IN THE SUPREME COURT OF THE STATE OF NEVADA

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

Appellant,

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

vs.

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

Respondent;

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

APPENDIX

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ATTORNEYS FOR APPELLANT

ATTORNEYS FOR RESPONDENT

JOHN D. JONES, ESQ. Nevada Bar No. 6699 JONES & LOBELLO 9950 W. Flamingo Road, #100 Las Vegas, Nevada 89147 702-318-5060 Jennifer V. Abrams, Esq. Nevada Bar No. 7575 The Abrams & Mayo Law Firm 6252 South Rainbow Blvd., #100 Las Vegas, NV 89118 702-222-4021

and

Shawn M. Goldstein, Esq. Nevada Bar No. 9814 GOLDSTEIN FLAXMAN, PLLC 10161 Park Run Drive, Suite 150 Las Vegas, NV 89145 702-919-1919

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| Request for Issuance of Joint Preliminary Injunction | 10/25/2017 | I/AA00016 |
| Affidavit of Process Server | 11/02/2017 | I/AA00017-00022 |
| Notice of Appearance of Attorney | 11/27/2017 | I/AA00023-00024 |
| Appendix of Exhibits in Support of Defendant's Motion to Dismiss | 11/29/2017 | I/AA00025-00044 |
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| Petition to Seal Records Pursuant to NRS 125.110(2) | 12/15/2017 | I/AA00062-00063 |
| Exhibit Appendix to Opposition to Defendant's Motion to Dismiss and Countermotion for Attorney's Fees and Costs | 12/20/2017 | I/AA00064-00093 |
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| Plaintiff, Danka K. Michaels' Initial Expert Witness List | 07/11/2018 | I/AA00220-00229 |
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| Joint Early Case Conference Report Pursuant to N.R.CP 16.2(i)(2) | 07/13/2018 | I/AA00231-00237 |
| Declaration of Service | 07/19/2018 | I/AA00238 |
| Order Setting Case Management Conference and Directing Compliance with NRCP 16.2 | 07/31/2018 | I/AA00239-00242 |
| Declaration of Service Robert Semonian | 08/03/2018 | I/AA00243 |
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| Motion for Leave to File Second Amended Complaint | 09/07/2018 | I/AA00245- II/AA00270 |
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| Plaintiff's Trial Exhibit 36 - 2007 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXI/AA04909- XXII/AA05059 |
| Plaintiff's Trial Exhibit 37 - 2008 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXII/AA05060- 05200 |
| Plaintiff's Trial Exhibit 38 - 2009 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXII/AA05201- XXIII/AA05305 |
| Plaintiff's Trial Exhibit 39 - 2010 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXIII/AA05306- 05391 |
| Plaintiff's Trial Exhibit 40 - 2011 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXIII/AA05392- 05488 |
| Plaintiff's Trial Exhibit 41 - 2012 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXIII/AA05489- XXIV/AA05577 |
| Plaintiff's Trial Exhibit 42 - 2013 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXIV/AA05578- 05669 |
| Plaintiff's Trial Exhibit 43 - 2014 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXIV/AA05670- XXV/AA05758 |
| Plaintiff's Trial Exhibit 44 - 2015 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXV/AA05759- 05802 |
| Plaintiff's Trial Exhibit 45 - 2016 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXV/AA05803- 05934 |
| Plaintiff's Trial Exhibit 46 - 2017 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXV/AA005935- XXVI/AA06106 |

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

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

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| Plaintiff's Trial Exhibit 76 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2015 through 12/31/15 | 02/14/2020 | XXX/AA07015- 07016 |
| Plaintiff's Trial Exhibit 78 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2016 through 12/31/16 | 02/14/2020 | XXX/AA07017- 07050 |
| Plaintiff's Trial Exhibit 79 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2017 through 12/31/17 | 02/14/2020 | XXX/AA07051 |
| Plaintiff's Trial Exhibit 80 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2018 through 04/30/18 | 02/14/2020 | XXX/AA07052 |
| Plaintiff's Trial Exhibit 82 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/30/10 through 12/15/11 | 02/14/2020 | XXX/AA07053 |
| Plaintiff's Trial Exhibit 83 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/11 through 12/14/12 | 02/14/2020 | XXX/AA07054- 07057 |
| Plaintiff's Trial Exhibit 84 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/15/12 through 12/15/13 | 02/14/2020 | XXX/AA07058 |
| Plaintiff's Trial Exhibit 85 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/13 through 12/15/14 | 02/14/2020 | XXX/AA07059 |

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| Plaintiff's Trial Exhibit 86 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/14 through 12/15/15 | 02/14/2020 | XXX/AA07060 |
| Plaintiff's Trial Exhibit 87 - American Express Statements #72004 Thomas Pickens card #72004 #73002 Danka Michaels card #72020 | 02/14/2020 | XXX/AA07061- 07092 |
| 12/16/15 through 12/15/16 | | |
| Plaintiff's Trial Exhibit 88 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/16 through 12/15/17 | 02/14/2020 | XXX/AA07093- 07095 |
| Plaintiff's Trial Exhibit 89 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/17 through 12/15/18 | 02/14/2020 | XXX/AA07096- 07204 |
| Plaintiff's Trial Exhibit 90 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/18 through 04/14/19 | 02/14/2020 | XXX/AA07205- 07228 |
| Plaintiff's Trial Exhibit 93 - Lowes house summary with supporting Wells Fargo Home Mortgage #9607 (PMA #3436) titled in the names of Danka Katarina Michaels and Thomas A. Pickens 07/02/14 through 07/01/2016 | 02/14/2020 | XXX/AA07229- 07230 |
| Plaintiff's Trial Exhibit 97 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/10 through 12/08/11 | 02/14/2020 | XXX/AA07231 |
| Plaintiff's Trial Exhibit 98 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/11 through 12/07/12 | 02/14/2020 | XXX/AA07232- 07236 |

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| Plaintiff's Trial Exhibit 99 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/12 through 12/08/13 | 02/14/2020 | XXX/AA07237- 07239 |
| Plaintiff's Trial Exhibit 100 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/13 through 12/08/14 | 02/14/2020 | XXX/AA07240- 07247 |
| Plaintiff's Trial Exhibit 101 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/14 through 12/08/15 | 02/14/2020 | XXX/AA07248- 07250 |
| Plaintiff's Trial Exhibit 102 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/15 through 12/08/16 | 02/14/2020 | XXXI/AA07251- 07255 |
| Plaintiff's Trial Exhibit 103 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/16 through 12/08/17 | 02/14/2020 | XXXI/AA07256- 07258 |
| Plaintiff's Trial Exhibit 104 - American Express Statements #63006 titled in the name of Thomas Pickens 01/08/18 through 12/07/18 | 02/14/2020 | XXXI/AA07259 |
| Plaintiff's Trial Exhibit 105 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/18 through 05/08/19 | 02/14/2020 | XXXI/AA07260 |
| Plaintiff's Trial Exhibit 106 - American Express #51001 titled in the name of Blue Point Development 12/05/12 through 12/20/13 | 02/14/2020 | XXXI/AA07261- 07262 |
| Plaintiff's Trial Exhibit 107 - American Express #51001 titled in the name of Blue Point Development 12/21/13 through 12/19/14 | 02/14/2020 | XXXI/AA07263 |
| Plaintiff's Trial Exhibit 108 - American Express #51001 titled in the name of Blue Point Development 12/20/14 through 12/20/15 | 02/14/2020 | XXXI/AA07264- XXXII/AA 07516 |
| Plaintiff's Trial Exhibit 109 - American Express #51001 titled in the name of Blue Point Development 12/21/15 through 12/20/16 | 02/14/2020 | XXXII/AA 07517-07682 |

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| Plaintiff's Trial Exhibit 110 - American Express #51001 titled in the name of Blue Point Development 12/21/16 through 12/20/17 | 02/14/2020 | XXXII/AA 07683-07685 |
| Plaintiff's Trial Exhibit 111 - American Express #51001 titled in the name of Blue Point Development 12/21/17 through 12/20/18 | 02/14/2020 | XXXII/AA 07686-07687 |
| Plaintiff's Trial Exhibit 112 - American Express #51001 titled in the name of Blue Point Development 12/21/18 through 04/19/19 | 02/14/2020 | XXXII/AA 07688-07689 |
| Plaintiff's Trial Exhibit 113 - Bank of America Bank Statements #2561 titled in the name of Blue Point Development 10/29/12 through 02/28/14 | 02/14/2020 | XXXII/AA 07690-07691 |
| Plaintiff's Trial Exhibit 114 - Bank of America Bank Statements #0222 titled in the name of Patience One LLC 11/01/12 through 12/31/13 | 02/14/2020 | XXXII/AA 07692-07693 |
| Plaintiff's Trial Exhibit 115 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 06/06/17 through 12/08/17 | 02/14/2020 | XXXII/AA 07694-07695 |
| Plaintiff's Trial Exhibit 116 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/09/17 through 12/07/18 | 02/14/2020 | XXXII/AA 07696-07698 |
| Plaintiff's Trial Exhibit 117 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/08/18 through 05/08/19 | 02/14/2020 | XXXII/AA 07699-07700 |
| Plaintiff's Trial Exhibit 118 - Wells Fargo Checking #8952 titled in the name of Thomas Pickens 10/16/18 through 12/31/18 | 02/14/2020 | XXXII/AA 07701-07702 |
| Plaintiff's Trial Exhibit 119 - Wells Fargo Checking #8952 titled in the name of Thomas Pickens 01/01/19 through 04/30/19 | 02/14/2020 | XXXII/AA 07703-07704 |
| Plaintiff's Trial Exhibit 125 - Land Rover Financial Group statement 12/13/13 – 01/12/14 | 02/14/2020 | XXXII/AA 07705-07706 |

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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 |
| 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 150 - Plaintiff email dated May 9, 2012 | 02/14/2020 | XXXIII/AA 07934-07964 |
| Plaintiff's Trial Exhibit 151 - Plaintiff email dated November 13, 2011 | 02/14/2020 | XXXIII/AA 07965-07998 |
| Plaintiff's Trial Exhibit 152 - Plaintiff email dated December 2, 2016 | 02/14/2020 | XXXIII/AA 07999- XXXIV/AA 08018 |
| Plaintiff's Trial Exhibit 153 - Plaintiff email dated June 30, 2014 | 02/14/2020 | XXXIV/AA 08019-08202 |
| Plaintiff's Trial Exhibit 154 - #002651 Emails between Dr. Michaels and R. Semonian | 02/21/2020 | XXXIV/AA 08203-08209 |
| Plaintiff's Trial Exhibit 155 – NV Prescription Monitoring Program | 02/21/2020 | XXXIV/AA 08210-08247 |
| Plaintiff's Trial Exhibit 156 – Request to appeal denial of unemployment benefits | 02/21/2020 | XXXIV/AA 08248 |
| Defendant's Trial Exhibit A – Plaintiff's Response to Defendant's First Request for Production of Documents and Tangible Things from Plaintiff (with certain attachments thereto) | 02/14/2020 | XXXIV/AA 08249 |
| Defendant's Trial Exhibit C – Documentation of \$450,000 loan taken by Danka K. Michaels, M.D., PC for tenant improvements | 02/14/2020 | XXXIV/AA 08250- XXXV/AA 08257 |
| Defendant's Trial Exhibit G – Records produced by Equity Title, LLC, in response to Subpoena Duces Tecum for Blue Mesa property (Affidavit and relevant documents) | 02/14/2020 | XXXV/AA 08258-08270 |
| Defendant's Trial Exhibit J – Plaintiff's Decree of Divorce filed June 26, 2021 | 02/14/2020 | XXXV/AA 08271 |

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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 |
| Defendant's Trial Exhibit L – Wells Fargo billing Statement dated November 2016 | 02/14/2020 | XXXV/AA 08273- XXXVI/AA 08571 |
| Defendant's Trial Exhibit M – Notice of Entry of Findings of Fact and Conclusions of Law filed on June 1, 2018 in the matter of <i>Bluepoint</i> <i>Development Inc. v. Patience One, LLC</i> | 02/14/2020 | XXXVI/AA 08572- XXXVII/AA 08867 |
| Defendant's Trial Exhibit N – Records evidencing attorney's fees and expert fees paid by Defendant in this action | 02/14/2020 | XXXVII/AA 08868-08938 |
| Receipt of Copy | 11/10/2021 | XXXVII/AA 08939 |

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

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| Appendix of Exhibits in Support of Reply to Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Opposition to Countermotion (1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for Intentional Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e) | 09/06/2019 | V/AA00845- 00861 |
| Appendix of Exhibits to Plaintiff's Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Countermotion 1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for Intentional Misrepresentation/Fraud; Negligent Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement; Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e) | 08/19/2019 | V/AA00763- 00813 |
| Appendix of Exhibits to Plaintiff's Response and Opposition to Defendant's Motion to Compel Discovery Responses | 05/13/2019 | II/AA00468- 00495 |

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| Case and Trial Management Order | 09/10/2018 | II/AA00272- 00274 |
| Case Appeal Statement | 09/02/2021 | XII/AA02717- 02743 |
| Case Management Order – Domestic | 03/21/2019 | II/AA00389- 00394 |
| Certificate of Service | 09/11/2018 | II/AA00277- 00278 |
| Certificate of Service | 01/09/2019 | II/AA00359- 00360 |
| Certification of Transcripts Notification of Completion | 10/28/2021 | XIII/AA02886- 02913 |
| Complaint for Divorce and for Set Aside of Deeds of Real Property and Assignment of L.L.C. Interest | 10/24/2017 | I/AA00001-00015 |
| Court Minutes | 01/25/2018 | I/AA00142-00143 |
| Court Minutes | 02/23/2018 | I/AA00144-00145 |
| Court Minutes | 09/10/2018 | II/AA00275- 00276 |
| Court Minutes | 02/14/2020 | VIII/AA01728 |
| Court Minutes | 02/21/2020 | IX/AA01781- 01793 |
| Court Minutes | 07/20/2020 | IX/AA01820- 01823 |
| Court Minutes | 01/22/2021 | X/AA02210- 02220 |
| Court Minutes | 03/05/2021 | XI/AA02253- 02261 |
| Court Minutes | 03/12/2021 | XI/AA02272- 02284 |
| Court Minutes | 04/02/2021 | XI/AA02285- 02301 |

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| Declaration of Danka K. Michaels in Support of Answer to Second Amended Complaint for Equitable Relief Under (1) the Putative Spouse Doctrine, and (2) Pursuant to Express and/or Implied Agreement to Hold Property as if the Parties Were Married Under <i>Michoff</i> ; and to Set Aside Deeds of Real Property and Assignment of L.L.C. Interest; Affirmative Defenses and Counterclaim | 11/21/2018 | II/AA00330- 00332 |
| Declaration of Service | 07/13/2018 | I/AA00230 |
| Declaration of Service | 07/19/2018 | I/AA00238 |
| Declaration of Service | 09/05/2019 | V/AA00844 |
| Declaration of Service | 11/01/2019 | V/AA00882 |
| Declaration of Service | 12/20/2019 | V/AA00886 |
| Declaration of Service | 02/04/2020 | V/AA00910 |
| Declaration of Service | 02/05/2020 | V/AA00911 |
| Declaration of Service Robert Semonian | 08/03/2018 | I/AA00243 |
| Declaration of Service Shannon L. Evans | 08/03/2018 | I/AA00244 |
| Defendant Danka K. Michaels Memorandum of Fees and Costs | 08/25/2021 | XII/AA02658- 02671 |
| Defendant's Closing Argument Brief | 05/28/2021 | XI/AA02444- 02467 |
| Defendant's EDCR 7.27 Brief | 04/02/2021 | XI/AA02302- 02320 |
| Defendant's Motion to Compel Discovery Reponses | 04/22/2019 | II/AA00441- 00458 |
| Defendant's Pre-Trial Memorandum | 02/07/2020 | V/AA00914- 00932 |
| Defendant's Reply to Plaintiff's Objection to Memorandum of Fees and Costs | 09/20/2021 | XIII/AA02855- 02885 |
| Defendant's Second Supplemental Witness List (Non-Expert) | 12/27/2019 | V/AA00887- 00891 |

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

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

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| Motion Opposition Fee Information Sheet | 09/07/2018 | II/AA00271 |
| Motion Opposition Fee Information Sheet | 01/08/2019 | II/AA00352 |
| Motion to Dismiss | 11/29/2017 | I/AA00045-00061 |
| Motion to Withdraw as Attorney of Records for Plaintiff | 01/08/2019 | II/AA00353- 00358 |
| Notice of Appeal | 09/02/2021 | XII/AA02744- XIII/AA02768 |
| Notice of Appearance | 03/08/2019 | II/AA00382- 00383 |
| Notice of Appearance of Attorney | 11/27/2017 | I/AA00023-00024 |
| Notice of Appearance of Co-Counsel for Defendant | 10/16/2020 | X/AA02087- 02122 |
| Notice of Attorney's Lien | 04/05/2019 | II/AA00395- 00397 |
| Notice of Change of Firm | 06/26/2020 | IX/AA01811- 01819 |
| Notice of Change of Firm Address | 01/27/2021 | X/AA02233- 02243 |
| Notice of Change of Firm Address | 08/01/2021 | XII/AA02525- 02567 |
| Notice of Department Reassignment | 03/11/2019 | II/AA00384- 00385 |
| Notice of Entry of Findings of Fact, Conclusions of Law, and Judgement | 08/05/2021 | XII/AA02614- 02657 |
| Notice of Entry of Order | 03/12/2018 | I/AA00155-00164 |
| Notice of Entry of Order | 12/17/2018 | II/AA00345- 00351 |
| Notice of Entry of Order | 02/06/2019 | II/AA00363- 00367 |
| Notice of Entry of Order to Seal Records | 01/03/2018 | I/AA00120-00124 |
| Notice of Entry of Stipulation and Order | 12/29/2017 | I/AA00116- 000119 |

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

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

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

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| Plaintiff's Request for the Court to take Judicial Notice Pursuant to NRS 47.130 | 02/20/2020 | IX/AA01769- 01770 |
| Plaintiff's Request for the Court to take Judicial Notice Pursuant to NRS 47.130 | 02/20/2020 | IX/AA01771- 01780 |
| Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130 | 04/23/2021 | XI/AA02835- 02406 |
| Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130 | 04/23/2021 | XI/AA02407- 02424 |
| Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130 | 04/23/2021 | XI/AA02425- 02443 |
| Plaintiff's Response and Opposition to Defendant's Motion to Compel Discovery Reponses | 05/13/2019 | II/AA00496- III/AA00516 |
| Plaintiff's Supplement to Response and Opposition to Defendant's Motion to Compel Discovery Responses | 05/21/2019 | III/AA00523- 00527 |
| Plaintiff's Trial Exhibit 1 - Photographs of the parties' wedding on April 7, 2002 and announcement | 02/14/2020 | XIV/AA03070- 03083 |
| Plaintiff's Trial Exhibit 10 - 2006 1040 Income Tax Return for Thomas A. Pickens | 02/14/2020 | XIV/AA03181- 03196 |
| Plaintiff's Trial Exhibit 100 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/13 through 12/08/14 | 02/14/2020 | XXX/AA07240- 07247 |
| Plaintiff's Trial Exhibit 101 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/14 through 12/08/15 | 02/14/2020 | XXX/AA07248- 07250 |
| Plaintiff's Trial Exhibit 102 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/15 through 12/08/16 | 02/14/2020 | XXXI/AA07251- 07255 |
| Plaintiff's Trial Exhibit 103 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/16 through 12/08/17 | 02/14/2020 | XXXI/AA07256- 07258 |

