) (Form 1120S, line 21)	3	65,688
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	17,102

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2009 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros
on the corporation's 2009 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2009 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 2010-08-20 Title ▶ PRESIDENT**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

95088498765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 08-12-2010

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 8879-S (2009)

Danka Michaels001804

AA02753

Federal Supporting Statements		2009	PAGE 1
Name(s) as shown on return		FEIN	
DANKA K MICHAELS MD PROF CORP		56-2371654	
<u>FORM 1120S, SCHEDULE L, LINE 6</u>		STATEMENT # 19	
OTHER CURRENT ASSETS			
<u>DESCRIPTION</u>	<u>BEGINNING OF</u> <u>TAX YEAR</u>	<u>END OF</u> <u>TAX YEAR</u>	
NOTE RECEIVABLE		4,716	
TOTALS:		4,716	
<u>FORM 1120S LINE 19</u>		PG01 STATEMENT # 2	
<u>DESCRIPTION</u>	<u>AMOUNT</u>		
ACCOUNTING	650		
AUTOMOBILE AND TRUCK EXPENSE	9,263		
BANK CHARGES	8,182		
DUES AND SUBSCRIPTIONS	233		
EDUCATION AND TRAINING	7,050		
LIABILITY INSURANCE	39,694		
WORKERS COMP INSURANCE	2,969		
50% MEALS AND ENTERTAINMENT	115		
MISCELLANEOUS	119		
OFFICE EXPENSE	15,560		
PAYROLL PROCESSING EXPENSE	2,356		
POSTAGE/SHIPPING	3,435		
SECURITY	468		
TELEPHONE	9,428		
TRAVEL	12,618		
UNIFORMS	168		
UTILITIES	8,261		
ANSWERING SERVICE	1,142		
BILLING SERVICE	4,801		
EQUIPMENT MAINT CONTRACTS	775		
ERRORS AND OMISSIONS INSURANCE	25,335		
LAB SERVICES	2,546		
MEDICAL SUPPLIES	18,471		
NERVE CONDUCTION STUDY	6,188		
ULTRASOUND SERVICES	40,535		
WELLNESS PROGRAM	9,848		
TOTAL	230,210		

Federal Supporting Statements		2009	PG01
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP		FEIN 56-2371654	
<u>SCHEDULE M-2 LINE 3</u>		STATEMENT # 29	
<u>DESCRIPTION</u>			<u>AMOUNT</u>
INTEREST INCOME			<u>134</u>
TOTAL			<u><u>134</u></u>
<u>SCHEDULE M-2 LINE 5</u>		PG01 STATEMENT # 30	
<u>DESCRIPTION</u>			<u>AMOUNT</u>
SECTION 179 EXPENSE			<u>48,720</u>
NONDEDUCTIBLE EXPENSES			<u>115</u>
TOTAL			<u><u>48,835</u></u>

1120S

Overflow Statement

2009
Page 1

Name(s) as shown on return

FEIN

DANKA K MICHAELS MD PROF CORP

56-2371654

MISC TAXESDescriptionAmount

NEVADA MODIFIED BUSINESS TAX

\$ 8,673

Total:

\$ 8,673

K-K1 Comparison Worksheet

2009

(Keep for your records)

S CORPORATION NAME

EIN

DANKA K MICHAELS MD PROF CORP

56-2371654

Description	Lines 1-13	Schedule K	K-1 Totals	Difference
1 Ordinary business income (loss)		65,688	65,688	
2 Net rental real estate income (loss)				
3 Other net rental income (loss)				
4 Interest income		134	134	
5 a Ordinary dividends				
b Qualified dividends				
6 Royalties				
7 Net short-term capital gain (loss)				
8 a Net long-term capital gain (loss)				
b Collectibles (28%) gain (loss)				
c Unrecaptured section 1250 gain				
9 Net section 1231 gain (loss)				
10 A Other portfolio income (loss)				
B Involuntary conversions				
C Sec 1256 contracts & straddles				
D Mining exploration costs recapture				
E Other income				
11 Section 179 deduction		48,720	48,720	
12 A Cash contributions (50%)				
B Cash contributions (30%)				
C Noncash contributions (50%)				
D Noncash contributions (30%)				
E Capital gain property to a 50% organization (30%)				
F Capital gain property (20%)				
G Contributions (100%)				
H Investment interest expense				
I Deductions - royalty income				
J Section 59(e)(2) expenditures				
K Deductions - portfolio (2% floor)				
L Deductions - portfolio (other)				
M Preproductive period expenses				
N Commercial revitalization ded. from real estate				
O Reforestation expense deduction				
P Domestic production activities information				
Q Qualified production activities income				
R Employer's W-2 wages				
S Other deductions				

K-K1 Comparison Worksheet

2009

(Keep for your records)

S CORPORATION NAME

EIN

DANKA K MICHAELS MD PROF CORP

56-2371654

Description Lines 13 - 14	Schedule K	K-1 Totals	Difference
13 A Low-income housing credit (section 42(j)(5)) Pre 2008 .			
B Low-income housing credit other Pre 2008			
C Low-income housing credit (section 42(j)(5)) Post 2007 .			
D Low-income housing credit other Post 2007			
E Qualified rehabilitation expenditures (rental real estate) .			
F Other rental real estate credits			
G Other rental credits			
H Undistributed capital gains credit			
I Alcohol and cellulosic biofuels credit			
J Work opportunity credit			
K Disabled access credit			
L Empowerment zone & rental comm. employment credit .			
M Credit for increasing research activities			
N Credit for employer social security and Medicare taxes .			
O Backup withholding			
P Other credits			
14 B Gross income from all sources			
C Gross income sourced at partner level			
D Passive category			
E General category			
F Other category			
G Interest expense			
H Other			
I Passive category			
J General category			
K Other category			
L Total foreign taxes paid			
M Total foreign taxes accrued			
N Reduction in taxes available for credit			
O Foreign trading gross receipts			
P Extraterritorial income exclusion			
Q Other foreign transactions			

K-K1 Comparison Worksheet

2009

(Keep for your records)

S CORPORATION NAME

EIN

DANKA K MICHAELS MD PROF CORP

56-2371654

Description Lines 15 - 17	Schedule K	K-1 Totals	Difference
15 A Post - 1986 depreciation adjustment			
B Adjusted gain or loss			
C Depletion (other than oil & gas)			
D Oil, gas & geothermal-gross income			
E Oil, gas & geothermal-deductions			
F Other AMT items			
16 A Tax-exempt interest income			
B Other tax-exempt income			
C Nondeductible expenses	115	115	
D Property distributions	25,000	25,000	
E Repayment of loans from shareholders			
17 a Investment income	134	134	
b Investment expenses			
c Dividend distributions paid from A & E			
C Qualified rehabilitation expenditures (other than rental real est.)			
D Basis of energy property			
E Recapture of low-income housing credit (sec. 42(j)(5))			
F Recapture of low-income housing credit (other)			
G Recapture of investment credit			
H Recapture of other credits			
I Look-back interest-completed long-term contracts			
J Look-back interest-income forecast method			
K Dispositions of property with section 179 deductions			
L Recapture of section 179 deduction			
M Section 453 (l)(3) information			
N Section 453(c) information			
O Section 1260(b) information			
P Interest allocable to production expenditures			
Q CCF nonqualified withdrawals			
R Information needed to figure depletion-oil and gas			
S Amortization of reforestation costs			
T Other information			

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.

2009**S CORPORATION NAME****DANKA K MICHAELS MD PROF CORP****EIN****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	31,905
8	Less: credit from Form 8846	8	
9	Foreign taxes paid	9	
10	Occupancy taxes	10	
11	Other miscellaneous taxes	11	8,673
12	Built in gains tax allocated to ordinary income	12	
13	Licenses	13	960
14	Total to Form 1120S, Page 1, Line 12	14	41,538

Schedule M-2/Retained Earnings Reconciliation Worksheet (Keep for your records)		2009
Form 1120S		
S-CORPORATION NAME		EIN
DANKA 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)	1 <u>31,208</u>
2	Book Income/(Loss) (Sch M-1, Line 1)	2 <u>16,987</u>
3	Distributions (Sch K, Line 16d)	3 <u>(25,000)</u>
4	Subtotal (Combine Lines 1 through 3)	4 <u>23,195</u>
5	Ending Retainings per Balance Sheet (Sch L, Column d, Lines 24 and 25)	5 <u>23,195</u>
6	Difference (Line 4 minus Line 5) (should be zero)	6 <u></u>
Current Year Change to Retained Earnings Compared to Current Year Change to AAA & OAA		
7	Ending Retained Earnings (Sch L, Column d, Line 24)	7 <u>23,195</u>
8	Beginning Retained Earnings (Sch L, Column b, Line 24)	8 <u>31,208</u>
9	Retained Earnings Change (line 7 minus line 8)	9 <u>(8,013)</u>
10	Ending AAA Plus OAA	10 <u>23,195</u>
11	Beginning AAA Plus OAA	11 <u>31,208</u>
12	Difference (line 10 minus line 11)	12 <u>(8,013)</u>
Current Year Timing Adjustments per Sch M-1		
<u>Subtractions from Net Income Per Books (Schedule M-1, Lines 5 and 6 - not included on Schedule M-2):</u>		
13	Tax exempt interest	13 <u></u>
14	Other income recorded on books not included on Schedule K	14 <u></u>
15	Depreciation on Schedule K not included in books	15 <u></u>
16	Other Schedule K items not included on books	16 <u></u>
17	Total Subtractions (Lines 13 through 16)	17 <u></u>
<u>Additions to Net Income Per Books (Schedule M-1, Lines 2 and 3 - not included on Schedule M-2):</u>		
18	Income included on Schedule K not recorded on books	18 <u></u>
19	Depreciation on books not included on Schedule K	19 <u></u>
20	Travel and Entertainment not allowed	20 <u></u>
21	Other items on books not included on Schedule K	21 <u></u>
22	Total Additions (Lines 18 through 21)	22 <u></u>
23	Net Timing Adjustments (Line 17 minus Line 22)	23 <u></u>
24	Distributions reported on Schedule K, Line 16d, not allowed on Schedule M-2, Line 7	24 <u></u>
25	Adjustments to Retained Earnings	25 <u></u>
26	Retained Earnings Change (Line 12 plus Line 23 thru 25)	26 <u>(8,013)</u>
27	Net reconciliation difference (Line 9 minus Line 26) (should be zero)	27 <u></u>

Form 1120S

S CORPORATION BUSINESS INCOME LIMIT WORKSHEET

2009

(Keep for your records)

S Corporation Name

EIN

DANKA K MICHAELS MD PROF CORP

56-2371654

1 Dollar limitation for tax year. Enter amount from Form 4562, line 5	250,000
2 Ordinary business income (loss) (Form 1120S, Page 2, Sch K, Line 1)	65,688
3 Less: Credit amounts that reduced expenses or increased income	
4 Plus: Compensation paid to shareholder-employees (Form 1120S, Page 1, Lines 7 and 8)	202,500
5 Adjusted ordinary business income (loss) (Combine lines 2 through 4)	268,188
6 Net rental real estate income (loss) (Form 1120S, Page 2, Sch K, Line 2)	
7 Other net rental income (loss). (Form 1120S, Page 2, Line 3c)	
8 Interest Income (Form 1120S, Page 2, Line 4)	134
9 Dividends (Form 1120S, Page 2, Line 5a)	
10 Royalties (Form 1120S, Page 2, Line 6)	
11 Net short term capital gain (loss) (Form 1120S, Page 2, Line 7)	
12 Net long-term capital gain (loss) (Form 1120S, Page 2, Line 8a)	
13 Net section 1231 gain (loss) (Form 1120S, Page 2, Line 9)	
14 Other Income (Form 1120S, Page 2, Line 10)	
15 Charitable Contributions (Form 1120S, Page 3, Line 12a)	
16 Investment interest expenses (Form 1120S, Page 3, Line 12b)	
17 Section 59(e)(2) expenditures (Form 1120S, Page 3, Line 12c(2))	
18 Other deductions (Form 1120S, page 3, Line 12d)	
19 Total business income (loss). Combine lines 4 through 18	268,322
20 Business income limitation. Lesser of line 1 or line 19, but not < zero. Enter here and on Form 4562, line 11	250,000

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2009	Remaining carryover
1120 SPA EQUIP	2009	48,720		48,720	
TOTAL ALLOWABLE (4562 LN 12)				48,720	
TOTAL 2009 ELEC. COST (4562 LN 8)			48,720		

Depreciation Detail Listing

FORM 1120S

2009

PAGE 1

For your records only

Name(s) as shown on return

Social security number/EIN

DANKA K MICHAELS MD PROF CORP

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
1	OFFICE FURNITURE	20030625	9,151		100.00		9,151	7	S/L	HY	14.286	8,224			1,307
2	MEDICAL EQUIPMENT	20030625	1,304		100.00		1,304	7	S/L	HY	14.286	1,170			186
3	LEASEHOLD IMPROVEMENT	20030625	73,188		100.00		73,188	15	S/L	HY	6.667	30,697			4,879
4	MED EQUIP	20050701	17,576		100.00	17,576	0	5	EXP	0		17,576	17,576		
5	MED EQUIP	20060701	164,054		100.00	50,000	114,054	7	S/L	HY	14.286	16,293	50,000		16,293
6	MED EQUIP	20070701	59,066		100.00		59,066	7	S/L	HY	14.286	21,095			8,438
7	MED EQUIP	20080701	5,990		100.00		2,995	7	S/L	HY	14.286	3,637		PY 2,995	428
8	MED EQUIP	20080801	15,550		100.00		7,775	7	S/L	HY	14.286	9,441		PY 7,775	1,111
9	SPA EQUIP	20090701	48,720		100.00	48,720	0	5	S/L	HY	0	48,720	48,720		48,720
10	SOFTWARE	20090701	1,868		100.00		934	3	S/L	HY	16.667	1,090		CY/50 934	156
Totals			396,467			116,296	268,467				81,518	248,676	67,576	CY 934	81,518
Land Amount															
Net Depreciable Cost			396,467												(759)

ST ADJ:

Danka Michaels001814

AA02763

Depreciation Detail Listing

STATE FORM 1120S

For your records only

2009

PAGE 1

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

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	
1	OFFICE FURNITURE	20030625	9,151		100.00		0	9,151	7	S/L	HY	14.286	1,307	8,224	0	
2	MEDICAL EQUIPMENT	20030625	1,304		100.00		0	1,304	7	S/L	HY	14.286	186	1,170	0	
3	LEASEHOLD IMPROVEMENT	20030625	73,188		100.00		0	73,188	15	S/L	HY	6.667	4,879	30,697	0	
4	MED EQUIP	20050701	17,576		100.00	17,576		0	5	EXP		0		17,576	17,576	
5	MED EQUIP	20060701	164,054		100.00	50,000		114,054	7	S/L	HY	14.286	16,293	107,026	50,000	
6	MED EQUIP	20070701	59,066		100.00		0	59,066	7	S/L	HY	14.286	8,438	21,095	0	
7	MED EQUIP	20080701	5,990		100.00		0	5,990	7	S/L	HY	14.286	856	1,284	0	
8	MED EQUIP	20080801	15,550		100.00		0	15,550	7	S/L	HY	14.286	2,221	3,332	0	
9	SPA EQUIP	20090701	48,720		100.00	48,720		0	5	S/L	HY	0	48,720	48,720		
10	SOFTWARE	20090701	1,868		100.00			1,868	3	S/L	HY	16.667	311	311		
Totals							116,296	280,171			83,211	239,435	67,576			
Land Amount																48,720
Net Depreciable Cost																ST ADJ:

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	
Form 8879-S - E-File Signature Authorization for 1120S	
Statement 1120S - Subsidiary Schedule for 1120S	
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 Comparison - Comparison of Schedule K to K-1	
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

Sub S Corporation Diagnostic Summary

2009

Name

DANKA K MICHAELS MD PROF CORP

Employer Identification #

56-2371654

Demographics

Mailing Address: 7373 PEAK DR NO 160
LAS VEGAS, NV 89134

Phone:

Resident State: NV

Diagnostics

Preparer: ROBERT S SEMONIAN

Invoice:

Date: 08-12-2010

Return Information

Item on Return	2009 Federal	2008 Federal (If available)
Total Assets	211,105	207,078
Number of Shareholders	1	1
Gross Receipts/Sales	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 ES		
Balance Due		
2220 Penalty		
Total Equity	40,195	48,208

State/City InformationState/City

Gross
Income

Taxable
Income

Composite
Tax

Other Tax

Refund/
(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
--	---

	2007 FEDERAL	2008 FEDERAL	2009 FEDERAL	DIFFERENCE BETWEEN 2008 & 2009
Income				
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

Page 2

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Identifying number

56-2371654

	2007 FEDERAL	2008 FEDERAL	2009 FEDERAL	DIFFERENCE BETWEEN 2008 & 2009
Deductions				
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)				
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				
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 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				
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				
Non deductible 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				
Dividend distributions paid from accum earnings and profits				
RESIDENT STATE				
Taxable income				
Total tax				
Overpayment				
Balance due				

2007

2008

2009

DIFFERENCE

COMPARES.LD2

Danka Michaels001819

AA02768

1120SEF

EF Transmission Status

2010

(Keep for your records)

Name(s) as shown on return

Your EIN

DANKA K MICHAELS MD PROF CORP

56-2371654

The following will be transmitted to the IRS.

☒ 1120S ☐ 7004 ☐ Amended 1120S

The following State(s) will be transmitted.

Form 1120S

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0130

Department of the Treasury
Internal Revenue ServiceDo not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.

See separate instructions.

2010

For calendar year 2010 or tax year beginning

, 2010, ending

, 20

A S election effective date 06-25-2003	TYPE OR PRINT	Name DANKA K MICHAELS MD PROF CORP	D Employer identification number 56-2371654
B Business activity code number (see instructions) 621111		Number, street, and room or suite no. If a P.O. box, see instructions. 7373 PEAK DR NO 160	E Date incorporated 06-25-2003
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state, and ZIP code LAS VEGAS NV 89134	F Total assets (see instructions) \$ 294,753

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filedH Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change
(4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year 1

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	Gross receipts or sales	1,409,564	b	Less returns and allowances	46	c	Balance	1c	1,409,518
	2	Cost of goods sold (Schedule A, line 8)							2	92,702
	3	Gross profit. Subtract line 2 from line 1c							3	1,316,816
	4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)							4	
	5	Other income (loss) (see instructions - attach statement)							5	
	6	Total income (loss). Add lines 3 through 5							6	1,316,816
Deductions (see instructions for limitations)	7	Compensation of officers							7	197,000
	8	Salaries and wages (less employment credits)							8	399,940
	9	Repairs and maintenance							9	9,153
	10	Bad debts							10	
	11	Rents							11	100,528
	12	Taxes and licenses							12	80,702
	13	Interest							13	2,880
	14	Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)							14	32,521
	15	Depletion (Do not deduct oil and gas depletion.)							15	
	16	Advertising							16	24,953
	17	Pension, profit-sharing, etc., plans							17	10,635
	18	Employee benefit programs							18	42,922
	19	Other deductions (attach statement)							19	242,720
	20	Total deductions. Add lines 7 through 19							20	1,143,954
	21	Ordinary business income (loss). Subtract line 20 from line 6							21	172,862
Tax and Payments	22a	Excess net passive income or LIFO recapture tax (see instructions)		22a						
	b	Tax from Schedule D (Form 1120S)		22b						
	c	Add lines 22a and 22b (see instructions for additional taxes)							22c	
	23a	2010 estimated tax payments and 2009 overpayment credited to 2010		23a						
	b	Tax deposited with Form 7004		23b						
	c	Credit for federal tax paid on fuels (attach Form 4136)		23c						
	d	Add lines 23a through 23c							23d	
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>							24	
	25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed							25	
	26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid							26	
27	Enter amount from line 26 Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>							27		

Sign Here

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

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

DANKA MICHAELS MD

Signature of officer

Date

PRESIDENT

Title

Paid Preparer Use Only

Print/Type preparer's name ROBERT S SEMONIAN CPA	Preparer's signature ROBERT S SEMONIAN CPA	Date 02-10-2011	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00391972
Firm's name ROBERT S SEMONIAN CPA	Firm's EIN 95-4514704	Phone no. (805) 659-5344		
Firm's address PO BOX 5605	Ventura CA 93005			

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 1120S (2010)

Danka Michaels001840

AA02770

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1	20,000
2	Purchases	2	92,702
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	112,702
7	Inventory at end of year	7	20,000
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	92,702

9 a Check all methods used for valuing closing inventory: (i) ☒ Cost as described in Regulations section 1.471-3
(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) ☐

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 **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☒ No

If "Yes," attach explanation.

Schedule B Other Information (see instructions)

	Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> 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 domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a qualified subchapter S subsidiary election made?		X
4 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
5 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> 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 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 gain 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 less than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1		X
9 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X

Schedule K Shareholders' Pro Rata Share Items

	Total amount
1 Ordinary business income (loss) (page 1, line 21)	1 172,862
2 Net rental real estate income (loss) (attach Form 8825)	2
I n c o m e (L o s s)	
3a Other gross rental income (loss)	3a
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 57
5 Dividends: a Ordinary dividends	5a
b Qualified dividends	5b
6 Royalties	6
7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
b Collectibles (28%) gain (loss)	8b
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

		Shareholders' Pro Rata Share Items (continued)	Total amount
Deductions	11	Section 179 deduction (attach Form 4562)	11 60,514
	12a	Contributions STATEMENT # 9	12a 900
	b	Investment interest expense	12b
	c	Section 59(e)(2) expenditures (1) Type (2) Amount	12c(2)
	d	Other deductions (see instructions) Type	12d
Credits	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
	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) Type	13g
Foreign Transactions	14a	Name of country or U.S. possession	14a
	b	Gross income from all sources	14b
	c	Gross income sourced at shareholder level Foreign gross income sourced at corporate level	14c
	d	Passive category	14d
	e	General category	14e
	f	Other (attach statement) Deductions allocated and apportioned at shareholder level	14f
	g	Interest expense	14g
	h	Other Deductions allocated and apportioned at corporate level to foreign source income	14h
	i	Passive category	14i
	j	General category	14j
	k	Other (attach statement) Other information	14k
	l	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l
	m	Reduction in taxes available for credit (attach statement)	14m
	n	Other foreign tax information (attach statement)	
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a
	b	Adjusted gain or loss	15b
	c	Depletion (other than oil and gas)	15c
	d	Oil, gas, and geothermal properties-gross income	15d
	e	Oil, gas, and geothermal properties-deductions	15e
	f	Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a
	b	Other tax-exempt income	16b
	c	Nondeductible expenses	16c 10
	d	Distributions (attach statement if required) (see instructions)	16d
	e	Repayment of loans from shareholders	16e
Other Information	17a	Investment income	17a 57
	b	Investment expenses	17b
	c	Dividend distributions paid from accumulated earnings and profits	17c
	d	Other items and amounts (attach statement)	
Reconciliation	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

EEA

Form 1120S (2010)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		38,598		129,132
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
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)				
10 a	Buildings and other depreciable assets	396,467		456,981	
b	Less accumulated depreciation	(248,676)	147,791	(341,711)	115,270
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		211,105		294,753
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year		30,350		28,006
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		140,560		115,057
21	Other liabilities (attach statement)				
22	Capital stock		17,000		17,000
23	Additional paid-in capital				
24	Retained earnings		23,195		134,690
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	()		()	
27	Total liabilities and shareholders' equity		211,105		294,753

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more-see instructions

1	Net income (loss) per books	111,495	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Travel and entertainment \$	10	7	Add lines 5 and 6	
4	Add lines 1 through 3	10	8	Income (loss) (Schedule K, line 18). Line 4 less line 7	
		111,505			111,505

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	23,195	
2	Ordinary income from page 1, line 21	172,862	
3	Other additions STATEMENT # 29	57	
4	Loss from page 1, line 21	()	
5	Other reductions STATEMENT # 30	(61,424)	
6	Combine lines 1 through 5	134,690	
7	Distributions other than dividend distributions		
8	Balance at end of tax year. Subtract line 7 from line 6	134,690	

Schedule K-1
(Form 1120S)

Department of the Treasury
Internal Revenue Service

For calendar year 2010, or tax

year beginning , 2010
ending , 20

2010

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See page 2 of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number

56-2371654

B Corporation's name, address, city, state, and ZIP code

DANKA K MICHAELS MD PROF CORP

7373 PEAK DR NO 160

LAS VEGAS

NV 89134

C IRS Center where corporation filed return

OGDEN

Part II Information About the Shareholder

D Shareholder's identifying number

[REDACTED]

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

100.00000 %

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☐ Final K-1

☐ Amended K-1

893332

OMB No. 1545-0130

Part III

Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
	172,862		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
	57		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
	60,514	C	10
12	Other deductions		
A	900		
		17	Other information
		A	57

* See attached statement for additional information.

