IN THE SUPREME COURT OF THE STATE OF NEVADA

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

Appellant,

VS.

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

Respondent;

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

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

APPENDIX

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ATTORNEYS FOR APPELLANT ATTORNEYS FOR RESPONDENT

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and

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Declaration of Service

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Plaintiff's Trial Exhibit 76 - Wells Fargo Checking ending 3436 titled in the names of	02/14/2020	XXX/AA07015- 07016	
Thomas A. Pickens and Danka K. Michaels 01/01/2015 through 12/31/15			
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 12/16/15 through 12/15/16	02/14/2020	XXX/AA07061- 07092
Plaintiff's Trial Exhibit 88 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/16 through 12/15/17	02/14/2020	XXX/AA07093- 07095
Plaintiff's Trial Exhibit 89 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/17 through 12/15/18	02/14/2020	XXX/AA07096- 07204
Plaintiff's Trial Exhibit 90 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/18 through 04/14/19	02/14/2020	XXX/AA07205- 07228
Plaintiff's Trial Exhibit 93 - Lowes house summary with supporting Wells Fargo Home Mortgage #9607 (PMA #3436) titled in the names of Danka Katarina Michaels and Thomas A. Pickens 07/02/14 through 07/01/2016	02/14/2020	XXX/AA07229- 07230
Plaintiff's Trial Exhibit 97 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/10 through 12/08/11	02/14/2020	XXX/AA07231
Plaintiff's Trial Exhibit 98 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/11 through 12/07/12	02/14/2020	XXX/AA07232- 07236

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

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Motion to Dismiss

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05/13/2019

II/AA00468-

00495

to EDCR 5.503(e)

Appendix of Exhibits to Plaintiff's Response

and Opposition to Defendant's Motion to

Compel Discovery Responses

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ALPHABETICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII **DESCRIPTION** DATE FILED VOL./PAGE NO. 11/21/2018 Declaration of Danka K. Michaels in Support of II/AA00330-00332 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 *Michoff*; and to Set Aside Deeds of Real Property and Assignment of L.L.C. Interest; Affirmative Defenses and Counterclaim Declaration of Service 07/13/2018 I/AA00230 Declaration of Service 07/19/2018 I/AA00238 V/AA00844 Declaration of Service 09/05/2019 Declaration of Service 11/01/2019 V/AA00882 V/AA00886 Declaration of Service 12/20/2019 V/AA00910 Declaration of Service 02/04/2020 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 08/25/2021 XII/AA02658-02671 Fees and Costs Defendant's Closing Argument Brief XI/AA02444-05/28/2021 02467 Defendant's EDCR 7.27 Brief 04/02/2021 XI/AA02302-02320 Defendant's Motion to Compel Discovery 04/22/2019 II/AA00441-00458 Reponses Defendant's Pre-Trial Memorandum 02/07/2020 V/AA00914-00932 Defendant's Reply to Plaintiff's Objection to 09/20/2021 XIII/AA02855-Memorandum of Fees and Costs 02885 Defendant's Second Supplemental Witness List 12/27/2019 V/AA00887-

00891

(Non-Expert)

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Plaintiff's Trial Exhibit 152 - Plaintiff email dated December 2, 2016	02/14/2020	XXXIII/AA 07999- XXXIV/AA 08018
Plaintiff's Trial Exhibit 153 - Plaintiff email dated June 30, 2014	02/14/2020	XXXIV/AA 08019-08202
Plaintiff's Trial Exhibit 154 - #002651 Emails between Dr. Michaels and R. Semonian	02/21/2020	XXXIV/AA 08203-08209
Plaintiff's Trial Exhibit 155 – NV Prescription Monitoring Program	02/21/2020	XXXIV/AA 08210-08247
Plaintiff's Trial Exhibit 156 – Request to appeal denial of unemployment benefits	02/21/2020	XXXIV/AA 08248
Plaintiff's Trial Exhibit 16 - 2012 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03373- 03429
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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
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ALPHABETICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII DATE FILED DESCRIPTION VOL./PAGE NO. Plaintiff's Trial Exhibit 89 - American Express 02/14/2020 XXX/AA07096-Statements #72004 Thomas Pickens card #73002 07204 Danka Michaels card #72020 12/16/17 through 12/15/18 Plaintiff's Trial Exhibit 9 - 2005 1040 Income XIV/AA3165-02/14/2020 03180 Tax Return for Thomas A. Pickens Plaintiff's Trial Exhibit 90 - American Express 02/14/2020 XXX/AA07205-Statements #72004 Thomas Pickens card #73002 07228 Danka Michaels card #72020 12/16/18 through 04/14/19 Plaintiff's Trial Exhibit 93 - Lowes house 02/14/2020 XXX/AA07229summary with supporting Wells Fargo Home 07230 Mortgage #9607 (PMA #3436) titled in the names of Danka Katarina Michaels and Thomas A. Pickens 07/02/14 through 07/01/2016 Plaintiff's Trial Exhibit 97 - American Express 02/14/2020 XXX/AA07231 Statements #63006 titled in the name of Thomas Pickens 12/08/10 through 12/08/11 Plaintiff's Trial Exhibit 98 - American Express 02/14/2020 XXX/AA07232-Statements #63006 titled in the name of Thomas 07236 Pickens 12/09/11 through 12/07/12 Plaintiff's Trial Exhibit 99 - American Express 02/14/2020 XXX/AA07237-Statements #63006 titled in the name of Thomas 07239 Pickens 12/08/12 through 12/08/13 Receipt of Check 06/03/2019 III/AA00544 Receipt of Copy 02/11/2020 V/AA00963 XIV/AA03055-Receipt of Copy 11/10/2021 03069 XXXVII/AA Receipt of Copy 11/10/2021 08939 Reply in Support of Defendant's Motion to 05/15/2019 III/AA00517-Compel Discovery Responses 00522 I/AA00212-00219 Reply to Defendant's Counterclaim 05/30/2018

ALPHABETICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII DATE FILED DESCRIPTION VOL./PAGE NO. Reply to Defendant's Counterclaim 12/12/2018 II/AA00337-00344 Reply to Opposition to Defendant's Motion for 09/06/2019 V/AA00862-Summary Judgement, to Dismiss, for Protective 00879 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) Reply to Opposition to Defendant's Motion to I/AA00125-00141 01/09/2018 Dismiss and Opposition to Countermotion for Attorney's Fees and Costs Request for Issuance of Joint Preliminary 10/25/2017 I/AA00016 Injunction Satisfaction and Release of Lien 07/31/2019 III/AA00565-00566 Second Amended Complaint for Equitable 10/15/2018 II/AA00288-00305 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 Michoff; and to Set Aside Deeds of Real Property and Assignment of L.L.C. Interest Second Amended Notice of Taking Videotaped II/AA00379-03/05/2019 Deposition 00381

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

ALPHABETICAL INDEX OF APPELLANT'S APPENDIX VOLUME XIII OF XXXVII DATE FILED VOL./PAGE NO. **DESCRIPTION** Transcript RE: Non-Jury Trial Day 3 XIII/AA02957-10/28/2021 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 V/AA00899-Trial Subpoena Shannon L. Evans, Esq. 01/28/2020 00905

Depreciation and Amortization Form 4562 OMB No. 1545-0172 (Including Information on Listed Property) 2009 Department of the Treasury Attachment See separate instructions. Internal Revenue Service Attach to your tax return. Sequence No. 67 Name(s) shown on return Business or activity to which this form relates ldentifying number DANKA FORM 1120S K MICHAELS MD PROF CORP 56-2371654 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 250,000 Total cost of section 179 property placed in service (see instructions) 2 50,588 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 0 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 250,000 (a) Description of property (b) Cost (business use only) 6 SPA EQUIP 48,720 48,720 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 48,720 9 48,720 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 250,000 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 48,720 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 . > 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 934 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 32,642 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in (e) Convention (business/investment use (f) Method (9) Depreciation deduction period only-see instructions) service 19a 3-year property 934 HY S/L 156 b 5-year property C 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real MM S/L MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L

EEA

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

Summary (see instructions)

Listed property. Enter amount from line 28

Form **4562** (2009)

22

33,732

7004

Form (Rev. December 2008) Department of the Treasury Internal Revenue Service

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

▶ See separate instructions.

OMB No. 1545-0233

	Name			klentifying mamber
Type or				
Print	DANKA K MICHAELS			<u> 56-2371654</u>
File by the due date for the	Number, street, and room or suite no. (If P.0	O, box, see instruction	is.)	
return for which	7373 PEAK DR NO	160		
an extension is	City, town, state, and ZIP code (If a foreign	address, enter city, pr	ovince or state, and country (follow the country's practice	for entering
requested. See instructions.	postal code)).			
	LAS VEGAS		NV 89134	
	ons before completing this form.			
	tomatic 5-Month Extension Complete			
	n code for the return that this applicat	ion is for (see be	low) · · · · · · · · · · · · · · · · · · ·	
Application		Form	Application	Form
Is For:	***************************************	Code	Is For:	Code
Form 1065		09	Form 1041 (estate)	04
Form 8804		31	Form 1041 (trust)	05
	tomatic 6-Month Extension Complete			
	n code for the return that this applicat			2 5
Application		Form	Application	Form
Is For:	***************************************	Code	Is For:	Code
Form 706-GS(D)	***************************************	01	Form 1120-PC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Form 706-GS(T)		02	Form 1120-POL	22
Form 1041-N		06	Form 1120-REIT	23
Form 1041-QFT		07	Form 1120-RIC	24
Form 1042		08	Form 1120-S	25
Form 1065-B		10	Form 1120-SF	26
Form 1066		11	Form 3520-A	27
Form 1120		12	Form 8612	28
Form 1120-C		34	Form 8613	29
Form 1120-F		15	Form 8725	30
Form 1120-FSC		16	Form 8831	32
Form 1120-H		17	Form 8876	33
Form 1120-L		18	Form 8924	35
Form 1120-ND		19	Form 8928	36
Form 1120-ND (sec		20		
		s not have an off	ice or place of business in the United States,	
		• • • • • • •		
			roup that intends to file a consolidated return	
				ر ا
		dress, and Emplo	yer Identification Number (EIN) for each mer	nber
covered by thi				
<u> </u>	Filers Must Complete This Part			
			r Regulations section 1.6081-5, check here	
5a The application	in is for calendar year 20 <u>09</u> , or t	ax year beginnin	g , 20 , and ending	, 20
t				
,	r. If this tax year is less than 12 month	-		
Initial retu	rn Final return	Change in	accounting period Consolidate	ed return to be filed
				ŧ
6 Tentative total	I tax • • • • • • • • • • • • • • • • • • •	• • • • • • •	• • • • • • • • • • • • • • • • • • • •	6 0
			u marina	
7 Total payment	ts and credits (see instructions)	• • • • • • • •	· · · · · · · · · · · · · · · · · · ·	7 0
	Subtract line 7 from line 6. Generally		•	
Electronic Fe	deral Tax Payment System (EFTPS	S), a Federal Tax	Deposit (FTD) Coupon, or	
			s)	8 0
For Privacy Act and	d Paperwork Reduction Act Notice	, see separate l	nstructions. EEA	Form 7004 (Rev. 12-2008)
				Danka Michaels001803

IRS e-file Signature Authorization OMB No. 1545-1863 Form 8879-S for Form 1120S 2009 For calendar year 2009, or tax year beginning , 2009, ending Department of the Treasury Internal Revenue Service ▶ See instructions. Do not send to the IRS. Keep for your records. Name of comoration DANKA K MICHAELS MD PROF CORP Part I Tax Return Information (Whole dollars only) 1,123,157 2 1,005,858 Ordinary business income (loss) (Form 1120S, line 21) 3 65,688 А Net rental real estate income (loss) (Form 1120S, Schedule K, line 2) 4 17,102 Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return) Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2009 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize ROBERT S SEMONIAN CPA ERO firm name on the corporation's 2009 electronically filed income tax return. As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2009 electronically filed income tax return. Date ▶ <u>2010-08-20</u> Title ▶ <u>PRESIDENT</u> Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95088498765 I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date ▶ 08-12-2010 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see Instructions.

EEA

Form 8879-S (2009)

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

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

1120S	Overflow Statement	p	2009 age 1
ame(s) as shown on return DANKA K MICHAELS MD F		FEIN	2371654
	MISC TAXES		
escription EVADA MODIFIED BUSIN	ESS TAX	Ame S	ount 8,673
		Total: \$	8,673

Form	1120\$	K-K1 Co	mparison Workshee	et	2009
		(Ke	ep for your records)		
SCOR	PORATION NAME				EIN
DAN		S MD PROF CORP			56-2371654
	Description	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)	444444444444444444444444444444444444444		
3	Other net rental incom	e (loss)	***************************************		
4	Interest income · · ·	• • • • • • • • • • • • • • • • • • • •	134	134	
5 a	Ordinary dividends .				
b	Qualified dividends -		***************************************		
		***************************************	***************************************		
6	Royalties · · · · ·		***************************************		_
7	Net short-term capital	gain (loss)	***************************************		-
8 a	Net long-term capital of	ain (loss)			
b		(loss)	**************************************		
С	Unrecaptured section			***************************************	
	•	3	***************************************		
9	Net section 1231 gain	(loss) · · · · · · · · · · · · · · · · · ·			
10 A	Other portfolio income	(loss)			
В	Involuntary conversion	` '			
C	-	straddles			•
D		ts recapture			
Ε	- ·				
	0.000				***************************************
11	Section 179 deduction		48,720	48,720	_
12 A	Cash contributions (50	%)			
В)			
С		(50%)			
D		(30%)	***************************************		-
E		a 50% organization (30%)			
F		20%)			
G					
Н	Investment interest exp	í			***************************************
1	Deductions - royalty inc	come	***************************************		
J	Section 59(e)(2) expen	ditures	***************************************		
K	Deductions - portfolio (2% floor)	***************************************		
L	Deductions - portfolio (other) · · · · · · · · · · · · · · · · · · ·			
M	Preproductive period e	xpenses · · · · · · · · · · · · · · · · · ·	***************************************		
N	Commercial revitalizati	on ded. from real estate		***************************************	
0	Reforestation expense	deduction · · · · · · · · · · · · · · · · · · ·			
Р	Domestic production a	ctivities information · · · · · ·			
Q	Qualified production ac	ctivities income	**************************************		
R	Employer's W-2 wages				

Form	1120S		nparison Workshee	ıt	2009
S CORE	PORATION NAME	(Keep	for your records)		EN .
		S MD PROF CORP		1	
DAM.	Description Lines 13		Schedule K	K-1 Totals	56-2371654 Difference
			Ochedule IX	N-1 TOCAIS	Difference
13 A	Low-income housing c	redit (section 42(j)(5)) Pre 2008			
В	Low-income housing c	I			***************************************
С	•	redit (section 42(j)(5)) Post 2007 ·			
D	Low-income housing c			***************************************	
Е		expenditures (rental real estate)		***************************************	
F		credits · · · · · · · · · · · ·			*****
G	Other rental credits .			***************************************	
Н	Undistributed capital ga	ains credit		***************************************	
I	Alcohol and cellulosic l	biofuels credit			
J	Work opportunity credi	t		***************************************	
K	Disabled access credit				
L	Empowerment zone &	rental comm. employment credit			
M	Credit for increasing re	esearch activities · · · · · · ·			
N	Credit for employer so	cial security and Medicare taxes .			***************************************
0	Backup withholding .		**************************************		
Р	Other credits · · · ·				
		-			***************************************
14 B	Gross income from all	sources			
C	Gross income sourced	at partner level			
D	Passive category · ·				**************************************
Ε	General category · ·				
F	Other category · · ·				***************************************
G	Interest expense · ·	• • • • • • • • • • • • • • • • • •			
Н	Other • • • • • • •				
ı	Passive category · ·	• • • • • • • • • • • • • • • • • • • •			
J	General category · ·				
K	Other category · · ·				
L	Total foreign taxes paid	1			
М	•	rued · · · · · · · · · · · · · · · · · · ·			
N		ilable for credit			
0	Foreign trading gross re	eceipts · · · · · · · · · · · · · · ·			
Р	Extraterritorial income	-			
Q	Other foreign transaction	ons · · · · · · · · · · · · · · · ·			

Form 1	11208		mparison Worksheet		2009
S CORP	ORATION NAME		<u> </u>		EIN
DANK	A K MTCHAELS	MD PROF CORP			56-2371654
MALALIA.	Description Line		Schedule K	K-1 Totals	Difference
15 A B C D E F	Adjusted gain or loss Depletion (other than of Oil, gas & geothermal- Oil, gas & geothermal-	on adjustment			
16 A B C D E	Other tax-exempt incor Nondeductible expense Property distributions	ome · · · · · · · · · · · · · · · · · · ·	115 25,000	115 25,000	
17 a b c C D E F	Investment expenses Dividend distributions p Qualified rehabilitation expens Basis of energy proper Recapture of low-incom Recapture of low-incom	paid from A & E ditures (other than rental real est.) ty ne housing credit (sec. 42)j)(5)) ne housing credit (other)	134	134	

Recapture of other credits Look-back interest-completed long-term contracts · · · · Look-back interest-income forecast method Dispositions of property with section 179 deductions . . Recapture of section 179 deduction

P Interest allocable to production expenditures · · · · · · Q CCF nonqualified withdrawals R Information needed to figure depletion-oil and gas · · · S Amortization of reforestation costs

Other information

N

	Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-filed returns. Including with a paper filed return is optional.		2009
SC	ORPORATION NAME		EIN
DAI	NKA K MICHAELS MD PROF CORP		56-2371654
Тах	res and Licenses Form 1120S		Page 1, Line 12
1	State income taxes	1	
2	State franchise taxes	2	
3	City income taxes	3	
4	City franchise taxes	4	
5	Local property taxes	5	
6	Intangible property taxes	6	
7	Payroll taxes	7	31,905
8	Less: credit from Form 8846	8	
9	Foreign taxes paid	9	
10	Occupancy taxes	10	
11	Other miscellaneous taxes	11	8,673
12	Built in gains tax allocated to ordinary income	12	
13	Licenses	13	960
14	Total to Form 1120S, Page 1, Line 12	14	41,538

Fo	Schedule M-2/Retained Earnings Reconciliation Worksheet rm 1120S (Keep for your records)	2009
S-CO	RPORATION NAME	EIN
DA	NKA K MICHAELS MD PROF CORP	56-2371654
1 2 3 4 5	Analysis of Current Year Retained Earnings Beginning Retained Earnings per Balance Sheet (Sch L, Column b, Lines 24 and 25)	16,987 (25,000) 23,195 23,195
	Current Year Change to Retained Earnings Compared to Current Year Change to AAA & OAA Ending Retained Earnings (Sch L, Column d, Line 24)	31,208 (8,013)
	Ending AAA Plus OAA · · · · · · · · · · · · · · · · · ·	
	Beginning AAA Plus OAA · · · · · · · · · · · · · · · · · ·	<u> </u>
13 14 15 16	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): Tax exempt interest · · · · · · · · · · · · · · · · · · ·	(0,013)
18 19 20 21 22	Additions to Net Income Per Books (Schedule M-1, Lines 2 and 3 - not included on Schedule M-2): Income included on Schedule K not recorded on books	
	Net Timing Adjustments (Line 17 minus Line 22)	
	Adjustments to Retained Earnings · · · · · · · · · · · · · · · · · · ·	
	Retained Earnings Change (Line 12 plus Line 23 thru 25)	(8,013)
27	Net reconciliation difference (Line 9 minus Line 26) (should be zero)	1010101
	· · · · · · · · · · · · · · · · · · ·	

Form 1120S	S CORPORA	TION BUSIN	JESS INCOME	LIMIT WORKSHE	EET	2009
		(Kee _l	p for your records)			2005
S Corporation Name DANKA K MICHA	AELS MD PROF	CORP				56-2371654
Dollar limitation for tax						
2 Ordinary business inco					55,688	<u>}</u>
3 Less: Credit amounts	that reduced expenses of	or increased inco	ome · · · · · ·	* * * • •		
4 Plus: Compensation p	aid to shareholder-emple	oyees (Form 11:	20S, Page 1, Lines	7 and 8) <u>20</u>	2,500	<u>) </u>
5 Adjusted ordinary busi	ness income (loss) (Cor	nbine lines 2 thr	rough 4)	26	58,188	<u> </u>
6 Net rental real estate in	ncome (loss) (Form 112	0S, Page 2, Sch	n K, Line 2) • • • •			
7 Other net rental incom	e (loss). (Form 1120S, F	Page 2, Line 3c)		* * * * *		
8 Interest Income (Form	1120S, Page 2, Line 4)				134	<u> </u>
9 Dividends (Form 1120	S, Page 2, Line 5a)					
10 Royalties (Form 11208	S, Page 2, Line 6) · · ·			• • • •		
11 Net short term capital (gain (loss) (Form 1120S	, Page 2, Line 7)			******
12 Net long-term capital g						
13 Net section 1231 gain						
14 Other Income (Form 1						
15 Charitable Contribution						
16 Investment interest exp	penses (Form 1120S, Pa	age 3, Line 12b)				
17 Section 59(e)(2) exper	nditures (Form 1120S, P	age 3, Line 12c((2))			
18 Other deductions (Form	m 1120S, page 3, Line 1	2d)				
19 Total business income	(loss). Combine lines 4	through 18				·268,322
20 Business income limit	ation. Lesser of line 1 of	r line 19, but no	t < zero. Enter here	e and on Form 4562, lir	ne 11 •	. 250,000
		Year	Elected	Used in	Use	ed in Remaining
Distribution among asset 1120 SPA EQUIT		Acquired	Section 179	prior years	200	
TOTAL ALLOWABI	LE (4562 LN 1	•	48,720	48,720	48,7	
						İ

						ă	Depreciation Detail Listing	on D	etail L	istin.	5 1					2009	മ
							For you	our records	For your records only							PAGE	
Name	Name(s) as shown on return													Socia	Social security number/EIN	ALIN THE	***************************************
1	DANKA K MICHAELS MD PROF CORP	OF CORP	·												56-2371654		
Š.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	g F	Method		Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	us tion	AMT Current
r-i	OFFICE FURNITURE	20030625	9,151		100.00		9,151	1 7		╂	14.286	1,307	8,224				1,307
2	MEDICAL EQUIPMENT	20030625	1,304		100.00		1,304	<u>-</u>			14.286	186	1,170		***	***************************************	186
m ·	LEASEHOLD IMPROVEMENT 20030625	20030625	73,188		100.00		73,18	3 15		HY 6	6.667	4,879	30,697			· Radio	4,879
est i	MED EQUIP	20050701	17,576		100.00						0		17,576				
ın (MED EQUIP	20060701	164,054		100.00	50,000					14.286	16,293	107,026	50,000			16,293
٥	MED EQUIP	70/0/07	29,066	_	700.0d		990'66	_			14.286	8,438	21,095				8,438
7	MED EQUIP	20080701	5,990	_	100.00		2,995				14.286	428	3, 637		ρΥ	2,995	428
1 0	MED EQUIP	20080801	15,550	_	100.00		7,7				14.286	1,111	9,441		Ъď	7,775	1,111
თ	SPA EQUIP	20090701	48,720	_	100.00	48,720					0	48,720	48,720				48,720
10	SOFTWARE	20090701	1,868		100.00		934 3	er .	S/L	нү	16.667	156	1,090		CY/50	934	156
	Totals		396,467			116,296	268,467			-		81,518	248,676	67,576	CY	934	81,518
	Land Amount Net Depreciable Cost		396,467												ST ADJ:		(759)

Name(s) as shown on return						For your records only	ecords	only				Social	Social security number/EIN	***************************************
DANKA K MICHAELS MD PROF CORP	ROF CORP												56-2371654	
Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	eg.	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT
OFFICE FURNITURE MEDICAL EQUIPMENT LEASEHOLD IMPROVEMENT 20050701 MED EQUIP MED EQUIP MED EQUIP SOFTWARE SOFTWARE 20090701 20090701 20090701	20030625 20030625 20030625 20050701 20050701 20080601 20090701 20090701	9,151 1,304 17,576 164,054 5,990 15,550 48,720 1,868		100.00 100.00 100.00 100.00 100.00 100.00			S/L S/L S/L S/L S/L S/L S/L S/L S/L		14.28 6.667 14.28 14.28 14.28 14.28 16.66					
\(\sigma \)		396.467			316 296	780 171		The state of the s			350 756	9 E 3 E 5		
Totals		396,467			116,296	280,171				83,211	239,435	67,576		

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

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			Ÿ
Form 1120S	- U.S. S Corp Income Tax Return Page 3			
Form 1120S	- U.S. S Corp Income Tax Return Page 4			
Schedule K-1	- Shareholder's Share of Income			
Form 4562	- Depreciation and Amortization			
Form 7004	- Application for Automatic Extension			
Form 8879-S	- E-File Signature Authorization for 11	20S		
Statement 1120	S - Subsidiary Schedule for 1120S			
	- Form 1120S Statement - Line 19			
Statement 29	- Schedule M-2 Statement - Line 3			
Statement 30	- Schedule M-2 Statement - Line 5			
K-K1 Compariso	n - Comparison of Schedule K to K-1			
K-K1 Compariso	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

Invoice Date: 08/12/2010

1120\$	Sub S Corporation Diagnostic Summary	2009
Name		Employer Identification #
DANKA K MICHAELS	S MD PROF CORP	56-2371654

Demographics

Mailing Address: 7373 PEAK DR NO 160

LAS VEGAS, NV 89134

Phone:

Resident State:

NV

Diagnostics

Preparer: ROBERT S SEMONIAN

Invoice:

Date: 08-12-2010

Return Information

Item on Return	2009	2008 Federal
ment on Ketuin	Federal	(If available)
Total Assets	211,105	207,078
Number of Shareholders	1	1
Gross Receipts/Sales	1,123,157	833,618
Total Income	1,005,858	829,524
Total Deductions	940,170	801,457
Ordinary Income	65,688	28,067
Тах		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due		
2220 Penalty		
Total Equity	40,195	48,208

State/City Information

 State/City
 Gross
 Taxable Income
 Composite Tax
 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
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

OOTIEDOEE IT - OHDIOHOIGGI S OHDIO (C)	110			
Income			1000	
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

DANKA K MICHAELS MD PROF CORP

Page 2 Identifying number 56-2371654

DIFFERENCE 2007 2008 2009 **Deductions** FEDERAL **FEDERAL** BETWEEN 2008 & 2009 **FEDERAL** Section 179 deduction . . 48,720 48,720 Contributions 250 133 (133)Investment interest expense . Section 59(e)(2) expenditures Other deductions Credits Low-income housing credit (section 42(j)(5)) Low-income housing credit (other) . . . Qualified rehabilitation expenditures (rental real Other rental real estate credits Credit for alcohol used as fuel Foreign Transactions Gross income from all sources Gross income sourced at shareholder level Foreign gross income sourced at corporate level Deductions allocated and apportioned at shareholder level Deductions allocated / apportioned at corp. level to foreign source inc. Total foreign taxes paid or accrued . . . Reduction in taxes available for credit . . Alternative Minimum Tax (AMT) items Post-1986 depreciation adjustment - · · · 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 59 115 15,000 25,000 25,000 Repayment of loans from shareholders 54,697 Other information Investment income 134 134 Investment expenses Dividend distributions paid from accum earnings and profits **RESIDENT STATE** Taxable income · · · ·

2007

2008

2009

COMPARES.LD2

Danka Michaels001819

DIFFERENCE

1120SEF	EF Transmission Status (Keep for your records)	2010
Name(s) as shown on return	(receptor your records)	Your EIN
DANKA K MICHAE	LS MD PROF CORP	56-2371654
The following will be tran \(\overline{\mathbb{X}} \) 1120S \(\overline{\overline{\mathbb{D}}} \) 7004 The following State(s) wi	Amended 1120S	

Form 1120S

U.S. Income Tax Return for an S Corporation

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

2010

OMB No. 1545-0130

Department of the Treasury Internal Revenue Service

See separate instructions. For calendar year 2010 or tax year beginning 2010, ending A S election effective date D Employer identification number 06-25-2003 DANKA K MICHAELS MD PROF CORP 56-2371654 TYPE B Business activity code Number, street, and room or suite no. If a P.O. box, see instructions. E Date incorporated OR number (see instructions) 7373 PEAK DR NO 160 06-25-2003 PRINT City or town, state, and ZIP code 621111 F Total assets (see instructions) C Check if Sch. M-3 attached LAS VEGAS 89134 294,753 G Is the corporation electing to be an S corporation beginning with this tax year? X No "Yes," attach Form 2553 if not already filed H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation Enter the number of shareholders who were shareholders during any part of the tax year Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information Gross receipts or sales 1,409,564 | b Less returns and allowances 1c 409,518 2 92,702 3 ,316,816 Income Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) 4 Other income (loss) (see instructions - attach statement) 5 6 316,816 6 7 7 <u>197,000</u> 8 8 399,940 9 9 9,153 10 10 Deduc-11 100,528 11 tions 12 12 80,702 (see 13 13 2,880 Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562) instruc-14 14 32,521 tions for 15 Depletion (Do not deduct oil and gas depletion.) 15 limita-16 16 24,953 17 tions) Pension, profit-sharing, etc., plans 17 10,635 18 18 42,922 19 19 242,720 20 20 143,954 Ordinary business income (loss). Subtract line 20 from line 6 21 21 172,862 22 a Excess net passive income or LIFO recapture tax (see instructions) 22a 22b Add lines 22a and 22b (see instructions for additional taxes) . 22c 2010 estimated tax payments and 2009 overpayment credited to 2010 Tax and Credit for federal tax paid on fuels (attach Form 4136) Pay-23d ments Estimated tax penalty (see instructions). Check if Form 2220 is attached • • • • • • • 24 25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed . 25 26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid 26 Enter amount from line 26 Credited to 2011 estimated tax 27 Refunded > Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on May the IRS discuss this return all information of which preparer has any knowledge with the preparer shown below Sign (see instructions)? Yes XN Here DANKA MICHAELS MD PRESIDENT Date Signature of officer Print/Type preparer's name Date Check X if PTIN Preparer's signature Paid SEMONIAN CPA 011 self-employed P00391972 Preparer ▶ROBERT S SEMONIAN CPA Firm's name Firm's EIN 95-4514704 Use Only Firm's address ▶PO BOX 5605 Phone no. Ventura CA 93005 (805)659 - 5344For Paperwork Reduction Act Notice, see separate instructions. EEA Form 1120S (2010)

Danka Michaels001840

Forn	1120S(2010) DANKA K MICHAELS MD PROF CORP	56-2371654	Page 2
Sc	hedule A Cost of Goods Sold (see instructions)		
1	Inventory at beginning of year • • • • • • • • • • • • • • • • • • •	1 2	0,000
2	Purchases · · · · · · · · · · · · · · · · · ·		2,702
3	Cost of labor • • • • • • • • • • • • • • • • • • •	3	
4	Additional section 263A costs (attach statement)	4	***************************************
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5 · · · · · · · · · · · · · · · · · ·	6 11	2,702
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		2,702
9 a	· · · · · · · · · · · · · · · · · · ·		2,102
	(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)		
С			- 11
d	If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing		
	inventory computed under LIFO · · · · · · · · · · · · · · · · · · ·	94	
е	If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? • • • •	L	X No
	Was there any change in determining quantities, cost, or valuations between opening and closing inventory?		XNo
	If "Yes," attach explanation.		LXXI
Sc	hedule B Other Information (see instructions)		Yes No
1	Check accounting method: a X Cash b Accrual c Other (specify) ▶		11 N 11 N 1
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 d		
	corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and	employer	
	identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a qualified subchapter S subs		
	election made? • • • • • • • • • • • • • • • • • • •		X
4	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide	•	
	information on any reportable transaction? • • • • • • • • • • • • • • • • • • •		x_
5	Check this box if the corporation issued publicly offered debt instruments with original issue discount ••••	· · · · · ▶ □	
	If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue	Discount	
	Instruments.		
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired	an	
	asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in		
	the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in ga		
	from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years	see	
	instructions · · · · · · · · · · · · · · · · · · ·		
7		\$	
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax y		
	than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1		X
9	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instru	uctions	X
Sc	hedule K Shareholders' Pro Rata Share Items	Total amount	
	1 Ordinary business income (loss) (page 1, line 21)		2 <u>,862</u>
	2 Net rental real estate income (loss) (attach Form 8825)	2	
l n	3a Other gross rental income (loss) · · · · · · · · · · 3a		
n c	b Expenses from other rental activities (attach statement)	_	
0	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
m	4 Interest income • • • • • • • • • • • • • • • • • • •	4	57
е	5 Dividends: a Ordinary dividends	5a	
(L	b Qualified dividends	4~1	
0		6	
s s)	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	***************************************
3,	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
		4 1	
		183.83 (S.A.)	
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797) · · · · · · · · · · · · · · · · · · ·	9	***************************************
EEA	language for the control of the cont	10	20S (2010)

Form 1120	0S (201	10) DANKA K MICHAELS MD PROF CORP	56-23	371654 Page:
		Shareholders' Pro Rata Share Items (continued)		Total amount
	11	Section 179 deduction (attach Form 4562)	,	60,514
	12a	Contributions · · · · · · · · · · · · · · · · · · ·	• 12a	900
Deductions	b	Investment interest expense • • • • • • • • • • • • • • • • • • •	• 12b	
	С	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	d	Other deductions (see instructions) · · · · Type ▶	12d	
	13a	Low-income housing credit (section $42(j)(5)$) $\cdots \cdots	• 13a	
	b	Low-income housing credit (other)	• 13b	
	C	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) • • • • • • • • • • • • • • • • • • •	· 13c	
Credits	d	Other rental real estate credits (see instructions) · · · Type ▶	13d	
	e	Other rental credits (see instructions) • • • • • • • Type	13e	
	f	Alcohol and cellulosic biofuel fuels credit (attach Form 6478) • • • • • • • • • • • • • • • • • • •	· 13f	
	g	Other credits (see instructions) · · · · · · · · Type ▶	13g	
-	14a	Name of country or U.S. possession		
	b	Gross income from all sources · · · · · · · · · · · · · · · · · · ·	. 14b	
	С	Gross income sourced at shareholder level		
		Foreign gross income sourced at corporate level	7,00.0	
	d	Passive category • • • • • • • • • • • • • • • • • • •	• 14d	
	e	General category • • • • • • • • • • • • • • • • • • •		
	f	Other (attach statement)	ļ	
		Deductions allocated and apportioned at shareholder level		
Foreign	g	Interest expense · · · · · · · · · · · · · · · · · · ·	1	
Trans-	h	Other • • • • • • • • • • • • • • • • • • •		
actions		Deductions allocated and apportioned at corporate level to foreign source income		
	i	Passive category · · · · · · · · · · · · · · · · · · ·	· 14i	
	l i	General category • • • • • • • • • • • • • • • • • • •		
	k	Other (attach statement)	<u> </u>	
		Other information		
	1	Total foreign taxes (check one): Paid Accrued	• 141	
	m			
	n	Other foreign tax information (attach statement)	- L	
	15a	Post-1986 depreciation adjustment · · · · · · · · · · · · · · · · · · ·		
Alternative	b	Adjusted gain or loss · · · · · · · · · · · · · · · · · ·		
Minimum	С	Depletion (other than oil and gas) • • • • • • • • • • • • • • • • • • •		
Tax (AMT)	d	Oil, gas, and geothermal properties-gross income • • • • • • • • • • • • • • • • • • •		
Items	е	Oil, gas, and geothermal properties-deductions ••••••••••••••		
nomo	f	Other AMT items (attach statement) • • • • • • • • • • • • • • • • • • •		
	16a	Tax-exempt interest income · · · · · · · · · · · · · · · · · · ·		
Items	b	Other tax-exempt income • • • • • • • • • • • • • • • • • • •		***************************************
Affecting		Nondeductible expenses · · · · · · · · · · · · · · · · · ·	16c	10
Shareholder	d	Distributions (attach statement if required) (see instructions)		10
Basis	e	Repayment of loans from shareholders		
	17a	Investment income · · · · · · · · · · · · · · · · · · ·	17a	E 7
Other	b	Investment expenses · · · · · · · · · · · · · · · · · ·	17a	57
Information	C	Dividend distributions paid from accumulated earnings and profits	176	
monnation	d	Other items and amounts (attach statement)	170	
			+	
Recon-	18	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right		
ciliation		column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l • • • •	. 18	111 505
EEA				111,505 Form 1120S (2010)

-	1120S (2010) DANKA K MICHAE			***************************************	T	56-23	
30	hedule L Balance Sheets per Books	 	ng of tax ye	····		End of tax y	
	Assets	(a)		(b)	(c)		(d)
1	Cash	N 44 1 1 1 2 2 1 4 4 4 4 4 4 4 4 4 4 4 4		38,598	DESCRIPTION OF	1930 mark	129,132
2 a	Trade notes and accounts receivable · · · ·						
b	Less allowance for bad debts	()	~~~	()	
3	Inventories • • • • • • • • • • • • • • • • • • •		L	20,000			20,000
4	U.S. government obligations · · · · · · ·						
5	Tax-exempt securities (see instructions) • • •						,
6	Other current assets (attach statement) • • •	STATEMENT # 19		4,716			30,351
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10 a	Buildings and other depreciable assets	396,467	100000000000000000000000000000000000000		456,	981	
b	Less accumulated depreciation	248,676	7 1	147,791	341,		115,270
11 a	Depletable assets	2307010	1	· · · / / · · ·	S ₁₁		113,2,70
b	Less accumulated depletion • • • • • • • • • • • • • • • • • • •	(7		/ /		
12	Land (net of any amortization)	1. A + 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
13 a	•		-	7 F N N S N S N N N N N N N N N N N N N N		-	
b	Less accumulated amortization • • • • • •	/	4		7		
14	Other assets (attach statement) · · · · · ·	A STAN A STAN AND A ST	4				
	Total assets · · · · · · · · · · · · · · · · · · ·		ļ	333 305			
15			4	211,105			294,753
	Liabilities and Shareholders' Equity						
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year			30,350			28,006
18	Other current liabilities (attach statement) • •						
19	Loans from shareholders) L				
20	Mortgages, notes, bonds payable in 1 year or more .		1	L40,560			115,057
21	Other liabilities (attach statement) • • • • • •						
22	Capital stock • • • • • • • • • • • • • • • • • • •			17,000			17,000
23	Additional paid-in capital						
24	Retained earnings			23,195			134,690
25	Adjustments to shareholders' equity (attach statement)			20/120			131/050
26	Less cost of treasury stock • • • • • • • • • • • • • • • • • • •		1/)		7	7
27	Total liabilities and shareholders' equity · · ·		1 2	211,105			294,753
_	nedule M-1 Reconciliation of Inco	no // oss\ nor R			occ) nor Po	41120	294,733
	Note: Schedule M-3 required						9
1	Net income (loss) per books	T			ooks this year no		3
	Income included on Schedule K, lines 1, 2, 3c, 4,				K, lines 1 through		
	5a, 6, 7, 8a, 9, and 10, not recorded on books		10 (item		ix, iiiles i tiliougi		
			,				
	this year (itemize):		a rax-exe	mpt interest \$_			
	Evenness recorded on her to the		<u> </u>				***************************************
	Expenses recorded on books this year not			ons included or		.	
	included on Schedule K, lines 1 through 12 and			=	14I , not charged		
	14I (itemize):		_		nis year (itemize)	:	
	Depreciation \$		a Depreci	ation \$			
b	Travel and entertainment \$ 10						
			7 Add line	es 5 and 6 · ·		• • • •	
		10	8 Income	(loss) (Schedul	le K, line 18).		
4	Add lines 1 through 3 · · · · · · · · · · · · · · · · · ·	111,505	Line 4 le	ess line 7 · ·			111,505
6.1	Analysis of Accumulated Ad	justments Account,	Other Adju	istments Acco	unt, and Sharel	holders'	
<u> 201</u>	nedule M-2 Undistributed Taxable Incom	ne Previously Taxed	(see instru	ctions)			
		(a) Accumulai	ed	(b) Other a	djustments	(c) Shareho	Iders' undistributed
		adjustments ac	count	acc	ount	taxable inco	me previously taxed
1 B	alance at beginning of tax year	2.	3,195	1			
	Ordinary income from page 1, line 21 · · · ·		2,862				
	Other additions STATEMENT # 29	<u> </u>	<u> 57</u>		erenga ejeme keterteta bilanti da		
	oss from page 1, line 21 · · · · · · · · ·	7	<u></u>				
	Other reductions STATEMENT # 30 .	-	1 4241	,			
	Combine lines 1 through 5		1,424)	1,			
	Distributions other than dividend distributions	134	4,690	 			
_			4 600				
***************************************	alance at end of tax year. Subtract line 7 from line 6	134	4,690	<u> </u>	-	***************************************	
EEA							Form 1120S (2010)

Danka Michaels001843

Schedule K-1 (Form 1120S) Department of the Treasury Internal Revenue Service Shareholder's Share of Income, Deductions, Credits, etc. Part III Shareholder's Share of Current Deductions, Credits, and Other Part III	ner Items
Part III Deductions, Credits, and Other	ner Items
Department of the Treasury Internal Revenue Service year beginning	
ending	
Shareholder's Share of Income, Deductions, Credits, etc. See page 2 of form and separate instructions. Part I Information About the Corporation 4 Interest income Interest income	
Credits, etc. See page 2 of form and separate instructions. 3 Other net rental income (loss) Part I Information About the Corporation 4 Interest income	
Part I Information About the Corporation 4 Interest income	
· Interest income	
A Communitaria and the second and the second at the second	
A Corporation's employer identification number 57	
56-2371654 5a Ordinary dividends	
B Corporation's name, address, city, state, and ZIP code DANKA K MICHAELS MD PROF CORP 5b Qualified dividends 14 Foreign	ign transactions
7373 PEAK DR NO 160 6 Royalties	
LAS VEGAS NV 89134 7 Net short-term capital gain (loss)	
C IRS Center where corporation filed return 8a Net long-term capital gain (loss) OGDEN	
Part II Information About the Shareholder 8b Collectibles (28%) gain (loss)	
D Shareholder's identifying number 8c Unrecaptured section 1250 gain	
E Shareholder's name, address, city, state, and ZIP code DANKA MICHAELS 9 Net section 1231 gain (loss)	
7373 PEAK DR LAS VEGAS NV 89128 10 Other income (loss) 15 Alternative items	native minimum tax (AMT) S
F Shareholder's percentage of stock ownership for tax year 100.0000 %	
11 Section 179 deduction 16 Items aff	s affecting shareholder basis
60,514 C	10
0 12 Other deductions	
A 900	
R S	
U s	
e	
	r information
ln A	57
у	
* See attached statement for additional inf	l information.

Schedule K-1 (Form 1120S) 2010 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.

1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows

Passive loss Passive income

Nonpassive income

2. Net rental real estate income (loss)

3. Other net rental income (loss)

Net income

4. Interest income

5a. Ordinary dividends

5b. Qualified dividends

Royalties

7. Net short-term capital gain (loss)

8a. Net long-term capital gain (loss)

8b. Collectibles (28%) gain (loss)

8c. Unrecaptured section 1250 gain

9. Net section 1231 gain (loss)

10. Other income (loss)

Code

A Other portfolio income (loss)

Involuntary conversions

Sec. 1256 contracts & straddles

Mining exploration costs recapture

E Other income (loss)

11. Section 179 deduction

12. Other deductions

Cash contributions (50%)

Cash contributions (30%) Noncash contributions (50%)

Noncash contributions (30%)

Capital gain property to a 50% organization (30%)

Capital gain property (20%) G

Contributions (100%) H Investment interest expense

Deductions - royalty income

Section 59(e)(2) expenditures

к Deductions - portfolio (2% floor)

Deductions - portfolio (other)

Preproductive period expenses

Commercial revitalization deduction from rental real estate activities

Reforestation expense deduction Domestic production activities

information

Qualified production activities income Employer's Form W-2 wages

S Other deductions

13. Credits

A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings

B Low-income housing credit (other) from pre-2008 buildings

Low-income housing credit (section 42(j)(5)) from post-2007 buildings

Low-income housing credit (other) from post-2007 buildings

Qualified rehabilitation

expenditures (rental real estate)

Other rental real estate credits G

Other rental credits

Undistributed capital gains credit

Alcohol and cellulosic biofuel fuels credit Work opportunity credit

к Disabled access credit

Empowerment zone and renewal community employment credit

Report on

See the Shareholder's instructions Schedule E, line 28, column (a) Schedule E, line 28, column (h) Schedule E, line 28, column (j)

See the Shareholder's Instructions

Schedule E. line 28, column (a) See the Shareholder's Instructions

Form 1040, line 8a Form 1040, line 9a

Form 1040, line 9b Schedule E, line 4

Schedule D, line 5, column (f)

Schedule D, line 12, column (f)

28% Rate Gain Worksheet, line 4 (Schedule D instructions)

See the Shareholder's Instructions

See the Shareholder's Instructions

See the Shareholder's Instructions See the Shareholder's Instructions Form 6781, line 1

See Pub. 535 See the Shareholder's Instructions

See the Shareholder's Instructions

See the Shareholder's Instructions

Form 4952, line 1 Schedule E. line 18

See the Shareholder's Instructions

Schedule A, line 28 See the Shareholder's Instructions

See Form 8582 Instructions See the Shareholder's Instructions

See Form 8903 Instructions

Form 8903, line 7b Form 8903, line 17

See the Shareholder's Instructions

See the Shareholder's Instructions

See the Shareholder's Instructions

Form 8586, line 11

Form 8586, line 11 See the Shareholder's Instructions

Form 1040, line 71, box a

Form 6478, line 8 Form 5884, line 3

See the Shareholder's Instructions

Form 8844, line 3

M Credit for increasing research activities

Credit for employer social

security and Medicare taxes Backup withholding

Other credits

14. Foreign transactions

A Name of country or U.S.