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| Plaintiff's Trial Exhibit 104 - American Express Statements #63006 titled in the name of Thomas Pickens 01/08/18 through 12/07/18 | 02/14/2020 | XXXI/AA07259 |
| Plaintiff's Trial Exhibit 105 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/18 through 05/08/19 | 02/14/2020 | XXXI/AA07260 |
| Plaintiff's Trial Exhibit 106 - American Express #51001 titled in the name of Blue Point Development 12/05/12 through 12/20/13 | 02/14/2020 | XXXI/AA07261- 07262 |
| Plaintiff's Trial Exhibit 107 - American Express #51001 titled in the name of Blue Point Development 12/21/13 through 12/19/14 | 02/14/2020 | XXXI/AA07263 |
| Plaintiff's Trial Exhibit 108 - American Express #51001 titled in the name of Blue Point Development 12/20/14 through 12/20/15 | 02/14/2020 | XXXI/AA07264- XXXII/AA 07516 |
| Plaintiff's Trial Exhibit 109 - American Express #51001 titled in the name of Blue Point Development 12/21/15 through 12/20/16 | 02/14/2020 | XXXII/AA 07517-07682 |
| Plaintiff's Trial Exhibit 11 - 2007 1040 Income Tax Return for Thomas A. Pickens | 02/14/2020 | XIV/AA03197- 03210 |
| Plaintiff's Trial Exhibit 110 - American Express #51001 titled in the name of Blue Point Development 12/21/16 through 12/20/17 | 02/14/2020 | XXXII/AA 07683-07685 |
| Plaintiff's Trial Exhibit 111 - American Express #51001 titled in the name of Blue Point Development 12/21/17 through 12/20/18 | 02/14/2020 | XXXII/AA 07686-07687 |
| Plaintiff's Trial Exhibit 112 - American Express #51001 titled in the name of Blue Point Development 12/21/18 through 04/19/19 | 02/14/2020 | XXXII/AA 07688-07689 |
| Plaintiff's Trial Exhibit 113 - Bank of America Bank Statements #2561 titled in the name of Blue Point Development 10/29/12 through 02/28/14 | 02/14/2020 | XXXII/AA 07690-07691 |

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| Plaintiff's Trial Exhibit 114 - Bank of America Bank Statements #0222 titled in the name of Patience One LLC 11/01/12 through 12/31/13 | 02/14/2020 | XXXII/AA 07692-07693 |
| Plaintiff's Trial Exhibit 115 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 06/06/17 through 12/08/17 | 02/14/2020 | XXXII/AA 07694-07695 |
| Plaintiff's Trial Exhibit 116 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/09/17 through 12/07/18 | 02/14/2020 | XXXII/AA 07696-07698 |
| Plaintiff's Trial Exhibit 117 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/08/18 through 05/08/19 | 02/14/2020 | XXXII/AA 07699-07700 |
| Plaintiff's Trial Exhibit 118 - Wells Fargo Checking #8952 titled in the name of Thomas Pickens 10/16/18 through 12/31/18 | 02/14/2020 | XXXII/AA 07701-07702 |
| Plaintiff's Trial Exhibit 119 - Wells Fargo Checking #8952 titled in the name of Thomas Pickens 01/01/19 through 04/30/19 | 02/14/2020 | XXXII/AA 07703-07704 |
| Plaintiff's Trial Exhibit 12 - 2008 1040 Income Tax Return for Thomas A. Pickens | 02/14/2020 | XIV/AA03211- 03224 |
| Plaintiff's Trial Exhibit 125 - Land Rover Financial Group statement 12/13/13 – 01/12/14 | 02/14/2020 | XXXII/AA 07705-07706 |
| Plaintiff's Trial Exhibit 126 - Lexus Statement – 12/24/13 | 02/14/2020 | XXXII/AA 07707 |
| Plaintiff's Trial Exhibit 127 - Southwest Pension Services – Danka Michaels. Statements 09/03/2013 and 12/31/13 | 02/14/2020 | XXXII/AA 07708- XXXIII/AA 07769 |
| Plaintiff's Trial Exhibit 128 - Valic – Danka Michalecko statements 9/30/13, 12/31/13, and 9/30/15 | 02/14/2020 | XXXIII/AA 07770-07772 |

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

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| Plaintiff's Trial Exhibit 151 - Plaintiff email dated November 13, 2011 | 02/14/2020 | XXXIII/AA 07965-07998 |
| Plaintiff's Trial Exhibit 152 - Plaintiff email dated December 2, 2016 | 02/14/2020 | XXXIII/AA 07999- XXXIV/AA 08018 |
| Plaintiff's Trial Exhibit 153 - Plaintiff email dated June 30, 2014 | 02/14/2020 | XXXIV/AA 08019-08202 |
| Plaintiff's Trial Exhibit 154 - #002651 Emails between Dr. Michaels and R. Semonian | 02/21/2020 | XXXIV/AA 08203-08209 |
| Plaintiff's Trial Exhibit 155 – NV Prescription Monitoring Program | 02/21/2020 | XXXIV/AA 08210-08247 |
| Plaintiff's Trial Exhibit 156 – Request to appeal denial of unemployment benefits | 02/21/2020 | XXXIV/AA 08248 |
| Plaintiff's Trial Exhibit 16 - 2012 1040 Income Tax Return for Thomas A. Pickens | 02/14/2020 | XV/AA03373- 03429 |
| Plaintiff's Trial Exhibit 17 - 2013 1040 Income Tax Return for Thomas A. Pickens | 02/14/2020 | XV/AA03430- 03478 |
| Plaintiff's Trial Exhibit 18 - 2014 1040 Income Tax Return for Thomas A. Pickens | 02/14/2020 | XV/AA03479- 03494 |
| Plaintiff's Trial Exhibit 19 - 2015 1040 Income Tax Return for Thomas A. Pickens | 02/14/2020 | XV/AA03495- XVI/AA03543 |
| Plaintiff's Trial Exhibit 2 - Litterae Matrimoniales (Marriage Certificate) of Thomas Pickens and Danka Katarina Oltusova dated April 7, 2002 | 02/14/2020 | XIV/AA03084- 03096 |
| Plaintiff's Trial Exhibit 20 - 2016 1040 Income Tax Return for Thomas A. Pickens | 02/14/2020 | XVI/AA03544- 03639 |
| Plaintiff's Trial Exhibit 21 - 2005 1040 Income Tax Return for Danka Michaels | 02/14/2020 | XVI/AA03640- 03735 |
| Plaintiff's Trial Exhibit 22 - 2006 1040 Income Tax Return for Danka Michaels | 02/14/2020 | XVI/AA03736- XVII/AA03823 |

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| Plaintiff's Trial Exhibit 23 - 2007 1040 | 02/14/2020 | XVII/AA03824- |
| Income Tax Return for Danka Michaels | | 03848 |
| Plaintiff's Trial Exhibit 24 - 2008 1040 | 02/14/2020 | XVII/AA03849- |
| Income Tax Return for Danka Michaels | | 03998 |
| Plaintiff's Trial Exhibit 25 - 2009 1040 | 02/14/2020 | XVII/AA03999 |
| Income Tax Return for Danka Michaels | | XVIII/AA04127 |
| Plaintiff's Trial Exhibit 26 - 2010 1040 | 02/14/2020 | XVIII/AA04128- |
| Income Tax Return for Danka Michaels | | 04239 |
| Plaintiff's Trial Exhibit 27 - 2011 1040 | 02/14/2020 | XVIII/AA04240- |
| Income Tax Return for Danka Michaels | | XIX/AA04361 |
| Plaintiff's Trial Exhibit 28 - 2012 1040 | 02/14/2020 | XIX/AA04362- |
| Income Tax Return for Danka Michaels | | 04482 |
| Plaintiff's Trial Exhibit 29 - 2013 1040 | 02/14/2020 | XIX/AA04483- |
| Income Tax Return for Danka Michaels | | XX/AA04646 |
| Plaintiff's Trial Exhibit 3 - Medical Records | 02/14/2020 | XIV/AA03097- |
| for Tom Pickens produced by Danka Michaels, | | 03111 |
| his physician | | |
| Plaintiff's Trial Exhibit 30 - 2014 1040 | 02/14/2020 | XX/AA04647- |
| Income Tax Return for Danka Michaels | | XXI/AA04755 |
| Plaintiff's Trial Exhibit 31 - 2015 1040 | 02/14/2020 | XXI/AA04756- |
| Income Tax Return for Danka Michaels | | 04842 |
| Plaintiff's Trial Exhibit 32 - 2016 1040 | 02/14/2020 | XXI/AA04843- |
| Income Tax Return for Danka Michaels | | 04879 |
| Plaintiff's Trial Exhibit 35 - 2006 1120S | 02/14/2020 | XXI/AA04880- |
| Income Tax Return for Danka K. Michaels MD, | | 04908 |
| PC | | |
| Plaintiff's Trial Exhibit 36 - 2007 1120S | 02/14/2020 | XXI/AA04909- |
| Income Tax Return for Danka K. Michaels MD, | | XXII/AA05059 |
| PC | | |
| Plaintiff's Trial Exhibit 37 - 2008 1120S | 02/14/2020 | XXII/AA05060- |
| Income Tax Return for Danka K. Michaels MD, | | 05200 |
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| Plaintiff's Trial Exhibit 38 - 2009 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXII/AA05201- XXIII/AA05305 |
| Plaintiff's Trial Exhibit 39 - 2010 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXIII/AA05306- 05391 |
| Plaintiff's Trial Exhibit 4 - Nevada Prescription Monitoring Program Prescription log for Tom Pickens | 02/14/2020 | XIV/AA03112- 03116 |
| Plaintiff's Trial Exhibit 40 - 2011 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXIII/AA05392- 05488 |
| Plaintiff's Trial Exhibit 41 - 2012 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXIII/AA05489- XXIV/AA05577 |
| Plaintiff's Trial Exhibit 42 - 2013 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXIV/AA05578- 05669 |
| Plaintiff's Trial Exhibit 43 - 2014 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXIV/AA05670- XXV/AA05758 |
| Plaintiff's Trial Exhibit 44 - 2015 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXV/AA05759- 05802 |
| Plaintiff's Trial Exhibit 45 - 2016 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXV/AA05803- 05934 |
| Plaintiff's Trial Exhibit 46 - 2017 1120S Income Tax Return for Danka K. Michaels MD, PC | 02/14/2020 | XXV/AA005935- XXVI/AA06106 |
| Plaintiff's Trial Exhibit 47 - 2012 1065 Income Tax Return for Patience One LLC | 02/14/2020 | XXVI/AA06107- XXVII/AA06297 |

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| Plaintiff's Trial Exhibit 48 - 2013 1065 Income Tax Return for Patience One LLC | 02/14/2020 | XXVII/AA06298- 06490 |
| Plaintiff's Trial Exhibit 49 - 2014 1065 Income Tax Return for Patience One LLC | 02/14/2020 | XXVII/AA06491- XXVIII/ AA06589 |
| Plaintiff's Trial Exhibit 5 - Chain of Title with Applicable Deeds for 9517 Queen Charlotte Drive, Las Vegas, Nevada 89145 | 02/14/2020 | XIV/AA03117- 03127 |
| Plaintiff's Trial Exhibit 50 - 2015 1065 Income Tax Return for Patience One LLC | 02/14/2020 | XXVIII/ AA06590-06672 |
| Plaintiff's Trial Exhibit 51 - 2016 1065 Income Tax Return for Patience One LLC | 02/14/2020 | XXVIII/ AA06673-06691 |
| Plaintiff's Trial Exhibit 52 - 2008 1120 Income Tax Return for Blue Point Development LLC | 02/14/2020 | XXVIII/ AA06692- XXIX/ AA06759 |
| Plaintiff's Trial Exhibit 53 - 2009 1120 Income Tax Return for Blue Point Development LLC | 02/14/2020 | XXIX/ AA06760-06832 |
| Plaintiff's Trial Exhibit 54 - 2010 1120 Income Tax Return for Blue Point Development LLC | 02/14/2020 | XXIX/ AA06833-06862 |
| Plaintiff's Trial Exhibit 55 - 2011 1120 Income Tax Return for Blue Point Development LLC | 02/14/2020 | XXIX/ AA06863-06912 |
| Plaintiff's Trial Exhibit 56 - 2012 1120 Income Tax Return for Blue Point Development LLC | 02/14/2020 | XXIX/ AA06913-06930 |
| Plaintiff's Trial Exhibit 57 - 2013 1120 Income Tax Return for Blue Point Development LLC | 02/14/2020 | XXIX/ AA06931-06962 |

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| Plaintiff's Trial Exhibit 58 - 2014 1120 Income Tax Return for Blue Point Development LLC | 02/14/2020 | XXIX/ AA06963-06998 |
| Plaintiff's Trial Exhibit 59 - 2015 1120 Income Tax Return for Blue Point Development LLC | 02/14/2020 | XXIX/ AA06999 |
| Plaintiff's Trial Exhibit 6 - Chain of Title with Applicable Deeds for 7608 Lowe Avenue, Las Vegas, Nevada 89131 | 02/14/2020 | XIV/AA03128- 03136 |
| Plaintiff's Trial Exhibit 60 - 2016 1120 Income Tax Return for Blue Point Development LLC | 02/14/2020 | XXX/AA07000 |
| Plaintiff's Trial Exhibit 63 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 05/29/2014 through 12/31/2014 | 02/14/2020 | XXX/AA07001- 07002 |
| Plaintiff's Trial Exhibit 65 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2015 through 12/31/2015 | 02/14/2020 | XXX/AA07003- 07006 |
| Plaintiff's Trial Exhibit 67 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2016 through 12/31/2016 | 02/14/2020 | XXX/AA07007- 07008 |
| Plaintiff's Trial Exhibit 69 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2017 through 12/31/2017 | 02/14/2020 | XXX/AA07009- 07010 |
| Plaintiff's Trial Exhibit 7 - Affidavit of Custodian of Records and file from First American Title Company—purchase of 9517 Queen Charlotte Drive, Las Vegas, Nevada 89145 on October 7, 2004 | 02/14/2020 | XIV/AA03137- 03150 |

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

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| Plaintiff's Trial Exhibit 82 - American Express Statements #72004 | 02/14/2020 | XXX/AA07053 |
| Thomas Pickens card #72004 Danka Michaels card #72020 | | |
| 12/30/10 through 12/15/11 | | |
| Plaintiff's Trial Exhibit 83 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/11 through 12/14/12 | 02/14/2020 | XXX/AA07054- 07057 |
| Plaintiff's Trial Exhibit 84 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/15/12 through 12/15/13 | 02/14/2020 | XXX/AA07058 |
| Plaintiff's Trial Exhibit 85 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/13 through 12/15/14 | 02/14/2020 | XXX/AA07059 |
| Plaintiff's Trial Exhibit 86 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/14 through 12/15/15 | 02/14/2020 | XXX/AA07060 |
| Plaintiff's Trial Exhibit 87 - American Express Statements #72004 Thomas Pickens card #72004 #73002 Danka Michaels card #72020 12/16/15 through 12/15/16 | 02/14/2020 | XXX/AA07061- 07092 |
| Plaintiff's Trial Exhibit 88 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/16 through 12/15/17 | 02/14/2020 | XXX/AA07093- 07095 |

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

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

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

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

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

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

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

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

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| Name(s) as shown on return | Federal Supporting Statements | 2009 PG01 |
|---|-------------------------------|------------------------|
| | | FEIN |
| DANKA K MICHAELS MD | PROF CORP | 56-2371654 |
| | SCHEDULE M-2 LINE 3 | STATEMENT # 29 |
| | | |
| DESCRIPTION | | AMOUN |
| INTEREST INCOME | | 13 |
| TOTAL | | 13 |
| | | |
| | | |
| | | PG01 STATEMENT # 30 |
| | SCHEDULE M-2 LINE 5 | STATEMENT # 30 |
| DESCRIPTION | | AMOUN |
| SECTION 179 EXPENSE NONDEDUCTIBLE EXPENS | TC | 48,72 |
| | 69 | 11 |
| TOTAL | | 48,83 |
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| 1120S | Overflow State | | 2009 Page 1 |
|---|----------------|--------|-----------------------|
| Name(s) as shown on return DANKA K MICHAELS | MD PROF CORP | | FEIN |
| PARTIA IN PITCHADIO | TAD EROF CORP | | 56-2371654 |
| | MTCC | TAXES | |
| | MI DC | TAADS | |
| Description NEVADA MODIFIED | DIICTNECC MAY | | Amount |
| NEVADA NODIFIED | JUDINEDS TAX | Total: | \$ 8,673 \$ 8,673 |
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| Form | Form 1120S K-K1 Comparison Worksheet | | | | 2009 |
|----------|--|---|-------------------|--|------------|
| | | (Кеер | for your records) | | |
| S CORI | PORATION NAME | | | | EIN |
| DAN | KA K MICHAEL | S MD PROF CORP | | | 56-2371654 |
| | | Lines 1-13 | Schedule K | K-1 Totals | Difference |
| | | | | | |
| 1 | Ordinary business inco | ome (loss) •••••••••• | 65,688 | 65,688 | |
| | | | | | |
| 2 | Net rental real estate i | ncome (loss) | | | |
| 3 | Other net rental incom | e (loss) | | | |
| | | _ | | | |
| 4 | Interest income · · · | | 134 | 134 | |
| | | | | | |
| 5 a | | · · · · · · · · · · · · · · · · · · · | | | |
| b | Qualified dividends · | ••••• | | | |
| | | | | | |
| 6 | Royalties • • • • • • | | | | |
| - | | | | | |
| 7 | Net short-term capital | gain (loss) | | ···· | |
| 8 a | Not long form conital a | | | | |
| o a b | | gain (loss) ••••••••••• | | | |
| | | n (loss) • • • • • • • • • • • • • • • • • • | | | |
| С | Unrecaptured section | 1250 gain • • • • • • • • • • • • • • • • | | | |
| 9 | Net section 1231 gain | (2005) | | | |
| | Not soolon izon gain | | | | |
| 10 A | Other portfolio income | (loss) | | | |
| в | | | | | |
| с | | straddles · · · · · · · · · · · · · · · · · · · | | | |
| D | Mining exploration cos | ts recapture | | | |
| Ε | Other income | | | | |
| | | | | | |
| 11 | Section 179 deduction | · · · · · · · · · · · · · · · · · · · | 48,720 | 48,720 | |
| | | | | | |
| 12 A | | 1%) • • • • • • • • • • • • • • • • • • • | | | |
| B | • | ") | | | |
| c | | (50%) | | · · · · · · · · · · · · · · · · · · · | |
| D | | (30%) | | | |
| E | | b a 50% organization (30%) · · · | | | |
| F | | 20%) • • • • • • • • • • • • • • • • • • • | | | |
| G LI | Contributions (100%) | 1 | | | |
| н | Investment interest exp | | | | _ |
| 1 | Deductions - royalty in | | | | _ |
| J | Section 59(e)(2) exper | | | | - |
| K L | Deductions - portfolio (Deductions - portfolio (| | | | |
| M | Preproductive period e | | | | |
| N | | ion ded. from real estate | | | |
| 0 | | | | | - |
| P | • | deduction · · · · · · · · · · · · · · · · · · · | | ······································ | |
| Q | | ctivities income · · · · · · · · · | | ····· | |
| R | | | | | |
| S | | | | | |
| | | | | | |

(

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

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

WK_SCOMP.LD3

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

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

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

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

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Danka Michaels001814

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

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Danka Michaels001815

AA02764

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

Invoice Date: 08/12/2010

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

Description of Charges

Price

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

Total Balance Due 0.00

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

State/City Information

0

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

1120S TAX RETURN COMPARISON 2007 / 2008 / 2009

2009

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

Identifying number 56-2371654

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

SCHEDULE K - Shareholder's Share Items

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

2007

2008

2009

DIFFERENCE

1120S TAX RETURN COMPARISON 2007 / 2008 / 2009

2009

Name(s) as shown on return

Page 2 Identifying number 56-2371654

DANKA K MICHAELS MD PROF CORP

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

COMPARES.LD2

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

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

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

Form 1120S (2010)

Danka Michaels001841

EEA

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

 $\left(\right)$

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

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Form 1120S (2010) Danka Michaels001843

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

Schedule K-1 (Form 1120S) 2010

Passive loss

Net income

4. Interest income

Net loss

6. Royatties

Code

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F

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к

L.