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 passive or nonpassive and enter on your return as follows:	M Credit for increasing research activities N Credit for employer social security and Medicare taxes O Backup withholding P Other credits	See the Shareholder's Instructions Form 8846, line 5 Form 1040, line 61 See the Shareholder's Instructions
Passive loss	Report on	
Passive income	See the Shareholder's Instructions	
Nonpassive loss	Schedule E, line 28, column (g)	
Nonpassive income	Schedule E, line 28, column (h)	
	Schedule E, line 28, column (j)	
2. Net rental real estate income (loss)	See the Shareholder's Instructions	
3. Other net rental income (loss)		
Net income	Schedule E, line 28, column (g)	
Net loss	See the Shareholder's Instructions	
4. Interest income	Form 1040, line 8a	
5a. Ordinary dividends	Form 1040, line 9a	
5b. Qualified dividends	Form 1040, line 9b	
6. Royalties	Schedule E, line 4	
7. Net short-term capital gain (loss)	Schedule D, line 5, column (f)	
8a. Net long-term capital gain (loss)	Schedule D, line 12, column (f)	
8b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	
8c. Unrecaptured section 1250 gain	See the Shareholder's Instructions	
9. Net section 1231 gain (loss)	See the Shareholder's Instructions	
10. Other income (loss)		
Code		
A Other portfolio income (loss)	See the Shareholder's Instructions	
B Involuntary conversions	See the Shareholder's Instructions	
C Sec. 1256 contracts & straddles	Form 6781, line 1	
D Mining exploration costs recapture	See Pub. 535	
E Other income (loss)	See the Shareholder's Instructions	
11. Section 179 deduction	See the Shareholder's Instructions	
12. Other deductions		
A Cash contributions (50%)	See the Shareholder's Instructions	
B Cash contributions (30%)		
C Noncash contributions (50%)		
D Noncash contributions (30%)		
E Capital gain property to a 50% organization (30%)		
F Capital gain property (20%)		
G Contributions (100%)		
H Investment interest expense	Form 4952, line 1	
I Deductions - royalty income	Schedule E, line 18	
J Section 59(e)(2) expenditures	See the Shareholder's Instructions	
K Deductions - portfolio (2% floor)	Schedule A, line 23	
L Deductions - portfolio (other)	Schedule A, line 28	
M Preproductive period expenses	See the Shareholder's Instructions	
N Commercial revitalization deduction from rental real estate activities	See Form 8582 Instructions	
O Reforestation expense deduction	See the Shareholder's Instructions	
P Domestic production activities information	See Form 8903 Instructions	
Q Qualified production activities income	Form 8903, line 7b	
R Employer's Form W-2 wages	Form 8903, line 17	
S Other deductions	See the Shareholder's Instructions	
13. Credits		
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Shareholder's Instructions	
B Low-income housing credit (other) from pre-2008 buildings	See the Shareholder's Instructions	
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings	Form 8586, line 11	
D Low-income housing credit (other) from post-2007 buildings	Form 8586, line 11	
E Qualified rehabilitation expenditures (rental real estate)	See the Shareholder's Instructions	
F Other rental real estate credits		
G Other rental credits		
H Undistributed capital gains credit	Form 1040, line 71, box a	
I Alcohol and cellulosic biofuel fuels credit	Form 6478, line 8	
J Work opportunity credit	Form 5884, line 3	
K Disabled access credit	See the Shareholder's Instructions	
L Empowerment zone and renewal community employment credit	Form 8844, line 3	
	14. Foreign transactions	
	A Name of country or U.S. possession	Form 1116, Part I
	B Gross income from all sources	
	C Gross income sourced at shareholder level	
	Foreign gross income sourced at corporate level	
	D Passive category	Form 1116, Part I
	E General category	
	F Other	
	Deductions allocated and apportioned at shareholder level	
	G Interest expense	Form 1116, Part I
	H Other	Form 1116, Part I
	Deductions allocated and apportioned at corporate level to foreign source income	
	I Passive category	Form 1116, Part I
	J General category	
	K Other	
	Other information	
	L Total foreign taxes paid	Form 1116, Part II
	M Total foreign taxes accrued	Form 1116, Part II
	N Reduction in taxes available for credit	Form 1116, line 12
	O Foreign trading gross receipts	Form 8873
	P Extraterritorial income exclusion	Form 8873
	Q Other foreign transactions	See the Shareholder's Instructions
	15. Alternative minimum tax (AMT) items	
	A Post-1986 depreciation adjustment	See the Shareholder's Instructions and the Instructions for Form 6251
	B Adjusted gain or loss	
	C Depletion (other than oil & gas)	
	D Oil, gas, & geothermal - gross income	
	E Oil, gas, & geothermal - deductions	
	F Other AMT items	
	16. Items affecting shareholder basis	
	A Tax-exempt interest income	Form 1040, line 8b
	B Other tax-exempt income	
	C Nondeductible expenses	See the Shareholder's Instructions
	D Distributions	
	E Repayment of loans from shareholders	
	F Other information	
	17. Other information	
	A Investment income	Form 4952, line 4a
	B Investment expenses	Form 4952, line 5
	C Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions
	D Basis of energy property	See the Shareholder's Instructions
	E Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
	F Recapture of low-income housing credit (other)	Form 8611, line 8
	G Recapture of investment credit	See Form 4255
	H Recapture of other credits	See the Shareholder's Instructions
	I Look-back interest - completed long-term contracts	See Form 8697
	J Look-back interest - income forecast method	See Form 8866
	K Dispositions of property with section 179 deductions	See the Shareholder's Instructions
	L Recapture of section 179 deduction	
	M Section 453(l)(3) information	
	N Section 453A(c) information	
	O Section 1260(b) information	
	P Interest allocable to production expenditures	
	Q CCF nonqualified withdrawals	
	R Depletion information - oil and gas	
	S Amortization of reforestation costs	
	T Section 108(i) information	
	U Other information	

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2010

Attachment
Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

DANKA K MICHAELS MD PROF CORP

FORM 1120S

56-2371654

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see the instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	60,514
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	MEDICAL EQUIP	54,660	54,660
	COMPUTER EQUIP	5,854	5,854
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	60,514
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	60,514
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	369,019
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	60,514
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	32,521

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 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 property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	32,521
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2010)

Danka Michaels001846

AA02776

Form **8879-S****IRS e-file Signature Authorization
for Form 1120S**

OMB No. 1545-1863

2010Department of the Treasury
Internal Revenue Service

For calendar year 2010, or tax year beginning _____, 2010, ending _____, 20____.

▶ See instructions. Do not send to the IRS. Keep for your records.

Name of corporation

Employer identification number

DANKA K MICHAELS MD PROF CORP**56-2371654****Part I Tax Return Information** (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	1,409,518
2	Gross profit (Form 1120S, line 3)	2	1,316,816
3	Ordinary business income (loss) (Form 1120S, line 21)	3	172,862
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	111,505

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2010 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros
on the corporation's 2010 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2010 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 02-15-2011 Title ▶ PRESIDENT**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ROBERT S SEMONIAN CPA Date ▶ 02-10-2011

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 8879-S (2010)

Danka Michaels001847

AA02777

Summary of Stock Ownership

2010

CORPORATION NAME DANKA K MICHAELS MD PROF CORP					EIN 56-2371654	
Shareholder Information			Shares		% Ownership	
Name	EIN/SSN	Type	Beginning	Ending	Beginning	Ending
DANKA MICHAELS			1,000	1,000	100.00000	100.00000
TOTAL			1,000	1,000		

Federal Supporting Statements		2010	PG01
Name(s) as shown on return		FEIN	
<u>DANKA K MICHAELS MD PROF CORP</u>		<u>56-2371654</u>	
<u>FORM 1120S LINE 19</u>		STATEMENT # 2	
<u>DESCRIPTION</u>	<u>AMOUNT</u>		
AUTOMOBILE AND TRUCK EXPENSE	8,723		
BANK CHARGES	6,534		
COMPUTER	1,989		
DUES AND SUBSCRIPTIONS	30		
EDUCATION AND TRAINING	1,279		
LIABILITY INSURANCE	55,159		
WORKERS COMP INSURANCE	2,864		
LEGAL AND PROFESSIONAL	650		
50% MEALS AND ENTERTAINMENT	10		
MEETINGS	477		
OFFICE EXPENSE	20,726		
PAYROLL PROCESSING EXPENSE	3,082		
POSTAGE/SHIPPING	3,950		
SECURITY	468		
TELEPHONE	9,581		
TRAVEL	884		
UNIFORMS	413		
UTILITIES	8,467		
ANSWERING SERVICE	1,609		
BILLING SERVICE	4,801		
EQUIPMENT MAINT CONTRACTS	5,594		
LAB SERVICES	4,138		
MEDICAL SUPPLIES	18,627		
NERVE CONDUCTION STUDY	6,863		
ULTRASOUND SERVICES	68,970		
WELLNESS PROGRAM	6,832		
TOTAL	242,720		
<u>FORM 1120S, SCHEDULE K, LINE 12a</u>		PAGE 1 STATEMENT # 9	
<u>DESCRIPTION</u>	<u>AMOUNT</u>		
CASH CONTRIBUTIONS (50%)	900		
TOTAL	900		

Federal Supporting Statements		2010 PG01
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP		FEIN 56-2371654
<u>FORM 1120S, SCHEDULE L, LINE 6</u>		STM19
<u>OTHER CURRENT ASSETS</u>		
<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
NOTE RECEIVABLE	<u>4,716</u>	<u>30,351</u>
TOTAL	<u>4,716</u>	<u>30,351</u>
<u>SCHEDULE M-2 LINE 3</u>		PG01 STATEMENT # 29
<u>DESCRIPTION</u>	<u>AMOUNT</u>	
INTEREST INCOME	<u>57</u>	
TOTAL	<u>57</u>	
<u>SCHEDULE M-2 LINE 5</u>		PG01 STATEMENT # 30
<u>DESCRIPTION</u>	<u>AMOUNT</u>	
ALLOWED SECTION 179 EXPENSE	<u>60,514</u>	
CONTRIBUTIONS	<u>900</u>	
NONDEDUCTIBLE EXPENSES	<u>10</u>	
TOTAL	<u>61,424</u>	

1120S

Overflow Statement

2010
Page 1

Name(s) as shown on return

FEIN

DANKA K MICHAELS MD PROF CORP

56-2371654

MISC TAXES

Description	Amount
NEVADA MODIFIED BUSINESS TAX	\$ 10,689
Total:	<u>\$ 10,689</u>

(Keep for your records)

S CORPORATION NAME

EIN

DANKA K MICHAELS MD PROF CORP

56-2371654

Description	Schedule K	K-1 Totals	Difference
1 Ordinary business income (loss)	172,862	172,862	
4 Interest income	57	57	
11 Section 179 deduction	60,514	60,514	
12 A Cash contributions (50%)	900	900	
16 C Nondeductible expenses	10	10	
17 a Investment income	57	57	

Taxes and Licenses Attachment		2010
Note: This information does not transmit to the IRS with e-filed returns. Including with a paper filed return is optional.		
S CORPORATION NAME	EIN	
DANKA K MICHAELS MD PROF CORP	56-2371654	
Taxes and Licenses	Form 1120S	Page 1, Line 12
1 State income taxes 2 State franchise taxes 3 City income taxes 4 City franchise taxes 5 Local property taxes 6 Intangible property taxes 7 Payroll taxes 8 Less: credit from Form 8846 9 Foreign taxes paid 10 Occupancy taxes 11 Other miscellaneous taxes 12 Built in gains tax allocated to ordinary income 13 Licenses 14 Total to Form 1120S, Page 1, Line 12	1 2 3 4 5 6 7 8 9 10 11 12 13 14	 68,452 10,689 1,561 80,702

Schedule M-2/Retained Earnings Worksheet (Keep for your records)		2010
Form 1120S		
Corporation Name DANKA K MICHAELS MD PROF CORP		EIN 56-2371654
Analysis of Current-Year Retained Earnings		
1	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	1 23,195
2	Book income (loss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11)	2 111,495
3	Distributions (Schedule K, line 16d)	3
4	Subtotal (combines lines 1 through 3)	4 134,690
5	Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	5 134,690
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)	1 134,690
2	Beginning retained earnings (Schedule L, column b, line 24)	2 23,195
3	Retained earnings change (line 1 minus line 2)	3 111,495
4	Ending AAA plus OAA	4 134,690
5	Beginning AAA plus OAA	5 23,195
6	Difference (line 4 minus line 5)	6 111,495
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)		
7	Other income recorded on books not included on Schedule K	7
8	Depreciation on Schedule K not included on books	8
9	Other Schedule K items not included on books	9
10	Total subtractions (lines 7 through 9)	10
Additions to net income 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	11
12	Depreciation on books not included on Schedule K	12
13	Other items on books not included on Schedule K	13
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
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.		
16	Permanent differences	16
17	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)	20
21	M-2 amount after M-1 timing adjustments (add lines 6, 15, 19, and 20)	21 111,495
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

Form 1120S

S CORPORATION BUSINESS INCOME LIMIT WORKSHEET

2010

(Keep for your records)

S Corporation Name

EIN

DANKA K MICHAELS MD PROF CORP56-2371654

- 1 Dollar limitation for tax year. Enter amount from Form 4562, line 5 500,000
- 2 Ordinary business income (loss) (Form 1120S, Page 2, Sch K, Line 1) 172,862
- 3 Less: Credit amounts that reduced expenses or increased income _____
- 4 Plus: Compensation paid to shareholder-employees (Form 1120S, Page 1, Lines 7 and 8) 197,000
- 5 Adjusted ordinary business income (loss) (Combine lines 2 through 4) 369,862
- 6 Net rental real estate income (loss) (Form 1120S, Page 2, Sch K, Line 2) _____
- 7 Other net rental income (loss). (Form 1120S, Page 2, Line 3c) _____
- 8 Interest Income (Form 1120S, Page 2, Line 4) 57
- 9 Dividends (Form 1120S, Page 2, Line 5a) _____
- 10 Royalties (Form 1120S, Page 2, Line 6) _____
- 11 Net short term capital gain (loss) (Form 1120S, Page 2, Line 7) _____
- 12 Net long-term capital gain (loss) (Form 1120S, Page 2, Line 8a) _____
- 13 Net section 1231 gain (loss) (Form 1120S, Page 2, Line 9) _____
- 14 Other Income (Form 1120S, Page 2, Line 10) _____
- 15 Charitable Contributions (Form 1120S, Page 3, Line 12a) (900)
- 16 Investment interest expenses (Form 1120S, Page 3, Line 12b) _____
- 17 Section 59(e)(2) expenditures (Form 1120S, Page 3, Line 12c(2)) _____
- 18 Other deductions (Form 1120S, page 3, Line 12d) _____
- 19 Total business income (loss). Combine lines 4 through 18 369,019
- 20 Business income limitation. Lesser of line 1 or line 19, but not < zero. Enter here and on Form 4562, line 11 .. 369,019

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2010	Remaining carryover
1120 COMPUTER EQUIP	2010	5,854		5,854	
1120 MEDICAL EQUIP	2010	54,660		54,660	
TOTAL ALLOWABLE (4562 LN 12)				<u>60,514</u>	
TOTAL 2010 ELEC. COST (4562 LN 8)			60,514		

Depreciation Detail Listing

FD-204 (11-2002)

2010
999999-1

For your records only

Social security number/EIN

Name(s) as shown on return

DANKA, D. MICHAEL RD 1406 COOP

99-2371956

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	OFFICE FURNITURE	20030622	7,151		100.00		9,151	7	27L	37	927	9,151			927
2	EQUIPMENT	20030625	1,300		100.00		1,300	7	37L	37	137	1,300			137
3	EQUIPMENT	20030625	71,182		100.00		71,182	15	37L	37	6,279	71,182			6,279
4	EQUIPMENT	20030701	17,379		100.00		17,379	0	37P	0		17,379	17,379		
5	EQUIPMENT	20060701	100,000		100.00		115,000	7	37L	37	16,782	131,218	90,000		16,782
6	EQUIPMENT	20070701	59,096		100.00		59,096	7	37L	37	4,334	63,430			4,334
7	EQUIPMENT	20040701	5,296		100.00		2,995	7	37L	37	234	2,761			234
8	EQUIPMENT	20060601	15,550		100.00		7,775	7	37L	37	1,111	16,661			1,111
9	EQUIPMENT	20080701	72,720		100.00		64,236	0	37L	37	20	64,256	64,220		20
10	EQUIPMENT	20080701	1,863		100.00		931	3	37L	37	33	1,894			33
11	EQUIPMENT	20091224	57,660		100.00		0	0	37L	37	57,660	57,660			57,660
12	EQUIPMENT	20100117	5,455		100.00		0	0	37L	37	5,455	5,455			5,455
Total:													116,236		95,075
Less: Accumulated Depreciation															(1,450)

ST ADJ:

Danka Michaels001856

Depreciation Detail Listing

STATE PARK 11200

2010

For your records only

Social security number/ EIN

Name(s) as shown on return

DANKA, MICHAELS DB PERM CHIEF

59-2571451

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	OFFICE FURNITURE	20030625	9,151		100.00		9,151	7	SL	15.28%	927	9,151	0		
2	MEDICAL EQUIPMENT	20030625	1,306		100.00		1,306	7	SL	15.28%	131	1,306	0		
3	VEHICLE EQUIPMENT	20030625	73,183		100.00		73,183	15	SL	6.467	-279	35,124	0		
5	RED EQUIP	20050701	17,576		100.00		17,576	0	EXP	0		17,576	17,576		
6	RED EQUIP	20060701	100,000		100.00		110,000	7	SL	15.28%	18,243	123,413	58,600		
7	RED EQUIP	20070701	55,000		100.00		55,000	7	SL	15.28%	2,438	28,523	0		
7	RED EQUIP	20080701	5,899		100.00		5,899	7	SL	15.28%	454	5,140	0		
8	RED EQUIP	20080701	15,550		100.00		15,550	7	SL	15.28%	2,241	5,953	0		
9	RED EQUIP	20090701	58,720		100.00		58,720	0	SL	30		58,720	2,126		
10	SOFTWARE	20090701	1,982		100.00		1,982	3	SL	33.33%	622	500	0		
11	MEDICAL EQUIP	20101122	52,000		100.00		0	5	SL	0	52,000	5,966			
12	CONCRETE EQUIP	20100217	5,455		100.00		0	3	SL	0	5,455	5,455			
Total															
							730,171				98,025	43,136	116,256		

Asset Report
Net Book Value Cost

154,981

CT ADIT

19,404

Danka Michaels001857

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

**Sub S Corporation
Diagnostic Summary**

2010

Name

DANKA K MICHAELS MD PROF CORP

Employer Identification #

56-2371654

Demographics

Mailing Address: 7373 PEAK DR NO 160
LAS VEGAS, NV 89134

Phone:

Resident State: NV

Diagnostics

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
Tax		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due		
2220 Penalty		
Total Equity	151,690	40,195

State/City InformationState/City

Gross
Income

Taxable
Income

Composite
Tax

Other Tax

Refund/
(Balance Due)

1120S TAX RETURN COMPARISON
2008 / 2009 / 2010

2010

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

	2008 FEDERAL	2009 FEDERAL	2010 FEDERAL	DIFFERENCE BETWEEN 2009 & 2010
Income				
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)				

2008 2009 2010 DIFFERENCE

1120S TAX RETURN COMPARISON
2008 / 2009 / 2010

2010

Page 2

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Identifying number

56-2371654

	2008 FEDERAL	2009 FEDERAL	2010 FEDERAL	DIFFERENCE BETWEEN 2009 & 2010
Deductions				
Section 179 deduction		48,720	60,514	11,794
Contributions	133		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				
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				
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				
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	56	115	10	(105)
Property distributions		25,000		(25,000)
Repayment of loans from shareholders				
Other information				
Investment income		134	57	(77)
Investment expenses				
Dividend distributions paid from accum earnings and profits				
RESIDENT STATE				
Taxable income				
Total tax				
Overpayment				
Balance due				

2008

2009

2010

DIFFERENCE

COMPARES.LD2

Danka Michaels001861

AA02791

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 Status (Keep for your records)	2011
Name(s) as shown on return		EIN number
DANKA K MICHAELS MD PROF CORP		56-2371654
<p>The following will be transmitted to the IRS. <input type="checkbox"/> 1120S <input type="checkbox"/> 7004 <input type="checkbox"/> Amended</p> <hr/> <p>The following state returns will be transmitted:</p> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <hr/> <p>EF Notes</p> <p style="margin-left: 40px;">Fed return has MESSAGE PAGE.</p>		

Form 1120S

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.

▶ See separate instructions.

OMB No. 1545-0130

2011

For calendar year 2011 or tax year beginning

, 2011, ending

, 20

A S election effective date

06-25-2003

B Business activity code
number (see instructions)

621111

C Check if Sch. M-3
attached ☐TYPE
OR
PRINT

Name

DANKA K MICHAELS MD PROF CORP

Number, street, and room or suite no. If a P.O. box, see instructions.

7373 PEAK DR NO 160

City or town, state, and ZIP code

LAS VEGAS

NV 89134

D Employer identification number

56-2371654

E Date incorporated

06-25-2003

F Total assets (see instructions)

\$ 223,521

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filedH Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☒ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year 1

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a	Merchant card and third-party payments. For 2011, enter -0-	1a	0	
	b	Gross receipts or sales not reported on line 1a (see instructions)	1b	1,652,631	
	c	Total. Add lines 1a and 1b	1c	1,652,631	
	d	Returns and allowances plus any other adjustments (see instructions)	1d		
	e	Subtract line 1d from line 1c	1e	1,652,631	
Deductions (see instructions for limitations)	2	Cost of goods sold (attach Form 1125-A)	2	307,002	
	3	Gross profit. Subtract line 2 from line 1e	3	1,345,629	
	4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	4		
	5	Other income (loss) (see instructions - attach statement)	5		
	6	Total income (loss). Add lines 3 through 5	6	1,345,629	
	7	Compensation of officers	7	216,000	
	8	Salaries and wages (less employment credits)	8	525,699	
	9	Repairs and maintenance	9	12,577	
	10	Bad debts	10		
	11	Rents	11	101,896	
	12	Taxes and licenses ATT_STL	12	97,419	
Tax and Payments	13	Interest	13	7,822	
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	31,460	
	15	Depletion (Do not deduct oil and gas depletion.)	15		
	16	Advertising	16	23,124	
	17	Pension, profit-sharing, etc., plans	17	18,391	
	18	Employee benefit programs	18		
	19	Other deductions (attach statement) STATEMENT #2	19	311,300	
	20	Total deductions. Add lines 7 through 19	20	1,345,688	
	21	Ordinary business income (loss). Subtract line 20 from line 6	21	(59)	
	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b	Tax from Schedule D (Form 1120S)	22b		
	c	Add lines 22a and 22b (see instructions for additional taxes)	22c		
	23a	2011 estimated tax payments and 2010 overpayment credited to 2011	23a		
	b	Tax deposited with Form 7004	23b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c		
d	Add lines 23a through 23c	23d			
24	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24			
25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25			
26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26			
27	Enter amount from line 26 Credited to 2012 estimated tax Refunded	27			

Sign Here

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

DANKA MICHAELS MD

Signature of officer

Date

PRESIDENT

Title

May the IRS discuss this return
with the preparer shown below
(see instructions)? ☒ Yes ☐ NoPaid
Preparer
Use Only

Print/Type preparer's name

ROBERT S SEMONIAN CPA

Preparer's signature

Date

08-24-2012

Check ☒ if PTIN

self-employed P00391972

Firm's name ▶ ROBERT S SEMONIAN CPA

Firm's EIN ▶ 95-4514704

Firm's address ▶ PO BOX 5605

Phone no.

Ventura CA 93005

(805) 659-5344

For Paperwork Reduction Act Notice, see separate instructions.

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Form 1120S (2011)

Danka Michaels001888

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Schedule B Other Information (see instructions)		Yes	No
1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> 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 domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a qualified subchapter S subsidiary election made?		X
4	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
5	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> 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 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 gain 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 less than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1		X
9	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
10a	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	

Schedule K Shareholders' Pro Rata Share Items		Total amount	
1	Ordinary business income (loss) (page 1, line 21)	1	(59)
2	Net rental real estate income (loss) (attach Form 8825)	2	
I n c o m e	3a Other gross rental income (loss)	3a	
	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	126
(L o s s)	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
s)	b Collectibles (28%) gain (loss)	8b	
	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 1120S (2011)

	Shareholders' Pro Rata Share Items (continued)	Total amount
Deductions	11 Section 179 deduction (attach Form 4562)	11
	12a Contributions	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)
	d Other deductions (see instructions) Type ▶	12d
Credits	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
	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) Type ▶ STATEMENT # 12	13g 2,303
Foreign Transactions	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	
	g Interest expense	14g
	h Other	14h
	Deductions allocated and apportioned at corporate level to foreign source income	
	i Passive category	14i
	j General category	14j
	k Other (attach statement)	14k
Other information		
l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l	
m Reduction in taxes available for credit (attach statement)	14m	
n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties-gross income	15d
	e Oil, gas, and geothermal properties-deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c 2,353
	d Distributions (attach statement if required) (see instructions)	16d 14,288
	e Repayment of loans from shareholders	16e
Other Information	17a Investment income	17a 126
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (attach statement)	
Reconciliation	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 67

EEA

Form 1120S (2011)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		129,132		114,995
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
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	30,351		4,716
7	Loans to shareholders				
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	(373,171)	83,810
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		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		115,057		65,750
21	Other liabilities (attach statement)				
22	Capital stock		17,000		17,000
23	Additional paid-in capital				
24	Retained earnings		134,690		118,116
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	()		()	
27	Total liabilities and shareholders' equity		294,753		223,521

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more-see instructions

1	Net income (loss) per books	(2,286)	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Travel and entertainment \$	50	7	Add lines 5 and 6	
	STATEMENT # 26	2,303	8	Income (loss) (Schedule K, line 18).	
		2,353		Line 4 less line 7	67
4	Add lines 1 through 3	67			

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	134,690	
2	Ordinary income from page 1, line 21		
3	Other additions STATEMENT # 29	126	
4	Loss from page 1, line 21	(59)	
5	Other reductions STATEMENT # 30	(2,353)	
6	Combine lines 1 through 5	132,404	
7	Distributions other than dividend distributions	14,288	
8	Balance at end of tax year. Subtract line 7 from line 6	118,116	

Schedule K-1
(Form 1120S)

Department of the Treasury
Internal Revenue Service

For calendar year 2011, or tax

year beginning _____, 2011
ending _____, 20

2011

☐ Final K-1

☒ Amended K-1

671111

OMB No. 1545-0130

Shareholder's Share of Income, Deductions,
Credits, etc.

► See page 2 of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number

56-2371654

B Corporation's name, address, city, state, and ZIP code

DANKA K MICHAELS MD PROF CORP

7373 PEAK DR NO 160

LAS VEGAS

NV 89134

C IRS Center where corporation filed return

OGDEN

Part II Information About the Shareholder

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code

DANKA MICHAELS

7373 PEAK DR

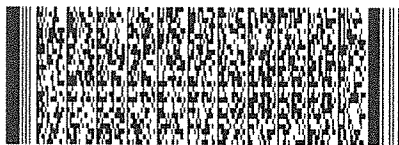
LAS VEGAS

NV 89128

F Shareholder's percentage of stock
ownership for tax year

100.00000 %

For
IRS
Use
Only



Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss)	P*	STMT
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions	C	2,353
		D	14,288
		17	Other information
		A	126

* See attached statement for additional information.

Schedule K-1 Supplemental Information		2011
Shareholder's name DANKA MICHAELS		Shareholder's ID Number [REDACTED]
Name of S Corporation DANKA K MICHAELS MD PROF CORP		S Corporation's EIN 56-2371654

<u>FORM 1120S SCHEDULE K-1 LINE 13</u>		
<u>CODE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
P	OTHER CREDITS	<u>2,303</u>
	CREDIT FOR SMALL EMPLOYER HEALTH INSURANCE PREMIUM	<u>2,303</u>
	TOTAL	<u><u>2,303</u></u>

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury

Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2011Attachment
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

DANKA K MICHAELS MD PROF CORP

FORM 1120S

56-2371654

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	31,460

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 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 property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	31,460
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form **4562** (2011)

Danka Michaels001894

AA02800

Form **8879-S****IRS e-file Signature Authorization
for Form 1120S**

OMB No. 1545-1863

2011Department of the Treasury
Internal Revenue Service

For calendar year 2011, or tax year beginning _____, 2011, ending _____, 20 _____

▶ See instructions. Do not send to the IRS. Keep for your records.