Gross income from all sources Gross income sourced at shareholder level

D Passive category

General category

F Other

Deductions aflocated and apportioned at shareholder level G Interest expense

H Other

income

General category K Other

Other information

Total foreign taxes paid

Total foreign taxes accrued Reduction in taxes available for

O Foreign trading gross receipts

Extraterritorial income exclusion

Q Other foreign transactions

15. Alternative minimum tax (AMT) items

A Post-1986 depreciation adjustment Adjusted gain or loss

Depletion (other than oil & gas)

Oil, gas, & geothermal - gross income D Oil, gas, & geothermal - deductions

Other AMT items

16. Items affecting shareholder basis

Tax-exempt interest income Other tax-exempt income

Nondeductible expenses С

Distributions Repayment of loans from

shareholders 17. Other information

A Investment income

B Investment expenses

Qualified rehabilitation expenditures (other than rental real estate)

Basis of energy property Recapture of low-income housing

credit (section 42(j)(5)) Recapture of low-income housing

credit (other)

Recapture of investment credit Recapture of other credits

Look-back interest - completed long-term contracts

Look-back interest - income forecast method

Dispositions of property with section 179 deductions

Recapture of section 179 deduction

Section 453(I)(3) information Section 453A(c) information

Section 1260(b) information Interest allocable to production expenditures

o CCF nonqualified withdrawals Depletion information - oil and gas

s Amortization of reforestation

Section 108(i) information

U Other information

See the Shareholder's Instructions

Form 8846, line 5

Form 1040, line 61

See the Shareholder's Instructions

Form 1116, Part I

Foreign gross income sourced at corporate level

Form 1116, Part I

Form 1116, Part I

Deductions allocated and apportioned at corporate level to foreign source

I Passive category

Form 1116, Part I

Form 1116, Part II

Form 1116, Part II Form 1116, line 12

Form 8873 Form 8873

See the Shareholder's Instructions

See the Shareholder's Instructions and the Instructions for

Form 6251 Form 1040, line 8b

See the Shareholder's Instructions

Form 4952, line 4a

Form 4952, line 5 See the Shareholder's Instructions See the Shareholder's Instructions

See the Shareholder's Instructions

Form 8611, line 8

Form 8611, line 8 See Form 4255

See Form 8697 See Form 8866

See the Shareholder's Instructions

EEA

Depreciation and Amortization OMB No. 1545-0172 Form **4562** (Including Information on Listed Property) 2010 Department of the Treasury See separate instructions. Internal Revenue Service Attach to your tax return. Sequence No. 67 Name(s) shown on return Business or activity to which this form relates Identifying number K MICHAELS MD PROF CORP FORM 1120S 56-2371654 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000 2 60,514 Threshold cost of section 179 property before reduction in limitation (see instructions) • • • • 3 2,000,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 500,000 (a) Description of property (b) Cost (business use only) MEDICAL EQUIP 54,660 54,660 COMPUTER EQUIP <u>5,854</u> 5,854 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 60,514 9 60,514 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 369,019 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 • > 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 32,521 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2010 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year placed in (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention service only-see instructions) 19a 3-year property 5-year property b 7-year property c d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/I Residential rental 27.5 yrs. MM S/I property MM 27.5 yrs. S/L Nonresidential real 39 yrs. MM S/L property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs.

40-year MM 40 yrs. S/I Summary (See instructions.) Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations - see instructions 32,521 For assets shown above and placed in service during the current year, enter the

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

S/I

Form 8879-S

IRS e-file Signature Authorization for Form 1120S

OMB No. 15	45-1863
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Department of the Treasury

For calendar year 2010, or tax year beginning

, 2010, ending

See instructions. Do not send to the IRS. Keep for your records. Internal Revenue Service

2010

Vame	of corporation Er	mployer identifica	tion nun	nber
DAI	NKA K MICHAELS MD PROF CORP	56-2371	654	
Pa	Tax Return Information (Whole dollars only)			
1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)		1	1,409,518
	Gross profit (Form 1120S, line 3) • • • • • • • • • • • • • • • • • •			1,316,816
3	Ordinary business income (loss) (Form 1120S, line 21)	[3	172,862
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)		4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18) • • • • • • • • • • • • • • • • • • •	[5	111,505

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

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

Officer's PIN: check one box only		
X I authorize ROBERT S SEMONIAN CPA ERO firm name on the corporation's 2010 electronically filed income tax return. As an officer of the corporation, I will enter my PIN as my signature income tax return.	to enter my PIN 12345 do not enter all z	
Officer's signature	Date 02-15-2011	Title ▶ PRESIDENT
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-sel	ected PIN. 9	50884 98765 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the corporation indicated above. I confirm that I am submitting this return in acco Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information.	rdance with the requirements of	Pub. 3112, IRS e-file
ERO's signature ► ROBERT S SEMONIAN CPA	Date	<u>02-10-2011</u>

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

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 8879-S (2010)

	Summary of Sto	ck Ow	nership		2010)
CORPORATION NAME DANKA K MICHAELS MD PROF CORP)	***************************************			EIN 56-2371	654
Shareholder Information			Shares	······································	1	nership
Name	EIN/SSN	Туре	Beginning	Ending	Beginning	Ending
DANKA MICHAELS		 	1,000	1,000	100.00000	100.00000
TOTAL			1,000	1,000		
		or constitution of the con				
			•			

Federal Supporting Statements	2010 _{PG01}
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	56-2371654
DIMITED IN THOMADID IN THOSE CONT	1 30-2371034
FORM 1120S LINE 19	STATEMENT # 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 TOTAL	AMOUNT 8,723 6,534 1,989 30 1,279 55,159 2,864 650 10 477 20,726 3,082 3,950 468 9,581 884 413 8,467 1,609 4,801 5,594 4,138 18,627 6,863 68,970 6,832 242,720
FORM 1120S, SCHEDULE K, LINE 12a	PAGE 1 STATEMENT#9
DESCRIPTION CASH CONTRIBUTIONS (50%)	<u>AMOUNT</u> 900
TOTAL	900

Federal Supporting Statements	2010 _{PG01}
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	56-2371654
FORM 1120S, SCHEDULE L, LINE 6 OTHER CURRENT ASSETS	STM19
DESCRIPTION NOTE RECEIVABLE	BEG OF YEAR END OF YEAR 4,716 30,33
TOTAL	4,71630,39
SCHEDULE M-2 LINE 3	PG01 STATEMENT # 29
DESCRIPTION INTEREST INCOME	AMOUNT 57
TOTAL	57
SCHEDULE M-2 LINE 5	PG01 STATEMENT # 30
DESCRIPTION ALLOWED SECTION 179 EXPENSE CONTRIBUTIONS NONDEDUCTIBLE EXPENSES	AMOUNT 60,514 900 10
TOTAL	61,424

1120S	verflow Statement	2010 Page 1
Name(s) as shown on return DANKA K MICHAELS MD PROF CO	DR P	56-2371654
		1 30 23/1031
	MISC TAXES	
Description		Amount
NEVADA MODIFIED BUSINESS TA		\$ 10,689
	Total:	\$ 10,689

Form 1120S	K-K1 Comparison Worksheet	2010
	(Keep for your records)	
S CORPORATION NAME		EIN

EN 56-2371654
Description Schedule K K-1 Totals Difference 1 Ordinary business income (loss) 172,862 172,862 4 Interest income 57 57 11 Section 179 deduction 60,514 60,514 12 A Cash contributions (50%) 900 900 16 C Nondeductible expenses 10 10
1 Ordinary business income (loss)
4 Interest income

8 Less: credit from Form 8846 8 9 Foreign taxes paid 9 10 Occupancy taxes 10 11 Other miscellaneous taxes 11 10,6 12 Built in gains tax allocated to ordinary income 12 13 1,5		Taxes and Licenses Attachment information does not transmit to the IRS with e-functuding with a paper filed return is optional.		2010
1 State income taxes 2 State franchise taxes 3 City income taxes 4 City franchise taxes 5 Local property taxes 6 Intangible property taxes 7 Payroll taxes 8 Less: credit from Form 8846 9 Foreign taxes paid 1 Occupancy taxes 10 Other miscellaneous taxes 11 10,6 12 Built in gains tax allocated to ordinary income 12 Licenses		CORP	1	
2 State franchise taxes 3 City income taxes 4 City franchise taxes 5 Local property taxes 6 Intangible property taxes 7 Payroll taxes 8 Less: credit from Form 8846 9 Foreign taxes paid 10 Occupancy taxes 11 Other miscellaneous taxes 12 Built in gains tax allocated to ordinary income 13 Licenses 1 State franchise taxes 2	ixes and Licenses	Form 1120S		Page 1, Line 12
3 City income taxes 4 City franchise taxes 4 Local property taxes 5 Local property taxes 6 Intangible property taxes 7 Payroll taxes 8 Less: credit from Form 8846 9 Foreign taxes paid 9 Occupancy taxes 10 Other miscellaneous taxes 11 10,6 11 Licenses 12 Licenses 13 1,5	State income taxes			
4 City franchise taxes 5 Local property taxes 6 Intangible property taxes 7 Payroll taxes 8 Less: credit from Form 8846 9 Foreign taxes paid 0 Occupancy taxes 10 Other miscellaneous taxes 2 Built in gains tax allocated to ordinary income 3 Licenses 1 1, 5	State franchise taxes		2	
Local property taxes 5	City income taxes		3	
Intangible property taxes 6	•		4	
Payroll taxes 7 68,4 Less: credit from Form 8846 8 9 Foreign taxes paid 9 Occupancy taxes 10 Other miscellaneous taxes 11 10,6 Built in gains tax allocated to ordinary income 12 Licenses 13 1,5	• • •			
Less: credit from Form 8846 8	- · · · · ·			
Foreign taxes paid O Occupancy taxes O Other miscellaneous taxes Built in gains tax allocated to ordinary income Licenses 10 10 10 11 10,6	•			68,45
O Occupancy taxes 1 Other miscellaneous taxes 1 Other miscellaneous taxes 2 Built in gains tax allocated to ordinary income 3 Licenses 1 1 1 0,6			<u> </u>	***************************************
1 Other miscellaneous taxes 2 Built in gains tax allocated to ordinary income 3 Licenses 11 10,6 12 12 13 1,5				
2 Built in gains tax allocated to ordinary income 12 13 1,5	•			10 600
3 Licenses 13 1,5		ne		10,683
4 Total to Form 1120S, Page 1, Line 12				1,56
**************************************	Total to Form 1120S, Page 1, Line 12		14	80,70

Form 11		2010
Corporation Na		EIN
DANKA	K MICHAELS MD PROF CORP	56-2371654
	Analysis of Current-Year Retained Earnings	
2 Book ir3 Distribut4 Subtota	ng retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	2 111,495 3 134,690
	retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	
	Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA	the of the contribution of the fact that are a green property and the contribution for a contribution of the contribution of t
2 Beginn	retained earnings (Schedule L, column d, line 24) ng retained earnings (Schedule L, column b, line 24) d earnings change (line 1 minus line 2)	· · 2 23,195
5 Beginn	AAA plus OAA ng AAA plus OAA ce (line 4 minus line 5)	$\cdot \cdot \cdot 5 = 23,195$
Subtract Contract Subtract Deprect Contract Subtract Contract Subtract Contract Cont	t-Year Timing Adjustments per Schedule M-1 tions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2) income recorded on books not included on Schedule K	
11 Income12 Deprec13 Other it14 Total ac	is to net income per books (Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3) included on Schedule K not recorded on books	- 15
Permar on line 16 Permar	ent or temporary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens appeals and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100. ent differences	ear
18 Timing	adjustments not included on Schedule M-2 (combine lines 16 and 17)	• 18
20 Adjustn 21 M-2 am	tions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7	20 111,495
23 Net rec	onciliation difference (line 3 minus line 21 or 22)	• 23

Form 1120S	S CORPORA	TION BUSIN	ESS INCOME I	IMIT WORKS	HEET	2010
S Corporation Name		(Кеер	for your records)			
DANKA K MICH	AELS MD PRO	F CORP			ĺ	56-2371654
1 Dollar limitation for tax	year. Enter amount fro	om Form 4562, lir	ne 5 • • • • • •			500,000
2 Ordinary business inco	ome (loss) (Form 1120S	, Page 2, Sch K.	Line 1) • • • • •	* * * * *	172,86	2
3 Less: Credit amounts	that reduced expenses	or increased inco	ome • • • • • •			entaine
4 Plus: Compensation p.	aid to shareholder-empl	oyees (Form 112	20S, Page 1, Lines	7 and 8)	197,000	0
5 Adjusted ordinary busi	ness income (loss) (Cor	mbine lines 2 thr	ough 4) • • • •	• • • •	369,862	2
6 Net rental real estate in	ncome (loss) (Form 112	0S, Page 2, Sch	K, Line 2) • • • •	• • • • •		
7 Other net rental incom	e (loss). (Form 1120S, F	Page 2, Line 3c)				
8 Interest Income (Form	1120S, Page 2, Line 4)			• • • •	5	7
9 Dividends (Form 1120)	S, Page 2, Line 5a) • •			• • • •		
10 Royalties (Form 1120S	5, Page 2, Line 6) • • •					
11 Net short term capital	gain (loss) (Form 1120S	. Page 2, Line 7)	,			
12 Net long-term capital g	ain (loss) (Form 1120S,	Page 2, Line 8a)	• • • • •		***************************************
13 Net section 1231 gain	(loss) (Form 1120S, Pa	ge 2, Line 9) • •				
14 Other Income (Form 1	120S, Page 2, Line 10)				**************************************	
15 Charitable Contribution	ns (Form 1120S, Page 3	, Line 12a) • •		• • • •	(900	<u>))</u>
16 Investment interest exp	penses (Form 1120S, Pa	age 3, Line 12b)		• • • • •		-
17 Section 59(e)(2) expen	ditures (Form 1120S, P	age 3, Line 12c(;	2))	• • • • •		*****
18 Other deductions (Form	m 1120S, page 3, Line 1	2d) • • • • •				
19 Total business income	(loss). Combine lines 4	through 18 •	• • • • • • • •			. 369,019
20 Business income lim	itation. Lesser of line 1	or line 19, but n	ot < zero. Enter he	re and on Form 45	562, line 11 •	. 369,019
Distribution among servi	ste	Year	Elected	Used in		ed in Remaining
Distribution among asset 1120 COMPUTER		Acquired 2010	Section 179 5,854	prior years	5,8	
1120 COMPOTER 1120 MEDICAL		2010	54,660		54,6	
TOTAL ALLOWAB TOTAL 2010 EL				60,514	60,5	514

Name(s) as shown on return	ost Salvage 9, 151 (1995)			For your records only	our record	luo sp.					o de la companya de l			
Total Activity Date Colorate Description Date Colorate Description Date Colorate Description Date Colorate Colorate Colorate Colorate Colorate Colorate In Colorate Colorate Colorate	15 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						-	-			Cocal			
Description Date DEFICE PUBLICIDES 260.206.25 MEDITAL SOUTHWEST 200.800.5 MEDITAL SOUTHWEST 200.800.5 MEDITAL SOUTHWEST 200.800.5 MEDITAL SOUTHWEST 200.800.6 MEDITAL SOUTHWEST 200.800.6 MEDITAL SOUTHWEST 200.800.6 MEDITAL SOUTHWEST 200.800.7 MEDITAL SOUTHWEST 200.800.7 MEDITAL SOUTHWEST 200.800.7 MEDITAL SOUTHWEST 200.800.7	15 10 28											Social security number/EIN 56-2371553		
AMERICA FURNITIES AMOJOGZO KEDITAL RUIPMENT 20090029 ELMAZERUD INFPOVERZIJ ZUUYOKAV KED KOTIP 20090029 KED KOTIP 20090001	7,151 1,750 1,288	ge Business percentage	Section 179	Depreciation Basis	Life	Method		Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus		AMT
200300.05 2003	1,382	166.60		161'6	r-	2/17	1 AE	17.286	9.63	9,151			-	Ç.
	28.5	1,00,00		17.300	;		<u></u>	16 to 51 to	3.					100
### \$206.00 \$206.00 \$206.00 \$200.00 \$2		100.00		7.5, 138	un.	2/75	÷	50000	51.81	35,574				3.73
### \$2001P \$2004001 10 #################################	17,575	105.06		8	i/0	24 24 20				17,525	17,57			
2007/0701 2007	195, (185	104.00	200,000	111,4854	e-	472		17.285	16,393	125,339	040 745			10,293
KED SQUIP 2008/4701 2008/470	59,006	69,43		59,044	r=		2	0.886	¥	29,5485				85.75
MED 20/31P ZUORRADI (2009/27)11	35.5.5	160.05		565/2	F*	71/3	<u></u>	88.5	ge Ci	5,885		74	5 865	753 745 4 -
3PA 3041F 10096701	15,550	100.00		27,778	~	2/6		98000	111.7	755 763			20.5	104 105 104 105
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Compact Comp	March Marc	The content		Description		Cost	Salvage	Business	Section 179	Depreciation Basis	Life	Me	thod	Rate	Current	Accumulated Depreciation	Prior	Bonus	AMT	11 ent
March Marc	Marche Michael Michael Marche Michael Mich	Section Sect	_	SECTIONES HOLDES	20030625	2,152		166.06	ō	9, 151	7	7/8	W	14,286	927	+-				
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	167.75	्डिस् अवर Danka Michaels00185	ı	Land Amount												-	h	P. C. A. S.		

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

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	- Z-File Signature Authorization for 1120S	
Statement 1120S	- Subsidiary Schedule for 1120S	
	- Form 1120S Statement - Line 19	
Statement 1120S	- Form 1120S, Schedule K Statement - Line 12a	
	- 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

Invoice Date: 02/10/2011

1120S	Sub S Corporation Diagnostic Summary	2010
Name DANKA K MTCHAEL	S MD PROF CORP	Employer Identification #
DAMMA K MICHAEL	5 MD FROE CORP	56-2371654

Demographics

Mailing Address: 7373 PEAK DR NO 160

LAS VEGAS, NV 89134

Phone:

Resident State: NV

Diagnostics

Preparer: ROBERT S SEMONIAN

Invoice:

Date: 02-10-2011

Return Information

Item on Return	2010	2009 Federal
item on Keturii	Federal	(If available)
Total Assets	294,753	211,105
Number of Shareholders	1	1
Gross Receipts/Sales	1,409,564	1,123,157
Total Income	1,316,816	1,005,858
Total Deductions	1,143,954	940,170
Ordinary Income	172,862	65,688
Tax		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due		
2220 Penalty		
Total Equity	151,690	40,195

State/City Information

 State/City
 Gross
 Taxable
 Composite
 Other Tax
 Refund/

 Income
 Income
 Tax
 (Balance Due)

1120S TAX RETURN COMPARISON 2008 / 2009 / 2010

2010

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Identifying number 56-2371654

	2008	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 • • • • • • • • • • • • • • • • • •	1027221	1/000/000	1,010,010	3107330
Other income · · · · · · · · · · · ·	97,297			
Total income	829,524	1,005,858	1,316,816	310,958
Deductions	<u> </u>	1,000,000	1,010,010	310,330
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	<u> </u>	20,020	7,100	(11/1/0/
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 · · · · · · · · · · · · · · · · · · ·		<u></u>	02,021	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Advertising	21,021	35,120	24,953	(10, 167)
Pension, profit-sharing	50,000	395	10,635	10,240
Employee benefits	21,634		42,922	42,922
Other deductions	158,577	230,210	242,720	12,510
Total deductions · · · · · · · · · · · · · · · · · · ·	801,457	940,170	1,143,954	203,784
Ordinary business income(loss)	28,067	65,688	172,862	107,174
Tax				
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23d		***		
Results				
Amount owed		***************************************		
Overpayment				
Applied to estimate		**************************************		
Refund		**************************************		

SCHEDULE K - Shareholder's Share Items

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

2008

2009

2010

DIFFERENCE

COMPARES.LD

1120S TAX RETURN COMPARISON 2008 / 2009 / 2010

2010

Name(s) as shown on return

Page 2 Identifying number

DANKA K MICHAELS MD PROF CORP

56-2371654

Section 179 deduction 48,720 60,514 Contributions 9,000 Investment interest expense Section 59(e)(2) expenditures Other deduction 5(e)(2) expenditures Other deduction 5(e)(2) expenditures Other deduction 6(e)(2) expenditures Other deduction 6(e)(2) expenditures Other rental real (section 42)(5) Low-income housing credit (central credits Other rental credits Other credits Foreign Transactions Gross income sourced at satureholder level Passive category Section 6(e) Foreign gross income sourced of competitive Passive category Section 6(e) Foreign gross income sourced of competitive Passive category Section 6(e) Foreign gross income sourced of competitive Passive category Section 6(e) Foreign gross income sourced of competitive Passive category Section 6(e) Foreign gross income sourced of competitive Passive category Section 6(e) Foreign gross income sourced of competitive Passive category Section 6(e) Foreign gross income sourced at a supportioned at shareholder level Passive category Section 6(e) Foreign gross income and supportioned at competitive Passive Category Section 6(e) Foreign gross income sourced Section 6(e) Foreign gross income Section 6(e) Foreign	DIFFERENCE	2010	2009	2008	Doductions
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Other AMT items					Oil, gas, and geothermal properties - gross income
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Investment expenses					
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Total tax · · · · · · · · · · · · · · · · · · ·					i i
			**************************************		Overpayment
Datative due * * * * * * * * * * * * * * *					Balance due
2008 2009 2010	DIFFERENCE	2010	2009	2008	ı

ELECTRONIC FILING MESSAGES

MUST be corrected before electronic filing is allowed.

Name(s) FEIN
DANKA K MICHAELS MD PROF CORP

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.

56-2371654

1120SEF		EF Transmission Statu	s	2011
Name(s) as shown on return		(Keep for your records)		
DANKA K MICHAE	ILS MD PROF CO	RD		EIN number 56-2371654
	HO FID LINOT CO	IVI		1 30-23/1034
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 tran	nsmitted.	
			MANAGEMENT MANAGEMENT AND	MARIN
EF Notes				
Fed return h	as MESSAGE PAG	GE.		

Form 1120S

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is

OMB No. 1545-0130

_		1				53 to elect to be an		11 15		2011
Departmer Internal Re				attac		separate instructio	•			&V!I
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06-	25-	2003		מאואא א	мтсылет	S MD PROF	CORR			
B Busine			TYPE	Number, street, and	room or suite no. If	a P.O. box, see instructions	CORF		E Date inc	371654 orporated
numbe	ır (see in	structions)	OR	7373 PE	א מרו שא	10 160		Singap		
621	111		PRINT	City or town, state,		10 100				5-2003 sets (see instructions)
C Check								800		55.5 (55.5 (1.52.55.15)
attache		n-3		LAS VEG	אפ	N.	IV 89134		\$	222 521
G Is the	corno	oration electing	to be an			s tax year? Yes		- Water Commence and Commence a		223, 521 553 if not already filed
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Gaution						ter -0	1a			
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	e					, .	!		4	1 650 601
Income	2								1e	1,652,631
	3								2	307,002
	4	Not goin (los	outliact	arm 4707 Dat II	ling 17 /attach	Form 4797)	• • • • • • • •		3	1,345,629
	5								4	
	6	Total incom	e (1055) (5	Add lines 2 throu	allach Statemer	nt)	• • • • • • • •		5	1 045 600
	7	Componenti	on of office	Add lines 3 throu	lg115		• • • • • • • •	· • • • • * *		1,345,629
	8	Solories and	on or one	ers	· · · · · ·		• • • • • • • •	• • • • • •	7	216,000
	9	Danaira and	wages (ii	ess employment (realts)	• • • • • • • • • •	• • • • • • • •	• • • • • •	8	525,699
	10	Bad debts				• • • • • • • • • •			9	12,577
Deduc-	11	_				• • • • • • • • • •			10	101 005
tions	12	•				• • • • • • • • • •			11	101,896
	13								12	97,419
(see instruc-	14					e on return (attach F	45001		13	7,822
tions for	15					·				31,460
limita-	16					• • • • • • • • • • •			15	00 101
tions)	17					• • • • • • • • • • •			16	23,124
tions)	18					• • • • • • • • • •			17	18,391
	19					· · · · · · · · · · · · ·			18	011 000
	20								19	311,300
	21	Ordinam h	dions. Ac	ad imes / imougn	19					1,345,688
	22 a	Evenes not s	siness in	come (loss). Sui	antum tou (and	om line 6	100-1		21	(59)
	, D	Add lines 22	and 22h	(FOIII 11203) .	for additional t	axes)	. 220			
	22.5	2011 actime	tod tov na	(see instructions	ioi additional t	credited to 2011			22c	
Tax		Tax deposite			overpayment (realled to 2011	 			
and	c				h Eorm 4126\	· · · · · · · · · · · · ·	23b		-1	
Pay-		Add lines 23		•	JII FOIIII 4 130)	• • • • • • • • • •	236			
ments	24		•		Charle if Farm	2220 is attached	• • • • • • • •	· · · · · ·	23d	
	25								24	
	26					nes 22c and 24, ente		• • • • • •	25	
	27			-		s 22c and 24, enter a	٠,		26	
1				26 Credited to			L_	efunded 🏲	27	
Sign	the	best of my knowle	dge and belie	of, it is true, correct, and		accompanying schedules a on of preparer (other than to			1 '	S discuss this return
Here	alli	nformation of which	h preparer ha	s any knowledge.					(see instru	eparer shown below
		□ N N7757 **	T (777 T	T (1 3/10		ŀ	4	DDE 2 =	Personance and Person	ctions)? X Yes No
		DANKA M Signature of officer	LCHAE	די אח		Date	>	PRESIDE	in'I'	
		Print/Type prepare	er's name		T _B		Date		723	PTIN
Paid	l			ATT 31	Preparer's signate	ure		1	eck X if	
Prepar	er			ONIAN CPA		7	08-24		f-employed	P00391972
Use O			PROBE		<u>ONIAN CP</u>	<u>A</u>		Firm's EIN	▶ 9.	5-4514704
	-	Firm's address		OX 5605	3005			Phone no.		
F		I. P I		ura CA 93					(8	<u>805) 659-5344</u>
ror Pap	erwor	k Reduction /	act Notice	e, see separate i	nstructions.			EEA		Form 1120S (2011)

Form	11120S (2011) DANKA K MICHAELS MD PROF CORP 56-2371654	Pa	ge 2
Sc	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 domestic		
	corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer		
	identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a qualified subchapter S subsidiary		
	election made?		Х
4	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide		-21
	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 an		
	asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in		
	the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain		
	from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see		
	instructions)		
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year.		
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less		
Ü			
9			<u>X</u>
	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions Did the corresponding make any payments in 2011 that would require it to file Force (a) 1000 (see instructions)	-	<u>X</u>
	Did the corporation make any payments in 2011 that would require it to file Form(s) 1099 (see instructions)?	X	
	If "Yes," did the corporation file or will it file all required Forms 1099?	X	
361	hedule K Shareholders' Pro Rata Share Items Total amo		
		(5	9)
	2 Net rental real estate income (loss) (attach Form 8825)		
l n	3a Other gross rental income (loss)		
c	b Expenses from other rental activities (attach statement)		
0	c Other net rental income (loss). Subtract line 3b from line 3a		
m	4 Interest income	12	6_
е	5 Dividends: a Ordinary dividends	***************************************	
(L	b Qualified dividends		
o	6 Royalties		
s	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))		
s)	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))		
	b Collectibles (28%) gain (loss)		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797)		
	10 Other income (loss) (see instructions) Type ▶ 10	***************************************	
EEA	Form	1120S (20	011)

Form 112	08 (20	11) DANKA K MICHAELS MD PROF CORP	56-23	71654 Page:
		Shareholders' Pro Rata Share Items (continued)		Total amount
	11	Section 179 deduction (attach Form 4562)	11	
	12a	Contributions	12a	
Deductions	b	Investment interest expense	12b	
	C	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	d	Other deductions (see instructions) Type ▶	12d	
	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	***************************************
	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
Credits	d	Other rental real estate credits (see instructions) Type ▶	13d	
	е	Other rental credits (see instructions) Type	13e	
	f	Alcohol and cellulosic biofuel fuels credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type ▶STATEMENT # 12	13g	2,303
***************************************	14a	Name of country or U.S. possession	13880	2,000
	b	Gross income from all sources	14b	
	С	Gross income sourced at shareholder level	14c	
	ł	Foreign gross income sourced at corporate level	11.00	
	d	Passive category	14d	
	е	General category	14e	
	f	Other (attach statement)	14f	
		Deductions allocated and apportioned at shareholder level		
Foreign	g	Interest expense	14g	
Trans-	h	Other	14h	
actions		Deductions allocated and apportioned at corporate level to foreign source income		
	ı	Passive category	14i	
	i	General category	14j	
	k	Other (attach statement)	14k	
		Other information	171	
	1	Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	141	
	m	man is also as a contract of the contract of t	14m	
	n	Other foreign tax information (attach statement)	14111	
	15a	Post-1986 depreciation adjustment	15a	
Alternative	b	Adjusted gain or loss	15a	
Minimum	C	Depletion (other than oil and gas)	15c	
Tax (AMT)	d	Oil, gas, and geothermal properties-gross income	15d	······································
Items	e	Oil, gas, and geothermal properties-deductions		
	f	Other AMT items (attach statement)	15e	
***************************************	16a	Tax-exempt interest income	16a	
items	b	Other tax-exempt income	16b	
Affecting	c		16c	2 252
Shareholder	d	Charles and the second		<u>2,353</u>
Basis	e		16d	14,288
	17a	Repayment of loans from shareholders Investment income	16e	100
Other	b		17a	126
nformation	C	Investment expenses Dividend distributions paid from accumulated earnings and profits	17b	
UIIRGUUI	d	Other items and amounts (attach statement)	17c	
	u	One items and amounts (attach statement)		10
Recon-	18	Incompliant recognition Combine the amounts on lines 4 through 40 in the familiar		
ciliation	10	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right		
EEA		column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	67 Form 1120S (2011)

Form 1120S (2011)	DANKA K MICHAE					56-2371	654 Page 4
Schedule L	Balance Sheets per Books	Beginn	ng of tax ye	ear		End of tax year	•
	Assets	(a)		(b)	(c)		(d)
1 Cash				129,132			114,995
2 a Trade notes an	d accounts receivable						
b Less allowance	for bad debts	()]	Ī()	
3 Inventories .				20,000			20,000
4 U.S. governme	nt obligations						201000
-	curities (see instructions)		-			-	
	ssets (attach statement)	STATEMENT # 19		30,351			1716
7 Loans to sharel				30,331		-	4,716
0.0	eal estate loans						
	nts (attach statement)						
	ther depreciable assets	456,981			456,	<u>981</u>	
b Less accumulat	ted depreciation	(341,711)	115,270 (373,	171)	83,810
11 a Depletable asse	ets		_ HERMARK				
b Less accumulat	ted depletion	()	()	
12 Land (net of any	y amortization)		i.	- F			
	ts (amortizable only)						
b Less accumulat		(7	7		Construction (Construction)	
	ttach statement)	<u>`</u>	1		galegy states action		
•	action of the control		 	201 752		 	202 501
	id Shareholders' Equity		- -	294,753			223,521
16 Accounts payat							
	onds payable in less than 1 year			28,006			22,655
	abilities (attach statement) .						
19 Loans from sha	reholders						
	ands 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 earnin	ngs		1	134,690			118,116
25 Adjustments to share	cholders' equity (attach statement)			-01/020			<u> </u>
26 Less cost of trea			1			7	
	and shareholders' equity		<u> </u>	294,753		1	222 521
Schedule M-1	Reconciliation of Inco	me // occ) per B	oke Mit	294, /33	ool nor Bo	4	223,521
Loonodolo Mila	Note. Schedule M-3 required						
1 Net income (loss							
•	on Schedule K, lines 1, 2, 3c, 4,	(2,286)		recorded on boo			
				d on Schedule K,	lines 1 throug	n	
5a, 6, 7, 8a, 9, a	nd 10, not recorded on books		10 (iten				
this year (itemize	9):		a Tax-exe	empt interest \$			

·	led on books this year not		6 Deducti	ions included on	Schedule K,		
included on Sche	edule K, lines 1 through 12 and		lines 1 t	through 12 and 1	4I, not charge	d	
14l (itemize):			against	book income this	year (itemize):	
a Depreciation \$			a Depreci	iation \$			
b Travel and enter	tainment \$ 50			***************************************			
STATEMENT #			7 Add line	es5and6			
		2,353		(loss) (Schedule		· •	·
4 Add lines 1 throu	ıgh 3	67		ess line 7			67
Schedule M-2	Analysis of Accumulated Ac		Other Adi	iustments Asso	ent and Char	oboldomi	07
[OUTOGOTO IN Z	Undistributed Taxable Incor				uint, and Shar	enoluers	
	Olidistributed Taxable Illeon			· /	i untananta	(-) Charakalda	-1 1:- 1:- 1:- 1:- 1:- 1:- 1:- 1:- 1:
		(a) Accumula adjustments ad	count	(b) Other ad accor			rs' undistributed previously taxed
4 Dolong Land	.if i						p.onoddy taxed
1 Balance at beginn		13	4,690				
	from page 1, line 21			J			
3 Other additions	STATEMENT # 29		126				
4 Loss from page 1,		(59)				
5 Other reductions	STATEMENT # 30	(2,353)	()		
6 Combine lines 1 tl	hrough 5		2,404				
	r than dividend distributions .		4,288				
7 Distributions other	-	1					

Form 1120S (2011) DANKA K MICHAELS MD PROF CORP

0.6.1.1.164		П	Final K-1	X Amend	ed K-1	67111 OMB No. 1545-0130
Schedule K-1 (Form 1120S)	2011	Pa	rt III			Current Year Income,
Department of the Treasury		1		Deductions, Cred usiness income (loss)	its, and	d Other Items Credits
Internal Revenue Service year beginning ending	, 2011 , 20	•	Ordinary b	(59)	P*	STMT
***************************************		2	Net rental	real estate income (loss)	1 -	SIMI
Shareholder's Share of Income, Deducti			011]	
Credits, etc. ▶ See page 2 of form and separate instr	uctions,	3	Other net r	rental income (loss)		
Part I Information About the Corporation		4	Interest inc	come	1	
A Corporation's employer identification number				126		
56-2371654 B Corporation's name, address, city, state, and ZIP code		5a	Ordinary di	ividends		
DANKA K MICHAELS MD PROF CORP		5b	Qualified d	ividends	14	Foreign transactions
7373 PEAK DR NO 160		6	Royalties	***************************************		
LAS VEGAS NV 89134	1	7	Net short-to	erm capital gain (loss)		
C IRS Center where corporation filed return OGDEN		8a	Net long-te	rm capital gain (loss)		
Part II Information About the Shareholder		8b	Collectibles	s (28%) gain (loss)		
D Shareholder's identifying number		8c	Unrecaptur	red section 1250 gain		
E Shareholder's name, address, city, state, and ZIP code		9	Net section	ı 1231 gain (loss)	-	
DANKA MICHAELS				• .		
	Ī	10	Other incor	ne (loss)	15	Alternative minimum tax (AMT) items
7373 PEAK DR LAS VEGAS NV 89128	3					
F Shareholder's percentage of stock ownership for tax year 100.000	000 %					
		11	Section 179	9 deduction	16	Items affecting shareholder basis
F					С	2,353
o r		12	Other dedu	ctions	_	1. 000
1					D	14,288
। R R						
U S						
e WADSON DATE OF THE PROPERTY OF THE						
n (Laker in Laker in					17	Other information
					A	126
■10 PACFO ABJACEへいたいますなどの名は7月数などを2割						
			* See	attached statement t	or addi	tional information.

EEA

Schedule K-1 Supplemental Information Shareholder's name DANKA MICHAELS Name of S Corporation DANKA K MICHAELS MD PROF CORP	2011 Shareholder's ID Number S corporation's EIN 56-2371654
CODE DESCRIPTION OTHER CREDITS CREDIT FOR SMALL EMPLOYER HEALTH INSURANCE PREMIUM TOTAL	AMOUNT 2,303 2,303

Depreciation and Amortization Form 4562 OMB No. 1545-0172 (Including Information on Listed Property) 2011 Department of the Treasury Attachment Internal Revenue Service See separate instructions. Attach to your tax return. Sequence No. 179 Name(s) shown on return DANKA K MICHAELS MD PROF CORP 56-2371654 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8............. 9 9 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Other depreciation (including ACRS) . . 16 31.460 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2011 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery year placed in (a) Classification of property (e) Convention (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/I Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real MM S/L MM S/I Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life b 12-year 12 yrs. SIL c 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 31,460 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs EEA

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)

Danka Michaels001894

Form 8879-S

IRS e-file Signature Authorization for Form 1120S

OMB No. 1545-1863

Department of the Treasury Internal Revenue Service

For calendar year 2011, or tax year beginning

, 2011, ending

2011

See instructions. Do not send to the IRS. Keep for your records. Employer identification number DANKA K MICHAELS MD PROF CORP 56-2371654 Part I Tax Return Information (Whole dollars only) 652,631 2 2 Ordinary business income (loss) (Form 1120S, line 21) 3 4 Income (loss) reconciliation (Form 1120S, Schedule K, line 18) 5 67

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

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

omicer's	PIN: cn	eck one box or	ily						
X	I authori	ze <u>ROBERT</u>	S SEMON		to	enter my PIN 12	345 ot enter all ze	as my signature	!
			1 electronically fil	ed income tax re				ically filed income tax	
Officer's sign	nature	>	***************************************	То технология менен br>Стативател менен ме	Date	▶ 02-24-2	012 Ti	^{tle} ▶ PRESIDEN	Т
Part III	Ce	rtification a	nd Authentica	ation	***************************************				
ERO's El	FIN/PIN.	Enter your six-d	igit EFIN followed	by your five-digi	it self-selected	PIN.	950	884 98765 do not enter all zero:	s
corporation	on indicat	ed above. I conf	firm that I am sub	mitting this return	n in accordance	electronically filed e with the requirem for Authorized IRS	ents of Pu	return for the b. 3112, IRS e-file viders for Business	
RO's signa	ture 🕨	ROBERT S	SEMONIAN	N CPA		44	Date 🏲	08-24-2012	
			ERO N	/lust Retain 1	This Form -	See Instructio	ns		

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Danka Michaels001895

EEA

Form 8879-S (2011)

Listing of Shareholder Distril	butions 2011 Employer Identification Number
DANKA K MICHAELS MD PROF CORP	56-2371654
Date Control of the C	Amount
12-31-2011	14,288
TOTAL	14,288
•	

	Summary of Sto	ock Ow	nership		201	1
CORPORATION NAME					EIN	
DANKA K MICHAELS MD PROF CORE	2				56-2371	654
Shareholder Information			Shares		% Ow	nership
Name	EIN/SSN	Туре	Beginning	Ending	Beginning	Ending
DANKA MICHAELS			1,000	1,000	100.00000	100.00000
TOTAL			1,000	1,000		
					and the second s	
					Constitution and the Constitut	
					-	

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

AMENED RETURN

STATEMENT # 1

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

FORM 1120S LINE 19

PG01 STATEMENT#2

DESCRIPTION BANK CHARGES DUES AND SUBSCRIPTIONS EDUCATION AND TRAINING 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	AMOUNT 5,966 100 6,639 46,110 111,196 650 51 2,237 (2,303) 13,134 14,589 2,973 4,574 351 10,947 187 7,417 12,457 9,121 10,755 54,149
TOTAL	311,300

Federal Supporting Statements Name(s) as shown on return	2011 FEIN	PG01
DANKA K MICHAELS MD PROF CORP	56-237	1654
SCHEDULE A LINE 5	STAT	EMENT # 5
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES		AMOUNT 6,468 6,638 71,995 3,966 33,779
TOTAL		122,846
FORM 1120s, SCHEDULE K, LINE 13g	STATI	PAGE 1 EMENT # 12
DESCRIPTION CREDIT FOR SMALL EMPLOYER HEALTH INSURANCE PREMIUMS		<u>AMOUNT</u> 2,303
TOTAL	***************************************	2,303
FORM 1120S, SCHEDULE L, LINE 6	STM	PG01 19
OTHER CURRENT ASSETS		
DESCRIPTION BEG OF YOUR NOTE RECEIVABLE 30,	7EAR E	ND OF YEAR 4,716
TOTAL 30,	351	4,716
	100000	

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

Form 1120S	K-K1 C	2011		
	(K	(eep for your records)		
S CORPORATION NAME				EIN
DANKA K MICHAEL	S MD PROF CORP			56-2371654
Description		Schedule K	K-1 Totals	Difference
1 0				

DAN	KA K MICHAELS MD PROF CORP			56-2371654
	Description	Schedule K	K-1 Totals	Difference
1 4 13 P 16 C	Nondeductible expenses	(59) 126 2,353 14,288 126	2, 2, 14,	S6-2371654 Difference (59) 126 303 (2,303) 353 288 126

***************************************	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.		2011
	RPORATION NAME		EIN
DAI	NKA K MICHAELS MD PROF CORP		56-2371654
Тах	es 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	94,766
8	Less: credit from Form 8846	8	
9	Foreign taxes paid	9	
10	Occupancy taxes	10	
11	Other miscellaneous taxes	11	2,653
12	Built in gains tax allocated to ordinary income	12	
13	Licenses	13	
14	Total to Form 1120S, Page 1, Line 12	14	97,419

	Schedule M-2/Retained Earnings Worksheet Orm 1120S (Keep for your records) Oration Name	2011
	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) Difference (line 4 minus line 5) (should be zero)	. 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 3	Ending retained earnings (Schedule L, column d, line 24) Beginning retained earnings (Schedule L, column b, line 24) Retained earnings change (line 1 minus line 2)	. 2 134,690
4 5 6	Ending AAA plus OAA	. 5 134,690
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	
11 12 13 14 15	Additions to net income per books (Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3) Income included on Schedule K not recorded on books	
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 appron line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100. Permanent differences	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 Adjustments to retained earnings (Schedule L, line 25 column d minus Schedule L, line 25, column b) M-2 amount after M-1 timing adjustments (add lines 6, 15, 19, and 20) M-2 amount after M-3 timing adjustments (add lines 6, 18, 19, and 20)	. 19 . 20 . 21 (16,574)
23	Net reconciliation difference (line 3 minus line 21 or 22)	. 23

		***************************************		AMT			4,879		16,293	8,438	428	1,111		311			31,460	(1,850)
Sum.	PAGE 1	EIN	Ð								2,995	7,775		934				J:
		Social security numbering	56-2371654	Bonus depreciation							Σď	PY		PY				ST ADJ:
		Social		Prior expense					50,000				48,720		54,660	5,854	176,810	
				Accumulated Depreciation	9,151	1,304	40,455	17,576	139,612	37,971	4,493	11,663	48,720	1,712	54,660	5,854	373,171	
				Current depr.			4,879		***	ထ	5 428	1,111	***********	311			31,460	
				Rate	0	0	6.667	0	14.286	14.286	14.286	14.286	20	33.333	20	33.333		
ail List	s only			Method			T HX				L HY	L HY		T HY	I. HY	L HY		
Det	FORM 1120S our records o			e Life			T/S C		************						s/r	S/I		
Depreciation Detail Listing	For your records only			Depreciation Basis	9,1517	1,3047	73,18815	0	114,0547	59,0667	2,9957	7,7757	0 5	934 3	0 5	0	268,467	
De				Section 179		۰			0 50,000				0 48,720		٠,	5,854	176,810	
				Business percentage	100.00	100.00	700.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00		
				Salvage														
				Cost	9,151	1,304	/3,188	17,576	164,054	59,066	5,990	15,550	48,720	1,868	54,660	5,854	456,981	456,981
			PROF CORP	Date	20030625	20030625	VX0030623	20050703	20060703	20070701	20080701	20080801	20090701	20090701	20101228	20100217		L.
* Item was disposed	or duling carrent year.	Name(s) as shown on return	DANKA K MICHAELS MD PROF CORP	Description	1	MEDICAL EQUIPMENT 20030628										12 COMPUTER EQUIP	Totals	Land Amount Net Depreciable Cost
= 4	5	Z.	I	ż	Н	2 0	י י	₹ 1	in i	9	~	œ	OΙ	, -1	H	m		

Danka Michaels001905

		Next Year's De	epreciation			4	2011
Name					FEIN		
DANK	Multi-Form 1 1 1 1 1 1 1 1 1 1 1 1 1	CHAELS MD PROF CORP Description OFFICE FURNITURE MEDICAL EQUIPMENT LEASEHOLD IMPROVEMENT MED EQUIP MED EQUIP MED EQUIP MED EQUIP MED EQUIP SPA EQUIP SOFTWARE MEDICAL EQUIP COMPUTER EQUIP TOTAL	Date 20030625 20030625 20030625 20050701 20060701 20080701 20080801 20090701 20101228 20100217	9,151 1,304 73,188 114,054 59,066 2,995 7,775	FEIN Method SL SL SL SL SL SL SL SL SL S		56-2371654 Deduction

2011
Your Social Security Number
56-2371654
Y C

Form to be filed: Form 1120S and supplemental forms and schedules

Sign and date: An officer must sign and date Form 1120S on page 1.