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Q

R

13. Credits

information

Passive income

Page 2

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

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

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

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

| | Summary of Sto | ock Ow | nership | | 201 | 0 | |
|--|----------------|--------|-----------|--------|----------------------------------|-----------|--|
| CORPORATION NAME DANKA K MICHAELS MD PROF C | | | | | EIN | 650 | |
| Shareholder Information | UNE | | Shares | 5 | <u>56-2371654</u> % Ownership | | |
| Name | EIN/SSN | Туре | Beginning | Ending | Beginning | Ending | |
| DANKA MICHAELS | | | 1,000 | 1,000 | 100.00000 | 100.00000 | |
| TOTAL | | | 1,000 | 1,000 | | | |
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| | oporting Statements | 2010 | PG01 |
|---|----------------------|----------------|--|
| Name(s) as shown on return DANKA K MICHAELS MD PROF CORP | | FEIN 56-237 | 1654 |
| | | 00 201 | 1004 |
| FORM 11 | 20S LINE 19 | STATI | EMENT # 2 |
| DESCRIPTION AUTOMOBILE AND TRUCK EXPENSE BANK CHARGES COMPUTER DUES AND SUBSCRIPTIONS EDUCATION AND TRAINING LIABILITY INSURANCE WORKERS COMP INSURANCE LEGAL AND PROFESSIONAL 50% MEALS AND ENTERTAINMENT MEETINGS OFFICE EXPENSE PAYROLL PROCESSING EXPENSE POSTAGE/SHIPPING SECURITY TELEPHONE TRAVEL UNIFORMS UTILITIES ANSWERING SERVICE BILLING SERVICE EQUIPMENT MAINT CONTRACTS LAB SERVICES MEDICAL SUPPLIES NERVE CONDUCTION STUDY ULTRASOUND SERVICES WELLNESS PROGRAM | | | AMOUNY 8,72 6,53 1,98 3(1,27 55,15 2,86 65(47 20,720 3,082 3,95(468 9,58 884 413 8,467 1,609 4,802 5,594 4,138 18,62 6,863 68,970 6,832 242,720 |
| FORM 1120S, | SCHEDULE K, LINE 12a | STATE | PAGE 1 MENT # 9 |
| DESCRIPTION CASH CONTRIBUTIONS (50%) | | | AMOUNI 900 |
| TOTAL | | | 900 |
| | | | |

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| | Federal Supporting Statements | 2010 _{PG01} |
|--|-------------------------------|-------------------------------|
| Name(s) as shown on return DANKA K MICHAELS MD P | ROF CORP | FEIN 56-2371654 |
| OTHER CURRENT ASSETS | 20S, SCHEDULE L, LINE 6 | STM19 |
| DESCRIPTION NOTE RECEIVABLE | | BEG OF YEAR END OF YE |
| TOTAL | | <u>4,716</u> <u>30,3</u> |
| | SCHEDULE M-2 LINE 3 | PG01 STATEMENT # 29 |
| DESCRIPTION INTEREST INCOME | | AMOUNT |
| TOTAL | | 57 |
| | SCHEDULE M-2 LINE 5 | PG01 STATEMENT # 30 |
| DESCRIPTION ALLOWED SECTION 179 EX CONTRIBUTIONS NONDEDUCTIBLE EXPENSES | | AMOUNT 60,514 900 10 |
| TOTAL | | 61,424 |
| | | |
| | | |
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| 1120S | Overflow Statement | 2010 Page 1 |
|---|--------------------|-----------------------|
| Name(s) as shown on return DANKA K MICHAEL: | S MD PROF CORP | FEIN 56-2371654 |
| | | |
| | MISC TAXES | |
| Description NEVADA MODIFIED | BUSINESS TAX | Amount \$ 10,689 |
| | | Total: \$ 10,689 |
| | | |
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OVERFLOW.LD

| Form 1120S | K-K1 Compa | rison Worksheet | | 2010 | | |
|--------------------------------|--------------------------|-----------------|------------|------------|--|--|
| | (Keep for | your records) | | | | |
| CORPORATION NAME | MD DDOE CODD | | | EIN | | |
| DANKA K MICHAEL Description | 56-2371654 Difference | | | | | |
| | | Schedule K | K-1 Totals | Difference | | |
| | income (loss) | 172,862 | 172,8 | | | |
| 4 Interest income . | | 57 | | 57 | | |
| | tion | 60,514 | 60,5 | | | |
| 6 C Nondeductible exp | | 900 | | 900 | | |
| 7 a Investment income | | 57 | | 57 | | |
| | | | | | | |
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| S CORPORATION NAME | Taxes and Licenses Attachment lote: This information does not transmit to the IRS with e-filed re Including with a paper filed return is optional. | eturns. | 2010 |
|---|--|---------|-----------------|
| DANKA K MICHAELS MD | PROF CORP | | 56-2371654 |
| Taxes and Licenses | Form 1120S | | Page 1, Line 12 |
| State income taxes State franchise taxes | | 1 | |
| 3 City income taxes | | 2 | |
| 4 City franchise taxes | | 4 | |
| 5 Local property taxes | | 5 | |
| 6 Intangible property taxes | | 6 | |
| 7 Payroll taxes | | 7 | 68,45 |
| 8 Less: credit from Form 8846 | | 8 | 00,40 |
| 9 Foreign taxes paid | | 9 | |
| 10 Occupancy taxes | | 10 | |
| 11 Other miscellaneous taxes | | 11 | 10,68 |
| 12 Built in gains tax allocated to ord | nary income | 12 | <u> </u> |
| 13 Licenses | | 13 | 1,56 |
| | | | <u>~</u> |
| 14 Total to Form 1120S, Page 1, Lin | e 12 | 14 | 80,70 |
| | | | |
| TT_STLLD | | | |

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

| Form 1120S | S CORPOR | | | LIMIT WORKSI | IEET | 2010 |
|--|------------------------|---------------------|-----------------------|---|---------------|-----------------|
| S Corporation Name | | (Кее | p for your records) | | | EIN |
| DANKA K MICH | AELS MD PRO | F CORP | | | | 56-2371654 |
| 1 Dollar limitation for tax | year. Enter amount fr | rom Form 4562, I | ine 5 • • • • • • • | | | 500,000 |
| 2 Ordinary business inco | me (loss) (Form 1120 | S. Page 2, Sch K | . Line 1) ••••• | • • • • • | 172,862 | 2 |
| 3 Less: Credit amounts t | hat reduced expenses | or increased inc | ome •••••• | • • • • • | | |
| 4 Plus: Compensation pa | aid to shareholder-emp | ployees (Form 11 | 20S, Page 1, Lines | 7 and 8) | 197,000 | <u>)</u> |
| 5 Adjusted ordinary busin | ness income (loss) (Co | ombine lines 2 th | rough 4) • • • • • | •••• | 369,862 | 2 |
| 6 Net rental real estate in | ncome (loss) (Form 11 | 20S, Page 2, Sch | n K, Line 2) • • • • | • • • • • | | |
| 7 Other net rental income | e (loss). (Form 1120S, | Page 2, Line 3c) | | • • • • • | | |
| 8 Interest Income (Form | 1120S, Page 2, Line 4 |) • • • • • • • • | • • • • • • • • • • • | • • • • • | 57 | 7 |
| 9 Dividends (Form 11205 | S, Page 2, Line 5a) • | | | • • • • • | | |
| 10 Royalties (Form 1120S | , Page 2, Line 6) •• | | | · · · · · · | | |
| 11 Net short term capital g | jain (loss) (Form 1120 | S. Page 2, Line 7 |) | | | |
| 12 Net long-term capital g | ain (loss) (Form 11208 | S, Page 2, Line 8 | a) ••••••• | • • • • • | | |
| 13 Net section 1231 gain (| loss) (Form 1120S, Pa | age 2, Line 9) • | | •••• | | |
| 14 Other Income (Form 11 | 20S, Page 2, Line 10) |) | | ••••• | | |
| 15 Charitable Contribution | s (Form 1120S, Page | 3, Line 12a) • | | • • • • • | (900 |)) |
| 16 Investment interest exp | enses (Form 1120S, F | Page 3, Line 12b) | | •••• | | |
| 17 Section 59(e)(2) expen | ditures (Form 1120S, I | Page 3, Line 12c | (2)) | ••••• | | |
| 18 Other deductions (Forn | n 1120S, page 3, Line | 12d) • • • • • • | | •••• | | |
| 19 Total business income | (loss). Combine lines | 4 through 18 | | • • • • • • • • • • • | • • • • • • • | . 369,019 |
| 20 Business income limi | tation. Lesser of line | 1 or line 19, but r | not < zero. Enter he | ere and on Form 450 | 62, line 11 • | 369,019 |
| | | Year | Elected | Used in | | ed in Remaining |
| Distribution among asse 1120 COMPUTER | | Acquired 2010 | Section 179 5,854 | prior years | 20 5,8 | |
| 1120 MEDICAL | | 2010 | 54,660 | | _54,6 | |
| TOTAL ALLOWAB: TOTAL 2010 EL | | |) | 60,514 | 60,5 | 014 |
| | | | - | • · · · · · · · · · · · · · · · · · · · | | |
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| | | | | | | For your records only | record | s only | | | | • | | |
|---|------------|--|---------|------------------------|----------------|-----------------------|---------------|----------|--------------------------------|----------------------|-----------------------------|------------------|--|----------------|
| Name(s) as shown on return tradity it is to take the sade code | dece p | | | | | | | | | | | Social | Social security number/EIN 56-0371553 | |
| Description | Date | Cost | Salvage | Business percentage | Section 179 | Depreciation Basis | Life | Method | Rate | Current depr. | Accumulated Depreciation | Prior expense | Bonus depreciation | AMT Current |
| SECULATIONS | 20030625 | 9,151 | | 166,60 | | 3,151 | - 303 17-1 | 2/L 37 | 14.236 | _ | 9, 253 | | | 2 |
| THERE IN PREMI | 20030425 | 1, 100. | | 100.06 | | 1, 202 | 5) 24 | 211. A.C | 14 - 24 A | 19 | 1.11 | | | 1.5.1 |
| LASSEMUD INCROVEDED | 2002002 | 29,288 | | 100.00 | | | 0 | | 5 ee . 6 | 2 | 35, 576 | | | 979 |
| ands usy | 20050763 | 12,575 | | 100.00 | 37,574 | | ы ю | dXE | 2 | | 17,575 | 12,024 | | |
| 410/2 day | 30060701 | 1.41, (15.0 | | 106.00 | 50,000 | | 13 C* | a.A. ar | 17 . 285 | 16, 295 | 123, 319 | 040 * 040 | | 14,243 |
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| dinor der | 20030701 | 946.25 | | 100.05 | | 2, 295, 2 | 5 | | 14.246 | | 6, B45 | | 548 "2 Zd | - |
| anda des | 20090605 | 15,550 | | 100.00 | | 2, 775 | ~ | | 11.1246 | | 20, 552 | | | |
| ATTÓR VAS | 20090201 | 061.18. | | 100,00 | 16, 730 | 2: 2: | | | ୍ | | -4,720 | 14, 226 | | |
| 定る対応ある | 200.997401 | 2,868 | | 100.46 | | 22 28 28 | - 17 | | 878 V. 878 878 - 878 878 | 1.00 1.00 1.00 | 1,491 | | 93° 14 | |
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| (2016) - | | n en | | | | | \neg | | | | | | | |
| Sonal - | - | Contraction Contract | | | | | | | | | | | | |

Danka Michaels001856

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| Answer Server Server< | And Interview Sound Interview Sound Interv | | | | | | | ž | Depreciation Detail LISUNG STATE MAR LISCO For your records only | TALION DELE STATE PUPP UEOC or your records | etali Torr rds on | LISUI Iy | D | | | | Ñ | 2010 |
|--|--|-------------|---|----------|------------|---------|------------------------|----------------|--|---|-------------------------|-------------|--|------------------|-------------|-----------|---|-------------|
| Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<> | Inclusion Bane Gat Sound Control Each Control Contro Contro Contro <th>Name</th> <th>e(s) as shown on return DARKA IN RECHABLA COR PROF</th> <th></th> <th>Socia</th> <th>il secunty numberil∃N Sonks??tabe</th> <th></th> | Name | e(s) as shown on return DARKA IN RECHABLA COR PROF | | | | | | | | | | | | | Socia | il secunty numberil∃N Sonks??tabe | |
| Minute Minute< | 0000. 00000000000000000000000000000000 | No. | Description | Date | Cost | Salvage | Business percentage | Section 179 | Depreciation Basis | Life | We | thod | Rate | Current depr. | Accumulated | 1 | Bonus depreciation | AMI |
| Matchess Matchess Lab Matchess Lab Matchess Lab Lab <thlab< th=""> Lab <thlab< th=""> <thlab< th=""> Lab</thlab<></thlab<></thlab<> | Mathematication Mathematic | - | SADIUCE EDIAES | 20030425 | 9,151 | | 100.00 | 0 | 9,151 | 2 | 3/L | ME | 14.286 | 12.6 | 151.46 | | - | |
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| GUIDINE JUUTINE SSP04 TOURD TOURD <thtourd< th=""> TOURD TOURD</thtourd<> | 00.010 0.000 | 2 | 411 OE (122 | 10200000 | 1 ** , 0 % | | 190.00 | 20,000 | 114,054 | | 371. S | ÷ | 1.1.286 | 242.443 | 103, 839 | , vi, 000 | | |
| CEL Current Cu | 000000 0000 0.00 | 2 | ATTURE ASSA | 20020701 | 59,005 | | 100.00 | 36. | 59, 895 | | $_{2/L}$ | ÷. | 1236 | 34.7.8 | 2.24, 2.23 | 0 | | |
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| Derivation Derivation Jump Total is 13.15 Point Poin | Mathematical Mathematical< | 25 | 410700 V40 | 20190702 | 18,730 | | 100.00 | 18, 730 | 0 | <u></u> | 375 | ir. | a S | | (c, 120 | 8,120 | | |
| CUENNUM AND 12 CuaND | matche in the section in the | с. | 20MALA02 | 10/06002 | 1, 676 | | 104.00 | 0 | 300 17 | | 2/2 | č | 25 15 17 17 17 17 17 | 2.2.4 | | 0 | | |
| Contracts Adult Database 0.4.66 | Control (1) CatCl | 1000 100 | KEDICAL ROJEP | 20101328 | 54, 550 | | 106.00 | 5, 1, 6AD | 0 | u^ | 775 | 14 11 | | 7 6.0U | 5 1066 | | | |
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| (55),981 176,810 2360,171 547,885 537,726 | 150,941 178,810 280,171 94,685 145,336 114,295 | | | | | | | | | | | | | | | | | |
| | 156, 931 | | foralu. | | 454,931 | | | 176,810 | 280,171 | | | - | | 34,885 | \$30, 326 | 316,296 | | - |
| | | 1 | Land Anomat. | | | | | | | | | | | | | | teri and a | |

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

Invoice Date: 02/10/2011

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

Description of Charges

Price

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

Total Balance Due 0.00

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

State/City Information

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

1120S TAX RETURN COMPARISON 2008 / 2009 / 2010

2010

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

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

SCHEDULE K - Shareholder's Share Items

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

2008

2009

2010

DIFFERENCE

1120S TAX RETURN COMPARISON 2008 / 2009 / 2010

2010

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

Page 2 Identifying number

56-2371654

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

ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing is allowed.

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

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

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

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

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

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

1120SEF.LD

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

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

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

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

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Form 1120S (2011) Danka Michaels001891

| (Form 1120S) Part III Shareholder's Share of Current Year Income, Deductions, Crotits, and Other Items Destination Reveals Barbook (59) 13 Contrain Reveals Barbook (59) 14 Contrain Reveals Barbook (50) (50) Data Reveals Revea | Schedule K-1 | | Final K-1 | X Amer | nded K-1 | 67]]]]]] OMB No. 1545-0130 |
|---|--|----------|-------------|--------------------------|------------------|-------------------------------------|
| Part Landow year 2011 of its manny year beginning | Form 1120S) 2011 | Pa | rt III | | | , |
| minimum revenues solves owning | epartment of the Treasury | | | | | |
| Shareholder's Share of Income, Deductions, Credits, etc. Not wertal real assists income (loss) A retreat real assists income (loss) Composition and provide individual number Composition number Contract real assists income (loss) Creating of the information and provide individual number Composition number Contract real assists income (loss) Creating of the information and provide individual number Composition number Contract real assists income (loss) Creating of the information and provide individual number Composition in the individual number Contract real assists income (loss) Creating of the information and provide individual number Context where compared in the individual number Context where individual number Context where indithe individual number Context where in | iterrital Revenue Service | 1 | Ordinary | | | |
| Shareholder's Share of Income, Deductions, Credits, etc. > boe page 2 of term and sequent instructions. 3 Other net remain instructions. PartI Information About the Corporation 4 Information Relation number 5 Scapezations makes address, obj. state, and 21P code 5 Ordinary dividends 12.6 B Comparison markes address, obj. state, and 21P code 5 Ordinary dividends 14 Foreign transactions C TRS Center where corporation filed return 5 5 Collectibles (28%) gain (loss) 14 Foreign transactions C TRS Center where corporation filed return 5 5 Collectibles (28%) gain (loss) 14 Foreign transactions C TRS Center where corporation filed return 5 5 Collectibles (28%) gain (loss) 14 Foreign transactions OGDEN 5 Statemoder's name, address, obj. state, and 21P code 5 Collectibles (28%) gain (loss) 15 Alternative minimum tax (AMT) T373 PEAK DR 100.00000 % 10 Other information (loss) 15 Alternative minimum tax (AMT) T373 PEAK DR 100.00000 % 11 Section 176 deduction 16 Items affecting stratmoder tax T373 PEAK DR 100.00000 % 11 Section 176 deduction 16 I | ending, 20 | 2 | Net rental | | ⊣ [₽] * | STMT |
| Credits, etc. > See page 2 of form and apparate inducators. 3 Other net institute formers (bas) Part I Information About the Corporation 4 Institute induces (bas) A Corporations employee identification number 12.6 B Construct semployee identification number 14 F Foreign inamactions 16 F Statesholder's name, address, city, state, and 21P code 9 DANKA MICHAELS NV 89128 10 Other information dots F Shareholder's name, address, city, state, and 21P code 100, 00000 % 11 Section 178 deduction 16 Items affecting statedidder base F Shareholder isame, address, city, state, and 21P code 1 | Shareholder's Share of Income, Deductions, | | | | | |
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| A Corporation's employer identification number <u>56-2371654 B Corporation's employer identification number <u>126 Secondition's employer identification number <u>126 Construction's employer identification number <u>126 Construction number <u>127 Const</u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u> | | 1 | | | | |
| 56-2371654 126 B Ordinary divisants DANKA K MICHAELS MD PROF CORP 7373 PEAK DR NO 160 LAS VEGAS NV 89134 C Royalite OGDEN B Collectedes (28%) gain (loss) OGDEN B Section 1250 gain Dankka K MICHAELS NV 89134 C INS Center where corporation filed return OGDEN 80 Part II Information About the Shareholder D Shareholder's name, address, oity, state, and 20° code D Shareholder's name, address, oity, state, and 20° code DANKA MICHAELS 9 NV 89128 10 F Shareholder's name, address, oity, state, and 20° code DANKA MICHAELS 100.00000 % 11 Section 179 deductors 12 Other income (loss) 13 Section 179 deductors 14 Items affecting shareholder base 15 Alternative minimum tax (AMT) 16 Items affecting shareholder base 17 Other information 12 Other deductors 11 Section 179 deductors 12 Other information 14 14 14 | hanna (| 4 | Interest in | icome | - | |
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| DANKA MICHAELS 7373 PEAK DR LAS VEGAS NV 89128 F Shareholder's percentage of stock ownership for tax year 100.00000 % 11 Section 179 deduction 16 Items affecting shareholder bas 12 Other deductions D 14, 280 17 Other information A 120 | | <u> </u> | | | | |
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| * See attached statement for additional information. | | | * See | attached statemen | t for add | itional information. |
| or Paperwork Reduction Act Notice, see Instructions for Form 11205. EEA Schedule K-1 (Form 11205) 2 Danka Michaels001892 | r Paperwork Reduction Act Notice, see Instructions for Form 1120S. | | EEA | | | Schedule K-1 (Form 1120S) 2011 |