Name of corporation

Employer identification number

DANKA K MICHAELS MD PROF CORP**56-2371654****Part I Tax Return Information** (Whole dollars only)

1	Gross receipts or 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 estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	67

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2011 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros

on the corporation's 2011 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2011 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 02-24-2012 Title ▶ PRESIDENT**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ROBERT S SEMONIAN CPA Date ▶ 08-24-2012

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

EEA

Form **8879-S** (2011)

Danka Michaels001895

AA02801

Listing of Shareholder Distributions		2011
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP		Employer Identification Number 56-2371654

<u>Date</u>	<u>Amount</u>
12-31-2011	<u>14,288</u>
TOTAL	<u><u>14,288</u></u>

2011

Federal Supporting Statements		2011	PG01
Name(s) as shown on return		FEIN	
DANKA K MICHAELS MD PROF CORP		56-2371654	

AMENED RETURN STATEMENT # 1

ORIGINAL RETURN REPORTED PAYMENTS TO MANAGEMENT COMPANY AS DIVIDEND
 PAYMENTS TO SHAREHOLDERS IN ERROR. IN ADDITION, THE ORIGINAL RTURN
 FAILED TO CLAIM THE CREDIT FOR SMALL EMPLOYER HEALTH INSURANCE PREMIUMS
 FORM 8941

FORM 1120S LINE 19 **PG01**
STATEMENT # 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
BANK CHARGES	5,966
DUES AND SUBSCRIPTIONS	100
EDUCATION AND TRAINING	6,639
EQUIPMENT RENTAL/LEASE	46,110
INSURANCE	111,196
LEGAL AND PROFESSIONAL	650
50% MEALS AND ENTERTAINMENT	51
MEETINGS	2,237
FORM 8941 CREDIT ADJUSTMENT	(2,303)
OFFICE EXPENSE	13,134
OUTSIDE SERVICES/SUB CONTRACTORS	14,589
PAYROLL PROCESSING EXPENSE	2,973
POSTAGE/SHIPPING	4,574
SECURITY	351
TELEPHONE	10,947
UNIFORMS	187
UTILITIES	7,417
EMPLOYUEE AUTO REIMBURSEMENTS	12,457
BILLING SERVICE	9,121
EQUIPMENT MAINT CONTRACTS	10,755
MANAGEMENT FEES	54,149
	<hr/>
TOTAL	<u><u>311,300</u></u>

Federal Supporting Statements		2011	PG01
Name(s) as shown on return		FEIN	
DANKA K MICHAELS MD PROF CORP		56-2371654	

SCHEDULE A LINE 5 STATEMENT # 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>
WELLNESS PROGRAMS	6,468
NERVE CONDUCTION COSTS	6,638
ULTRA SOUND SERVICES	71,995
LAB FEES	3,966
MEDICAL SUPPLIES	33,779
TOTAL	122,846

FORM 1120S, SCHEDULE K, LINE 13g PAGE 1
STATEMENT # 12

<u>DESCRIPTION</u>	<u>AMOUNT</u>
CREDIT FOR SMALL EMPLOYER HEALTH INSURANCE PREMIUMS	2,303
TOTAL	2,303

<u>FORM 1120S, SCHEDULE L, LINE 6</u>		PG01 STM19
<u>OTHER CURRENT ASSETS</u>		
<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
NOTE RECEIVABLE	30,351	4,716
TOTAL	30,351	4,716

	Federal Supporting Statements	2011	PG01
<small>Name(s) as shown on return</small>		<small>FEIN</small>	
<u>DANKA K MICHAELS MD PROF CORP</u>		<u>56-2371654</u>	
<u>SCHEDULE M-1 LINE 3B</u>		STATEMENT # 26	
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
FORM 8941 CREDIT ADJUSTMENT		<u>2,303</u>	
TOTAL		<u><u>2,303</u></u>	
<u>SCHEDULE M-2 LINE 3</u>		PG01 STATEMENT # 29	
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
INTEREST INCOME		<u>126</u>	
TOTAL		<u><u>126</u></u>	
<u>SCHEDULE M-2 LINE 5</u>		PG01 STATEMENT # 30	
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
NONDEDUCTIBLE EXPENSES		<u>2,353</u>	
TOTAL		<u><u>2,353</u></u>	

(Keep for your records)

S CORPORATION NAME

EIN

DANKA K MICHAELS MD PROF CORP

56-2371654

Description	Schedule K	K-1 Totals	Difference
1 Ordinary business income (loss)	(59)	(59)	
4 Interest income	126	126	
13 P Other credits		2,303	(2,303)
16 C Nondeductible expenses	2,353	2,353	
D Property distributions	14,288	14,288	
17 a Investment income	126	126	

Taxes and Licenses Attachment		2011
<small>Note: This information does not transmit to the IRS with e-filed returns. Including with a paper filed return is optional.</small>		
<small>S CORPORATION NAME</small>	<small>EIN</small>	
DANKA K MICHAELS MD PROF CORP	56-2371654	
Taxes and Licenses	Form 1120S	Page 1, Line 12
1 State income taxes 2 State franchise taxes 3 City income taxes 4 City franchise taxes 5 Local property taxes 6 Intangible property taxes 7 Payroll taxes 8 Less: credit from Form 8846 9 Foreign taxes paid 10 Occupancy taxes 11 Other miscellaneous taxes 12 Built in gains tax allocated to ordinary income 13 Licenses 14 Total to Form 1120S, Page 1, Line 12	1 2 3 4 5 6 7 8 9 10 11 12 13 14	 94,766 2,653 97,419

Schedule M-2/Retained Earnings Worksheet (Keep for your records)		2011
Form 1120S		
Corporation Name DANKA K MICHAELS MD PROF CORP		EIN 56-2371654
Analysis of Current-Year Retained Earnings		
1	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	1 <u>134,690</u>
2	Book income (loss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11)	2 <u>(2,286)</u>
3	Distributions (Schedule K, line 16d)	3 <u>(14,288)</u>
4	Subtotal (combines lines 1 through 3)	4 <u>118,116</u>
5	Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	5 <u>118,116</u>
6	Difference (line 4 minus line 5) (should be zero)	6 <u> </u>
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 <u>118,116</u>
2	Beginning retained earnings (Schedule L, column b, line 24)	2 <u>134,690</u>
3	Retained earnings change (line 1 minus line 2)	3 <u>(16,574)</u>
4	Ending AAA plus OAA	4 <u>118,116</u>
5	Beginning AAA plus OAA	5 <u>134,690</u>
6	Difference (line 4 minus line 5)	6 <u>(16,574)</u>
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)		
7	Other income recorded on books not included on Schedule K	7 <u> </u>
8	Depreciation on Schedule K not included on books	8 <u> </u>
9	Other Schedule K items not included on books	9 <u> </u>
10	Total subtractions (lines 7 through 9)	10 <u> </u>
Additions to net income 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	11 <u> </u>
12	Depreciation on books not included on Schedule K	12 <u> </u>
13	Other items on books not included on Schedule K	13 <u> </u>
14	Total additions (lines 11 through 13)	14 <u> </u>
15	Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10)	15 <u> </u>
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.		
16	Permanent differences	16 <u> </u>
17	Temporary differences	17 <u> </u>
18	Timing adjustments not included on Schedule M-2 (combine lines 16 and 17)	18 <u> </u>
19	Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7	19 <u> </u>
20	Adjustments to retained earnings (Schedule L, line 25 column d minus Schedule L, line 25, column b)	20 <u> </u>
21	M-2 amount after M-1 timing adjustments (add lines 6, 15, 19, and 20)	21 <u>(16,574)</u>
22	M-2 amount after M-3 timing adjustments (add lines 6, 18, 19, and 20)	22 <u> </u>
23	Net reconciliation difference (line 3 minus line 21 or 22)	23 <u> </u>

* Item was disposed
of during current year.

Depreciation Detail Listing

FORM 1120S

For your records only

2011

PAGE 1

Name(s) as shown on return

Social Security Number

DANKA K MICHAELS MD PROF CORP

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
1	OFFICE FURNITURE	20030625	9,151		100.00		9,151	7		0		9,151			
2	MEDICAL EQUIPMENT	20030625	1,304		100.00		1,304	7		0		1,304			
3	LEASEHOLD IMPROVEMENT	20030625	73,188		100.00		73,188	15	S/L	6.667	4,879	40,455			4,879
4	MED EQUIP	20050701	17,576		100.00	17,576		0	5	0		17,576	17,576		
5	MED EQUIP	20060701	164,054		100.00	50,000	114,054	7	S/L	14.286	16,293	139,612	50,000		16,293
6	MED EQUIP	20070701	59,066		100.00		59,066	7	S/L	14.286	8,438	37,971			8,438
7	MED EQUIP	20080701	5,990		100.00		2,995	7	S/L	14.286	428	4,493		PY	2,995
8	MED EQUIP	20080801	15,550		100.00		7,775	7	S/L	14.286	1,111	11,663		PY	7,775
9	SPA EQUIP	20090701	48,720		100.00	48,720		0	5	20		48,720	48,720		1,111
10	SOFTWARE	20090701	1,868		100.00		934	3	S/L	33.333	311	1,712		PY	311
11	MEDICAL EQUIP	20101228	54,660		100.00	54,660		0	5	20		54,660	54,660		
12	COMPUTER EQUIP	20100217	5,854		100.00	5,854		0	3	S/L	33.333	5,854	5,854		
	Totals		456,981			176,810	268,467				31,460	373,171	176,810		31,460
	Land Amount														
	Net Depreciable Cost		456,981											ST ADJ:	(1,850)

Danka Michaels001904

AA02810

Depreciation Detail Listing

STATE FORM 1120S

For your records only

2011

PAGE 1

NEVER BE SHOWN ON RETURN

Social security number

DANKA K MICHAELS MD PROF CORP

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
1	OFFICE FURNITURE	20030625	9,151		100.00		9,151	7		0		9,151			
2	MEDICAL EQUIPMENT	20030625	1,304		100.00		1,304	7		0		1,304			
3	LEASEHOLD IMPROVEMENTS	20030625	73,188		100.00	0	73,188	15	S/L	6.667	4,879	40,455	0		
4	MED EQUIP	20050701	17,576		100.00	17,576		0	5			17,576	17,576		
5	MED EQUIP	20060701	164,054		100.00	50,000	114,054	7	S/L	14.286	16,293	139,612	50,000		
6	MED EQUIP	20070701	59,066		100.00	0	59,066	7	S/L	14.286	8,438	37,971	0		
7	MED EQUIP	20080701	5,990		100.00	0	5,990	7	S/L	14.286	856	2,996	0		
8	MED EQUIP	20080801	15,550		100.00	0	15,550	7	S/L	14.286	2,221	7,774	0		
9	SFA EQUIP	20090701	48,720		100.00	48,720		0	5			48,720	48,720		
10	SOFTWARE	20090701	1,868		100.00	0	1,868	3	S/L	33.333	623	1,557	0		
11	MEDICAL EQUIP	20101228	54,660		100.00	54,660		0	5			54,660	54,660		
12	COMPUTER EQUIP	20100217	5,854		100.00	5,854		0	3			5,854	5,854		
Totals			456,981			176,810	280,171				33,310	367,630	176,810		
Land Amount															
Net Depreciable Cost			456,981												
														ST ADJ:	

Danka Michaels001905

AA02811

Next Year's Depreciation

2011

Name						FEIN	
DANKA K MICHAELS MD PROF CORP						56-2371654	
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	OFFICE FURNITURE	20030625	9,151	SL	7	
1120	1	MEDICAL EQUIPMENT	20030625	1,304	SL	7	
1120	1	LEASEHOLD IMPROVEMENT	20030625	73,188	SL	15	4,879
1120	1	MED EQUIP	20050701		EXP	5	
1120	1	MED EQUIP	20060701	114,054	SL	7	16,293
1120	1	MED EQUIP	20070701	59,066	SL	7	8,438
1120	1	MED EQUIP	20080701	2,995	SL	7	428
1120	1	MED EQUIP	20080801	7,775	SL	7	1,111
1120	1	SPA EQUIP	20090701		SL	5	
1120	1	SOFTWARE	20090701	934	SL	3	156
1120	1	MEDICAL EQUIP	20101228		SL	5	
1120	1	COMPUTER EQUIP	20100217		SL	3	
		TOTAL					31,305

Federal Filing Instructions**2011**

Name(s) as shown on return

Your Social Security Number

DANKA K MICHAELS MD PROF CORP

56-2371654

Form to be filed: Form 1120S and supplemental forms and 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. Attach a statement that identifies the line number of each amended item, the corrected amount or treatment of the item, and an explanation of the reasons for each change. If the income, deductions, credits, or other information provided to any shareholder on Schedule K-1 are incorrect, file an amended Schedule K-1 for that shareholder with the amended Form 1120S. Also give a copy of the amended Schedule K-1 to that shareholder.

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	
Form 8941 - Small Employer Health Insurance Premium Cr	
Statement 1120S - Subsidiary Schedule for 1120S	
Statement 1120S - Subsidiary Schedule for 1120S	
Statement 1120S - Form 1120S Statement - Line 5	
Statement 1120S - Form 1120S Statement - Line 19	
Statement 1120S - Form 1120S, Schedule A Statement - Line 5	
Statement 1120S - Form 1120S, Schedule K Statement - Line 13g	
Statement 1120S - 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	
K1_Dist - Shareholder's Share of Distributions	
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**

2011

Name

DANKA K MICHAELS MD PROF CORP

Employer Identification #

56-2371654

Demographics

Mailing Address: 7373 PEAK DR NO 160
LAS VEGAS, NV 89134

Phone:

Resident State: NV

Diagnostics

Preparer: ROBERT S SEMONIAN

Invoice:

Date: 08-24-2012

Return Information

Item on Return	2011 Federal	2010 Federal (If available)
Total Assets	223,521	294,753
Number of Shareholders	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		
Total Equity	135,116	151,690

State/City InformationState/City

Gross
Income

Taxable
Income

Composite
Tax

Other Tax

Refund/
(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 FEDERAL	2010 FEDERAL	2011 FEDERAL	DIFFERENCE BETWEEN 2010 & 2011
Income				
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				
Other income				
Total income	1,005,858	1,316,816	1,345,629	28,813
Deductions				
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				
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)
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)	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				
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

Page 2

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Identifying number

56-2371654

	2009 FEDERAL	2010 FEDERAL	2011 FEDERAL	DIFFERENCE BETWEEN 2010 & 2011
Deductions				
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				
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				
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				
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	115	10	2,353	2,343
Property distributions	25,000		14,288	14,288
Repayment of loans from shareholders				
Other information				
Investment income	134	57	126	69
Investment expenses				
Dividend distributions paid from accum earnings and profits				
RESIDENT STATE				
Taxable income				
Total tax				
Overpayment				
Balance due				
	2009	2010	2011	DIFFERENCE

COMPARES.LD2

Danka Michaels001911

AA02817

Form **8941**Department of the Treasury
Internal Revenue Service**Credit for Small Employer Health Insurance Premiums**▶ Information about Form 8941 and its inst. is available at www.irs.gov/form8941.
▶ Attach to your tax return.

OMB No. 1545-2198

2011Attachment
Sequence No. **63**

Name(s) shown on return

Identifying number

DANKA K MICHAELS MD PROF CORP**56-2371654**

1	Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	1	17
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	12
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	43,000
4	Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions)	4	44,766
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 (see instructions)	5	81,277
6	Enter the smaller of line 4 or line 5	6	44,766
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	15,668
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	8	13,584
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9	2,303
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	
11	Subtract line 10 from line 4. If zero or less, enter -0-	11	44,766
12	Enter the smaller of line 9 or line 11	12	2,303
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 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	13	9
14	Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	14	8
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 3800, line 4h	16	2,303
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17	
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	18	
19	Enter the amount you paid in 2011 for taxes considered payroll taxes for purposes of this credit (see instructions)	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.

EEA

Form 8941 (2011)

Danka Michaels001912

AA02818

Schedule K-1 Distribution Information				2011
<small>Shareholder's name</small> DANKA MICHAELS			<small>Shareholder's ID Number</small> <div style="background-color: black; width: 100px; height: 15px;"></div>	
<small>Name of S Corporation</small> DANKA K MICHAELS MD PROF CORP			<small>S Corporation's EIN</small> 56-2371654	
Date of Distribution	Total Amount of Distribution	Ownership % at Date of Distribution	Shares	Shareholder's Pro Rata Share of Distribution
12-31-2011	14,288	100.00	1000.00000	14,288
TOTAL				<div style="border-top: 1px solid black; border-bottom: 3px double black;">14,288</div>

FORM
8941

WORKSHEETS 1 and 4

2011

(Keep for your records)

Name(s) as shown on return

Identifying Number

DANKA K MICHAELS 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.

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

**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) Enrolled Individuals Considered Employees	(b) Employer Premiums Paid	(c) Employer State Average Premiums	(d) Enrolled Employee Hours of Service
1. ALTMAYER	4,974	4,781	1,669
2.		4,781	
3. ASHMAN	4,974	4,781	2,080
4. CARILLO	4,974	4,781	2,080
5.		4,781	
6. LANG	4,974	4,781	2,080
7.		4,781	
8.		4,781	
9.		4,781	
10.		4,781	
11. OBRIEN	4,974	4,781	2,080
12. PAQUE	4,974	4,781	2,080
13. PICKENS	4,974	4,781	2,080
14. QUBIN	4,974	4,781	2,080
15. SHAW	4,974	4,781	2,080
16.		4,781	
17.		4,781	
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
Totals: 9	44,766	81,277	18,309

WK_8941A.LD

Danka Michaels001914

FORM
8941

WORKSHEETS 2, 3, 5, 6, and 7

2011

(Keep for your records)

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Identifying Number

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. 12

Worksheet 3. Average Annual Wages

1. Enter the total employee wages paid from Worksheet 1, column (c) 1. 525,201
2. Enter FTE's from Worksheet 2, line 3. 2. 12
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. 43,000

Worksheet 5. FTE Limitation

1. Enter the amount from Form 8941, line 7. . . 1. 15,668
2. Enter the amount from Form 8941, line 2 2. 12
3. Subtract 10 from line 2. . . 3. 2
4. Divide line 3 by 15. Enter the result as a decimal (rounded to at least 3 places) 4. 0.133
5. Multiply line 1 by line 4. 5. 2,084
6. Subtract line 5 from line 1. Report this amount on Form 8941, line 8. 6. 13,584

Worksheet 6. Average Annual Wage Limitation

1. Enter the amount from Form 8941, line 8. . . 1. 13,584
2. Enter the amount from Form 8941, line 7 2. 15,668
3. Enter the amount from Form 8941, line 3 3. 43,000
4. Subtract \$25,000 from line 3 4. 18,000
5. Divide line 4 by \$25,000. Enter the result as a decimal (rounded to at least 3 places) 5. 0.720
6. Multiply line 2 by line 5. 6. 11,281
7. Subtract line 6 from line 1. Report this amount on Form 8941, line 9. 7. 2,303

Worksheet 7. FTEs Enrolled in Coverage

1. Enter the total enrolled employee hours of service from Worksheet 4, column (d) . . . 1. 18,309
2. Hours of service per FTE 2. 2,080
3. Divided 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 14 3. 8

(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.**

Name

Employer identification number

DANKA 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) STATEMENT #5.	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 appropriate line of your tax return (see instructions)	8	307,002

9a Check all methods used for valuing closing inventory:

(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 ▶ ☐

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 amount of closing inventory computed under LIFO **9d** |

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

ETD ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing of extensions is allowed.

Name(s)

DANKA K MICHAELS MD PROF CORP

SSN/EIN

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 (Keep for your records)	2012																																																																																																																																					
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP		EIN number 56-2371654																																																																																																																																					
<p>The following will be transmitted to the IRS. <input checked="" type="checkbox"/> 1120S <input type="checkbox"/> 7004 <input type="checkbox"/> Amended</p> <hr/> <p>The following state returns will be transmitted:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>EF Notes</p> <div style="height: 100px; border: 1px solid black;"></div>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

OMB No. 1545-0130

2012

For calendar year 2012 or tax year beginning		, 2012, ending		, 20	
A S election effective date 06-25-2003	TYPE OR PRINT	Name DANKA K MICHAELS MD PROF CORP	D Employer identification number 56-2371654		
B Business activity code number (see instructions) 621111		Number, street, and room or suite no. If a P.O. box, see instructions. 3320 N BUFFALO DR	E Date incorporated 06-25-2003		
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state, and ZIP code LAS VEGAS NV 89129	F Total assets (see instructions) \$ 116,090		

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☒ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year: 1

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	1,557,314	1c	1,557,314	
	b Returns and allowances	1b				
	c Balance. Subtract line 1b from line 1a					
	2 Cost of goods sold (attach Form 1125-A)				2	305,618
	3 Gross profit. Subtract line 2 from line 1c				3	1,251,696
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)				4	
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions - attach statement)			5		
	6 Total income (loss). Add lines 3 through 5			6	1,251,696	
	7 Compensation of officers			7	195,000	
	8 Salaries and wages (less employment credits)			8	531,238	
	9 Repairs and maintenance			9	14,005	
	10 Bad debts			10		
	11 Rents			11	99,305	
	12 Taxes and licenses		APT, STL	12	62,124	
	13 Interest			13		
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	31,305	
	15 Depletion (Do not deduct oil and gas depletion.)			15		
	16 Advertising			16	21,130	
	17 Pension, profit-sharing, etc., plans			17	16,433	
	18 Employee benefit programs			18	49,571	
	19 Other deductions (attach statement)		Statement #2	19	270,787	
20 Total deductions. Add lines 7 through 19			20	1,290,898		
21 Ordinary business income (loss). Subtract line 20 from line 6			21	(39,202)		
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a		22c		
	b Tax from Schedule D (Form 1120S)	22b				
	c Add lines 22a and 22b (see instructions for additional taxes)					
	23 a 2012 estimated tax payments and 2011 overpayment credited to 2012	23a		23d		
	b Tax deposited with Form 7004	23b				
	c Credit for federal tax paid on fuels (attach Form 4136)	23c				
	d Add lines 23a through 23c			23d		
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24		
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25		
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26		
27 Enter amount from line 26 Credited to 2013 estimated tax			27			

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Signature of officer DANKA MICHAELS MD	Date	Title PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name ROBERT S SEMONIAN CPA	Preparer's signature	Date 05-23-2013	Check <input checked="" type="checkbox"/> if self-employed
	Firm's name ▶ ROBERT S SEMONIAN CPA	Firm's EIN ▶ 95-4514704	PTIN P00391972	
	Firm's address ▶ PO BOX 5605 Ventura CA 93005	Phone no. (805) 659-5344		

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2012)

EEA

Danka Michaels001940

AA02825

Schedule K Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	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)	3a
	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
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b Collectibles (28%) gain (loss)	8b
	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
	11 Section 179 deduction (attach Form 4562)	11 1,437
	12a Charitable contributions	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)
	d Other deductions (see instructions) . . . Type ▶	12d
Credits	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
	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) Type ▶ Statement #12	13g 161
	Foreign Transaction	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		
g Interest expense		14g
h Other		14h
Deductions allocated and apportioned at corporate level to foreign source income		
i Passive category		14i
j General category		14j
k Other (attach statement)		14k
Alternative Minimum Tax (AMT) Items	Other information	
	l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l
	m Reduction in taxes available for credit (attach statement)	14m
	n Other foreign tax information (attach statement)	
	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
Items Affecting Shareholder Basis	d Oil, gas, and geothermal properties-gross income	15d
	e Oil, gas, and geothermal properties-deductions	15e
	f Other AMT items (attach statement)	15f
	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c 1,744
d Distributions (attach statement if required) (see instructions)	16d 29,643	
e Repayment of loans from shareholders	16e	

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount
Other Information	17 a	Investment income	17a
	b	Investment expenses	17b
	c	Dividend distributions paid from accumulated earnings and profits	17c
	d	Other items and amounts (attach statement)	
Reconciliation	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 (40,639)

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		114,995		37,517		
2 a	Trade notes and accounts receivable . . .						
b	Less allowance for bad debts	()		()			
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	Statement #19	6,068		
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement) . . .						
10 a	Buildings and other depreciable assets . .	456,981		458,418			
b	Less accumulated depreciation	(373,171)	83,810	(405,913)	52,505		
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		223,521		116,090		
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year		22,655		21,024		
18	Other current liabilities (attach statement) . .	Statement #22	0	Statement #22	10,652		
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more . .		65,750		21,324		
21	Other liabilities (attach statement)						
22	Capital stock		17,000		17,000		
23	Additional paid-in capital						
24	Retained earnings		118,116		46,090		
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock	()		()			
27	Total liabilities and shareholders' equity . .		223,521		116,090		

671112

Schedule K-1
(Form 1120S)Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax

year beginning _____, 2012

ending _____, 20

2012

Final K-1

Amended K-1

OMB No. 1545-0130

Shareholder's Share of Income, Deductions,
Credits, etc.

▶ See page 2 of form and separate instructions.

Part I Information About the Corporation		Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items	
A Corporation's employer identification number 56-2371654		1 Ordinary business income (loss) (39,202)	13 Credits P * STMT
B Corporation's name, address, city, state, and ZIP code DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR LAS VEGAS NV 89129		2 Net rental real estate income (loss)	
		3 Other net rental income (loss)	
		4 Interest income	
		5a Ordinary dividends	
		5b Qualified dividends	14 Foreign transactions
		6 Royalties	
		7 Net short-term capital gain (loss)	
		8a Net long-term capital gain (loss)	
		8b Collectibles (28%) gain (loss)	
		8c Unrecaptured section 1250 gain	
		9 Net section 1231 gain (loss)	
		10 Other income (loss)	15 Alternative minimum tax (AMT) items
C IRS Center where corporation filed return OGDEN			
Part II Information About the Shareholder			
D Shareholder's identifying number [REDACTED]			
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 100.00000 %			
		11 Section 179 deduction 1,437	16 Items affecting shareholder basis C 1,744 D 29,643
		12 Other deductions	
			17 Other information
* See attached statement for additional information.			

For IRS Use Only



Schedule K-1 Supplemental Information		2012
Shareholder's name	Shareholder's ID Number	
DANKA MICHAELS		
Name of S Corporation	S Corporation's EIN	
DANKA K MICHAELS MD PROF CORP	56-2371654	

<u>FORM 1120S SCHEDULE K-1 LINE 13</u>		
<u>CODE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
P	OTHER CREDITS	161
	CREDIT FOR SMALL EMPLOYER HEALTH INS. PREMIUMS	161
	TOTAL	161

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2012Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

DANKA K MICHAELS MD PROF CORP

FORM 1120S

56-2371654

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	1,437
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	EQUIP	1,437	1,437
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	1,437
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	1,437
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	155,637
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	1,437
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	31,305

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 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 property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	31,305
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2012)

EEA

Danka Michaels001946

AA02831

Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-1863

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

▶ Information about Form 8879-S and its instructions is at www.irs.gov/form1120S.**2012**Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax year beginning

, 2012, ending

, 20

Name of corporation

Employer identification number

DANKA K MICHAELS MD PROF CORP

56-2371654

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	1,557,314
2	Gross profit (Form 1120S, line 3)	2	1,251,696
3	Ordinary business income (loss) (Form 1120S, line 21)	3	(39,202)
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	(40,639)

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2012 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

- ☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros
- ☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2012 electronically filed income tax return.