Address to file: Department of the Treasury Internal Revenue Service

Ogden, UT 84201-0013

Refund: Neither a refund nor a balance due

Other Instructions: This is an amended Form 1120S. Attach a statement

that identifies the line number of each amended item, the corrected amount or treatment of the item, and an explanation of the reasons for each change. If the income, deductions, credits, or other information provided to any shareholder on

Schedule K-1 are incorrect, file an amended

Schedule K-1 for that shareholder with the amended Form 1120S. Also give a copy of the amended $\,$

Schedule K-1 to that shareholder.

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

Invoice Date: 08/24/2012

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

Description	of Charges	***************************************	Price
Federal and	Supplemental Forms		
Form 1120S	- U.S. S Corp Income Tax Return Page 1		\$
Form 1120S	- U.S. S Corp Income Tax Return Page 2		۲
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 11:	20S	
Form 8941	- Small Employer Health Insurance Premis	ım Cr	
Statement 1120S	- Subsidiary Schedule for 1120S		
Statement 1120S	- Subsidiary Schedule for 1120S		
Statement 1120S	- Form 1120S Statement - Line 5		
Statement 1120S	- Form 1120S Statement - Line 19		
Statement 1120S	- Form 1120S, Schedule A Statement - Lin	ne 5	
Statement 1120S	- Form 1120S, Schedule K Statement - Lin	ne 13g	
Statement 1120S	- Subsidiary Schedule for 1120S		
Statement 26	- Schedule M-1 Statement - Line 3B		
Statement 29	- Schedule M-2 Statement - Line 3		
Statement 30	- Schedule M-2 Statement - Line 5		
K1_Dist	- Shareholder's Share of Distributions		
K-Kl Comparison	- Comparison of Schedule K to K-1		
Next Year Depr	- Next Year Depreciation Schedule		
Wksht Tax/Lic	- Taxes and Licenses Worksheet		
Wksht 8941	- Form 8941 Worksheet A and B		
Wksht 8941	- Form 8941 Worksheet A and B		
Comparison	- Tax Year Comparison Sheet		
Wksht M-2	- Schedule M-2 Worksheet		
Depr Sch	- Federal Depreciation Schedule		
ST Depr Sch	- State Depreciation Schedule		
Total Forms	: 29	Forms Subtotal	0.00

		Total Balance Due	0.00

1120S	Sub S Corporation Diagnostic Summary	2011
Name		Employer Identification #
DANKA K MICHAEL	S MD PROF CORP	56-2371654

Demographics

Mailing Address: 7373 PEAK DR NO 160

LAS VEGAS, NV 89134

Phone:

Resident State: NV

Diagnostics

Preparer: ROBERT S SEMONIAN Invoice: Date: 08-24-2012

Return Information

Item on Return	2011	2010 Federal
item on Neturn	Federal	(If available)
Total Assets	223,521	294,753
Number of Shareholders	1	1
Gross Receipts/Sales	1,652,631	1,409,564
Total Income	1,345,629	1,316,816
Total Deductions	1,345,688	1,143,954
Ordinary Income	(59)	172,862
Тах		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due		
2220 Penalty		
Total Equity	135,116	151,690

State/City Information

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

г				y
	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				
Other income				
Total income	1,005,858	1,316,816	1,345,629	28,813
Deductions				
Compensation of officers	202,500	197,000	216,000	19,000
Salaries and wages	292,120	399,940	525,699	125,759
Repairs and maintenance	20,323	9,153	12,577	3,424
Bad debts				
Rents	79,909	100,528	101,896	1,368
Taxes and licenses	41,538	80,702	97,419	16,717
Interest	4,323	2,880	7,822	4,942
Net depreciation	33,732	32,521	31,460	(1,061)
Depletion		<u></u>	51,100	(1,001)
Advertising	35,120	24,953	23,124	(1,829)
Pension, profit-sharing	395	10,635	18,391	7,756
Employee benefits	325	42,922	20/001	(42,922)
Other deductions	230,210	242,720	311,300	68,580
Total deductions	940,170	1,143,954	1,345,688	201,734
Ordinary business income(loss)	65,688	172.862	(59)	(172,921)
Tax	33,000	1,2,002	(92)	121212211
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23d				
Results				
Amount owed				
Overpayment		·····		
Applied to estimate				
Refund				
	<u>l</u>			

SCHEDULE K - Shareholder's Share Items

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

2009

2010

2011

DIFFERENCE

1120S TAX RETURN COMPARISON 2009 / 2010 / 2011

2011

 Name(s) as shown on return
 Identifying number

 DANKA K MICHAELS MD PROF CORP
 56-2371654

Post of	2009	2010	2011	DIFFERENCE
Deductions	FEDERAL	FEDERAL	FEDERAL	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				
Gross income sourced at shareholder level				
Foreign gross income sourced at corporate level				
Passive category				
General categories				
Other Deductions allocated and apportioned at shareholder level				
Interest expense				
Other. Deductions allocated / apportioned at corp. level to foreign source inc.				
Passive category				
General categories			***************************************	
Other				
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment				
Adjusted gain or loss				
Depletion				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
Items Affecting Shareholder Basis				
Tax-exempt interest income			****	
Other tax-exempt income			**************************************	
Nondeductible expenses	115	10	2,353	2,343
Property distributions	25,000		14,288	14,288
Repayment of loans from shareholders	23,000		13,200	14,200
Other information				
Investment income	134	57	126	69
Investment expenses	104	3,7	120	09
RESIDENT STATE				
Taxable income				
Total tax	w		***************************************	
Overpayment				
Balance due				
	2009	2010	2011	DIFFERENCE

Form **8941**

Credit for Small Employer Health Insurance Premiums

rm8941.

Department of the Treasury Internal Revenue Service ▶ Information about Form 8941 and its inst. is available at www.irs.gov/form8941.
 ▶ Attach to your tax return.

Attachment Sequence No. 63

OMB No. 1545-2198

2011

Name(s) shown on return	Identify	ring number
ממ	NKA K MICHAELS MD PROF CORP	56-	-2371654
	WILL K HIOMADID HD I KOI COKE	1 30	-23/1034
1	Enter the number of individuals you employed during the tax year who are considered		
	employees for purposes of this credit (see instructions)	1 1	17
2	Enter the number of full-time equivalent employees you had for the tax year (see instructions). If		<u>+ / </u>
	you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	12
3	Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or		<u> </u>
	more, skip lines 4 through 11 and enter -0- on line 12	3	43,000
4	Premiums you paid during the tax year for employees included on line 1 for health insurance		157000
	coverage under a qualifying arrangement (see instructions)	4	44,766
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the		<u> </u>
	average premium for the small group market in which you offered health insurance coverage		
	(see instructions)	5	81,277
6	Enter the smaller of line 4 or line 5	6	44,766
7	Multiply line 6 by the applicable percentage:		11//00
	Tax-exempt small employers, multiply line 6 by 25% (.25)		
	All other small employers, multiply line 6 by 35% (.35)	7	15,668
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	8	13,584
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9	2,303
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to		
	you for premiums included on line 4 (see instructions)	10	
11	Subtract line 10 from line 4. If zero or less, enter -0-	11	44,766
12	Enter the smaller of line 9 or line 11	12	2,303
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of		2,505
	employees included on line 1 for whom you paid premiums during the tax year for health		
	insurance coverage under a qualifying arrangement (see instructions)	13	9
14	Enter the number of full-time equivalent employees you would have entered on line 2 if you only		
	included employees included on line 13	14	8
15	Credit for small employer health insurance premiums from partnerships, S corporations,		
	cooperatives, estates, and trusts (see instructions)	15	
16	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small		
	employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here		
	and report this amount on Schedule K. All others, stop here and report this amount on Form		
	3800, line 4h	16	2,303
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see		27505
	instructions)	17	
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount		
	on Form 3800, line 4h	18	
19	Enter the amount you paid in 2011 for taxes considered payroll taxes for purposes of this credit	 	
	(see instructions)	19	
20	Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T.	 	
	line 44f	20	
For Pa	perwork Reduction Act Notice, see separate instructions.	<u></u>	Form 8941 (2011)

nareholder's name		Distribution Informat	tion 20	111 holder's ID Number
ANKA MICHAEI ame of S Corporation	iS		Sen	porauon's env
	ELS MD PROF CORI	<u> </u>	1	5-2371654
Date of Distribution	Total Amount of Distribution	Ownership % at Date of Distribution	Shares	Shareholder's Pro Rate
12-31-2011	14,288	100.00	1000.00000	14,288
TOTAL				14,288

FORM 8941	WORKSHEETS 1 and 4	2011
	(Keep for your records)	
Name(s) as shown on return		Identifying Number
DANKA K MICHAE	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
1. ALTMEYER	1,669	21,697
2. ALTMEYERS	22	178
3. ASHMAN	2,080	117,487
4. CARILLO	2,080	73,339
5. GOROC	320	6,400
6. LANG	2,080	54,800
7. LOYA	760	4,750
8. MAKNO	2,080	31,400
9. MARTIN	99	985
10. MCLINTIC	149	1,485
11. OBRIEN	2,080	43,363
12. PAQUE	2,080	27,240
13. PICKENS	2,080	25,100
14. QUBIN	2,080	45,332
15. SHAW	2,080	25,375
16. SUBERTOVA	1,552	31,040
17. WOLF	1,846	15,230
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
Totals: 17	25,137	525,201

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

WK_8941A,LD

Danka Michaels001914

FORM 8941	WORKSHEETS 2, 3, 5, 6, and 7	2011
	(Keep for your records)	
Name(s) as shown on return		Identifying Number
DANKA K MTCHAE	T.S MD PROF CORP	56-2271654

Worksheet 2. Full-Time Equivalent Employees (FTEs)

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

Worksheet 3. Average Annual Wages

Worksheet 5. FTE Limitation

1. Enter the amount from Form 8941, line 71.	15,668
2. Enter the amount from Form	
8941, line 2 2. 12	
3. Subtract 10 from line 2 3. 2	
4. Divide line 3 by 15. Enter	
the result as a decimal	
(rounded to at least 3	
places 4. 0 . 133	
5. Multiply line 1 by line 4 5.	2,084
6. Subtract line 5 from line 1. Report this	
amount on Form 8941, line 8 6.	13,584
1	

Worksheet 6. Average Annual Wage Limitation

1. Enter the amount from Form 8941, line 8 1. 13, 584
2. Enter the amount from Form
8941, line 7 2. <u>15,668</u>
3. Enter the amount from Form
8941, line 3 3. <u>43,000</u>
4. Subtract \$25,000 from
line 3 4. <u>18,000</u>
5. Divide line 4 by \$25,000
Enter the result as a decimal
(rounded to at least 3
places) 5. <u>0 . 720</u>
6. Multiply line 2 by line 5 6. 11, 281
7. Subtract line 6 from line 1. Report this
amount on Form 8941, line 9 7. 2,303

Worksheet 7. FTEs Enrolled in Coverage

Enter the total enrolled employee hours of
service from Worksheet 4, column (d) 1. 18,309
2. Hours of service per FTE
3. Divided line 1 by line 2. If the result is not a
whole number (0, 1, 2, etc.), generally
round the result down to the next lowest
whole number. However, if the result is
less than one, enter 1. Report this amount
on Form 8941, line 14 38
less than one, enter 1. Report this amount

Form 1125-A

(December 2011)

Department of the Treasury Internal Revenue Service

Cost of Goods Sold

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

OMB No. 1545-2225

vame			Employer identifica	ation numb	er
IAC	NKA K MICHAELS MD PROF CORP		56-2373	1654	
1	Inventory at beginning of year	1		20,	000
2	Purchases	2		184,	
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,	
7	Inventory at end of year	7		20,	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the				
	appropriate line of your tax return (see instructions)	8		307.	002
9a	Check all methods used for valuing closing inventory:				
	(i) 🔀 Cost				
	(ii) Lower of cost or market				
	(ii) Other (Specify method used and attach explanation.)				
b	Check if there was a writedown of subnormal goods				П
С	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)				П
d	If the LIFO inventory method 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 corporation?			Yes	X No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory				
	attach explanation			Yes	X No

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.

ETD_MSG.LD

1120SEF	2012		
		(Keep for your records)	
me(s) as shown on return ANKA K MTCHAI	ELS MD PROF COF	P D	EIN number 56-2371654
3141411 10 1112 011241	GBS AD TROE COL	X E	100-2371004
o following will be tran	amilia d to the IDC	V 4000 T 7004 T 4 1 1	
e following will be tran	smitted to the IRS.	X 1120S 7004 Amended	
e following state return	is will be transmitted:		

-			
	MANUAL TO THE PARTY OF THE PART		
			· · · · · · · · · · · · · · · · · · ·
			American (1997)

e following returns have	a haan suppressed or are a	ot eligible and will NOT be transmitted.	
e following fetatins hav	c been suppressed of are in	ot engine and will NOT be transmitted.	
	***************************************	-	

		Application of the state of the	

***************************************	***************************************		***************************************
	between the second seco		
	***************************************		***************************************
Notes	***************************************		

Form 1120S

For calendar year 2012 or tax year beginning

U.S. Income Tax Return for an S Corporation

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

. 2012, ending

OMB No. 1545-0130

Department of the Treasury ▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s. Internal Revenue Service

2012 20

A Selec				Name						er identification number
		2003	TYPE	DANKA K MIC)RP		56-23	371654
B Susine			OR	Number, street, and room or	rsuite no If a PO box, se	e instructions.			E Date inco	orporated
		structions)		3320 N BUF	FALO DR				06-25	5-2003
621	<u>111</u>		PRINT	City or town, state, and ZIP	code				F Total ass	sets (see instructions)
C Check	if Sch. N	1-3						200		
attache				LAS VEGAS		NV	89129		\$	116,090
				corporation beginning			∑ No If "\	es," attach	Form 25	53 if not already filed
				Name change (3)						
				o were shareholders du						> 1
Caution	. Inclu	de only trade	or busines:	s income and expenses	on lines 1a through	21. See the i	nstructions for m	ore informa	ation.	
	1 a	Gross receip	ts or sales				1a 1,55	7,314		
	b					L	1b		_	
d)	c	Balance, Sub	tract line 1	b from line 1a · · ·					1c	1,557,314
Income	2	Cost of good	s sold (atta	sch Form 1125-A)					2	305,618
) L	3	Gross profit.	Subtract lin	ne 2 from line 1c · ·		<i>.</i>			3	1,251,696
	4	Net gain (los:	s) from Fo	m 4797, line 17 (attach	Form 4797)				4	
	5	Other income	e (loss) (se	e instructions - attach s	tatement)				5	
	6	Total incom-	e (loss). 🗡	Add lines 3 through 5				>	6	1,251,696
	7	Compensation	on of officer	s					7	195,000
(SL	8	Salaries and	wages (les	ss employment credits)					8	531,238
atio	9	Repairs and	maintenan	ce		. <i>.</i>			9	14,005
mit	10	Bad debts		<i></i>					10	
J. 1.	11								11	99,305
ıs fo	12	Taxes and lic	enses	<i></i>			· · · ATT· ST	L	12	62,124
tion	13	Interest		<i></i>		. <i>.</i>			13	
truc	14	Depreciation	not claime	d on Form 1125-A or els	sewhere on return (a	ittach Form 45	562)		14	31,305
ins	15	Depletion (De	o not dedu	ict oil and gas depletion	on.)				15	
see	16	Advertising							16	21,130
) si	17	Pension, prof	fit-sharing,	etc., plans					17	16,433
jë	18	Employee be	nefit progra	ams					18	49,571
D I	19	Other deduct	ions (attac	h statement)			···Stateme	ent·#2·	19	270,787
Deductions (see instructions for limitations)	20			l lines 7 through 19					20	1,290,898
_	21	Ordinary bus	siness inc	ome (loss). Subtract lir	ne 20 from line 6				21	(39,202)
	22 a	Excess net pa	assive inco	me or LIFO recapture t	ax (see instructions)		22a			
	b	Tax from Sch	edule D (F	orm 1120S)			22b		7	
	С	Add lines 22a	and 22b (see instructions for add	litional taxes) .				22c	
Tax and Payments	23 a	2012 estimate	ed tax payı	ments and 2011 overpa	yment credited to 20	12 .	23a			
me	b	Tax deposited	d with Forn	7004			23b	~	7	
ay	С	Credit for fed	eral tax pa	id on fuels (attach Form	4136)		23c		7	
ē l	d	Add lines 23a	through 2	3c					23d	
ä	24	Estimated tax	c penalty (s	ee instructions). Check	if Form 2220 is atta	ched		. ▶ □	24	
<u>1</u> 3	25	Amount owe	d. If line 2	3d is smaller than the to	otal of lines 22c and :	24, enter amo	unt owed .		25	
	26	Overpaymen	t. If line 23	ld is larger than the tota	l of lines 22c and 24	, enter amoun	it overpaid		26	
	27			26 Credited to 2013 es				nded 🕨	27	······································
				that I have examined this retui					May the IR:	S discuss this return
		best of my knowled nformation of which		, it is true, correct, and comple any knowledge.	te Declaration of prepare	(other than taxpa	iyer) is based on		with the pre	eparer shown below
			parar mac	, memeege.					(see instruc	ctions)? Yes X No
Sign		ANKA MI	CHAEI	S MD			▶ PR	ESIDE	ΝΤ	
Here	S	ignature of officer				Date	Title			**************************************
	7	Print/Type prepare	r's name	Prepa	rer's signature		Date	Che	ck 🛚 if	PTIN
Paid		ROBERT S	SEMO	NIAN CPA			05-23-2	1	employed	200391972
Prepar			> ROBEF		N CPA			Firm's EIN		-4514704
Use O	nly [Firm's address	▶РО ВС	X 5605		***************************************		Phone no.		
			Ventu	ıra CA 93005)				(8	05)659-5344

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2012)

	hedule B Other Information (see instructions) 56-2371654	F	Page 2
1	Check accounting method: a ☐ Cash b ☐ Accrual c ☐ Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
	a Business activity ▶ PHYSICIAN b Product or service ▶ MEDICAL CARE		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a		<u> </u>
	nominee or similar person?		Х
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly. 50% or more of the total stock issued and outstanding of any		
	foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v)		
	Delow		X
	(i) Name of Corporation (ii) Employer Identification Number (iii) Country of Incorporation (iv) Percentage of Stock Owned (v) If Percentage in (iv) is 100 Date (if any) a Qualified Sub-Subsidiary Election Was	chapter	
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or		
	capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a		
	trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		Х
	(ii) Name of Entity (ii) Employer Identification Number (iii) Type of Entity (iv) Country of (v) Maximum Percentage Ow Organization (v) Maximum Percentage Ow Organization	ned in P	rofit.
			····
5 a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock?		Х
	If "Yes," complete lines (i) and (ii) below.		
	(i) Total shares of restricted stock		
h	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?		37
~	If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of stock outstanding at the end of the tax year		
	(ii) Total shares of stock outstanding if all instruments were executed		
6	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide		
	information on any reportable transaction?		Х
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ □		
	If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an		
	asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in		
	the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions)		
9	Enter the accumulated earnings and profits of the corporation at the end of the tax year.		
0	Does the corporation satisfy both of the following conditions?		
a	The corporation's total receipts (see instructions) for the tax year were less than \$250,000	l	
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 required to complete Schedules L and M-1.		
1	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the		
	terms modified so as to reduce the principal amount of the debt?		Х
2	If "Yes," enter the amount of principal reduction \$		
2 3 a	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
	The state of the s		X
EA	If "Yes," did the corporation file or will it file all required Forms 1099? Form 11	205 /	20121
	0.00.11	~~~ (

		S(2012) DANKA K MICHAELS MD PROF CORP	56-2	371654 Page 3
Scl	nedu	ile K Shareholders' Pro Rata Share Items	7	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	1	
	С	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Interest income	4	
ŝ	5	Divídends: a Ordinary dividends	5a	
ncome (Loss)		b Qualified dividends		
1)	6	Royalties	6	
Ĕ	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
ű	1	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b	Collectibles (28%) gain (loss)	Ja	
	c	Unrecaptured section 1250 gain (attach statement) 8c	-	}
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10			
	11	Other income (loss) (see instructions) · Type ► Section 179 deduction (attach Form 4562) · · · · · · · · · · · · · · · · · · ·	10	
ns		· · · · · · · · · · · · · · · · · · ·		1,437
Deductions	12a	Charitable contributions		
ğ	Ь	Investment interest expense	12b	
De	C	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	d	Other deductions (see instructions) · · · Type	12d	
	13a	Low-income housing credit (section 42(j)(5))		
	b	Low-income housing credit (other)		
(0	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
Credits	d	Other rental real estate credits (see instructions) · · Type *	13d	
G	е	Other rental credits (see instructions) Type	13e	
0	f	Alcohol and cellulosic biofuel fuels credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type ► Statement #12	13g	161
	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	14d	
	е	General category	14e	
u	f	Other (attach statement)	14f	
Foreign Transaction		Deductions allocated and apportioned at shareholder level		
ısa	g	Interest expense	14g	
Ľai	h	Other	14h	
=		Deductions allocated and apportioned at corporate level to foreign source income		
G	i	Passive category	14i	
FO	j	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	
× m	b	Adjusted gain or loss	15b	
Ta em:	c	Depletion (other than oil and gas)	15c	
Alternative Minimum Tax (AMT) Items	d	Oil, gas, and geothermal properties-gross income	15d	
Ain	е	Oil, gas, and geothermal properties-deductions	15e	
Σ3	f	Other AMT items (attach statement)	15f	
2 7	16a	Tax-exempt interest income	16a	
<u> </u>	b	Other tax-exempt income	16b	
eho sis	c	Nondeductible expenses	16c	3 7 / /
Shareholder Basis	d	Distributions (attach statement if required) (see instructions)	-	1,744
S 2	e	Repayment of loans from shareholders	16d	29,643
EEA		repairment of route in an entropy of the control of	16e	Form 44205 (2040)
				Form 1120S (2012)

_	h 1120S (2012) DANKA K MICHAEI hedule K Shareholders' Pro Rata Share I	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	KP		<u> </u>	371654 Page
L		tems (continued)			47	Total amount
Other Information					17a	
the.	c Dividend distributions paid from accum	17b				
الوت	d Other items and amounts (attach state		s		176	
	a one temorita (attach state	menty		***************************************	┼─┼╌	
Recon- ciliation	18 Income/loss reconciliation. Combine	the amounts on lines 1 th	arough 10 in the far righ	sf.		
Rec	column. From the result, subtract the s		5		18	(40,639
	hedule L Balance Sheets per Books	Beginning of			End of tax	
	Assets	(a)	(b)	(c)	Lind or tax	(d)
1	Cash	(-)	114,995	1		37,517
2 a	Trade notes and accounts receivable			1		37,317
b	Less allowance for bad debts	((
3	Inventories	È 1	20,000	l		20,000
4	U.S. government obligations	-		1	-	20,000
5	Tax-exempt securities (see instructions)			1	<u> </u>	
6	Other current assets (attach statement)	Statement #19	4,716	 Statement #1		6,068
7	Loans to shareholders			Tacamene #.		0,000
8	Mortgage and real estate loans			1	<u> </u>	······································
9	Other investments (attach statement)			1		
10 a	Buildings and other depreciable assets	456,981		458,4	18	
b	Less accumulated depreciation	(373,171)	83,810	(405,9		52,505
11 a	Depletable assets			1		
b	Less accumulated depletion	()		(
12	Land (net of any amortization)			<u> </u>		
13 a	Intangible assets (amortizable only)				<u> </u>	
b	Less accumulated amortization	()		(7	
14	Other assets (attach statement)			<u> </u>		
15	Total assets		223,521		 	116,090
	Liabilities and Shareholders' Equity					
16	Accounts payable					
17	Mortgages, notes, bonds payable in less than 1 year		22,655	İ		21,024
18	Other current liabilities (attach statement) .	Statement #22	······································	Statement #2	2	10,652
19	Loans from shareholders					
20	Mortgages, notes, bonds payable in 1 year or more .		65,750			21,324
21	Other liabilities (attach statement)			· ·		
22	Capital stock		17,000			17,000
23	Additional paid-in capital			1		
24	Retained earnings		118,116			46,090
25	Adjustments to shareholders' equity (attach statement)					
26	Less cost of treasury stock)		(
27	Total liabilities and shareholders' equity	1 -	223,521	1	<u> </u>	116,090

							P \ T T T C
Schedule K-1				Final K-1	Amend	***************************************	OMB No 1545-0130
(Form 1120S)	70.0	2012	Pa	rt III I			Current Year Income,
Department of the Treasury	calendar year 2012, or tax	0010	1	~~~~~	Deductions, Credi	13	Credits
Internal Revenue Service	r beginning	. 2012		1	(39,202)	P*	STMT
	ending		2		al estate income (loss)		SIMI
Shareholder's Share of	f Income, Deduc	tions,					
Credits, etc.	See page 2 of form and separate is	nstructions.	3	Other net ren	ital income (loss)	1	
		***************************************	1				
Part I Information Ab	out the Corporation		4	Interest incor	ne	1	
A Corporation's employer identification nu	mber		1			ļ	
56-2371654			5a	Ordinary divi	dends	1	
B Corporation's name, address, city, state.			<u> </u>				
DANKA K MICHAELS	MD PROF CORP		5b	Qualified divi	dends	14	Foreign transactions
						1	
3320 N BUFFALO D	R		6	Royalties			
130 37703						1	
LAS VEGAS	NV 8912	9	7	Net short-terr	n capital gain (loss)		
C IRS Center where corporation filed return	**			National Control		-	
OGDEN	H		8a	ivel long-term	n capital gain (loss)		
			8b	Collectibles (28%) gain (loss)	1	
Part II Information Ab	out the Shareholder		35	Conecubies (.	20 ki gani (ioss)		
D Shareholder's identifying number		·	8c	Unrecaptured	1 section 1250 gain	1	
5 Share-rolder 3 identifying humber							
E Shareholder's name, address, city, state	and ZIP code		9	Net section 1.	231 gain (loss)	1	
DANKA MICHAELS	,						
			10	Other income	(loss)	15	Alternative minimum tax (AMT) items
7373 PEAK DR							
LAS VEGAS	NV 8912	8					
			ĺ				
F Shareholder's percentage of stock							
ownership for tax year	100.00	000 %					
			11	Section 179 d	feduction	16	Items affecting shareholder basis
			,	CECION 113 G	1,437	C	1,744
			12	Other deducti			1, / 12 12
						D	29,643
							27,0.0
				}			
				ļ			
	Chapiriyana bili						
						İ	
For IRS Use Only							
						17	Other information
	ARAM MANIN						
				L		L	
				* See att	tached statement fo	or additi	onal information.
					······································		

For Paperwork Reduction Act Notice, see Instructions for Form 1120S. EEA IRS.gov/form1120S

Schedule K-1 (Form 1120S) 2012

Schedule K-1 Supplemental Information DANKA MICHAELS	2012 Shareholder's ID Number
Name of S Corporation DANKA K MICHAELS MD PROF CORP	S Corporation's EIN 56-2371654
CODE DESCRIPTION OTHER CREDITS CREDIT FOR SMALL EMPLOYER HEALTH INS. PREMIUMS TOTAL	<u>AMOUNT</u> 161

Form	4562		Depre	eciation a	and A	mort	izati	on			OMB No. 1545-0172
			(Including	Informat	ion on	Liste	d Pro	perty	r)		2012
	ment of the Treasury I Revenue Service (99)		► See separate			Attach to			•		Attachment Sequence No. 179
Name(s) shown on return				Business or	activity to wh	nich this fo	rm relates	***************************************		Identifying number
DAN	IKA K MICHAI					M 112	0 S				56-2371654
Pa	tl Election	To Expens	e Certain Pr	operty Unde	er Secti	on 179	***************************************	· · · · · · · · · · · · · · · · · · ·		***************************************	
	Note: If you	have any liste	ed property, comp	olete Part V befo	re you co	mplete Pa	rt I.			,	
1	Maximum amount (se		*							1	500,000
2	Total cost of section 1									2	1,437
3	Threshold cost of sec		•			,				3	2,000,000
4	Reduction in limitation									4	0
5	Dollar limitation for tax						9				
	separately, see instru	***************************************	***************************************		~~~~~					5	500,000
6		Description of p	roperty		(b) Cost (bu	siness use or		(c) Ele	cted cost		
	QUIP				***************************************	1,43			1,4	37	
7	listed assets Francis	at		1		····					
8	Listed property. Enter					L	7				4 400
9	Total elected cost of s				,					8	1,437
10	Tentative deduction.									9	1,437
11	Carryover of disallower									10	4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
12	Business income limit							(see inst	,	11	155,637
13	Section 179 expense Carryover of disallower							• • • •	• • •	12	1,437
*****	Do not use Part II or						13	·			
Par	t II Special D	enreciatio	n Allowance	y, instead, use r	Denrec	iation (D	in all of a fi			(See instructions.)
14	Special depreciation a								stea prop	perty.)	(See Instructions.)
• •	during the tax year (se									4.4	
15	Property subject to se		,							14 15	
16	Other depreciation (in		•							16	31,305
Par	t III MACRS I	Depreciati	on (Do not inc							10	21,302
L			(ction A	7 111011 40110	110.)				***
17	MACRS deductions for	or assets plac	ed in service in ta			2012				17	
18	If you are electing to g										
	asset accounts, check			-							
	Section	~~~~~	Placed in Servi							Syste	m
			(b) Month and year	(c) Basis for depre	eciation	(d) Recover					
	(a) Classification of prop	erty	placed in service	(business/investme only-see instruct		period	' (e) Co	envention	(f) Meth	od .	(g) Depreciation deduction
19 a	3-year property										
b	5-year property										
С	7-year property										
d	10-year property										
<u>e</u>	15-year property										
f	20-year property								***************************************		
g	25-year property					25 yrs.			S/L		
h	Residential rental					27.5 yrs.		VIM	S/L		
	property					27.5 yrs.		ИM	S/L		
i	Nonresidential real					39 yrs.	1	ИM	S/L		
	property		L					ИM	S/L		
		n C - Assets	Placed in Servic	e During 2012	Tax Year	Using the	Alterna	ative Dep	reciatio	n Syst	em
	Class life								S/L		
	12-year	·····				12 yrs.			S/L		
Par	40-year	1.10	l			40 yrs.	1	иM	S/L	1	
L		(See instru									·····
21	Listed property. Enter				0:				٠	21	
22	Total. Add amounts fr		-							_	01 00-
22	here and on the appro		-	•		-	nstructio	ons		22	31,305
23	For assets shown abo						,,				
For D	portion of the basis att aperwork Reduction						23	***************************************			F
LOI L	abel work Reduction	MULTINUTICE, S	ee separate inst	.; uCuO115.							Form 4562 (2012)

EEA

OMB No 1545-1863 IRS e-file Signature Authorization for Form 1120S Form 8879-S Do not send to the IRS. Keep for your records. 2012 Information about Form 8879-S and its instructions is at www.irs.gov/form1120S. Department of the Treasury Internal Revenue Service For calendar year 2012, or tax year beginning . 2012. endina Name of corporation Employer identification number ANKA K MICHAELS MD PROF CORP Part I Tax Return Information (Whole dollars only) Gross receipts or sales less returns and allowances (Form 1120S, line 1c)

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

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

Ordinary business income (loss) (Form 1120S, line 21)

Income (loss) reconciliation (Form 1120S, Schedule K, line 18)

4 Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)

Officer's PIN: check one box only I authorize ROBERT S SEMONIAN CPA

ERO firm name

do not enter all zeros

on the corporation's 2012 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2012 electronically filed income tax return.

Part III Certification and Authentication

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

do not enter all zeros

3

4

5

(40,639)

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

Officer's signature

3

ERO's signature ► ROBERT S SEMONIAN CPA

Date > 05-23-2013

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

For Paperwork Reduction Act Notice, see instructions.

Form 8879-S (2012)

EEA

Listing of Shareholder Distributions	2012
ame(s) as shown on return	Employer Identification Number
ANKA K MICHAELS MD PROF CORP	56-2371654
ate	Amount

2-31-2012	29,643
TOTAL	29 643
	29,643

WK DISTLD

	Summary of St	ock Ov	/nership		2012	2	
CORPORATION NAME DANKA K MICHAELS MD PROF	CORP			***************************************	EIN 56-2371654		
Shareholder Information Shares				% Ownership			
Name	EIN/SSN	Туре	Beginning	Ending	Beginning	Ending	
DANKA MICHAELS		1	1,000	1,000	100.00000	100.00000	
TOTAL			1,000	1,000			
	en e la company						
	-						

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 COMMISSIONS EDUCATION AND TRAINING EQUIPMENT RENTAL/LEASE GIFTS LIABILITY INSURANCE WORKERS COMP INSURANCE INTERNET JANITORIAL LEGAL AND PROFESSIONAL 50% MEALS AND ENTERTAINMENT FORM 8941 CREDIT ADJUSTMENT MISCELLANEOUS OFFICE EXPENSE PAYROLL PROCESSING EXPENSE POSTAGE/SHIPPING PRINTING SECURITY SUPPLIES TELEPHONE UTILITIES EMPLOYUEE AUTO REIMBURSEMENTS BILLING SERVICE EQUIPMENT MAINT CONTRACTS MANAGEMENT FEES ANSWERING SERVICE BANK AND MERCHANT FEES BOOKKEEPING FEES TOTAL	AMOUNT 79,102 1,253 2,428 745 56,682 1,503 1,253 12,211 1,117 1,584 (161) 1,209 22,571 3,236 3,818 720 468 2,234 8,383 7,973 3,233 6,958 5,063 12,469 1,345 17,146 16,244
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES VACCINES TOTAL	PG01 Statement #5 AMOUNT 7,049 6,600 72,570 3,945 29,290 46,679

STATMENT LD

Name(s) as shown on return	Federal Supporting Statemen	ts	2012 FEIN	PAGE 1
DANKA K MICHAELS MD PR	OF CORP		56-237	1654
FOR	M 1120S, SCHEDULE K, LIN	E 13g	Stat	ement #12
DESCRIPTION CREDIT FOR SMALL EMPLO	YER HEALTH INS. PREMIUMS		Manufacture and special colors (1990).	AMOUNT 161 161
OTHER CURRENT ASSETS	OS, SCHEDULE L, LINE 6		STM	PG01 19
DESCRIPTION Note receivable		BEG OF YI	EAR E	ND OF YEA 6,06
FOTAL		4,	200,000	6,06
FORM 1120 DITHER CURRENT LIABILITY DESCRIPTION SALES TAX PAY EMPLOYEE TIPS PAY PAYROLL TAXES PAY FOTAL	OS, SCHEDULE L, LINE 18 IES	BEG OF YE	STM	PG01 22 ND OF YEZ 2,32 1,68 6,64
	SCHEDULE M-1 LINE 3B		State	PG01 ement #26

STATMENT LD

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

STATMENT.LD

Form 1120S	5				K-K1 Co	mparison Wo	rksheet	2012	
					(Kee	ep for your records)		
S CORPORATION	ON NAME							EIN	
DANKA	K MIC	HAELS	MD	PROF	CORP			56-2371654	

7 1 4 1	KA K MICHAELS MD PROF CORP	**************************************	<u>l</u>	56-2371654
	Description	Schedule K	K-1 Totals	Difference
	Ordinary business income (loss)	(39,202)	(39,2	
	Section 179 deduction	1,437	1,4	
	Other credits	161		61
	Wondeductible expenses	1,744	1,7	
D	Property distributions	29,643	29,6	43
	•			
		1		1

	Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-filed Including with a paper filed return is optional.	3	2012
CORPORATION NAME			EIN
ANKA K MICHAE	LS MD PROF CORP		56-2371654
Taxes and Licenses	Form 1120\$		Page 1, Line 12
1 State income taxes		1	
2 State franchise taxes		2	
3 City income taxes		3	
4 City franchise taxes5 Local property taxes		4	
5 Local property taxes6 Intangible property tax	00	5	460
7 Payroll taxes		7	60,599
8 Less: credit from Form	1 8846	181	00,333
9 Foreign taxes paid		9	
10 Occupancy taxes		10	
11 Other miscellaneous t		11	
12 Built in gains tax alloca	ated to ordinary income	12	2.065
13 Licenses		13	1,065
14 Total to Form 1120S, F	Page 1, Line 12	14	62,124

F	Schedule M-2/Retained Earnings Worksheet orm 1120S (Keep for your records)		2012
Corp	oration Name	EIN	
D/	ANKA K MICHAELS MD PROF CORP	56-2	371654
	Analysis of Current-Year Retained Earnings		
1	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	1	118 116
2	Book income (loss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11)	2	(42,383)
3	Distributions (Schedule K, line 16d)	3	(29,643)
4	Subtotal (combines lines 1 through 3)	4	46,090
5	Ending retained earnings per balance sheet (Schedule L. column d, lines 24 and 25)	5_	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)	. 2	118,116
3	Retained earnings change (line 1 minus line 2)	· · 3 _	(72,026)
4	Ending AAA plus OAA		* 6 . 0 0 0
5	Beginning AAA plus OAA	• 4	46,090
6	Difference (line 4 minus line 5)	. 6_	(72,026)
	Current-Year Timing Adjustments per Schedule M-1		
	Subtractions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2)		
7	Other income recorded on books not included on Schedule K		
8	Depreciation on Schedule K not included on books		
9 10	Other Schedule K items not included on books		
10	Total subtractions (lines 7 through 9)		
	Additions to net income per books (Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3)		
11	Income included on Schedule K not recorded on books		
12	Depreciation on books not included on Schedule K		
13 14	Other items on books not included on Schedule K		
15	Total additions (lines 11 through 13)	. 15	
	The state of the s	, 13	
	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		
16	on line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100.		
17	Permanent differences 16 Temporary differences 17		
• •	Temporary differences		
18	Timing adjustments not included on Schedule M-2 (combine lines 16 and 17)	· 18_	
19	Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7	• 19	
20	Adjustments to retained earnings (Schedule L, line 25 column d minus Schedule L, line 25, column b)	· 20	
21	M-2 amount after M-1 timing adjustments (add lines 6, 15, 19, and 20)	. 21	(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	
		- 23 ==	

Form 1120S	S CORPO	RATION BUSIN	ESS INCOME	LIMIT WORKSHI	EET	2012
		(Keep	o for your records)			2012
S Corporation Name DANKA K MICH	AELS MD PR	OF CORP			EIN 56-2	2371654
1 Dollar limitation for tax	year. Enter amount	from Form 4562, line	e 5 · · · · · · ·			500,000
2 Ordinary business inco	ome (loss) (Form 112	0S, Page 2, Sch K. I	_ine 1)	(3	19,202)	
3 Less: Credit amounts t	hat reduced expense	s or increased incor	me		(161)	
4 Plus: Compensation pa	aid to shareholder-en	ployees (Form 1120	OS, Page 1, Lines 7	and 8) 19	5,000	
5 Adjusted ordinary busin	ness income (loss) (0	Combine lines 2 thro	ugh 4)	15	5,637	
6 Net rental real estate in	ncome (loss) (Form 1	120S, Sch K, Line 2)		*****	
7 Other net rental income	e (loss). (Form 1120S	S, Sch K, Line 3c)				
8 Net short term capital of	gain (loss) (Form 112	0S, Sch K. Line 7)				
9 Net long-term capital g	ain (loss) (Form 1120	S, Sch K, Line 8a)			· · · · · · · · · · · · · · · · · · ·	
10 Net section 1231 gain ((loss) (Form 1120S, 9	Sch K, Line 9) · ·		* * * * * * *		
11 Other Income (Form 11	120S. Sch K, Line 10)		• • • •	·	
12 Charitable Contribution	s (Form 1120S, Sch	K, Line 12a) · ·				
13 Section 59(e)(2) expen	ditures (Form 1120S	Sch K, Line 12c(2))			
14 Other deductions (Form	n 1120S, Sch K, Line	12d) (excluding cod	les K & L)	* * * * *		
15 Total business income	(loss). Combine line	s 5 through 14 .				155,637
16 Business income limi	itation. Lesser of line	e 1 or line 15. but no	t < zero. Enter here	e and on Form 4562, lin	ne 11 · ·	<u> 155,637</u>
Distribution among asse	ntc.	Year Acquired	Elected Section 179	Used in prior years	Used in	Remaining
1120 EQUIP		2012	1,437	prior years	2012 1,437	carryover
TOTAL ALLOWAB TOTAL 2012 EL				1,437	1,437	
IOIMI ZOIZ ED	EC. COSI (4502 IN 0)		1,401		

						ă	Depreciation Detail Listing	n De	stail List	ing			*******	20	2012
		***************************************					STATE FORM 1120S For your records only	FORM	1120s ds only					PA	PAGE 1
Name	Name(s) as shown on return												Socials	Social security number/EIN	
	DANKA K MICHAELS MD PROF CORP	ROF CORP		,		-	-					-	- "	56-2371654	
Š	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Lafe	Method	Rate	Current depr.	Accumulated Depreciation	Pnor	Bonus depreciation	AMT
7	OFFICE FURNITURE	20030625	9,151		100.00		9,151	7		0		9,151			
7 (MEDICAL EQUIPMENT	20030625	1,304		100.00		1,304 7			0			***************************************		
n a	LEASEHOLD IMPROVEMENT 20030625	20020022	17 576		100.00	0 27	73,188 15		SL HY	6.667	4,879	45,334	0 22		
· w	MED EQUIP	20060701	164,054		100.00		114.0547		SI	14.285	5 16 293	155,905			
9	MED EQUIP	20070701	59,066		100.00		59,0667		SI. HY	14.28		46,409			
7	MED EQUIP	20080701	5,990		100.00	0	5,990 7			14.28		3,852	0		
00	MED EQUIP	20080801	15,550		100.00	0	15,550 7		SL HY	14.28	5 2,221	9,995	0		
on.	SPA EQUIP	20090701	48,720		100.00	48,720	0 5		SL HY	20		48,720	48,720		
10	SOFTWARE	20090701	1,868		100.00	0	1,868 3		SL HY	33.33	3 311	1,868	0		
11	MEDICAL EQUIP	20101228	54,660		100.00	54,660	0	ر د		20		54,660	54,660		
	COMPUTER EQUIP	20100217	5,854		100.00	5,854	0	ر		33.33		5,854	5,854		
13	EQUIP	20120701	1,437		100.00	1,437	0	r,	SL HY	0	1,437	1,437			
	Totals		458,418			178,247	280,171				34,435	402,065	176,810		
•	Land Amount		450 410											ST ADJ:	
			:											Danka	Danka Michaels001

		2012				
Name		**************************************		FEIN		·
	CHAELS MD PROF CORP Description	Date	Basis	Method	5 Life	6-2371654 Deduction
1120 1 1120 1	OFFICE FURNITURE MEDICAL EQUIPMENT LEASEHOLD IMPROVEMENT MED EQUIP MED EQUIP MED EQUIP MED EQUIP MED EQUIP SPA EQUIP SOFTWARE MEDICAL EQUIP COMPUTER EQUIP	20030625 20030625 20030625 20050701 20060701 20080701 20080801 20090701 20090701 20101228 20100217 20120701	9,151 1,304 73,188 114,054 59,066 2,995 7,775	SL SL SL SL SL SL SL SL SL SL SL SL	7 7 15 5 7 7 7 7 5 3 5 3	4,879 8,149 8,438 428 1,111
	TOTAL					23,005

Federal Filing Instructions	2012
Name(s) as shown on return	Your Social Security Number
DANKA K MICHAELS MD PROF CORP	56-2371654

Date to file by: 03-15-2013

Form to be filed: Form 1120S and supplemental forms and schedules

An officer must sign and date Form 1120S on page 1. Sign and date:

Address to file: Department of the Treasury

Internal Revenue Service

Ogden, UT 84201-0013

Refund: Neither a refund nor a balance due

FILEINSTLD

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

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

Invoice Date: 05/23/2013

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

Total Balance Due

0.00

11208	1120S Sub S Corporation Diagnostic Summary		2012		
Name DANKA	K MICHAELS	S MD	PROF	CORP	Employer Identification #
DANKA .	K MICHAELS	3 MD	PROF	CORP	<u> 56-2371654</u>

Demographics

Mailing Address: 3320 N BUFFALO DR

LAS VEGAS, NV 89129

Phone:

Resident State: NV

Diagnostics

Preparer: ROBERT S SEMONIAN

Invoice:

Date: 05-23-2013

Return Information

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

State/City Information

 State/City
 Gross
 Taxable
 Composite
 Other Tax
 Refund/

 Income
 Income
 Tax
 (Balance Due)

1120S TAX RETURN COMPARISON 2010 / 2011 / 2012

2012

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

Identifying number 56-2371654

1	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 · · · · · · · · ·				133/333/
Other income				······································
Total income	1,316,816	1,345,629	1,251,696	(93,933)
Deductions				
Compensation of officers	197,000	216,000	195,000	(21,000)
Salaries and wages	399,940	525,699	531,238	5,539
Repairs and maintenance	9,153	12,577	14,005	1,428
Bad debts				
Rents	100,528	101,896	99,305	(2,591)
Taxes and licenses	80,702	97,419	62,124	(35,295)
Interest · · · · · · · · · · · · · · [2,880	7,822		(7,822)
Net depreciation · · · · · · · ·	32,521	31,460	31,305	(155)
Depletion · · · · · · · · · · · · · · ·				
Advertising	24,953	23,124	21,130	(1,994)
Pension, profit-sharing	10,635	18,391	16,433	(1,958)
Employee benefits	42,922		49,571	49,571
Other deductions	242,720	311,300	270,787	(40,513)
Total deductions	1,143,954	1,345,688	1,290,898	(54,790)
Ordinary business income(loss)	172,862	(59)	(39,202)	(39,143)
Tax				
Total tax				
Payments			······	
Estimated taxes paid				
Total payments line 23d · · · · · · · ·				
Results				
Amount owed				
Overpayment				
Applied to estimate	***************************************			
Refund				

SCHEDULE K - Shareholder's Share Items

Scriebore K - Shareholder & Share items				
Income				
Ordinary business income (loss)	172,862	(59)	(39,202)	(39,143)
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income	57	126		(126)
Ordinary dividends				
Qualified dividends				
Royalties				
Net short-term capital gain (loss)				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss)				
Unrecaptured section 1250 gain				
Net section 1231 gain (loss)				
Other income (loss)				

2010

2011

2012

DIFFERENCE

COMPARES.LD

1120S TAX RETURN COMPARISON 2010 / 2011 / 2012

2012Page 2

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

Identifying number 56-2371654

Deductions	2010 FEDERAL	2011 FEDERAL	2012 FEDERAL	DIFFERENCE BETWEEN 2011 & 2012
Section 179 deduction	60,514		1,437	1,437
Contributions	900		1/33/	1/72/
Investment interest expense				
Section 59(e)(2) expenditures · · · · ·				
Other deductions · · · · · · · · · · · · · · · · · · ·				
Credits				
Low-income housing credit (section 42(j)(5))				
Low-income housing credit (other)				
Qualified rehabilitation expenditures (rental real estate)				
Other rental real estate credits · · · · · ·				
Other rental credits				
Credit for alcohol used as fuel · · · · · ·				
Other credits		2,303	161	(2,142)
Foreign Transactions				
Gross income from all sources				
Gross income sourced at shareholder level				
Foreign gross income sourced at corporate level				
Passive category · · · · · · · ·				
General categories				
Other				
Interest expense · · · · · · · · ·				
Other Deductions allocated / apportioned at corp level to foreign source inc.				
Passive category · · · · · · · · · · · · · · · · · · ·				
General categories				
Other				
Total foreign taxes paid or accrued · · ·			W. C. C. C. C. C. C. C. C. C. C. C. C. C.	
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment · · · ·				
Adjusted gain or loss				
Depletion · · · · · · · · · · · · · · · · ·				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
Items Affecting Shareholder Basis				
Tax-exempt interest income				
Other tax-exempt income				
Nondeductible expenses	10	2,353	1,744	(609)
Property distributions		14,288	29,643	15,355
Repayment of loans from shareholders .				
Other information				
Investment income	57	126		(126)
Investment expenses Dividend distributions paid from accum earnings and profits				
RESIDENT STATE		1		**************************************
Taxable income				
Total tax · · · · · · · · · · · · · · · · · · ·				
Overpayment				
Balance due				
Salario du Titalia de Caracteria 2010	2011	2012	DIFFERENCE	

Form **8941**

Credit for Small Employer Health Insurance Premiums

OMB No. 1545-2198

Attach to your tax return.