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| Shareholde | | | chedule K-1 S | | | 011 | 2011 Shareholder's ID N | lumber |
|---------------------|---------|---------|---------------|----------|------------|-------------|----------------------------|----------------|
| DANK Name of S (| A MICHA | ELS | | | | **** | S Corporadorrs en | · |
| DANK | A K MIC | HAELS M | D PROF CORP | | | | 56-237 | 1654 |
| 0000 | 22022 | | FORM 1120 | S SCHEDU | LE K-1 LIN | <u>E 13</u> | | |
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| | TOTAL | | | | | | | 2,303 |
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| Form | 4562 | Depr | eciation and | Amorti | zation | | | OMB No. 1545-0172 |
|----------|---|---|--|------------------------|---|------------|--------|--|
| Deper | tmost of the Teresure | (Including | g Information o | n Listed | Property |) | | 2011 |
| Intern | tment of the Treasury al Revenue Service (99) (s) shown on return | ► See separa | ate instructions. | Attach to | your tax retu | m. | | Attachment Sequence No. 179 Identifying number |
| | | ETO NE PROF CO | | | | | | |
| | | ELS MD PROF CO Fo Expense Certain P | | <u>)RM 112(</u> | JS | | | 56-2371654 |
| <u> </u> | | have any listed property, co | | | orti | | | |
| 1 | | ee instructions) | | | | | 1 | I |
| 2 | | 179 property placed in servi | | | | | 2 | |
| 3 | | ction 179 property before rec | | | | | 3 | |
| 4 | | n. Subtract line 3 from line 2 | | | | | 4 | |
| 5 | | ax year. Subtract line 4 from | | | | | | |
| | separately, see instru | uctions | | | | | 5 | |
| 6 | (a | Description of property | (b) Cost | (business use only | | cted cost | L | |
| | | | | | ···· | | | |
| | | **** | | | | | | |
| 7 | Listed property. Ente | r the amount from line 29 | • • • • • • • • • • • • | 7 | • | | | |
| 8 | Total elected cost of | section 179 property. Add ar | mounts in column (c), lir | nes 6 and 7. | | | 8 | |
| 9 | Tentative deduction. | Enter the smaller of line 5 of | r line 8 | | | | 9 | |
| 10 | Carryover of disallow | ed deduction from line 13 of | your 2010 Form 4562 | | | | 10 | |
| 11 | Business income lim | itation. Enter the smaller of b | ousiness income (not les | ss than zero) o | or line 5 (see inst | ructions) | 11 | |
| 12 | Section 179 expense | e deduction. Add lines 9 and | 10, but do not enter mo | re than line 11 | | • • • | 12 | ······································ |
| 13 | Carryover of disallow | ed deduction to 2012. Add li | nes 9 and 10, less line | 12 . 🎽 1 | 3 | | | |
| | | r Part III below for listed prop | | | | | | |
| | | epreciation Allowance | | | | listed pro | perty. | (See instructions.) |
| 14 | | allowance for qualified prope | | | | | | |
| | during the tax year (s | see instructions) | | | | ••• | 14 | |
| 15 | | ection 168(f)(1) election | | | | | 15 | |
| 16 | Other depreciation (i | ncluding ACRS) | | | | • • • | 16 | 31,460 |
| Pa | t III MACRS I | Depreciation (Do not in | | | ns.) | | | |
| 17 | MACDO deductioned | | Section A | | | | | |
| 18 | | for assets placed in service in group any assets placed in s | | | | • • • | 17 | |
| 10 | asset accounts, chec | | | | | | | |
| | | on B - Assets Placed in Se | rvice During 2011 Tax | | | nraciati | on Su | etom |
| | | (b) Month and | (c) Basis for depreciation | | | -pieciau | on Sy | Stem |
| | (a) Classification of prop | erty year placed in service | (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Meth | od | (g) Depreciation deduction |
| 19a | 3-year property | | , | | | <u> </u> | | |
| b | 5-year property | | | | | | | |
| с | 7-year property | | | | | | | |
| d | 10-year property | | | | 1 | | | |
| e | 15-year property | | | | | 1 | | *************************************** |
| f | 20-year property | | | | | 1 | | ······································ |
| g | 25-year property | | | 25 yrs. | [· · · · · · · · · · · · · · · · · · · | S/L | | |
| h | Residential rental | | | 27.5 yrs. | MM | S/L | | |
| | property | | | 27.5 yrs. | MM | S/L | | |
| i | Nonresidential real | | | 39 yrs. | MM | S/L | | ***** |
| | property | | | | MM | S/L | | |
| | Sectio | n C - Assets Placed in Serv | vice During 2011 Tax \ | ear Using th | e Alternative | Deprecia | tion § | System |
| 20a | Class life | | | | | S/L | | |
| b | 12-year | | | 12 yrs. | | S/L | | |
| | 40-year | | | 40 yrs. | MM | S/L | | |
| - | the second se | (See instructions.) | | | | | | |
| 21 | | er amount from line 28 | | | | • • • | 21 | |
| 22 | | from line 12, lines 14 through | | | | | | |
| • | | te lines of your return. Partne | | | uctions | ••• | 22 | 31,460 |
| 23 | | ove and placed in service du | | | | | | |
| | | ttributable to section 263A co | | | 3 | | | - |
| For F | aperwork Reduction | Act Notice, see separate i | nstructions. | EEA | | | | Form 4562 (2011) |

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

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Danka Michaels001895

AA02801

| | Listing of Shareholder Distribu | tions 2011 |
|---|---------------------------------|---|
| Name(s) as shown on return DANKA K MICHAELS | 5 MD PROF CORP | Employer Identification Number 56-2371654 |
| | | |
| | | |
| Date | | Amour |
| 12-31-2011 | | |
| | | 14,28 |
| TOTAL | | 14,28 |
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| <u> </u> | | Summary of Sto | ock Ow | nership | | 201 | 1 |
|----------|-----------------------------|----------------|--------|---------|--|-----------|-----------|
| | CORPORATION NAME | | | | | EIN | |
| | DANKA K MICHAELS MD PROF CC | DRP | | | | 56-2371 | |
| | Shareholder Information | | | Shares | ······································ | % Ow | nership |
| | Name | EIN/SSN | Туре | | Ending | Beginning | Ending |
| | DANKA MICHAELS | | | 1,000 | 1,000 | 100.00000 | 100.00000 |
| | TOTAL | | | 1,000 | 1,000 | | |
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| Federal Supporting Statements | 2011 PG01 |
|---|---|
| Name(s) as shown on return DANKA K MICHAELS MD PROF CORP | FEIN 56-2371654 |
| AMENED RETURN ORIGINAL RETURN REPORTED PAYMENTS TO MANAGEMENT COMPAN PAYMENTS TO SHAREHOLDERS IN ERROR. IN ADDITION, THE O FAILED TO CLAIM THE CREDIT FOR SMALL EMPLOYER HEALTH I FORM 8941 | STATEMENT#1 Y AS DIVIDEND RIGINAL RTURN |
| FORM 1120S LINE 19 | PG01 STATEMENT # 2 |
| DESCRIPTION BANK CHARGES DUES AND SUBSCRIPTIONS EQUIPMENT RENTAL/LEASE INSURANCE LEGAL AND PROFESSIONAL 50% MEALS AND ENTERTAINMENT MEETINGS FORM 8941 CREDIT ADJUSTMENT OFFICE EXPENSE OUTSIDE SERVICES/SUB CONTRACTORS PAYROLL PROCESSING EXPENSE POSTAGE/SHIPPING SECURITY TELEPHONE UNIFORMS UTILITIES EMPLOYUEE AUTO REIMBURSEMENTS BILLING SERVICE EQUIPMENT MAINT CONTRACTS MANAGEMENT FEES TOTAL | AMOUN 5,96 10 6,63 46,11 111,19 65 5 2,23 (2,30 13,13 14,58 2,97 4,57 35 10,94 18 7,41 12,45 9,12 10,75 54,14 311,300 |

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

| Name(s) as shown on return | Federal Supporting Statements | 2011 PG01 | |
|--|-------------------------------|-----------------------------|--|
| DANKA K MICHAELS M | 56-2371654 | | |
| ······································ | | | |
| | SCHEDULE M-1 LINE 3B | STATEMENT # 26 | |
| DESCRIPTION | | AMOUN | |
| FORM 8941 CREDIT A | 2,30 | | |
| TOTAL | | 2,30 | |
| | | | |
| | | | |
| | SCHEDULE M-2 LINE 3 | PG01 STATEMENT # 29 | |
| | | | |
| DESCRIPTION INTEREST INCOME | | AMOUN 12 | |
| TOTAL | | | |
| IOIAL | | 12 | |
| | | | |
| | | | |
| | | | |
| | SCHEDULE M-2 LINE 5 | PG01 STATEMENT # 30 | |
| | | | |
| DESCRIPTION NONDEDUCTIBLE EXPE | NSES | $\frac{\text{AMOUN}}{2,35}$ | |
| TOTAL | | | |
| IOIAE | | 2,35 | |
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| | | mparison Worksheet | | | 2011 |
|-------|---------------------------------|--------------------|------------|----------|------------|
| SCOPP | ORATION NAME (Kee | | | | |
| | | EIN | | | |
| DAN | KA K MICHAELS MD PROF CORP | Schedule K | K-1 Totals | 56-23 | 71654 |
| | | Schedule K | K-1 Totais | <u> </u> | Difference |
| 1 | Ordinary business income (loss) | . (5 | 9) | (59) | |
| 4 | Interest income | | 1 | 126 - | |
| 13 P | Other credits | | | 303 - | (2,3 |
| | Nondeductible expenses | 2,353 | | 353 | |
| D | Property distributions | 14,288 | | 288 | |
| 17 a | Investment income | 126 | 5 | 126 | |
| | | | | | |
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| | Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-filed re Including with a paper filed return is optional. | eturns. 2011 |
|---|--|--------------|
| S CORPORATION NAME | | EIN |
| DANKA K MICHAE | LS MD PROF CORP | 56-23716 |
| Taxes and Licenses | Form 1120S | Page 1, Lin |
| 1 State income taxes | | 1 |
| 2 State franchise taxes | | 2 |
| 3 City income taxes | | 3 |
| 4 City franchise taxes5 Local property taxes | | 4 |
| 6 Intangible property tax | P6 | 5 |
| 7 Payroll taxes | | 7 9 |
| 8 Less: credit from Form | 8846 | 8 |
| 9 Foreign taxes paid | | 9 |
| 10 Occupancy taxes | | 10 |
| 11 Other miscellaneous t | | 11 |
| | ated to ordinary income | 12 |
| 13 Licenses | | 13 |
| 14 Total to Form 1120S, | Page 1 Line 12 | 14 9 |
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| L | Drm 1120S Schedule M-2/Retained Earnings Worksheet (Keep for your records) | 2011 |
|----------------------------|--|---|
| | oration Name | EIN |
| | ANKA K MICHAELS MD PROF CORP | 56-2371654 |
| | Analysis of Current-Year Retained Earnings | |
| 1 2 3 4 5 6 | Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25) | 2 (2,286) 3 (14,288) 4 118,116 5 118,116 |
| | Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA | |
| 1 | | |
| 2 | Ending retained earnings (Schedule L, column d, line 24) | . 2 134,690 |
| 4 | Ending AAA plus OAA | . 4118,116 |
| 5 | Beginning AAA plus OAA | . 5 134,690 |
| 6 | Difference (line 4 minus line 5) | . 6 (16,574) |
| 7 8 9 10 | Current-Year Timing Adjustments per Schedule M-1 Subtractions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2) Other income recorded on books not included on Schedule K Depreciation on Schedule K not included on books Other Schedule K items not included on books Other Schedule K items not included on books Total subtractions (lines 7 through 9) | |
| 11 | Additions to net income per books (Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3) | |
| 12 | Income included on Schedule K not recorded on books | ····· |
| 13 | Other items on books not included on Schedule K | |
| 14 | Total additions (lines 11 through 13) 14 | |
| 15 | Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10) | . 15 |
| 16 17 | Current-Year Timing Adjustments Per Schedule M-3 Permanent or temporary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens app on line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100. Permanent differences 16 Temporary differences 17 | ear |
| 18 | Timing adjustments not included on Schedule M-2 (combine lines 16 and 17) | . 18 |
| 19 20 21 22 | Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7 | 20 . 21 (16,574) |
| 23 | Net reconciliation difference (line 3 minus line 21 or 22) | . 23 |

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

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

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

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

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

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

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

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

State/City Information

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

1120S TAX RETURN COMPARISON 2009 / 2010 / 2011

2011

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

Identifying number 56-2371654

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

SCHEDULE K - Shareholder's Share Items

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

1120S TAX RETURN COMPARISON 2009 / 2010 / 2011

2011

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

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

COMPARES.LD2

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

| Shareholder's name | | Distribution Inform | ation | 2011 Shareholder's ID Number |
|----------------------|-----------------|----------------------|-----------------|---------------------------------|
| DANKA MICHAELS | 5 | | | S corporation's Env |
| DANKA K MICHAI | ELS MD PROF COR | P | | 56-2371654 |
| Data of Distribution | Total Amount of | Ownership % at | | Shareholder's Pro Ra |
| Date of Distribution | Distribution | Date of Distribution | Shares 1000.000 | Share of Distribution0014,288 |
| TOTAL | | | | 14,288 |
| | | | | |
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1120SK_1.LD2

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

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

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

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

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

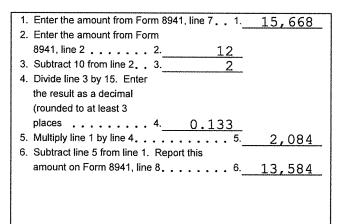
| (a) Individuals Considered Employees | (b) Employee Hours of Service | (c) Employee Wages Paid | (a) Enrolled Individuals Considered Employees | (b) Employer Premiums Paid | (c) Employer State Average Premiums | (d) Enrolled Employee Hours of Service |
|---|--|----------------------------------|---|-------------------------------------|---|--|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

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

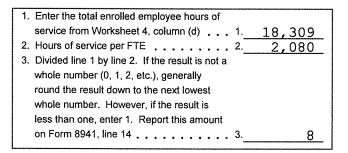
Worksheet 2. Full-Time Equivalent Employees (FTEs)

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

Worksheet 5. FTE Limitation

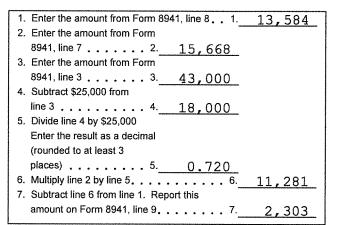


Worksheet 7. FTEs Enrolled in Coverage



Worksheet 3. Average Annual Wages

Worksheet 6. Average Annual Wage Limitation



WK_8941B.LD

Form **1125-A**

(December 2011) Department of the Treasury Internal Revenue Service

Cost of Goods Sold

OMB No. 1545-2225

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

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

ETD ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing of extensions is allowed.

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

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

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





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

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

Reduction Act Notice, see separate instructions. ар EEA

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6 1

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

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Form 1120S (2012)

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

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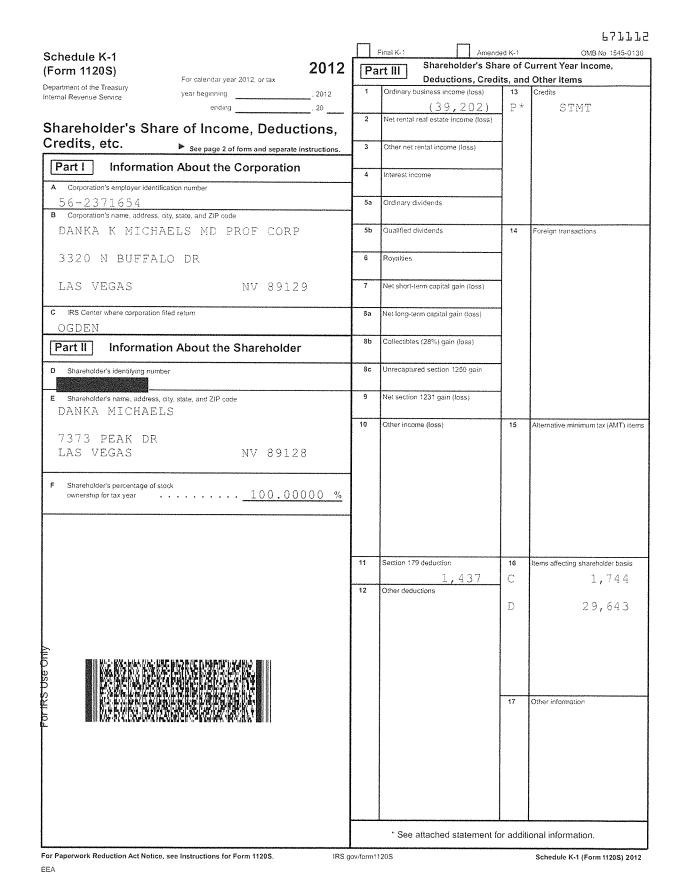
C.

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

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Form 1120S (2012)