Officer's signature

Date

05-08-2013

Title

PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884

98765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ROBERT S SEMONIAN CPA

Date

05-23-2013

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2012)

EEA

Danka Michaels001947

AA02832

Listing of Shareholder Distributions		2012
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP		Employer Identification Number 56-2371654
<u>Date</u>	<u>Amount</u>	
12-31-2012	29,643	
TOTAL	29,643	

WK_DIST LD

Danka Michaels001948

AA02833

Summary of Stock Ownership

2012

CORPORATION NAME DANKA K MICHAELS MD PROF CORP					EIN 56-2371654	
Shareholder Information			Shares		% Ownership	
Name	EIN/SSN	Type	Beginning	Ending	Beginning	Ending
DANKA MICHAELS			1,000	1,000	100.00000	100.00000
TOTAL			1,000	1,000		

Federal Supporting Statements		2012	PG01
Name(s) as shown on return		FEIN	
DANKA K MICHAELS MD PROF CORP		56-2371654	
FORM 1120S LINE 19		Statement #2	
DESCRIPTION	AMOUNT		
COMMISSIONS	79,102		
EDUCATION AND TRAINING	1,253		
EQUIPMENT RENTAL/LEASE	2,428		
GIFTS	745		
LIABILITY INSURANCE	56,682		
WORKERS COMP INSURANCE	1,503		
INTERNET	1,253		
JANITORIAL	12,211		
LEGAL AND PROFESSIONAL	1,117		
50% MEALS AND ENTERTAINMENT	1,584		
FORM 8941 CREDIT ADJUSTMENT	(161)		
MISCELLANEOUS	1,209		
OFFICE EXPENSE	22,571		
PAYROLL PROCESSING EXPENSE	3,236		
POSTAGE/SHIPPING	3,818		
PRINTING	720		
SECURITY	468		
SUPPLIES	2,234		
TELEPHONE	8,383		
UTILITIES	7,973		
EMPLOYEE AUTO REIMBURSEMENTS	3,233		
BILLING SERVICE	6,958		
EQUIPMENT MAINT CONTRACTS	5,063		
MANAGEMENT FEES	12,469		
ANSWERING SERVICE	1,345		
BANK AND MERCHANT FEES	17,146		
BOOKKEEPING FEES	16,244		

TOTAL	270,787		
	=====		
SCHEDULE A LINE 5		PG01	
		Statement #5	
DESCRIPTION	AMOUNT		
WELLNESS PROGRAMS	7,049		
NERVE CONDUCTION COSTS	6,600		
ULTRA SOUND SERVICES	72,570		
LAB FEES	3,945		
MEDICAL SUPPLIES	29,290		
VACCINES	46,679		

TOTAL	166,133		
	=====		

STATEMENT LD

Danka Michaels001950

AA02835

Federal Supporting Statements		2012	PAGE 1
Name(s) as shown on return		FEIN	
DANKA K MICHAELS MD PROF CORP		56-2371654	
<u>FORM 1120S, SCHEDULE K, LINE 13g</u>		Statement #12	
<u>DESCRIPTION</u>			<u>AMOUNT</u>
CREDIT FOR SMALL EMPLOYER HEALTH INS. PREMIUMS			161
TOTAL			161
<u>FORM 1120S, SCHEDULE L, LINE 6</u>		PG01 STM19	
<u>OTHER CURRENT ASSETS</u>			
<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>	
NOTE RECEIVABLE	4,716	6,068	
TOTAL	4,716	6,068	
<u>FORM 1120S, SCHEDULE L, LINE 18</u>		PG01 STM22	
<u>OTHER CURRENT LIABILITIES</u>			
<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>	
SALES TAX PAY		2,324	
EMPLOYEE TIPS PAY		1,687	
PAYROLL TAXES PAY		6,641	
TOTAL		10,652	
<u>SCHEDULE M-1 LINE 3B</u>		PG01 Statement #26	
<u>DESCRIPTION</u>			<u>AMOUNT</u>
FORM 8941 CREDIT ADJUSTMENT			161
TOTAL			161

STATMENT LD

Danka Michaels001951

AA02836

Federal Supporting Statements		2012	PG01
Name(s) as shown on return		FEIN	
DANKA K MICHAELS MD PROF CORP		56-2371654	
<u>SCHEDULE M-2 LINE 5</u>		Statement #30	
<u>DESCRIPTION</u>	<u>AMOUNT</u>		
ALLOWED SECTION 179 EXPENSE	1,437		
NONDEDUCTIBLE EXPENSES	1,744		
TOTAL	3,181		

STATMENT.LD

Danka Michaels001952

AA02837

Form 1120S

K-K1 Comparison Worksheet

2012

(Keep for your records)

S CORPORATION NAME

EIN

DANKA K MICHAELS MD PROF CORP

56-2371654

Description	Schedule K	K-1 Totals	Difference
1 Ordinary business income (loss)	(39,202)	(39,202)	
11 Section 179 deduction	1,437	1,437	
13 F Other credits	161	161	
16 C Nondeductible expenses	1,744	1,744	
D Property distributions	29,643	29,643	

WK_SCOMPLD

Danka Michaels001953

AA02838

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

ATT_STL.LD

Danka Michaels001954

AA02839

Schedule M-2/Retained Earnings Worksheet (Keep for your records)		2012
Form 1120S		
Corporation Name DANKA K MICHAELS MD PROF CORP		EIN 56-2371654
Analysis of Current-Year Retained Earnings		
1	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	118,116
2	Book income (loss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11)	(42,383)
3	Distributions (Schedule K, line 16d)	(29,643)
4	Subtotal (combines lines 1 through 3)	46,090
5	Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	46,090
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)	46,090
2	Beginning retained earnings (Schedule L, column b, line 24)	118,116
3	Retained earnings change (line 1 minus line 2)	(72,026)
4	Ending AAA plus OAA	46,090
5	Beginning AAA plus OAA	118,116
6	Difference (line 4 minus line 5)	(72,026)
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)		
7	Other income recorded on books not included on Schedule K	
8	Depreciation on Schedule K not included on books	
9	Other Schedule K items not included on books	
10	Total subtractions (lines 7 through 9)	
Additions to net income 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 books not included on Schedule K	
13	Other items on books not included on Schedule K	
14	Total 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)	
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.		
16	Permanent differences	
17	Temporary differences	
18	Timing adjustments not included on Schedule M-2 (combine lines 16 and 17)	
19	Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7	
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)	(72,026)
22	M-2 amount after M-3 timing adjustments (add lines 6, 18, 19, and 20)	
23	Net reconciliation difference (line 3 minus line 21 or 22)	

Form 1120S

S CORPORATION BUSINESS INCOME LIMIT WORKSHEET

2012

(Keep for your records)

S Corporation Name

DANKA K MICHAELS MD PROF CORP

EIN

56-2371654

- 1 Dollar limitation for tax year. Enter amount from Form 4562, line 5 500,000
- 2 Ordinary business income (loss) (Form 1120S, Page 2, Sch K, Line 1) (39,202)
- 3 Less: Credit amounts that reduced expenses or increased income (161)
- 4 Plus: Compensation paid to shareholder-employees (Form 1120S, Page 1, Lines 7 and 8) 195,000
- 5 Adjusted ordinary business income (loss) (Combine lines 2 through 4) 155,637
- 6 Net rental real estate income (loss) (Form 1120S, Sch K, Line 2)
- 7 Other net rental income (loss). (Form 1120S, Sch K, Line 3c)
- 8 Net short term capital gain (loss) (Form 1120S, Sch K, Line 7)
- 9 Net long-term capital gain (loss) (Form 1120S, Sch K, Line 8a)
- 10 Net section 1231 gain (loss) (Form 1120S, Sch K, Line 9)
- 11 Other Income (Form 1120S, Sch K, Line 10)
- 12 Charitable Contributions (Form 1120S, Sch K, Line 12a)
- 13 Section 59(e)(2) expenditures (Form 1120S, Sch K, Line 12c(2))
- 14 Other deductions (Form 1120S, Sch K, Line 12d) (excluding codes K & L)
- 15 Total business income (loss). Combine lines 5 through 14 155,637
- 16 Business income limitation. Lesser of line 1 or line 15, but not < zero. Enter here and on Form 4562, line 11 155,637

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2012	Remaining carryover
1120 EQUIP	2012	1,437		1,437	
TOTAL ALLOWABLE (4562 LN 12)				1,437	
TOTAL 2012 ELEC. COST (4562 LN 8)			1,437		

2012

PAGE 1

Depreciation Detail Listing

STATE FORM 1120S

For your records only

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
1	OFFICE FURNITURE	20030625	9,151		100.00		9,151	7		0		9,151			
2	MEDICAL EQUIPMENT	20030625	1,304		100.00		1,304	7		0		1,304			
3	LEASEHOLD IMPROVEMENT	20030625	73,188		100.00	0	73,188	15	SL	HY	6.667	45,334	0		
4	MED EQUIP	20050701	17,576		100.00	17,576	0	5		0		17,576	17,576		
5	MED EQUIP	20060701	164,054		100.00	50,000	114,054	7	SL	HY	14.285	16,293	155,905	50,000	
6	MED EQUIP	20070701	59,066		100.00	0	59,066	7	SL	HY	14.285	8,438	46,409	0	
7	MED EQUIP	20080701	5,990		100.00	0	5,990	7	SL	HY	14.285	856	3,852	0	
8	MED EQUIP	20080801	15,550		100.00	0	15,550	7	SL	HY	14.285	2,221	9,995	0	
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	0	1,868	3	SL	HY	33.333	311	1,868	0	
11	MEDICAL EQUIP	20101228	54,660		100.00	54,660	0	5	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	0	1,437	1,437		
Totals															
458,418															
178,247															
280,171															
34,435															
402,065															
176,810															

ST ADJ: Danka Michaels001958

AA02843

Next Year's Depreciation

2012

Name						FEIN	
DANKA K MICHAELS MD PROF CORP						56-2371654	
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	OFFICE FURNITURE	20030625	9,151	SL	7	
1120	1	MEDICAL EQUIPMENT	20030625	1,304	SL	7	
1120	1	LEASEHOLD IMPROVEMENT	20030625	73,188	SL	15	4,879
1120	1	MED EQUIP	20050701		EXP	5	
1120	1	MED EQUIP	20060701	114,054	SL	7	8,149
1120	1	MED EQUIP	20070701	59,066	SL	7	8,438
1120	1	MED EQUIP	20080701	2,995	SL	7	428
1120	1	MED EQUIP	20080801	7,775	SL	7	1,111
1120	1	SPA EQUIP	20090701		SL	5	
1120	1	SOFTWARE	20090701	934	SL	3	
1120	1	MEDICAL EQUIP	20101228		SL	5	
1120	1	COMPUTER EQUIP	20100217		SL	3	
1120	1	EQUIP	20120701		SL	5	
		TOTAL					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:	03-15-2013	
Form to be filed:	Form 1120S and supplemental forms and 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	

FILEINSTLD

Danka Michaels001960

AA02845

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	\$
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	
Form 8941 - Small Employer Health Insurance Premium 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 - Line 5	
Statement 1120S - Form 1120S, Schedule K Statement - Line 13g	
Statement 1120S - Subsidiary Schedule for 1120S	
Statement 26 - Schedule M-1 Statement - Line 3B	
Statement 30 - Schedule M-2 Statement - Line 5	
K1_Dist - Shareholder's Share of Distributions	
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	
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

Sub S Corporation
Diagnostic Summary

2012

Name

DANKA K MICHAELS MD PROF CORP

Employer Identification #

56-2371654

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

Phone:

Resident State: NV

Diagnostics

Preparer: ROBERT S SEMONIAN

Invoice:

Date: 05-23-2013

Return Information

Item on Return	2012 Federal	2011 Federal (If available)
Total Assets	116,090	223,521
Number of Shareholders	1	1
Gross Receipts/Sales	1,557,314	1,652,631
Total Income	1,251,696	1,345,629
Total Deductions	1,290,898	1,345,688
Ordinary Income	(39,202)	(59)
Tax		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due		
2220 Penalty		
Total Equity	63,090	135,116

State/City InformationState/CityGross
IncomeTaxable
IncomeComposite
TaxOther TaxRefund/
(Balance Due)

1120S TAX RETURN COMPARISON
2010 / 2011 / 2012

2012

Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	Identifying number 56-2371654
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	2010 FEDERAL	2011 FEDERAL	2012 FEDERAL	DIFFERENCE BETWEEN 2011 & 2012
Income				
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				
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				
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)	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

COMPARES.LD

Danka Michaels001963

AA02848

1120S TAX RETURN COMPARISON
2010 / 2011 / 2012

2012

Page 2

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Identifying number

56-2371654

	2010 FEDERAL	2011 FEDERAL	2012 FEDERAL	DIFFERENCE BETWEEN 2011 & 2012
Deductions				
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				
Gross income from all sources				
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				
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				
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	10	2,353	1,744	(609)
Property distributions		14,288	29,643	15,355
Repayment of loans from shareholders				
Other information				
Investment income	57	126		(126)
Investment expenses				
Dividend distributions paid from accum earnings and profits				
RESIDENT STATE				
Taxable income				
Total tax				
Overpayment				
Balance due				
	2010	2011	2012	DIFFERENCE

COMPARES.LD2

Danka Michaels001964

AA02849

Form **8941****Credit for Small Employer Health Insurance Premiums**

OMB No. 1545-2198

▶ **Attach to your tax return.****2012**Department of the Treasury
Internal Revenue Service▶ Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.Attachment
Sequence No. **63**

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	20
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	11
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 (see instructions)	5	35,196
6	Enter the smaller of line 4 or line 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	
11	Subtract line 10 from line 4. If zero or less, enter -0-	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	7
14	Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	14	6
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 3800, line 4h	16	161
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17	
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	18	
19	Enter the amount you paid in 2012 for taxes considered payroll taxes for purposes of this credit (see instructions)	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

Danka Michaels001965

AA02850

Schedule K-1 Distribution Information				2012
<small>Shareholder's name</small> DANKA MICHAELS			<small>Shareholder's ID Number</small> <div style="background-color: black; width: 100px; height: 15px;"></div>	
<small>Name of S Corporation</small> DANKA K MICHAELS MD PROF CORP			<small>S Corporation's EIN</small> 56-2371654	

Date of Distribution	Total Amount of Distribution	Ownership % at Date of Distribution	Shares	Shareholder's Pro Rata Share of Distribution
12-31-2012	29,643	100.00	1000.00000	29,643
TOTAL				29,643

FORM
8941

WORKSHEETS 1 and 4

2012

(Keep for your records)

Name(s) as shown on return:

Identifying Number

DANKA K MICHAELS 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.

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

**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) Enrolled Individuals Considered Employees	(b) Employer Premiums Paid	(c) Employer State Average Premiums	(d) Enrolled Employee Hours of Service
1. ALTMAYER	5,364	5,028	1,759
2.			
3. ASHMAN	5,988	5,028	2,080
4. CARILLO	3,636	5,028	2,080
5. GREER	5,364	5,028	1,800
6.			
7.			
8.			
9.			
10.			
11. OBRIEN	5,988	5,028	2,080
12.			
13. PICKENS	19,236	5,028	2,080
14.			
15. SHAW	5,988	5,028	2,080
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
Totals: 7	51,564	35,196	13,959

WK_8941A.LD

Danka Michaels001967

AA02852

FORM
8941

WORKSHEETS 2, 3, 5, 6, and 7

2012

(Keep for your records)

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Identifying Number

56-2371654

Worksheet 2. Full-Time Equivalent Employees
(FTEs)

1. Enter the total employee hours of service from Worksheet 1, column (b) 1. 24,572
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. 11

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. 48,000

Worksheet 5. FTE Limitation

1. Enter the amount from Form 8941, line 7 . . . 1. 12,319
2. Enter the amount from Form 8941, line 2 2. 11
3. Subtract 10 from line 2 . . . 3. 1
4. Divide line 3 by 15. Enter the result as a decimal (rounded to at least 3 places 4. 0.067
5. Multiply line 1 by line 4 5. 825
6. Subtract line 5 from line 1. Report this amount on Form 8941, line 8 6. 11,494

Worksheet 6. Average Annual Wage Limitation

1. Enter the amount from Form 8941, line 8 . . . 1. 11,494
2. Enter the amount from Form 8941, line 7 2. 12,319
3. Enter the amount from Form 8941, line 3 3. 48,000
4. Subtract \$25,000 from line 3 4. 23,000
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. 11,333
7. Subtract line 6 from line 1. Report this amount on Form 8941, line 9 7. 161

Worksheet 7. FTEs Enrolled in Coverage

1. Enter the total enrolled employee hours of service from Worksheet 4, column (d) . . . 1. 13,959
2. Hours of service per FTE 2. 2,080
3. Divided 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 14 3. 6

Form **1125-A****Cost of Goods Sold**

OMB No. 1545-2225

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

▶ 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/form1125a.

Name

Employer identification number

DANKA K MICHAELS 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 schedule)	5	166,133
6	Total. Add lines 1 through 5	6	325,618
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 appropriate line of your tax return (see instructions)	8	305,618

9a Check all methods used for valuing closing inventory:

(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 ▶ ☐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 amount of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? ☐ Yes ☒ Nof Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

ETD ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing of extensions is allowed.

Name(s)

DANKA K MICHAELS MD PROF CORP

SSN/EIN

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 <small>(Keep for your records)</small>	2013																																																																																																																																					
<small>Name(s) as shown on return</small> DANKA K MICHAELS MD PROF CORP		<small>EIN number</small> 56-2371654																																																																																																																																					
<p>The following will be transmitted to the IRS. <input checked="" type="checkbox"/> 1120S <input type="checkbox"/> 7004 <input type="checkbox"/> Amended</p> <hr/> <p>The following state returns will be transmitted:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>EF Notes</p> <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Form 1120S Department of the Treasury Internal Revenue Service	U.S. Income Tax Return for an S Corporation ▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. ▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s .	OMB No. 1545-0130 2013
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For calendar year 2013 or tax year beginning , 2013, ending , 20

A S election effective date 06-25-2003	TYPE OR PRINT	Name DANKA K MICHAELS MD PROF CORP	D Employer identification number 56-2371654
B Business activity code number (see instructions) 621111		Number, street, and room or suite no. If a P.O. box, see instructions. 3320 N BUFFALO DR	E Date incorporated 06-25-2003
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89129	F Total assets (see instructions) \$ 538,961

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☒ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year 1

Caution. Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	1,723,655		
	b Returns and allowances	1b			
	c Balance. Subtract line 1b from line 1a			1c	1,723,655
	2 Cost of goods sold (attach Form 1125-A)			2	455,523
	3 Gross profit. Subtract line 2 from line 1c			3	1,268,132
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4	
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions - attach statement)			5	
	6 Total income (loss). Add lines 3 through 5 ▶			6	1,268,132
	7 Compensation of officers (see instructions - attach Form 1125-E)			7	195,000
	8 Salaries and wages (less employment credits)			8	537,025
	9 Repairs and maintenance			9	7,773
	10 Bad debts			10	
	11 Rents			11	108,373
	12 Taxes and licenses ATT. STL			12	66,114
	13 Interest			13	29,844
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	26,572
	15 Depletion (Do not deduct oil and gas depletion.)			15	
	16 Advertising			16	1,497
	17 Pension, profit-sharing, etc., plans			17	19,498
	18 Employee benefit programs			18	53,958
	19 Other deductions (attach statement) Statement #2			19	197,559
20 Total deductions. Add lines 7 through 19 ▶			20	1,243,213	
21 Ordinary business income (loss). Subtract line 20 from line 6			21	24,919	
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a			
	b Tax from Schedule D (Form 1120S)	22b			
	c Add lines 22a and 22b (see instructions for additional taxes)			22c	
	23a 2013 estimated tax payments and 2012 overpayment credited to 2013	23a			
	b Tax deposited with Form 7004	23b			
	c Credit for federal tax paid on fuels (attach Form 4136)	23c			
	d Add lines 23a through 23c			23d	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26	
27 Enter amount from line 26 Credited to 2014 estimated tax ▶					
			27		

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

Sign Here **DANKA MICHAELS MD** **PRESIDENT**
 Signature of officer Date Title

Paid Preparer Use Only Print/Type preparer's name ROBERT S SEMONIAN CPA	Preparer's signature ROBERT S SEMONIAN CPA	Date 04-02-2014	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00391972
Firm's name ROBERT S SEMONIAN CPA			Firm's EIN 95-4514704	
Firm's address PO BOX 5605 Ventura CA 93005			Phone no. (805) 659-5344	

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2013)

EEA

Danka Michaels002009

AA02857

Schedule B Other Information (see instructions)

1 Check accounting method: a ☒ Cash b ☐ Accrual
c ☐ Other (specify) ▶ _____

Yes No

2 See the instructions and enter the:

a Business activity ▶ PHYSICIAN b Product or service ▶ MEDICAL CARE

3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation

X

4 At the end of the tax year, did the corporation:

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) 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 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5 a At the end of the tax year, did the corporation have any outstanding shares of restricted stock?

X

If "Yes," complete lines (i) and (ii) below.

(i) Total shares of restricted stock ▶ _____

(ii) Total shares of non-restricted stock ▶ _____

b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?

X

If "Yes," complete lines (i) and (ii) below.

(i) Total shares of stock outstanding at the end of the tax year ▶ _____

(ii) Total shares of stock outstanding if all instruments were executed ▶ _____

6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?

X

7 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.

8 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 gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ _____

9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____

10 Does the corporation satisfy both of the following conditions?

a The corporation's total receipts (see instructions) for the tax year were less than \$250,000

b The corporation's total assets at the end of the tax year were less than \$250,000

X

If "Yes," the corporation is not required to complete Schedules L and M-1.

11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?

X

If "Yes," enter the amount of principal reduction \$ _____

12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions

X

13 a Did the corporation make any payments in 2013 that would require it to file Form(s) 1099?

X

b If "Yes," did the corporation file or will it file all required Forms 1099?

X

Schedule K Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	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)	3a
	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 9
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9 (25,414)
	10 Other income (loss) (see instructions) . . . Type ▶	10
	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)
	d Other deductions (see instructions) . . . Type ▶	12d
Credits	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
	d Other rental real estate credits (see instructions) . . . Type ▶	13d
	e Other rental credits (see instructions) . . . Type ▶	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) . . . Type ▶	13g
	Foreign Transaction	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		
g Interest expense		14g
h Other		14h
Deductions allocated and apportioned at corporate level to foreign source income		
i Passive category		14i
j General category		14j
k Other (attach statement)		14k
Other information		
Alternative Minimum Tax (AMT) Items	l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l
	m Reduction in taxes available for credit (attach statement)	14m
	n Other foreign tax information (attach statement)	
	15a Post-1986 depreciation adjustment	15a 6
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties-gross income	15d
e Oil, gas, and geothermal properties-deductions	15e	
Items Affecting Shareholder Basis	f Other AMT items (attach statement)	15f
	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c 371
	d Distributions (attach statement if required) (see instructions)	16d
e Repayment of loans from shareholders	16e	

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount
Other Information	17 a	Investment income	17a 9
	b	Investment expenses	17b
	c	Dividend distributions paid from accumulated earnings and profits	17c
	d	Other items and amounts (attach statement)	
Reconciliation	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 (486)

Schedule L		Balance Sheets per Books		Beginning of tax year	End of tax year
Assets		(a)	(b)	(c)	(d)
1	Cash		37,517		35,037
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories		20,000		57,519
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)	Statement #19	6,068	Statement #19	15,093
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10 a	Buildings and other depreciable assets	458,418		816,023	
b	Less accumulated depreciation	(405,913)	52,505	(384,711)	431,312
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		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 #22	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

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more-see instructions

1 Net income (loss) per books	(857)	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): _____		a Tax-exempt interest \$ _____	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14! (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14! , not charged against book income this year (itemize):	
a Depreciation \$ _____		a Depreciation \$ _____	
b Travel and entertainment \$ 371			
	371	7 Add lines 5 and 6	
4 Add lines 1 through 3	(486)	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	(486)

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
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)	()	
6 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		

EEA

Form 1120S (2013)

Form **1125-A**

(Rev. December 2012)

Department of the Treasury
Internal 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/form1125a.

OMB No. 1545-2225

Name

DANKA K MICHAELS MD PROF CORP

Employer identification number

56-2371654

1	Inventory at beginning of year	1	20,000
2	Purchases	2	258,851
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	234,191
6	Total. Add lines 1 through 5	6	513,042
7	Inventory at end of year	7	57,519
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	455,523

9a Check all methods used for valuing closing inventory:

(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 ▶ ☐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 amount of closing inventory computed

under LIFO 9d e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? ☐ Yes ☒ Nof Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

**Schedule K-1
(Form 1120S)**

Department of the Treasury
Internal Revenue Service

2013

For calendar year 2013, or tax
year beginning _____, 2013
ending _____, 20 _____

**Shareholder's Share of Income, Deductions,
Credits, etc.**

► See page 2 of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number

56-2371654

B Corporation's name, address, city, state, and ZIP code

DANKA K MICHAELS MD PROF CORP

3320 N BUFFALO DR

LAS VEGAS

NV 89129

C IRS Center where corporation filed return

OGDEN

Part II Information About the Shareholder

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code

DANKA MICHAELS

3320 N BUFFALO DR

LAS VEGAS

NV 89129

F Shareholder's percentage of stock

ownership for tax year

..... 100.00000 %

For IRS Use Only



☐ Final K-1

☐ Amended K-1

OMB No. 1545-0130

671113

Part III

**Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	24,919		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
	9		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
	(25,414)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	6
11	Section 179 deduction	16	Items affecting shareholder basis
		C	371
12	Other deductions		
		17	Other information
		A	9

* See attached statement for additional information.

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2013

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

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. **179**

DANKA K MICHAELS MD PROF CORP

FORM 1120S

Identifying number
56-2371654**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	2,208
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	20,566

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property Statement #50						259
d 10-year property						
e 15-year property		424,671	15	MO	SL	3,539
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs.		S/L	
c 40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	26,572
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

EEA

Danka Michaels002016

AA02864

Form 4797

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

2013

Attachment
Sequence No. 27Department of the Treasury
Internal Revenue Service▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Name(s) shown on return

Identifying number

DANKA K MICHAELS MD PROF CORP

56-2371654

1 Enter the gross proceeds from sales or exchanges reported to you for 2013 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

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	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	LEASEHOLD IMP ABANDONED	20030625	20130101		47,774	73,188	(25,414)

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	(25,414)

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2013)

EEA

Danka Michaels002017

AA02865

AA02866

Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-1863

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

▶ Information about Form 8879-S and its instructions is at www.irs.gov/form8879S.**2013**Department of the Treasury
Internal Revenue Service

For calendar year 2013, or tax year beginning

, 2013, ending

, 20

Name of corporation

Employer identification number

DANKA K MICHAELS MD PROF CORP

56-2371654

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	1,723,655
2	Gross profit (Form 1120S, line 3)	2	1,268,132
3	Ordinary business income (loss) (Form 1120S, line 21)	3	24,919
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	(486)

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2013 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros
on the corporation's 2013 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2013 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 04-07-2014 Title ▶ PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 04-02-2014

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-S (2013)

EEA

Danka Michaels002019

AA02867

Depreciation Reconciliation for DANKA K MICHAELS MD PROF CORP

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
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 Ownership

2013

CORPORATION NAME DANKA K MICHAELS MD PROF CORP					EIN 56-2371654	
Shareholder Information			Shares		% Ownership	
Name	EIN/SSN	Type	Beginning	Ending	Beginning	Ending
DANKA MICHAELS			1,000	1,000	100.00000	100.00000
TOTAL			1,000	1,000		

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
AUTOMOBILE AND TRUCK EXPENSE	926
COMPUTER	5,831
DUES AND SUBSCRIPTIONS	2,429
EDUCATION AND TRAINING	2,910
EQUIPMENT RENTAL/LEASE	28,622
INSURANCE	71,472
JANITORIAL	20,188
LEGAL AND PROFESSIONAL	21,106
50% MEALS AND ENTERTAINMENT	372
OFFICE EXPENSE	15,231
OUTSIDE SERVICES/SUB CONTRACTORS	1,119
PAYROLL PROCESSING EXPENSE	3,475
POSTAGE/SHIPPING	3,704
SECURITY	3,647
TELEPHONE	9,442
UTILITIES	1,640
BILLING SERVICE	5,445
TOTAL	<u>197,559</u>

SCHEDULE A LINE 5

PG01
Statement #5

<u>DESCRIPTION</u>	<u>AMOUNT</u>
WELLNESS PROGRAMS	5,823
NERVE CONDUCTION COSTS	9,863
ULTRA SOUND SERVICES	82,332
LAB FEES	4,081
MEDICAL SUPPLIES	132,092
TOTAL	<u>234,191</u>

Federal Supporting Statements

2013 PG01

Name(s) as shown on return

FEIN

DANKA K MICHAELS MD PROF CORP

56-2371654

FORM 1120S, SCHEDULE L, LINE 6

STM19

OTHER CURRENT ASSETSDESCRIPTIONBEG OF YEAREND OF YEAR

NOTE RECEIVABLE

6,068

15,093

TOTAL

6,068

15,093

FORM 1120S, SCHEDULE L, LINE 18

PG01

STM22

OTHER CURRENT LIABILITIESDESCRIPTIONBEG OF YEAREND OF YEAR

SALES TAX PAY

2,324

383

EMPLOYEE TIPS PAY

1,687

12,125

PAYROLL TAXES PAY

6,641

TOTAL

10,652

12,508

SCHEDULE M-2 LINE 3

PG01

Statement #29

DESCRIPTIONAMOUNT

INTEREST INCOME

9

TOTAL

9

Federal Supporting Statements

2013 PG01

Name(s) as shown on return

FEIN

DANKA K MICHAELS MD PROF CORP

56-2371654

SCHEDULE M-2 LINE 5

Statement #30

DESCRIPTION

AMOUNT

NET SECTION 1231 LOSS
NONDEDUCTIBLE EXPENSES

25,414
371

TOTAL

25,785

FORM 4562 - LINE 19C

PG01

Statement #50

BASIS

RP

CV

METHOD

DEDUCTION

205
2,209

7
7

MQ
MQ

200 DB
200 DB

22
237

TOTAL

259

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

K-K1 Comparison Worksheet

2013

(Keep for your records)

S CORPORATION NAME

EIN

DANKA K MICHAELS MD PROF CORP

56-2371654

Description	Schedule K	K-1 Totals	Difference
1 Ordinary business income (loss)	24,919	24,919	
4 Interest income	9	9	
9 Net section 1231 gain (loss)	(25,414)	(25,414)	
15 A Post - 1986 depreciation adjustment	6	6	
16 C Nondeductible expenses	371	371	
17 a Investment income	9	9	

Schedule M-2/Retained Earnings Worksheet		2013
Form 1120S (Keep for your records)		
Corporation Name DANKA K MICHAELS MD PROF CORP		EIN 56-2371654
Analysis of Current-Year Retained Earnings		
1	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	1 46,090
2	Book income (loss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11)	2 (857)
3	Distributions (Schedule K, line 16d)	3
4	Subtotal (combines lines 1 through 3)	4 45,233
5	Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	5 45,233
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 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	4 45,233
5	Beginning AAA plus OAA	5 46,090
6	Difference (line 4 minus line 5)	6 (857)
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)		
7	Other income recorded on books not included on Schedule K	7
8	Depreciation on Schedule K not included on books	8
9	Other Schedule K items not included on books	9
10	Total subtractions (lines 7 through 9)	10
Additions to net income 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	11
12	Depreciation on books not included on Schedule K	12
13	Other items on books not included on Schedule K	13
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
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.		
16	Permanent differences	16
17	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)	20
21	M-2 amount after M-1 timing adjustments (add lines 6, 15, 19, and 20)	21 (857)
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

Depreciation Detail Listing

FORM 1120S

For your records only

* Item was disposed
of during current year.