2012

Department of the Treasury Internal Revenue Service

▶ Information about Form 8941 and its separate instructions is at www.irs.gov/form 8941.

Attachment Sequence No. 63

Name(s) shown on return	lden	tifying number
DAI	NKA K MICHAELS MD PROF CORP	5.6	-2371654
		╁	2371034
1a	Enter the number of individuals you employed during the tax year who are considered		
	employees for purposes of this credit (see instructions)	1a	20
b	Enter the employer identification number (EIN) used to report employment taxes for individuals		
	included on line 1a (see instructions)	1b	56-2371654
2	Enter the number of full-time equivalent employees you had for the tax year (see instructions). If		
	you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	11
3	Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or		
	more, skip lines 4 through 11 and enter -0- on line 12	3	48,000
4	Premiums you paid during the tax year for employees included on line 1a for health insurance		
	coverage under a qualifying arrangement (see instructions)	4	51,564
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the		
	average premium for the small group market in which you offered health insurance coverage		
	(see instructions) · · · · · · · · · · · · · · · · · · ·	5	35,196
6	Enter the smaller of line 4 or line 5	6	35,196
7	Multiply line 6 by the applicable percentage:		
	Tax-exempt small employers, multiply line 6 by 25% (.25)		
	All other small employers, multiply line 6 by 35% (.35)	7	12,319
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	8	11,494
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9	161
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to		
	you for premiums included on line 4 (see instructions)	10	
11	Subtract line 10 from line 4. If zero or less, enter -0-	11	51,564
12	Enter the smaller of line 9 or line 11	12	161
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of		
	employees included on line 1a for whom you paid premiums during the tax year for health		
	insurance coverage under a qualifying arrangement (see instructions)	13	7
14	Enter the number of full-time equivalent employees you would have entered on line 2 if you only		
	included employees included on line 13	14	6
15	Credit for small employer health insurance premiums from partnerships, S corporations,		
	cooperatives, estates, and trusts (see instructions)	15	
16	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small		
	employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here		
	and report this amount on Schedule K. All others, stop here and report this amount on Form		
249	3800, line 4h	16	161
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see		
40	instructions)	17	
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount		
40	on Form 3800, line 4h	18	***************************************
19	Enter the amount you paid in 2012 for taxes considered payroll taxes for purposes of this credit		
~~	(see instructions)	19	
20	Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T,	_	
	line 44f	20	5

For Paperwork Reduction Act Notice, see separate instructions.

Form 8941 (2012)

EEA

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

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	1000.00000	29,643
TOTAL				29,643

La company				****
				1
-				
*				
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FORM 8941	WORKSHEETS 1 and 4	2012
	(Keep for your records)	
Name(s) as shown on return		Identifying Number
DANKA K MICHAE	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	1,759	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.	ļ		
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.		ANATONIA AND A DESCRIPTION OF THE PROPERTY OF	
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: 20	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 shown on return		Identifying Number	
DANKA K MICHAE	LS MD PROF CORP	56-2371654	

Worksheet 2. Full-Time Equivalent Employees (FTEs)

Enter the total employee hours of service	
from Worksheet 1, column (b) 1.	24,572
2. Hours of service per FTE 2.	2,080
Full-time equivalent employees.	
Divide line 1 by line 2. If the result is not a	
whole number (0, 1, 2, etc.), generally	
round the result down to the next lowest	
whole number. However, if the result is	
less than one, enter 1. Report this	
amount on Form 8941, line 2 · · · · · · 3.	11

Worksheet 3. Average Annual Wages

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

Worksheet 5. FTE Limitation

1. Enter the amount from Form 8941, line	e 7 · • 1	12,319
2. Enter the amount from Form		
8941, line 2 · · · · · · 2	11	
3. Subtract 10 from line 2 · · 3.	1	
4. Divide line 3 by 15. Enter		
the result as a decimal		
(rounded to at least 3		
places · · · · · · 4. ()	.067	
5. Multiply line 1 by line 4 · · · · · · · ·	• • • • 5.	825
6. Subtract line 5 from line 1. Report this		
amount on Form 8941, line 8 · · · ·	6.	11,494
		

Worksheet 6. Average Annual Wage Limitation

-	. Enter the amount from Form 8941, line 8 · · 1. 11, 494
1	. Enter the amount from Form
	8941, line 7 · · · · · · 2. 12, 319
- 3	. Enter the amount from Form
	8941, line 3 · · · · · · 3. 48,000
1	. Subtract \$25,000 from
	line 3 · · · · · · · 4. 23,000
(. Divide line 4 by \$25,000
	Enter the result as a decimal
	(rounded to at least 3
	places) 5. 0 . 920
1 6	. Multiply line 2 by line 5 6. 11,333
7	. Subtract line 6 from line 1. Report this
	amount on Form 8941, line 9 7. 161
1	

Worksheet 7. FTEs Enrolled in Coverage

13,959
2,080
6

WK_8941B.LD

_m 1125-A

(Rev. December 2012) Department of the Treasury Internal Revenue Service

Cost of Goods Sold

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

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

OMB No. 1545-2225

Employer identification number DANKA K MICHAELS MD PROF CORP 56-2371654 1 20,000 2 2 139,485 3 3 4 5 5 Total. Add lines 1 through 5 6 7 20,000 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) 305,618 Check all methods used for valuing closing inventory: (i) X Cost (ii) Lower of cost or market (iii) Other (Specify method used and attach explanation.) If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," ⊠ No

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		2013	
		(Keep for your records)	
Name(s) as shown on return DANKA K MICHAE	LS MD PROF CO	RP	EIN number 56-2371654
The following will be transi	mitted to the IRS.		
The following state returns	will be transmitted:		
And the second s	***************************************		
***************************************	***************************************		
	Manufacture and the second sec		

***************************************	WWW. THE STATE OF		
	Annual Market Ma	***************************************	
he following returns have	been suppressed or are n	ot eligible and will NOT be transmitted.	

444			
F Notes			

Form 1120S

U.S. Income Tax Return for an S Corporation

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

OMB No. 1545-0130

Department of the Treasury Internal Revenue Service Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.							2013			
		ear 2013 or tax						ov/form11		1
A S elect			cyear begi	nning Name		2013, ending				20
					CHARTC MD	DD0= 00	7 TO TO			r identification number
06-25-2003 B Business activity code		TYPE		CHAELS MD or suite no. If a PO, box, se)KP			371654	
		istructions)	OR			e instructions.			E Date inco	,
601	7 7 7		PRINT	3320 N BUE	EALU DK ince, country, and ZIP or for					-2003
621				Gity of town, state of prov	ince, country, and 217 or lor	eign postai code			F Total asse	ets (see instructions)
C Check attache		vI-3		TAC UPCAC		217.7	0.01.00			= 0.0 0.01
		ration alastian	La ba an C	LAS VEGAS corporation beginning	with this town on the	NA	89129		\$	538,961
										53 if not already filed
				Name change (3)						
			***************************************	no were shareholders		· · · · · · · · · · · · · · · · · · ·				<u> </u>
Caution				s income and expense						
		Gross receip			• • • • • • • • • • • • • • • • • • • •	L		<u>23,655</u>	<u>'</u>	
		Returns and			• • • • • • • • • • •	L	1b		_	
<u>a</u>	2			1b from line 1a · ·					1c	1,723,655
Income	2 3	-		ach Form 1125-A)					2	455,523
n l				ne 2 from line 1c ·					<u> </u>	1,268,132
	4			rm 4797, line 17 (attac	,					
	5 6			e instructions - attach	,				5	1 060 100
	7			Add lines 3 through 5						1,268,132
_	8			rs (see instructions - a ss employment credits					7	195,000
ons	9			ss employment credits	•				8	537,025
itati	10	Bad debts							9	7,773
<u>:</u>	11								10	100 000
ο̈	12								11	108,373
Deductions (see instructions for limitations)	13			· · · · · · · · · · · · · · ·					12	66,114
ncti	14			ed on Form 1125-A or					13	29,844
ıstu	15								14	26,572
. <u>=</u>	16	•		uct oil and gas deple · · · · · · · · · · · ·					15	1 405
(se	17	~							16	1,497
Suc	18		-	etc., plans					17	19,498
Çţi	19			ch statement)					18	53,958
npe	20			d lines 7 through 19					19	197,559
ă	21			-						1,243,213
	22 a			come (loss). Subtract ome or LIFO recapture					21	24,919
	b				· · · · · · · · · · · · · · · ·		22a 22b			
	c			(see instructions for a			220]		ا 🚅	
ts				ments and 2012 overp			23a		22c	
Jen		Tax deposite					23b		\dashv	
Payments	c	•		iid on fuels (attach For			23c			
 1	d			23c • • • • • • •	*				23d	
Tax and	24			see instructions). Chec				▶ □	24	
ä	25			3d is smaller than the			unt awad	П	25	
- 1	26			3d is larger than the to					26	
1	27			26 Credited to 2014		, enter amour		unded ▶	27	***************************************
				that I have examined this re		a ashadulas and		anded -	Emperorania de la constanta de	
	the	best of my knowled	dge and belie	f, it is true, correct, and comp	lete. Declaration of prepare	y schedules and : r (other than taxpa	ayer) is based on		1	discuss this return parer shown below
	all	information of which	n preparer ha	s any knowledge.					(see instruc	1
Sign		DANKA MI	CHAE	LS MD		1	ום ג	RESIDE	E	Tes La No
Here	1885	Signature of officer	20111111			Date	Tit		14.1	
	-18	Print/Type prepare	er's пате	Pre	parer's signature	****	Date	Che	eck 🛛 if	PTIN
Paid				ONIAN CPA	-		04-02-2	1		P00391972
Prepar			►ROBEI		AN CPA		<u> </u>	Firm's EIN		-4514704
Use O				OX 5605				Phone no.	- 20	1017/04
			Venti		5		***************************************	Frione iii.	12	05)659-5344
									10	001000 0044

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 1120S (2013)

FFA

Form **1120S** (2013)

		S(2013) DANKA K MICHAELS MD PROF CORP	56-2	2371654	Page 3
Sc	nedu	lle K Shareholders' Pro Rata Share Items		Total amour	nt
	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)			
	Б	Expenses from other rental activities (attach statement) 3b	\dashv		
	С	Other net rental income (loss). Subtract line 3b from line 3a	- 3c		
	4	Interest income	4		
_	5			-	9
SSC	'	Dividends: a Ordinary dividends	5a		***************************************
Ę	_		4		
me	6	Royalties	6		
Income (Loss)	7_	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7		
드	8a	3 (3 (3) (8a		
	b	Collectibles (28%) gain (loss) · · · · · · · · · · · · · · · · · ·			
	С	Unrecaptured section 1250 gain (attach statement) 8c			
	9	Net section 1231 gain (loss) (attach Form 4797)	9	(25	,414)
	10	Other income (loss) (see instructions) · · Type ▶	10		
so.	11	Section 179 deduction (attach Form 4562)	11		
o	12a	Charitable contributions	12a	1	
cti	b	Investment interest expense	12b		
Deductions	C	Section 59(e)(2) expenditures (1) Type ►(2) Amount ►	12c(2)		
Ω	d	Other deductions (see instructions) Type	12d		
	13a	Low-income housing credit (section 42(j)(5))		·	
	b	Low-income housing credit (other)	1	·	
	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	ļ		
ts	d	Other rental real estate credits (see instructions) . Type			
Credits	1	Other rental credits (see instructions) · · · · · · Type	13d	ļ	
င်	e	Biofuel producer credit (attach Form 6478)	13e		
	f		13f	-	
	g	Other credits (see instructions) Type Name of country or U.S. possession	13g		
	14a				
	b	Gross income from all sources		 	
	С	Gross income sourced at shareholder level	14c		
		Foreign gross income sourced at corporate level			
	d	Passive category · · · · · · · · · · · · · · · · · · ·			
	е	General category · · · · · · · · · · · · · · · · · · ·			
e.	f	Other (attach statement)	14f		
Transaction		Deductions allocated and apportioned at shareholder level			
nsa	g	Interest expense	14g		
Га	h	Other	14h		
eign		Deductions allocated and apportioned at corporate level to foreign source income			***************************************
ej.	i	Passive category	14i		
Foi	lј	General category	14j		******
	k	Other (attach statement)	14k		W-1-7
		Other information			WWW
	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	 	6
U	1	Adjusted gain or loss	15b		
Tay	c	Depletion (other than oil and gas)	15c	 	
um de			 	 	***************************************
MT.	a	Oil, gas, and geothermal properties-gross income	15d	<u> </u>	
Alternative Minimum Tax (AMT) Items	e	Oil, gas, and geothermal properties-deductions	15e		
		Other AMT items (attach statement)	15f		
de	16a	Tax-exempt interest income	16a		
fec hol s	b	Other tax-exempt income	16b		
Af are	С	Nondeductible expenses	16c		371
Items Affecting Shareholder Basis	d	Distributions (attach statement if required) (see instructions)	16d		
te	e	Repayment of loans from shareholders	16e		
EEA				Form 112	20S (2013)

	1120S (2013) DANKA K MICHAEL				56-2	371654 Page 4
Sc	hedule K Shareholders' Pro Rata Sha	are Items (continued	d)			Total amount
9	17 a Investment income		· · · · · · · · · · · · · · · · · · ·		17a	9
Other	b Investment expenses				17b	
Office Co.	 Dividend distributions paid from accum 	ulated earnings and pro	ofits		17c	
	d Other items and amounts (attach state)	ment)				
. 5						
Recon- ciliation	18 Income/loss reconciliation. Combine	the amounts on lines 1	through 10 in the far righ	nt		
- Re	column. From the result, subtract the si	um of the amounts on li	nes 11 through 12d and	141	18	(486)
Sc	hedule L Balance Sheets per Books	Beginning	g of tax year		End of ta	ıx year
	Assets	(a)	(b)	(c)		(d)
1	Cash		37,517			35,037
2 a	Trade notes and accounts receivable					
b	Less allowance for bad debts	()	1	()	
3	Inventories		20,000		' -	57,519
4	U.S. government obligations			1	F	<u> </u>
5	Tax-exempt securities (see instructions)			1	<u> </u>	
6	Other current assets (attach statement)	Statement #19	6,068	 		15,093
7	Loans to shareholders	Carcement #19		Cacement #1	, F	10,000
8	Mortgage and real estate loans			1	-	
9	Other investments (attach statement)		<u></u>	-	-	
10 a	Buildings and other depreciable assets	458,418		016 0	23 F	
	Less accumulated depreciation	(405,913)	52,505	816,0		401 010
	Depletable assets	403,913)	32,303	(384,/	 	431,312
	•			,		
12	Less accumulated depletion Land (net of any amortization)	<u> </u>		<u> </u>		
	•			4	-	
	Intangible assets (amortizable only)	,		,		
14	Less accumulated amortization Other assets (attach statement)	(<u> (</u>		
15	a man distribution of the control of		116 000	4	<u> </u>	F20 061
13	Total assets		116,090	<u> </u>		538,961
4.0	Liabilities and Shareholders' Equity				***************************************	
16	Accounts payable		02 004]	<u> </u>	
17	Mortgages, notes, bonds payable in less than 1 year		21,024	1	<u> </u>	6,020
18		Statement #22	10,652	Statement #2	2	12,508
19	Loans from shareholders		0		<u> </u>	51 , 792
20	Mortgages, notes, bonds payable in 1 year or more		21,324	1	<u> </u>	406,408
21	Other liabilities (attach statement)			1	<u> </u>	
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
EEA						Form 1120S (2013)

	m 1120S(2013) DANKA K MICHAEL:				<u> 56-</u>	2371654	Page 5
S	chedule M-1 Reconciliation of Incon	ne (Loss) per B	ooks Witl	n Income (Loss) per R	eturn		
	Note. Schedule M-3 required in	stead of Schedule M	-1 if total ass	ets are \$10 million or more-se	e instruct	ions	
1	Net income (loss) per books	(857)	5 Income rec	orded on books this year not included			
2	Income included on Schedule K, lines 1, 2, 3c, 4,		on Schedu	le 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):						
3	Expenses recorded on books this year not		6 Deduction	ns included on Schedule K,			
	included on Schedule K, lines 1 through 12 and		lines 1 th	rough 12 and 14l, not charge	ed		
	14l (itemize):		against b	ook income this year (itemize):		
а	Depreciation \$		1	ition \$			
b	Travel and entertainment \$ 371			***************************************			
		371	7 Add lines	5 5 and 6			
4	Add lines 1 through 3 · · · · · · · · · ·	(486)	8 Income (los	ss) (Schedule K, line 18). Line 4 less lin	ne 7		(486)
S	chedule M-2 Analysis of Accumulated Adju	ıstments Account,	Other Adjust	ments Account, and Shareh	olders'		
	Undistributed Taxable Income	Previously Taxed	(see instructi	ons)			
		(a) Accumula adjustments a		(b) Other adjustments account		areholders' undis e income previou	
1	Balance at beginning of tax year	4	6,090			***************************************	
2	Ordinary income from page 1, line 21	2	4,919				
3	Other additions · · · · Statement · #29		9				
4	Loss from page 1, line 21	()		7		
5	Other reductions · · · · Statement · #30	(2	5,785)	()		
6	Combine lines 1 through 5	4	5,233		7		
7	Distributions other than dividend distributions .				1		***************************************
8	Balance at end of tax year. Subtract line 7 from line 6 • • •	4	5,233				***************************************
EEA						Form 11 2	20 S (2013)

Form 1125-A

Cost of Goods Sold

OMB No. 1545-2225

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

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

Information about Form 1125-A and its instructions is at www.irs.gov/form1125a. Employer identification number DANKA K MICHAELS MD PROF CORP 56-2371654 20,000 2 2 3 Cost of labor 3 4 4 5 5 234,191 6 Total. Add lines 1 through 5 513,042 7 7 57,519 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions) 455,523 Check all methods used for valuing closing inventory: (i) X Cost (ii) Lower of cost or market (iii) Other (Specify method used and attach explanation.) Check if there was a writedown of subnormal goods Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? X No Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," ☐ No

Cabadula I/ 4		Final K-1	Amend	ed K-1	OMB No. 1545-0130
Schedule K-1 (Form 1120S) 2013		art III	······································		Current Year Income,
For calendar year 2013, or tax Department of the Treasury			Deductions, Credi	~~~~	
Internal Revenue Service year beginning , 2013	1	Ordinary bu	usiness income (loss)	13	Credits
ending, 20	2	Net rental r	24,919 real estate income (loss)	-	
Shareholder's Share of Income, Deductions, Credits, etc.					
occ page 2 of form and 3-parate management.	$\frac{1}{3}$	Other net re	ental income (loss)		
Part I Information About the Corporation	4	Interest inc	ome	-	
A Corporation's employer identification number			9		
56-2371654 B Corporation's name, address, city, state, and ZIP code	5a	Ordinary di	vidends		
DANKA K MICHAELS MD PROF CORP	5b	Qualified di	ividends	14	Foreign transactions
3320 N BUFFALO DR	6	Royalties			
LAS VEGAS NV 89129	7	Net short-te	erm capital gain (loss)	1	
C IRS Center where corporation filed return OGDEN	8a	Net long-ter	rm capital gain (loss)		
Part II Information About the Shareholder	8b	Collectibles	s (28%) gain (loss)		
D Shareholder's identifying number	8c	Unrecapture	ed section 1250 gain		
E Shareholder's name, address, city, state, and ZIP code	9	Net section	1231 gain (loss)	1	
DANKA MICHAELS	<u> </u>	<u> </u>	(25,414)	<u> </u>	
3320 N BUFFALO DR	10	Other incon	ne (loss)	15	Alternative minimum tax (AMT) items
LAS VEGAS NV 89129				A	6
F Shareholder's percentage of stock ownership for tax year					
	1				
	11	Section 179	I deduction	16	Items affecting shareholder basis
	12	Other deduc	ctions	C	371
الم الم الم الم الم الم الم الم الم الم					
		-			
For IRS Use Only				17	Other information
				ת	0
				A	9
				I	
					!
	 	<u> </u>			
		* See a	attached statement fo	or additi	ional information.

For Paperwork Reduction Act Notice, see Instructions for Form 1120S.

IRS.gov/form1120\$

Schedule K-1 (Form 1120S) 2013

Form	4562		Depre	ciation an	ıd Amorti	zation			OMB No. 1545-0172
, 5,,,,			(Including	Information	n on Listed	Property	/)		2013
	ment of the Treasury					_	-		Attachment
	I Revenue Service (99) s) shown on return		See separate		Attach to iness or activity to whice	your tax return	n.		Sequence No. 179
	KA K MICHAEL	S MD	DDAE CAD	1	FORM 1120				
Par				operty Under :		15			56-2371654
		•		elete Part V before		ı			
1	Maximum amount (see i				······			T 1	
2	Total cost of section 179		*					2	
3	Threshold cost of section				e instructions)			3	
4	Reduction in limitation. S							4	
5	Dollar limitation for tax ye	ear. Subtra	ct line 4 from line	1. If zero or less, e	nter -0 If married	d filing			
	separately, see instruction	ons · · ·						5	
6	(a) De	scription of pi	roperty	(b) (Cost (business use only	y) (c) Ele	cted cost	····	
									1
7	Listed property. Enter the	e amount fr	rom line 29 ·			7			
8	Total elected cost of sect	tion 179 pro	operty. Add amou	ınts in column (c), li	nes 6 and 7 ·			8	
9	Tentative deduction. Ent	er the sma	Iler of line 5 or fir	те 8				9	
10	Carryover of disallowed	deduction f	rom line 13 of yo	ur 2012 Form 4562				10	
11	Business income limitation	on. Enter th	ne smaller of bus	iness income (not le	ess than zero) or l	ine 5 (see insi	ructions)	11	
12	Section 179 expense de				· · · · · · · · · · · · · · · · · · ·			12	
13	Carryover of disallowed		***************************************			3			
-	Do not use Part II or Pa								
Par				and Other De			sted pro	perty.)	(See instructions.)
14	Special depreciation allo					service			
	during the tax year (see		,		• • • • • • • • • •			14	2,208
15	Property subject to section						• • •	15	
16	Other depreciation (inclu						· · ·	16	20,566
Par	till WACKS De	preciau	Off (Do not inc	lude listed property		s.)			
17	MACDS deductions for a			Section				1.7	T
18	MACRS deductions for a							17	<u> </u>
10	If you are electing to grou asset accounts, check he		•			•	. \square		
				ce During 2013 Ta	······			Sucto	m
			(b) Month and year	(c) Basis for depreciat	ion	T Teneral Bepi	Ciation	Jyste	1
	(a) Classification of property		placed in service	(business/investment u only-see instructions	se (d) Recovery	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property						<u> </u>		
b	5-year property						ļ		
<u>c</u>		atement	#50			-	<u> </u>		259
d	10-year property			404 6	71 7 7	1.10			
	15-year property			424,6	71 15	MQ	SL		3,539
f	20-year property				05	<u> </u>	-		
	25-year property				25 yrs.	·	S/		
п	Residential rental				27.5 yrs.	MM	S/		
i	property Nonresidential real				27.5 yrs.	MM	S/		
•					39 yrs.	MM	S/		
	property Section C	^ Accote !	l Placed in Service	e During 2013 Tax	Voor Using the	MM MM	S/		1
20a	Class life	- A33613 I	laceu III Sei Vic	e During 2013 Tax	Teal Using the A	T T T T T T T T T T T T T T T T T T T	T		tem I
	12-year				12 yrs.	S/L S/L			
	40-year					MM	S/		
Par		See instru	ctions.)	<u> </u>	40 yrs.	1 tyllyl	1 3/		<u> </u>
21	Listed property. Enter an							21	
22	Total. Add amounts from						•		
	here and on the appropri		-					22	26,572
23	For assets shown above		,	•	·	1			20/0/2
	portion of the basis attrib					3			

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

Form 4797

Sales of Business Property

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

▶ Attach to your tax return.

OMB No. 1545-0184 2013

Department of the Treasury Information about Form 4797 and its separate instructions is at www.irs.gov/form4797. internal Revenue Servi Sequence No. Name(s) shown on return Identifying number DANKA K MICHAELS MD PROF CORP 56-2371654 1 Enter the gross proceeds from sales or exchanges reported to you for 2013 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other 2 (a) Description (b) Date acquired (c) Date sold (d) Gross (g) Gain or (loss) allowed or basis, plus of property allowable since (vr., mo., day) (yr., mo., day) acquisition expense of sale sum of (d) and (e) 2003062520130101 LEASEHOLD IMP ABANDONED 47,774 73,188 (25,414)3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 (25.414)Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years (see instructions) Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 17 17 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 18b

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2013)

orm 1125-E

(Rev. December 2013)

Department of the Treasury Internal Revenue Service

Compensation of Officers

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.

OMB No. 1545-2225

Vame

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 time devoted to	Percent of st	ock owned	(f) Amount of
	(see instructions)	business	(d) Common	(e) Preferred	compensation
1 DANKA K MICHAELS		80 %	100 %	%	195,000
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	***************************************
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
	***************************************	%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
	·	%	%	%	***************************************
		%	%	%	
		%	%	%	
2 Total compensation of officers · · · · · · ·				2	195,000
3 Compensation of officers claimed on Form 1125-	A or elsewhere on return			3	
Subtract line 3 from line 2. Enter the result here a appropriate line of your tax return	ind on Form 1120, page 1, lir			4	195,000

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-E (Rev. 12-2013)

EEA

Danka Michaels002018

.... 8879-S

Department of the Treasury

IRS e-file Signature Authorization for Form 1120S

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

Information about Form 8879-S and its instructions is at www.irs.gov/form8879S.

OMB No. 1545-1863

2013

ror catendar year 2013, or tax year beginning , 2013, ending	. 20		1
Name of corporation	Employer identific	ation num	ber
DANKA K MICHAELS MD PROF CORP	56-237165	4	
Part I Tax Return Information (Whole dollars only)			
1 Gross receipts or sales less returns and allowances (Form 1120S, line 1c)		1	1,723,655
2 Gross profit (Form 1120S, line 3)		2	1,268,132
3 Ordinary business income (loss) (Form 1120S, line 21)		3	24,919
4 Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)		4	
5 Income (loss) reconciliation (Form 1120S, Schedule K, line 18)		5	(486)
Part II Declaration and Signature Authorization of Officer (Re sure to get	t a conv of the	COED	oration's return)

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

Officer's	PIN: ci	heck one box only			
	l autho	rize ROBERT S SEMONIAN CPA	to enter my PIN	12345	as my signature
		ERO firm name		do not enter all zeros	
		corporation's 2013 electronically filed income tax return.			
Ц	As an o	officer of the corporation, I will enter my PIN as my signature on	the corporation's 2	013 electronically fil	ed income tax
Officer's sign	nature	>	Date • 04-07-2	2014 Title	PRESIDENT
Part III	ГС	ertification and Authentication			
ERO's EF	IN/PIN.	Enter your six-digit EFIN followed by your five-digit self-selected	d PIN.	<u>950884</u>	98765
					do not enter all zeros
corporatio	on indica	bove numeric entry is my PIN, which is my signature on the 201 ated above. I confirm that I am submitting this return in accordan Participation, and Pub. 4163, Modernized e-File (MeF) Information	ce with the require	ments of Pub. 3112	, IRS e-file
ERO's signal	iture 🕨		wica	Date ► <u>04</u>	02-2014
		ERO Must Retain This For	m - See Instru	ıctions	

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-S (2013)

EEA

Depreciation Reconciliation for DANKA K MICHAELS MD PROF CORP

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

	Summary of St	ock Ov	vnership		2013	}
CORPORATION NAME DANKA K MICHAELS MD PROF C	ORP				EIN 56-2371654	
Shareholder Information Shares				ership		
Name	EIN/SSN	Туре	Beginning	Ending	Beginning	Ending
DANKA MICHAELS			1,000	1,000	100.00000	100.00000
TOTAL			1,000	1,000		
					Mercana de la casa de	
		1 1				

DANKA K MICHAELS MD PROF CORP FORM 1120S LINE 19 DESCRIPTION AUTOMOBILE AND TRUCK EXPENSE COMPUTER DUES AND SUBSCRIPTIONS EDUCATION AND TRAINING EQUIPMENT RENTAL/LEASE INSURANCE JANITORIAL LEGAL AND PROFESSIONAL 50% MEALS AND ENTERTAINMENT OFFICE EXPENSE OUTSIDE SERVICES/SUB CONTRACTORS PAYROLL PROCESSING EXPENSE POSTAGE/SHIPPING SECURITY TELEPHONE UTILITIES BILLING SERVICE TOTAL SCHEDULE A LINE 5	FEIN 56-2371654 Statement #2 AMOUNT 926 5,831 2,429 2,910 28,622 71,472 20,188 21,106 372 15,231 1,119 3,475 3,704 3,647 9,442 1,640 5,445
DESCRIPTION AUTOMOBILE AND TRUCK EXPENSE COMPUTER DUES AND SUBSCRIPTIONS EQUIPMENT RENTAL/LEASE INSURANCE JANITORIAL LEGAL AND PROFESSIONAL 50% MEALS AND ENTERTAINMENT OFFICE EXPENSE DUTSIDE SERVICES/SUB CONTRACTORS PAYROLL PROCESSING EXPENSE POSTAGE/SHIPPING SECURITY TELEPHONE JTILITIES BILLING SERVICE	### AMOUNT 926 5,831 2,429 2,910 28,622 71,472 20,188 21,106 372 15,231 1,119 3,475 3,704 3,647 9,442 1,640 5,445
AUTOMOBILE AND TRUCK EXPENSE COMPUTER DUES AND SUBSCRIPTIONS EDUCATION AND TRAINING EQUIPMENT RENTAL/LEASE INSURANCE JANITORIAL LEGAL AND PROFESSIONAL 50% MEALS AND ENTERTAINMENT DEFICE EXPENSE DUTSIDE SERVICES/SUB CONTRACTORS PAYROLL PROCESSING EXPENSE POSTAGE/SHIPPING SECURITY FELEPHONE JTILITIES BILLING SERVICE	926 5,831 2,429 2,910 28,622 71,472 20,188 21,106 372 15,231 1,119 3,475 3,704 3,647 9,442 1,640 5,445
SCHEDULE A LINE 5	
	PG01 Statement #5
DESCRIPTION WELLNESS PROGRAMS NERVE CONDUCTION COSTS ULTRA SOUND SERVICES LAB FEES MEDICAL SUPPLIES TOTAL	AMOUNT 5,823 9,863 82,332 4,081 132,092

Name(s) as shown on return	ts 2013	PG01
DANKA K MICHAELS MD PROF CORP	į.	-2371654
OTHER CURRENT ASSETS	S	TM19
DESCRIPTION NOTE RECEIVABLE	BEG OF YEAR 6,068	END OF YEAR 15,093
TOTAL	6,068	15,093
FORM 1120S, SCHEDULE L, LINE 18 OTHER CURRENT LIABILITIES	S	PG01 TM22
DESCRIPTION SALES TAX PAY EMPLOYEE TIPS PAY PAYROLL TAXES PAY		
TOTAL	10,652	12,508
DESCRIPTION INTEREST INCOME TOTAL	St	PG01 catement #29 AMOUNT 9

Federal Supporting Statements	2013 PG01
Name(s) as shown on return	FEIN
DANKA K MICHAELS MD PROF CORP	56-2371654

DESCRIPTION NET SECTION 1231 LOSS NONDEDUCTIBLE EXPENSES AMOUNT 25,414 371

TOTAL

<u>25,785</u>

FORM 4562 - LINE 19C

PG01 Statement #50

 SIS
 RP
 CV
 METHOD
 DEDUCTION

 205
 7
 MQ
 200 DB
 22

 2,209
 7
 MQ
 200 DB
 237
 BASIS

TOTAL

	Taxes and Licenses Attachment Note: This information does not transmit to the IRS with e-filed return is optional.	eturns.	2013
S CORPORATION NAME			EIN
ANKA K MICHAE	LS MD PROF CORP		56-2371654
Taxes and Licenses	Form 1120S		Page 1, Line 12
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 tax	es	6	
7 Payroll taxes		7	62,51
8 Less: credit from Form	8846	8	
9 Foreign taxes paid		9	
10 Occupancy taxes		10	
11 Other miscellaneous ta	xes	11	3,603
12 Built in gains tax alloca	ted to ordinary income	12	
13 Licenses		13	
14 Total to Form 1120S, F	age 1, Line 12	14	66,114

Form 1120S	K-K1 Comparison Worksheet	2013
	(Keep for your records)	
S CORPORATION NAME		EIN
DANKA K MICHAEL	C MD DDOT CODD	57 0001754

				EIN
ANI	KA K MICHAELS MD PROF CORP		***************************************	56-2371654
	Description	Schedule K	K-1 Totals	Difference
	Ordinary business income (loss)	24,919	24,	
	Interest income	9		9
	Ret section 1231 gain (loss)	(25,414)	(25,	
A	Post - 1986 depreciation adjustment	6		6
	Nondeductible expenses	371		371
à	Investment income	9	*****	9

Form 1120S	Schedule M-2/Retained Earnings Worksheet (Keep for your records)		2013
Corporation Name	***************************************	EIN	
DANKA K MICHAELS M	D PROF CORP	56-2	371654
	Analysis of Current-Year Retained Earnings		
1 Beginning retained earnings per b	palance sheet (Schedule L, column b, lines 24 and 25)	1	46.090
2 Book income (loss) (Schedule M-	1, line 1, or Schedule M-3, page 1, line 11)	2	(857)
3 Distributions (Schedule K, line 16	d)	3	
4 Subtotal (combines lines 1 throug	h3)	4	45,233
5 Ending retained earnings per bala	ance sheet (Schedule L. column d, lines 24 and 25)	5	45,233
6 Difference (line 4 minus line 5)	(should be zero)	6	
Current-Year Chang	ge to Retained Earnings Compared to Current-Year Change to AAA & OA		
Ending retained earnings (Schedu	ıle L, column d, line 24)	1	45 233
2 Beginning retained earnings (Sch	edule L, column b, line 24)	2	46.090
3 Retained earnings change (line 1	minus line 2)	3	(857)
			
4 Ending AAA plus OAA · · · ·	· · · · · · · · · · · · · · · · · · ·	4	45,233
5 Beginning AAA plus OAA · · ·		· · · · · 5	46,090
6 Difference (line 4 minus line 5)	• • • • • • • • • • • • • • • • • • • •	6	(857)
Current-Year Timing Adjustmer	nts per Schedule M-1		
	books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2)		
7 Other income recorded on books	not included on Schedule K		
8 Depreciation on Schedule K not in	ncluded on books	*****	
9 Other Schedule K items not include	ded on books		
10 Total subtractions (lines 7 through	9) 10		
Additions to net income per books	s (Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3)		
I1 Income included on Schedule Kin	ot recorded on books		
12 Depreciation on books not include	d on Schedule K		
13 Other items on books not included	d on Schedule K	-	
Total additions (lines 11 through 1	3)		
15 Sch M-1 timing adjustments not in	ncluded on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10)	15	
Current-Year Timing Adjustmen	nts Per Schedule M-3		
	tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens	appear	
	of the actual entries. For example, an entry of -100 would appear as 100.		
6 Permanent differences · · · ·			
7 Temporary differences · · · ·			
8 Timing adjustments not included o	on Schedule M-2 (combine lines 16 and 17)	18	
9 Distributions reported on Schedule	e K, line 16d, not allowed on Schedule M-2, line 7	19	
•	(Schedule L, line 25 column d minus Schedule L, line 25, column b)	-	
	stments (add lines 6, 15, 19, and 20)	21	(857)
22 M-2 amount after M-3 timing adjus	stments (add lines 6, 18, 19, and 20)	22	
Net reconciliation difference (lin	ne 3 minus line 21 or 22)	23	

Life	lo lo lo lo lo lo lo lo lo lo lo lo lo l		Business percentage 100.00 100		Salvage Business 6 100.00
		54,666 7 SL 54,666 7 SL 5,954 60 8 SL 5,854 0 5 SL 1,437 205 7 200 2,209 7 200 424,671 15 SL 1,500 7 200 73,188 15 SL	54,666 7 SL 54,666 7 SL 5,854 0 5 SL 1,437 205 7 SL 1,437 205 7 SL 2,209 7 SL 2,209 7 200 2,209 7 200 1,500 7 200 73,188 15 SL	100.00 100.00 100.00 100.00 100.00 100.00 1,775 7 81 100.00 1,437 100.00 1,437 100.00 100.00 1,500 7 1,500 7 200 100.00 100.00 1,500 7 1,500 7 200 100.00 100.00 100.	59,066 100.00 15,550 100.00 48,720 100.00 48,720 100.00 48,720 1,868 100.00 5,854 100.00 1,437 100.00 424,671 100.00 1,500 73,188 100.00 73,188 100.00 178,241 178,241 178,241

		*********				De	Depreciation Detail Listing	n Det	tail Listi	ing					2013	<u>8</u>
							For your records only	records	sonly				***************************************		PAGE	-
Name	Name(s) as shown on return												Social	Social security number/EIN	_	
7	DANKA K MICHAELS MD PROF CORP	PROF CORP	1											56-2371654		
o N	Description	Date	Cost	Salvage	Business	Section 179	Depreciation Basis	eji	Method	Rate	Current	Accumulated Depreciation	Prior expense	Bonus depreciation		AMT
-1	OFFICE FURNITURE	20030625	9,151		100.00		9,151 7	7		0		9,151				
7	MEDICAL EQUIPMENT	20030625	1,304		100.00		1,304	7		0		1,304				
ঝ	MED EQUIP	20050701	17,576		100.00	17,576	0	ν.		0		17,576	17,576			
S	MED EQUIP	20060701	164,054		100.00	50,00d	114,054	7 SL	T HX	14.286	8,149				*******	
9	MED EQUIP	20070701	59,066		100.001	0	59,066	7 SL	T HX	14.286	8,438		0			
7	MED EQUIP	20080701	5,990		100.00	0	5,990	7 SIL	T HX	14.286	856	4,708	0			
œ	MED EQUIP	20080801	15,550		100.00	0	15,550 7		SI HY	14.286	2,221	12,216	0			
σ'n	SPA EQUIP	20090701	48,720		100.00	48,720	0 5	S	T HX	20		48,720	48,720		******	
10	SOFTWARE	20090701	1,868		100.001		1,868 3	е		0	******	1,868		PY	934	
11	MEDICAL EQUIP	20101228	54,660		100.00	54,660	0	5 SL	T HX	20		54,660	54,660			
12	COMPUTER EQUIP	20100217	5,854		100.00	5,854	0	3 ST		33.338		5,854	5,854			
13	EQUIP	20120701	1,437		100.001	1,437	0 5	5 SL	T HX	20		1,437	1,437			
14	OFFICE EQUIPMENT	20130701	205		100.00		205 7		200 DB MO	10,71	22	22				
15	MEDICAL EQUIPMENT	20130701	4,417		100.00		4.417			10.71	473	473				
16		120131001	424 671		100 00		424 671 15			0.00	0.11	0. 11				
) r		10010100	10,525		00.00		7/0/575			200	9,00,0	5,039		-		
7	SFA EQUIPMENT	TOOTSTON	, 500 1, 500		100.007		1,500/1		200 DB MQ	3.57				-		
	Asset(s) Sold													-		
m	LEASEHOLD IMP ABANDON 20030625	N20030625	73,188		100.00	0	73,188 15	15 SL	L HY	6.667	2,440	47,774	0			
				***************************************							***************************************					
	Totals		889,211			178,247	710,964	+			26,138	428,203	178,247			
	Land Amount Net Depreciable Cost		889,211											ST ADJ:		

	Next Year's De	preciation			å	2013
Name	3113 77 0 1/2 0 0 0 0 0 0 0 0			FEIN		
Form Multi-Form	CHAELS MD PROF CORP Description	Date	Basis	Method	Life	56-2371654 Deduction
1120 1 1120 1	OFFICE FURNITURE MEDICAL EQUIPMENT MED EQUIP MED EQUIP MED EQUIP MED EQUIP MED EQUIP SPA EQUIP SOFTWARE MEDICAL EQUIP COMPUTER EQUIP	20030625 20030625 20050701 20060701 20070701 20080701 20080801 20090701 20090701 20101228 20100217	9,151 1,304 114,054 59,066 2,995 7,775	SL SL EXP SL SL SL SL SL SL	7 7 7 7 7 7 5 3 5 3 5 7	4,219 428 1,111
1120 1 1120 1 1120 1 1120 1 1120 1	EQUIP OFFICE EQUIPMENT MEDICAL EQUIPMENT LEASEHOLD IMPROVEMENTS SPA EQUIPMENT TOTAL	20130701 20130701 20130701 20131001 20131001	205 2,209 424,671	SL SL M M SL M	3 7 7 15 7	52 564 28,311 413 35,098

Federal Filing Instructions	2013
Name(s) as shown on return	Your Social Security Number
DANKA K MICHAELS MD PROF CORP	56-2371654

Date to file by: 03-17-2014

Form to be filed: Form 1120S and supplemental forms and schedules

Sign and date:

An officer must sign and date Form 1120S on page 1.