| Schedule K-1 Supplemental Information | 2012 |
|---|-----------------------------------|
| Shareholder's name DANKA MICHAELS | Shareholder's ID Number |
| Name of S Corporation DANKA K MICHAELS MD PROF CORP | S Corporation's EIN 56-2371654 |
| FORM 1120S SCHEDULE K-1 LINE 13 | |
| CODE DESCRIPTION | AMOU |
| P OTHER CREDITS CREDIT FOR SMALL EMPLOYER HEALTH INS. PREMIUMS | 1611 |
| TOTAL | |
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| rorm | 4562 | | Depre | eciation and | Amort | ization | | | OMB No. 1545-0172 |
|--|---|--|---|--|---|--|---|---------|----------------------------|
| | | (| Including | Information | on Liste | d Property | /) | | 2012 |
| | nent of the Treasury | | - | | | | | | Attachment |
| And in case of the local division of the loc | Revenue Service (99) shown on return | | See separate | e instructions. | | o your tax return ich this form relates | n. | | Sequence No. 179 |
| | KA K MICHAI | FT.S MD I | POF COP | | DRM 112 | | | | |
| Par | t I Election | To Expense | Certain Pr | operty Under Se | | 00 | | | 56-2371654 |
| L | | | | olete Part V before you | | rt l | | | |
| 1 | | | | • • • • • • • • • • • • | ····· | | | 1 | 500,000 |
| | | , | | (see instructions) | | | | 2 | 1,437 |
| | | | | tion in limitation (see ir | | | | 3 | 2,000,000 |
| 4 | Reduction in limitation | n. Subtract line | 3 from line 2. If | zero or less, enter -0- | | | | 4 | 0 |
| 5 | Dollar limitation for ta | x year. Subtract | line 4 from line | 1. If zero or less, ente | er -0 If marri | ed filing | | | |
| | separately, see instru | ctions · · · · | | | | | | 5 | 500,000 |
| 6 | (a) |) Description of pro | perty | (b) Cost | (business use o | nly) (c) Ele | ected cost | | |
| E | QUIP | | | | 1,43 | 7 | 1,4 | 37 | |
| | | | | | | | | | |
| | Listed property. Enter | | | | | 7 | | | |
| | | | | ints in column (c), lines | | | | 8 | 1,437 |
| | | | | ne 8 • • • • • • • • • • • • • • • • • • | | | • • • | 9 | 1,437 |
| | Carryover of disallow | | , | | | | • • • | 10 | |
| | | | | iness income (not less | | | tructions) | 11 | 155,637 |
| | | | | but do not enter more | · | <u> </u> | • • • | 12 | 1,437 |
| ***** | | | | s 9 and 10, less line 12 | | 13 | | | L |
| Part | | | | y. Instead, use Part V. | | | | | |
| | | | | and Other Depr | | | isted prop | perty.) | (See instructions.) |
| | | | | (other than listed prop | | | | | |
| | | , | | | | | | 14 | |
| | Property subject to se Other depreciation (in | | | · · · · · · · · · · · · · | | | | 15 | 21 205 |
| Part | | | | lude listed property.) (| | | • • • | 16 | 31,305 |
| | | | (Bo not me | Section A | | (15.) | | | |
| 17 | MACRS deductions for | or assets placer | t in service in ta | ax years beginning before | | | | 17 | |
| | | | | vice during the tax year | | | | | |
| | | | | • • • • • • • • • • • • | | | · | | |
| | | | | ce During 2012 Tax Y | | | t | Syste | m |
| ****** | | (1 | Month and year | (c) Basis for depreciation | (d) Recover | . | T | | |
| | (a) Classification of prop | perty | placed in service | (business/investment use only-see instructions) | period | (e) Convention | (f) Meth | ođ | (g) Depreciation deduction |
| 19a | 3-year property | | | | | | 1 | | |
| b | 5-year property | | | | | | 1 | | |
| с | 7-year property | | | | | | 1 | | |
| d | 10-year properly | | | | | | | | |
| | 15-year property | | | | | | 1 | | |
| <u>e</u> | 10-year property | | | | | | | | |
| | 20-year property | | | | | | | | |
| f | | | | | 25 yrs. | | S/L | | |
| f 2 g 2 | 20-year property | | | | 25 yrs. 27.5 yrs. | MM | S/L S/L | | |
| f g h l | 20-year property 25-year property Residential rental property | | | | | | | | |
| f g h l | 20-year property 25-year property Residential rental | | | | 27.5 yrs. | | S/L | | |
| f 2 g 2 h 1 i 1 | 20-year property 25-year property Residential rental property Nonresidential real property | | | | 27.5 yrs. 27.5 yrs. 39 yrs. | MM MM MM | S/L S/L S/L S/L | | |
| f 2 g 2 h 1 i 1 | 20-year property 25-year property Residential rental property Nonresidential real property Section | n C - Assets PI | aced in Servic | e During 2012 Tax Ye | 27.5 yrs. 27.5 yrs. 39 yrs. | MM MM MM | S/L S/L S/L S/L preciatio | n Syst | em |
| f 2 g 2 h 1 i 1 20a (| 20-year property 25-year property Residential rental property Nonresidential real property Section Class life | n C - Assets P | aced in Servic | e During 2012 Tax Ye | 27.5 yrs. 27.5 yrs. 39 yrs. | MM MM MM | S/L S/L S/L S/L Dreciatio S/L | n Syst | em |
| f 2 g 2 h 1 i 1 20a (b 2 | 20-year property 25-year property Residential rental property Nonresidential real property Section Class life 12-year | n C - Assets Pl | aced in Servic | e During 2012 Tax Ye | 27.5 yrs. 27.5 yrs. 39 yrs. ear Using the 12 yrs. | MM MM MM Alternative Dep | S/L S/L S/L S/L Dreciatio S/L S/L | n Syst | em |
| f : g : h i 20a (b : c : | 20-year property 25-year property Residential rental property Nonresidential real property Section Class life 12-year 40-year | | | e During 2012 Tax Ye | 27.5 yrs. 27.5 yrs. 39 yrs. | MM MM MM | S/L S/L S/L S/L Dreciatio S/L | n Syst | em |
| f : g : h i 20a (b : c : Part | 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year IV Summary | y (See instructi | ons.) | e During 2012 Tax Ye | 27.5 yrs. 27.5 yrs. 39 yrs. ear Using the 12 yrs. | MM MM MM Alternative Dep | S/L S/L S/L S/L Dreciatio S/L S/L | | em |
| f 2 g 2 h 1 i 1 20a (b 2 c 2 Part 21 1 | 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year IV Summary Listed property. Enter | ✓ (See instructi r amount from li | ons.) ne 28 •••• | | 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs. | MM MM Alternative Dep MM | S/L S/L S/L S/L Dreciatio S/L S/L | n Syst | em |
| f 2 g 2 h 1 i 1 20a (b 2 c 2 Part 21 1 22 | 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year EIV Summary Listed property. Enter Total. Add amounts fr | Y (See instruction in the second secon | ons.) ne 28 • • • s 14 through 17 | 7, lines 19 and 20 in co | 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs. | MM MM Alternative Dep MM | S/L S/L S/L S/L S/L S/L S/L | 21 | |
| f 20a (b 20a (b 20a (b 20a (20a (21 1 22 1 | 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year EIV Summary Listed property. Enter Total. Add amounts fr here and on the approc | (See instructi amount from li rom line 12. line opriate lines of y | ons.) ne 28 · · · · s 14 through 17 rour return. Part | 7, lines 19 and 20 in co inerships and S corpor | 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs. | MM MM Alternative Dep MM | S/L S/L S/L S/L Dreciatio S/L S/L | | .em 31,305 |
| f 2 g 2 h 1 20a 0 b 2 C 2 Part 21 1 22 5 1 23 6 | 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year EIV Summary Listed property. Enter Total. Add amounts fr here and on the approc | y (See instruction of amount from line rom line 12, line opriate lines of y ove and placed | ions.) ne 28 s 14 through 17 rour return. Parl in service durin | 7, lines 19 and 20 in co Inerships and S corpor g the current year, ente | 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs. | MM MM Alternative Dep MM | S/L S/L S/L S/L S/L S/L S/L | 21 | |

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

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| | Listing of Shareholder Distributions | 2012 |
|--|---|---|
| Name(s) as shown on return DANKA K MICHAELS MD PF | ROF CORP | Employer Identification Number $56-2371654$ |
| | 99100 7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 | |
| | | |
| Date | | 2motto |
| | | Amoun |
| 12-31-2012 | | 29,643 |
| TOTAL | | 29,643 |
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| | Summary of St | ock Ov | /nership | | 2012 | 2 |
|--|---------------|--------|-----------|-------------------------|--------------|-------------|
| CORPORATION NAME DANKA K MICHAELS MD PROF | CORP | | ******* | | EIN 56 0071/ | се <i>А</i> |
| Shareholder Information Shares | | | | <u>56-2371</u> % Owr | | |
| Name | EIN/SSN | Туре | Beginning | Ending | Beginning | Ending |
| DANKA MICHAELS | | | 1,000 | 1,000 | 100.00000 | 100.0000 |
| FOTAL | | | 1,000 | 1,000 | | |
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| Federal Supporting Statements | 2012 PG01 |
|---|--|
| Name(s) as shown on return DANKA K MICHAELS MD PROF CORP | FEIN 56-2371654 |
| | *************************************** |
| FORM 1120S LINE 19 | Statement #2 |
| DESCRIPTION | AMOUN |
| COMMISSIONS | 79,102 |
| EDUCATION AND TRAINING | 1,253 |
| EQUIPMENT RENTAL/LEASE | 2,428 |
| GIFTS | 745 |
| LIABILITY INSURANCE WORKERS COMP INSURANCE | 56,682 |
| INTERNET | 1,503 1,253 |
| JANITORIAL | 12,211 |
| LEGAL AND PROFESSIONAL | 1,117 |
| 50% MEALS AND ENTERTAINMENT | 1,584 |
| FORM 8941 CREDIT ADJUSTMENT MISCELLANEOUS | (161 |
| OFFICE EXPENSE | 1,209 22,571 |
| PAYROLL PROCESSING EXPENSE | 3,236 |
| POSTAGE/SHIPPING | 3,818 |
| PRINTING | 720 |
| SECURITY SUPPLIES | 468 2,234 |
| TELEPHONE | 8,383 |
| UTILITIES | 7,973 |
| EMPLOYUEE AUTO REIMBURSEMENTS | 3,233 |
| BILLING SERVICE | 6,958 |
| EQUIPMENT MAINT CONTRACTS MANAGEMENT FEES | 5,063 12,469 |
| ANSWERING SERVICE | 1,345 |
| BANK AND MERCHANT FEES | 17,146 |
| BOOKKEEPING FEES | 16,244 |
| TOTAL | 270,787 |
| | |
| | PG01 |
| SCHEDULE A LINE 5 | Statement #5 |
| DESCRIPTION | AMOUNT |
| WELLNESS PROGRAMS | 7,049 |
| NERVE CONDUCTION COSTS ULTRA SOUND SERVICES | 6,600 |
| LAB FEES | 72,570 3,945 |
| MEDICAL SUPPLIES | 29,290 |
| VACCINES | 46,679 |
| TOTAL | 166,133 |
| | nanta didak birini dan kana kana kana kana kana kana dina dina dina kana kana kana kana kana kana kana k |
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STATMENTLD

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

STATMENTLD

| 1 | Federal Supporting Statements | 2012 PG0 |
|---|-------------------------------|--------------------|
| Name(s) as shown on return DANKA K MICHA | AELS_MD_PROF_CORP | FEIN 56-2371654 |
| | SCHEDULE M-2 LINE 5 | |
| | SCHEDOLE M-2 LINE J | Statement # |
| DESCRIPTION | | AMO |
| ALLOWED SECTI NONDEDUCTIBLE | ON 179 EXPENSE | 1, |
| | , LAFENOLO | 1, |
| TOTAL | | 3, |
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| Form | 11205 | K-K1 Com | parison Worksheet | | 2012 | |
|------|-------------------|----------------|-------------------|------------|--------------------------|--|
| | | (Кеер | for your records) | | | |
| | | C MD DDOE CODD | | | EIN | |
| DANI | Description | S MD PROF CORP | Schedule K | K-1 Totals | 56-2371654 Difference | |
| | | | | | Difference | |
| 1 | Ordinary business | income (loss) | (39,202) | (39,2 | 02) | |
| 11 | | zion | 1,437 | 1,4 | | |
| | Other credits | | 161 | | 61 | |
| | Nondeductible exp | | 1,744 | 1,7 | | |
| Ð | Property distribu | tions | 29,643 | 29,6 | 43 | |
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| | Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-filed returns. Including with a paper filed return is optional. | | 2012 |
|-------------------------------|--|----|-----------------|
| S CORPORATION NAME | including with a paper incurreturn is optional. | | EIN |
| DANKA K MICHAE | LS MD PROF CORP | | 56-2371654 |
| Taxes and Licenses | Form 1120S | | D |
| | | | Page 1, Line 12 |
| 1 State income taxes | | 1 | |
| 2 State franchise taxes | | 2 | |
| 3 City income taxes | | 3 | |
| 4 City franchise taxes | | 4 | ***** |
| 5 Local property taxes | | 5 | 460 |
| 6 Intangible property taxe | 'S | 6 | |
| 7 Payroll taxes | | 7 | 60,599 |
| 8 Less: credit from Form | 8846 | 8 | 00,00. |
| 9 Foreign taxes paid | | 9 | |
| 10 Occupancy taxes | | 10 | |
| 11 Other miscellaneous ta | xes | 11 | |
| 12 Built in gains tax allocat | | 12 | |
| 13 Licenses | | 13 | 1,065 |
| | | | 1,003 |
| 14 Total to Form 1120S, Pa | age 1, Line 12 | 14 | 62,124 |
| | | | |
| | | | |

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

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

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

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

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

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| | Federal Filing Instructions | 2012 |
|---|--|---|
| Name(s) as shown on return DANKA K MICHAELS MD | PROF CORP | Your Social Security Number 56-2371654 |
| | | |
| Date to file by: | | |
| | Form 1120S and supplemental forms | |
| Sign and date: | An officer must sign and date Form | 1120S on page 1. |
| Address to file: | Department of the Treasury Internal Revenue Service Ogden, UT 84201-0013 | |
| Refund: | Neither a refund nor a balance due | |
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Danka K Michaels MD Prof Corp 3320 N Buffalo Dr Las Vegas, NV 89129

Invoice Date: 05/23/2013

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

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

Total Balance Due 0.00

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

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

1120S TAX RETURN COMPARISON 2010 / 2011 / 2012

2012

Name(s) as shown on return

Identifying number 56-2371654

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

SCHEDULE K - Shareholder's Share Items

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

2011

COMPARES.LD

1120S TAX RETURN COMPARISON 2010 / 2011 / 2012

2012

Page 2

Identifying number

56-2371654

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

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

COMPARES.LD2

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

EEA

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

1120SK_1 LD2

WORKSHEETS 1 and 4

FORM 8941

(Keep for your records)

Identifying Number

56-2371654

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

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

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

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

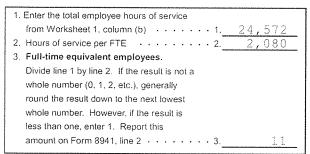
If you need more rows, use a separate sheet and include the additional amounts in the totals below.

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

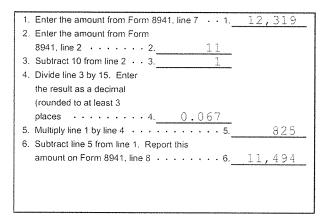
WK_8941A.LD

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

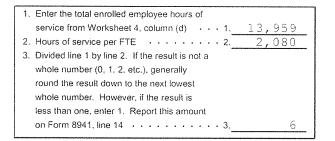
Worksheet 2. Full-Time Equivalent Employees (FTEs)



Worksheet 5. FTE Limitation



Worksheet 7. FTEs Enrolled in Coverage



Worksheet 3. Average Annual Wages

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

Worksheet 6. Average Annual Wage Limitation

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

WK_8941B.LD

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

C

ETD ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing of extensions is allowed.

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

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

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



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

6.

| 1120S 001 |
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EEA

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

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

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Form 1120S (2013)

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

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

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Form 1120S (2013)

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

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Form 1120S (2013)

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

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

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

For Paperwork Reduction Act Notice, see separate instructions.

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Form 4562 (2013)

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

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4797 (2013)



| Compensation | of | Officers |
|--------------|----|----------|
|--------------|----|----------|

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

Form

Name

1125-E

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

56-2371654

DANKA K MICHAELS MD PROF CORP

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

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

EEA

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

IRS e-file Signature Authorization for Form 1120S

OMB No. 1545-1863

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

Form 8879-S

AA02867

Depreciation Reconciliation for DANKA K MICHAELS MD PROF CORP

 \bigcirc

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



| | Summary of | Stock Ow | vnership | | 2013 | 3 | |
|-------------------------|------------|----------|-----------|--|----------------------------------|--------------------|--|
| CORPORATION NAME | OF COPP | | | | EIN | с 5 <i>А</i> | |
| Shareholder Information | | | Share | es | <u>56-2371654</u> % Ownership | | |
| lame | EIN/SSN | і Туре | Beginning | | Ending Beginning | | |
| ANKA MICHAELS | | | 1,000 | 1,000 | 100.00000 | Ending 100.0000 | |
| OTAL | | | 1,000 | 1,000 | | | |
| | | | | -Antilla de Anto, Marcado de Sera Agrana Agrana Paragona antigan | | | |
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| Federal Supporting Statements | 2013 PG01 |
|--|--|
| Name(s) as shown on return | FEIN |
| DANKA K MICHAELS MD PROF CORP | 56-2371654 |
| FORM 1120S LINE 19 | Statement #2 |
| DESCRIPTION | AMOUN |
| AUTOMOBILE AND TRUCK EXPENSE | 92 |
| COMPUTER DUES AND SUBSCRIPTIONS | 5,83 |
| EDUCATION AND TRAINING | 2,42 ⁻ 2,91 |
| EQUIPMENT RENTAL/LEASE | 28,621 |
| INSURANCE | 71,47: |
| JANITORIAL LEGAL AND PROFESSIONAL | 20,18 |
| 50% MEALS AND ENTERTAINMENT | 37: |
| OFFICE EXPENSE | 15,23 |
| OUTSIDE SERVICES/SUB CONTRACTORS | 1,11 |
| PAYROLL PROCESSING EXPENSE POSTAGE/SHIPPING | 3,475 3,704 |
| SECURITY | 3,64 |
| TELEPHONE | 9,443 |
| UTILITIES BILLING SERVICE | 1,64(5,44 |
| Panyand Opinaton | <u> </u> |
| TOTAL | 197,55 |
| | |
| SCHEDULE A LINE 5 | PG01 Statement #5 |
| DESCRIPTION | PG01 Statement #5 AMOUNY |
| DESCRIPTION WELLNESS PROGRAMS | PG01 Statement #5 <u>AMOUN</u> 5,823 |
| DESCRIPTION | PG01 Statement #5 <u>AMOUN7</u> 5,82 9,863 |
| DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES | PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,332 4,08 |
| DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES | PG01 Statement #5 <u>AMOUN</u> 5,822 9,862 82,332 |
| DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES | PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092 |
| DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES | PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,332 4,08 |
| DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES | PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092 |
| DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES | PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092 |
| DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES | PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092 |
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| DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES | PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092 |
| DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES | PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092 |
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| DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES | PG01 Statement #5 <u>AMOUN</u> 5,82 9,86 82,33 4,08 132,092 |

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Danka Michaels002022

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| | Federal Supporting Statemen | | 13 PG01 |
|--|----------------------------------|--|--|
| Name(s) as shown on return DANKA K MICHAELS MD PH | ROF CORP | FEIN | 56-2371654 |
| | 20S, SCHEDULE L, LINE 6 | | STM19 |
| DESCRIPTION NOTE RECEIVABLE | | BEG OF YEAR | END OF YE |
| TOTAL | | 6,068 | |
| FORM 112 OTHER CURRENT LIABILIT | 20S, SCHEDULE L, LINE 18 FIES | | PG01 STM22 |
| DESCRIPTION SALES TAX PAY EMPLOYEE TIPS PAY PAYROLL TAXES PAY | | BEG OF YEAR 2,324 1,687 6,641 | END OF YE 3 12,1 |
| TOTAL | | 10,652 | 12,5 |
| DESCRIPTION INTEREST INCOME | SCHEDULE M-2 LINE 3 | | PG01 Statement #29 <u>AMOUNT</u> |
| INTEREST INCOME TOTAL | | | 9 |
| | | | |
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| | Federal Supporting Statements | 2013 PG01 |
|--|---|-----------------------|
| Name(s) as shown on return DANKA K MICHAE | LS MD PROF CORP | FEIN 56-2371654 |
| | SCHEDULE M-2 LINE 5 | Statement #3 |
| DESCRIPTION NET SECTION 12 NONDEDUCTIBLE | | AMOUN 25,41 |
| TOTAL | | 25,78 |
| | FORM 4562 - LINE 19C | PG01 Statement #50 |
| BASIS 205 2,209 | RP CV METHOD DEDUCTION 7 MQ 200 DB 22 7 MQ 200 DB 237 | |
| TOTAL | 259 | |
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| | Taxes and Licenses Attachment This information does not transmit to the IRS with e-filed returns. Including with a paper filed return is optional. | | 2013 |
|---|--|------------------|-----------------|
| SCORPORATION NAME DANKA K MICHAELS MD PF | | ем 56-2371654 | |
| Taxes and Licenses | Form 1120S | | Page 1, Line 12 |
| 1 State income taxes | *************************************** | | *********** |
| 2 State franchise taxes | | 2 | |
| 3 City income taxes | | 3 | |
| 4 City franchise taxes | | 4 | |
| 5 Local property taxes | | 5 | |
| 6 Intangible property taxes | | 6 | |
| 7 Payroll taxes | | 7 | 62,511 |
| 8 Less: credit from Form 8846 | | 8 | |
| 9 Foreign taxes paid | | 9 | |
| 10 Occupancy taxes | | 10 | |
| 11 Other miscellaneous taxes | | 11 | 3,603 |
| 12 Built in gains tax allocated to ordinary i | ncome | 12 | |
| 13 Licenses | | 13 | |
| 14 Total to Form 1120S, Page 1, Line 12 | | 14 | 66,114 |
| | | | |
| ATT_STL.LD | | | |