Name(s) as shown on return															Social security number/EIN		
DANKA K MICHAELS MD PROF CORP															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		
1	OFFICE FURNITURE	20030625	9,151		100.00		9,151	7		0		9,151					
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		0		17,576	17,576				
5	MED EQUIP	20060701	164,054		100.00	50,000	114,054	7	SL	HY	14.286	8,149	50,000		8,149		
6	MED EQUIP	20070701	59,066		100.00		59,066	7	SL	HY	14.286	8,438			8,438		
7	MED EQUIP	20080701	5,990		100.00		2,995	7	SL	HY	14.286	428		PY	428		
8	MED EQUIP	20080801	15,550		100.00		7,775	7	SL	HY	14.286	1,111		PY	1,111		
9	SPA EQUIP	20090701	48,720		100.00	48,720		0	SL	HY	20	48,720	48,720				
10	SOFTWARE	20090701	1,868		100.00		1,868	3		0		1,868		PY	934		
11	MEDICAL EQUIP	20101228	54,660		100.00	54,660		0	SL	HY	20	54,660	54,660				
12	COMPUTER EQUIP	20100217	5,854		100.00	5,854		0	SL	HY	33.333	5,854	5,854				
13	EQUIP	20120701	1,437		100.00	1,437		0	SL	HY	20	1,437	1,437				
14	OFFICE EQUIPMENT	20130701	205		100.00		205	7	200 DB MQ	10.71	22	22			16		
15	MEDICAL EQUIPMENT	20130701	4,417		100.00		2,209	7	200 DB MQ	10.71	237	2,445		CY	237		
16	LEASEHOLD IMPROVEMENT	20131001	424,671		100.00		424,671	15	SL	MQ	.833	3,539			3,539		
17	SPA EQUIPMENT	20131001	1,500		100.00		1,500	7	200 DB MQ	3.57							
	Asset(s) Sold																
3	LEASEHOLD IMP ABANDON	20030625	73,188		100.00		73,188	15	SL	HY	6.667	2,440	47,774		2,440		
Totals			889,211			178,247	697,986				24,364	432,485	178,247	CY	24,358		
Land Amount															24,358		
Net Depreciable Cost			889,211													ST ADJ:	434

Danka Michaels002028

Depreciation Detail Listing

STATE FORM 1120S

For your records only

2013

PAGE 1

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

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
1	OFFICE FURNITURE	20030625	9,151		100.00		9,151	7		0		9,151			
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		0		17,576	17,576		
5	MED EQUIP	20060701	164,054		100.00	50,000	114,054	7	SL	14.286	8,149	164,054	50,000		
6	MED EQUIP	20070701	59,066		100.00	0	59,066	7	SL	14.286	8,438	54,847	0		
7	MED EQUIP	20080701	5,990		100.00	0	5,990	7	SL	14.286	856	4,708	0		
8	MED EQUIP	20080801	15,550		100.00	0	15,550	7	SL	14.286	2,221	12,216	0		
9	SPA EQUIP	20090701	48,720		100.00	48,720		0	SL	20		48,720	48,720		
10	SOFTWARE	20090701	1,868		100.00		1,868	3		0		1,868		PY	934
11	MEDICAL EQUIP	20101228	54,660		100.00	54,660		0	SL	20		54,660	54,660		
12	COMPUTER EQUIP	20100217	5,854		100.00	5,854		0	SL	33.333		5,854	5,854		
13	EQUIP	20120701	1,437		100.00	1,437		0	SL	20		1,437	1,437		
14	OFFICE EQUIPMENT	20130701	205		100.00			205	200 DB MQ	10.71	22	22			
15	MEDICAL EQUIPMENT	20130701	4,417		100.00			4,417	200 DB MQ	10.71	473	473			
16	LEASEHOLD IMPROVEMENT	20131001	424,671		100.00		424,671	15	SL	.833	3,539	3,539			
17	SPA EQUIPMENT	20131001	1,500		100.00		1,500	7	200 DB MQ	3.57					
3	LEASEHOLD IMP ABANDON	20030625	73,188		100.00	0	73,188	15	SL	6.667	2,440	47,774	0		
Totals			889,211			178,247	710,964				26,138	428,203	178,247		
Land Amount															
Net Depreciable Cost			889,211												

ST ADJ:

Danka Michaels002029

AA02877

Next Year's Depreciation

2013

Name						FEIN	
DANKA K MICHAELS MD PROF CORP						56-2371654	
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	OFFICE FURNITURE	20030625	9,151	SL	7	
1120	1	MEDICAL EQUIPMENT	20030625	1,304	SL	7	
1120	1	MED EQUIP	20050701		EXP	5	
1120	1	MED EQUIP	20060701	114,054	SL	7	
1120	1	MED EQUIP	20070701	59,066	SL	7	4,219
1120	1	MED EQUIP	20080701	2,995	SL	7	428
1120	1	MED EQUIP	20080801	7,775	SL	7	1,111
1120	1	SPA EQUIP	20090701		SL	5	
1120	1	SOFTWARE	20090701	1,868	SL	3	
1120	1	MEDICAL EQUIP	20101228		SL	5	
1120	1	COMPUTER EQUIP	20100217		SL	3	
1120	1	EQUIP	20120701		SL	5	
1120	1	OFFICE EQUIPMENT	20130701	205	M	7	52
1120	1	MEDICAL EQUIPMENT	20130701	2,209	M	7	564
1120	1	LEASEHOLD IMPROVEMENTS	20131001	424,671	SL	15	28,311
1120	1	SPA EQUIPMENT	20131001	1,500	M	7	413
		TOTAL					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: 03-17-2014

Form to be filed: Form 1120S and supplemental forms and 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: 04/02/2014

Your 2013 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	
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 1120S - Form 1120S Statement - Line 19	
Statement 1120S - Form 1120S, Schedule A Statement - Line 5	
Statement 1120S - Subsidiary Schedule for 1120S	
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-K1 Comparison - Comparison of Schedule K to K-1	
Next Year Depr - Next Year Depreciation Schedule	
Wksht Tax/Lic - Taxes and Licenses Worksheet	
Depr Rec - Depreciation Reconciliation	
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 : 27	Forms Subtotal 0.00
	Total Balance Due 0.00

1120S

Sub S Corporation Diagnostic Summary

2013

Name

DANKA K MICHAELS MD PROF CORP

Employer Identification #

56-2371654

Demographics

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

Phone:

Resident State: NV

Diagnostics

Preparer: ROBERT S SEMONIAN

Invoice:

Date: 04-02-2014

Return Information

Item on Return	2013 Federal	2012 Federal (If available)
Total Assets	538,961	116,090
Number of Shareholders	1	1
Gross Receipts/Sales	1,723,655	1,557,314
Total Income	1,268,132	1,251,696
Total Deductions	1,243,213	1,290,898
Ordinary Income	24,919	(39,202)
Tax		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due		
2220 Penalty		
Total Equity	62,233	63,090

State/City InformationState/City
Gross
Income
Taxable
Income
Composite
Tax
Other Tax
Refund/
(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
---	----------------------------------

	2011 FEDERAL	2012 FEDERAL	2013 FEDERAL	DIFFERENCE BETWEEN 2012 & 2013
Income				
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
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)	(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)				

2011 2012 2013 DIFFERENCE

1120S TAX RETURN COMPARISON
2011 / 2012 / 2013

2013

Page 2

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

Identifying number
56-2371654

	2011 FEDERAL	2012 FEDERAL	2013 FEDERAL	DIFFERENCE BETWEEN 2012 & 2013
Deductions				
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				
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	6
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	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

Depreciation Detail Listing

FORM 1120S

2013
PAGE 1

* Item was disposed
of during current year.

For your records only

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
1	OFFICE FURNITURE	20030625	9,151		100.00		9,151	7		0		9,151			
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		0		17,576	17,576		
5	MED EQUIP	20060701	164,054		100.00	50,000	114,054	7	SL	HY	14.286	8,149	50,000		8,149
6	MED EQUIP	20070701	59,066		100.00		59,066	7	SL	HY	14.286	8,438			8,438
7	MED EQUIP	20080701	5,990		100.00		2,995	7	SL	HY	14.286	428		PY	428
8	MED EQUIP	20080801	15,550		100.00		7,775	7	SL	HY	14.286	1,111		PY	1,111
9	SPA EQUIP	20090701	48,720		100.00	48,720		0	SL	HY	20		48,720		
10	SOFTWARE	20090701	1,868		100.00		1,868	3		0		1,868		PY	934
11	MEDICAL EQUIP	20101228	54,660		100.00	54,660		0	SL	HY	20		54,660		
12	COMPUTER EQUIP	20100217	5,854		100.00	5,854		0	SL	HY	33.333		5,854		
13	EQUIP	20120701	1,437		100.00	1,437		0	SL	HY	20		1,437		
14	OFFICE EQUIPMENT	20130701	205		100.00		205	7	200 DB MQ	10.71	22	22			16
15	MEDICAL EQUIPMENT	20130701	4,417		100.00		2,209	7	200 DB MQ	10.71	237	2,445			237
16	LEASEHOLD IMPROVEMENT	20131001	424,671		100.00		424,671	15	SL	MQ	.833	3,539			3,539
17	SPA EQUIPMENT	20131001	1,500		100.00		1,500	7	200 DB MQ	3.57					
	Asset(s) sold														
3	LEASEHOLD IMP ABANDON	20030625	73,188		100.00		73,188	15	SL	HY	6.667	2,440			2,440
Totals			889,211			178,247	697,966				24,364	432,485	178,247	CY	24,358
Land Amount															
Net Depreciable Cost			889,211											ST ADJ:	430

Danka Michaels002036

AA02884

Depreciation Detail Listing

Form 8825 - 3320 N BUFFALO LAS VEGAS

* Item was disposed of during current year.

For your records only

Name(s) as shown on return

Social security number/EIN

PATIENCE ONE LLC

45-5302432

[illegible]

Danka Michaels002037

ETD ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing of extensions is allowed.

Name(s)

DANKA K MICHAELS MD PROF CORP

SSN/EIN

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

Name	Employer Identification Number
DANKA K MICHAELS MD PROF CORP	56-2371654

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	EF Transmission Status <small>(Keep for your records)</small>	2014																																																																																																																																												
<small>Name(s) as shown on return</small> DANKA K MICHAELS MD PROF CORP		<small>EIN number</small> 56-2371654																																																																																																																																												
<p>The following will be transmitted to the IRS. <input checked="" type="checkbox"/> 1120S <input type="checkbox"/> 7004 <input type="checkbox"/> Amended</p> <hr/> <p>The following state returns will be transmitted:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>EF Notes</p> <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Form 1120S

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.

OMB No. 1545-0123

2014

Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2014 or tax year beginning		, 2014, ending		, 20	
A S election effective date 06-25-2003	TYPE OR PRINT	Name DANKA K MICHAELS MD PROF CORP		D Employer identification number 56-2371654	
B Business activity code number (see instructions) 621111		Number, street, and room or suite no. If a P.O. box, see instructions. 3320 N BUFFALO DR		E Date incorporated 06-25-2003	
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89129		F Total assets (see instructions) \$ 502,864	

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filedH Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year 1

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	1,847,926		
	b Returns and allowances	1b	598		
	c Balance. Subtract line 1b from line 1a			1c	1,847,328
	2 Cost of goods sold (attach Form 1125-A)			2	315,728
	3 Gross profit. Subtract line 2 from line 1c			3	1,531,600
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4	
5 Other income (loss) (see instructions - attach statement)			5		
6 Total income (loss). Add lines 3 through 5			6	1,531,600	
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions - attach Form 1125-E)			7	205,000
	8 Salaries and wages (less employment credits)			8	579,698
	9 Repairs and maintenance			9	36,934
	10 Bad debts			10	
	11 Rents			11	139,104
	12 Taxes and licenses ATT STL			12	72,210
	13 Interest			13	20,521
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	35,098
	15 Depletion (Do not deduct oil and gas depletion.)			15	
	16 Advertising			16	10,891
	17 Pension, profit-sharing, etc., plans			17	11,169
	18 Employee benefit programs			18	51,998
	19 Other deductions (attach statement) Statement #2			19	276,959
	20 Total deductions. Add lines 7 through 19			20	1,439,582
	21 Ordinary business income (loss). Subtract line 20 from line 6			21	92,018
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a		22c	
	b Tax from Schedule D (Form 1120S)	22b			
	c Add lines 22a and 22b (see instructions for additional taxes)				
	23 a 2014 estimated tax payments and 2013 overpayment credited to 2014	23a		23d	
	b Tax deposited with Form 7004	23b			
	c Credit for federal tax paid on fuels (attach Form 4136)	23c			
	d Add lines 23a through 23c			23d	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26	
27 Enter amount from line 26 Credited to 2015 estimated tax Refunded			27		

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

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Sign Here

DANKA MICHAELS MD

Signature of officer

Date

PRESIDENT

Title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if PTIN

ROBERT S SEMONIAN CPA

05-20-2015

self-employed

P00391972

Firm's name ROBERT S SEMONIAN CPA

Firm's EIN 95-4514704

Firm's address PO BOX 5605
Ventura CA 93005

Phone no (805) 659-5344

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2014)

EEA

Danka Michaels002084

AA02889

Schedule B Other Information (see instructions)

- 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 any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation
- 4 At the end of the tax year, did the corporation:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

Yes	No
	X
	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 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

Yes	No
	X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

- 5 a At the end of the tax year, did the corporation have any outstanding shares of restricted stock?
- If "Yes," complete lines (i) and (ii) below.

Yes	No
	X

- (i) Total shares of restricted stock ▶ _____
- (ii) Total shares of non-restricted stock ▶ _____

- b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?
- If "Yes," complete lines (i) and (ii) below.

Yes	No
	X

- (i) Total shares of stock outstanding at the end of the tax year ▶ _____
- (ii) Total shares of stock outstanding if all instruments were executed ▶ _____

- 6 Has this corporation filed, or is it required to file, **Form 8918**, Material Advisor Disclosure Statement, to provide information on any reportable transaction?

Yes	No
	X

- 7 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.

- 8 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 gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ _____

- 9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____

- 10 Does the corporation satisfy both of the following conditions?

- a The corporation's total receipts (see instructions) for the tax year were less than \$250,000
- b The corporation's total assets at the end of the tax year were less than \$250,000
- If "Yes," the corporation is not required to complete Schedules L and M-1.

Yes	No
	X

- 11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?
- If "Yes," enter the amount of principal reduction \$ _____

Yes	No
	X

- 12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions

- 13 a Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?

Yes	No
X	

- b If "Yes," did the corporation file or will it file required Forms 1099?

Yes	No
X	

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	92,018
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	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	31
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	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	
	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
Credits	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	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, if applicable)	13c	
	d Other rental real estate credits (see instructions) . . . Type ▶	13d	
Foreign Transactions	e Other rental credits (see instructions) . . . Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) . . . Type ▶	13g	
	14a Name of country or U.S. possession ▶	14a	
	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		
	g Interest expense	14g	
	h Other	14h	
Deductions allocated and apportioned at corporate level to foreign source income			
i Passive category	14i		
j General category	14j		
k Other (attach statement)	14k		
Other information			
l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m Reduction in taxes available for credit (attach statement)	14m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	112
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties - gross income	15d	
	e Oil, gas, and geothermal properties - deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	239
	d Distributions (attach statement if required) (see instructions)	16d	
	e Repayment of loans from shareholders	16e	

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount
Other Information	17 a	Investment income	17a 31
	b	Investment expenses	17b
	c	Dividend distributions paid from accumulated earnings and profits	17c
	d	Other items and amounts (attach statement)	
Reconciliation	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 92,049

Schedule L		Balance Sheets per Books		Beginning of tax year	End of tax year
		(a)	(b)	(c)	(d)
Assets					
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				
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				
9	Other investments (attach statement)				
10 a	Buildings and other depreciable assets	816,023		816,023	
b	Less accumulated depreciation	(384,711)	431,312	(419,809)	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	12,508	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

Schedule K-1
(Form 1120S)

Department of the Treasury
Internal Revenue Service

2014

For calendar year 2014, or tax
year beginning _____, 2014
ending _____, 20 _____

**Shareholder's Share of Income, Deductions,
Credits, etc.**

► See page 2 of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
56-2371654

B Corporation's name, address, city, state, and ZIP code
DANKA K MICHAELS MD PROF CORP
3320 N BUFFALO DR
LAS VEGAS NV 89129

C IRS Center where corporation filed return
OGDEN

Part II Information About the Shareholder

D Shareholder's identifying number
[REDACTED]

E Shareholder's name, address, city, state, and ZIP code
DANKA MICHAELS
3320 N BUFFALO DR
LAS VEGAS NV 89129

F Shareholder's percentage of stock
ownership for tax year 100.00000 %

For IRS Use Only

Final K-1		Amended K-1		OMB No. 1545-0123	
Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items					
1	Ordinary business income (loss)	13	Credits		
	92,018				
2	Net rental real estate income (loss)				
3	Other net rental income (loss)				
4	Interest income				
	31				
5a	Ordinary dividends				
5b	Qualified dividends	14	Foreign transactions		
6	Royalties				
7	Net short-term capital gain (loss)				
8a	Net long-term capital gain (loss)				
8b	Collectibles (28%) gain (loss)				
8c	Unrecaptured section 1250 gain				
9	Net section 1231 gain (loss)				
10	Other income (loss)	15	Alternative minimum tax (AMT) items	112	
		A			
11	Section 179 deduction	16	Items affecting shareholder basis	239	
12	Other deductions				
		C			
		17	Other information	31	
		A			
* See attached statement for additional information.					

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2014

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

DANKA K MICHAELS MD PROF CORP

FORM 1120S

56-2371654

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	34,069

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	1,029
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 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 property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	35,098
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2014)

EEA

Danka Michaels002089

AA02894

Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-0123

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

▶ Information about Form 8879-S and its instructions is at www.irs.gov/form8879s.**2014**Department of the Treasury
Internal Revenue Service

For calendar year 2014, or tax year beginning

, 2014, ending

, 20

Name of corporation

Employer identification number

DANKA K MICHAELS MD PROF CORP

56-2371654

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	1,847,328
2	Gross profit (Form 1120S, line 3)	2	1,531,600
3	Ordinary business income (loss) (Form 1120S, line 21)	3	92,018
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	92,049

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2014 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros

on the corporation's 2014 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2014 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 05-21-2015 Title ▶ PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05-20-2015

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-S (2014)

EEA

Danka Michaels002090

AA02895

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note.** The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	91,810	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): _____		a Tax-exempt interest \$ _____	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14I (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14I, not charged against book income this year (itemize):	
a Depreciation \$ _____		a Depreciation \$ _____	
b Travel and entertainment \$ 239			
	239		
4 Add lines 1 through 3	92,049	7 Add lines 5 and 6	
		8 Income (loss) (Schedule K, line 18). Line 4 less line 7	92,049

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	45,233		
2 Ordinary income from page 1, line 21	92,018		
3 Other additions Statement #29	31		
4 Loss from page 1, line 21	()		
5 Other reductions Statement #30	(239)	()	
6 Combine lines 1 through 5	137,043		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	137,043		

Federal Supporting Statements		2014	PG01
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP		FEIN 56-2371654	

FORM 1120S LINE 19

Statement #2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
AUTOMOBILE AND TRUCK EXPENSE	551
BANK CHARGES	343
DUES AND SUBSCRIPTIONS	1,974
EDUCATION AND TRAINING	1,634
EQUIPMENT RENTAL/LEASE	44,655
GIFTS	627
LIABILITY INSURANCE	49,533
WORKERS COMP INSURANCE	2,489
JANITORIAL	12,380
LEGAL AND PROFESSIONAL	37,038
50% MEALS AND ENTERTAINMENT	240
MISCELLANEOUS	4
OFFICE EXPENSE	24,771
PAYROLL PROCESSING EXPENSE	3,688
POSTAGE/SHIPPING	4,538
PRINTING	1,040
SOFTWARE	13,824
UTILITIES	9,411
CREDIT AND MERCHANT FEES	19,865
TEMP LABOR	3,610
MANAGEMENT FEES	31,480
COMMUNICATIONS	13,264
	<hr/>
TOTAL	276,959
	<hr/>

FORM 1120S, SCHEDULE L, LINE 6

PG01
Statement #19

OTHER CURRENT ASSETS

<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
NOTE RECEIVABLE	15,093	3,571
	<hr/>	<hr/>
TOTAL	15,093	3,571
	<hr/>	<hr/>

Federal Supporting Statements		2014 PG01
Name(s) as shown on return	FEIN	
DANKA K MICHAELS MD PROF CORP	56-2371654	

FORM 1120S, SCHEDULE L, LINE 18
OTHER CURRENT LIABILITIES Statement #22

<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
SALES TAX PAY	383	
EMPLOYEE TIPS PAY	12,125	
GIFT CARDS		1,953
TOTAL	12,508	1,953

SCHEDULE M-2 LINE 3 PG01
Statement #29

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	31
TOTAL	31

SCHEDULE M-2 LINE 5 PG01
Statement #30

<u>DESCRIPTION</u>	<u>AMOUNT</u>
NONDEDUCTIBLE EXPENSES	239
TOTAL	239

Federal Supporting Statements		2014	PG01
Name(s) as shown on return		FEIN	
DANKA K MICHAELS MD PROF CORP		56-2371654	
<u>SCHEDULE A LINE 5</u>		Statement #5	
<u>DESCRIPTION</u>			<u>AMOUNT</u>
LAB FEES			1,124
MEDICAL SUPPLIES			86,024
NERVE CONDUCTION COSTS			6,275
ULTRA SOUND SERVICES			79,620
TOTAL			173,043

K-K1 Comparison Worksheet

2014

(Keep for your records)

S CORPORATION NAME

EIN

DANKA K MICHAELS MD PROF CORP

56-2371654

Description	Schedule K	K-1 Totals	Difference
1 Ordinary business income (loss)	92,018	92,018	
4 Interest income	31	31	
15 A Post - 1986 depreciation adjustment	112	112	
16 C Nondeductible expenses	239	239	
17 a Investment income	31	31	

Taxes and Licenses Attachment		2014
<small>Note: This information does not transmit to the IRS with e-filed returns. Including with a paper filed return is optional.</small>		
S CORPORATION NAME DANKA K MICHAELS MD PROF CORP		EIN 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	69,787
8 Less: credit from Form 8846	8	
9 Foreign taxes paid	9	
10 Occupancy taxes	10	
11 Other miscellaneous taxes	11	2,423
12 Built in gains tax allocated to ordinary income	12	
13 Licenses	13	
14 Total to Form 1120S, Page 1, Line 12	14	72,210

Schedule M-2/Retained Earnings Worksheet		2014
Form 1120S (Keep for your records)		
Corporation Name DANKA K MICHAELS MD PROF CORP		EIN 56-2371654
Analysis of Current-Year Retained Earnings		
1	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	1 45,233
2	Book income (loss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11)	2 91,810
3	Distributions (Schedule K, line 16d)	3
4	Subtotal (combines lines 1 through 3)	4 137,043
5	Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	5 137,043
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)	1 137,043
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
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)		
7	Other income recorded on books not included on Schedule K	7
8	Depreciation on Schedule K not included on books	8
9	Other Schedule K items not included on books	9
10	Total subtractions (lines 7 through 9)	10
Additions to net income 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	11
12	Depreciation on books not included on Schedule K	12
13	Other items on books not included on Schedule K	13
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
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.		
16	Permanent differences	16
17	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)	20
21	M-2 amount after M-1 timing adjustments (add lines 6, 15, 19, and 20)	21 91,810
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

Depreciation Detail Listing

FORM 1120S

For your records only

* Item was disposed
of during current year.