Address to file:

Department of the Treasury Internal Revenue Service Ogden, UT 84201-0013

Refund:

Neither a refund nor a balance due

ROBERT S SEMONIAN CPA

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

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

Invoice Date: 04/02/2014

Your 2013 tax return was prepared by Robert S Semonian CPA.

Description of Charges Price Federal and Supplemental Forms \$ Form 1120S - U.S. S Corp Income Tax Return Page 1 Form 1120S - U.S. S Corp Income Tax Return Page 2 Form 1120S ~ U.S. S Corp Income Tax Return Page 3 Form 1120S - U.S. S Corp Income Tax Return Page 4 Form 1120S - U.S. S Corp Income Tax Return Page 5 Schedule K-1 - Shareholder's Share of Income Form 1125-A - Cost of Goods Sold Form 4562 - Depreciation and Amortization Form 4797 - Sales of Business Property Form 1125-E - Compensation of Officers Form 8879-S - E-File Signature Authorization for 1120S Statement 1120S - Subsidiary Schedule for 1120S Statement 1120S - Form 1120S Statement - Line 19 Statement 1120S - Form 1120S, Schedule A Statement - Line 5 Statement 1120S - Subsidiary Schedule for 1120S Statement - Schedule B, Line 4A Statement Statement 29 - Schedule M-2 Statement - Line 3 Statement 30 - Schedule M-2 Statement - Line 5 Statement 4562 - Form 4562 Statement K-Kl Comparison - Comparison of Schedule K to K-1 Next Year Depr - Next Year Depreciation Schedule Wksht Tax/Lic - Taxes and Licenses Worksheet Depr Rec - Depreciation Reconciliation - Depreciation ... - Tax Year Comparison Sheet Comparison Wksht M-2 - Schedule M-2 Worksheet Depr Sch - Federal Depreciation Schedule ST Depr Sch

Total Balance Due $\overline{0}$, $\overline{0}$

Forms Subtotal

Danka Michaels002032

0.00

1120S	Sub S Corporation Diagnostic Summary	2013
Name DANKA K MICHAEL	S MD PROF CORP	Employer Identification # 56-2371654

Demographics

Mailing Address: 3320 N BUFFALO DR

LAS VEGAS, NV 89129

Phone:

Resident State: $\,\,\,$ NV

Diagnostics

Preparer: ROBERT S SEMONIAN Invoice: Date: 04-02-2014

Return Information

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

State/City Information

State/City	Gross	<u>Taxable</u>	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

56-2371654

[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
Tax				
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23d · · · · · · · ·				
Results				
Amount owed				
Overpayment				
Applied to estimate				
Refund				

SCHEDULE K - Shareholder's Share Items

Income				
Ordinary business income (loss)	(59)	(39,202)	24,919	64,121
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income	126		9	9
Ordinary dividends				
Qualified dividends				
Royalties				
Net short-term capital gain (loss) · · · ·				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss)				
Unrecaptured section 1250 gain				
Net section 1231 gain (loss) · · · · · ·			(25,414)	(25,414)
Other income (loss) · · · · · · · ·				

2011

2012

2013

DIFFERENCE

1120S TAX RETURN COMPARISON 2011 / 2012 / 2013

2013

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

Page 2 Identifying number 56-2371654

,				
	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				1121/
Gross income from all sources				
Gross income sourced at shareholder level				
Foreign gross income sourced at corporate level				
Passive category · · · · · · · · · · · · · · · · · · ·				
General categories				
Other				
Deductions allocated and apportioned at shareholder level Interest expense				
Other				
Deductions allocated / apportioned at corp. level to foreign source inc.				
Passive category · · · · · · · · · ·			······································	
General categories · · · · · · · · ·				
Other			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Total foreign taxes paid or accrued · · ·			W. W. W. W. W. W. W. W. W. W. W. W. W. W	
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment · · · ·			6	6
Adjusted gain or loss			THE METALLINE WHITE STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET	
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	2/1	(29,643)
Repayment of loans from shareholders	11/200	23/013		120,040/
Other information				
Investment income	126		9	9
Investment expenses Dividend distributions paid from accum earnings and profits	120			9
RESIDENT STATE		***************************************		
Taxable income · · · · · · · · · · · · · · · · · · ·				
Total tax · · · · · · · · · · · · · · · ·				
Overpayment · · · · · · · · · · · · · · · · · · ·				
Balance due				
	2011	2012	2013	DIFFERENCE

* Item	* Item was disposed					De	Depreciation Detail Listing	on De	stail List	ing			***************************************		2013	m '
n io	or dding carrent year.						For your records only	our records	sos ds only						PAGE	- 4
Name (Name(s) as shown on return					-							Socials	Social security number/EIN		
	DANKA K MICHAELS MD PROF CORP	ROF CORP							***************************************		1		-	56-2371654		
o _N	Description	Date	Cast	Salvage	Business percentage	Section 179	Depreciation Basis	Ę.	Method	Rate	Current	Accumulated Depreciation	Prior	Bonus depreciation		AMT
г	OFFICE FURNITURE	20030625	9,151		100.00		9,151	2		0		9,151				
~	MEDICAL EQUIPMENT	20030625	1,304		100.00		1,304	7		0		1,304				
4	MED EQUIP	20050701	17,576		100.00	17,576	0	ις.		0		17,576	17,576			
ĸ	MED EQUIP	20060701	164,054		100.00	50,000	114,054 7		SL HY	14.286	5 8,149	-	50,000			8,149
9	MED EQUIP	20070701	59,066		100.00		990'65		SL HY	14.286						8,438
7	MED EQUIP	20080701	5,990		100.00		2,995	7	SI HY	14.286				PY	2,995	428
80	WED EQUIP	20080801	15,550		100.00		7,775	7	SL HY	14.286	1,111	13,885			7,775	1,111
6	SPA EQUIP	20090701	48,720		100.00	48,720	0	S	SL HY	20		48,720	48,720			
10	SOFTWARE	20090701	1,868		100.00		1,868 3	m		0	***************************************	1,868		λđ	934	
11	MEDICAL EQUIP	20101228	54,660		100.00	54,660	0	n,	SL HY	20		54,660	54,660			
12	COMPUTER EQUIP	20100217	5,854		100.00	5,854	0	m		33.333	~	5,854	5,854			
13	EQUIP	20120701	1,437		100.00	1,437	0	2		20		1.437	1.437			
14	TNEWSTILE BOLLENE	20130701	202		100 00		300	-	a	10 21	c	c				•
	MEDICAL FORTENMENT	20130701	6 6		200		0 00		3 6	7 7	7	77				9 1
} '	THE PROPERTY OF THE PROPERTY O	1	77.		00.00		2,202		n n	7/ :07	731	2,445		ž	2,208	237
16	LEASEHOLD IMPROVEMENT 20131001	720131001	424, 671		100.00		424,671 15		ST MQ	.833	3,539	3,539				3,539
17	SPA EQUIPMENT	20131001	1,500		100,00		1,500	7	200 DB MQ	3.57						
	Asset(s) Sold				•							***************************************				
m	LEASEHOLD IMP ABANDON 20030625	20030625	73,188		100.00		73,188 15		SL	6.667	2.440	47.774				0 440
											2, 1					0 440
1	Totals		889,211			178,247	697,986				24,364	432,485	178,247	1 1	2,208	24,358
	Land Amount Net Depreciable Cost		889,211											ST ADJ:		434

The contains The	parada and man				ſ)						
Comparison Com	uuniig curteni year.				5	For your	records		VEGAS					PAGE	
Other Control Other Othe	me(s) as shown on return PATIENCE ONE LLC											Social	security number/EIN 45-5302432		
MULTIMAGE 20170022 1.345,221 100.000 1.3445,22131. \$41.79 (27.711 54.289 1.375 (27.711 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.289 1.375 (27.712 54.389	Description	Date	Cost	 	Section 179		Life	Method	Rate	Current	Accumulated Depreciation	1	Bonus		AMT
PARMONEMENTS 20121227 123,913 100.00 61,906 10 St. NQ 10 66,922 FF 61,907 FES 70121925 11,400 100.00 11,264 10 St. MY 5 16,026 CY 15,265 TWENDVERMENTS 201310101 30,527 100.00 11,264 10 St. MY 5 16,026 CY 15,265 TWENDVERMENTS 201310101 30,527 100.00 11,264 10 St. MY 5 16,026 CY 15,265 TWENDVERMENTS 201310101 30,527 100.00 11,264 10 St. MY 5 16,026 CY 15,265 TWENDVERMENTS 201310101 TWENDVERMENTS 2013101 TWENDVERMENTS	BUILDING	20120925	1,345,221	100.00		1,345,221	31.5 SI		3.175	į					42,705
ERS 20120925 11,900 100.00 11,900 7 AMT-461 14.2067 1,700 2,269 CY 15.269 THE STATE OF THE STAT	TENANT IMPROVEMENTS		123,813	100.00		61,906			10	6,191				1,907	6,19
INCHENOVERENTS 20130701 30,527 100.00 15,266 10 5L RY 5 763 16,026 CY 15,263 10 5L RY 5 763 10,026 10 15,263 10 5L RY 5 763 10,026 10 15,263 10 5L RY 5 763 10,026 10 15,263 10	LOAN FEES	20120925	11,900	100.00		11,900		-46	14.28					-	1,70
						0 0 1			n	50				79 00 01 01	3
200 000 to t						***************************************								***************************************	
1,353,004	Totals		1,939,002			1,434,291	+			51,365	141.753		ı .	15.263	71 349

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

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

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

1120SEF		EF Transmission Status	2014
November 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		(Keep for your records)	
lame(s) as shown on return DANKA K MICHAI	ELS MD PROF CO	RP	EIN number 56-2371654
he following will be trans	smitted to the IRS.	X 1120S 7004 Amended	1
he following state return	s will be transmitted:		
Manager and the second			

And the second s	***************************************	***************************************	
manufacture and the second sec	P-4-00-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-		
		And the second s	
MANAGEMENT OF THE PROPERTY OF	***************************************		
ne following returns have	e been suppressed or are i	not eligible and will NOT be transmitted.	
THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	***************************************		**************************************
-			
- Notes			

Form 1120S

Department of the Treasury

Internal Revenue Service

U.S. Income Tax Return for an S Corporation

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

attaching Form 2553 to elect to be an S corporation.

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

OMB No. 1545-0123 2014

For cale	ndar y	ear 2014 or tax	year begi	nning	. 2	014, ending	3		,	20
A Selec	tion effe	ctive date		Name					D Employe	er identification number
06-	25-	2003	T./	DANKA K MI	CHAELS MD P	ROF CO	ORP	***************************************	56-23	371654
B Busine	ess activ	ity code	TYPE		or suite no. If a P.O. box, see i				E Date inco	
numbe	r (see ii	nstructions)	OR	3320 N BU	TEALO DR					5-2003
621	111		PRINT		rince, country, and ZIP or foreig	n postal code				ets (see instructions)
C Check	if Sch	M-3								
attach	ed			LAS VEGAS		NV	89129		\$	502,864
G Is the	corpo	oration electing	to be an S	corporation beginning	with this tax year?	Yes	X No If "	es," attach	Form 25	53 if not already filed
H Chec	k if:	(1) Final re	turn (2) [Name change (3)	Address change		ended return (5)	ection tern	nination or revocation
					during any part of the ta					
					es on lines 1a through 2					
		Gross receip						7,926		
	h	•				 -	1b	7,320 598		
						L				1 047 200
ā	2								1c	1,847,328
Income		-	•	,	• • • • • • • • • • • • • • • • • • • •				2	315,728
<u> 11</u>	3								3	1,531,600
	4				ch Form 4797)				4	
	5				statement)				5	
	6					· · · · · · · · · · · · · · · · · · ·				1,531,600
	7			•	attach Form 1125-E)				7	205,000
ns)	8		,		5)				8	579,698
atio	9	Repairs and	maintenan	ice					9	36,934
mit	10	Bad debts							10	
<u>-</u>	11								11	139,104
S fc	12	Taxes and lic	censes	<i></i>			· · · · ATT· ST	<u>.</u>	12	72,210
tior	13	Interest		<i></i>					13	20,521
ruc	14	Depreciation	not claime	ed on Form 1125-A or	elsewhere on return (att	ach Form 4	562)		14	35,098
Deductions (see instructions for limitations)	15	Depletion (D	o not ded	uct oil and gas deple	tion.) · · · · · · ·				15	
ee ee	16	•							16	10,891
s) s	17								17	11,169
ö	18								18	51,998
cti	19								19	276,959
pa	20									
ă	21									1,439,582
	22 a				line 20 from line 6	***************************************			21	92,018
				•	e tax (see instructions)		22a			
		Tax from Sch		· ·			22b		┥ Ӏ	
y,				(see instructions for a	·		1 1		22c	
Payments	23 a			· ·	payment credited to 201		23a		_	
E	b	•			• • • • • • • • • • •		23b		_	
Ра	С			•	rm 4136)		23c		_	
pu	d	Add lines 23a	_						23d	
and	24	Estimated ta:	x penaity (:	see instructions). Che	ck if Form 2220 is attach	ied · ·	· · · · · · · · · · ·	. > 🗌	24	
Тах	25	Amount owe	ed. If line 2	3d is smaller than the	total of lines 22c and 24	, enter amo	ount owed .		25	
	26	Overpaymer	nt. If line 2	3d is larger than the to	tal of lines 22c and 24, e	enter amour	nt overpaid		26	
	27	Enter amoun	t from line	26 Credited to 2015	estimated tax		Refu	nded 🏲	27	
					eturn, including accompanying :				May the IR	S discuss this return
		e best of my knowle information of whic			plete. Declaration of preparer (c	other than taxp	ayer) is based on		with the pre	eparer shown below
	""		ргоропог па	j miemodys.					(see instru	ctions)? Yes X No
Sign		DANKA M	ICHAE:	LS MD			▶ PR	ESIDE	NT	and the second s
Here		Signature of officer			***************************************	Date	Title			
		Print/Type prepare	er's name	Pre	eparer's signature		Date	Che	ck X if	PTIN
Paid		ROBERT :	S SEMO	ONIAN CPA			05-20-2	1	employed	P00391972
Prepar	rer	~~~~	►ROBE!		AN CPA		<u> </u>	Firm's EIN	·····	-4514704
Use O			►PO B				***************************************	Phone no.		1011/04
	,		Vent		15		 	, none no.	/ Ω	05)659-5344
***************************************		L	V V 11 U	<u> </u>	<u> </u>			L	10	001000-0044

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

Form **1120S** (2014) Danka Michaels002085

-		S(2014) DANKA K MICHAELS MD PROF CORP	56-2	371654	Page 3
Sch	nedu	ile K Shareholders' Pro Rata Share Items		Total amount	
	1	Ordinary business income (loss) (page 1, line 21)	1	92,0	118
	2	Net rental real estate income (loss) (attach Form 8825)	2	1	<u> </u>
	3a	Other gross rental income (loss)	1-	 	
	1		4		
	þ	Expenses from other rental activities (attach statement)	4		
	C	Other net rental income (loss). Subtract line 3b from line 3a	3c		
	4	Interest income	4		31
ŝ	5	Dividends: a Ordinary dividends	5a		
ő		b Qualified dividends			
	6	Royalties	6		
Ĕ	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7		***************************************
Income (Loss)	8a		8a		
_	Ι.		- Oa	 	
	b	Collectibles (28%) gain (loss)	-		
	С	Unrecaptured section 1250 gain (attach statement) 8c	4		
	9	Net section 1231 gain (loss) (attach Form 4797)	9		
	10	Other income (loss) (see instructions) · · Type ▶	10		
S	11	Section 179 deduction (attach Form 4562)	11		
on	12a	Charitable contributions	12a		
Ċţ;	b	Investment interest expense	12b		
Deductions	c	Section 59(e)(2) expenditures (1) Type ► (2) Amount ►	12c(2)		
۵	d	Other deductions (see instructions) · · · Type	12d		
	1			ļ	
	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		
Credits	d	Other rental real estate credits (see instructions) · · Type •	13d		
ē	e	Other rental credits (see instructions) · · · · · · Type ▶	13e		
O	f	Biofuel producer credit (attach Form 6478)	13f		
	g	Other credits (see instructions) Type	13g		***************************************
	14a	Name of country or U.S. possession	1	1	
	b	Gross income from all sources	14b		
	c	Gross income sourced at shareholder level	14c	 	
		Foreign gross income sourced at corporate level	170		
	نہ ا				
	d	Passive category	14d		
s	e	General category	14e		
eign Transactions	f	Other (attach statement)	14f		
댨		Deductions allocated and apportioned at shareholder level			
ısa	g	Interest expense	14g		
<u>.</u>	h	Other	14h		
_		Deductions allocated and apportioned at corporate level to foreign source income			
eig	i	Passive category · · · · · · · · · · · · · · · · · · ·	14i		
For	i	General category	14j	 	
	k	Other (attach statement)			
	,		14k	<u> </u>	
		Other information	1		
	1	Total foreign taxes (check one): Paid Accrued Accrued	141		
	m	Reduction in taxes available for credit (attach statement)	14m	ļ	
	n	Other foreign tax information (attach statement)			
	15a	Post-1986 depreciation adjustment	15a	1	.12
e × s	b	Adjusted gain or loss	15b		
ten Ti	С	Depletion (other than oil and gas)	15c		
Alternative Minimum Tax (AMT) Items	d	Oil, gas, and geothermal properties - gross income	15d		
A Pire	е	Oil, gas, and geothermal properties - deductions · · · · · · · · · · · · · · · · · · ·	15e		
`≅ <i>`</i>	f	Other AMT items (attach statement)	15f		
<u>6</u> _					
tin	16a	Tax-exempt interest income	16a		
fec hol	b	Other tax-exempt income	16b		
Af are	C	Nondeductible expenses	16c	2	239
Items Affecting Shareholder Basis	d	Distributions (attach statement if required) (see instructions)	16d		
<u>.</u> ق	е	Repayment of loans from shareholders	16e		
EEA				Form 1120S	(2014)

Form 1120S (2014) DANKA K MICHA: Schedule K Shareholders' Pro Rata	ELS MD PROF CC			<u> </u>	371654 Page
47 1	Snare items (continued)			175	Total amount
Ę				17a 17b	3:
c Dividend distributions paid from acc				 	
d Other items and amounts (attach at	- · · · · · · · · · · · · · · · · · · ·	ts		17c	
	atement)				
18 Income/loss reconciliation. Comb	ing the amounts on lines 1 th	arough 10 in the for righ	- -		
of the column From the regult authoret the		3		40	00 04
Schedule L Balance Sheets per Book				18 End of tax	92,04
Assets	(a)	(b)	(c)	End of tax	(d)
1 Cash		35,037	(-)		69,71
2 a Trade notes and accounts receivable	· -	33,037	-	-	09,/1
b Less allowance for bad debts			/		
3 Inventories	`	57,519	<u> </u>		22 26
4 U.S. government obligations	·	37,319	-	ļ	33,36
Titi garannam aanganana	· -		-	ļ	····
(444)	j-	15 000	- [, , , ,	_	
The state of the state (state of the state o	· Statement #19	15,093	Statement #1	.9	3,57
	·		-	ļ	
	'		4	<u> </u>	
Other investments (attach statement)	·		4		
a Buildings and other depreciable assets	0 2 0 / 0 2 0		816,0		
b Less accumulated depreciation · · · · ·	. (384,711)	431,312	(419,8	09)	396,21
1 a Depletable assets	•				
b Less accumulated depletion	· ()		()	
2 Land (net of any amortization)	·			<u> </u>	
a Intangible assets (amortizable only)	•		***************************************		
b Less accumulated amortization	• ()		()	
Other assets (attach statement) · · · · ·	·				
Total assets		538,961			502,86
Liabilities and Shareholders' Equity					
Accounts payable	·				
Mortgages, notes, bonds payable in less than 1 year		6,020			24,06
Other current liabilities (attach statement)	Statement #22	12,508	Statement #2	2	1,95
B Loans from shareholders	.	51,792			47,18
Mortgages, notes, bonds payable in 1 year or more		406,408	1		275,61
Other liabilities (attach statement)	.				And the second s
2 Capital stock	. _	17,000	1		17,00
Additional paid-in capital	.		1		
Retained earnings	.	45,233	1		137,04
5 Adjustments to shareholders' equity (attach statements)	nt)	, , , , , , , , , , , , , , , , , , , ,			
6 Less cost of treasury stock	· 1	``	1	1	
7 Total liabilities and shareholders' equity	l H	538,961	†	1	502,86

	П	m: -112.4	П ,		בתיתית ו
Schedule K-1 2014		Final K-1	······································	ded K-1	OMB No. 1545-0123 Current Year Income,
(Form 1120S) For calendar year 2014, or tax	Pa	ורג ווו	Deductions, Cred		· · · · · · · · · · · · · · · · · · ·
Department of the Treasury Internal Revenue Service year beginning . 2014	1	Ordinary bus	iness income (loss)	13	Credits
ending . 20	<u></u>		92,018		
Shareholder's Share of Income, Deductions,	2	Net rental rea	al estate income (loss)		
Credits, etc. See page 2 of form and separate instructions.	3	Other net ren	tal income (loss)		
Part I Information About the Corporation	4	Interest incon	ne	-	
A Corporation's employer identification number	<u></u>		31		
56-2371654 B Corporation's name, address, city, state, and ZIP code	5a	Ordinary divid	dends		
DANKA K MICHAELS MD PROF CORP	5b	Qualified divi	dends	14	Foreign transactions
3320 N BUFFALO DR	6	Royalties		-	
LAS VEGAS NV 89129	7	Net short-term	n capital gain (loss)	1	
C IRS Center where corporation filed return	8a	Net long-term	capital gain (loss)	1	
OGDEN	8b	Callactibles (28%) gain (loss)	4	
Part II Information About the Shareholder		Conecilores (2	20.10) gain (1033)		
D Shareholder's identifying number	8c	Unrecaptured	section 1250 gain		
Shareholder's name, address, city, state, and ZIP code DANKA MICHAELS	9	Net section 1:	231 gain (loss)		
3320 N BUFFALO DR	10	Other income	(loss)	15 A	Alternative minimum tax (AMT) items
LAS VEGAS NV 89129					
F Shareholder's percentage of stock ownership for tax year					
	11	Section 179 d	eduction	16	Items affecting shareholder basis
	12	Other deduction	ons	C	239
For IRS Use Only					
0 0					
<u>ໄດ້</u>					
쭚				17	Other information
Por					
				7	31
				A	2.1
		-			
		* See att	ached statement f	or addit	ional information.

For Paperwork Reduction Act Notice, see Instructions for Form 1120S. EEA IRS.gov/form1120S

Schedule K-1 (Form 1120S) 2014

Form	4562				and Amo					OMB No. 1545-0172
			(Including	g Informati	on on Liste	d Pro	operty)			2014
Depar	Iment of the Treasury				your tax return					Attachment
-	al Revenue Service (99)	Information	n about Form 45	62 and its sepa	rate instruction	s is at	www.irs.go	v/form45	62.	Sequence No. 179
	s) shown on return			1	Business or activity to	which th	is form relates			Identifying number
	IKA K MICHA				FORM 11					56-2371654
Pa			e Certain Pr							
			ed property, comp		re you complete	Part I.			···	
1	Maximum amount (*						1	A-14-14-14-14-14-14-14-14-14-14-14-14-14-
2	Total cost of section								2	
3	Threshold cost of s				•				3	
4	Reduction in limitati								4	
5	Dollar limitation for						_			
	separately, see inst			· · · · · · · · ·		• • •			5	
6		(a) Description of pr	roperty	(b) Cost (business us	e only)	(c) Ele	cted cost		

	tion of the second second					T				
7	Listed property. Ent					7				
8	Total elected cost of			•), lines 6 and 7				8	
9	Tentative deduction								9	
10 11	Carryover of disallo								10	······
12	Business income lin								11	***************************************
13	Section 179 expens							• • •	12	····
	Carryover of disallo					13				
Pai	: Do not use Part II o									(See instructions.)
14	Special depreciation							stea prop	perty.)	(See instructions.)
1-7	during the tax year (a property) place	o in se	rvice		4.4	
15	Property subject to								14 15	
16	Other depreciation (<i>'</i>						16	34,069
		Depreciati	· ····································	***************************************	erty.) (See instruc				10 1	34,003
L			The (Bollotine		ction A	/((0113.)		······		
17	MACRS deductions	for assets place	ed in service in ta						17	1,029
18	If you are electing to				•	r more	neneral		1	1,02,3
	asset accounts, che									
	Sec		Placed in Servi						Syster	n
			(b) Month and year	(c) Basis for depre	ciation	T		ľ	7	
	(a) Classification of pr	operty	placed in service	(business/investme only-see instructi	in doc) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property			i						
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property				25 yı	S.		S/I	_	
h	Residential rental				27.5)	rs.	MM	S/I	-	
	property				ر 27.5 ر	rs.	MM	S/I	-	
Í	Nonresidential real				39 yr	s.	MM	S/I	-	
	property						MM	S/I		
	Secti	on C - Assets I	Placed in Servic	e During 2014	Tax Year Using t	he Alte	rnative Dep	reciatio	n Syst	em
20 a	Class life							S/I		
b	12-year				12 yr	s.		S/I	<u>. I</u>	
С	40-year				40 yr	s.	MM	S/I		
Par		ry (See instruc	····							
21	Listed property. Ent				• • • • • • • •			٠٠٠ إ	21	· · · · · · · · · · · · · · · · · · ·
22	Total. Add amounts							l		
	here and on the ann	ropriate tines of	vour return Part	nershins and S	cornorations - co	ainetrii	ctions		22	35 000

23

For Paperwork Reduction Act Notice, see separate instructions.

For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Form 4562 (2014)

EEA

Form 8879-S

IRS e-file Signature Authorization for Form 1120S

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

	Information about Form 8879-S and i	ts instructions is at www.ii	rs.gov/form8879s		2014
Department of the Treasury Internal Revenue Service	For calendar year 2014, or tax year beginning	. 2014, ending	. 20		
Name of corporation			Employer identific	ation num	ber
DANKA K MICHAELS	MD PROF CORP		56-237165	4	
Part I Tax Ret	urn Information (Whole dollars only)	· · · · · · · · · · · · · · · · · · ·	1 90 20710		
	ales less returns and allowances (Form 1120S, line	1c)		1	1,847,328
2 Gross profit (Form	1120S, line 3)			2	1,531,600
3 Ordinary business i	ncome (loss) (Form 1120S, line 21)			3	92,018
	te income (loss) (Form 1120S, Schedule K, line 2)			4	2 = 7 - 2 = 2
5 Income (loss) recor	nciliation (Form 1120S, Schedule K, line 18)			5	92,049
Part II Declara	tion and Signature Authorization of O	fficer (Be sure to get	a copy of the	corp	
send the corporation's ret transmission, (b) the reas the U.S. Treasury and its institution account indicate the financial institution to 1-888-353-4537 no later t in the processing of the elissues related to the payn	rn. I consent to allow my electronic return originator urn to the IRS and to receive from the IRS (a) an accomposition of any delay in processing the return or refund, designated Financial Agent to initiate an electronic lead in the tax preparation software for payment of the debit the entry to this account. To revoke a payment han 2 business days prior to the payment (settleme ectronic payment of taxes to receive confidential intent. I have selected a personal identification number applicable, the corporation's consent to electronic furnished.	cknowledgement of receipt of and (c) the date of any refur funds withdrawal (direct debred corporation's federal taxes to I must contact the U.S. Trent) date. I also authorize the formation necessary to answer (PIN) as my signature for	r reason for rejectind. If applicable, I at applicable, I at entry to the finar owed on this returnasury Financial Agfinancial institution er inquiries and re	on of the authorize acial n, and ent at as involv solve	e ed
X Lauthorize RO	BERT S SEMONIAN CPA	to enter my PIN 123.	45 a	s my sic	nature
	ERO firm name	don	ot enter all zeros		
on the corporat	ion's 2014 electronically filed income tax return.				
As an officer of return.	the corporation, I will enter my PIN as my signature	on the corporation's 2014 e	lectronically filed in	ncome ta	ax
Officer's signature		Date ► <u>05-21-2015</u>	Title 🕨 pp	RESIDE	NT
Part III Certific	ation and Authentication		······································	····	
ERO's EFIN/PIN. Enter you corporation indicated above	our six-digit EFIN followed by your five-digit self-self meric entry is my PIN, which is my signature on the ve. I confirm that I am submitting this return in according and Pub. 4163, Modernized e-File (MeF) Inforn	2014 electronically filed inco	me tax return for the of Pub. 3112, IRS	ne S e-file	er all zeros
Returns. ERO's signature			Date ▶ <u>05-20-</u>	2015	

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

For Paperwork Reduction Act Notice, see instructions.

Form 8879-S (2014)

EEA

		ne (Loss) per B		h Income (Loss) per R		23/1654 Page
Note. The corpora	ion may be r	equired to file Sched	lule M-3 (see	instructions)		
1 Net income (loss) per books · · ·		91,810	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 boo	ks this		a Tax-exe	mpt interest \$		
year (itemize):			ļ			
3 Expenses recorded on books this year	not		6 Deduction	ons included on Schedule K,		
included on Schedule K, lines 1 throug	n 12 and		lines 1 tl	arough 12 and 14I, not charge	ed	
14I (itemize):			against	book income this year (itemize		
a Depreciation \$			a Deprecia	ation \$		
b Travel and entertainment \$	239					
					· · · · · · · · · · · · · · · · · · ·	
		239	7 Add line	s 5 and 6 · · · · · · · ·		
4 Add lines 1 through 3 · · · · · ·				oss) (Schedule K, line 18). Line 4		
				, Other Adjustments A	Account	t, and Shareholders
Undistributed	Taxable	Income Previo	usly Taxe	d (see instructions)	 	
		(a) Accumula adjustments a		(b) Other adjustments account		areholders' undistributed e income previously taxed
1 Balance at beginning of tax year .		4	5,233			***************************************
2 Ordinary income from page 1, line 21		9	2,018			
3 Other additions · · · · Stateme	nt·#29		31			
4 Loss from page 1, line 21 · · · ·	. <i>.</i> [()		7	
5 Other reductions · · · · Stateme	nt·#30	(239)	()	
6 Combine lines 1 through 5	[13	7,043		7	
7 Distributions other than dividend distribu	tions .					
8 Balance at end of tax year. Subtract line 7 fro	m line 6	13	7,043			
EEA						Form 1120S (2014

Federal Supporting Stateme	ents 2014	1 PG01
lame(s) as shown on return DANKA K MICHAELS MD PROF CORP	FEIN 56-2	2371654
FORM 1120S LINE 19		Statement #2
DECORTONI		
DESCRIPTION UTOMOBILE AND TRUCK EXPENSE		<u>AMOUNT</u> 551
BANK CHARGES		343
DUES AND SUBSCRIPTIONS EDUCATION AND TRAINING		1,974 1,634
QUIPMENT RENTAL/LEASE		44,655
GIFTS		627
JABILITY INSURANCE JORKERS COMP INSURANCE		49,533
JANITORIAL		2,489 12,380
EGAL AND PROFESSIONAL		37,038
50% MEALS AND ENTERTAINMENT 11SCELLANEOUS		240
OFFICE EXPENSE		4 24,771
PAYROLL PROCESSING EXPENSE		3,688
POSTAGE/SHIPPING PRINTING		4,538
OFTWARE		1,040 13,824
TILITIES		9,411
REDIT AND MERCHANT FEES		19,865
IANAGEMENT FEES		3,610 31,480
COMMUNICATIONS		13,264
OTAL	approximation and the second and the	276,959
FORM 1120S, SCHEDULE L, LINE 6 OTHER CURRENT ASSETS	s	PG01 Statement #19
DESCRIPTION OTE RECEIVABLE	BEG OF YEAR	END OF YEA
OTAL	15,093	3,5
	PRINTED BY AND MAKEN MAKEN PRINTED AND AND AND AND AND AND AND AND AND AN	The state of the s

Federal Supporting Statement	s 20	14 PG01
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	FEIN	
	<u>-</u>	56-2371654
FORM 1120S, SCHEDULE L, LINE 18 OTHER CURRENT LIABILITIES		Statement #22
DESCRIPTION	BEG OF YEAR	END OF YEAR
SALES TAX PAY	383	/////////////////////////////////////
EMPLOYEE TIPS PAY GIFT CARDS	12,125	1,953
TOTAL	12 508	
0 V 3 X X 4 4	12,500	1,953
		DG01
SCHEDULE M-2 LINE 3		PG01 Statement #29
DESCRIPTION INTEREST INCOME		AMOUNT
	MEGATINAMA	31
TOTAL		31
		7001
SCHEDULE M-2 LINE 5		PG01 Statement #30
DESCRIPTION NONDEDUCTIBLE EXPENSES		AMOUNT
	******	239
TOTAL	minus vasima si summa vasima si	239

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

Form 1120S		K-K	1 Comparison Worksheet		2014
			(Keep for your records)		
S CORPORATION NAME					EIN
DANKA K MICHAEL	S MD PRO	F CORP			56-2371654
Description			Schedule K	K-1 Totals	Difference

11 22/11 E	MICHAELS MD PROF CORP			56-2371654		
Descr	iption	Schedule K	K-1 Totals	Difference		
	ary business income (loss)		92,			
	est income		AND THE STORY AND ADD AND ADD ADD ADD ADD ADD	31		
Post	- 1986 depreciation adjustment	. 112		112		
	ductible expenses	. 239		239		
inves	tment income	. 31		31		
			-			
		Ì				
		***	1			
		1				

		Taxes and Licenses Attachment ormation does not transmit to the IRS with e-filed returns. noluding with a paper filed return is optional.		2014
	RPORATION NAME			EIN
Al	IKA K MICHAELS MD PROF (CORP		56-2371654
Tax	es and Licenses	Form 1120S		Page 1, Line 12
1	State income taxes		1	
2	State franchise taxes		2	
3	City income taxes		3	
4	City franchise taxes		4	
5	Local property taxes		5	
6	Intangible property taxes		6	
7	Payroll taxes		7	69,787
3	Less: credit from Form 8846		8	
9	Foreign taxes paid		9	
0	Occupancy taxes		10	
1	Other miscellaneous taxes		11	2,423
2	Built in gains tax allocated to ordinary income		12	
3	Licenses		13	
14	Total to Form 1120S, Page 1, Line 12		14	72,210

F	Schedule M-2/Retained Earnings Worksheet orm 1120S (Keep for your records)	2014
	oration Name	EIN
D	ANKA K MICHAELS MD PROF CORP	56-2371654
	Analysis of Current-Year Retained Earnings	
1 2 3 4	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)	· 2 91,810
5 6	Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25) Difference (line 4 minus line 5) (should be zero)	·
	Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA	
1	•	107 040
1	Ending retained earnings (Schedule L, column d, line 24)	· 1 13/, U43
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	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	THE SHEET STREET
	Additions to net income per books (Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3)	
11	Income included on Schedule K not recorded on books	
12 13	Depreciation on books not included on Schedule K	
14	Total additions (lines 11 through 13)	
15	Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10)	· 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	
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 91,810
22	M-2 amount after M-3 timing adjustments (add lines 6, 18, 19, and 20)	· 22
23	Net reconciliation difference (line 3 minus line 21 or 22)	· 23

* Item was disposed of during current year,	****				ă	Depreciation Detail Listing	ion Deta	ail Listi	ng			**************************************		2014	4 -
						For your records only	cords	only							
Name(s) as shown on return												Social	Social security number/EIN	<u>z</u>	
DANKA K MICHAELS MU	PROF CORP					-	-	***************************************				-	56-2371654	-	
No. Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	~	Method	Rate	Current	Accumulated Depreciation	Prior expense	Bonus depreciation		AMT
1 OFFICE FURNITURE	06252003	9,151		100.00		9,151 7	-		0		9,151				
2 MEDICAL EQUIPMENT	06252003	1,304		100.00		1,304 7			0		1,304				
3 MED EQUIP	07012005	17,576		100.00	17,576	0 5			0		17,576	17,576			
4 MED EQUIP	07012006	164,054		100.00	50,000	114,054 7	*******		0		164,054	50,000			
5 MED EQUIP	07012007	59,066		100.00		29,066	SI	нх	14.286	5 4,219					4,219
6 MED EQUIP	07012008	5,990		100.00		2,995 7	SI	НХ	14.286	5 428	5,777		ΡΥ	2,995	428
7 MED EQUIP	08012008	15,550		100.00		7,775	SI	нх	14.286	1,111			ΡΥ	7,775	1,111
8 SPA EQUIP	07012009	48,720		100.00	48,720	0 5	SI	НХ	20		48,720	48,720			
9 SOFTWARE	07012009	1,868		100.00		1,868 3			0		1,868		Хđ	934	
10 MEDICAL EQUIP	12282010	54,660		100.00	54,660	0 5	SI	НХ	20		54,660	54,660			
11 COMPUTER EQUIP	02172010	5,854		100.00	5,854	0			0		5,854	5,854			
12 EQUIP	07012012	1,437		100.00	1,437	0 5	SŢ	НХ	20		1,437	1,437			
13 OFFICE EQUIPMENT	07012013	205		100.00		205 7		200 DB MO	25.51	52	74				40
	07012013	4.417		100.00		2.2097		X MC	25.51	564	800 %		۵	9000)
	5 100 100 1 201	150 454				1 40		1		, ,			;	2 4	500
	510210011	7/0/575		100.00		424,6/1 15		ÖW W	6.667	28,311	31,850				28,311
16 SPA EQUIPMENT	10012013	1,500		100.00		1,500 7	200	200 DB MQ	27.55	413	413				313
Totals		816,023			178,247	624,798	\mathbb{H}			35,098	419,809	178,247			34,986
Land Amount Net Depreciable Cost		816,023											ST ADJ:		(2,101)

						ă	Depreciation Detail Listing	Detail	Listin	စ္ခ				.4	2014	eganifa.
							STATE FORM 1120S For your records only	STATE FORM 1120S or your records only							PAGE	
Name(s)	Name(s) as shown on return												Socials	Social security number/EIN		
DA	DANKA K MICHAELS MD E	PROF CORP												56-2371654		
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	fe Method	ро	Rate	Current /	Accumulated Depreciation	Prior expense	Bonus depreciation		AMT
	OFFICE FURNITURE	06252003	9,151		100.00		9,1517			0	<u> </u>	9,151			+	
-5:4	MEDICAL EQUIPMENT	06252003	1,304		100.00		1,304 7			0		1,304			~~~~	
	ÆD EQUIP	07012005	17,576		100.00	17,576		~~~~		0		17,576	17,576			
.65	æd equip	07012006	164,054		100.00	50,000	114,054 7			0		164,054	50,000			
	WED EQUIP	07012007	59,066		100.00	0	59,066 7		HX	14.286	4,219	59,066	0			
	MED EQUIP	07012008	5,990		100.00	0	5,990 7		НХ	14.286	856	5,564	0		·	
	aed equip	08012008	15,550		100.00	5	15,550 7			14.286	2,221	14,437	0			
	SPA EQUIP	07012009	48,720		100.00	48,720	0 5	SI	HX	20		48,720	48,720	-		
<u>у</u>	SOFTWARE	07012009	1,868		100.00		1,868 3			•		1,868		5 Xd	934	
10	MEDICAL EQUIP	12282010	54,660		100.00	54,660	0 5	SL	HX	20		54,660	54,660			
11 C	COMPUTER EQUIP	02172010	5,854		100.00	5,854	0			_		5,854	5,854			
12 E	EQUIP	07012012	1,437		100.00	1,437	0	SI	НХ	20		1,437	1,437			
13 01	OFFICE EQUIPMENT	07012013	205		100,00	ō	205 7	200 DB	Ç	25.51	52	7.4	C			
	MEDICAL EQUIPMENT	07012013	4.417		100.00		4.417	200 DR	¥ Ç	25.51	1 127	1 600	· ·			
	EASEHOLD TMPBOWEMENT 10012013	110010013	124 671	_	100 00		31 163 464					0 00	, (
	MASSELLOED AMERICAN	21021001	10,425		100.00	5	67 7/0 / 474			0.00/	78,311	31,850	0			
9	SPA EQUIPMENT	10012013	1,500		100.00	0	1,500 7	200 DB MQ		27.55	413	413	0			
1	Totals		816,023			178,247	971,776				37,199	417.628	178.247		_	
1,5	and Amount	7									1	- 1	1		1	
ίž	Net Depreciable Cost	,.	816,023											ST ADJ:		

	Next Year's De	preciation		***************************************	2	2014
Name	CHARLS MD DROE CORD			FEIN		C 2277 C 4
Form Multi-Form	CHAELS MD PROF CORP	Date	Basis	Mathad		6-2371654
1120 1	OFFICE FURNITURE	06252003	1	Method SL	Life 7	Deduction
1120 1 1120 1 1120 1 1120 1 1120 1 1120 1 1120 1	MEDICAL EQUIPMENT MED EQUIP MED EQUIP MED EQUIP MED EQUIP MED EQUIP SPA EQUIP SOFTWARE	06252003 07012005 07012006 07012007 07012008 08012008 07012009 07012009	1,304 114,054 59,066 2,995 7,775	SL EXP SL SL SL SL SL SL	75777753535	213 554
1120 1	MEDICAL EQUIP	12282010		SL	5	
1120 1 1120 1 1120 1	COMPUTER EQUIP EQUIP OFFICE EQUIPMENT MEDICAL EQUIPMENT LEASEHOLD IMPROVEMENTS SPA EQUIPMENT	02172010 07012012 07012013 07012013 10012013 10012013	205 2,209 424,671	SL SL M M SL M	3 5 7 7 15 7	37 402 28,311 295
	TOTAL					29,812

Federal Filing Instructions	2014
Name(s) as shown on return	Your Social Security Number
DANKA K MICHAELS MD PROF CORP	56-2371654

Date to file by: 03-16-2015

Form to be filed: Form 1120S and supplemental forms and schedules

Sign and date:

An officer must sign and date Form 1120S on page 1.