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| | Form 1120S K-K1 Comparison Worksheet | | | | | |
|---------------|---|---|------------|-------------------|--|--|
| S CORP | ORATION NAME (Keep f | or your records) | | | | |
| | KA K MICHAELS MD PROF CORP | | | EIN 56-2371654 | | |
| | Description | Schedule K | K-1 Totals | Difference | | |
| | | | T | | | |
| 1 | Ordinary business income (loss) | 24,919 | 24, | 919 | | |
| ń | Interest income | 9 | | 9 | | |
| 9 | Net section 1231 gain (loss) | (25,414) | (25, | 414) | | |
| 15 A. 17 A | Post - 1986 depreciation adjustment Nondeductible expenses | 6 371 | | 6 | | |
| | Nondeddotlowe expenses | 9 | | 371 9 | | |
| | | taman annan annan agust yanan annan annan annan | | | | |
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| F | orm 1120S Schedule M-2/Retained Earnings Worksheet (Keep for your records) | 2013 | |
|---|--|--------------------|----------------------------|
| 1 | oration Name | EIN | |
| D | ANKA K MICHAELS MD PROF CORP | 56-2371654 | |
| | Analysis of Current-Year Retained Earnings | | |
| 1 2 3 4 5 | Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25) | · · 2 (· · 3 | 090 (857) 233 233 |
| 6 | Difference (line 4 minus line 5) (should be zero) | | |
| | Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA | | |
| 1 | Ending retained earnings (Schedule L, column d, line 24) | •• 1 45. | 233 |
| 2 | Beginning retained earnings (Schedule L, column b, line 24) ····· | 2 46. | 090 |
| 3 | Retained earnings change (line 1 minus line 2) | · · 3(| 857) |
| 4 | Ending AAA plus OAA | | 233 |
| 5 | Beginning AAA plus OAA | ··· 4 <u> </u> | 233 |
| 6 | Difference (line 4 minus line 5) | · · 6(| 857) |
| 7 8 9 10 11 12 13 14 15 | Current-Year Timing Adjustments per Schedule M-1 Subtractions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2) Other income recorded on books not included on Schedule K Depreciation on Schedule K not included on books Other Schedule K items not included on books Income included on Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3) Income included on Schedule K not recorded on books Income included on Schedule K not recorded on books Other items on books not included on Schedule K Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10) | | |
| 16 17 | Current-Year Timing Adjustments Per Schedule M-3 Permanent or temporary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens appear on line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100. Permanent differences 16 Temporary differences 17 | | |
| 18 | Timing adjustments not included on Schedule M-2 (combine lines 16 and 17) | | |
| 19 20 21 22 23 | Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7 | · · 20 · · 21 (| 857) |

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|---|-----------|---------|---------|------------------------|----------------|--|------------|-----------|--------|-----------------|-------------|------------------|--|--|----------|
| | | | | | | For your records only | record | s only | | | | | | | |
| Name(s) as shown on return DANKA K MICHAELS MD PROF CORP | ROF CORP | | | | | | | | | | | Social | Social security number/EIN 56–2371654 | r/EIN | |
| No. Description | Date | Cost | Salvage | Business Dercentage | Section 179 | Depreciation Basis | Life | Method | Rate | Current deor | Accumulated | Prior expense | Bonus depreciation | us | AMT |
| 1 OFFICE FURNITURE | 20030625 | 9,151 | | 100.00 | | , 151 | | | 0 | - Idaa | 9,151 | | approx. | | Californ |
| 2 MEDICAL EQUIPMENT | 20030625 | 1,304 | | 100.00 | | 1,304 | 7 | | 0 | | 1,304 | | | | |
| 4 MED EQUIP | 20050701 | 17,576 | | 100.00 | 17,576 | 0 | ى. م | | 0 | | 17,576 | 17,576 | | | |
| 5 MED EQUIP | 20060701 | 164,054 | | 100.00 | 50,00d | 114,054 7 | | SL HY | 14.286 | 8,149 | | | | | 8,149 |
| 6 MED EQUIP | 20070701 | 59,066 | | 100.00 | | 59,066 | | SL HY | 14.286 | | | | | | 8,438 |
| 7 MED EQUIP | 20080701 | 5 , 990 | | 100.00 | | 2,995 7 | | SL HY | 14.286 | | | | ΡY | 2,995 | 428 |
| 8 MED EQUIP | 20080801 | 15,550 | | 100.00 | | 7,775 7 | | SL HY | 14.286 | 1,111 | 13,885 | | ЪХ | 7,775 | 1,111 |
| 9 SPA EQUIP | 20090701 | 48,720 | | 100.00 | 48,720 | 0 5 | | SL HY | 20 | | 48,720 | 48,720 | | | |
| 10 SOFTWARE | 20090701 | 1,868 | | 100.00 | | 1,868 3 | <u>е</u> | | 0 | | 1,868 | | ЪЛ | 934 | |
| 11 MEDICAL EQUIP | 20101228 | 54,660 | | 100.00 | 54,660 | 0 | ی د | SL HY | 20 | | 54,660 | 54,660 | | | |
| 12 COMPUTER EQUIP | 20100217 | 5,854 | | 100.00 | 5,854 | 0 3 | | SL HY | 33.333 | | 5,854 | 5,854 | | | |
| 13 EQUIP | 20120701 | 1,437 | | 100.00 | 1,437 | 0 5 | | SL. HY | 20 | | 1,437 | 1,437 | | | |
| 14 DFFICE EQUIPMENT | 20130701 | 205 | | 100.001 | | 205 7 | | 200 DB MQ | 10.71 | 22 | 22 | | | | 16 |
| 15 MEDICAL EQUIPMENT | 20130701 | 4,417 | | 100.001 | | 2,209 7 | | 200 DB MQ | 10.71 | 237 | 2,445 | | сĸ | 2,208 | 237 |
| 16 LEASEHOLD IMPROVEMENT 20131001 | 120131001 | 424,671 | | 100.00 | | 424,671 | 15 S | SL MQ | . 833 | 3,539 | 3,539 | | | | 3,539 |
| 17 SPA EQUIPMENT | 20131001 | 1,500 | | 100.00 | | 1,500 | 7 2 | 200 DB MQ | 3.57 | | | | | | |
| Asset(s) Sold | | | | | | | | | | | | | | | |
| 3 LEASEHOLD IMP ABANDON 20030625 | N20030625 | 73,188 | | 100.00 | | 73,188 15 | | XH TS | 6,667 | 2,440 | 47,774 | | | | 2,440 |
| | | | | | | | | | | | ****** | | | | |
| | | | | | | | ***** | | ****** | | | | | 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 999 - 99 | |
| Totals | | 889,211 | | | 178,247 | 697,986 | | | | 24 364 | 432 485 | 178 247 | 2 | 2 20A | 34 350 |
| | | | | | | () () () () () () () () () () | | | | | | | | | |

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

Next Year's Depreciation

2013

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

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

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

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

State/City Information

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

1120S TAX RETURN COMPARISON 2011 / 2012 / 2013

2013

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

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

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

COMPARES.LD

1120S TAX RETURN COMPARISON 2011 / 2012 / 2013

2013

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

<u>56-2371654</u>

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

COMPARES.LD2

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

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Danka Michaels002036

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

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Danka Michaels002037

AA02885

ETD ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing of extensions is allowed.

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

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

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



NOTES

THESE SHOULD BE CONSIDERED BEFORE FILING

NameEmployer Identification NumberDANKA K MICHAELS MD PROF CORP56-2371654

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

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

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

For Paperwork Reduction Act Notice, see separate instructions. EEA

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

C.

Form 1120S (2014)

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

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Form 1120S (2014)

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

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Form 1120S (2014)

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

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

For Paperwork Reduction Act Notice, see separate instructions. $\ensuremath{\mbox{\tiny EEA}}$

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Form 4562 (2014)

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

Danka Michaels002090

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

EEA

Form 1120S (2014)

| Federal Supporting Sta | tements 2014 PG01 | . |
|---|--------------------------|----------|
| Name(s) as shown on return | FEIN | |
| DANKA K MICHAELS MD PROF CORP | 56-2371654 | |
| FORM 1120S LINE 1 | 9 Statement #2 | 2 |
| DESCRIPTION | AMOU | JN' |
| AUTOMOBILE AND TRUCK EXPENSE | | 5 |
| BANK CHARGES | | 4 |
| DUES AND SUBSCRIPTIONS | 1,9 | |
| EDUCATION AND TRAINING | 1,6 | |
| EQUIPMENT RENTAL/LEASE GIFTS | 44,6 | |
| LIABILITY INSURANCE | | 2 |
| WORKERS COMP INSURANCE | 49,5 2,4 | |
| JANITORIAL | 12,3 | |
| LEGAL AND PROFESSIONAL | 37,0 | |
| 50% MEALS AND ENTERTAINMENT | | 4(|
| MISCELLANEOUS | | 4 |
| OFFICE EXPENSE | 24,7 | |
| PAYROLL PROCESSING EXPENSE | 3,6 | |
| POSTAGE/SHIPPING PRINTING | 4,5 | |
| SOFTWARE | 1,0 | |
| UTILITIES | 13,8 9,4 | |
| CREDIT AND MERCHANT FEES | 19,8 | |
| TEMP LABOR | 3,6 | |
| MANAGEMENT FEES | 31,4 | |
| COMMUNICATIONS | 13,2 | |
| TOTAL | 276,9 | 59 |
| FORM 1120S, SCHEDULE L, LIN OTHER CURRENT ASSETS | PG01 E 6 Statement #1 | .9 |
| DESCRIPTION | BEG OF YEAR END OF | VI |
| NOTE RECEIVABLE | | , - |
| TOTAL | 15,093 3 | <u> </u> |
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| | Federal Supporting Statement | | 4 PG01 |
|---|------------------------------|------------------------------|-----------------------|
| Name(s) as shown on return DANKA K MICHAELS ME | PROF CORP | FEIN 5 | 6-2371654 |
| FORM OTHER CURRENT LIABI | 1120S, SCHEDULE L, LINE 18 | | Statement #22 |
| DESCRIPTION SALES TAX PAY EMPLOYEE TIPS PAY | | BEG OF YEAR 383 12,125 | END OF Y |
| GIFT CARDS | | | 1, |
| TOTAL | | 12,508 | 1, |
| | SCHEDULE M-2 LINE 3 | | PG01 Statement #29 |
| | | | |
| DESCRIPTION INTEREST INCOME | | | AMOUN |
| TOTAL | | UPE APPENDIX AND | 3 |
| | | | |
| | | | |
| | SCHEDULE M-2 LINE 5 | | PG01 Statement #30 |
| DESCRIPTION | | | AMOUN |
| NONDEDUCTIBLE EXPEN | SES | | 23 |
| TOTAL | | | 23 |
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| Federal Supporting Statements | 2014 PG01 | | | | |
|--|----------------------|--|--|--|--|
| DANKA K MICHAELS MD PROF CORP | 56-2371654 | | | | |
| SCHEDULE A LINE 5 | Statement #5 | | | | |
| DESCRIPTION | AMOUN | | | | |
| LAB FEES MEDICAL SUPPLIES | 1,12 86,02 | | | | |
| NERVE CONDUCTION COSTS ULTRA SOUND SERVICES | 6,27 | | | | |
| | 79,62 | | | | |
| TOTAL | 173,04 | | | | |
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| MENTLD | Danka Michaels002094 | | | | |

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| Form | I205 KAI Comparison Worksheet Received on the second of t | | | 2014 | | |
|--------|--|----------------|---|------------|-----|------------|
| | | (Кеє | (Keep for your records) EIN 56-23 Schedule K K-1 Totals 0 92,018 92,018 </th <th></th> | | | |
| | | | | | 1 | |
| DANI | | 5 MD PROF CORP | | | 56- | 2371654 |
| | Description | | Schedule K | K-1 Totals | | Difference |
| 1 | | | 02 019 | 0.2 | 010 | |
| - 4 | | | | | | |
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| | Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-filed returns. Including with a paper filed return is optional. | | 2014 |
|-------------------------|--|----------|-------------------|
| | Including with a paper filed return is optional. RPORATION NAME IKA K MICHAELS MD PROF CORP es and Licenses Form 1120S State income taxes State franchise taxes City income taxes City income taxes Local property taxes Intangible property taxes Payroll taxes Less: credit from Form 8846 Foreign taxes paid Occupancy taxes Other miscellaneous taxes | | ein 56-2371654 |
| Taxes and Licenses | Form 1120S | | Page 1, Line 12 |
| 1 State income taxes | | 1 | |
| 2 State franchise taxes | 5 | 2 | ***** |
| 3 City income taxes | | 3 | |
| 4 City franchise taxes | | 4 | |
| | | 5 | |
| | axes | 6 | |
| | | 7 | 69,78 |
| | m 8846 | 8 | |
| | | 9 | |
| | | 10 | |
| | | 11 | 2,42 |
| | caleu lo ordinary income | 12 13 | |
| iv Licenses | | | |
| 14 Total to Form 1120S. | Page 1, Line 12 | 14 | 72,21 |
| | | | |
| ATT_STLLD | | | |

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

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

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

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| me NK/ | <u>a k m</u> i | CHAELS MD PROF CORP | | | FEIN | (| 56-237165 |
|-----------|----------------|---|----------|--------|----------|----------------------------|-----------|
| m | Multi-Form | Description | Date | Basis | Method | Life | Deduction |
| .20 | | OFFICE FURNITURE | 06252003 | | SL | 7 | |
| .20 | | MEDICAL EQUIPMENT | 06252003 | | SL | 7 | |
| .20 | | MED EQUIP | 07012005 | | EXP | 5 | |
| 20 | | MED EQUIP | 07012006 | | SL | 7 | |
| 20 20 | 1 | MED EQUIP MED EQUIP | 07012007 | 59,066 | SL | 7 | 0.1 |
| 20 | | MED EQUIP | 08012008 | | SL SL | 77 | 21 |
| 20 | | SPA EQUIP | 07012009 | | SL | | 55 |
| 20 | | SOFTWARE | 07012009 | | SL | 3 | |
| 20 | | MEDICAL EQUIP | 12282010 | | SL | 5 | |
| 20 | | COMPUTER EQUIP | 02172010 | | SL | 5 3 5 3 5 5 | |
| 20 | | EQUIP | 07012012 | | SL | 5 | |
| 20 | | OFFICE EQUIPMENT | 07012013 | | M | 7 | 3 |
| 20 | | MEDICAL EQUIPMENT | 07012013 | | M | 7 | 40 |
| 20 | | LEASEHOLD IMPROVEMENTS SPA EQUIPMENT | 10012013 | | SL | 15 | 28,31 |
| 20 | 1. | SPA LQUIPMENI | 10012013 | 1,500 | М | 7 | 29 |
| | | TOTAL | | | | | 29,81 |
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| | Federal Filing Instructions | 2014 |
|---|--|---|
| Name(s) as shown on return DANKA K MICHAELS MD | PROF CORP | Your Social Security Number 56-2371654 |
| | | |
| Date to file by: | | |
| Form to be filed: | Form 1120S and supplemental forms a | nd schedules |
| Sign and date: | An officer must sign and date Form | 1120S on page 1. |
| Address to file: | Department of the Treasury Internal Revenue Service Ogden, UT 84201-0013 | |
| Refund: | Neither a refund nor a balance due | |
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ROBERT S SEMONIAN CPA

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

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

Invoice Date: 05/20/2015

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

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

Total Balance Due 0.00

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

State/City Information

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

1120S TAX RETURN COMPARISON 2012 / 2013 / 2014

2014

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

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

SCHEDULE K - Shareholder's Share Items

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

2013

1120S TAX RETURN COMPARISON 2012 / 2013 / 2014

2014

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Page 2 Identifying number

56-2371654

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

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| | Summary of St | ock Ow | /nership | | 2014 | 1 |
|-------------------------|---------------|--------|-----------|--|-----------------|--------------|
| ORPORATION NAME |) R D | | | | EIN 56-23716 | <u>с</u> 5 л |
| Shareholder Information | | | Share | s | 1 | nership |
| ame | EIN/SSN | Туре | Beginning | Ending | Beginning | Ending |
| ANKA MICHAELS | | | 1,000 | 1,000 | 100.00000 | 100.0000 |
| OTAL | | | 1,000 | 1,000 | | |
| | | | | norma develo della mande adde adde parte | | |
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| Form | 1125-A | Cost of Goods Sold | | OMD No. 1545 0005 |
|---------|---|--|---------|--------------------------------|
| (Rev. I | December 2012) | Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B. | | OMB No. 1545-2225 |
| | ment of the Treasury I Revenue Service | Information about Form 1125-A and its instructions is at www.irs.gov/form | 1125a | |
| Name | | | 11200. | Employer identification number |
| DAN | IKA K MICHAE | LS MD PROF CORP | | 56-2371654 |
| 1 | Inventory at beginning | | 1 | 57,519 |
| 2 | Purchases | · · · · · · · · · · · · · · · · · · · | 2 | 118,527 |
| 3 | Cost of labor | | 3 | |
| 4 | Additional section 263/ | costs (attach schedule) | 4 | |
| 5 | Other costs (attach sch | edule) · · · · · · · · · · · · · · · · · · · | 5 | 173,043 |
| 6 | Total. Add lines 1 thro | | 6 | 349,089 |
| 7 | Inventory at end of yea | F - • • • • • • • • • • • • • • • • • • | 7 | 33,361 |
| 8 | Cost of goods sold. | Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the | | |
| | appropriate line of your | tax return (see instructions) | 8 | 315,728 |
| 9a | Check all methods use | d for valuing closing inventory: | 1 | |
| | (i) 🔀 Cost | | | |
| | (ii) Lower of cost o | market | | |
| | (iii) Other (Specify r | nethod used and attach explanation.) | | |
| b | Check if there was a w | itedown of subnormal goods | | |
| с | Check if the LIFO inver | tory method was adopted this tax year for any goods (if checked, attach Form 970) | | |
| d | If the LIFO inventory m | ethod was used for this tax year, enter amount of closing inventory computed | | hanna a |
| | under LIFO • • • • • | | 9d | |
| е | If property is produced | or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? | ·i ? | Yes X N |
| f | | in determining quantities, cost, or valuations between opening and closing inventory? If | | |
| | attach explanation | · · · · · · · · · · · · · · · · · · · | | П Yes П No |

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

DANKA K MICHAELS MD PROF CORP

number 56-2371654

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

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

EEA

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

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

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

| Signature | Þ |
|-----------|---|
|-----------|---|

Title > PRESIDENT

Date 🕨

EMPLOYER COPY ONLY DO NOT FILE THIS COPY WITH THE IRS

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

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

Instructions for Recipient

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 (BIN). However, the issuer has reported your complete identification number (BIN). However, the issuer has reported your complete identification number (BIN). Account number, May show an account or other unique number the payer assigned to distinguish your account CATCA Bits conduction of the SATCA bits reported to the tax of the second to the second t

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Recipient

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

Account number May show an account or other unique number the payer assigned to distinguish your account. 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 Too also may have a timing requirement. See the instructions to Form 3935 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 1069. MISC incorce212 (I the form is instructions or hom prover 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 gamma profits Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub 505 for more information. Report this annual no your isorgan I ar yeturn as tax withhold. this amount on your income tax return as tax withheld.

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

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

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

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

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

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

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/Rom 1099misc

| PAYER'S name, street address, city or tow or foreign postal code, and telephone no. | n, state or province, country, ZIP | 1 Rents | 2 Royatties | OMB No. 1545-0115 |
|--|------------------------------------|---|--|--|
| DANKA K MICHAEL | | \$ 83962.24 3 Other income | S Federal income tax withheld | 2015 |
| 3320 N BUFFALO I LAS VEGAS NV 893 | DR STE 106 129 | S Fishing boat proceeds S 7 Nonemployee compensation | S G Medical & health care payments S | Miscellaneous Income |
| PAYER'S federal identification number | RECIPIENT'S identification number | S Payer made direct sales of S5.000 or more of consumer | 8 Substitute payments in lieu of dividends or interest 5 10 Crop insurance proceeds | Copy E For Recipien |
| 56-2371654 RECIPIENT'S name and address | 45-5302432 | products to a buyer (recipient) for resale |] \$ | This is important tag information and is being |
| PATIENCE ONE LLC | 2 | 11 | 12 | furnished to the Interna Revenue Service. If you an required to file a return, a |
| 3320 N BUFFALO DR STE 208 LAS VEGAS NV 89129 | | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | negligence penalty or oth sanction may be impose on you if this income |
| | | 15a Section 409A deferrals \$ | 15b Section 409A income \$ | laxable and the IRS determines that it has not been reported |
| Account number (see instructions) | FATCA filing | 16 State tax withheld \$ | 17 State/Payer's state no. | 18 State income S |
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CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, count or foreign postal code, and telephone no. 1 Rents 2 Royatties OMB No. 1545-0115 83962 24 DANKA K MICHAELS MD PROF CORP S S 3 2015 Other income 4 Federal income tax withheld Miscellaneous 3320 N BUFFALO DR STE 106 Fishing boat proceeds 6 Medical & health care payments Income \$ LAS VEGAS NV 89129 7 Nonemployee compensation Substitute payments in lieu of dividends or interest Form 1099-MISC PAYER'S federal identification number RECIPIENT'S identification number 9 Payer made direct sales of Copy 2 10 Crop insurance proceeds 56-2371654 \$5,000 or more of consume 45-5302432 products to a buyer RECIPIENT'S name and address (recipient) for resale To be filed with 12 recipient's state PATIENCE ONE LLC income tax return. when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 3320 N BUFFALO DR STE 208 LAS VEGAS NV 89129 S s 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Payer's state no 18 State income FATCA filing Account number (see instructions) \$ equ \$ Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service DXA

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

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

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

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 Schedules W (Form 1040). You received this form instead of Form W-2 because the payer did not contenders W (Form 1040) and complete did not withhold income tax or social security and Madicare tax. If you believe the payer from 1040 in the tax or social security and Madicare tax. If you believe that on the form 1040 in the 7 (or Form 1040NR, line 8). You must also complete Form 8019 and attact no 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 1040(NR).