Name(s) as shown on return															Social security number/EIN	
DANKA K MICHAELS MD PROF CORP															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	
1	OFFICE FURNITURE	06252003	9,151		100.00		9,151	7		0		9,151				
2	MEDICAL EQUIPMENT	06252003	1,304		100.00		1,304	7		0		1,304				
3	MED EQUIP	07012005	17,576		100.00	17,576		0		0		17,576	17,576			
4	MED EQUIP	07012006	164,054		100.00	50,000	114,054	7		0		164,054	50,000			
5	MED EQUIP	07012007	59,066		100.00		59,066	7	SL HY	14.28%	4,219	59,066			4,219	
6	MED EQUIP	07012008	5,990		100.00		2,995	7	SL HY	14.28%	428	5,777		PY	2,995	
7	MED EQUIP	08012008	15,550		100.00		7,775	7	SL HY	14.28%	1,111	14,996		PY	7,775	
8	SPA EQUIP	07012009	48,720		100.00	48,720		0	SL HY	20		48,720	48,720			
9	SOFTWARE	07012009	1,868		100.00		1,868	3		0		1,868		PY	934	
10	MEDICAL EQUIP	12282010	54,660		100.00	54,660		0	SL HY	20		54,660	54,660			
11	COMPUTER EQUIP	02172010	5,854		100.00	5,854		0		0		5,854	5,854			
12	EQUIP	07012012	1,437		100.00	1,437		0	SL HY	20		1,437	1,437			
13	OFFICE EQUIPMENT	07012013	205		100.00		205	7	200 DB MQ	25.51	52	74			40	
14	MEDICAL EQUIPMENT	07012013	4,417		100.00		2,209	7	200 DB MQ	25.51	564	3,009		PY	2,208	
15	LEASEHOLD IMPROVEMENT	10012013	424,671		100.00		424,671	15	SL MQ	6.667	28,311	31,850			28,311	
16	SPA EQUIPMENT	10012013	1,500		100.00		1,500	7	200 DB MQ	27.55	413	413			313	
Totals			816,023			178,247	624,798				35,098	419,809	178,247		34,986	
Land Amount																
Net Depreciable Cost			816,023													
															ST ADJ:	(2,101)
															Danka Michaels002098	

Depreciation Detail Listing

STATE FORM 1120S

For your records only

2014

PAGE 1

Name(s) as shown on return															Social security number/EIN	
DANKA K MICHAELS MD PROF CORP															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	
1	OFFICE FURNITURE	06252003	9,151		100.00		9,151	7		0		9,151				
2	MEDICAL EQUIPMENT	06252003	1,304		100.00		1,304	7		0		1,304				
3	MED EQUIP	07012005	17,576		100.00	17,576		0 5		0		17,576	17,576			
4	MED EQUIP	07012006	164,054		100.00	50,000	114,054	7		0		164,054	50,000			
5	MED EQUIP	07012007	59,066		100.00	0	59,066	7	SL HY	14.286	4,219	59,066	0			
6	MED EQUIP	07012008	5,990		100.00	0	5,990	7	SL HY	14.286	856	5,564	0			
7	MED EQUIP	08012008	15,550		100.00	0	15,550	7	SL HY	14.286	2,221	14,437	0			
8	SPA EQUIP	07012009	48,720		100.00	48,720		0 5	SL HY	20		48,720	48,720			
9	SOFTWARE	07012009	1,868		100.00	0	1,868	3		0		1,868		PY	934	
10	MEDICAL EQUIP	12282010	54,660		100.00	54,660		0 5	SL HY	20		54,660	54,660			
11	COMPUTER EQUIP	02172010	5,854		100.00	5,854		0 3		0		5,854	5,854			
12	EQUIP	07012012	1,437		100.00	1,437		0 5	SL HY	20		1,437	1,437			
13	OFFICE EQUIPMENT	07012013	205		100.00	0	205	7	200 DB MQ	25.51	52	74	0			
14	MEDICAL EQUIPMENT	07012013	4,417		100.00	0	4,417	7	200 DB MQ	25.51	1,127	1,600	0			
15	LEASEHOLD IMPROVEMENT	10012013	424,671		100.00	0	424,671	15	SL MQ	6.667	28,311	31,850	0			
16	SPA EQUIPMENT	10012013	1,500		100.00	0	1,500	7	200 DB MQ	27.55	413	413	0			
Totals			816,023			178,247	637,776				37,199	417,628	178,247			
Land Amount																
Net Depreciable Cost			816,023													
															ST ADJ:	

Danka Michaels002099

AA02904

Next Year's Depreciation

2014

Name						FEIN	
DANKA K MICHAELS MD PROF CORP						56-2371654	
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	OFFICE FURNITURE	06252003	9,151	SL	7	
1120	1	MEDICAL EQUIPMENT	06252003	1,304	SL	7	
1120	1	MED EQUIP	07012005		EXP	5	
1120	1	MED EQUIP	07012006	114,054	SL	7	
1120	1	MED EQUIP	07012007	59,066	SL	7	
1120	1	MED EQUIP	07012008	2,995	SL	7	213
1120	1	MED EQUIP	08012008	7,775	SL	7	554
1120	1	SPA EQUIP	07012009		SL	5	
1120	1	SOFTWARE	07012009	1,868	SL	3	
1120	1	MEDICAL EQUIP	12282010		SL	5	
1120	1	COMPUTER EQUIP	02172010		SL	3	
1120	1	EQUIP	07012012		SL	5	
1120	1	OFFICE EQUIPMENT	07012013	205	M	7	37
1120	1	MEDICAL EQUIPMENT	07012013	2,209	M	7	402
1120	1	LEASEHOLD IMPROVEMENTS	10012013	424,671	SL	15	28,311
1120	1	SPA EQUIPMENT	10012013	1,500	M	7	295
		TOTAL					29,812

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: 03-16-2015

Form to be filed: Form 1120S and supplemental forms and 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	
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 1125-E - Compensation of Officers	
Form 8879-S - E-File Signature Authorization 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 Worksheet	
Comparison - Tax Year Comparison Sheet	
Wksht M-2 - Schedule M-2 Worksheet	
Depr Sch - Federal Depreciation Schedule	
ST Depr Sch - State Depreciation Schedule	
Statement 1120S - Form 1120S - 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 Diagnostic Summary

2014

Name

DANKA K MICHAELS MD PROF CORP

Employer Identification #

56-2371654

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

Phone:

Resident State: NV

Diagnostics

Preparer: ROBERT S SEMONIAN

Invoice:

Date: 05-20-2015

Return Information

Item on Return	2014 Federal	2013 Federal (If available)
Total Assets	502,864	538,961
Number of Shareholders	1	1
Gross Receipts/Sales	1,847,926	1,723,655
Total Income	1,531,600	1,268,132
Total Deductions	1,439,582	1,243,213
Ordinary Income	92,018	24,919
Tax		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due		
2220 Penalty		
Total Equity	154,043	62,233

State/City InformationState/City
Gross
Income
Taxable
Income
Composite
Tax
Other Tax
Refund/
(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 FEDERAL	2013 FEDERAL	2014 FEDERAL	DIFFERENCE BETWEEN 2013 & 2014
Income				
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
Interest		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
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)	(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

1120S TAX RETURN COMPARISON
2012 / 2013 / 2014

2014

Page 2

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

Identifying number
56-2371654

	2012 FEDERAL	2013 FEDERAL	2014 FEDERAL	DIFFERENCE BETWEEN 2013 & 2014
Deductions				
Section 179 deduction	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	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				
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	106
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	1,744	371	239	(132)
Property distributions	29,643			
Repayment of loans from shareholders				
Other information				
Investment income		9	31	22
Investment expenses				
Dividend distributions paid from accum earnings and profits				
RESIDENT STATE				
Taxable income				
Total tax				
Overpayment				
Balance due				
	2012	2013	2014	DIFFERENCE

COMPARES.LD2

Danka Michaels002105

AA02910

Summary of Stock Ownership

2014

CORPORATION NAME DANKA K MICHAELS MD PROF CORP					EIN 56-2371654	
Shareholder Information			Shares		% Ownership	
Name	EIN/SSN	Type	Beginning	Ending	Beginning	Ending
DANKA MICHAELS			1,000	1,000	100.00000	100.00000
TOTAL			1,000	1,000		

Form **1125-A**(Rev. December 2012)
Department of the Treasury
Internal Revenue Service**Cost of Goods Sold**

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

OMB No. 1545-2225

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name

DANKA K MICHAELS MD PROF CORP

Employer identification number

56-2371654

1	Inventory at beginning of year	1	57,519
2	Purchases	2	118,527
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	173,043
6	Total. Add lines 1 through 5	6	349,089
7	Inventory at end of year	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 used for valuing closing inventory:

(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 ▶ ☐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 amount of closing inventory computed under LIFO

9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? ☐ Yes ☒ Nof Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

AA02913

Form 1096 Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns	OMB No. 1545-0108 2015											
FILER'S name DANKA K MICHAELS MD PROF CORP													
Street address (including room or suite number) 3320 N BUFFALO DR STE 106 City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89129													
Name of person to contact D MICHAELS MD	Telephone number	For Official Use Only <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>											
Email address	Fax number												
1 Employer identification number 56-2371654	2 Social security number	3 Total number of forms 9											
4 Federal income tax withheld \$ 0.00		5 Total amount reported with this Form 1096 \$ 192102.74											
6 Enter an "X" in only one box below to indicate the type of form being filed.										7 If this is your final return , enter an "X" here <input type="checkbox"/>			
W-2G 32	1097-BTC 50	1098 81	1098-C 78	1098-E 84	1098-Q 74	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-INT 92
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-K 10	1099-LTC 93	1099-MISC 95	1099-OID 96	1099-PATR 97	1099-O 31	1099-R 98	1099-S 75	1099-SA 94	3921 25	3922 26	5498 28	5498-ESA 72	5498-SA 27
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 ►

Title ► PRESIDENT

Date ►

**EMPLOYER COPY ONLY
DO NOT FILE THIS COPY WITH THE IRS**

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2015 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 46-4119213		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address BETA CONSULTANTS LLC 5606 TRILLING BIRD DR LAS VEGAS NV 89135		7 Nonemployee compensation \$ 16760.72	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
FATCA filing requirement <input type="checkbox"/>		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals \$	15b Section 409A income \$	
		16 State tax withheld \$	17 State/Payer's state no	
		18 State income \$		

Form 1099-MISC (keep for your records)
DXA

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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Department of the Treasury - Internal Revenue Service

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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 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.

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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 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 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. 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).

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).

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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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Danka Michaels002156

AA02915

☐ CORRECTED (if checked)

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PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number [REDACTED]	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name and address MOISES CUEVAS JR GP MD 744 RISING STAR DR HENDERSON NV 89014		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
		7 Nonemployee compensation \$ 6375.00	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		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 filing requirement <input type="checkbox"/>		

Form 1099-MISC (keep for your records)
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Department of the Treasury - Internal Revenue Service

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Form 1099-MISC
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Department of the Treasury - Internal Revenue Service

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

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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.

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Boxes 16-18. Shows state or local income tax withheld from the payments.

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Danka Michaels002157

AA02916

☐ CORRECTED (if checked)

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PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 46-4347185	3 Other income \$	4 Federal income tax withheld \$		
RECIPIENT'S name and address LISA WARK MBA & ASSOC 2142 CAST PEBBLE DR LAS VEGAS NV 89135		5 Fishing boat proceeds \$	6 Medical & health care payments \$		
		7 Nonemployee compensation \$ 9552.78	8 Substitute payments in lieu of dividends or interest \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
		11 \$	12 \$		
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		18 State income \$
		15a Section 409A deferrals \$	15b Section 409A income \$		
		16 State tax withheld \$	17 State/Payer's state no \$		
FATCA filing requirement <input type="checkbox"/>					

Form 1099-MISC (keep for your records)
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www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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Department of the Treasury - Internal Revenue Service

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Boxes 16-18. Shows state or local income tax withheld from the payments.

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Danka Michaels002158

AA02917

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$ 83962.24	2 Royalties \$	OMB No. 1545-0115 2015 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 45-5302432		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address PATIENCE ONE LLC 3320 N BUFFALO DR STE 208 LAS VEGAS NV 89129		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals \$	15b Section 409A income \$	
Account number (see instructions)		16 State tax withheld \$	17 State/Payer's state no. \$	
FATCA filing requirement <input type="checkbox"/>		18 State income \$		

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

DXA

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$ 83962.24	2 Royalties \$	OMB No. 1545-0115 2015 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 45-5302432		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address PATIENCE ONE LLC 3320 N BUFFALO DR STE 208 LAS VEGAS NV 89129		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals \$	15b Section 409A income \$	
Account number (see instructions)		16 State tax withheld \$	17 State/Payer's state no. \$	
FATCA filing requirement <input type="checkbox"/>		18 State income \$		

Form 1099-MISC

DXA

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.

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 \$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 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. 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).

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.

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.

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Danka Michaels002159

AA02918

☐ CORRECTED (if checked)

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PAYER'S federal identification number 56-2371654		3 Other income \$		4 Federal income tax withheld \$		
RECIPIENT'S identification number <div style="background-color: black; width: 100px; height: 1.2em;"></div>		5 Fishing boat proceeds \$		6 Medical & health care payments \$		
RECIPIENT'S name and address PAUL SCOTT 8232 CHARLES TURK DR LAS VEGAS NV 89145		7 Nonemployee compensation \$ 1050.00		8 Substitute payments in lieu of dividends or interest \$		
Account number (see instructions) <div style="background-color: black; width: 100px; height: 1.2em;"></div>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$		
FATCA filing requirement <input type="checkbox"/>		11 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		12 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$		15a Section 409A deferrals \$		
15b Section 409A income \$		16 State tax withheld \$		17 State/Payer's state no. <div style="background-color: black; width: 100px; height: 1.2em;"></div>		
18 State income \$		19 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		20 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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Form **1099-MISC** www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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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).

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Danka Michaels002160

☐ CORRECTED (if checked)

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PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 88-0428371	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name and address SONIC IMAGING 6230 MCLEOD DR STE 140 LAS VEGAS NV 89120		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
		7 Nonemployee compensation \$ 55470.00	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		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 filing requirement <input type="checkbox"/>		

Form **1099-MISC** (keep for your records)
DXA

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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RECIPIENT'S name and address SONIC IMAGING 6230 MCLEOD DR STE 140 LAS VEGAS NV 89120		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
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Form **1099-MISC**
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Department of the Treasury - Internal Revenue Service

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Danka Michaels002161

AA02920

☐ CORRECTED (if checked)

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PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 75-3269761		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address TELEDIAGNOSYS LLC 16192 COSTAL HWY LEWES DE 19958		7 Nonemployee compensation \$ 9360.00	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
FATCA filing requirement <input type="checkbox"/>		11	12	
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Form 1099-MISC

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www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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RECIPIENT'S identification number 75-3269761		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address TELEDIAGNOSYS LLC 16192 COSTAL HWY LEWES DE 19958		7 Nonemployee compensation \$ 9360.00	8 Substitute payments in lieu of dividends or interest \$	
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Department of the Treasury - Internal Revenue Service

DXA

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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. 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).

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).

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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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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.

Danka Michaels002162

AA02921

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2015 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 77-0437723		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address THE SEMONIAN GROUP INC 3230 S VALLEY VIEW BLVD 110 LAS VEGAS NV 89102		7 Nonemployee compensation \$ 950.00	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals \$	15b Section 409A income \$	
Account number (see instructions)		16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$
FATCA filing requirement <input type="checkbox"/>				

Form 1099-MISC (keep for your records)
DXA

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2015 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
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Form 1099-MISC
DXA

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.

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 \$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.

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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 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).

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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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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.

Danka Michaels002163

AA02922

☐ CORRECTED (if checked)

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PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number [REDACTED]		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address VICKIS SQUEAKY CLEAN HOUSE 7585 ENGLEBERG AVE LAS VEGAS NV 89178		7 Nonemployee compensation \$ 8622.00	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals \$	15b Section 409A income \$	
		16 State tax withheld \$	17 State/Payer's state no. \$	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	18 State income \$	

Form **1099-MISC** (keep for your records)
DXA

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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Form **1099-MISC**
DXA

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Department of the Treasury - Internal Revenue Service

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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.

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Danka Michaels002164

AA02923

ETD ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing of extensions is allowed.

Name(s)

DANKA K MICHAELS MD PROF CORP

SSN/EIN

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 (Keep for your records)	2015																																																																																																																																					
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP		EIN number 56-2371654																																																																																																																																					
<p>The following will be transmitted to the IRS. <input checked="" type="checkbox"/> 1120S <input type="checkbox"/> 7004 <input type="checkbox"/> Amended</p> <hr/> <p>The following state returns will be transmitted:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>EF Notes</p> <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Form **1120S**Department of the Treasury
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**▶ Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

OMB No. 1545-0123

2015

For calendar year 2015 or tax year beginning

, 2015, ending

, 20

A S election effective date 06-25-2003	TYPE OR PRINT	Name DANKA K MICHAELS MD PROF CORP	D Employer identification number 56-2371654
B Business activity code number (see instructions) 621111		Number, street, and room or suite no. If a P.O. box, see instructions. 3320 N BUFFALO DR	E Date incorporated 06-25-2003
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89129	F Total assets (see instructions) \$ 599,825

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation**I** Enter the number of shareholders who were shareholders during any part of the tax year 1**Caution.** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	1,762,946	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c	1,762,946	
	2 Cost of goods sold (attach Form 1125-A)	2	361,432	
	3 Gross profit. Subtract line 2 from line 1c	3	1,401,514	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4		
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions - attach statement)	5		
	6 Total income (loss). Add lines 3 through 5	6	1,401,514	
	7 Compensation of officers (see instructions - attach Form 1125-E)	7	195,000	
	8 Salaries and wages (less employment credits)	8	506,747	
	9 Repairs and maintenance	9	14,469	
	10 Bad debts	10		
	11 Rents	11	94,600	
	12 Taxes and licenses	12	119,575	
	13 Interest	13	15,569	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	106,364	
	15 Depletion (Do not deduct oil and gas depletion.)	15		
Tax and Payments	16 Advertising	16	10,284	
	17 Pension, profit-sharing, etc., plans	17		
	18 Employee benefit programs	18	27,313	
	19 Other deductions (attach statement)	19	205,837	
	20 Total deductions. Add lines 7 through 19	20	1,295,758	
	21 Ordinary business income (loss). Subtract line 20 from line 6	21	105,756	
	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)	22c		
	23 a 2015 estimated tax payments and 2014 overpayment credited to 2015	23a		
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24			
25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25			
26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26			
27 Enter amount from line 26 Credited to 2016 estimated tax	27			

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

May the IRS discuss this return
with the preparer shown below
(see instructions)? ☐ Yes ☒ No**Sign
Here**

DANKA MICHAELS, MD

Signature of officer

Date

PRESIDENT

Title

**Paid
Preparer
Use Only**

Print/Type preparer's name

ROBERT S SEMONIAN CPA

Preparer's signature

Date

07-06-2016

Check ☒ if

PTIN

self-employed

P00391972

Firm's name ▶ ROBERT S SEMONIAN CPA

Firm's EIN ▶ 95-4514704

Firm's address ▶ PO BOX 5605
Ventura CA 93005

Phone no.

(805) 659-5344

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2015)

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Danka Michaels002167

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Schedule B Other Information (see instructions)

1	Check accounting method:	a <input checked="" type="checkbox"/> Cash	b <input type="checkbox"/> Accrual		Yes	No	
		c <input type="checkbox"/> Other (specify) ▶					
2	See the instructions and enter the:						
	a Business activity ▶	PHYSICIAN	b Product or service ▶	MEDICAL CARE			
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation						X
4	At the end of the tax year, did the corporation:						
	a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) 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 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made		
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below						X
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital		
5 a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock?						X
	If "Yes," complete lines (i) and (ii) below.						
	(i)	Total shares of restricted stock ▶					
	(ii)	Total shares of non-restricted stock ▶					
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?						X
	If "Yes," complete lines (i) and (ii) below.						
	(i)	Total shares of stock outstanding at the end of the tax year ▶					
	(ii)	Total shares of stock outstanding if all instruments were executed ▶					
6	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?						X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/>						
	If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.						
8	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 gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$						
9	Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$						
10	Does the corporation satisfy both of the following conditions?						
	a	The corporation's total receipts (see instructions) for the tax year were less than \$250,000					
	b	The corporation's total assets at the end of the tax year were less than \$250,000					X
	If "Yes," the corporation is not required to complete Schedules L and M-1.						
11	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?						X
	If "Yes," enter the amount of principal reduction \$						
12	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions						X
13 a	Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?					X	
b	If "Yes," did the corporation file or will it file required Forms 1099?					X	

Schedule K Shareholders' Pro Rata Share Items

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	105,756
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	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	7
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
Income (Loss)	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	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	
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
Credits	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, if applicable)	13c	
	d Other rental real estate credits (see instructions) . . . Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
Foreign Transactions	g Other credits (see instructions) Type ▶	13g	
	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		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category	14i	
	j General category	14j	
k Other (attach statement)	14k		
Other information			
l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m Reduction in taxes available for credit (attach statement)	14m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	54
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties - gross income	15d	
	e Oil, gas, and geothermal properties - deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	474
	d Distributions (attach statement if required) (see instructions)	16d	
	e Repayment of loans from shareholders	16e	

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Form 1120S (2015)

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Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount
Other Information	17 a Investment income	17a 7
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (attach statement)	
Recon- ciliation	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 14i	18 105,763

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
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 #19	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		955,274	
b	Less accumulated depreciation	(419,809)	396,214	(526,173)	429,101
11a	Depletable assets				
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	1,953	Statement #22	4,115
19	Loans from shareholders		47,181		0
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

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Form 1120S (2015)

Schedule M-1**Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note. The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	105,289	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): _____		a Tax-exempt interest \$ _____	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a Depreciation \$ _____		a Depreciation \$ _____	
b Travel and entertainment \$ 474			
	474		
4 Add lines 1 through 3	105,763	7 Add lines 5 and 6	
		8 Income (loss) (Schedule K, line 18). Line 4 less line 7	105,763

Schedule M-2**Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)**

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	137,043		
2 Ordinary income from page 1, line 21	105,756		
3 Other additions Statement #29	7		
4 Loss from page 1, line 21	()		
5 Other reductions Statement #30	(474)	()	
6 Combine lines 1 through 5	242,332		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	242,332		

Schedule K-1
(Form 1120S)

Department of the Treasury
Internal Revenue Service

2015

For calendar year 2015, or tax
year beginning _____, 2015
ending _____, 20 _____

671113


☐ Final K-1

☐ Amended K-1

OMB No. 1545-0123

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See page 2 of form and separate instructions.

Part I Information About the Corporation	
A Corporation's employer identification number	56-2371654
B Corporation's name, address, city, state, and ZIP code	DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR LAS VEGAS NV 89129
C IRS Center where corporation filed return	OGDEN
Part II Information About the Shareholder	
D Shareholder's identifying number	[REDACTED]
E Shareholder's name, address, city, state, and ZIP code	DANKA MICHAELS 3320 N BUFFALO DR LAS VEGAS NV 89129
F Shareholder's percentage of stock ownership for tax year	100.00000 %
<p>For IRS Use Only</p> 	

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	13	Credits
	105,756		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
	7		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	54
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions	C *	STMT
		17	Other information
		A	7
* See attached statement for additional information.			

Schedule K-1 Supplemental Information		2015
Shareholder's name DANKA MICHAELS		Shareholder's ID Number [REDACTED]
Name of S Corporation DANKA K MICHAELS MD PROF CORP		S Corporation's EIN 56-2371654

FORM 1120S SCHEDULE K-1 - LINE 16		
CODE	DESCRIPTION	AMOUNT
C	OTHER NONDEDUCTIBLE EXPENSES	474
	MEALS AND ENTERTAINMENT	474
	TOTAL	474

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2015

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

DANKA K MICHAELS MD PROF CORP

FORM 1120S

56-2371654

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	69,626
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	29,078

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	734
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		20,500	3	HY	SL	3,417
b 5-year property						
c 7-year property		49,125	7	HY	SL	3,509
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	106,364
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

EEA

Danka Michaels002174

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Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-0123

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

▶ Information about Form 8879-S and its instructions is at www.irs.gov/form8879s.**2015**Department of the Treasury
Internal Revenue Service

For calendar year 2015, or tax year beginning

, 2015, and ending

, 20

Name of corporation

Employer identification number

DANKA K MICHAELS MD PROF CORP

56-2371654

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	1,762,946
2	Gross profit (Form 1120S, line 3)	2	1,401,514
3	Ordinary business income (loss) (Form 1120S, line 21)	3	105,756
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	105,763

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2015 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name do not enter all zeros

on the corporation's 2015 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2015 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 09-10-2016 Title ▶ PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 07-06-2016

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-S (2015)

EEA

Danka Michaels002175

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Federal Supporting Statements		2015 PG01
Name(s) as shown on return	FEIN	
DANKA K MICHAELS MD PROF CORP		56-2371654

FORM 1120S - LINE 19 - OTHER DEDUCTIONS

Statement #2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
AUTOMOBILE AND TRUCK EXPENSE	7,449
COMPUTER	10,916
DUES AND SUBSCRIPTIONS	258
EDUCATION AND TRAINING	845
EQUIPMENT RENTAL/LEASE	30,166
LIABILITY INSURANCE	44,858
JANITORIAL	14,107
LEGAL AND PROFESSIONAL	25,931
50% MEALS AND ENTERTAINMENT	475
OFFICE EXPENSE	17,973
PAYROLL PROCESSING EXPENSE	3,108
POSTAGE/SHIPPING	6,291
TRAVEL	174
UTILITIES	8,671
COMMUNICATIONS	17,363
CREDIT AND MERCHANT FEES	16,428
TEMP LABOR	824
TOTAL	205,837

SCHEDULE K - LINE 16C - NONDEDUCTIBLE EXPENSES

PG01
Statement #16c

<u>DESCRIPTION</u>	<u>AMOUNT</u>
MEALS AND ENTERTAINMENT	474
TOTAL	474

SCHEDULE L - LINE 6 - OTHER CURRENT ASSETS

PG01
Statement #19

<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
NOTE RECEIVABLE	3,571	3,827
TOTAL	3,571	3,827

Federal Supporting Statements		2015 PG01
Name(s) as shown on return	DANKA K MICHAELS MD PROF CORP	FEIN 56-2371654

SCHEDULE L - LINE 18 - OTHER CURRENT LIABILITIES Statement #22

<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
PAYROLL TAXES PAY		549
GIFT CARDS	1,953	3,566
TOTAL	1,953	4,115

SCHEDULE M-2 - LINE 3 OTHER ADJUSTMENTS PG01 Statement #29

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	7
TOTAL	7

SCHEDULE M-2 - LINE 5 - OTHER DEDUCTIONS PG01 Statement #30

<u>DESCRIPTION</u>	<u>AMOUNT</u>
NONDEDUCTIBLE EXPENSES	474
TOTAL	474

Federal Supporting Statements		2015 PG01
Name(s) as shown on return	FEIN	
DANKA K MICHAELS MD PROF CORP	56-2371654	
<u>FORM1125A - LINE 5 - OTHER COST</u>		Statement #5
<u>DESCRIPTION</u>	<u>AMOUNT</u>	
LAB FEES	1,299	
MEDICAL SUPPLIES	30,654	
NERVE CONDUCTION COSTS	8,125	
ULTRA SOUND SERVICES	66,002	
TOTAL	106,080	

(Keep for your records)

S CORPORATION NAME

EIN

DANKA K MICHAELS MD PROF CORP

56-2371654

Description	Schedule K	K-1 Totals	Difference
1 Ordinary business income (loss)	105,756	105,756	
4 Interest income	7	7	
15 A Post - 1986 depreciation adjustment	54	54	
16 C Nondeductible expenses	474	474	
17 a Investment income	7	7	

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.

2015

S CORPORATION NAME

DANKA K MICHAELS MD PROF CORP

EIN

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	
11	Other miscellaneous taxes	11	6,548
12	Built in gains tax allocated to ordinary income	12	
13	Licenses	13	
14	Total to Form 1120S, Page 1, Line 12	14	119,575

Schedule M-2/Retained Earnings Worksheet		2015
Form 1120S (Keep for your records)		
Corporation Name DANKA K MICHAELS MD PROF CORP		EIN 56-2371654
Analysis of Current-Year Retained Earnings		
1	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	137,043
2	Book income (loss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11)	105,289
3	Distributions (Schedule K, line 16d)	
4	Subtotal (combines lines 1 through 3)	242,332
5	Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	242,332
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)	242,332
2	Beginning retained earnings (Schedule L, column b, line 24)	137,043
3	Retained earnings change (line 1 minus line 2)	105,289
4	Ending AAA plus OAA	242,332
5	Beginning AAA plus OAA	137,043
6	Difference (line 4 minus line 5)	105,289
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)		
7	Other income recorded on books not included on Schedule K	
8	Depreciation on Schedule K not included on books	
9	Other Schedule K items not included on books	
10	Total subtractions (lines 7 through 9)	
Additions to net income 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 books not included on Schedule K	
13	Other items on books not included on Schedule K	
14	Total 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)	
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.		
16	Permanent differences	
17	Temporary differences	
18	Timing adjustments not included on Schedule M-2 (combine lines 16 and 17)	
19	Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7	
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)	105,289
22	M-2 amount after M-3 timing adjustments (add lines 6, 18, 19, and 20)	
23	Net reconciliation difference (line 3 minus line 21 or 22)	

* Item was disposed
of during current year.