Address to file:

Department of the Treasury Internal Revenue Service Ogden, UT 84201-0013

Refund:

Neither a refund nor a balance due

ROBERT S SEMONIAN CPA

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

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

Invoice Date: 05/20/2015

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

Description of Charges

Price

Federal and Supplemental Forms

Form 1120S - U.S. S Corp Income Tax Return Page 1 Form 11208 - U.S. S Corp Income Tax Return Page 2 Form 1120S - U.S. S Corp Income Tax Return Page 3 Form 1120S - U.S. S Corp Income Tax Return Page 4
Form 1120S - U.S. S Corp Income Tax Return Page 5 Schedule K-1 - Shareholder's Share of Income Form 1125-A - Cost of Goods Sold Form 4562 - Depreciation and Amortization Form 1125-E

- Compensation of Officers - E-File Signature Authorization for 1120S Form 8879-S K-Kl Comparison - Comparison of Schedule K to K-1

Next Year Depr - Next Year Depreciation Schedule Wksht Tax/Lic - Taxes and Licenses Worksheet Comparison - Tax Year comparison

MEANS M-2 - Schedule M-2 Worksheet - Tax Year Comparison Sheet Depr Sch - Federal Depreciation Schedule

ST Deor Sch - State Depreciation Schedule Statement 1120S - Form 1120S - Itemized Other Deduction Statement Sch L - Schedule L - Itemized Other Current Assets Statement Sch L - Schedule L - Itemized Other Current Liab's Statement Sch M2- Schedule M2 - Accum Adj Acc Other Add

Statement Sch M2- Schedule M2 - Accum Adj Acc Other Ded

Statement 1125A - Form 1125A - Itemized Other Costs
Total Forms : 23

Total Balance Due 0.00

Forms Subtotal

Danka Michaels002102

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1120S	Sub S Corporation Diagnostic Summary	2014
Name DANKA K MICHAEL	S MD PROF CORP	Employer Identification # 5 6 - 2 3 7 1 6 5 4

Demographics

Mailing Address: 3320 N BUFFALO DR

LAS VEGAS, NV 89129

Phone:

Resident State:

NV

Diagnostics

Preparer: ROBERT S SEMONIAN

Invoice:

Date: 05-20-2015

Return Information

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

State/City Information

 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
Interest · · · · · · · · · ·		29,844	20,521	(9,323)
Net depreciation [31,305	26,572	35,098	8,526
Depletion · · · · · · · ·				
Advertising [21,130	1,497	10,891	9,394
Pension, profit-sharing	16,433	19,498	11,169	(8,329)
Employee benefits	49,571	53,958	51,998	(1,960)
Other deductions	270,787	197,559	276,959	79,400
Total deductions	1,290,898	1,243,213	1,439,582	196,369
Ordinary business income(loss)	(39,202)	24,919	92,018	67,099
Tax				
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23d · · · · · · · ·				
Results		***************************************		
Amount owed				
Overpayment				
Applied to estimate				
Refund				

SCHEDULE K - Shareholder's Share Items

SCHEDULE K - Shareholder's Share items				
Income				
Ordinary business income (loss) · · · ·	(39,202)	24,919	92,018	67,099
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income		9	31	22
Ordinary dividends				
Qualified dividends				
Royalties				
Net short-term capital gain (loss) · · · ·				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss)				
Unrecaptured section 1250 gain				
Net section 1231 gain (loss)		(25,414)		25,414
Other income (loss)				

2012

2013

2014

DIFFERENCE

1120S TAX RETURN COMPARISON 2012 / 2013 / 2014

2014

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

Page 2 Identifying number 56-2371654

Deductions	2012 FEDERAL	2013 FEDERAL	2014 FEDERAL	DIFFERENCE BETWEEN 2013 & 2014
Section 179 deduction	1,437			
Contributions				
Investment interest expense				
Section 59(e)(2) expenditures				
Other deductions				
Credits		****		
Low-income housing credit (section 42(j)(5))	****			
Low-income housing credit (other) · · · · Qualified rehabilitation expenditures (rental real				
estate) Other rental real estate credits · · · · ·				
Other rental credits · · · · · · · · · · · · · · · · · · ·			···	
Credit for alcohol used as fuel · · · · ·				
Other credits · · · · · · · · · · · · · · · · · · ·	161			
Foreign Transactions	101			
Gross income from all sources				
Gross income sourced at shareholder level				
Foreign gross income sourced at corporate level				
Passive category · · · · · · · · · · · · · · · · · · ·				
General categories · · · · · · · · · · · · · · · · · · ·				
Other				
Deductions allocated and apportioned at shareholder level				
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			110	100
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			· · · · · · · · · · · · · · · · · · ·	
Tax-exempt interest income				
· · · · · · · · · · · · · · · · · · ·			T	
Other tax-exempt income	1,744	371	220	/1001
Nondeductible expenses		3/1	239	(132)
Property distributions	29,643			
Repayment of loans from shareholders • Other information				
Investment income		9	¬ 1	
Investment income Investment expenses Dividend distributions paid from accum earnings and profits		9	31	22
RESIDENT STATE				
Taxable income · · · · · · · · ·				***************************************
Total tax · · · · · · · · · · ·				
Overpayment · · · · · · · · · · · · ·				
Balance due				
· ·	2012	2013	2014	DIFFERENCE

	Summary of St	ock Ow	/nership		2014	ļ
CORPORATION NAME DANKA K MICHAELS MD PROF	CORP				EIN 56-23716	554
Shareholder Information			Shares		1	ership
Name	EIN/SSN	Туре	Beginning	Ending	Beginning	Ending
DANKA MICHAELS			1,000	1,000	100.00000	100.00000
TOTAL			1,000	1,000		
					1	

orm 1125-A

Cost of Goods Sold

OMB No. 1545-2225

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a. Name Employer identification number DANKA K MICHAELS MD PROF CORP 56-2371654 1 2 Purchases 2 3 3 Additional section 263A costs (attach schedule) 4 5 Other costs (attach schedule)Startement - #5-173,043 5 6 Total, Add lines 1 through 5 6 349,089 7 7 33,361 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) 315,728 Check all methods used for valuing closing inventory: (i) X Cost (ii) Lower of cost or market (iii) Other (Specify method used and attach explanation.) Check if there was a writedown of subnormal goods Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? X No Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," ☐ No

1125-E

(Rev. December 2013)

Department of the Treasury Internal Revenue Service

Compensation of Officers

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.

OMB No. 1545-2225

Name

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. (c) Percent of time devoted to business (b) Social security number (see instructions) (f) Amount of (a) Name of officer (d) Common compensation (e) Preferred 1 DANKA K MICHAELS 80 % 100 % % 205,000 % 2 Total compensation of officers 2 205,000 Compensation of officers claimed on Form 1125-A or elsewhere on return Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return 205,000

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-E (Rev. 12-2013)

Γ								***************************************	·	·····		OM	3 No. 1545-0108
Form	1096			Anı	nual	Summa	ary and	d Tra	nsmit	tal of		Olivie	110. 1043-0100
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Street a	iddress (incl	uding room	or suite nur	nber)									
3320) N B(JFFAL(D DR S	STE 10	6								
City or t	own, state o	r province,	country, and	d ZIP or fore	ign pos	tal code							
LAS	VEGAS	NV 8	8912	9									
Name of	person to co	ntact			t	Telephone nur	mber		J	☐ Fo	or Offic	ial Use	Only
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56-2371654 9 \$ 0.00 \$ 192102.74								74					
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1099-K 10	1099-LTC 93	1099-MISC 95	1099-OID 96	1099-PATR 97	1099- 31	O 1099-R 98	1099-S 75	1099-8 94	SA 392 25	3922 26	5498 28	5498-ESA 72	5498-SA 27
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Return	this er	ntire pa	ge to th	ne Inter	nal F	Revenue S	Service.	Phot	ocopie	s are not	accept	able.	
Under pena correct, an	alties of perj d complete.	ury, I decla	re that I have	e examined	this retu	urn and accomp	panying docu	ıments, a	nd, to the b	est of my knov	ledge and b	elief, they are	true,
									_				
Signature	e 🎤							Title	▶ PRES	IDENT		Date ▶	

EMPLOYER COPY ONLY
DO NOT FILE THIS COPY WITH THE IRS

	ECTED (if checked)		
PAYERS name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no DANKA K MICHAELS MD PROF CORP 3320 N BUFFALO DR STE 106	1 Rents 5 3 Other income 5 5 Fishing boat proceeds	2 Royalties \$ 4 Federal income tax withheld \$ 6 Medical & health care payments	OMB No. 1545-0115 2015 Miscellaneous Income
LAS VEGAS NV 89129	7 Nonemployee compensation \$ 16760.72	Substitute payments in lieu of dividends or interest Company of the company	Form 1099-MISC
PAYER'S federal identification number 56-2371654 RECIPIENT'S identification number 46-4119213	Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	For Recipien
RECIPIENT'S name and address BETA CONSULTANTS LLC	(recipient) for resale	12	information and is being 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 \$ 15a Section 409A deferrals	14 Gross proceeds paid to an attorney \$ 15b Section 409A income	negligence penally or other sanction may be imposed on you if this income is taxable and the IRS determines that it has no
FATCA filing	16 State tax withheld	17 State/Payer's state no.	been reported 18 State income
requirement requirement	\$ sov/form1099misc	Decarmed of the F	\$ \$ reasury - Internal Revenue Service

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 DANKA K MICHAELS MD PROF CORP 4 Federal income tax withheld 2015 Other income Miscellaneous 3320 N BUFFALO DR STE 106 6 Medical & health care payments Fishing boat proceeds Income LAS VEGAS NV 89129 Nonemployee compensation Substitute payments in lieu of dividends or interest 16760. 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 consumer 56-2371654 46-4119213 products to a buyer RECIPIENT'S name and address (recipient) for resale To be filed with recipient's state BETA CONSULTANTS LLC income tax return. when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 5606 TRILLING BIRD DR LAS VEGAS NV 89135 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld State/Payer's state no 18 State income FATCA filing requirement Account number (see instructions) \$ \$ 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 (ITIN), adoption taxpayer identification number (ITIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

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 not income from self-employment is \$400 or more, you must like 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 baxes were withhold 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 from 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 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 is o. Schedule, Co. of Fersal 1949, and complete Schedule SE (Form 1949). You received this form instead of Form W.2 because the pd. complete Schedule SE (Form 1949). You received this form instead of Form W.2 because the pd. complete Schedule SE (Form 1949). You received did not withhold income tax or social security and Medicare tax if you believe year an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1940, line 7 (or Form 1940, 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 si income form a sporadic activity or a hobby), report it on Form 1940, line 21 (or Form 1948).

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

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

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

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

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

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

plus any earnings on current and prior year deterrals

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) insert Total Tax" in the Form 1040 (or Form 1040NR) insert Total Tax" in the Form 1040 (or Form 1040NR) insert Total Tax" in the Form 1040 (or Form 1040NR) form the payments.

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

Danka Michaels002156

	ECTED (if checked)		
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	\$	\$	2015
	3 Other income	4 Federal income tax withheld	1
2220 11 5115577 6 55 255 256	\$	15	
3320 N BUFFALO DR STE 106	5 Fishing boat proceeds	6 Medical & health care payments	Income
LAS VEGAS NV 89129	3	\$	4000 \$4100
	7 Nonemployee compensation	Substitute payments in fieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number RECIPIENT'S identification number	\$ 6375.00	[′] ⊣s	Copy E
56-2371654	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	For Recipien
30-23/1034	products to a buyer	1	This is important ta:
RECIPIENT'S name and address	(recipient) for resale	J \$	information and is being
MOISES CUEVAS JR GP MD	11	12	furnished to the Interna Revenue Service. If you are
HOLORO CORVID OK OL MD			required to file a return.
	13 Excess golden parachute	14 Grass proceeds gaid to	negligence penalty or othe
744 RISING STAR DR	payments paracriate	14 Gross proceeds paid to an attorney	sanction may be imposed
HENDERSON NV 89014	\$	\$	on you if this income is taxable and the IRS
	15a Section 409A deferrals	15b Section 409A income	determines that it has no
	\$	\$	been reported
	16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions) FATCA filing requirement	s		s
	\$		e
Form 1099-MISC (keep for your records) www.irs.c.	ov/torm1099misc	Department of the Tr	reasury - Internal Revenue Server

COF	RRECTED (if checked)		
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 LAS VEGAS NV 89129	\$ 5 Fishing boat proceeds \$ 7 Nonemployee compensation \$ 6375.0	\$ 6 Medical & health care payments \$ 8 Substitute payments in lieu of dividends or interest	Miscellaneous Income
PAYER'S federal identification number 56-2371654	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	\$ 10 Crop insurance proceeds	Copy 2
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 \$ 15a Section 409A deferrals \$	14 Gross proceeds paid to an attorney \$ \$ 15b Section 409A income \$	when required.
Account number (see instructions) FATCA till requiremen	16 State tax withheld ng \$ S	17 State/Payer's state no.	18 State income \$
Form 1099-MISC www.ir	s.gov/form1099misc	Department of the Tr	easury - Internal Revenue Service

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 (HTN), adoption taxpayer identification number (ATN), or employer identification number (ENN). 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 to Form 8938
Amounts shown may be subject to self-employment (SE) tax. If your net income
from self-employment is 3400 or more, you must file a return and companie your
SE tax on Schedule SE (Form 1040). See Pub. 331 for more information
SE tax on Schedule SE (Form 1040). See Pub. 331 for more information
still receiving the call second and Medicard to taxes were withheid and you are
still receiving the sea amounts as explained 10 the SE (or Form 1040-ES(NR)) individuals
unstreport these amounts as explained to the SE (or Form 1040-ES(NR)) individuals
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 patients 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 from one; see Pub. 544.

box 7 instructions. For royalties on timber, coal, and iron ore, see Pub 544.

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

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not 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. Inte 7 (or Form 1040NR, line 8), You must also complete Form 8194) 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. Inte 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.

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 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.

	∟ CORRE	ECTED (if checked)		
PAYER'S name, street address, city or town or foreign postal code, and telephone no.	n. state or province, country, ZIP	1 Rents	2 Royalties	OMB No 1545-0115
DANKA K MICHAELS	MD PROF CORP	3 Other income	\$ 4 Federal income tax withheld	2015
		\$	\$	Miscellaneous
3320 N BUFFALO I	DR STE 106	5 Fishing boat proceeds	6 Medical & health care payments	
LAS VEGAS NV 891	L29	7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	Form 1099-MISO
		s 9552.78	of dividends or interest	Copy E
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number	Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	For Recipien
RECIPIENT'S name and address	46-4347185	products to a buyer (recipient) for resale	9	This is important ta information and is being
LISA WARK MBA &	ASSOC	11	12	furnished to the Interna Revenue Service. If you are required to file a return, a
2142 CAST PEBBLE LAS VEGAS NV 891		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	15b Section 409A income \$	taxable and the IRS determines that it has no been reported
		16 State tax withheld	17 State/Payer's state no	18 State income
Account number (see instructions)	FATCA filing requirement	\\$ \$		\$ \$
Form 1099-MISC (keep for your re	ecords) www.irs.co	w/form1099misc	Department of the T	reaction Internal Payonus Sensio

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 3 Other income 4 Federal income tax withheld 2015 Miscellaneous 5 Fishing boat proceeds 3320 N BUFFALO DR STE 106 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 Form 1099-MISC 78 PAYER'S federal identification number RECIPIENT'S identification number Copy 2 10 Crop insurance proceeds \$5,000 or more of consume 56-2371654 46-4347185 products to a buyer RECIPIENT'S name and address (recipient) for resale To be filed with 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 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld State/Payer's state no. 18 State income Account number (see instructions) Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

Instructions for Recipient

DXA

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

Account number. May show an account or other unique number the payer assigned to distinguish your account.

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

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your \$85 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, idiociaries, 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 patients 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 payment sectived 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 around no your incomplay return a 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 nonemplayee 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 SE (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return, if you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

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

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

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

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

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NGDC) 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 15b that is currently axable is also included in 1 box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR) isser Total Tax' in the Form 1040 (or Form 1040NR) isser Total Tax' in the Form 1040 (or Form 1040NR) isser Total Tax' in the Form 1040. Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1093-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/lorm1099misc.

	∟ CORRE	CTED (if checked)		
PAYER'S name, street address, city or town, or foreign postal code, and telephone no. DANKA K MICHAELS	state or province, country. ZIP	1 Rents \$ 83962.24	2 Royalties \$	OMB No. 1545-0115
DANKA K PITCHAELS	MD FROE CORP	3 Other income	4 Federal income tax withheld	2015
3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		5 Fishing boat proceeds \$	6 Medical & health care payments \$	Miscellaneous Income
		7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	Form 1099-MIS
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	\$ 10 Crop insurance proceeds	Copy I For Recipien
RECIPIENT'S name and address		products to a buyer (recipient) for resale	\$	This is important ta information and is being
PATIENCE ONE LLC		11	12	furnished to the Interna Revenue Service. If you ar required to file a return,
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 impose on you if this income i taxable and the IR!
		15a Section 409A deferrals \$	15b Section 409A income \$	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 \$
Form 1099-MISC (keep for your rec	ords) www.irs.gov	//form1099misc	Department of the T	reasury - Internal Revenue Servic

		CTED (if checked)	•	
PAYER'S name, street address, city or town, or foreign postal code, and telephone no.		1 Rents \$ 83962.24	2 Royalties \$	OMB No. 1545-0115
DANKA K MICHAELS	MD PROF CORP	3 Other income	4 Federal income tax withheld	2015
3320 N BUFFALO D LAS VEGAS NV 891		5 Fishing boat proceeds 5 Nonemployee compensation	6 Medical & health care payments \$ 8 Substitute payments in lieu of dividends or interest	Miscellaneous Income
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 products to a buyer	\$ 10 Crop insurance proceeds	Copy 2
RECIPIENT'S name and address PATIENCE ONE LLC		(recipient) for resale	12	To be filed with recipient's state income tax return,
3320 N BUFFALO DR STE 208 LAS VEGAS NV 89129		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 Tr	easury - Internal Revenue Service

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 (ITIN), adoption taxpayer identification number (ITIN). However, the issuer has reported your complete identification number to the IRS

Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filling requirement. If the FATCA filling 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 filling 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 \$25 tax on Schedule SE (Form 1040). See Pub .34 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 revalues 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 on what 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 withholding on 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 1040NE, line 8). You must also complete Form 8199 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. Inle 21 (or Form 1040NE, line 21).

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

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

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

Box 13. Shows your total compensation of excess golden 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 (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 1040/NR). See "Total Tax" in the Form 1040 (or Form 1040/NR) is arrived to the Form 1040 (or Form 1040/NR) is arrived t

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.

		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		\$	\$	2015
		3 Other income	4 Federal income tax withheld	1
2222		\$	<u> \$</u>	J Miscellaneous
3320 N BUFFALO D	R STE 106	5 Fishing boat proceeds	6 Medical & health care payments	Income
LAS VEGAS NV 891	29	15	5	
		7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	Form 1099-MISC
DAYEDIS (<u>\$ 1050.00</u>	<u>_</u>	Copy B
PAYER'S federal identification number	RECIPIENT'S identification number	9 Payer made direct sales of	10 Crop insurance proceeds	For Recipient
56-2371654		S5.000 or more of consumer products to a buyer	,	This is important tax
RECIPIENT'S name and address		(recipient) for resale	\$	information and is being
DAIL CCOMM		11	12	furnished to the Internal
PAUL SCOTT				Revenue Service. If you are
		-		required to file a return, a negligence penalty or other
8232 CHARLES TUR	K DR	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	sanction may be imposed
LAS VEGAS NV 891		•	9	on you if this income is
HAS VEGAS NV 091	1 0	15a Section 409A deferrals	15b Section 409A income	taxable and the IRS
		e	e	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		1 States ayer's state no.	o State income
Account number (see instructions)	requirement	\$		3
		\$		\$
Form 1099-MISC (keep for your rec	ords) www.irs.go	v/form1099misc	Department of the Tr	reasury - Internal Revenue Service

		CTED (if checked)		
PAYER'S name, street address, city or town, or foreign postal code, and telephone no.	state or prevince, country, ZIP	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 D LAS VEGAS NV 891		5 Fishing boat proceeds 7 Nonemployee compensation	Medical & health care payments S Substitute payments in lieu of dividends or interest	Miscellaneous Income
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number	\$ 1050.00 9 Payer made direct sales of S5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	Copy 2
PAUL SCOTT		(recipient) for resale	12	To be filed with recipient's state income tax return,
8232 CHARLES TUR 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 fitting requirement	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$
Form 1099-MISC	www.irs.go	//form1099misc	Department of the Tr	reasury - Internal Revenue Service

www.irs.gov/form1099misc

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 (ITIN), adoption taxpayer identification number (ITIN). However, the issuer has reported your complete identification number to the IRS Account number. May show an account or other unique number the payer assigned to distinguish your account.

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

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your \$400 or more, you must file a return and compute your \$400 or more incomation; 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, tiduciaries, 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 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 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 neans 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 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 8199 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. Inle 21 (or Form 1040NR, line 21).

Department of the Treasury - Internal Revenue Service

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

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

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

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

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 499A, plus any earnings on current and prior year deferrals.

plus any earnings on current and prior year deterrals

8x 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

8oxes 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.gowform1099misc.

	CORRE	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		\$	\$	2015
	110 21101 00111	3 Other income	4 Federal income tax withheld	
2220 11 511552 5	D 000 100	\$	S	Miscellaneous
3320 N BUFFALO D		5 Fishing boat proceeds	6 Medical & health care payments	Income
LAS VEGAS NV 891	29	3	8.01.6	Form 1099-MISC
		7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	
PAYER'S federal identification number	RECIPIENT'S identification number	\$ 55470.00 9 Payer made direct sales of	⊣ \$	Copy B
56-2371654	88-0428371	\$5,000 or more of consumer	10 Crop insurance proceeds	For Recipient
	00-0420371	products to a buyer		This is important tax
RECIPIENT'S name and address		(recipient) for resale	S	information and is being furnished to the Internal
SONIC IMAGING		111	12	Revenue Service. If you are
				required to file a return, a
(000 MOTEON NO 0	mm 1 1 0	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	negligence penalty or other
6230 MCLEOD DR S	TE 140	payments	an attorney	sanction may be imposed on you if this income is
LAS VEGAS NV 891	20	5	\$	taxable and the IRS
		15a Section 409A deferrals	15b Section 409A income	determines that it has not
		\$	\$	been reported
	I FATCA D	16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	FATCA filing requirement	\$		[S
		\$		\$
Form 1099-MISC (keep for your red	ords) www.irs.go	v/form1099misc	Department of the Tr	easury - Internal Revenue Service

	☐ CORRE	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	MD PROF CORP	\$ 3 Other income	\$ 4 Federal income tax withheld	2015
3320 N BUFFALO D LAS VEGAS NV 891		5 Fishing boat proceeds 5 Nonemployee compensation 5 5 4 7 0 . 0 0	6 Medical & health care payments 5 8 Substitute payments in fieu of dividends or interest	Miscellaneous Income
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 88-0428371	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	Сору
RECIPIENT'S name and address SONIC IMAGING		(recipient) for resale	\$ 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 liling requirement	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$
Form 1099-MISC DXA	www.irs.gov	//form1099misc	Department of the Tr	easury - Internal Revenue Service

Instructions for Recipient

DXA

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 (HTIN), adoption taxpayer identification number (HTIN), adoption taxpayer identification number (HTIN). However, the issuer has reported your complete identification number (HTIN). Account number. May show an account or other unique number the payer assigned to distinguish your account.

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

Amounts shown may be subject to self-employment (SE) tax, if your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information if no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, iductaines, 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
(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 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 1040NE, line 8). You must also complete Form 8194 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. Inte 21 (or Form 1040NE, 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).

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

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

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

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

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

plus any earnings on current and prior year deterrals.

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) is arrived to the Form 1040 (or Form 1040NR) is arrived to the Form 1040 (or Form 1040NR) are the form 1040NR) are the form 1040NR (or Form 1040NR) are the form 1040NR (or Form 1040NR) are the form 1040NR

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.

	L CORRE	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	Federal income tax withheld	2015
		c Other income	rederal income tax winnerd	1
3320 N BUFFALO DR STE 106		5 Fishing boat proceeds	6 Medical & health care payments	Miscellaneous Income
LAS VEGAS NV 891	29	7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number	9 Payer made direct sales of S5.000 or more of consumer	\$ 10 Crop insurance proceeds	Copy I For Recipien
RECIPIENT'S name and address	75-3269761	products to a buyer (recipient) for resale	\$	This is important ta information and is bein
TELEDIAGNOSYS LL	С	11	12	furnished to the Interna Revenue Service. If you ar required to file a return.
16192 COSTAL HWY LEWES DE 19958		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	negligence penalty or other sanction may be impose on you if this income i
		15a Section 409A deferrals	15b Section 409A income \$	taxable and the IR: determines that it has no been reported
		16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	FATCA filing requirement	\\$ \$		\$
Form 1099-MISC (keen for your rec	ords) www.ire.com	riform1099misc	Department of the T	reasure. Internal Revenue Consis

		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	4 Federal income tax withheld	2015
3320 N BUFFALO D LAS VEGAS NV 891		5 Fishing boat proceeds \$ 7 Nonemployee compensation \$ 9360.00	Medical & health care payments 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	10 Crop insurance proceeds	Copy 2
RECIPIENT'S name and address TELEDIAGNOSYS LL	C	(recipient) for resale	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 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 DXA	www.irs.gov	/form1099misc	Department of the Tr	easury - Internal Revenue Service

DXA

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

ASSIgned to usualized by the Country of the Country

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 \$85 tax on Schedule SE (Form 1040). See Pab. 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 parnerships must report the amounts on the proper line of their tax returns.

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

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payment secured as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub \$25 (18 if it is taxed 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 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 for correct his form, report fine amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to you return. If you are not an employee but the amount in his 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).

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

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

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

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

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) 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.

	∟ CORRE	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 Royafties	OMB No. 1545-0115
DANKA K MICHAELS	MD PROF CORP	\$ 3 Other income	\\$	2015
		3 Other income	4 Federal income tax withheld	
3320 N BUFFALO DR STE 106		5 Fishing boat proceeds	6 Medical & health care payments	Miscellaneous Income
LAS VEGAS NV 891:	29	7 Nonemployee compensation \$ 950.00	Substitute payments in fieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number	9 Payer made direct sales of S5,000 or more of consumer	10 Crop insurance proceeds	Copy B For Recipient
RECIPIENT'S name and address	77-0437723	products to a buyer (recipient) for resale	s	This is important tax information and is being
THE SEMONIAN GRO	UP INC	11	12	furnished to the Internal Revenue Service. If you are required to file a return, a
3230 S VALLEY VIEW BLVD 110 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 taxable and the IR
		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)	FATCA filing requirement	\$	LL_	\$
		\$		\$
Form 1099-MISC (keep for your reci	ords) www.irs.gov	r/form1099misc	Department of the Tr	easury - Internal Revenue Service

	☐ CORRE	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	\$ 4 Federal income tax withheld	2015
3320 N BUFFALO DI LAS VEGAS NV 891:		\$ 5 Fishing boat proceeds \$ 7 Nonemployee compensation \$ 950.00	\$ 6 Medical & health care payments \$ 5 Substitute payments in lieu of dividends or interest	Miscellaneous Income
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 77-0437723	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	Copy 2
RECIPIENT'S name and address THE SEMONIAN GROU	UP INC	(recipient) for resale	\$ 12	To be filed with recipient's state income tax return,
3230 S VALLEY VII LAS VEGAS NV 8910		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 tiling requirement	\$ 16 State tax withheld \$	\$ 17 State/Payer's state no.	18 State income
Form 1099-MISC DXA	www.irs.go	\$ v/form1099misc	Department of the Tre	sasury - Internal Revenue Service

DXA

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

Account number. May show an account or other unique number the payer assigned to distinguish your account.

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

You also may have a filing 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 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 (ORS)). 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 patients 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 1040Nft) and identify the payment. The amount shown may be payment received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub \$25 fit its 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 social security and Medicare tax. If you believe you are an employee and cannot get the payer for correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in 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-self, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040)

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

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 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 15b that is currently taxable is also included in it box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) isser Total Tax" in the Form 1040.

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-MIAC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/lorm1099/misc.

LJ CORR	ECTED (if checked)		
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
	c Carter income	c	
3320 N BUFFALO DR STE 106	5 Fishing boat proceeds	6 Medical & health care payments	☐ Miscellaneous 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	\$ 8622.0C	⊢s	Copy B
56-2371654	Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	For Recipient
20-72/1024	products to a buyer	1   -	This is important tax
RECIPIENT'S name and address	(recipient) for resale	\$	information and is being
VICKIS SOUEAKY CLEAN HOUSE	11	12	furnished to the Internal Revenue Service. If you are
			required to file a return, a
7505 PMGI PDPDG AUD	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	negligence penalty or other
7585 ENGLEBERG AVE	payments	an attorney	sanction may be imposed on you if this income is
LAS VEGAS NV 89178	\$	\$	taxable 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) FATCA filing requirement	\$		\$
	\$		\$
Form 1099-MISC (keep for your records) www.irs.gr	ov/form1099misc	Department of the 1	reasury - Internal Revenue Service

	☐ CORRE	CTED (if checked)		
PAYER'S name, street address, city or town, state or province, country, or foreign postal code, and telephone no	ZIP	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS MD PROF CO		\$ 3 Other income	\$ 4 Federal income tax withheld	2015
3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		5 Fishing boat proceeds \$ 7 Nonemployee compensation	\$ 6 Medical & health care payments \$ 8 Substitute payments in lieu of dividends or interest	Miscellaneous Income
PAYER'S federal identification number 56-2371654  RECIPIENT'S name and address	n number	\$ 8622.00  9 Payer made direct sales of \$5.000 or more of consumer products to a buyer (recipient) for resale	\$ 10 Crop insurance proceeds	Form 1099-MISC Copy 2
VICKIS SQUEAKY CLEAN HOUSE		11	12	To be filed with recipient's state income tax return, when required.
7585 ENGLEBERG AVE LAS VEGAS NV 89178		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.gov	\$ r/form1099misc	Department of the Tre	\$ pasury - Internal Revenue Service

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

Account number. May show an account or other unique number the payer assigned to distinguish your account.

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

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

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

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

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

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

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

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

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE lincome, 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 do 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 819 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, its 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 freu 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).

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

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a subject to a subject to a subject to a 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/lorn11099misc.

# 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
		(Keep for your records)	2013
ame(s) as shown on return (DNKD K MICUカ)	TIC MD DDOD OO		EIN number
ANNA N MICHAI	ELS MD PROF CO	RP	56-2371654
he following will be trans	smitted to the IRS.	X 1120S 7004 Amended	
ne following state return	s will be transmitted:		
-			
	· · · · · · · · · · · · · · · · · · ·		
***************************************			
***************************************	***************************************		
***************************************	***************************************		
e following returns have	been suppressed or are no	t eligible and will NOT be transmitted.	
	**************************************		
	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		
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Notes			
Notes			

## Form 1120S

# U.S. Income Tax Return for an S Corporation

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

OMB No. 1545-0123

2015 Department of the Treasury ▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s. For calendar year 2015 or tax year beginning 2015, ending 20 A S election effective date D Employer identification number 06-25-2003 DANKA K MICHAELS MD PROF CORP 56-2371654 TYPE B Business activity code Number, street, and room or suite no. If a P.O. box, see instructions. E Date incorporated OR number (see instructions) N BUFFALO DR 06-25-2003 PRINT 621111 City or town, state or province, country, and ZIP or foreign postal code F Total assets (see instructions) C Check if Sch. M-3 attached LAS VEGAS 29129 MV 599,825 G Is the corporation electing to be an S corporation beginning with this tax year? Yes X No If "Yes," attach Form 2553 if not already filed H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) Selection termination or revocation Enter the number of shareholders who were shareholders during any part of the tax year Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information. 1 a Gross receipts or sales b Returns and allowances c Balance. Subtract line 1b from line 1a 1c ncome Cost of goods sold (attach Form 1125-A) . . 2 361 432 Gross profit. Subtract line 2 from line 1c 3 401 514 Net gain (loss) from Form 4797, line 17 (attach Form 4797) 4 Other income (loss) (see instructions - attach statement) 5 Total income (loss). Add lines 3 through 5 6 Compensation of officers (see instructions - attach Form 1125-E) 7 195,000 8 Salaries and wages (less employment credits) Deductions (see instructions for limitations) 8 506,747 Repairs and maintenance 9 14,469 10 11 11 94,600 12 Taxes and licenses 119, 12 575 13 569 13 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562) 14 106,364 14 15 Depletion (Do not deduct oil and gas depletion.) . . . . . . . . . . 15 16 Advertising 16 10,284 17 Pension, profit-sharing, etc., plans 17 18 Employee benefit programs 18 31 19 Other deductions (attach statement) 19 205,837 20 Total deductions. Add lines 7 through 19 20 295, 758 21 Ordinary business income (loss). Subtract line 20 from line 6 21 .05, 756 Excess net passive income or LIFO recapture tax (see instructions) 22a Tax from Schedule D (Form 1120S) ..... Add lines 22a and 22b (see instructions for additional taxes) 22c Tax and Payments 2015 estimated tax payments and 2014 overpayment credited to 2015 23a Tax deposited with Form 7004 23b c Credit for federal tax paid on fuels (attach Form 4136) d Add lines 23a through 23c 23d Estimated tax penalty (see instructions). Check if Form 2220 is attached 24 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed 25 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid 26 Enter amount from line 26 Credited to 2016 estimated tax Refunded > 27 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to May the IRS discuss this return the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. with the preparer shown below (see instructions)? Sign DANKA MICHAELS, MD PRESIDET Here Signature of officer Date Print/Type preparer's name Preparer's signature Date Check X if PTIN Paid ROBERT S SEMONIAN CPA P00391972 Preparer ▶ROBERT S SEMONIAN CPA 95-4514704 Firm's EIN Use Only Firm's address ▶PO BOX 5605 Phone no.

For Paperwork Reduction Act Notice, see separate instructions.

Ventura CA

(805)659-5344Form 1120S (2015)

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

EEA

Form 1120S (2015)

	Frac	WIE:K:: Shareholders' Pro Rata Share Items	<u> 56-2</u>	371654	Page
		2		Total amou	
	1	Ordinary business income (loss) (page 1, line 21)	1	10	5,756
	2	Net rental real estate income (loss) (attach Form 8825)	2		· · · · · · · · · · · · · · · · · · ·
	3a	3a			
	1	3b			
	C	The metre (1033). Subtract file 30 from life 3a	3с	1	
	4	Interest income	4		7
(5)	5	Dividends: a Ordinary dividends	5a	<u> </u>	
ncome (Lose)		b Qualified dividends · · · · · · · · · · · · · · · · · 5b			
95	6	Royalties	6	1	
Ö	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7		
ğ	88		8a		·
	b	Collectibles (28%) gain (loss)	oa 		
	С				
	9	Net section 1231 gain (loss) (attach Form 4797)	_		
	10	Other income (loss) (see instructions) . Type ▶	9		
	11	Section 179 deduction (attach Form 4562)	10		
ii o	12a	Charitable contributions	11		
cţi	b	Investment interest expense	12a		
Deductions	c	Section 59(e)(2) expanditures (4) Time b	12b		
ă	d	Other deductions (see instructions) · · · Type	12c(2)		
······································	13a		12d		
	b	Low-income housing credit (section 42(j)(5))  Low-income housing credit (other)	13a		
	C		13b		
S	1 .	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c		
Credits	d	Other rental real estate credits (see instructions) . Type	13d		
ؿۨ	e	Other rental credits (see instructions) Type	13e		***************************************
	f	Biofuel producer credit (attach Form 6478)	13f		
	g	Other credits (see instructions) Type ▶	13g		
	14a	Name of country or U.S. possession			
	b	Gross income from all sources	14b		
	C	Gross income sourced at shareholder level	14c		
	1.	Foreign gross income sourced at corporate level	***************************************		······································
	d	Passive category	14d		
S	e	General category	14e		<del></del>
ö	f	Other (attach statement)	14f		
act		Deductions allocated and apportioned at shareholder level			
reign Transactions	g	Interest expense	14g		
Тrа	h	Other	14h		
du	l	Deductions allocated and apportioned at corporate level to foreign source income			
<u>ā</u>	i	Passive category	14i		
Б0	j	General category	14j		
	k	Other (attach statement)	14k		<del></del>
		Other information	140		
	ı	Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	141		
	m	Reduction in taxes available for credit (attach statement)	141		
	n	Other foreign tax information (attach statement)	14m	***************************************	************
	15a	Post-1986 depreciation adjustment			***************************************
× m	b	Adjusted gain or loss	15a		54
Alternative Minimum Tax (AMT) Items	С		15b	· · · · · · · · · · · · · · · · · · ·	
T = 1	d		15c		
Arite Anite			15d		
.E.	f	Oil, gas, and geothermal properties - deductions Other AMT items (attach statement)	15e		
,	16a		15f		
Shareholder Basis		Tax-exempt interest income	16a		
of sis		Other tax-exempt income	16b		
nare Bas		Nondeductible expenses Statement #16c	16c		474
S		Distributions (attach statement if required) (see instructions)	16d		
<u>·</u>	е	Repayment of loans from shareholders	16e		

	1120S (2015) DANKA K MICHAEL				56-	2371654 Page <b>4</b>
20	hedule K. Shareholders' Pro Rata Sha	are Items (continued)	)			Total amount
ş	17 a Investment income				17a	7
Other	b Investment expenses · · · · · · ·		• • • • • • • • • • • • • • • • • • • •		17b	
ŏ	<ul> <li>Dividend distributions paid from accum-</li> </ul>		its		17c	
	d Other items and amounts (attach stater	ment)				
. s						
Recon- ciliation	18 Income/loss reconciliation. Combine					
		um of the amounts on line	es 11 through 12d and 1	41	18	105,763
OC	hedule: Balance Sheets per Books	Beginning	of tax year		End of	tax year
	Assets	(a)	(b)	(c)		(d)
1	Cash	***************************************	69,718			102,591
2a	Trade notes and accounts receivable	1	**************************************			
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 #	( 9	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	73)	429,101
11 a	Depletable assets					
b	Less accumulated depletion	( )	***************************************	(	)	***************************************
12	Land (net of any amortization)					
13a	Intangible assets (amortizable only)			***************************************		
b	Less accumulated amortization	( )		(	)	•••••••••••••••••••••••••••••••••••••••
14	Other assets (attach statement)	***************************************				***************************************
15	Total assets	**************************************	502,864			599,825
	Liabilities and Shareholders' Equity					
16	Accounts payable	***************************************		**************************************		***************************************
17	Mortgages, notes, bonds payable in less than 1 year	**************************************	24,068	**************************************		88,796
18	Other current liabilities (attach statement) .	Statement #22	1,953	Statement #2	2	4,115
19	Loans from shareholders	10000000000000000000000000000000000000	47,181			0
20	Mortgages, notes, bonds payable in 1 year or more		275,619			247,582
21	Other liabilities (attach statement)	***************************************				
22	Capital stock		17,000			17,000
23	Additional paid-in capital	**************************************				· · · · · · · · · · · · · · · · · · ·
24	Retained earnings	**************************************	137,043			242,332
25	Adjustments to shareholders' equity (attach statement)	***************************************				,
26	Less cost of treasury stock	***************************************	)			( )
27	Total liabilities and shareholders' equity		502,864			599,825
EEA						Form <b>1120S</b> (2015)

_	chedule: M#1 Reconciliation of Incor			th Income (Loss) per F		23/1654	Page 5
121111	Note. The corporation may be			· , .	totai		
1	Net income (loss) per books	105,289	T	recorded on books this year not in	cluded		
2	Income included on Schedule K, lines 1, 2, 3c, 4,		1	edule K, lines 1 through 10 (itemize			
	5a, 6, 7, 8a, 9, and 10, not recorded on books this		1	empt interest \$	ĺ		
	year (itemize):						
3	Expenses recorded on books this year not		6 Deduct	ions included on Schedule K,			
	included on Schedule K, lines 1 through 12 and	lines 1 through 12 and 14I, not charged					
	14I (itemize):		against	book income this year (itemize	e):		
а	Depreciation \$		a Deprec	iation \$	,		
b	Travel and entertainment \$ 474						
		474	1	es 5 and 6 · · · · · · · ·			
4	Add lines 1 through 3	105,763	8 Income	(loss) (Schedule K, fine 18). Line 4	less line 7	105,	763
3	Chedute: M=2 Analysis of Accumulate Undistributed Taxable	ed Adjustments Income Previou	Accoun	it, Other Adjustments /	Account	, and Shareho	lders'
		(a) Accumula	ited	(b) Other adjustments	(c) Sha	areholders' undistrit	outed
		adjustments a	ccount	account		income previously	
1	Balance at beginning of tax year	13	7,043				
2	Ordinary income from page 1, line 21		5,756				
3	Other additions · · · · Statement · #29		7		***************************************	***************************************	
4	Loss from page 1, line 21	(	)				
5	Other reductions · · · · Statement · #30	(	474)	(	)	***************************************	
6	Combine lines 1 through 5	24	2,332			•••••	***************************************
7	Distributions other than dividend distributions .					***************************************	
8	Balance at end of tax year. Subtract line 7 from line 6	24	2,332				
EEA						Form <b>1120</b> S	(2015)

Schedule K-1 (Form 1120S)	2015	201211121	rt 111 Shareholder's Sh		OMB No. 1545-0123
Department of the Treasury	For calendar year 2015, or tax	· ·			I Other Items
Internal Revenue Service	year beginning . 2015	1	Ordinary business income (loss)	13	Credits
	ending 20	2	105,756	_	
A 1114	e of Income, Deductions,		Net rental real estate income (loss)		
	See page 2 of form and separate instructions.	3	Other net rental income (loss)		
Part I Information	About the Corporation			4	
A Corporation's employer identification		4	Interest income		
i e	on number	<u> </u>	7	4	
56-2371654	-147.0	5a	Ordinary dividends		
B Corporation's name, address, city, s		ļ		<u> </u>	
DANKA K MICHAE.	LS MD PROF CORP	5b	Qualified dividends	14	Foreign transactions
0000					
3320 N BUFFALO	DR	6	Royalties		
		<u> </u>		_	
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)	1	
OGDEN		1			
Part II Information	About the Shareholder	8b	Collectibles (28%) gain (loss)	1	
D Shareholder's identifying number		8c	Unrecaptured section 1250 gain	1	
E Shareholder's name, address, city, s	state, and ZIP code	9	Net section 1231 gain (loss)	1	
DANKA MICHAELS					
		10	Other income (loss)	15	Alternative minimum tax (AMT) items
3320 N BUFFALO	DR	1		A	54
LAS VEGAS	NV 89129			**	) 1
				İ	
F Shareholder's percentage of stock		1			
F Shareholder's percentage of stock ownership for tax year	100.00000 %				
		ĺ			
	·	1			
					-
		1			
		11	Section 179 deduction	16	Items affecting shareholder basis
				C*	STMT
		12	Other deductions	1	SIMI
		1			
		1			
Į.					
		1			
		1			
For IRS Use Only		ĺ			
		l		17	Other information
	3人(473.) <b>9</b> .久(4.火)(4.火)(4.)(6.)			А	7
		1			
		T		I	
			* See attached statement f	or additi	ional information.

For Paperwork Reduction Act Notice, see Instructions for Form 1120S.

IRS.gov/form1120S

Schedule K-1 (Form 1120S) 2015

Schedule K-1 Supplemental Information  PANKA MICHAELS	2015 Shareholder's ID Number
ame of S Corporation DANKA K MICHAELS MD PROF CORP	S Corporation's EIN 56-2371654
FORM 1120S SCHEDULE K-1 - LINE 16  OTHER NONDEDUCTIBLE EXPENSES MEALS AND ENTERTAINMENT	<u>AMOUNT</u> 474
TOTAL	474

Form **4562** 

## **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

2015

Department of the Treasury Internal Revenue Service (99)

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. 179

Business or activity to which this form relates Identifying number DANKA K MICHAELS MD PROF CORP FORM 1120S 56-2371654 Part Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) .......... 14 69,626 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 29,078 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2015 17 734 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (f) Method (g) Depreciation deduction 19a 3-year property 20,500 3 HY SL 417 b 5-year property 7-year property C 49,125 HY SI 3,509 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs ММ S/L property 27.5 yrs. ММ S/L Nonresidential real 39 <u>yrs</u>. MM S/L property ММ S/L Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year

40 yrs.

MM

S/L

21

For Paperwork Reduction Act Notice, see separate instructions.

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ........

Summary (See instructions.) Listed property. Enter amount from line 28

Form 4562 (2015)

106,364

c 40-year

Part IV

Form 8879-S

Department of the Treasury

# IRS e-file Signature Authorization for Form 1120S

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

▶ Information about Form 8879-S and its instructions is at www.irs.gov/form8879s.