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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. Pox 14. Shows going exceeding and the paradisective in generative with Least

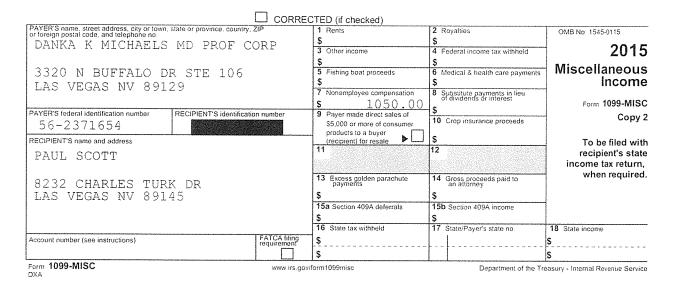
Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

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

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

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

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



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

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

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

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

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

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

CORRECTED (if checked)

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

DXA

Instructions for Recipient

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

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

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

Instructions for Recipient

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

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

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

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

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

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

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

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

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

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

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

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

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

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/form1099msc.

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

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

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, fithe FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions to Form 8938. You also may have a tilling requirement. See the Instructions to Form 8938. Amounts shown may be subject to solf-omployment (SE) tax, If your net income from self-employment is \$400 or more, you must the a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(SR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, Iduciantes, 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 **Roy 1** Benot ratis from capal exite on Schedule E (Som 1010). However,

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

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, 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 gat the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21). 1040NR, line 21)

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

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

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

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

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

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

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

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

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

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

Instructions for Recipient

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ETD ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing of extensions is allowed.

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

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

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

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

1120SEF.LD

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

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

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Form 1120S (2015)

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

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Form 1120S (2015)

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

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Form 1120S (2015)

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

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Form 1120S (2015)

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

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| Schedule K-1 Supplemental Information | 2015 |
|---|-------------------------|
| DANKA MICHAELS | Shareholder's ID Number |
| Name of S Corporation | S Corporation's EIN |
| DANKA K MICHAELS MD PROF CORP | 56-2371654 |
| CODE DESCRIPTION C OTHER NONDEDUCTIBLE EXPENSES MEALS AND ENTERTAINMENT | 474 |
| | |
| TOTAL | 474 |
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| Form | 4562 | | Depre | ciation | and A | ۹moi | tiz | ation | | | OMB No. 1545-0172 |
|--------------|--|-------------------------|----------------------|---------------------------------------|----------------|---|-----------------|-------------------|-----------|---------|----------------------------|
| | | | (Including | g Informat | | | | roperty) | | | 2015 |
| | tment of the Treasury | | | Attach 1 | - | | | | | | Attachment |
| | al Revenue Service (99) | Information a | bout Form 45 | 62 and its sep | | | | | v/form4 | 562. | Sequence No. 179 |
| | . , | ARTO MD P | | | 1 | | | this form relates | | | Identifying number |
| | NKA K MICHA | To Expense | Cortain Pr | P oporty Upd | FOF | M 11 | 20 | S | | | 56-2371654 |
| 1000 | | u have any listed | | • • | | | | | | | |
| 1 | Maximum amount (| | | | | | | | | , | T |
| 2 | Total cost of section | | | | | | | | | 1 2 | |
| 3 | Threshold cost of se | | | | | | | | | 2 | |
| 4 | Reduction in limitati | | | | | | | | | 4 | |
| 5 | Dollar limitation for I | | | | | | | | | 4 | |
| | separately, see instr | | | | | | | | | 5 | |
| 6 | | (a) Description of prop | | | (b) Cost (bi | | | | cted cost | | |
| | | | | | | | <i>,</i> | (4) === | 0.04 0001 | | |
| | | | | | | | | | | | |
| 7 | Listed property. Ente | er the amount fror | n line 29 🛛 🔸 | * * * * * * * | | | 7 | | | ****** | |
| 8 | Total elected cost of | f section 179 prop | erty. Add amou | ints in column (| c), lines 6 | and 7 | | · · · · · · · · | | 8 | |
| 9 | Tentative deduction | . Enter the smalle | er of line 5 or lin | ne8 · · · · | | | | | | 9 | |
| 10 | Carryover of disallow | wed deduction fro | m line 13 of yo | ur 2014 Form 4 | 4562 · | | | | | 10 | |
| 11 | Business income lin | nitation. Enter the | smaller of busi | iness income (r | not less th | an zero) | or lin | e 5 (see instru | uctions) | 11 | |
| 12 | Section 179 expens | | | | | an line 11 | | | | 12 | |
| 13 | Carryover of disallov | | | | | • | 13 | | | | |
| Note | : Do not use Part II o | or Part III below fo | r listed property | y. Instead, use | Part V. | | | | | | |
| Research the | tatia Special I | Depreciation | Allowance | and Other | Deprec | iation | (Do | not include li | sted prop | perty.) | (See instructions.) |
| 14 | Special depreciation | | | | | | | | | | |
| | during the tax year (| | | | | | | | | 14 | 69,626 |
| 15 | Property subject to s | | | ••••• | | | | | | 15 | |
| 16 | Other depreciation (| | • • • • • • • | ••••• | | | | • • • • • • | • • • | 16 | 29,078 |
| | WIACKS | Depreciation | 1 (Do not inc | | | e instruct | ions. |) | | | |
| 17 | | for appoint allocation | | | ection A | | | ······ | | | |
| 18 | MACRS deductions | | | | | | | ••••• | | 17 | 734 |
| 10 | If you are electing to asset accounts, che | | | | | | | | | | |
| | | tion B - Assets P | | | | | | | | C | |
| | | (b |) Month and year | (c) Basis for depr | | Ι | T | | clation | Syster | 11 |
| | (a) Classification of pre | operty | placed in service | (business/investm only-see instruc | | (d) Recov period | ery | (e) Convention | (f) Meth | od | (g) Depreciation deduction |
| 19a | 3-year property | | | | ,500 | | 3 | HY | SL | | 3,417 |
| b | 5-year property | | | | | | <u> </u> | | | | 0/24/ |
| c | 7-year property | | | 49. | ,125 | | 7 | HY | Sī | | 3,509 |
| d | 10-year property | | | | | | $\neg \uparrow$ | | | | 5,305 |
| e | 15-year property | | | | | | | | | | |
| f | 20-year property | | | | | | | | ****** | | |
| g | 25-year property | | | | | 25 yrs | . 1 | | S/I | | |
| h | Residential rental | | | | | 27.5 yr | | MM | S/I | | |
| | property | | | | | 27.5 yr | s. | MM | S/I | _ | |
| i | Nonresidential real | | | | | 39 yrs | | MM | S/I | | |
| | property | | | | | | | MM | S/I | | |
| | | on C - Assets Pla | ced in Service | e During 2015 | Tax Year | Using th | e Al | ternative Dep | reciatio | 1 Syst | em |
| <u>20a</u> | Class life | | | | | | | | S/L | . I | |
| b | 12-year | | | | | 12 yrs | <u> </u> | | S/L |] | |
| C | 40-year | | | | | 40 yrs | <u>.</u> [| MM | S/L | [| |
| Par | | ry (See instruction | | | | | | | | | |
| 21 | Listed property. Ente | | | | · · · <i>·</i> | | • • | •••• | · · · | 21 | |
| 22 | Total. Add amounts | | | | | | | | | 1 | |
| | here and on the appr | | | | | | instr | uctions | <u> </u> | 22 | 106,364 |
| 23 | For assets shown ab | | | - | | 1 | | | 1.1 | | |
| | portion of the basis a | | | | • • • • | <u>· · · </u> | 23 | | | | |

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

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

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

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

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| Federal Supporting Statements | 2015 PG01 |
|---|------------------|
| Name(s) as shown on return DANKA K MICHAELS MD PROF CORP | FEIN |
| | 56-237165 |
| FORM1125A - LINE 5 - OTHER COST | Statement #5 |
| | |
| DESCRIPTION | NOUN |
| LAB FEES | AMOUN |
| MEDICAL SUPPLIES NERVE CONDUCTION COSTS | 30,65 |
| ULTRA SOUND SERVICES | 8,12 66,00 |
| TOTAL | |
| TOTAL | 106,08 |
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| Form 1 | 1120S | K | K1 Comp | arison Worksheet | | 20 | 15 |
|----------|-------------------|-------------------------------|-----------|------------------|------------|----------------|---------|
| S CORPO | DRATION NAME | | (Keep for | r your records) | | | |
| | | S MD PROF CORP | | | | ем 56-2371 | 654 |
| | Description | | | Schedule K | K-1 Totals | | ference |
| er sp | Interest income . | income (loss) | | <u> </u> | 105 | ,756 | |
| 16 C | Nondeductible exp | ciation adjustment . enses | | 54 474 7 | | 54 474 7 | |
| | | | | | | | |
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| | Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-filed return Including with a paper filed return is optional. | urns. | 2015 |
|---|--|-------|-----------------|
| | | | EIN |
| DANKA K MICHAELS M | D PROF CORP | | 56-2371654 |
| Taxes and Licenses | Form 1120S | | Page 1, Line 12 |
| 1 State income taxes | | 1 | |
| 2 State franchise taxes | | 2 | |
| 3 City income taxes | | 3 | |
| 4 City franchise taxes | | 4 | |
| 5 Local property taxes | | 5 | |
| 6 Intangible property taxes | | 6 | |
| 7 Payroll taxes | | 7 | 113,027 |
| 8 Less: credit from Form 8846 | | 8 | |
| 9 Foreign taxes paid | | 9 | |
| 10 Occupancy taxes | | 10 | **** |
| Other miscellaneous taxes Built in gains tax allocated to or | | 11 | 6,548 |
| 12 Built in gains tax allocated to or13 Licenses | dinary income | 12 | |
| 13 LICENSES | | 13 | |
| 14 Total to Form 1120S, Page 1, L | ino 12 | | |
| | | 14 | 119,575 |
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| F | orm 1120S (Keep for your records) | 2015 |
|---|--|----------------------|
| | poration Name ANKA K MICHAELS MD PROF CORP | |
| | | 56-2371654 |
| | Analysis of Current-Year Retained Earnings | |
| 1 2 3 | Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25) | . 2 105.289 |
| 4 5 | Subtotal (combines lines 1 through 3) | • • 4 242,332 |
| 6 | Difference (line 4 minus line 5) (should be zero) | ••• 6 |
| | Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA | |
| 1 | Ending relained earnings (Schedule L, column d, line 24) | 1 242,332 |
| 2 3 | Beginning retained earnings (Schedule L, column b, line 24) | · 2 137,043 |
| 4 5 | Ending AAA plus OAA | . 5 137.043 |
| 6 | Difference (line 4 minus line 5) · · · · · · · · · · · · · · · · · · | · 6 105,289 |
| 7 8 9 10 11 12 13 14 | Current-Year Timing Adjustments per Schedule M-1 Subtractions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2) Other income recorded on books not included on Schedule K Other Schedule K not included on books Other Schedule K items not included on books Income included on Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3) Income included on Schedule K not recorded on books Income included on Schedule K not recorded on books Other items on books not included on Schedule K Schedule K items not included on Schedule K Income included on Schedule K Other items on books not included on Schedule K Income included on Schedule K Include I additions (lines 11 through 13) | |
| 15 | Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10) | · 15 |
| 16 17 | Current-Year Timing Adjustments Per Schedule M-3 Permanent or temporary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens appear on line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100. Permanent differences 10 Temporary differences 17 | |
| 18 | Timing adjustments not included on Schedule M-2 (combine lines 16 and 17) | • 18 |
| 19 20 21 22 | Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7 | · 20 · 21 105.289 |
| 23 | Net reconciliation difference (line 3 minus line 21 or 22) | · 23 |

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| of during current year. | | | | | | FORM 1120S | FORM 1120S | <u>-</u> | 0 | | | | | | 0 |
|-----------------------------------|-----------|------------|----------|------------------------|----------------|-------------------------|------------|----------|-------------|--------------|------------------|---------|--|---------------|---------|
| | | | | | | | ecords of | <u>V</u> | | | | Control | | | |
| DANKA K MICHAELS MD H | PROF CORP | | | | | | | | | | | 30018 | social security number/EIN 56-2371654 | ber/EIN 54 | |
| | Date | Cost | Salvage | Business percentage | Section 179 | Depreciation L Basis | Life Me | Method | Rate | # | Accumulated | Prior | Bí | Bonus | AMT |
| 1 DFFICE FURNITURE | 06252003 | 9,151 | | 100.00 | | 9.1517 | | + | | uepr. | Depreciation | exbeuse | depre | depreciation | Current |
| MEDICAL EQUIPMENT | 06252003 | 1,304 | | 100.00 | | 1 304 7 | | | | | 9,151 | | | | |
| 3 MED EQUIP | 07012005 | 17,576 | | 100.00 | 17,576 | | | | | | 1,304 | | | | |
| MED EQUIP | 07012006 | 164,054 | | 100.00 | 50,000 | 114.054 7 | | | | | 17,576 | | | | |
| MED EQUIP | 07012007 | 59,066 | | 100.00 | | 1 200, 211 | | | | | 164,054 | 50,000 | | | |
| MED EQUIP | 07012008 | 5 , 990 | | 100.00 | | 000,00 | <u>c1</u> | ~ | | | 59,066 | | | | |
| MED EQUIP | 08012008 | 15,550 | | 100.00 | | C 275 5 | | I II | 14.285 | 213 | 5,990 | | ΡY | 2,995 | 213 |
| SPA EQUIP | 07012009 | 48,720 | | 100.00 | 48.720 | | | лн | 14.280 | 554 | 15,550 | | ЪЛ | 7,775 | 554 |
| SOFTWARE | 07012009 | 1,868 | | 100.00 | | | | | | | 48,720 | 48,720 | | | |
| | 12282010 | 54,660 | | 100.00 | 54,660 | 0 5 | SI | УH | | | L, 868 | | Хđ | 934 | |
| | 02172010 | 5,854 | | 100.00 | 5,854 | | | | | | 7 01 | 54,660 | | | |
| | 07012012 | 1,437 | | 100.00 | 1,437 | 0 | ST. | μ | | | 1, 004 1, 104 | 5, 854 | | | |
| 13 DFFICE EQUIPMENT | 07012013 | 205 | | 100.00 | | 202 | | | | 6 | 1.43/ | 1,437 | | | |
| 14 MEDICAL EQUIPMENT | 07012013 | 4,417 | | 100.00 | | | | | 77.81 | 15 | 111 | | | | 32 |
| 15 LEASEHOLD IMPROVEMENT 10012013 | 10012013 | 424.671 | | 00 001 | | 1 60313 | 200 | | | 402 | 3,411 | | ЪХ | 2,208 | 402 |
| 16 SPA EQUIPMENT | 10012013 | 1 500 | | 00.001 | | 424,67115 | SL | QM | | 28,311 | 60,161 | | | | 28,311 |
| 17 OFFICE EQUIP AND FURN 07012015 | 07012015 | 00 2 2 2 2 | | 00.001 | | | 0 | | 19.68 | 295 | 708 | | | | 246 |
| | 51021020 | 102'06 | | 00.001 | | 49,125 7 | SL | λH | 7.143 | 3,509 | 52,635 | | CΥ | 49.126 | 3 500 |
| | CTOZTOIO | 000,14 | | 100.001 | | 20,5003 | SL | HX | 16.667 | 3,417 | 23,917 | | СХ | 20,500 | 3,417 |
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| Totals | | 955,274 | - | | 178.247 | 604 403 | | | | | | | | | |
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| 1 | | | | | | For your records only | or your records only | solt | | | | Sorial co | Rorlal security number/FIN | PAGE 1 |
|------------------------|--------------------------------|---------|---------|------------------------|----------------|-----------------------|----------------------|-----------------|-----------|------------------|-----------------------------|------------------|-----------------------------------|----------------|
| DANKA K MICHAELS MD PR | PROF CORP | | E . | | | | - | | | | | Social st | security number/EIN 56-2371654 | |
| | Date | Cost | Salvage | Business percentage | Section 179 | Depreciation Basis | Life | Method | Rate | Current depr. | Accumulated Depreciation | Prior expense | Bonus depreciation | AMT Current |
| | 06252003 | 9,151 | | 100.00 | | | - | | 0 | | 9, 151 | | | |
| | 06252003 | 1,304 | | 100.00 | | 1,304 | 2 | | 0 | | 1,304 | | | |
| | 07012005 | 17,576 | | 100.00 | 17,576 | 0 | ۍ د | | 0 | | 17,576 | 17,576 | | |
| | 07012006 | 164,054 | | 100.00 | 50,00d | 114,054 | 7 | | 0 | | 164,054 | 50,000 | | |
| | 07012007 | 59,066 | | 100.00 | | 59,066 | 2 | _ | 0 | | 59,066 | | | |
| | 07012008 | 5,990 | | 100.00 | | . 066'5 | | | 14.286 | | | | | |
| | 08012008 | 15,550 | | 100.00 | | 15,550 7 | 7 SL | хн т | 14.285 | 1,113 | | | | - |
| | 07012009 | 48,720 | | 100.00 | 48,720 | 0 | ۍ د | | 0 | | 48,720 | 48,720 | | |
| | 07012009 | 1,868 | | 100.001 | | 1,868 3 | <u>ო</u> | | 0 | | 1,868 | | | |
| | 12282010 | 54,660 | | 100.00 | 54,660 | 0 | 5 SL | Н НХ | 20 | | 54,660 | 54,660 | | |
| | 02172010 | 5,854 | | 100.00 | 5,854 | 0 | m | | 0 | | 5,854 | 5,854 | | |
| | 07012012 | 1,437 | | 100.00 | 1,437 | 0 | 5 SL | ТН . | 20 | | 1.437 | 1.437 | | |
| | 07012013 | 205 | | 100.00 | | 205 7 | | 0 DB | 18.22 | 37 | 111 | | | |
| JEDICAL EQUIPMENT | 07012013 | 4,417 | | 100.00 | | 4.417 | - | E C | 18 22 | . D B | 111 | | | |
| MENT | LEASEHOLD IMPROVEMENT 10012013 | 424,671 | | 100.00 | | 424 671 15 | | 1 | 1 2 2 2 2 | 110 00 | 101 03 | | | |
| | 10012013 | 1.500 | | 100 001 | | 1 500 7 | | 8 | 10.001 | 1100 | TOT OD | | | |
| FURN | OFFICE FOULP AND FURNO7012015 | 98 251 | | 100 001 | | , 100 JE1 - | | 3 | | 2 2 2 2 | 108 | | | |
| | | 10100 | | 00.004 | | 107'06 | | | CPT./ | 810'/ | 1, 018 | | | |
| | CTATANA | 000'15 | | 00.001 | | 41,000 | 3 S | ТН | 16.667 | 6,833 | 6,833 | | | |
| | ******** | | | | | | | | | | <u> </u> | | | |
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| | - | 955.274 | - | | 1.0 | | | | | | | | | |

Danka Michaels002183

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Next Year's Depreciation

2015

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

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| | Federal Filing Instructions | 2015 |
|--|--|---|
| Name(s) as shown on return DANKA K MICHAELS MD | PROF CORP | Your Social Security Number 56-2371654 |
| | | |
| Date to file by: | 03-15-2016 | |
| Form to be filed: | Form 1120S and supplemental forms a | nd schedules |
| Sign and date: | An officer must sign and date Form | 1120S on page 1. |
| Address to file: | Department of the Treasury Internal Revenue Service Ogden, UT 84201-0013 | |
| Refund: | Neither a refund nor a balance due | |
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ROBERT S SEMONIAN CPA PO BOX 5605 Ventura. CA 93005

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

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

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

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

Payment due upon receipt. Thank you for your business!