Depreciation Detail Listing

FORM 1120S

For your records only

2015
PAGE 1

For your records only															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	
1	OFFICE FURNITURE	06252003	9,151		100.00		9,151	7		0		9,151				
2	MEDICAL EQUIPMENT	06252003	1,304		100.00		1,304	7		0		1,304				
3	MED EQUIP	07012005	17,576		100.00	17,576		0		0		17,576	17,576			
4	MED EQUIP	07012006	164,054		100.00	50,000	114,054	7		0		164,054	50,000			
5	MED EQUIP	07012007	59,066		100.00		59,066	7		0		59,066				
6	MED EQUIP	07012008	5,990		100.00		2,995	7	SL	HY	213	5,990		PY 2,995	213	
7	MED EQUIP	08012008	15,550		100.00		7,775	7	SL	HY	554	15,550		PY 7,775	554	
8	SPA EQUIP	07012009	48,720		100.00	48,720		0		0		48,720	48,720			
9	SOFTWARE	07012009	1,868		100.00		1,868	3		0		1,868				
10	MEDICAL EQUIP	12282010	54,660		100.00	54,660		0	SL	HY	20	54,660	54,660			
11	COMPUTER EQUIP	02172010	5,854		100.00	5,854		0		0		5,854	5,854			
12	EQUIP	07012012	1,437		100.00	1,437		0	SL	HY	20	1,437	1,437			
13	OFFICE EQUIPMENT	07012013	205		100.00		205	7	200 DB MQ	18.22	37	111			32	
14	MEDICAL EQUIPMENT	07012013	4,417		100.00		2,209	7	200 DB MQ	18.22	402	3,411		PY 2,208	402	
15	LEASEHOLD IMPROVEMENT	10012013	424,671		100.00		424,671	15	SL	MQ	28,311	60,161			28,311	
16	SPA EQUIPMENT	10012013	1,500		100.00		1,500	7	200 DB MQ	19.68	295	708			246	
17	OFFICE EQUIP AND FURN	07012015	98,251		100.00		49,125	7	SL	HY	3,509	52,635		CY 49,126	3,509	
18	MEDICAL LASER	07012015	41,000		100.00		20,500	3	SL	HY	3,417	23,917		CY 20,500	3,417	
Totals			955,274			178,247	694,423				36,738	526,173	178,247	CY 69,626	36,684	
Land Amount																
Net Depreciable Cost			955,274											ST ADJ:	61,526	

Danka Michaels002182

AA02941

Depreciation Detail Listing

STATE FORM 1120S

For your records only

2015

PAGE 1

Name(s) as shown on return															Social security number/EIN		
DANKA K MICHAELS MD PROF CORP															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		
1	OFFICE FURNITURE	06252003	9,151		100.00		9,151	7		0		9,151					
2	MEDICAL EQUIPMENT	06252003	1,304		100.00		1,304	7		0		1,304					
3	MED EQUIP	07012005	17,576		100.00	17,576		0		0		17,576	17,576				
4	MED EQUIP	07012006	164,054		100.00	50,000	114,054	7		0		164,054	50,000				
5	MED EQUIP	07012007	59,066		100.00		59,066	7		0		59,066					
6	MED EQUIP	07012008	5,990		100.00		5,990	7	SL HY	14.285	426	5,990					
7	MED EQUIP	08012008	15,550		100.00		15,550	7	SL HY	14.285	1,113	15,550					
8	SPA EQUIP	07012009	48,720		100.00	48,720		0		0		48,720	48,720				
9	SOFTWARE	07012009	1,868		100.00		1,868	3		0		1,868					
10	MEDICAL EQUIP	12282010	54,660		100.00	54,660		0	SL HY	20		54,660	54,660				
11	COMPUTER EQUIP	02172010	5,854		100.00	5,854		0		0		5,854	5,854				
12	EQUIP	07012012	1,437		100.00	1,437		0	SL HY	20		1,437	1,437				
13	OFFICE EQUIPMENT	07012013	205		100.00		205	7	200 DB MQ	18.22	37	111					
14	MEDICAL EQUIPMENT	07012013	4,417		100.00		4,417	7	200 DB MQ	18.22	805	2,405					
15	LEASEHOLD IMPROVEMENT	10012013	424,671		100.00		424,671	15	SL MQ	6.667	28,311	60,161					
16	SPA EQUIPMENT	10012013	1,500		100.00		1,500	7	200 DB MQ	19.68	295	708					
17	OFFICE EQUIP AND FURN	07012015	98,251		100.00		98,251	7	SL HY	7.143	7,018	7,018					
18	MEDICAL LASER	07012015	41,000		100.00		41,000	3	SL HY	16.667	6,833	6,833					
Totals			955,274			178,247	777,027				44,838	462,466	178,247				
Land Amount															ST ADJ:		
Net Depreciable Cost			955,274														

Danka Michaels002183

AA02942

Next Year's Depreciation

2015

Name						FEIN	
DANKA K MICHAELS MD PROF CORP						56-2371654	
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	OFFICE FURNITURE	06252003	9,151	SL	7	
1120	1	MEDICAL EQUIPMENT	06252003	1,304	SL	7	
1120	1	MED EQUIP	07012005		EXP	5	
1120	1	MED EQUIP	07012006	114,054	SL	7	
1120	1	MED EQUIP	07012007	59,066	SL	7	
1120	1	MED EQUIP	07012008	2,995	SL	7	
1120	1	MED EQUIP	08012008	7,775	SL	7	
1120	1	SPA EQUIP	07012009		SL	5	
1120	1	SOFTWARE	07012009	1,868	SL	3	
1120	1	MEDICAL EQUIP	12282010		SL	5	
1120	1	COMPUTER EQUIP	02172010		SL	3	
1120	1	EQUIP	07012012		SL	5	
1120	1	OFFICE EQUIPMENT	07012013	205	M	7	27
1120	1	MEDICAL EQUIPMENT	07012013	2,209	M	7	288
1120	1	LEASEHOLD IMPROVEMENTS	10012013	424,671	SL	15	28,311
1120	1	SPA EQUIPMENT	10012013	1,500	M	7	211
1120	1	OFFICE EQUIP AND FURNITU	07012015	49,125	SL	7	7,018
1120	1	MEDICAL LASER	07012015	20,500	SL	3	6,833
		TOTAL					42,688

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 and 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

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

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

Description		Fee
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	
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 1125-E	Compensation of Officers	
Form 8879-S	E-File Signature Authorization 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 Worksheet	
Comparison	Tax Year Comparison Sheet	
Wksht M-2	Schedule M-2 Worksheet	
Depr Sch	Federal Depreciation Schedule	
ST Depr Sch	State Depreciation Schedule	
Statement 1120S	Form 1120S - Itemized Other Deduction	
Statement Sch K	Schedule K - Nondeductible Expenses	
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	24	Forms Subtotal	0.00
		Total Balance Due	0.00

Payment due upon receipt. Thank you for your business!

1120S

Sub S Corporation
Diagnostic Summary

2015

Name

DANKA K MICHAELS MD PROF CORP

Employer Identification #

56-2371654

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

Phone:

Resident State: NV

Diagnostics

Preparer: ROBERT S SEMONIAN

Invoice:

Date: 07-06-2016

Return Information

Item on Return	2015 Federal	2014 Federal (If available)
Total Assets	599,825	502,864
Number of Shareholders	1	1
Gross Receipts/Sales	1,762,946	1,847,926
Total Income	1,401,514	1,531,600
Total Deductions	1,295,758	1,439,582
Ordinary Income	105,756	92,018
Tax		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due		
2220 Penalty		
Total Equity	259,332	154,043

State/City InformationState/CityGross
IncomeTaxable
IncomeComposite
TaxOther TaxRefund/
(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 FEDERAL	2014 FEDERAL	2015 FEDERAL	DIFFERENCE BETWEEN 2014 & 2015
Income				
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
Depletion				
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	2013	2014	2015	DIFFERENCE
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)				

1120S TAX RETURN COMPARISON
2013 / 2014 / 2015

2015

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Page 2

Identifying number
56-2371654

	2013 FEDERAL	2014 FEDERAL	2015 FEDERAL	DIFFERENCE BETWEEN 2014 & 2015
Deductions				
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				
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 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				
Items Affecting Shareholder Basis				
Tax-exempt interest income				
Other tax-exempt income				
Nondeductible expenses	371	239	474	235
Property distributions				
Repayment of loans from shareholders				
Other information				
Investment income	9	31	7	(24)
Investment expenses				
Dividend distributions paid from accum earnings and profits				
RESIDENT STATE				
Taxable income				
Total tax				
Overpayment				
Balance due				
	2013	2014	2015	DIFFERENCE

COMPARES.LD2

Danka Michaels002189

AA02948

Form **1125-A**(Rev. December 2012)
Department of the Treasury
Internal 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/form1125a.

OMB No. 1545-2225

Name

DANKA K MICHAELS MD PROF CORP

Employer identification number

56-2371654

1	Inventory at beginning of year	1	33,361
2	Purchases	2	286,297
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	106,080
6	Total. Add lines 1 through 5	6	425,738
7	Inventory at end of year	7	64,306
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	361,432

9a Check all methods used for valuing closing inventory:

(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 ▶ ☐

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 amount of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

AA02950

Summary of Stock Ownership					2015	
CORPORATION NAME DANKA K MICHAELS MD PROF CORP					EIN 56-2371654	
Shareholder Information			Shares		% Ownership	
Name	EIN/SSN	Type	Beginning	Ending	Beginning	Ending
DANKA MICHAELS			1,000	1,000	100.00000	100.00000
TOTAL			1,000	1,000		

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

OMB No. 1545-0074

2015

► Information about Form 4868 and its instructions is available at www.irs.gov/form4868.

Date to file by: 04-18-2016

Payment: \$0

Payment Method: Your payment can be by either check or money order payable to the "United States Treasury." Include your SSN, daytime phone number, and "2015 Form 4868" on your check or money order. Do not send cash. To pay by credit card, go to www.1040paytax.com.

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 ▼

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

OMB No. 1545-0074

2015

For calendar year 2015, or other tax year beginning . 2015, ending .

Part I	Identification	Part II	Individual Income Tax
DANKA MICHAELS 9517 QUEEN CHARLOTTE DR LAS VEGAS NV 89145 2 Your social security number [REDACTED] 3 Spouse's social security number [REDACTED]		4	Estimate of total tax liability for 2015 \$ 40,000
		5	Total 2015 payments 40,167
		6	Balance due. Subtract line 5 from line 4 (see instructions) 0
		7	Amount you are paying (see instructions) . ►
		8	Check here if you are "out of the country" and a U.S. citizen or resident (see instructions) ► <input type="checkbox"/>
		9	Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ► <input type="checkbox"/>

PT MICH 30 0 201512 670

Danka Michaels002193

AA02952

Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008 G4Q		000020	
b Employer identification number (EIN) 56-2371654				1 Wages, tips, other compensation 10663.76		2 Federal income tax withheld	
c Employer's name, address, and ZIP code DANKA K MICHAELS M D PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129				3 Social security wages 10663.76		4 Social security tax withheld 661.15	
				5 Medicare wages and tips 10663.76		6 Medicare tax withheld 154.62	
				7 Social security tips		8 Allocated tips	
				9		10 Dependent care benefits	
d Control number 000020 R7/G4Q				11 Nonqualified plans		12a See instructions for box 12	
e Employee's first name and initial Last name JENNIFER S SENA 8744 AUTUMN WREATH AVENUE LAS VEGAS, NV 89129				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state ID number		16 State wages, tips, etc.	
				17 State income tax		18 Local wages, tips, etc.	
				19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax
Statement
Copy D — For Employer

2015

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.

Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008 G4Q		000013	
b Employer identification number (EIN) 56-2371654				1 Wages, tips, other compensation 23685.27		2 Federal income tax withheld 2416.89	
c Employer's name, address, and ZIP code DANKA K MICHAELS M D PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129				3 Social security wages 23685.27		4 Social security tax withheld 1468.49	
				5 Medicare wages and tips 23685.27		6 Medicare tax withheld 343.44	
				7 Social security tips		8 Allocated tips	
				9		10 Dependent care benefits	
d Control number 000013 R7/G4Q				11 Nonqualified plans		12a See instructions for box 12	
e Employee's first name and initial Last name KIMBERLYN D SHAW 6137 CASTLEMONT AVE LAS VEGAS, NV 89156				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b R 969.22	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state ID number		16 State wages, tips, etc.	
				17 State income tax		18 Local wages, tips, etc.	
				19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax
Statement
Copy D — For Employer

2015

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.

Danka Michaels002194

AA02953

Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008 G4Q		000014	
b Employer identification number (EIN) 56-2371654				1 Wages, tips, other compensation 18319.06		2 Federal income tax withheld 1758.28	
c Employer's name, address, and ZIP code DANKA K MICHAELS M D PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129				3 Social security wages 18319.06		4 Social security tax withheld 1135.78	
				5 Medicare wages and tips 18319.06		6 Medicare tax withheld 265.63	
				7 Social security tips		8 Allocated tips	
d Control number 000014 R7/G4Q				9 [REDACTED]		10 Dependent care benefits	
e Employee's first name and initial Last name BRYANA E TAN 7006 ROYAL MEADOW PL LAS VEGAS, NV 89147				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement
Copy D — For Employer

2015

Department of the Treasury — Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008 G4Q		000015	
b Employer identification number (EIN) 56-2371654				1 Wages, tips, other compensation 44000.09		2 Federal income tax withheld 5290.86	
c Employer's name, address, and ZIP code DANKA K MICHAELS M D PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129				3 Social security wages 44000.09		4 Social security tax withheld 2728.01	
				5 Medicare wages and tips 44000.09		6 Medicare tax withheld 638.00	
				7 Social security tips		8 Allocated tips	
d Control number 000015 R7/G4Q				9 [REDACTED]		10 Dependent care benefits	
e Employee's first name and initial Last name CHRISTIE WANAMAKER 2569 SUNDEW AVE HENDERSON, NV 89052				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement
Copy D — For Employer

2015

Department of the Treasury — Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Danka Michaels002195

AA02954

Void <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008 G4Q		000016	
b Employer identification number (EIN) 56-2371654				1 Wages, tips, other compensation 5591.50		2 Federal income tax withheld 231.49	
c Employer's name, address, and ZIP code DANKA K MICHAELS M D PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129				3 Social security wages 5591.50		4 Social security tax withheld 346.67	
				5 Medicare wages and tips 5591.50		6 Medicare tax withheld 81.08	
				7 Social security tips		8 Allocated tips	
d Control number 000016 R7/G4Q				9		10 Dependent care benefits	
e Employee's first name and initial Last name AVOTCZA WILLIAMS 2705 SLIDE CANYON AVENUE NORTH LAS VEGAS, NV 89081				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state ID number		16 State wages, tips, etc.	
				17 State income tax		18 Local wages, tips, etc.	
				19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax
Statement
Copy D — For Employer

2015

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.

Void <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008 G4Q		000021	
b Employer identification number (EIN) 56-2371654				1 Wages, tips, other compensation 960.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code DANKA K MICHAELS M D PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129				3 Social security wages 960.00		4 Social security tax withheld 59.52	
				5 Medicare wages and tips 960.00		6 Medicare tax withheld 13.92	
				7 Social security tips		8 Allocated tips	
d Control number 000021 R7/G4Q				9		10 Dependent care benefits	
e Employee's first name and initial Last name DOLORES WOLF 4575 DEAN MARTIN DR APT 2307 LAS VEGAS, NV 89103				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state ID number		16 State wages, tips, etc.	
				17 State income tax		18 Local wages, tips, etc.	
				19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax
Statement
Copy D — For Employer

2015

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.

Danka Michaels002196

AA02955

Form 1096 Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns	OMB No. 1545-0108 2016
FILER'S name DANKA K MICHAELS MD PROF CORP		
Street address (including room or suite number) 3320 N BUFFALO DR STE 106 City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89129		
Name of person to contact D MICHAELS MD		Telephone number
Email address		Fax number
For Official Use Only <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
1 Employer identification number 56-2371654	2 Social security number	3 Total number of forms 15
4 Federal income tax withheld \$ 0.00		5 Total amount reported with this Form 1096 \$ 241131.28
6 Enter an "X" in only one box below to indicate the type of form being filed.		
W-2G 32 <input type="checkbox"/>	1097-BTC 50 <input type="checkbox"/>	1098 81 <input type="checkbox"/>
1098-C 78 <input type="checkbox"/>	1098-E 84 <input type="checkbox"/>	1098-Q 74 <input type="checkbox"/>
1098-T 83 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>	1099-B 79 <input type="checkbox"/>
1099-C 85 <input type="checkbox"/>	1099-CAP 73 <input type="checkbox"/>	1099-DIV 91 <input type="checkbox"/>
1099-G 86 <input type="checkbox"/>	1099-INT 92 <input type="checkbox"/>	1099-K 10 <input type="checkbox"/>
1099-LTC 93 <input type="checkbox"/>	1099-MISC 95 <input checked="" type="checkbox"/>	1099-OLD 96 <input type="checkbox"/>
1099-PATR 97 <input type="checkbox"/>	1099-Q 31 <input type="checkbox"/>	1099-QA 1A <input type="checkbox"/>
1099-R 98 <input type="checkbox"/>	1099-S 75 <input type="checkbox"/>	1099-SA 94 <input type="checkbox"/>
3921 25 <input type="checkbox"/>	3922 26 <input type="checkbox"/>	5498 28 <input type="checkbox"/>
5498-ESA 72 <input type="checkbox"/>	5498-QA 2A <input type="checkbox"/>	5498-SA 27 <input type="checkbox"/>
7 Form 1099-MISC with NEC in box 7, check <input checked="" type="checkbox"/>		

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 ►

Title ► PRESIDENT

Date ►

**EMPLOYER COPY ONLY
DO NOT FILE THIS COPY WITH THE IRS**

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 88-0303964		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address ACE FIRE SYSTEMS 2620 WESTERN AVE LAS VEGAS NV 89109		7 Nonemployee compensation \$ 1433.29	8 Substitute payments in lieu of dividends or interest \$	
RECIPIENT'S name and address (continued) (This area is blank in the image)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
RECIPIENT'S name and address (continued) (This area is blank in the image)		11	12	
RECIPIENT'S name and address (continued) (This area is blank in the image)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
RECIPIENT'S name and address (continued) (This area is blank in the image)		15a Section 409A deferrals \$	15b Section 409A income \$	
RECIPIENT'S name and address (continued) (This area is blank in the image)		16 State tax withheld \$	17 State/Payer's state no. 	
RECIPIENT'S name and address (continued) (This area is blank in the image)		18 State income \$	19	

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 88-0303964		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address ACE FIRE SYSTEMS 2620 WESTERN AVE LAS VEGAS NV 89109		7 Nonemployee compensation \$ 1433.29	8 Substitute payments in lieu of dividends or interest \$	
RECIPIENT'S name and address (continued) (This area is blank in the image)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
RECIPIENT'S name and address (continued) (This area is blank in the image)		11	12	
RECIPIENT'S name and address (continued) (This area is blank in the image)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
RECIPIENT'S name and address (continued) (This area is blank in the image)		15a Section 409A deferrals \$	15b Section 409A income \$	
RECIPIENT'S name and address (continued) (This area is blank in the image)		16 State tax withheld \$	17 State/Payer's state no. 	
RECIPIENT'S name and address (continued) (This area is blank in the image)		18 State income \$	19	

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.

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, 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 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. 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).

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.

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.

Danka Michaels002243

AA02958

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$ 3 Other income \$ 5 Fishing boat proceeds \$ 7 Nonemployee compensation \$ 16280.00 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 11 13 Excess golden parachute payments \$ 15a Section 409A deferrals \$ 16 State tax withheld \$	2 Royalties \$ 4 Federal income tax withheld \$ 6 Medical & health care payments \$ 8 Substitute payments in lieu of dividends or interest \$ 10 Crop insurance proceeds \$ 12 14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$ 17 State/Payer's state no. 18 State income \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654 RECIPIENT'S identification number 88-0498450 RECIPIENT'S name and address AIR DESIGN SYSTEM 4125 WEST BELL DR LAS VEGAS NV 89118				
Account number (see instructions) FATCA filing requirement <input type="checkbox"/>				

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$ 3 Other income \$ 5 Fishing boat proceeds \$ 7 Nonemployee compensation \$ 16280.00 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 11 13 Excess golden parachute payments \$ 15a Section 409A deferrals \$ 16 State tax withheld \$	2 Royalties \$ 4 Federal income tax withheld \$ 6 Medical & health care payments \$ 8 Substitute payments in lieu of dividends or interest \$ 10 Crop insurance proceeds \$ 12 14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$ 17 State/Payer's state no. 18 State income \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 56-2371654 RECIPIENT'S identification number 88-0498450 RECIPIENT'S name and address AIR DESIGN SYSTEM 4125 WEST BELL DR LAS VEGAS NV 89118				
Account number (see instructions) FATCA filing requirement <input type="checkbox"/>				

Form **1099-MISC** www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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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. 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).

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.

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.

Danka Michaels002244

AA02959

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$ 3 Other income \$ 5 Fishing boat proceeds \$ 7 Nonemployee compensation \$ 1455.00 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 11 13 Excess golden parachute payments \$ 15a Section 409A deferrals \$ 16 State tax withheld \$	2 Royalties \$ 4 Federal income tax withheld \$ 6 Medical & health care payments \$ 8 Substitute payments in lieu of dividends or interest \$ 10 Crop insurance proceeds \$ 12 \$ 14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$ 17 State/Payer's state no. 18 State income \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654 RECIPIENT'S identification number RECIPIENT'S name and address ALAVINA SERVICES 4029 SAN JOAQUIN AVE LAS VEGAS NV 89102		10 Crop insurance proceeds \$ 12 \$ 14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$ 17 State/Payer's state no. 18 State income \$		
Account number (see instructions) FATCA filing requirement <input type="checkbox"/>		10 Crop insurance proceeds \$ 12 \$ 14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$ 17 State/Payer's state no. 18 State income \$		
Account number (see instructions) FATCA filing requirement <input type="checkbox"/>		10 Crop insurance proceeds \$ 12 \$ 14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$ 17 State/Payer's state no. 18 State income \$		

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$ 3 Other income \$ 5 Fishing boat proceeds \$ 7 Nonemployee compensation \$ 1455.00 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 11 13 Excess golden parachute payments \$ 15a Section 409A deferrals \$ 16 State tax withheld \$	2 Royalties \$ 4 Federal income tax withheld \$ 6 Medical & health care payments \$ 8 Substitute payments in lieu of dividends or interest \$ 10 Crop insurance proceeds \$ 12 \$ 14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$ 17 State/Payer's state no. 18 State income \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 56-2371654 RECIPIENT'S identification number RECIPIENT'S name and address ALAVINA SERVICES 4029 SAN JOAQUIN AVE LAS VEGAS NV 89102		10 Crop insurance proceeds \$ 12 \$ 14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$ 17 State/Payer's state no. 18 State income \$		
Account number (see instructions) FATCA filing requirement <input type="checkbox"/>		10 Crop insurance proceeds \$ 12 \$ 14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$ 17 State/Payer's state no. 18 State income \$		
Account number (see instructions) FATCA filing requirement <input type="checkbox"/>		10 Crop insurance proceeds \$ 12 \$ 14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$ 17 State/Payer's state no. 18 State income \$		

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.

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Danka Michaels002245

AA02960

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 46-4347185		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address LISA WARK MBA & ASSOC 2142 CAST PEBBLE DR LAS VEGAS NV 89135		7 Nonemployee compensation \$ 9523.88	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
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Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		

Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service
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Danka Michaels002246

AA02961

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Form **1099-MISC** www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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Danka Michaels002247

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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 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).

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.

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.

Danka Michaels002248

AA02963

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		3 Other income \$	4 Federal income tax withheld \$	
		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
		7 Nonemployee compensation \$ 15168.00	8 Substitute payments in lieu of dividends or interest \$	
PAYER'S federal identification number 56-2371654		RECIPIENT'S identification number 27-0780828		
RECIPIENT'S name and address MONSOON GROUP OF LAS VEGAS LLC 4325 SOUTH WYNN RD #102 LAS VEGAS NV 89103		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$		
		10 Crop insurance proceeds \$		
		11 \$		
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals \$	15b Section 409A income \$	
		16 State tax withheld \$	17 State/Payer's state no \$	
Account number (see instructions) FATCA filing requirement <input type="checkbox"/>		18 State income \$		

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
		3 Other income \$	4 Federal income tax withheld \$	
		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
		7 Nonemployee compensation \$ 15168.00	8 Substitute payments in lieu of dividends or interest \$	
PAYER'S federal identification number 56-2371654		RECIPIENT'S identification number 27-0780828		
RECIPIENT'S name and address MONSOON GROUP OF LAS VEGAS LLC 4325 SOUTH WYNN RD #102 LAS VEGAS NV 89103		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$		
		10 Crop insurance proceeds \$		
		11 \$		
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals \$	15b Section 409A income \$	
		16 State tax withheld \$	17 State/Payer's state no \$	
Account number (see instructions) FATCA filing requirement <input type="checkbox"/>		18 State income \$		

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.

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, 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 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. 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).

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.

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.

Danka Michaels002249

AA02964

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$ 103200.00	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 45-5302432		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address PATIENCE ONE LLC 3320 N BUFFALO DR STE 208 LAS VEGAS NV 89129		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		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 filing requirement <input type="checkbox"/>		

Form 1099-MISC (keep for your records)
DXA

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$ 103200.00	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 45-5302432		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address PATIENCE ONE LLC 3320 N BUFFALO DR STE 208 LAS VEGAS NV 89129		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		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 filing requirement <input type="checkbox"/>		

Form 1099-MISC
DXA

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.

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, 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 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. 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).

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.

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.

Danka Michaels002250

AA02965

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number [REDACTED]		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address ANNIE POLHAMER 8 SPAR DR MASTIC BEACH NY 11951		7 Nonemployee compensation \$ 4625.00	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
FATCA filing requirement <input type="checkbox"/>		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals \$	15b Section 409A income \$	
		16 State tax withheld \$	17 State/Payer's state no. \$	
			18 State income \$	

Form 1099-MISC (keep for your records)
DXA

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number [REDACTED]		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address ANNIE POLHAMER 8 SPAR DR MASTIC BEACH NY 11951		7 Nonemployee compensation \$ 4625.00	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
FATCA filing requirement <input type="checkbox"/>		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals \$	15b Section 409A income \$	
		16 State tax withheld \$	17 State/Payer's state no. \$	
			18 State income \$	

Form 1099-MISC
DXA

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.

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, 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 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. 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).

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.

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.

Danka Michaels002251

AA02966

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$		2 Royalties \$		OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654		3 Other income \$		4 Federal income tax withheld \$		
RECIPIENT'S identification number <div style="background-color: black; width: 100px; height: 1.2em;"></div>		5 Fishing boat proceeds \$		6 Medical & health care payments \$		
RECIPIENT'S name and address PAUL SCOTT 8232 CHARLES TURK DR LAS VEGAS NV 89145		7 Nonemployee compensation \$ 5549.97		8 Substitute payments in lieu of dividends or interest \$		
Account number (see instructions) <div style="background-color: black; width: 100px; height: 1.2em;"></div>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$		
FATCA filing requirement <input type="checkbox"/>		11 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		12 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$		15a Section 409A deferrals \$		
15b Section 409A income \$		16 State tax withheld \$		17 State/Payer's state no 		
18 State income \$		19 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		20 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		
21 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		22 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		23 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$		2 Royalties \$		OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 56-2371654		3 Other income \$		4 Federal income tax withheld \$		
RECIPIENT'S identification number <div style="background-color: black; width: 100px; height: 1.2em;"></div>		5 Fishing boat proceeds \$		6 Medical & health care payments \$		
RECIPIENT'S name and address PAUL SCOTT 8232 CHARLES TURK DR LAS VEGAS NV 89145		7 Nonemployee compensation \$ 5549.97		8 Substitute payments in lieu of dividends or interest \$		
Account number (see instructions) <div style="background-color: black; width: 100px; height: 1.2em;"></div>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$		
FATCA filing requirement <input type="checkbox"/>		11 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		12 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$		15a Section 409A deferrals \$		
15b Section 409A income \$		16 State tax withheld \$		17 State/Payer's state no 		
18 State income \$		19 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		20 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		
21 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		22 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		23 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		

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.