OMB No. 1545-0123

2015

Internal Revenue Service For calendar year 2015, or tax year beginning Name of corporation Employer identification number 56-2371654 Part I Tax Return Information (Whole dollars only) Gross receipts or sales less returns and allowances (Form 1120S, line 1c) 946 2 514 Ordinary business income (loss) (Form 1120S, line 21) 3 756 Net rental real estate income (loss) (Form 1120S, Schedule K, line 2) 4 Income (loss) reconciliation (Form 1120S, Schedule K, line 18) 5 105

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

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

Officer's	PIN: check	k one box only					
X	I authorize	ROBERT S	EMONIAN CPA		to enter my PIN	12345	as my signature
			ectronically filed inco ion, I will enter my Pl		on the corporation's 20		
Officer's sign	nature 🕨 _	***************************************		***************************************	Date ▶ <u>09-10-</u> 2	2016 Title	► PRESIDET
Pantil	Cert	ification and	l Authentication	1			
ERO's Ef	FIN/PIN. Ent	er your six-digit	EFIN followed by you	r five-digit self-selec	ted PIN.	950884	
corporation	on indicated	above. I confirm	that I am submitting	this return in accord	015 electronically filed ance with the requirer ttion for Authorized IR	ments of Pub. 311	12. IRS e-file
ERO's signa	nture 🕨		107.000			Oate ▶ <u>0.7</u>	-06-2016
			ERO Must	: Retain This F	orm - See Instru	ctions	***************************************

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-S (2015)

EEA

Federal Supporting Statements	<b>2015</b> PG01
Name(s) as shown on return DANKA K MICHAELS MD PROF CORP	FEIN F.C. 00771.CF.1
DANNA N MICHAELS MD PROF CORP	56-2371654
FORM 1120S - LINE 19 - OTHER DEDUCTIONS	Statement #2
DESCRIPTION	AMOUNT
AUTOMOBILE AND TRUCK EXPENSE COMPUTER	7,449 10,916
DUES AND SUBSCRIPTIONS	258
EDUCATION AND TRAINING EQUIPMENT RENTAL/LEASE	845
LIABILITY INSURANCE	30,166 44,858
JANITORIAL DECEMBER OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO	14,107
LEGAL AND PROFESSIONAL 50% MEALS AND ENTERTAINMENT	25,931 475
OFFICE EXPENSE	17,973
PAYROLL PROCESSING EXPENSE POSTAGE/SHIPPING	3,108 6,291
TRAVEL	174
UTILITIES COMMUNICATIONS	8,671
CREDIT AND MERCHANT FEES	17,363 16,428
TEMP LABOR	824
TOTAL	205,837
SCHEDULE K - LINE 16C - NONDEDUCTIBLE EXPENSES DESCRIPTION	PG01 Statement #16c
MEALS AND ENTERTAINMENT	<u><b>AMOUNT</b></u> 474
TOTAL	4.77.4
101111	474
SCUEDINE I LINE & CHURD CURRENT SCOTE	PG01
SCHEDULE L - LINE 6 - OTHER CURRENT ASSETS	Statement #19
DESCRIPTION BEG OF Y	
	<b>EAR END OF YEAR</b> 3,82
THE TOTAL SELECTION AND ADMIT AND ADMIT AND ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMIT ADMI	
3,	571 3,82

STATMENT.LD

Name(s) as shown on return  DANKA K MICHAELS		Supporting Statemen		FEIN	PG01
		OTHER CURRENT LIA	ABILITIES		-2371654 ement #22
DESCRIPTION PAYROLL TAXES PA GIFT CARDS TOTAL	Y		BEG OF YE	953	ID OF YEAR 549 3,566 4,115
DESCRIPTION INTEREST INCOME TOTAL	HEDULE M-2 - 1	LINE 3 OTHER ADJU	JSTMENTS		PG01 ment #29  AMOUNT 7 7
DESCRIPTION NONDEDUCTIBLE EX		INE 5 - OTHER DE	DUCTIONS	State	PG01 ment #30  AMOUNT 474 474

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

Form 1120S	K-K1 Comparison Worksheet	2015
******	(Keep for your records)	L
S CORPORATION NAME		EIN

DAN	KA K MICHAELS MD PROF CORP			56-2371654
	Description	Schedule K	K-1 Totals	Difference
1 4 15 A 16 C	Description  Ordinary business income (loss)	105,756   7   54   474   7	105,7	

	Taxes and Licenses Attachment  Note: This information does not transmit to the IRS with e-filed returns.  Including with a paper filed return is optional.		2015
	RPORATION NAME		EIN
DAN	KA K MICHAELS MD PROF CORP		56-2371654
Taxe	s and Licenses Form 1120S		Page 1, Line 12
1	State income taxes	1	
2	State franchise taxes	2	
3	City income taxes	3	
4	City franchise taxes	4	
5	Local property taxes	5	
6	Intangible property taxes	6	
7	Payroll taxes	7	113,027
8	Less: credit from Form 8846	8	
9	Foreign taxes paid	9	
10	Occupancy taxes	10	
11	Other miscellaneous taxes	11	6,548
12	Built in gains tax allocated to ordinary income	12	
13	Licenses	13	
14	Total to Form 1120S, Page 1, Line 12	14	119,575

F	Schedule M-2/Retained Earnings Worksheet orm 1120S (Keep for your records)		2015
Cor	ooration Name	EIN	
D	ANKA K MICHAELS MD PROF CORP	56-2	2371654
	Analysis of Current-Year Retained Earnings		
1	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	. 1	137.043
2	Book income (loss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11)	. 2	105.289
3	Distributions (Schedule K, line 16d)	. 3	······································
4	Subtotal (combines lines 1 through 3)	. 4	242,332
5	Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	. 5_	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 retained earnings (Schedule L. column d, line 24)	. 1	242.332
2	beginning retained earnings (Schedule L., column b, line 24)	. 2	137,043
3	Retained earnings change (line 1 minus line 2)		
4	Forting AAA plus OAA		0.40 0.00
5	Ending AAA plus OAA	• 4_	242,332
6	Difference (line 4 minus line 5)	. 5_	105 280
7 8 9 10 11 12 13 14 15	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		
	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		
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		
20	Adjustments to retained earnings (Schedule L, line 25 column d minus Schedule L, line 25, column b)	. 20	
21	M-2 amount after M-1 timing adjustments (add lines 6, 15, 19, and 20)		105,289
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	

2015 PAGE 1			AMT	Current		•					75 554	020	·			32	47	28	370	٠											
(4 ~		Social security number/EIN	90-23/1654 Bonus	depreciation							3,775						2,208			49 126	20,500										
***************************************		Social secur	Prior	exbeuse			17,576	50,000	i	PY	48 720 PY	λ <u>α</u>	54,660	5,854	1,437	•	λď			CY	CX :	<del></del>				<del></del>					
			_	$\dashv$	9,151				59,066	טאט, טר				5,854	1,437	111	3,411	60,161	708	52,635	23,917			·							
				Бергестаноп	on ,	-1	17	164	59			-	54	ς,	, r.	37									•				·		
			Current	depr			······································	····						•	-		402	28,311	295	3,509	_										
ting			Rate	,	o c	> 0	> <		14 28	14 28	0	0	20	0	20	18.22	18.22	6.667	19.68	7.143	16.667								······································		
etail Lis	ds only		Method						SI, HY				SL HY		SL HY	200 DB MQ	200 DB MQ	SL MQ	200 DB MQ	SL HY	SL HY										
ion Deta FORM 1120S	For your records only		Life	21 7	, , ,		7 4 5	7 29		******		8		0 3					7												
Depreciation Detail Listing FORW 1120S	For yo		Depreciation	0 151	1,304		114.0547	59.0667	2,99	7,775		1,868 3				20	2,209 7	424,671 15	1,500 7	49,125	20,500 3										201 100
Δ			Section	$\perp$		17,576					48,720				1,437	-									***************************************						178 247
			Business	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00		···								1
			Safvage					•																		***************************************				***************************************	
			Cost	9,151	1,304	17,576	164,054	59,066	066'5	15,550	48,720	1,868	54,660	D, 854	1,43,	202	4,41,	44,611	1,500	98,251	41,000	We have been dealer and the second				***************************************		**************************************			955,274
		PROF CORP	Date	06252003	06252003	07012005	07012006	07012007	07012008	08012008	07012009	07012009	07028277	07077770	0707070	01011010	010010010	1001001	1001001	510210/0	0/012015						***************************************				
* Item was disposed of during current year.	Name(s) as shown on return	T'S MD	Description	OFFICE FURNITURE	MEDICAL EQUIPMENT	æd equip	ainde equip	æd equip	ÆD EQUIP	ÆD EQUIP	SPA EQUIP	SOFTWARE	COMPILER FOILE	EOUIP	OFFICE EQUIPMENT	MEDICAL FORTDMENT	LEASEHOLD IMPROVEMENT 10012013	SPA FOIITBMENT	70,00	JEICE EXOLF AND FORM				***************************************	-						Totals
* Item of dur.	Name(s	70	No	1		m m					ω o	مه	-								·					·				<del></del>	Tot

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							For your records only	record	s only					PA(	PAGE 1
Name(s	Name(s) as shown on return												Socials	Social security number/EIN	
ă	DANKA K MICHAELS MD F	PROF CORP												56-2371654	
o N	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	e Fig	Method	Rate	Current	Accumulated	Prior	Bonus	AMT
	OFFICE FURNITURE	06252003	9,151		100.00		9,151	7		0		9,151			TI DING
	MEDICAL EQUIPMENT	06252003	1,304		100.00		1,304	7		0		1,304	***************************************		
	arde equip	07012005	17,576		100.00	17,576		رى م		0		17,576	17,576		
	ED EQUIP	07012006	164,054		100.00	50,000	114,054 7	7		0		164,054	50,000		
ν. Σ	ED EQUIP	07012007	990'65		100.00	*****	59,066	7		0		59,066			
	EQUIP	07012008	5,990		100.00		5,990		SL HY	14.286	426				
7	ÆD EQUIP	08012008	15,550		100.00		15,550 7			14.286	7	r			
ω ω	SPA EQUIP	07012009	48,720		100.00	48,720	0			0			48.720		
S G	SOFTWARE	07012009	1,868		100.00	********	1,8683	m				1.868			
10	MEDICAL EQUIP	12282010	54,660		100.00	54,660	0 5		St. HY	20		54 660	54 660		
11 0	COMPUTER EQUIP	02172010	5,854		100.00	5,854	0					2000	2 4		<del> </del>
12 E	ainōa	07012012	1,437		100.00	1,437	0 5		ST HX	20		1 437	1 437		
13 0	OFFICE EQUIPMENT	07012013	205	***************************************	100.00		7 205		ac	18 22	27	,			·
14 M	MEDICAL EQUIPMENT	07012013	4.417		100 00		, C14 A			7 7 0	7 0	111			·
-	CLOCKOOL THOMEWORK GIONES CALL	210010010			0 0				9	77.01	000	2,405			***********
-	EASEROLD INFROVENERS	51021001	424,671		100.00		424,671 15			6.667	28,311	60,161			
	SPA EQUIPMENT	10012013	1,500		100.00			7 20	200 DB MQ	19.68	295	708			
	OFFICE EQUIP AND FURN 07012015	N 07012015	98,251		100.00		98,251	7   \$1	SL HY	7.143	7,018	7,018			
18	MEDICAL LASER	07012015	41,000		100.001		41,000	3 ST	т нх	16.667	6,833	6,833			
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$\dashv$												•			
Ĕ	Totals		955,274			178,247	777,027				44,838	462,466	178,247		
L. Ne	Land Amount Net Depreciable Cost		955,274											ST ADJ:	

	Next Year's De	preciation			2	2015
Name DANKA K MIC	HAELS MD PROF CORP	ALESS ASSESSMENTS OF THE SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECON		FEIN	<u> </u>	56-2371654
1120 1 1120 1	Description OFFICE FURNITURE MEDICAL EQUIPMENT MED EQUIP MED EQUIP MED EQUIP MED EQUIP SPA EQUIP SOFTWARE MEDICAL EQUIP COMPUTER EQUIP EQUIP OFFICE EQUIPMENT MEDICAL EQUIPMENT LEASEHOLD IMPROVEMENTS SPA EQUIPMENT OFFICE EQUIP AND FURNITU MEDICAL LASER  TOTAL	06252003 06252003 07012005 07012006 07012007 07012008 08012008 07012009 07012009 12282010 02172010 07012012 07012013 07012013 10012013	9,151 1,304 114,054 59,066 2,995 7,775 1,868 205 2,209 424,671 1,500 49,125	Method SL SLP SSSSSSSS M MSM SS	Life 7 7 5 7 7 7 5 3 5 3 5 7 7 5 3 5 7 7 3	27 288 28,311 211 7,018 6,833 42,688

Federal Filing Instructions	2015
Name(s) as shown on return	Your Social Security Number
DANKA K MICHAELS MD PROF CORP	56-2371654

Date to file by: 03-15-2016

Form to be filed: Form 1120S and supplemental forms and schedules

Sign and date: An officer must sign and date Form 1120S on page 1.

Address to file: Department of the Treasury

Internal Revenue Service

Ogden, UT 84201-0013

Refund: Neither a refund nor a balance due

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

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

Customer Name	Customer Ir	nformation
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.

Description		Fee
Federal And Suppleme	ntal Forms	
Form 1120S	U.S. S Corp Income Tax Return Page 1	
Form 1120S	U.S. S Corp Income Tax Return Page 2	
Form 1120S	U.S. S Corp Income Tax Return Page 3	
Form 1120S	U.S. S Corp Income Tax Return Page 4	
Form 1120S	U.S. S Corp Income Tax Return Page 5	
Schedule K-I	Shareholder's Share of Income	
Form 1125-A	Cost of Goods Sold	
Form 4562	Depreciation and Amortization	
Form 1125-E	Compensation of Officers	
Form 8879-S	E-File Signature Authorization for 1120S	
K-K1 Comparison	Comparison of Schedule K to K-1	
Next Year Depr	Next Year Depreciation Schedule	
Wksht Tax/Lic	Taxes and Licenses Worksheet	
Comparison	Tax Year Comparison Sheet	
Wksht M-2	Schedule M-2 Worksheet	
Depr Sch	Federal Depreciation Schedule	
ST Depr Sch	State Depreciation Schedule	
Statement 1120S	Form 1120S - Itemized Other Deduction	
Statement Sch K	Schedule K - Nondeductible Expenses	
Statement Sch L	Schedule L - Itemized Other Current Assets	
Statement Sch L	Schedule L - Itemized Other Current Liab's	
Statement Sch M2	Schedule M2 - Accum Adj Acc Other Add	
Statement Sch M2	Schedule M2 - Accum Adj Acc Other Ded	
Statement 1125A	Form 1125A - Itemized Other Costs	

Total Forms	24	Forms Subtotal	0.00
		Total Balance Due	0.00

Payment due upon receipt. Thank you for your business!

1120S	Sub S Corporation  Diagnostic Summary	2015
Name DANKA K MICHAEL	S MD PROF CORP	Employer Identification # 56-2371654

Demographics

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

Phone:

Resident State: NV

**Diagnostics** 

Preparer: ROBERT S SEMONIAN Invoice: Date: 07-06-2016

Return Information

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

## State/City Information

State/City	Gross	<u>Taxable</u>	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 <b>,</b> 698	506,747	(72,951)
Repairs and maintenance	7,773	36,934	14,469	(22,465)
Bad debts				
Rents	108,373	139,104	94,600	(44,504)
Taxes and licenses	66,114	72,210	119,575	47,365
Interest · · · · · · · · · · · · · · · · · · ·	29,844	20,521	15,569	(4,952)
Net depreciation	26,572	35,098	106,364	71,266
Depletion · · · · · · · · · · · · · · · · · · ·				
Advertising	1,497	10,891	10,284	(607)
Pension, profit-sharing	19,498	11,169		(11, 169)
Employee benefits	53,958	51,998	27,313	(24,685)
Other deductions	197,559	276,959	205,837	(71,122)
Total deductions	1,243,213	1,439,582	1,295,758	(143,824)
Ordinary business income(loss)	24,919	92,018	105,756	13,738
Tax				
Total tax				
Payments	***************************************			
Estimated taxes paid				
Total payments line 23d · · · · · · ·				
Results				
Amount owed				
Overpayment				
Applied to estimate				
Refund				

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

OGNEDOLE IX - Shareholder 5 Share item	13			
Income				
Ordinary business income (loss)	0 4 0 4 0	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				<u> </u>
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

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Page 2 Identifying number 56-2371654

Deductions	2013 FEDERAL	2014 FEDERAL	2015 FEDERAL	DIFFERENCE
Section 179 deduction			I LULIVAL	BETWEEN 2014 & 2015
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)				
estate) Other rental real estate credits · · · · · ·				
Other rental credits · · · · · · · · · · · · · · · · · · ·				
Credit for alcohol used as fuel				
Other credits				
Foreign Transactions				
				**************************************
Gross income from all sources		***************************************		
Gross income sourced at shareholder level				
Foreign gross income sourced at corporate level				
Passive category · · · · · · · · · · · · · · · · · · ·				
General categories · · · · · · · · · · · · · · · · · · ·				······································
Other Deductions allocated and apportioned at shareholder level				
Interest expense				
Other Deductions allocated / apportioned at corp. level to foreign source inc. Passive category				
General categories				
Other				
Total familiar to the state of				
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment				**************************************
F	6	112	54	(58)
Adjusted gain or loss				
Depletion				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
Items Affecting Shareholder Basis	***************************************			
Tax-exempt interest income				
Other tax-exempt income				
Nondeductible expenses · · · · · ·	371	239	474	235
Property distributions				
Repayment of loans from shareholders .				
Other information			***************************************	
Investment income	9	31	7	(24)
Investment expenses				\( \frac{1}{2} \)
RESIDENT STATE				
Taxable income · · · · · · · · · · · · · · · · · · ·				
Total tax				
Overpayment · · · · · · · · · · · · · · · · · · ·				
Balance due				
balance due	2012			
OMPARES.LD2	2013	2014	2015	DIFFERENCE

COMPARES.LD2

Form **1125-A** 

(Rev. December 2012)

# Cost of Goods Sold

OMB No. 1545-2225

Department of the Treasury Internal Revenue Service ► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.

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

Name			
			Employer identification number
DAI	NKA K MICHAELS MD PROF CORP		<u>56-237</u> 1654
1	Inventory at beginning of year	1	33,361
2	Purchases · · · · · · · · · · · · · · · · · ·	2	286,297
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)Startement . #5.	5	106,080
6	Total. Add lines 1 through 5	6	425,738
7	Inventory at end of year	7	64,306
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the	***************************************	
	appropriate line of your tax return (see instructions)	8	361,432
9a	Check all methods used for valuing closing inventory:		
	(i) 🖸 Cost		
	(ii) Lower of cost or market		
	(iii) Other (Specify method used and attach explanation.)		
b	Check if there was a writedown of subnormal goods		
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		<i>ـــ</i>
	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 in determining quantities, cost, or valuations between opening and closing inventory? If "	res "	T 100 57 140
	attach explanation		∏ Yes 🖾 No

# orm 1125-E

(Rev. December 2013)

Department of the Treasury Internal Revenue Service

# **Compensation of Officers**

▶ 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.

OMB No. 1545-2225

Name

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 time devoted to	Percent of st	tock owned	(f) Amount of
	(see instructions)	business	(d) Common	(e) Preferred	compensation
1 DANKA K MICHAELS		80 %	100 %	%	195,00
***************************************		%	%	%	
		%	%	%	**************************************
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	***************************************
		%	%	%	
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		%	%	%	
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		%	%	%	**************************************
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		%	%	<u>%</u>	
2 Total compensation of officers · · · · ·	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · ·		2	195,000
3 Compensation of officers claimed on Form	1125-A or elsewhere on return			3	
4 Subtract line 3 from line 2. Enter the result h	nere and on Form 1120, page 1, lin	e 12 or the			
				4	195,000

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-E (Rev. 12-2013)

EEA

	Summary of Stock Ownership					5
CORPORATION NAME DANKA K MICHAELS MD PROF	EIN 56-23716	55.4				
Shareholder Information Shares						ership
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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Form 4868

Department of the Treasury Internal Revenue Service

Date Mailed

# **Application for Automatic Extension of Time** To File U.S. Individual Income Tax Return Information about Form 4868 and its instructions is available at www.irs.gov/form4868.

OMB No. 1545-0074

2015

Date to file by:	04-18-2016
Payment:	\$0
Payment Method:	Your payment can be by either check or money order payable to the "United States Treasury." Include your SSN, daytime phone number, and "2015 Form 4868" on your check or money order. Do not send cash. To pay by credit card, go to www.1040paytax.com.
Address to file:	Department of the Treasury Internal Revenue Service Fresno, CA 93888-0045
Other Instructions:	An extension to file does not extend the time to pay your tax. You can also e-file Form 4868 and make payment by authorizing an electronic funds withdrawal from your checking or savings account.
Taxpayer Records:	
Amount Paid	
Check Number	

▼ DETACH HERE ▼

4868 Application for Auto	Application for Automatic Extension of Time					
Department of the Treasury Internal Revenue Service (99) For calendar year 2015, or other tax year beginning 2015, ending						
Part I Identification	Part II Inc	dividual Income Tax				
		total tax liability for 2015 §	40,000 40,167			
DANKA MICHAELS 9517 QUEEN CHARLOTTE DR LAS VEGAS NV 89145	6 Balance du (see instruc	ue. Subtract line 5 from line 4 tions)	0			
2 Your social security number 3 Spouse's social security number	citizen or re 9 Check here did not rece	if you are "out of the country" and a testident (see instructions) if you file Form 1040NR or 1040NR- eive wages as an employee subject to withholding	▶ ☐ EZ and U.S			
For Privacy Act and Paperwork Reduction Act Notice, see page 4.			Form 4868 (2015)			

PT MICH 30 0 201512 670

Void a Employee's social security number	OMB No. 154	5-0008 G40	<u> </u>		0000
b Employer identification number (EIN)	<u> </u>	-	s, other compensation	2 Federa	i income tax withheld
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LAS VEGAS, NV 89129		7 Social see	curity bps	8 Allocat	ed tips
d Control number 000020 R7/G40		9		10 Depen	dent care benefits
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Form Wage and Tax Statement
Copy D – For Employer

2015

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

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c Employer's name, address, and ZIP code			3 So	cial security was		4 So	cial security ta	
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LAS VEGAS, NV 89129			7 So	cial security tips		8 As	ocated tips	373.77
d Control number		ra for interference constant productive constant account of	9			10 De	pendent care I	penelits
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Form W=2 Wage and Tax Statement

Copy D — For Employer

2015

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

Void a Employee's social security number	OMB No. 1545-0	××××××××××××××××××××××××××××××××××××××	000014
b Employer identification number (EIN)		1 Wages, lips, other compensation	2 Federal income tax withheld
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c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
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d Control number		9	10 Dependent care benefits
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Form W=2 Wage and Tax Statement

Copy D - For Employer

2015

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

Void a Employee's social security number	5-0008	G40			000015	
b Employer identification number (EIN)	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	1 Was	es, tips, other compensation	2 Fee	deral income t	ax withheld
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Form W=2 Wage and Tax Statement

Copy D — For Employer

2015

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

Void a Employee's social security number	OMB No. 154	5-0098 G4Q	000016
b Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld
56-2371654		5591.50	231.49
c Employer's name, address, and ZIP code		3 Social security wages	4 Social socurity tax withheld
DANKA K MICHAELS M D		5591.50	346.67
PROF CORP		5 Medicare wages and tips	6 Medicare tax withheld
3320 N BUFFALO DR STE 106		5591.50	81.08
LAS VEGAS, NV 89129		7 Social security tips	8 Allocated tips
d Control number	n trick terminalis (in the orthogon with a new property and an array	9	10 Dependent care benefits
000016 R7/G4Q			
e Employee's first name and initial Last name	Suff.	11 Nonqualified plans	12a See instructions for box 12
AVOTCZA WILLIAMS			Days
2705 SLIDE CANYON AVENUE		13 Statisticy Potentiers Their party party party party straightform plant sick party	12b
NORTH LAS VEGAS, NV 89081			G at the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of
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f Employee's address and ZIP code	100		*
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Form W-2 Wage and Tax Statement

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

a Employee's social security number				***************************************		
Void   a Employee's social security number	OMB No. 154	5-0008	G4Q		000	0021
b Employer identification number (EIN)		1 Wa	ges, tips, other compensal	on 2	Federal income tax withheld	d
56-2371654		ĺ	960.	00		
c Employer's name, address, and ZIP code	***************************************	3 Soc	cial security wages	4	Social security tax withheld	j
DANKA K MICHAELS M D			960.	00	59.	.52
PROF CORP		5 Me	dicare wages and tips	6	Medicare tax withheld	
3320 N BUFFALO DR STE 106			960.	00	13.	.92
LAS VEGAS, NV 89129		7 Soc	cial security tips	8	Allocated tips	
d Control number		9		10	Dependent care benefits	-
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e Employee's first name and initial Last name	Suff.	11 No	nqualified plans	12	a See instructions for box 12	5
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LAS VEGAS, NV 89103				0 679		
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f Employee's address and ZIP code						
15 State Employer's state ID number 16 State wages, tips, etc.	17 State incom	re tax	18 Local wages, tips, et	. 19 (	ocal income tax 20 Localin	ly none
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Form W-2 Wage and Tax Statement

Copy D - For Employer

2015

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

a Ferrimon's	social security number						
Void	s making making tentages	OMB No. 154	5-0008	G4Q			
b Employer identification number (EIN) 56-2371654			1 W	ages, tips, other compensa 701747.		2 Federal income	tax withheld 106305.26
C Employer's name, address, and ZIP code DANKA K MICHAELS M D PROF CORP				ocial security wages 625247.	33	4 Social security	tax withheld 38765.33
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			7 S	ocial security tips	na indicate de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución d	8 Allocated tips	
d Control number R7/G4Q			9		1	0 Dependent car	e benefits
e Employee's first name and initial Last name		Suff.		orquisted plans	0 9 9	2a See instruction	ns for bex 12
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f Employee's address and ZIP code					C 55 d *	2d	
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15 State Employer's state ID number 1	6 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, et	. 19	Local income tax	20 tocally name
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Form W-2 Wage and Tax Statement		015		Departm		Treasury - Interna	

Copy D - For Employer

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

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TOTALS **************

For: Batch No. 2015/4/93178

For: Company R7/G4Q

Dept

RMS

26 TOTAL EMPLOYEES

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

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D MI	CHAEL	S MD									1010	IIICIAI	<u> </u>	y
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EMPLOYER COPY ONLY
DO NOT FILE THIS COPY WITH THE IRS

	L CORRE	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	MD PROF CORP	\$ 3 Other income	\$ 4 Federal income tax withheld	2016
		\$	S	Miscellaneous
3320 N BUFFALO D LAS VEGAS NV 891		5 Fishing boat proceeds \$	6 Medical & health care payments \$	Income
LING VEGAS NV 051	23	7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number		<b>\$</b> 1433.29	c unidends of interest	Copy E
56-2371654	RECIPIENT'S identification number 88-0303964	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	For Recipien
RECIPIENT'S name and address	1 00 0303304	products to a buyer (recipient) for resale	\$	This is important tax information and is being
ACE FIRE SYSTEMS		11	12	furnished to the Interna Revenue Service. If you are required to file a return, a
2620 WESTERN AVE LAS VEGAS NV 89109		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
		15a Section 409A deferrals	15b Section 409A income \$	taxable and the IRS determines that it has no been reported
		16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	FATCA filling requirement	<u>_</u> \$		\$
		\$		\$
Form 1099-MISC (keep for your rec	ords) www.irs.go	v/form1099misc	Department of the T	reasury - Internal Revenue Service

	L CORRE	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	MD PROF CORP	\$	<b> </b> \$	0040
		3 Other income	4 Federal income tax withheld	2016
3320 N BUFFALO DI LAS VEGAS NV 891:		5 Fishing boat proceeds \$	6 Medical & health care payments \$	Miscellaneous Income
PAYER'S federal identification number		7 Nonemployee compensation \$ 1433.29	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
56-2371654	RECIPIENT'S identification number 88-0303964	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	Copy 2
RECIPIENT'S name and address		(recipient) for resale	\$	To be filed with
ACE FIRE SYSTEMS		11	12	recipient's state income tax return,
2620 WESTERN AVE LAS VEGAS NV 8910	n a	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	when required.
TWO AFONG MA GAL	J 9	15a Section 409A deferrals	15b Section 409A income	
		16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	FATCA filing requirement	\$ s		\$
Form 1099-MISC DXA	www.irs.gov	r/form1099misc	Department of the Tre	asury - Internal Revenue Service

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

You also may have a fitting requirement. See the instructions our norm object. Amounts shown may be subject to self-employment (SE) tax, if your net income from self-employment is \$400 or more, you must fite a return and compute your SE fax 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 creded, 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 for 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 total, 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 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 (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 are not you are an employee and cannot get the payer to correct this form, report the amount you are 7 on Form 1040. Inne 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.

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

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

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

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

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 (MODC) 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/dram1099misc.

	∟ CORRE	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 MD PROF CORP		\$ 3 Other income	\$ 	2016
		S Other miconie	4 Federal income tax withheld	
3320 N BUFFALO D		5 Fishing boat proceeds \$	6 Medical & health care payments	Miscellaneous Income
LAS VEGAS NV 891	29	7 Nonemployee compensation \$ 16280.00	Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 88-0498450	9 Payer made direct sales of \$5,000 or more of consumer	\$ 10 Crop insurance proceeds	Copy E For Recipien
RECIPIENT'S name and address	00 0490430	products to a buyer (recipient) for resale	s	This is important tax information and is being
AIR DESIGN SYSTE	M	11	12	furnished to the Interna Revenue Service. If you are required to file a return, a
4125 WEST BELL DR LAS VEGAS NV 89118		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 S	taxable and the IRS 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	ords) www.irs.gov	/form1099misc	Department of the Tr	Pageury Internal Payanua Sanua

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country or foreign postal code, and telephone no. Rovalties OMB No. 1545-0115 DANKA K MICHAELS MD PROF CORP 3 Other income 2016 Federal income tax withheld Miscellaneous 3320 N BUFFALO DR STE 106 Fishing boat proceeds Medical & health care payments Income LAS VEGAS NV 89129 7 Nonemployee compensation Substitute payments in lieu of dividends or interest 16280.00 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 consumer products to a buyer 56-2371654 88-0498450 RECIPIENT'S name and address (recipient) for resale To be filed with recipient's state AIR DESIGN SYSTEM income tax return. when required. 13 Excess golden parachute payments 4125 WEST BELL DR 14 Gross proceeds paid to an attorney LAS VEGAS NV 89118 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 18 State income State/Paver's state no Account number (see instructions) FATCA bling requirement

www.irs.gov/form1099misc

#### Instructions for Recipient

Form 1099-MISC DXA

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 distinguish your account 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, fiducianes, or parinerships 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.

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 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

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

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

Box 5. An amount in this box means the fishing boat goerator 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, Inne 7 (or Form 1040)NR, 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 1040)NR, line 21).

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

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

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

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

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

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

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15s that is currently taxable is also included in 1box. 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 atter they were published, go to www.irs.gov/lorm1099misc.

Danka Michaels002244

Department of the Treasury - Internal Revenue Service

	☐ CORRE	CTED (if checked)		
PAYER'S name, street address, city or town, state or province, or foreign postal code, and telephone no	ountry, ZIP	1 Rents	2 Royalties	OMB No 1545-0115
DANKA K MICHAELS MD PROB	CORP	\$	\$	2016
		3 Other income	4 Federal income tax withheld	
2220 N DUPEATO DE CORE 10	\	5	<u> \$</u>	
3320 N BUFFALO DR STE 10	16	5 Fishing boat proceeds	6 Medical & health care payments	Income
LAS VEGAS NV 89129		7 No.	13	
		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number RECIPIENT'S iden	stification oumbor	\$ 1455.00 9 Payer made direct sales of	- s	Copy B
56-2371654	navadao/( namoe)	S5,000 or more of consumer	10 Crop insurance proceeds	For Recipient
		products to a huver		This is important tax
RECIPIENT'S name and address		(recipient) for resale	\$	information and is being
ALAVINA SERVICES		111	12	furnished to the Internal Revenue Service, If you are
				required to file a return, a
4000 0301 103011111 3115		13 Excess golden parachute payments	14 Gross proceeds paid to	negligence penalty or other
4029 SAN JOAQUIN AVE		payments	14 Gross proceeds paid to an attorney	sanction may be imposed
LAS VEGAS NV 89102		\$	<b>S</b>	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.
		16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	FATCA filing requirement	<b>S</b>		\$
		\$		s
Form 1099-MISC (keep for your records)	www.irs.gov	/form1099misc	Department of the Tr	easury - Internal Revenue Service

CORRI	ECTED (if checked)		
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	2016
3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129	5 Fishing boat proceeds \$	\$ 6 Medical & health care payments \$	Miscellaneous Income
	7 Nonemployee compensation \$ 1455.00	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number 56-2371654 RECIPIENT'S identification number	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	Copy 2
RECIPIENT'S name and address	(recipient) for resale	s	To be filed with
ALAVINA SERVICES	111	12	recipient's state income tax return,
4029 SAN JOAQUIN AVE LAS VEGAS NV 89102	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	when required.
05202	15a Section 409A deferrats \$	15b Section 409A income S	No. of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the con
	16 State tax withheld	17 State/Payer's state no	18 State income
Account number (see instructions)  FATCA thing requirement	\$ \$		\$
Form 1099-MISC www.irs.gc	ov/form1099misc	Department of the Tr	ு easury - Internal Revenue Service

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 assigned to distinguish your account. If the 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 \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on \$50 tax on

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report your income correctly.

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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, coal, and from ore, see Pub 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040. For Form 1040 (for 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 or in 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 Schedules 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 fit of may be a form 1040. If the payer to correct this form report fit of may be a form 1040 into 7 or Form 1040. Into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or Form 1040 into 7 or

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

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

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

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

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 (MODC) 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) See "Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Form 1040 (or Form 1040NR) see: Total Tax" in the Fo

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.

		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	MD PROF CORP	\$ 3 Other income	Federal income tax withheld	2016
		\$	\$	Miscellaneous
3320 N BUFFALO D		5 Fishing boat proceeds	6 Medical & health care payments	Income
LAS VEGAS NV 891	29	7 Nonemployee compensation	Substitute payments in fieu 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	Copy E
56-2371654	46-4347185	\$5,000 or more of consumer	10 Crop insurance proceeds	For Recipien
RECIPIENT'S name and address	10-40-4100	products to a buyer (recipient) for resale	s	This is important tai
	ASSOC	11	12	furnished to the Interna Revenue Service. If you are required to file a return, a
2142 CAST PEBBLE LAS VEGAS NV 891		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
LAS VEGAS NV 091.	J J	15a Section 409A deferrals	15b Section 409A income S	taxable and the IRS determines that it has no been reported
		16 State tax withheld	17 State/Payer's state no	18 State income
Account number (see instructions)	FATCA filing requirement	<b>S</b>		\$
		\$	Walter Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee	\$
Form 1099-MISC (keep for your rec	ords) www.irs.go	v/form1099misc	Department of the T	reasury - Internal Revenue Service

		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	\$	2016
		c Other Income	4 Federal income tax withheld	
3320 N BUFFALO D		5 Fishing boat proceeds	6 Medical & health care payments	Miscellaneous Income
LAS VEGAS NV 891 	29	7 Nonemployee compensation \$ 9523.88	Substitute payments in fleu     of dividends or interest	Form 1099-MISC
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 46-4347185	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	Copy 2
RECIPIENT'S name and address		(recipient) for resale	\$	To be filed with
LISA WARK MBA & ASSOC		11	12	recipient's state income tax return,
2142 CAST PEBBLE LAS VEGAS NV 891		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	when required.
		15a Section 409A deferrals	15b Section 409A income \$	
		16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	FATCA filing requirement	<b>\$</b>   <b>\$</b>		\$ \$
Form 1099-MISC	www.irs.go	v/form1099misc	Department of the Tr	easury - Internal Revenue Service

Recipient's identification number. For your protection, this form may show only the fast 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 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 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 baxes 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, ididicates, 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 advantage on time from coat, and from one; see Pub. 544

box 7 instructions For royalties on timber, coal, and iron ore, see Pub. 544
Box 3. Generally, report this amount on the "Other income" line of Form 1040
(or Form 1040NR) and identify the payment. The amount shown may be
personn 1040NR), and identify the payment. The amount shown may be
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 lindian 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 1040NE, 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 tin or Form 1040, line 21 (or Form 1040NE, 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-self, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

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

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

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 box. This income is also subject to a substantial additional tax to be reported on Form 10 (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.

		ECTED (if checked)		
PAYER'S name, street address, city or town or foreign postal code, and telephone no.	n, state or province, country, ZIP	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS		\$	\$	2016
		3 Other income	4 Federal income tax withheld	
		\$	<u> </u>	」 Miscellaneous
3320 N BUFFALO I	DR STE 106	5 Fishing boat proceeds	6 Medical & health care payments	Income
LAS VEGAS NV 891	29	\$	\$	1000 11100
	"	7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	Form 1099-MISC
		<b>\$</b> 7500.00	<u> </u>	Copy E
PAYER'S federal identification number	RECIPIENT'S identification number	Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	For Recipient
56-2371654		products to a huver	<b>-</b>	This is important tax
RECIPIENT'S name and address		(recipient) for resale	J  \$	information and is being
MCL NEURODIAGNOS	THE TO	11	12	furnished to the Interna
MCL NEORODIAGNOS	0110			Revenue Service. If you are required to file a return, a
		13.5	14 Gross proceeds paid to	negligence penalty or other
744 RISING STAR	DR	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	sanction may be imposed
HENDERSON NV 890		s	s	on you if this income is taxable and the IRS
111111111111111111111111111111111111111	· · · · ·	15a Section 409A deferrals	15b Section 409A income	determines that it has not
		s	s	been reported
		16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	FATCA filing	ds		s
, , , , , , , , , , , , , , , , , , , ,	requirement	•		
Form 1099-MISC (keep for your or		13		3
Form 1099-MISC (keep for your re	COFOS) WAVE IS CO	v/form1099misc	Tadt to teamtrenett	reasury - Internal Revenue Service

	☐ CORRE	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	\$ 4 Federal income tax withheld	2016
3320 N BUFFALO D LAS VEGAS NV 891		5 Fishing boat proceeds S 7 Nonemployee compensation S 7 5 0 0 . 0 0	Medical & health care payments     S     Substitute payments in lieu of dividends or interest	Miscellaneous Income
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	Сору 2
RECIPIENT'S name and address MCL NEURODIAGNOS	TIC	(recipient) for resale	\$ 12	To be filed with recipient's state income tax return,
744 RISING STAR HENDERSON NV 890	TT -	13 Excess golden parachute payments \$ 15a Section 409A deferrals \$	14 Gross proceeds paid to an attorney S S 15b Section 409A income S	when required.
Account number (see instructions)	FATCA trling requirement	16 State tax withheld \$	17 State/Payer's state no	18 State income \$ \$
Form 1099-MISC DXA	www irs.go	iv/form1099misc	Department of the Tri	easury - Internal Revenue Service

#### Instructions for Recipient

DXA

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual raxpayer identification number (TINI), adoption taxpayer 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-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 Schedulo 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 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, lebucaries, 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.

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 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 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 ES (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. In the 7 (or Form 1040NR, line 2) you must also complete Form 3919 and statch 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. Inte 21 (or Form 1040NR, line 21).

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

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

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

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

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

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

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

Boxes 16-18. Shows state a local income tax withhelf from the parametrs.

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

		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	MD PROF CORP	\$ 3 Other income	Federal income tax withheld	2016
3320 N BUFFALO D	R STE 106	\$ 5 Fishing boat proceeds	\$ 6 Medical & health care payments	Miscellaneous
LAS VEGAS NV 891	29	7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	Form 1099-MIS
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number	\$ 2260.32 9 Payer made direct sales of \$5,000 or more of consumer	\$ 10 Crop insurance proceeds	Copy For Recipier
RECIPIENT'S name and address		products to a buyer (recipient) for resale	s	This is important ta information and is bein
DAVID MILLER		11	12	furnished to the Interna Revenue Service. If you ar required to file a return,
2569 SUNDEW AVE LAS VEGAS NV 890.	3.2	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 090.	J.Z.	15a Section 409A deferrals \$	15b Section 409A income \$	taxable and the IR determines that it has no been reported
		16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	FATCA filing requirement	\$		\$
		\$		\$
Form 1099-MISC (keep for your rec	ords) www.irs.gov	/form1099misc	Department of the T	reasury - Internal Revenue Servic

	CORRECTED (if checked)		
PAYER'S name, street address, city or town, state or province, country. ZIP or foreign postal code, and telephone no.	1 Rents	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS MD PROF COR	S 3 Other income	4 Federal income tax withheld	2016
3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129	5 Fishing boat proceed \$ 7 Nonemployee compa	spinsation 8 Substitute payments in lieu of dividends of interest	Income
PAYER'S federal identification number RECIPIENT'S identification number 56-2371654		0.32 <b>\$</b>	Form 1099-MISC Copy 2
RECIPIENT'S name and address DAVID MILLER	(recipient) for resale	<b>▶</b>	To be filed with recipient's state income tax return,
2569 SUNDEW AVE LAS VEGAS NV 89052	13 Excess golden para payments \$ 15a Section 409A defet	an attorney	when required.
Account number (see instructions) FAT requ	16 State tax withheld  FCA filing direment  \$	17 State/Payer's state no.	18 State income \$ \$
Form 1099-MISC DXA	www.irs.gov/form1099misc	Department of the	e Treasury - Internal Revenue Service

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

Account number. May show an account or other unique number the payer assigned to distinguish your account.

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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. Retocaries, or partnerships must report the amounts on the proper fine 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.

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 fron 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 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 ES (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 809) 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" lieu 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 (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 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 Trotal 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

	LJ CORR	RECTED (if checked)		
PAYER'S name, street address, city or lown, 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	\$ 4 Federal income tax withheld	2016
		s	s	Miscellaneous
3320 N BUFFALO DI		5 Fishing boat proceeds	6 Medical & health care payments \$	
LAS VEGAS NV 8912	29	7 Nonemployee compensation	Substitute payments in lieu of dividends or interest.	Form 1099-MISO
PAYER'S federal identification number	RECIPIENT'S identification number	\$ 15168.00	⊣s	Copy E
56-2371654	27-0780828	Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	For Recipien
RECIPIENT'S name and address	27-0700020	products to a buyer (recipient) for resale	s	This is important tai
MONSOON GROUP OF	LAS VEGAS LLC	11	12	furnished to the Interna Revenue Service. If you are required to file a return, a
4325 SOUTH WYNN F LAS VEGAS NV 891(		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
210 110 210		15a Section 409A deferrals	15b Section 409A income \$	taxable and the IRS determines that it has no been reported
		16 State tax withheld	17 State/Payer's state no	18 State income
Account number (see instructions)	FATCA filing requirement	L\$		\$
		\$		\$
Form 1099-MISC (keep for your reco	ords) www.irs.ş	gov/form1099misc	Department of the T	reasury - Internal Revenue Service

		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	\$ 4 Federal income tax withheld \$	2016
3320 N BUFFALO D LAS VEGAS NV 891:		5 Fishing boat proceeds  \$ 7 Nonemployee compensation	6 Medical & health care payments \$ 8 Substitute payments in lieu of dividends or interest	Miscellaneous Income
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 27-0780828	\$ 15168.00  9 Payer made direct sales of S5,000 or more of consumer products to a buyer	\$ 10 Crop insurance proceeds	Form 1099-MISC Copy 2
RECIPIENT'S name and address MONSOON GROUP OF	LAS VEGAS LLC	(recipient) for resale	12	To be filed with recipient's state income tax return,
4325 SOUTH WYNN I LAS VEGAS NV 891		13 Excess golden parachute payments \$ 15a Section 409A deferrals \$	14 Gross proceeds paid to an attorney S 15b Section 409A income S	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 DXA	www.irs.go	v/form1099misc	Department of the Tri	asury - 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 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-ESI(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, iductaines, 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.

the tenant, sold real estate as a business, or reinted personal property as a business 8 0x 2 Report royallies 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 royallies 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 identity the payment 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. In the 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 1040NR, line 21).

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

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

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

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

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

Box 15a. May show current year deferrals as a none 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 annount included in box 15a that is currently taxable is also included box. This income is also subject to a substantial additional tax to be reported on Form 10 (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.

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.

		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 \$ 103200.00	2 Royalties	OMB No. 1545-0115
DANKA K MICHAELS	MD PROF CORP	3 Other income	4 Federal income tax withheld	2016
3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		\$ 5 Fishing boat proceeds \$	\$ 6 Medical & health care payments \$	IIICOITIE
		7 Nonemployee compensation	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	\$ 10 Crop insurance proceeds	Copy E For Recipien This is important ta
RECIPIENT'S name and address		products to a buyer (recipient) for resale	\$	information and is being
PATIENCE ONE LLC		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 no been reported
Account number (see instructions)	FATCA filing requirement	\$ \$	17 State/Payer's state no	\$ State income
Form 1099-MISC (keep for your rec	ords) www.irs.gov	/form1099misc	Department of the Tr	reasury - Internal Revenue Service

		CTED (if checked)		
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 3320 N BUFFALO DR STE 106 LAS VEGAS NV 89129		\$ 103200.00 3 Other income	\$ 4 Federal income tax withheld	2016
		\$ 5 Fishing boat proceeds \$ 7 Nonemployee compensation	\$ 6 Medical & health care payments \$ 8 Substitute payments in lieu of dividends or interest	Miscellaneous Income
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	\$ 10 Crop insurance proceeds	Form 1099-MISC Copy 2
PATIENCE ONE LLC  3320 N BUFFALO DR STE 208 LAS VEGAS NV 89129		products to a buyer (recipient) for resale	S	To be filed with recipient's state income tax return,
		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	\$ 16 State tax withheld \$	\$   17   State/Payer's state no.	18 State income
Form 1099-MISC	MANAN ISS OO	\$ v/form1099misc	Danartman of the Tr	S Passiry - Internal Revenue Secure

www.irs.gov/form1099misc

#### 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 (HTN), 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. It 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 933.

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 \$800 tax on \$\$Chedule \$E (Form 1040). \$ee 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 patients 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 from ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040Nf), 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. 325 If it is trade of 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 lincome report it on Schedule C. or F. From 1040, and complete Schedule SE (From 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 for Form 1040NL 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 si income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Department of the Treasury - Internal Revenue Service

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

Box 9. If Checked. \$5.000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown Generally, report any income from your sale of these products on Schedule C (Form 1040).

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

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

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

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

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a subject to a subject to a subject to a 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.