Danka Michaels002186

Total Balance Due

0.00

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

State/City Information

0

Ê

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

1120S TAX RETURN COMPARISON 2013 / 2014 / 2015

2015

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

Identifying number 56-2371654

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

SCHEDULE K - Shareholder's Share Items

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

1120S TAX RETURN COMPARISON 2013 / 2014 / 2015

2015

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

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

COMPARES.LD2

يرب دده مدمه

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

C.

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

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

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

EEA

| | Summary of St | ock Ov | vnership | | 2015 | i | |
|-------------------------|---------------|--------|-----------|--------|-------------------|----------|--|
| CORPORATION NAME | CUBB | | | ***** | ein 56-2371654 | | |
| Shareholder Information | | | Share | es | | ership | |
| Name | EIN/SSN | Туре | Beginning | Ending | Beginning | Ending | |
| ANKA MICHAELS | | | 1,000 | 1,000 | 100.00000 | 100.0000 | |
| FOTAL | | | 1,000 | 1,000 | | | |
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| Form 4868 | Application for Automatic Extension of Time | OMB No. 1545-0074 | | | | |
|--|---|-------------------|--|--|--|--|
| Department of the Treasury Internal Revenue Service (99) Informa | To File U.S. Individual Income Tax Return ation about Form 4868 and its instructions is available at www.irs.gov/form4868. | 2015 | | | | |
| Date to file by: | 04-18-2016 | | | | | |
| Payment: | \$0 | | | | | |
| Payment Method: | y order clude orm 4868" ash. To m. | | | | | |
| Address to file: | Department of the Treasury Internal Revenue Service Fresno, CA 93888-0045 | | | | | |
| Other Instructions: | An extension to file does not extend the time to pay your tax. You can also e-file Form 4868 and make payment by authorizing an electronic funds withdrawal from your checking or savings account. | | | | | |
| Taxpayer Records: | | | | | | |
| Amount Paid | | | | | | |
| Check Number | | | | | | |
| Date Mailed | | | | | | |

▼ DETACH HERE ▼

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

, see page EEA

PT MICH 30 0 201515 670

Danka Michaels002193

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

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

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

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

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

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

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

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

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



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

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

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

| s | i | g | n | а | t | u | r | e | |
|---|---|---|---|---|---|---|---|---|--|
| | | | | | | | | | |

Title > PRESIDENT

Date 🕨

EMPLOYER COPY ONLY DO NOT FILE THIS COPY WITH THE IRS

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

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

Instructions for Recipient

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

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

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

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

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

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

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

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

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

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

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

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

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

DXA

Depai tment of the Treasury - Internal Revenue Service

Instructions for Recipient

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Recipient

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DXA

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

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

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

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

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

ury

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

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

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

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

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

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

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

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

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

Instructions for Recipient

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

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

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

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

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.

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

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

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

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| ZIP | 1 Rents | 2 Royalties | OMB No. 1545-0115 |
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| PAYERS name, street address, city or lown, state or province, country, ZIP or foreign postal code, and telephone no DANKA K MICHAELS MD PROF CORP | | S | - 2016 |
| | \$ | \$ | Miscellaneous |
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| | 7 Nonemployee compensation | 8 Substitute payments in lieu | Form 1099-MISC |
| | |) s andenas or mareat | Copy E |
| | 9 Payer made direct sales of \$5,000 or more of consumer | 10 Crop insurance proceeds | For Recipien |
| 56-2371654 27-0780828 RECIPIENT'S name and address | |] s | This is important ta: information and is being |
| LLC | 11 | 12 | furnished to the Interna Revenue Service. If you are required to file a return, a |
| 4325 SOUTH WYNN RD #102 LAS VEGAS NV 89103 | | 14 Gross proceeds paid to an attorney \$ | negligence penalty or othe sanction may be imposed on you if this income is taxable and the IRS |
| | 15a Section 409A deferrals S | 15b Section 409A income \$ | determines that it has not been reported. |
| FATCA filing requirement | 16 State tax withheld \$ S | 17 State/Payer's state no | 18 State income \$ |
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| LAS VEGAS NV 891 | | s | s | |
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| | | \$ 15168.00 | 8 Substitute payments in lieu of dividends or interest | Form 1099-MIS |
| LAS VEGAS NV 891 | 29 | 5 7 Nonemployee compensation | Substitute payments in linu | Incom |
| 3320 N BUFFALO DR STE 106 | | 5 Fishing boat proceeds | 6 Medical & health care payments | Miscellaneou |
| | | \$ | \$ | |
| DANKA K MICHAELS | MD PROF CORP | 3 Other income | Federal income tax withheld | 2010 |
| PAYER'S name, street address, city or town, or foreign postal code, and telephone no | | 1 Rents | 2 Royalties | OMB No. 1545-0115 |

DXA

Instructions for Recipient

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

assigned to distinguish your account. FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8038 Amounts Shown may be subject to self-semployment (SE) taxi, if your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040) See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ESI(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, Iductances, or partnerships must report the amounts on the proper line of their tax returns.

Form 109-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly. If this form corrected, attach an explanation to your tax return and report your income correctly. Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. Box 0. Devote control for the set of the set of

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

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. Inte 7 (or Form 1040NR, line 8). You must also complete Form 8019 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, t 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 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Services Report only the include part as income on your return. Box 15a. May show current year deferrats as a nonemployee under a nonqualified deferred compensation (NODC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals. Box 15b. Shows income as a nonemployee under an NODC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in 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.

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

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

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

Instructions for Recipient

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

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

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

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

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

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

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

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

You received

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

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

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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.

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

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| PAYER'S name, street address, city or tov or foreign postal code, and telephone no | vn, state or province, country, ZIP | 1 Rents | 2 Royalties | OMB No. 1545-0115 |
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| DANKA K MICHAEL | | \$ | \$ | - 2016 |
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| 56-2371654 | | S5,000 or more of consumer products to a buyer (recipient) for resale | 10 Crop insurance proceeds | This is important ta |
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| ANNIE POLHAMER | | | | Revenue Service. If you are required to file a return, a |
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| MASTIC BEACH NY | 11951 | \$ | \$ | on you if this income is taxable and the IRS |
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CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country or foreign postal code, and telephone no Rents Royalties OMB No. 1545-0115 \$ DANKA K MICHAELS MD PROF CORP 3 Other income 4 Federal income tax withheld 2016 Miscellaneous 5 Fishing boat proceeds 3320 N BUFFALO DR STE 106 6 Medical & health care payments Income \$ LAS VEGAS NV 89129 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest 4625.00 Form 1099-MISC PAYER'S federal identification number RECIPIENT'S identification number Payer made direct sales of Copy 2 10 Crop insurance proceeds \$5.000 or more of consume 56-2371654 products to a buyer RECIPIENT'S name and address (recipient) for resale To be filed with recipient's state ANNIE POLHAMER income tax return, when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney SPAR DR 8 MASTIC BEACH NY 11951 \$ 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 18 State income 17 State/Paver's state no FATCA filing Account number (see instructions) \$ s IS Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service DXA

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For also may have a limit requirement, but not international of Point 0500. Amounts show may be subject to self-employment (SE) tax, if your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these amounts as explained in the box? Instructions on this page. Corporations, ifductaries, or partnerships must report the amounts on the proper line of their tax returns Security 2000 MSC incorect 21. It will be not 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.

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

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

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

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

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

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| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no | 1 Rents | 2 Royalties | OMB No. 1545-0115 |
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| DANKA K MICHAELS MD PROF CORP | \$ 3 Other income | S 4 Federal income tax withheld | - 2016 |
| 3320 N BUFFALO DR STE 106 | S Fishing boat proceeds | S Medical & health care payments | Miscellaneous |
| | S | S | Income |
| LAS VEGAS NV 89129 | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | Form 1099-MISC |
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| RECIPIENT'S name and address | roducts to a buyer (recipient) for resale |] s | This is important tag information and is being |
| PAUL SCOTT | 11 | 12 | furnished to the Interna Revenue Service. If you an required to file a return, |
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Rooten, mile 21). Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1046NR).

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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.

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 it box This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions in this

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

| PAYER S name, street address, city or town, state or provinc or foreign postal code, and telephone no | e, country, ZIP | 1 Rents | 2 Royafties | OMB No. 1545-0115 | |
|--|-------------------------------|---|--|---|--|
| DANKA K MICHAELS MD PR | | \$ 3 Other income | S Federal income tax withheld | 2016 | |
| | S Oner moune | \$ | Miscellaneous | | |
| 3320 N BUFFALO DR STE | 106 | 5 Fishing boat proceeds | 6 Medical & health care payments | Income | |
| LAS VEGAS NV 89129 | | 7 Nonemployee compensation | Substitute payments in lieu of dividends or interest | Form 1099-MISC | |
| ······································ | | \$ 9670.00 |) of dividends or interest | Copy E | |
| | identification number 2322815 | 9 Payer made direct sales of \$5,000 or more of consumer | 10 Crop insurance proceeds | For Recipien | |
| | 23220IJ | products to a buyer |] s | This is important ta information and is being | |
| RECIPIENT'S name and address | | (recipient) for resale | 12 | furnished to the Interna | |
| SERVICE MAX GREEN | | | | Revenue Service. If you are required to file a return, a | |
| 3110 SOUTH POLARIS STE | 2.4 | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | negligence penalty or othe sanction may be imposed | |
| LAS VEGAS NV 89102 | 24 | S | \$ | on you if this income is taxable and the IRS | |
| | | 15a Section 409A deferrals | 15b Section 409A income | determines that it has no | |
| | | \$ - 16 State tax withheld | 5 17 State/Payer's state no. | been reported. 18 State income | |
| Account number (see instructions) | FATCA filing | \$ | iii Gracen ayers State no. | S State insome | |
| ······································ | requirement | s | | ¢ | |

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

Instructions for Recipient

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

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

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

Report your income correctly Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rentered personal property as a business. Box 2. Report royalities from oil gas, or mineral properties, copyrights, and patients on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalities on timber, coat, and from ore, see Pub 544. Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable 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) In it is trade of subsiness income, report this amount on Schedule C or F (Form 1040). Box 4. Shows backup withholding or withholding notin 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 deparator 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 3). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21). 1040NR, line 21)

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

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

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

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

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

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

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

| PAYER'S name, street address, city or towr or foreign postal code, and telephone no | | ECTED (if checked) | 2 Royalties | OMB No. 1545-0115 |
|--|-----------------------------------|---|---|---|
| DANKA K MICHAELS | | \$ | \$ | - 2016 |
| | | 3 Other income | 4 Federal income tax withheld | |
| | DR STE 106 | S Fishing boat proceeds S | S Medical & health care payments S | Miscellaneous |
| LAS VEGAS NV 891 | . 29 | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | Form 1099-MIS |
| | | <u>\$ 41709.00</u> | C C C C C C C C C C C C C C C C C C C | Copy |
| PAYER'S federal identification number | RECIPIENT'S identification number | 9 Payer made direct sales of \$5,000 or more of consumer | 10 Crop insurance proceeds | For Recipier |
| 56-2371654 | 88-0428371 | products to a buyer | 1 | This is important ta |
| ECIPIENT'S name and address | | (recipient) for resale | 1 \$ | information and is beir furnished to the Intern |
| SONIC IMAGING | | 11 | 12 | Revenue Service. If you a required to file a return. |
| 6230 MCLEOD DR S | | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | negligence penally or othe sanction may be impose on you if this income |
| LAS VEGAS NV 891 | .20 | \$ | \$ | laxable and the IR |
| | | 15a Section 409A deferrals | 15b Section 409A income | determines that it has no |
| | | \$ | \$ | been reporte |
| | LONTON | 16 State tax withheld | 17 State/Payer's state no. | 18 State income |
| ccount number (see instructions) | FATCA filing requirement | \$ | | \$ |
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| PAYER'S name, street address, city or town, state or provin or foreign postal code, and telephone no. | ice. country, ZIP | 1 Rents | 2 Royalties | OMB No. 1545-0115 |
|--|------------------------------------|---|--|---------------------------------------|
| DANKA K MICHAELS MD PF | \$ 3 Other income | S Federal income tax withheld | 2016 | |
| 3320 N BUFFALO DR STE | 106 | \$ 5 Fishing boat proceeds | S 6 Medical & health care payments | Miscellaneous |
| LAS VEGAS NV 89129 | 100 | \$ | \$ | Income |
| | | 7 Nonemployee compensation \$ 41709.00 | Substitute payments in lieu of dividends or interest | Form 1099-MISC |
| | Sidentification number -0428371 | 9 Payer made direct sales of \$5,000 or more of consumer | 5 10 Crop insurance proceeds | - Сору |
| RECIPIENT'S name and address | | (recipient) for resale | \$ | To be filed wit |
| SONIC IMAGING | | 11 | 12 | recipient's stat income tax return |
| 6230 MCLEOD DR STE 140 |) | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | when required |
| LAS VEGAS NV 89120 | | \$ | \$ | |
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| | | 16 State tax withheld | 17 State/Payer's state no. | 18 State income |
| Account number (see instructions) | FATCA filing requirement | \$ | | \$ |
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Instructions for Recipient

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

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

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

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

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

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

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

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

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

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

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

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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/form1099mise*.

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

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

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

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

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

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

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

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

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

DXA

Instructions for Recipient

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Recipient

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

rwork Reduction Act Notice, see separate instru Pape EEA

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

Form 1120S (2016)

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

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Form 1120S (2016)

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

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Form 1120S (2016)

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

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Form 1120S (2016)

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

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

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

Form

Name

1125-E

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

DANKA K MICHAELS MD PROF CORP

Employer identification number 56-2371654

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

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

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

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

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

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

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Nevada Department of Taxation Nevada Commerce Tax Return

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

| FUIM | 1120S | n-ni Compar | ison Worksheet | | | 2016 | | |
|------|-------------------------------------|-------------|----------------|------------|------|-----------------------|--|--|
| | <u>.</u> | (Keep for y | our records) | | | | | |
| | | | EIN | 0074654 | | | | |
| DANI | KA K MICHAELS MD PROF COR | | Schedule K | K-1 Totals | 56- | 2371654 Difference | | |
| | Description | T | | K-1 Iolais | | Difference | | |
| 1 | Orninary business income (loss) | | (46,917) | (46, | 917) | | | |
| 4 | Interest income | | 4 | | 4 | | | |
| | Post - 1986 depreciation adjustment | | 20 | 1864 | 20 | | | |
| 16 0 | Property distributions | ••••• | 8,240 | 8, | 240 | | | |
| /1 | investment income | | 4 | | | | | |
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| Shareholder's name | Schedule K-1 | Distribution Informa | ation | 2016 Shareholder's ID Number | | | | | | | | |
|----------------------|---------------------------------------|--|----------|---|--|--|--|--|--|--|--|--|
| DANKA MICHAEL | S | | | S Corporation's EIN | | | | | | | | |
| | ELS MD PROF COR. | P | | 56-2371654 | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | |
| Date of Distribution | Total Amount of Distribution | Ownership % at Date of Distribution | Shares | Shareholder's Pro Ra Share of Distributior | | | | | | | | |
| 12-31-2016 | 8,240 | 100.00 | 1000.000 | 00 8,240 | | | | | | | | |
| TOTAL | | | | 8,240 | | | | | | | | |
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| | Summary of Sto | ock Ov | vnership | | 2016 | 5 | | | | | | | |
|--|----------------|--------|-----------|---------------------------|-----------------|----------|--|--|--|--|--|--|--|
| CORPORATION NAME DANKA K MICHAELS MD PROF | CORD | | | | | | | | | | | | |
| Shareholder Information | CORF | | ès | 56-2371654 % Ownership | | | | | | | | | |
| Name | EIN/SSN | Туре | Beginning | Ending | Beginning Endin | | | | | | | | |
| DANKA MICHAELS | | | 1,000 | 1,000 | 100.00000 | 100.0000 | | | | | | | |
| FOTAL | | | | | | | | | | | | | |
| | | | 1,000 | 1,000 | | | | | | | | | |
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| | Listing of Shareholder Distributions | 2016 |
|----------------------------|--------------------------------------|--------------------------------|
| Name(s) as shown on return | | Employer Identification Number |
| DANKA K MICH | AELS MD PROF CORP | 56-2371654 |
| | | |
| | | |
| Date | | Amoun |
| 12-31-2016 | | 8,24 |
| TOTAL | | |
| IOIND | | 8,24 |
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| | Schedule M-2/Retained Earnings Worksheet | |
|--|--|------------------------------------|
| Form 1120S | (Keep for your records) | 2016 |
| Name(s) as shown on return DANKA K MICHA | ELS MD PROF CORP | Tax ID Number 56-2371654 |
| | | |
| | Analysis of Current-Year Retained Earnings | |
| Book income (loss) Distributions (Sched Subtotal (combines | earnings per balance sheet (Schedule L, column b, lines 24 and 25) | 2 (46,913 3 (8,240 4 187,179 |
| 6 Difference (line 4 n | ninus line 5) (should be zero) | 6 |
| Curren | t-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA | |
| 1 Ending retained earl | nings (Schedule L, column d, line 24) | 1 187,179 |
| 2 Beginning retained e | earnings (Schedule L, column b, line 24) | 2 242,332 |
| 4 Ending AAA plus OA | Α | 4 187,179 |
| | OAA ••••••••••••••••••••••••••••••••••• | |
| 6 Difference (line 4 mi | nus line 5) · · · · · · · · · · · · · · · · · · | 6 (55,153 |
| Current-Year Timin | g Adjustments per Schedule M-1 | |
| | et income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2) | |
| | led on books not included on Schedule K • • • • • • • • • • • • 77 | |
| | equile k not included on books | |
| | nes 7 through 9) | |
| Additions to net inco | me per books (Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3) | |
| 11 Income included on | Schedule K not recorded on books | - |
| 12 Depreciation on boo | ks not included on Schedule K · · · · · · · · · · · · · · · · · · | |
| | s not included on Schedule K | |
| • | 11 through 13) | |
| | | A1003410-10- |
| Permanent or tempo | g Adjustments Per Schedule M-3 rary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens appear 7 as opposite of the actual entries. For example, an entry of -100 would appear as 100. | |
| 16 Permanent differenc | es •••••••••••••••••••••••••••••••••••• | |
| 17 Temporary difference | es • • • • • • • • • • • • • • • • • • • | |
| 18 Timing adjustments | not included on Schedule M-2 (combine lines 16 and 17) | 18 |
| | d on Schedule K, line 16d, not allowed on Schedule M-2, line 7 | |
| 20 Adjustments to retain | ned earnings (Schedule L, line 25 column d minus Schedule L, line 25, column b) | 20 |
| 21 M-2 amount after M- | 1 timing adjustments (add lines 6, 15, 19, and 20) | 21 (55,153) |
| 22 M-2 amount after M- | 3 timing adjustments (add lines 6, 18, 19, and 20) | 22 |
| 23 Net reconciliation of | lifference (line 3 minus line 21 or 22) | 23 |

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

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

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Danka Michaels002279

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

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

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ROBERT S SEMONIAN CPA

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

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

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

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

Payment due upon receipt. Thank you for your business!

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

Phone:

Demographics

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

Resident State: NV

Diagnostics

Preparer: ROBERT S SEMONIAN Invoice:

Return Information

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

State/City Information

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

NVTXR_30

Danka Michaels002283

Date: 05-31-2017

1120S TAX RETURN COMPARISON 2014 / 2015 / 2016

2016

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

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

SCHEDULE K - Shareholder's Share Items

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

2014

2015

1120S TAX RETURN COMPARISON 2014 / 2015 / 2016

2016

 Page 2

 Name(s) as shown on return
 Identifying number

 DANKA K MICHAELS MD PROF CORP
 56-2371654

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

COMPARES.LD2