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, 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 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. 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).

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.

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.

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Danka Michaels002252

AA02967

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 52-2322815		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address SERVICE MAX GREEN 3110 SOUTH POLARIS STE 24 LAS VEGAS NV 89102		7 Nonemployee compensation \$ 9670.00	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		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 filing requirement <input type="checkbox"/>		

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

DXA

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 52-2322815		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address SERVICE MAX GREEN 3110 SOUTH POLARIS STE 24 LAS VEGAS NV 89102		7 Nonemployee compensation \$ 9670.00	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		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 filing requirement <input type="checkbox"/>		

Form 1099-MISC

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

DXA

Instructions for Recipient

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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.

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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 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 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. 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).

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.

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.

Danka Michaels002253

AA02968

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$ 41709.00	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 88-0428371	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name and address SONIC IMAGING 6230 MCLEOD DR STE 140 LAS VEGAS NV 89120		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
		7 Nonemployee compensation \$ 41709.00	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		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 filing requirement <input type="checkbox"/>		

Form 1099-MISC (keep for your records)
DXA

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$ 41709.00	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 88-0428371	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name and address SONIC IMAGING 6230 MCLEOD DR STE 140 LAS VEGAS NV 89120		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
		7 Nonemployee compensation \$ 41709.00	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
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		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		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 filing requirement <input type="checkbox"/>		

Form 1099-MISC
DXA

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.

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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. 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).

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).

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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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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.

Danka Michaels002254

AA02969

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 75-3269761		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address TELEDIAGNOSYS LLC 16192 COSTAL HWY LEWES DE 19958		7 Nonemployee compensation \$ 20412.00	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		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 filing requirement <input type="checkbox"/>		

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

DXA

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 75-3269761		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address TELEDIAGNOSYS LLC 16192 COSTAL HWY LEWES DE 19958		7 Nonemployee compensation \$ 20412.00	8 Substitute payments in lieu of dividends or interest \$	
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		15a Section 409A deferrals \$	15b Section 409A income \$	
		16 State tax withheld \$	17 State/Payer's state no.	
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Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		

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).

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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).

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).

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.

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.

Danka Michaels002255

AA02970

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$		2 Royalties \$		OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 56-2371654		3 Other income \$		4 Federal income tax withheld \$		
RECIPIENT'S identification number 77-0437723		5 Fishing boat proceeds \$		6 Medical & health care payments \$		
RECIPIENT'S name and address THE SEMONIAN GROUP INC 3230 S VALLEY VIEW BLVD 110 LAS VEGAS NV 89102		7 Nonemployee compensation \$ 950.00		8 Substitute payments in lieu of dividends or interest \$		
Account number (see instructions) FATCA filing requirement <input type="checkbox"/>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$		10 Crop insurance proceeds \$		
11		12		13 Excess golden parachute payments \$		
14 Gross proceeds paid to an attorney \$		15a Section 409A deferrals \$		15b Section 409A income \$		
16 State tax withheld \$		17 State/Payer's state no.		18 State income \$		
19		20		21		
22		23		24		

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		1 Rents \$		2 Royalties \$		OMB No. 1545-0115 2016 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
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14 Gross proceeds paid to an attorney \$		15a Section 409A deferrals \$		15b Section 409A income \$		
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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.

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, 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 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. 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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Danka Michaels002256

AA02971

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PAYER'S federal identification number 56-2371654		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 27-1995572		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address VEGAS PRO ELECTRIC 3390 WYNN RD STE A LAS VEGAS NV 89102		7 Nonemployee compensation \$ 1394.82	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
FATCA filing requirement <input type="checkbox"/>		11	12	
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Form 1099-MISC (keep for your records)
DXA

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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Form 1099-MISC
DXA

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Department of the Treasury - Internal Revenue Service

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Danka Michaels002257

AA02972

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

2016

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Tax ID Number

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 (Keep for your records)	2016																																																																																																																																					
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP		EIN number 56-2371654																																																																																																																																					
<p>The following will be transmitted to the IRS. <input checked="" type="checkbox"/> 1120S <input type="checkbox"/> 7004 <input type="checkbox"/> Amended <input type="checkbox"/> Reserved</p> <hr/> <p>The following state returns will be transmitted:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </table> <hr/> <p>EF Notes</p> <div style="height: 100px; border: 1px solid black;"></div>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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For calendar year 2016 or tax year beginning , 2016, ending , 20

A S election effective date 06-25-2003	TYPE OR PRINT	Name DANKA K MICHAELS MD PROF CORP	D Employer identification number 56-2371654
B Business activity code number (see instructions) 621111		Number, street, and room or suite no. If a P.O. box, see instructions. 3320 N BUFFALO DR	E Date incorporated 06-25-2003
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89129	F Total assets (see instructions) \$ 551,768

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed
H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation
I Enter the number of shareholders who were shareholders during any part of the tax year 1

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales	1a 1,552,011	1c 1,540,822
	b Returns and allowances	1b 11,189	
	c Balance. Subtract line 1b from line 1a		
	2 Cost of goods sold (attach Form 1125-A)	2 359,871	
	3 Gross profit. Subtract line 2 from line 1c	3 1,180,951	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4	
5 Other income (loss) (see instructions - attach statement)	5		
	6 Total income (loss). Add lines 3 through 5	6 1,180,951	
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions - attach Form 1125-E)	7 200,000	
	8 Salaries and wages (less employment credits)	8 494,084	
	9 Repairs and maintenance	9 45,560	
	10 Bad debts	10	
	11 Rents	11 103,200	
	12 Taxes and licenses	12 76,537	
	13 Interest	13 7,684	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14 42,688	
	15 Depletion (Do not deduct oil and gas depletion.)	15	
	16 Advertising	16 31,547	
	17 Pension, profit-sharing, etc., plans	17	
	18 Employee benefit programs	18 9,243	
	19 Other deductions (attach statement)	19 217,325	
	20 Total deductions. Add lines 7 through 19	20 1,227,868	
	21 Ordinary business income (loss). Subtract line 20 from line 6	21 (46,917)	
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a	22c
	b Tax from Schedule D (Form 1120S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)		
	23 a 2016 estimated tax payments and 2015 overpayment credited to 2016	23a	
	b Tax deposited with Form 7004	23b	23d
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Add lines 23a through 23c		
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26	
27 Enter amount from line 26 Credited to 2017 estimated tax Refunded	27		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DANKA MICHAELS, MD Signature of officer	Date	PRESIDENT Title	
Paid Preparer Use Only	Print/Type preparer's name ROBERT S SEMONIAN CPA	Preparer's signature	Date 05-31-2017	Check <input checked="" type="checkbox"/> if self-employed PTIN P00391972
	Firm's name ROBERT S SEMONIAN CPA	Firm's EIN 95-4514704		
	Firm's address PO BOX 5605 Ventura CA 93005	Phone no. (805) 659-5344		

Schedule B Other Information (see instructions)

1	Check accounting method:	a <input checked="" type="checkbox"/> Cash	b <input type="checkbox"/> Accrual	Yes	No
	c <input type="checkbox"/> Other (specify) ▶				
2	See the instructions and enter the:				
	a Business activity ▶	PHYSICIAN	b Product or service ▶	MEDICAL CARE	
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation				
4	At the end of the tax year, did the corporation:				
	a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) 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 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below	Yes	No
		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5 a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock?	Yes	No
	If "Yes," complete lines (i) and (ii) below.		
	(i) Total shares of restricted stock ▶		
	(ii) Total shares of non-restricted stock ▶		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?	Yes	No
	If "Yes," complete lines (i) and (ii) below.		
	(i) Total shares of stock outstanding at the end of the tax year ▶		
	(ii) Total shares of stock outstanding if all instruments were executed ▶		
6	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?	Yes	No
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/>	Yes	No
	If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
8	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 gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$		
9	Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$		
10	Does the corporation satisfy both of the following conditions?	Yes	No
	a The corporation's total receipts (see instructions) for the tax year were less than \$250,000		
	b The corporation's total assets at the end of the tax year were less than \$250,000		X
	If "Yes," the corporation is not required to complete Schedules L and M-1.		
11	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?	Yes	No
	If "Yes," enter the amount of principal reduction \$		
12	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions	Yes	No
13 a	Did the corporation make any payments in 2016 that would require it to file Form(s) 1099?	Yes	No
b	If "Yes," did the corporation file or will it file required Forms 1099?	Yes	No

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	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)	3a	
	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
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
Income (Loss)	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	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		
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
d Other deductions (see instructions) . . . Type ▶	12d		
Credits	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, if applicable)	13c	
	d Other rental real estate credits (see instructions) . . . Type ▶	13d	
	e Other rental credits (see instructions) . . . Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) . . . Type ▶	13g	
Foreign Transactions	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		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category	14i	
	j General category	14j	
	k Other (attach statement)	14k	
Other information			
l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m Reduction in taxes available for credit (attach statement)	14m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	20
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties - gross income	15d	
	e Oil, gas, and geothermal properties - deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	
	d Distributions (attach statement if required) (see instructions)	16d	8,240
	e Repayment of loans from shareholders	16e	

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17 a Investment income	17a	4
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	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	(46,913)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		102,591		83,841
2a	Trade notes and accounts receivable . . .				
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 #19	81,514
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement) . . .				
10a	Buildings and other depreciable assets . .	955,274		955,274	
b	Less accumulated depreciation	(526,173)	429,101	(568,861)	386,413
11a	Depletable assets				
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		599,825		551,768
Liabilities and Shareholders' Equity					
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 #22	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

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3 (see instructions)

1	Net income (loss) per books	(46,913)	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Travel and entertainment \$		7	Add lines 5 and 6	
4	Add lines 1 through 3	(46,913)	8	Income (loss) (Schedule K, line 18). Line 4 less line 7	(46,913)

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	242,332		
2 Ordinary income from page 1, line 21			
3 Other additions Statement #29	4		
4 Loss from page 1, line 21	(46,917)		
5 Other reductions	()	()	
6 Combine lines 1 through 5	195,419		
7 Distributions other than dividend distributions	8,240		
8 Balance at end of tax year. Subtract line 7 from line 6	187,179		

Form **1125-A**(Rev. October 2016)
Department of the Treasury
Internal 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/form1125a.

OMB No. 1545-0123

Name

DANKA K MICHAELS MD PROF CORP

Employer identification number

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 schedule)	5	125,532
6	Total. Add lines 1 through 5	6	359,871
7	Inventory at end of year	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 Check all methods used for valuing closing inventory:

(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 ▶ ☐

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 amount of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Schedule K-1
(Form 1120S)

Department of the Treasury
Internal Revenue Service

2016

For calendar year 2016, or tax
year beginning _____, 2016
ending _____, 20 _____

**Shareholder's Share of Income, Deductions,
Credits, etc.**

► See page 2 of form and separate instructions.

Part I Information About the Corporation

A	Corporation's employer identification number 56-2371654
B	Corporation's name, address, city, state, and ZIP code DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR LAS VEGAS NV 89129
C	IRS Center where corporation filed return OGDEN

Part II Information About the Shareholder

D	Shareholder's identifying number [REDACTED]
E	Shareholder's name, address, city, state, and ZIP code DANKA MICHAELS 3320 N BUFFALO DR LAS VEGAS NV 89129
F	Shareholder's percentage of stock ownership for tax year 100.00000 %

For IRS Use Only



Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss) (46,917)	13 Credits
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	
4 Interest income 4	
5a Ordinary dividends	
5b Qualified dividends	14 Foreign transactions
6 Royalties	
7 Net short-term capital gain (loss)	
8a Net long-term capital gain (loss)	
8b Collectibles (28%) gain (loss)	
8c Unrecaptured section 1250 gain	
9 Net section 1231 gain (loss)	
10 Other income (loss)	15 Alternative minimum tax (AMT) items A 20
11 Section 179 deduction	16 Items affecting shareholder basis D 8,240
12 Other deductions	
	17 Other information A 4
* See attached statement for additional information.	

AA02982

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2016

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

► Attach to your tax return.
► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

DANKA K MICHAELS MD PROF CORP

FORM 1120S

56-2371654

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	42,162

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	526
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 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 property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	42,688
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2016)

EEA

Danka Michaels002268

AA02983

Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-0123

▶ Don't send to the IRS. Keep for your records.

▶ Information about Form 8879-S and its instructions is at www.irs.gov/form8879s.**2016**Department of the Treasury
Internal Revenue Service

For calendar year 2016, or tax year beginning

, 2016, and ending

, 20

Name of corporation

Employer identification number

DANKA K MICHAELS MD PROF CORP56-2371654**Part I Tax Return Information** (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	<u>1,540,822</u>
2	Gross profit (Form 1120S, line 3)	2	<u>1,180,951</u>
3	Ordinary business income (loss) (Form 1120S, line 21)	3	<u>(46,917)</u>
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	<u>(46,913)</u>

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2016 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ROBERT S SEMONIAN CPA to enter my PIN 12345 as my signature
ERO firm name don't enter all zeros

on the corporation's 2016 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 06-05-2017 Title ▶ PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

950884 98765
don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05-31-2017

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2016)

EEA

Danka Michaels002269

AA02984

	Federal Supporting Statements	2016 PG01
<small>Name(s) as shown on return</small>		<small>FEIN</small>
DANKA K MICHAELS MD PROF CORP		56-2371654

FORM 1120S - LINE 19 - OTHER DEDUCTIONS

Statement #2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
AUTOMOBILE AND TRUCK EXPENSE	3,177
COMPUTER	10,743
DUES AND SUBSCRIPTIONS	2,789
EQUIPMENT RENTAL/LEASE	23,046
LIABILITY INSURANCE	62,048
JANITORIAL	18,827
LEGAL AND PROFESSIONAL	4,104
OFFICE EXPENSE	24,684
PAYROLL PROCESSING EXPENSE	2,320
POSTAGE/SHIPPING	834
SECURITY	954
UTILITIES	18,777
BILLING SERVICES	11,644
COMMUNICATIONS	12,665
CREDIT AND MERCHANT FEES	20,713
TOTAL	217,325

SCHEDULE L - LINE 6 - OTHER CURRENT ASSETS

PG01
Statement #19

<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
NOTE RECEIVABLE	3,827	
SPA SUPPLIES	64,306	76,887
ADVANCES		4,627
TOTAL	68,133	81,514

	Federal Supporting Statements	2016 PG01
Name(s) as shown on return	FEIN	
DANKA K MICHAELS MD PROF CORP	56-2371654	

SCHEDULE L - LINE 18 - OTHER CURRENT LIABILITIES Statement #22

<u>DESCRIPTION</u>	<u>BEG OF YEAR</u>	<u>END OF YEAR</u>
PAYROLL TAXES PAY	549	549
GIFT CARDS	3,566	1,287
TOTAL	4,115	1,836

SCHEDULE M-2 - LINE 3 OTHER ADJUSTMENTS PG01 Statement #29

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	4
TOTAL	4

FORM1125A - LINE 5 - OTHER COST PG01 Statement #5

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LAB FEES	7,569
MEDICAL SUPPLIES	42,424
NERVE CONDUCTION COSTS	7,500
ULTRA SOUND SERVICES	68,039
TOTAL	125,532

Nevada Department of Taxation
Nevada Commerce Tax Return

Form TXR-030.01
 Revised 08/09/2016

Tax ID No Or NVBID N V

Business Entity NAICS code category Choose: 062 For the taxable year 07/01/2016 through 06/30/2017

Business Entity legal name DANKA K MICHAELS MD PROF CORP

Business Entity address 3320 N BUFFALO DR LAS VEGAS NV 89129

☐ 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

Sitused to Nevada	Gross Revenue from engaging in business in Nevada		
	1	Sale of inventory	1
	2	Service performance	2
	3	Rents, royalties and leases	3
	4	Interest income from credit sales and loans	4
	5	Damages received from litigation for loss of business income	5
	6	Insurance proceeds for loss of business income	6
	7	Forgiven debt	7
	8	Other revenue <input type="text"/>	8
	9	Total Gross Revenue (Line 1 through Line 8)	9
	10	Less \$4,000,000 Threshold	10
	11	Adjusted Gross Revenue (Line 9 less Line 10)	11
IF LINE 11 IS ZERO OR LESS, GO TO LINE 29 AND INPUT ZERO			
To the extent included in revenue	General Business Deductions		
	12	Returns and refunds to customers	12
	13	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 <input type="text"/>	18
	Industry Specific Deductions		
	19	Employee leasing deduction	19
	20	Gaming deduction	20
	21	Health care provider deduction	21
	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)
	28	Tax rate per NAICS code category	28
Tax liability	29	Commerce Tax due	29
	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

☐ 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:	<input type="text"/>	Phone number:	<input type="text"/>
Name and title: DANKA MICHAELS	PRESIDENT	Date:	06/05/2017

For Department use only

Danka Michaels002272

AA02987

(Keep for your records)

S CORPORATION NAME

EIN

DANKA K MICHAELS MD PROF CORP

56-2371654

Description	Schedule K	K-1 Totals	Difference
1 Ordinary business income (loss)	(46,917)	(46,917)	
4 Interest income	4	4	
15 A Post - 1986 depreciation adjustment	20	20	
16 D Property distributions	8,240	8,240	
17 a Investment income	4	4	

Schedule K-1 Distribution Information			2016	
Shareholder's name DANKA MICHAELS			Shareholder's ID Number [REDACTED]	
Name of S Corporation DANKA K MICHAELS MD PROF CORP			S Corporation's EIN 56-2371654	
Date of Distribution	Total Amount of Distribution	Ownership % at Date of Distribution	Shares	Shareholder's Pro Rata Share of Distribution
12-31-2016	8,240	100.00	1000.00000	8,240
TOTAL				8,240

Summary of Stock Ownership

2016

CORPORATION NAME DANKA K MICHAELS MD PROF CORP					EIN 56-2371654	
Shareholder Information			Shares		% Ownership	
Name	EIN/SSN	Type	Beginning	Ending	Beginning	Ending
DANKA MICHAELS			1,000	1,000	100.00000	100.00000
TOTAL			1,000	1,000		

Listing of Shareholder Distributions		2016
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP		Employer Identification Number 56-2371654
<u>Date</u>	<u>Amount</u>	
12-31-2016	8,240	
TOTAL	8,240	

Schedule M-2/Retained Earnings Worksheet

Form 1120S

(Keep for your records)

2016

Name(s) as shown on return

Tax ID Number

DANKA K MICHAELS MD PROF CORP

56-2371654

Analysis of Current-Year Retained Earnings

1	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	1	242,332
2	Book income (loss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11)	2	(46,913)
3	Distributions (Schedule K, line 16d)	3	(8,240)
4	Subtotal (combines lines 1 through 3)	4	187,179
5	Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	5	187,179
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	187,179
2	Beginning retained earnings (Schedule L, column b, line 24)	2	242,332
3	Retained earnings change (line 1 minus line 2)	3	(55,153)
4	Ending AAA plus OAA	4	187,179
5	Beginning AAA plus OAA	5	242,332
6	Difference (line 4 minus line 5)	6	(55,153)

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)

7	Other income recorded on books not included on Schedule K	7	
8	Depreciation on Schedule K not included on books	8	
9	Other Schedule K items not included on books	9	
10	Total subtractions (lines 7 through 9)	10	

Additions to net income 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	11	
12	Depreciation on books not included on Schedule K	12	
13	Other items on books not included on Schedule K	13	
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	

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.

16	Permanent differences	16	
17	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)	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 difference (line 3 minus line 21 or 22)	23	

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.

2016**S CORPORATION NAME**

DANKA K MICHAELS MD PROF CORP

EIN

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	53,955
8	Less: credit from Form 8846	8	
9	Foreign taxes paid	9	
10	Occupancy taxes	10	
11	Other miscellaneous taxes	11	22,582
12	Built in gains tax allocated to ordinary income	12	
13	Licenses	13	
14	Total to Form 1120S, Page 1, Line 12	14	76,537

* Item was disposed
of during current year.

Depreciation Detail Listing

FORM 1120S

2016

PAGE 1

For your records only

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		
1	OFFICE FURNITURE	06252003	9,151		100.00		9,151	7		0		9,151					
2	MEDICAL EQUIPMENT	06252003	1,304		100.00		1,304	7		0		1,304					
3	MED EQUIP	07012005	17,576		100.00	17,576		0		0		17,576	17,576				
4	MED EQUIP	07012006	164,054		100.00	50,000	114,054	7		0		164,054	50,000				
5	MED EQUIP	07012007	59,066		100.00		59,066	7		0		59,066					
6	MED EQUIP	07012008	5,990		100.00		5,990	7		0		5,990		PY 2,995			
7	MED EQUIP	08012008	15,550		100.00		15,550	7		0		15,550		PY 7,775			
8	SPA EQUIP	07012009	48,720		100.00	48,720		0		0		48,720	48,720				
9	SOFTWARE	07012009	1,868		100.00		1,868	3		0		1,868		PY 934			
10	MEDICAL EQUIP	12282010	54,660		100.00	54,660		0		0		54,660	54,660				
11	COMPUTER EQUIP	02172010	5,854		100.00	5,854		0		0		5,854	5,854				
12	EQUIP	07012012	1,437		100.00	1,437		0	SL HY	20		1,437	1,437				
13	OFFICE EQUIPMENT	07012013	205		100.00		205	7	200 DB MQ	13.02	27	138			25		
14	MEDICAL EQUIPMENT	07012013	4,417		100.00		2,209	7	200 DB MQ	13.02	288	3,699		PY 2,208	288		
15	LEASEHOLD IMPROVEMENT	10012013	424,671		100.00		424,671	15	SL MQ	6.667	28,311	88,472			28,311		
16	SPA EQUIPMENT	10012013	1,500		100.00		1,500	7	200 DB MQ	14.06	211	919			193		
17	OFFICE EQUIP AND FURN	07012015	98,251		100.00		49,125	7	SL HY	14.286	7,018	59,653		PY 49,126	7,018		
18	MEDICAL LASER	07012015	41,000		100.00		20,500	3	SL HY	33.333	6,833	30,750		PY 20,500	6,833		
Totals			955,274			178,247	705,193				42,688	568,861	178,247		42,668		
Land Amount																42,668	
Net Depreciable Cost			955,274													ST ADJ:	(14,139)

Danka Michaels002279

AA02994

Depreciation Detail Listing

STATE FORM 1120S

For your records only

2016
PAGE 1

Name(s) as shown on return

Social security number/EIN

DANKA K MICHAELS MD PROF CORP

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
1	OFFICE FURNITURE	06252003	9,151		100.00		9,151	7		0		9,151			
2	MEDICAL EQUIPMENT	06252003	1,304		100.00		1,304	7		0		1,304			
3	MED EQUIP	07012005	17,576		100.00	17,576		0.5		0		17,576	17,576		
4	MED EQUIP	07012006	164,054		100.00	50,000	114,054	7		0		164,054	50,000		
5	MED EQUIP	07012007	59,066		100.00		59,066	7		0		59,066			
6	MED EQUIP	07012008	5,990		100.00		5,990	7		0		5,990			
7	MED EQUIP	08012008	15,550		100.00		15,550	7		0		15,550			
8	SPA EQUIP	07012009	48,720		100.00	48,720		0.5		0		48,720	48,720		
9	SOFTWARE	07012009	1,868		100.00		1,868	3		0		1,868			
10	MEDICAL EQUIP	12282010	54,660		100.00	54,660		0.5		0		54,660	54,660		
11	COMPUTER EQUIP	02172010	5,854		100.00	5,854		0.3		0		5,854	5,854		
12	EQUIP	07012012	1,437		100.00	1,437		0.5	SL	20		1,437	1,437		
13	OFFICE EQUIPMENT	07012013	205		100.00		205	7	200 DB MQ	13.02	27	138			
14	MEDICAL EQUIPMENT	07012013	4,417		100.00		4,417	7	200 DB MQ	13.02	575	2,980			
15	LEASEHOLD IMPROVEMENT	10012013	424,671		100.00		424,671	15	SL	6.667	28,311	88,472			
16	SPA EQUIPMENT	10012013	1,500		100.00		1,500	7	200 DB MQ	14.06	211	919			
17	OFFICE EQUIP AND FURN	07012015	98,251		100.00		98,251	7	SL	14.286	14,036	21,054			
18	MEDICAL LASER	07012015	41,000		100.00		41,000	3	SL	33.333	13,667	20,500			
Totals			955,274			178,247	777,027				56,827	519,293	178,247		
Land Amount															
Net Depreciable Cost			955,274											ST ADJ:	

Danka Michaels002280

AA02995

Next Year's Depreciation Worksheet

(Keep for your records)

2016

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Tax ID Number

56-2371654

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	OFFICE FURNITURE	06252003	9,151	SL	7	
1120	1	MEDICAL EQUIPMENT	06252003	1,304	SL	7	
1120	1	MED EQUIP	07012005		EXP	5	
1120	1	MED EQUIP	07012006	114,054	SL	7	
1120	1	MED EQUIP	07012007	59,066	SL	7	
1120	1	MED EQUIP	07012008	5,990	SL	7	
1120	1	MED EQUIP	08012008	15,550	SL	7	
1120	1	SPA EQUIP	07012009		SL	5	
1120	1	SOFTWARE	07012009	1,868	SL	3	
1120	1	MEDICAL EQUIP	12282010		SL	5	
1120	1	COMPUTER EQUIP	02172010		SL	3	
1120	1	EQUIP	07012012		SL	5	
1120	1	OFFICE EQUIPMENT	07012013	205	M	7	19
1120	1	MEDICAL EQUIPMENT	07012013	2,209	M	7	205
1120	1	LEASEHOLD IMPROVEMENTS	10012013	424,671	SL	15	28,311
1120	1	SPA EQUIPMENT	10012013	1,500	M	7	151
1120	1	OFFICE EQUIP AND FURNITU	07012015	49,125	SL	7	7,018
1120	1	MEDICAL LASER	07012015	20,500	SL	3	6,833
		TOTAL					42,537

Danka Michaels002281

AA02996

ROBERT S SEMONIAN CPA

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

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

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

Description	Fee
Federal And Supplemental Forms	
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 MICHAELS MD PROF CORP

Employer Identification #

56-2371654

Demographics

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

Phone:

Resident State: NV

Diagnostics

Preparer: ROBERT S SEMONIAN

Invoice:

Date: 05-31-2017

Return Information

Item on Return	2016 Federal	2015 Federal (If available)
Total Assets	551,768	599,825
Number of Shareholders	1	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 InformationState/City

Gross
Income

Taxable
Income

Composite
Tax

Other Tax

Refund/
(Balance Due)

NVTXR_30

Danka Michaels002283

AA02998

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 FEDERAL	2015 FEDERAL	2016 FEDERAL	DIFFERENCE BETWEEN 2015 & 2016
Income				
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				
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			
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)
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

	2014	2015	2016	DIFFERENCE
Income				
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

1120S TAX RETURN COMPARISON
2014 / 2015 / 2016

2016

Page 2

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Identifying number

56-2371654

	2014 FEDERAL	2015 FEDERAL	2016 FEDERAL	DIFFERENCE BETWEEN 2015 & 2016
Deductions				
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				
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 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	112	54	20	(34)
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	239	474		(474)
Property distributions			8,240	8,240
Repayment of loans from shareholders				
Other information				
Investment income	31	7	4	(3)
Investment expenses				
Dividend distributions paid from accum earnings and profits				
RESIDENT STATE			NV	
Taxable income				
Total tax				
Overpayment				
Balance due				
	2014	2015	2016	DIFFERENCE

COMPARES.LD2

Danka Michaels002285

AA03000