		CTED (if checked)		
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	\$ 4 Federal income tax withheld	2016
2220 N DIFFERS	DD 000 100	\$ 5 Fishing boat proceeds	\$ 6 Medical & health care payments	Miscellaneous
3320 N BUFFALO     LAS VEGAS NV 89	DR STE 106	\$	\$	IIICOTTIE
Line violine in op	in the w	7 Nonemployee compensation \$ 4625.00	Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number	9 Payer made direct sales of S5.000 or more of consumer	10 Crop insurance proceeds	Copy B For Recipient
RECIPIENT'S name and address		products to a buyer (recipient) for resale	s	This is important tax information and is being
ANNIE POLHAMER		11	12	furnished to the Internal Revenue Service. If you are required to file a return, a
8 SPAR DR MASTIC BEACH NY 11951		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	negligence penalty or other sanction may be impose on you if this income it taxable and the IR: determines that it has no been reported.
		15a Section 409A deferrals	15b Section 409A income	
	FATCA filing	16 State tax withheld	17 State/Payer's state no.	18 State income
Account number (see instructions)	requirement	\$		\$ \$
Form 1099-MISC (keep for your r	ecords) www.irs.gov	/form1099misc	Department of the T	reasury - Internal Revenue Service

		ECTED (if checked)		
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 MICHAEL	S MD PROF CORP	\$ 3 Other income \$	\$ 4 Federal income tax withheld \$	2016 Miscellaneous
3320 N BUFFALO LAS VEGAS NV 89		5 Fishing boat proceeds  7 Nonemployee compensation  4 6 2 5 . 0 0	Medical & health care payments     Substitute payments in lieu of dividends or interest	Income
PAYER'S federal identification number 56-2371654  RECIPIENT'S name and address	RECIPIENT'S identification number	9 Payer made direct sales of S5,000 or more of consumer products to a buyer (recipient) for resale	\$ 10 Crop insurance proceeds \$	Copy:
ANNIE POLHAMER		11	12	recipient's state income tax return, when required
8 SPAR DR MASTIC BEACH NY	11951	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	Anenioquito
		15a Section 409A deferrals \$ 16 State tax withheld	\$ 17 State/Payer's state no	18 State income
Account number (see instructions)	FATCA filing requirement	\$ \$		\$ \$
Form 1099-MISC	www.irs.gc	ov/form1099misc	Department of the Ti	reasury - Internal Revenue Servic

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

Account number. May show an account or other unique number the payer assigned to distinguish your account?

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

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, iduciaries, 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 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. Congradule, paged the appearum on the "Other persons" they all Exem 1040.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NE), and identify the payment. The amount shown may be payment seceived as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub 525 If it is vade 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).

Department of the Treasury - Internal Revenue Service

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 1640). 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. Inne 7 (or Form 1040NE, line 8). You must also complete Form 809 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 1040NE, line 21).

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

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

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

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

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 4094. This amount is also included in box 7 as nonemployee compensation Any amount included in box 15b that is currently taxable is also included in it box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR) Sec "Total Tax" in the Form 1040 (or Form 1040NR) Sec "Total Tax" in the Form 1040 (or Form 1040NR) sec "Total Tax" in the Form 1040.

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.

		CTED (if checked)		
PAYER'S name, street address, city or town or foreign postal code, and telephone no DANKA K MICHAELS		1 Rents \$	2 Royalties \$	OMB No. 1545-0115
		3 Other income \$	4 Federal income tax withheld \$	Miscellaneous
3320 N BUFFALO D   LAS VEGAS NV 891		5 Fishing boat proceeds \$	6 Medical & health care payments \$	Income
		7 Nonemployee compensation \$ 5549.97	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC Copy E
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	For Recipien
RECIPIENT'S name and address PAUL SCOTT	. The contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contrac	(recipient) for resale	\$   12	information and is being 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 parachute payments \$ 15a Section 409A deferrals \$	14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$	negligence penalty or oth sanction may be impose on you if this income taxable and the IR determines that it has n been reporte
Account number (see instructions)	FATCA filing requirement	16 State tax withheld \$	17 State/Payer's state no	\$ State income \$
Form 1099-MISC (keep for your red	tords) www.irs.go	v/form1099misc	Department of the Tr	reasury - Internal Revenue Service

	☐ CORRE	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	\$ 4 Federal income tax withheld	2016
		S	s	
3320 N BUFFALO D	R STE 106	5 Fishing boat proceeds	6 Medical & health care payments	Miscellaneous
LAS VEGAS NV 891	29	\$	\$	Income
	Ame of	7 Nonemployee compensation \$ 5549.97	Substitute payments in lieu of dividends or interest	Form 1099-MISC
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	Copy 2
RECIPIENT'S name and address		(recipient) for resale	\$	To be filed with
PAUL SCOTT  8232 CHARLES TURK DR LAS VEGAS NV 89145		11	12	recipient's state income tax return,
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	when required
LAS VEGAS NV 691	<del>4</del> )	15a Section 409A deferrals	15b Section 409A Income	
		16 State tax withheld	\$ 17 State/Payer's state no	18 State income
Account number (see instructions)	FATCA filing requirement	\$		\$
Form 1099-MISC	www.irs.go	v/form1099misc	Department of the Tri	I♥ easury - Internal Revenue Service

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 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 \$E\$ tax on Schedule \$E\$ (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 correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents from real estate on Schedule E (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 patients 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 from re, see Pub 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040. For 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 taxpaver identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withhold.

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 14A0). 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 1040NE, 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. The 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 ban of your securities.

Report on the "Other income" line of Form 1040 (or Form 1040NR).

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

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

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

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 4093. 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 wive its gov/form1099misc.

		ECTED (if checked)		
PAYERS name street address, city or town, state or province, country. ZIP or foreign postal code, and telephone no DANKA K MICHAELS MD PROF CORP  3320 N BUFFALO DR STE 106  LAS VEGAS NV 89129		\$ \$		OMB No. 1545-0115
		3 Other income \$ 5 Fishing boat proceeds \$ 7 Nonemployee compensation	4 Federal income tax withheld  5 6 Medical & health care payments  5 8 Substitute payments in lieu of dividends of interest	Miscellaneous
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 52-2322815	\$ 9670.00  9 Payer made direct sales of S5,000 or more of consumer products to a buyer	\$ 10 Crop insurance proceeds	Copy E For Recipien This is important ta
RECIPIENT'S name and address SERVICE MAX GREEN  3110 SOUTH POLARIS STE 24 LAS VEGAS NV 89102		(recipient) for resale		information and is being furnished to the Interna Revenue Service, If you are required to file a return, a
		13 Excess golden parachute payments  \$ 15a Section 409A deferrals	14 Gross proceeds paid to an attorney \$ 15b Section 409A income	negligence penalty or of h sanction may be impose on you if this income taxable and the IF determines that it has n
Account number (see instructions)	FATCA filing requirement	16 State tax withheld	17 State/Payer's state no.	been reported  18 State income \$
Form 1099-MISC (keep for your rec	ords) www.irs.go	\$ iv/form1099misc	Department of the T	reasury - Internal Revenue Service

		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	\$ 4 Federal income tax withheld	2016
0		S	\$	
3320 N BUFFALO D	R STE 106	5 Fishing boat proceeds	6 Medical & health care payments	Miscellaneous
LAS VEGAS NV 891	29	\$	\$	Income
LIND ARGUE MA GOT	4.0	7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	4000 14100
PAYER'S federal identification number	RECIPIENT'S identification number	\$ 9670.00 9 Payer made direct sales of	-ls	Form 1099-MISC
56-2371654	52-2322815	S5.000 or more of consumer	10 Crop insurance proceeds	Copy 2
	1 32-2322013	products to a buyer (recipient) for resale	6	
RECIPIENT'S name and address		(recipient) for resale	\$	To be filed with
SERVICE MAX GREE	N		1.	recipient's state income tax return,
				when required.
3110 SOUTH POLAR	IS STE 24	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	when required.
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 filing requirement	\$		\$
		\$		\$

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 (TIN), adoption taxpayer identification number (AIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS

Account number. May show an account or other unique number the payer assigned to distinguish your account.

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

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment (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.

Rox 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 royalities from oil, gas, or mineral properties, copyrights, and patients on Schedule E (Form 1040). However, report payments for a working interest sas explained in the 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 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 or outsiness income, report this amount on Schedule C or F (Form 1040)

Box 4. Shows backup withholding or withholding in 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 for 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 you 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 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 4034. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that its 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) sec Trotal 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-MIGS and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc.

		CTED (if checked)		
PAYER'S name, street address, city or town, 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	2016
		\$	\$	Miscellaneous
3320 N BUFFALO D		5 Fishing boat proceeds	6 Medical & health care payments	Income
LAS VEGAS NV 891:	29	7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	Form 1099-MISC
	T	<b>\$</b> 41709.00	s of dividends of interest	Copy E
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	For Recipien
	1 00 04203/1	products to a buyer (recipient) for resale	s	This is important tax information and is being
SONIC IMAGING 6230 MCLEOD DR STE 140 LAS VEGAS NV 89120		11	12	furnished to the Interna Revenue Service. If you are required to file a return, a
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney \$	<ul> <li>negligence penalty or oth sanction may be impose on you if this income laxable and the IF determines that it has n been reporte</li> </ul>
		15a Section 409A deferrals \$ 16 State tax withheld	15b Section 409A income \$	
Account number (see instructions)	FATCA filing requirement	\$	17 State/Payer's state no.	\$ State income
Form 1099-MISC (keep for your rec	ords) www.irs.gov	//form1099misc	Department of the Tr	easury - Internal Revenue Service

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country, or foreign postal code, and telephone no. Royalties OMB No. 1545-0115 \$ 4 Federal income tax withheld DANKA K MICHAELS MD PROF CORP 3 Other income 2016 Miscellaneous 6 Medical & health care payments 5 Fishing boat proceeds 3320 N BUFFALO DR STE 106 Income LAS VEGAS NV 89129 Substitute payments in lieu of dividends or interest 41709.00 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 88-0428371 \$5,000 or more of consume products to a buyer RECIPIENT'S name and address (recipient) for resale To be filed with recipient's state SONIC IMAGING income tax return. when required. 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 6230 MCLEOD DR STE LAS VEGAS NV 89120 15a Section 409A deferrals 15b Section 409A income State tax withheld 18 State income 16 State/Payer's state no Account number (see instructions) \$

\$

www.irs.gov/form1099misc

## Instructions for Recipient

Form 1099-MISC

DXA

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 filling 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 \$5E 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 parinerships must report the amounts on the proper line of their tax returns.

Form 1999-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, 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 patients 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 damages, Indian ganning 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 againing 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 fine amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to you 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)

Department of the Treasury - Internal Revenue Service

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

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

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

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

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

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

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 wive irs gov/form1099mise.

	LJ CORRE	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	\$ 4 Federal income tax withheld	2016
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		\$	\$	Miscellaneous
3320 N BUFFALO D		5 Fishing boat proceeds	6 Medical & health care payments	
LAS VEGAS NV 891	29	7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	Form 1099-MISC
		<u>\$ 20412.00</u>	Condividends or interest	Copy E
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	10 Crop insurance proceeds	For Recipien
RECIPIENT'S name and address	73-3209701	products to a buyer (recipient) for resale	s	This is important ta-
TELEDIAGNOSYS LL	C	11	12	furnished to the Interna 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 oth sanction may be impos- on you if this income taxable and the IF
		15a Section 409A deferrals \$ 16 State tax withheld	15b Section 409A income	determines that it has no been reported
Account number (see instructions)	FATCA filing requirement	\$	17 State/Payer's state no	\$ State income
Form 1099-MISC (keep for your rec	ords) www.irs.gov	//form1099misc	Department of the T	reasury - Internal Revenue Service

		CTED (if checked)		
PAYER'S name, street address, city or town, state or province, or foreign postal code, and telephone no DANKA K MICHAELS MD PRO  3320 N BUFFALO DR STE 1 LAS VEGAS NV 89129	country. ZIP F CORP	1 Rents \$ 3 Other income \$ 5 Fishing boat proceeds \$ 7 Nonemployee compensation \$ 2 0 4 1 2 . 0 0	2 Royalties \$ 4 Federal income tax withheld \$ 6 Medical & health care payments \$ 8 Substitute payments in lieu of dividends or interest	OMB No. 1545-0115  2016  Miscellaneous Income
	entification number 269761	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	10 Crop insurance proceeds  S 12	Copy 2  To be filed with recipient's state income tax return, when required.
16192 COSTAL HWY LEWES DE 19958		13 Excess golden parachute payments  \$ 15a Section 409A deferrals \$ 16 State tax withheld	14 Gross proceeds paid to an attorney  \$ 15b Section 409A income \$ 17 State/Payer's state no	18 State income
Account number (see instructions)  Form 1099-MISC	FATCA filing requirement	\$ \$ v/form1099misc	Department of the Tr	\$ easury - Internal Revenue Service

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

Account number. May show an account or other unique number the payer assigned to distinguish your account.

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

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and conjoute 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, liduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Rouclaines, or partnerships must report the amounts into tectors or time spage, or partnerships must report the amounts into tectors or their tax returns from 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.

80x 1. Report renis from real estate on Schedule E (Form 1040). However, report renis 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.

80x 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.

80x 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).

80x 4. Shows backup withholding or 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 ES (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 1040NE, line 8), You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21)

Box 8. Shows substitute payments in 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 15b that is currently taxable is also included in it box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) see "Total Tax" in the Form 1040.

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 wive irs.gov/lom1099misc.

		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 MD PROF CORP		\$ 3 Other income	S     Federal income tax withheld	2016
3320 N BUFFALO DR STE 106		\$ 5 Fishing boat proceeds	\$ 6 Medical & health care payments	Miscellaneous
		S	S wedical & health care payments	Income
LAS VEGAS NV 891	29	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	Form 1099-MISC
	T	<b>\$</b> 950.00		Copy E
PAYER'S federal identification number 56-2371654	RECIPIENT'S identification number 77-0437723	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	For Recipien
RECIPIENT'S name and address	77 0437723	products to a buyer (recipient) for resafe	s	This is important ta:
THE SEMONIAN GRO	UP INC	11	12	furnished to the Interna Revenue Service. If you are required to file a return, a
3230 S VALLEY VIEW BLVD 110 LAS VEGAS NV 89102		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney \$	negligence penally 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 no 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 reci	ords) www.irs.go	//form1099misc	Department of the Tr	reasury - Internal Revenue Service

	☐ CORRE	CTED (if checked)		
PAYER'S name, street address, city or town, state or province, country, ZtP 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	2016
3320 N BUFFALO DI LAS VEGAS NV 8912		\$ 5 Fishing boat proceeds \$ 7 Nonemployee compensation \$ 950.00	\$ 6 Medical & health care payments \$ 8 Substitute payments in fieu of dividends or interest	Miscellaneous Income
PAYER'S federal identification number $56-2371654$	RECIPIENT'S identification number 77-0437723	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	Сору
RECIPIENT'S name and address THE SEMONIAN GROU	JP INC	(recipient) for resale	\$  12	To be filed with recipient's state income tax return,
3230 S VALLEY VII LAS VEGAS NV 8910		13 Excess golden parachute payments \$ 15a Section 409A deferrals \$	14 Gross proceeds paid to an attorney S 15b Section 409A income	when required
Account number (see instructions)	FATCA filling	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$
Form 1099-MISC	U D	\$ //form1099misc	Depositation of the Te	\$ easury - Internal Revenue Service
1 OHR 1000-11100	www.irs.gov	MOTHITUSSHISE	Department of the Th	easury - internai Revenue Servici

www.irs.gov/form1099misc

## Instructions for Recipient

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

Account number. May show an account or other unique number the payer assigned to distinguish your account.

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

See the Instructions for Form 8938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your \$\$E\$ tax on Schedule \$\$E\$ (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, iduciaries, 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 rented 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, 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 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 lax 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 1940), 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. Inne 7 (or Form 1040NE, line 8), You must also complete Form 809 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).

Department of the Treasury - Internal Revenue Service

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

3320 N BUFFALO DR STE 106  LAS VEGAS NV 89129  S S Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous f			CTED (if checked)		
DANKA K MICHAELS MD PROF CORP  3 Other income  S S S S S Miscellaneous Income  LAS VEGAS NV 89129	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
3320 N BUFFALO DR STE 106  LAS VEGAS NV 89129  S S Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous for Miscellaneous f			3 Other income	4 Fodoral income tax withhold	2016
3320 N BUFFALO DR STE 106   5 Fishing boat proceeds   6 Medical & health care payments   Income			S	\$	1
LAS VEGAS NV 89129			5 Fishing boat proceeds	6 Medical & health care payments	Income
/ Nonemployee compensation   8 Substitute payments in lieu   Form 1099-MIS   of dividends or interest	LAS VEGAS NV 8912	29	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 10 Construction For Recipier			9 Payer made direct sales of	- <u>\$</u>	Copy E For Recipien
56-23/1654 27-19955/2 solved or more or consumer products to a buyer This is important ta		27-1995572	products to a buyer	s order matrices proceeds	This is important tax
VEGAS PRO ELECTRIC  11  12    furnished to the Intern. Revenue Service If you ar required to file a return.		IC .	11	12	furnished to the Interna Revenue Service If you are required to file a return, a
3390 WYNN RD STE A  The stress golden parachute payments  13 STE AS STECAS NIV 20102  Sanction may be impose on you if this income			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  S			\$	\$	determines that it has no been reported
Account number (see instructions)    16   State tax withheld   17   State/Payer's state no.   18   State income	Account number (see instructions)	FATCA filing	\$ State tax withheld	17 State/Payer's state no.	18 State income
Form 1099-MISC (keep for your records)  S  S  Page mode of the Transport Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Servi	5 1000 MICC		\$		\$

		CTED (if checked)		
PAYER'S name, street address, city or town or foreign postal code, and telephone no.  DANKA K MICHAELS  3320 N BUFFALO D  LAS VEGAS NV 891	state or province, country, ZIP  MD PROF CORP  R STE 106	1 Rents 5 3 Other income 5 5 Fishing boat proceeds 5 7 Nonemployee compensation 1394.82	2 Royalties \$ 4 Federal income tax withheld \$ 6 Medical & health care payments \$ 8 Substitute payments in lieu of dividends or interest	OMB No. 1545-0115  2016  Miscellaneous Income
PAYER'S federal identification number 56-2371654  RECIPIENT'S name and address  VEGAS PRO ELECTR	RECIPIENT'S identification number 27-1995572	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	10 Crop insurance proceeds \$ 12	Copy 2  To be filed with recipient's state income tax return,
3390 WYNN RD STE LAS VEGAS NV 891		13 Excess golden parachute payments \$ 15a Section 409A deferrals \$ 16 State tay withheld	14 Gross proceeds paid to an attorney \$ 15b Section 409A income \$	when required.
Account number (see instructions)	FATCA liling requirement	16 State tax withheld   \$	17 State/Payer's state no.	\$ State income \$
Form 1099-MISC	www.irs.go	v/farm1099misc	Department of the Tr	easury - Internal Revenue Service

OXA

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 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 \$85 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, individuals, 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 rented 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, 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 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 (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 1040KR, line 8). You 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 (for example, it is income for a sportadic 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 ban of your securities.

Report on the "Other income" line of Form 1040 (or Form 1040NR).

80x 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).

 80x 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 its 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) Sec Trotal 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.

# **ETD ELECTRONIC FILING MESSAGES**

MUST be corrected before electronic filing of extensions is allowed.

2016

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

Tax ID Number 5 6 - 2 3 7 1 6 5 4

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
		(Keep for your records)		
me(s) as shown on return ANKA K MICHAE	LS MD PROF CORP			EIN number 56-2371654
			<u></u>	
ne following will be trans	mitted to the IRS.	🛚 1120S 🗌 7004 📗 Amended	Reserved	
ne following state returns	s will be transmitted:			
-	MANAGEMENT AND AND AND AND AND AND AND AND AND AND	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		AND AND AND AND AND AND AND AND AND AND
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e following returns have	been suppressed or are not e	ligible and will NOT be transmitted.		
			***************************************	
www.	***************************************		-	
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				***************************************
Notes				

# Form 1120S

# U.S. Income Tax Return for an S Corporation

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

2016

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

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

For cale	ndar y	year 2016 or tax year b		nning		, 2016, ending				20
A Select	tion effec	tive date		Name					D Employe	er identification number
06-	25-	2003	ĺ	DANKA K	MICHAELS	MD PROF CO	)RP		56-2	371654
B Busine		<del></del>	TYPE		d room or suite no. If a P.C		J 1 1 1		E Date inco	
		structions)	OR							
C 0 1	7 7 7		PRINT		BUFFALO DE	IP or foreign postal code		—— <u>-</u>		5-2003
621	<u> </u>		Į	City of lowir, state	or province, country, and .	ar or roreign postar code			r Total ass	ets (see instructions)
C Check		1-3								
attache	ed			LAS VEG	AS	NV	89129		\$	551,768
					inning with this tax y					53 if not already filed
H Chec	k if:	(1) 🔲 Final re	eturn (2)	Name change	e (3) 🗌 Address cl	nange (4) 🗌 Ame	ended return (	5) 🗌 S ele	ection tern	nination or revocation
I Enter	the nu	ımber of share	holders wi	no were sharehol	ders during any part	of the tax year			1	<b>)</b>
						hrough 21. See the i	instructions for m	nore informa	ation.	
		Gross receip						52,011		
	b					<b>├</b> -		11,189		
	c									1 540 000
<u>o</u>									1c	1,540,822
Income	2								2	359,871
luc	3			ine 2 from line 1c					3	1,180,951
	4								4	
	5	Other income	e (loss) (se	ee instructions - a	ttach statement)				5	
	6	Total incom	e (loss).	Add lines 3 throu	gh 5 • • • • • •			>	6	1,180,951
	7	Compensation	on of office	rs (see instructio	ns - attach Form 112	25-E) · · · · · ·			7	200,000
(S	8	Salaries and	wages (le	ss employment c	redits)				8	494,084
.io	9		-		·				9	45,560
Deductions (see instructions for limitations)	10	Bad debts							10	10,000
	11								11	102 200
	12								-	103,200
									12	76,537
cţi	13								13	7,684
strt	14					eturn (attach Form 4			14	42,688
Ë	15								15	<del></del>
see	16								16	31,547
) S	17	Pension, pro	fit-sharing	etc., plans	<i></i> .				17	
ö	18	Employee be	enefit progi	ams					18	9,243
to	19	Other deduct	tions (attac	ch statement)			···Statem	ent.#2	19	217,325
ed	20									1,227,868
۵	21					e6			21	(46, 917)
	22 a			<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	apture tax (see instri		22a		+	(40,017)
							22b			
	b						L			
s	С				for additional taxes)		1 1		22c	·····
in	23 a	2016 estimat	ted tax pay	ments and 2015	overpayment credite	ed to 2016 ·	23a			
Ě	þ	Tax deposite	d with For	m 7004 · ·			23b			
Pay	С	Credit for fed	leral tax pa	id on fuels (attac	h Form 4136) •		23c			
and Payments	d	Add lines 23a	a through 2	23c · · · ·					23d	
	24	Estimated ta:	x penalty (	see instructions).	Check if Form 2220	is attached		. ▶ 🔲	24	
Тах	25					c and 24, enter amo			25	
	26					and 24, enter amour			26	
	27			9	017 estimated tax	<b>b</b>		ınded 🏲	27	·
	<u> </u>			······		manufan salt-dida-				0.45
	the	best of my knowle	dge and belie	f, it is true, correct, an		ompanying schedules and : f preparer (other than taxpa			1	S discuss this return
	alli	nformation of whic	h preparer ha	s any knowledge.		•			1	eparer shown below
Sian		~ ~ ~ ~ · · ·	T 0 !! 2 ==	- 0		ı	t		(see instru	ctions)? Yes X No
Sign	1 888b	DANKA M	ICHAE	LS, MD				RESIDE	T	
Here		Signature of officer			<b></b>	Date	Tati	e		<del></del>
	1	Print/Type prepare	er's name		Preparer's signature		Date	Che	ck 🛚 if	PTIN
Paid	Į	ROBERT :	S SEM	ONIAN CPA	A		05-31-2	017 self-	-employed	P00391972
Prepar	rer	Firm's name	▶ROBE	RT S SEM	ONIAN CPA			Firm's EIN		-4514704
Use O	nly [	Firm's address	▶PO B	OX 5605				Phone no.	***************************************	· · · · · · · · · · · · · · · · · · ·
	ľ		Vent	<del></del>	3005	<del> </del>		1	1.8	05)659-5344
								- <del> </del>	, ,	,

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2016)

Form **1120S** (2016) Danka Michaels002261

		S(2016) DANKA K MICHAELS MD PROF CORP	<u> 56-2</u>	371654	Page 3
Sch	iedu	ile K Shareholders' Pro Rata Share Items		Total amour	nt
	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)	<del></del>		····
	b	Expenses from other rental activities (attach statement) 3b	$\dashv$		
	c	Other net rental income (loss). Subtract line 3b from line 3a	- 3c		
	4	Interest income	-	<b>_</b>	A
_	1		4	<b></b>	44
SS	5	Dividends: a Ordinary dividends	5a		
ij		b Qualified dividends	4		
лe	6	Royalties	6		
ncome (Loss)	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7		
드	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) 8c	J		
	9	Net section 1231 gain (loss) (attach Form 4797)	9		
	10	Other income (loss) (see instructions) · · Type ▶	10		
	11	Section 179 deduction (attach Form 4562)	11		
Deductions	12a	Charitable contributions	12a		
cti	b	Investment interest expense	12b		
edu	С	Section 59(e)(2) expenditures (1) Type ►(2) Amount ►	12c(2)		
۵	d	Other deductions (see instructions) · · · Type ▶	12d		***************************************
	13a	Low-income housing credit (section 42(i)(5))	13a		
	b	Low-income housing credit (other)	13b		
	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c		
ts	d	Other rental real estate credits (see instructions) · · Type •	13d		
Credits	e	Other rental credits (see instructions) · · · · · · Type	13u		
ت	f	Biofuel producer credit (attach Form 6478)	13f		
	g g	Other credits (see instructions) Type ▶	13g		
	14a	Name of country or U.S. possession	139		<del></del>
	b	Gross income from all sources	14b		
	c	Gross income sourced at shareholder level	14c		
	ľ	Foreign gross income sourced at corporate level	140		······································
	نہ				
	d	5 ,	14d		
S	e		14e		
Ö	f	Other (attach statement)	14f		
act		Deductions allocated and apportioned at shareholder level			
sus	g	Interest expense	14g		······
eign Transactions	h	Other	14h		
gu		Deductions allocated and apportioned at corporate level to foreign source income			
re	Ī	Passive category	14i	****	
For	j	General category	14j		
	k	Other (attach statement)	14k		
		Other information			
	ı	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		20
s X c	b	Adjusted gain or loss	15b		
ativ n Ti	С	Depletion (other than oil and gas)	15c		
E I	d	Oil, gas, and geothermal properties - gross income	15d		
Alternative Minimum Tax (AMT) Items	е	Oil, gas, and geothermal properties - deductions	15e		······································
	f	Other AMT items (attach statement)	15f	***************************************	
ם ב	16a	Tax-exempt interest income	16a		
olde	b	Other tax-exempt income	16b		
Ant rehu asis	С	Nondeductible expenses	16c	<del></del>	· · · · · · · · · · · · · · · · · · ·
Items Affecting Shareholder Basis	d	Distributions (attach statement if required) (see instructions)	16d	8	,240
2	е	Repayment of loans from shareholders	16e		<del></del>

Danka Michaels002262

Form **1120S** (2016)

	1120S (2016) DANKA K MICHAEI				56-2	2371654 Page
Sci	hedule K   Shareholders' Pro Rata Shareholders'	are Items (continued	d)	***************************************		Total amount
Ę					17a	4
Other Information	b Investment expenses · · · · · ·				17b	
for of	c Dividend distributions paid from accum	ulated earnings and pro	ofits		17c	
====	d Other items and amounts (attach state	ment)				
÷ 8						
Recon- ciliation	18 Income/loss reconciliation. Combine		9			
_	column. From the result, subtract the s	um of the amounts on li	nes 11 through 12d and	141	18	(46,913
Sci	nedule L   Balance Sheets per Books	Beginning	of tax year		End of t	ax year
	Assets	(a)	(b)	(c)		(d)
1	Cash		102,591	_		83,841
2 a	Trade notes and accounts receivable					
b	Less allowance for bad debts	()		(	)	
3	Inventories					
4	U.S. government obligations · · · · · ·					
5	Tax-exempt securities (see instructions)				Γ	
6	Other current assets (attach statement)	Statement #19	68,133	Statement #:	19	81,514
7	Loans to shareholders				Γ	
8	Mortgage and real estate loans					<del></del>
9	Other investments (attach statement)					
10a	Buildings and other depreciable assets	955,274		955,2	74	
b	Less accumulated depreciation	(526,173)	429,101	( 568,8		386,413
11 a	Depletable assets					
b	Less accumulated depletion	( )		(	)	
12	Land (net of any amortization)	100			1,11	444.4
13a	Intangible assets (amortizable only)			7		
b	Less accumulated amortization	( )		(	)	
14	Other assets (attach statement)					······································
15	Total assets		599,825	1	1 12 11 11 11 11 11 11 11 11 11 11 11 11	551,768
	Liabilities and Shareholders' Equity					
16	Accounts payable					
17	Mortgages, notes, bonds payable in less than 1 year		88,796			34,825
18	Other current liabilities (attach statement) .	Statement #22	4,115	Statement #2	,,	1,836
19	Loans from shareholders			T ""	· -	1,030
20	Mortgages, notes, bonds payable in 1 year or more		247,582		-	110,928
21	Other liabilities (attach statement)			1	-	220, 220
22	Capital stock		17,000			17,000
23	Additional paid-in capital		17,000			200,000
24	Retained earnings		242,332		<b> </b>	187,179
25	Adjustments to shareholders' equity (attach statement)		<u> </u>	1	3	101,119
26	Less cost of treasury stock		(	7	<b> </b> -	
27	Total liabilities and shareholders' equity		599,825	4	4	551,768
EEA	rotal national of and shareholders equity	<u> </u>	1 379,023	Laboration and the San April (4)		Form <b>1120S</b> (2016)

FOI	m 1120S (2016) DANKA K MICHAEL	S MD PROF	CORP		56-1	2371654	Page 5
S	chedule M-1   Reconciliation of Incon	ne (Loss) per B	ooks Wit	h Income (Loss) per F	eturn		
	Note: The corporation may be r	equired to file Sched	ule M-3 (see	instructions)			
1	Net income (loss) per books	(46,913)	5 Income r	ecorded on books this year not inc	luded		
2	Income included on Schedule K, lines 1, 2, 3c, 4,		on Sched	lule K, lines 1 through 10 (itemize	):		
	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 Doductio	ons included on Schedule K.			
٠	included on Schedule K, lines 1 through 12 and			hrough 12 and 14l , not charge	, d		
	14I (itemize):			-	i		
а	1						
h	Travel and entertainment \$	a Depreciation \$					
	Traver and entertainment				[		
			7 Add line	s 5 and 6 ·····	-		
4	Add lines 1 through 3 · · · · · · · · ·	(46 913)		loss) (Schedule K, line 18). Line 4	L	116	,913)
S	chedule M-2 Analysis of Accumulated						, 31J)
	Undistributed Taxable Inc				, and on	arenoiders	
		(a) Accumula adjustments ad		(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed		
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)		7		
5	Other reductions	(	)	(	)		
6	Combine lines 1 through 5	19	5,419		1		
7	Distributions other than dividend distributions •		8,240		1		
8	Balance at end of tax year. Subtract line 7 from line 6		7,179				

EEA

Form **1120S** (2016)

Form 1125-A

(Rev. October 2016)

Department of the Treasury Internal Revenue Service

# Cost of Goods Sold

► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
 Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

OMB No. 1545-0123

Name			Employer ic	dentification nu	mber
DAI	NKA K MICHAELS MD PROF CORP		56-2	371654	
1	Inventory at beginning of year	1			***************************************
2	Purchases	2		234,	339
3	Cost of labor	3			
4	Additional section 263A costs (attach schedule)	4			
5	Other costs (attach schedule)Startement + 5-	5		125,	532
6	<b>Total.</b> Add lines 1 through 5	6		359,	
7	Inventory at end of year	7		*******************	*************
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the			***************************************	
	appropriate line of your tax return. See instructions	8		359,	871
9a	Check all methods used for valuing closing inventory.				
	(i) Cost				
	(ii) Lower of cost or market				
	(iii) ☐ Other (Specify method used and attach explanation.) ▶				
b	Check if there was a writedown of subnormal goods			>	
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 · · · · · · · · · · · · · · · · · · ·	9d			
е	If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions			Yes	⊠ No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If	'Yes,"			
	attach explanation · · · · · · · · · · · · · · · · · · ·			Yes	☐ No

	П	Final K-1 Amen	ded K-1	OMB No. 1545-0123
Schedule K-1 2016		Sharahaldar's Sh		Current Year Income,
(Form 1120S) For calendar year 2016, or tax	Pa	Deductions, Cred		·
Department of the Treasury Internal Revenue Service year beginning, 2016	1	Ordinary business income (loss)	13	Credits
ending 20		(46,917)	_	
Shareholder's Share of Income, Deductions,	2	Net rental real estate income (loss)		
Cradita ata	3	Other net rental income (loss)	-	
	<b>d</b> *	Other her remai income (1055)		
Part I Information About the Corporation	4	Interest income	1	
A Corporation's employer identification number		4		
56-2371654	5a	Ordinary dividends	1	
B Corporation's name, address, city, state, and ZIP code				
DANKA K MICHAELS MD PROF CORP	5b	Qualified dividends	14	Foreign transactions
3320 N BUFFALO DR	6	Royalties	1	
130 177030	<u></u>		_	
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)	7	
OGDEN				
Part II Information About the Shareholder	8b	Collectibles (28%) gain (loss)		
Shareholder's identifying number	8c	Unrecaptured section 1250 gain		
E Shareholder's name, address, city, state, and ZIP code	9	Net section 1231 gain (loss)	1	
DANKA MICHAELS	ļ		<u> </u>	
3320 N BUFFALO DR	10	Other income (loss)	15	Alternative minimum tax (AMT) items
LAS VEGAS NV 89129			A	20
F Shareholder's percentage of stock	7			
ownership for tax year				
	-			
	11	Section 179 deduction	16	Items affecting shareholder basis
	12	Other deductions	d □	8,240
	"	Carlo Coddinario	ļ	
<u> </u>				
BILL BUS BAS BAS UND BEEN AUGUS UND BAS BILLI				
			17	Other information
For IRS Use Only			A	4
				1
	1			
		* San attached atatam - +	for addi	tional information
		* See attached statement	or addit	lional information.

For Paperwork Reduction Act Notice, see Instructions for Form 1120S.

IRS.gov/form1120S

Schedule K-1 (Form 1120S) 2016

# form 1125-E

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

Compensation of Officers

▶ 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.

OMB No. 1545-0123

Name

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 time devoted to	Percent of st	lock owned	(f) Amount of
	(see instructions)	business	(d) Common	(e) Preferred	compensation
1 DANKA K MICHAELS		80 %	100 %	%	200,00
	SECRETARIA DE LA CONTRACTOR DE CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTO	%	%	%	
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		%	%	%	
		%	%	%	***************************************
		%	%	%	
		%	%	%	
				0/	
0 7		%	%	%	**************************************
2 Total compensation of officers		• • • • • •		2	200,000
3 Compensation of officers claimed on Form	1125-A or elsewhere on return	• • • • • •		3	
4 Subtract line 3 from line 2. Enter the result is	nere and on Form 1120, page 1, lin	e 12 or the			

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-E (Rev. 10-2016)

EEA

Form	4562			ciation ar					OMB No. 1545-0172
			(Includ	ling Information		l Property	/)		2016
	ment of the Treasury			► Attach to yo					Attachment
	Revenue Service (99) s) shown on return	Information	n about Form 45	62 and its separat	e instructions siness or activity to v			562.	Sequence No. 179
		APT C MID	DDOE COD	1	•		adies		1 ' "
Par	KA K MICH			operty Under	FORM 112				56-2371654
1 ai		•		•					
1	Maximum amount			olete Part V before		art I.	***************************************	Т.	
2		•	•					1	
3	Total cost of section Threshold cost of s				o inateuations)			2	
4			•	*	,			3	
5	Reduction in limitat							4	<u> </u>
J	Dollar limitation for	•				•		-	
6	separately, see inst	***************************************	· · · · · · · · · · · · · · · · · · ·				***************************************	5	
		(a) Description of p	roperty	[(b)	Cost (business use	only) (e	c) Elected cost		4
									-
7	Listed property Cal	toutho amount f	ing 20			7	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		-
8	Listed property. Ent Total elected cost of				L			1 0	
9		•	, ,					8	
10	Tentative deduction				· · · · · · · · · · · · · · · · · · ·			9	
11	Carryover of disallo		=				· · · · · ·	10	
12	Business income li			•	, , , ,		,	11	
13	Section 179 expens							12	
	Carryover of disallo			····		13			<u> </u>
Par	Don't use Part II or			and Other De		/D It is also	la Catadaaa		0
14					<del></del>		ie listed prop	erty.) (-	T
1-4	Special depreciatio			(other than listed p	roperty) piaceo	in service			
15	during the tax year	•						14	
	Property subject to	, , ,	*					15	40 1 60
16 Par	Other depreciation			ide listed property.)				16	42,162
I ai	CIII WACK	3 Depreciati	OII (DON'T INCIL	Section		ns.)	***************************************		
17	MACRS doductions	o for pageta clas	ad in agains at to			+*************************************		T 4-7	T FOC
18	MACRS deductions	•						17	526
10	If you are electing to					•			
	asset accounts, che			ce During 2016 Ta				C	
	360	CHOILD - ASSETS	(b) Month and year	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	<del></del>	ile General L	Jepreciation	Syste	111
	(a) Classification of p	property	placed in service	(business/investment uponly-see instructions	ise (d) Recove	(e) Conven	ition (f) Met	hod	(g) Depreciation deduction
19a	3-year property							***************************************	
<u>b</u>	5-year property								
C	7-year property								
d	10-year property								
e	15-year property								
f	20-year property								
g	25-year property				25 yrs		S	L	
h	Residential rental				27.5 yrs	s. MM	1 S	'L	
	property				27.5 yrs	s. MM	1 S	L	
i	Nonresidential real				39 yrs	. MM	S.	'L	
	property					MM			
	Sect	tion C - Assets	Placed in Servic	e During 2016 Tax	Year Using th	e Alternative	Depreciation	n Sys	tem
20a	Class life						S.	L	
b	12-year				12 yrs		S	L	
	40-year				40 yrs	. MM	I S.	L	
Par	t IV Summa	<b>ary</b> (See instru	ctions.)						
21	Listed property. En	iter amount from	line 28 · · ·					21	
22	Total. Add amounts	s from line 12, li	nes 14 through 17	7, lines 19 and 20 ir	n column (g), an	d line 21. En	ter		
	here and on the ap	propriate lines o	f your return. Part	tnerships and S cor	porations - see	instructions		22	42 <b>,</b> 688
23	For assets shown a	above and place	d in service durin	g the current year,	enter the				
	nortion of the basis	attributable to c	action 263A costs			23		L 445 6	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

5.m 8879-S

Officer's PIN: check one box only

EEA

## IRS e-file Signature Authorization for Form 1120S

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

Information about Form 8879-S and its instructions is at www.irs.gov/form8879s.

OMB No. 1545-0123

2016

Internal Rev	of the Treasury enue Service	For calendar year 2016, or tax year beginning	, 2016, and ending	, 20			
Name of cor	poration			Employer identifica	tion numb	er	
DANKA I	DANKA K MICHAELS MD PROF CORP 56-2371654						
Part I	Tax Re	turn Information (Whole dollars only)					
1 Gro	ss receipts or	sales less returns and allowances (Form 1120S, line	e 1c)		1	1,540,822	
2 Gro	ss profit (Form	1120S, line 3)	·		2	1,180,951	
3 Ord	linary business	income (loss) (Form 1120S, line 21)			3	(46,917)	
4 Net	rental real est	ate income (loss) (Form 1120S, Schedule K, line 2)			4		
5 Inco	ome (loss) reco	onciliation (Form 1120S, Schedule K, line 18)			5	(46,913)	
Part II	Declara	ation and Signature Authorization of C	fficer (Re sure to get	a conv of the	corna	ration's return)	

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

Part III   Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.    350884   98765     don't enter all zeros     Certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.  ERO's signature ▶ Date ▶ 05-31-2017  ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do So	X lauthorize ROBERT S SEMONIAN CPA	to enter my PIN 12345	as my signature
As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 electronically filed income tax return.  Date ▶ 06-05-2017 Title ▶ PRESIDET  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  950834 98765 don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.  ERO's signature ▶ Date ▶ 05-31-2017  ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do So	ERO firm name	don't ente	er all zeros
Officer's signature ▶	on the corporation's 2016 electronically filed income tax return.		
Part III   Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.    350884 93765   don't enter all zeros		ure on the corporation's 2016 electro	onically filed income tax
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.    350884 98765   don't enter all zeros	Officer's signature ▶	Date ▶ <u>06-05-2017</u>	Title ▶ PRESIDET
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.  ERO's signature ▶ Date ▶ 05-31-2017  ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do So	Part III Certification and Authentication		
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.  ERO's signature ▶	ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-s	elected PIN.	<u>50884 98765</u>
corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.  ERO's signature   Date   O5-31-2017  ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do So			don't enter all zeros
ERO Must Retain This Form - See Instructions  Don't Submit This Form to the IRS Unless Requested To Do So	corporation indicated above. I confirm that I am submitting this return in according	cordance with the requirements of P	ub. 3112, IRS e-file
Don't Submit This Form to the IRS Unless Requested To Do So	ERO's signature ▶	Date	9 ▶ 05-31-2017
			To Do So
	For Paperwork Reduction Act Notice, see instructions.		Form <b>8879-S</b> (2016)

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

# FORM 1120S - LINE 19 - OTHER DEDUCTIONS

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

# SCHEDULE L - LINE 6 - OTHER CURRENT ASSETS

PG01 Statement #19

Statement #2

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

		***************************************	
Name(s) as shown on return	Federal Supporting Statements	20	
DANKA K MICHAELS	MD PROF CORP		56-2371654
SCHEDULE L	- LINE 18 - OTHER CURRENT LIAB	ILITIES	Statement #22
DESCRIPTION PAYROLL TAXES PAY GIFT CARDS TOTAL		BEG OF YEAR 549 3,566 4,119	549
		A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PARTY AND A CONTROL OF THE PART	TO CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CON
DESCRIPTION	EDULE M-2 - LINE 3 OTHER ADJUS	TMENTS	PG01 Statement #29 AMOUNT
INTEREST INCOME		198000-0.00	4
TOTAL		wateho ken	4
	FORM1125A - LINE 5 - OTHER CO	<u>ST</u>	PG01 Statement #5
DESCRIPTION			AMOUNT
LAB FEES MEDICAL SUPPLIES			7,569 42,424
NERVE CONDUCTION ULTRA SOUND SERVI			7,500 68,039
	C.1.0	numa di mana	P. H. A. P. S. P. L. P. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S.
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35 Amount remitted with the return 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: DANKADate: MICHAELS PRESIDET 06/0<u>5/2017</u> For Department use only Danka Michaels002272 AA02987

Form 1120S	K-K1 Comparison Worksheet	2016
	(Keep for your records)	
S CORPORATION NAME		EIN

	KA K MICHAELS MD PROF CORP			56-2371654
	Description	Schedule K	K-1 Totals	Difference
	Orainary business income (loss)	(46,917)	(46,9	
	Interest income	4		4
	Post - 1986 depreciation adjustment	20		20
Đ	Property distributions	8,240	8,2	240
ći	investment income	4	makes other threat should be a come order source order.	4
				1
		]		
		1		1

Shareholder's name  DANKA MICHAEL  Name of S Corporation	S	Distribution Inform		2016 Shareholder's ID Number S Corporation's EIN
DANKA K MICHA	ELS MD PROF CORI			56-2371654
Date of Distribution	Total Amount of Distribution	Ownership % at Date of Distribution	Shares	Shareholder's Pro Rata Share of Distribution
12-31-2016	8,240	100.00	1000.0000	0 8,240
TOTAL				8,240

	Summary of St	ock Ow	nership/		2016	<b>;</b>
CORPORATION NAME DANKA K MICHAELS MD PROF	CORD				EIN SOCIAL	· c /
Shareholder Information	CORP		Shares		56-23716 % <b>O</b> wn	ership
Name	EIN/SSN	Туре	Beginning	Ending	Beginning	Ending
DANKA MICHAELS		1,7,20	1,000	1,000	100.00000	100.00000
TOTAL			1,000	1,000		
			SATISTICS AND AND AND AND AND AND AND AND AND AND			
					=	
	**************************************					
	Permitted and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the sec					

	Listing of Shareholder Distributions	2016
Name(s) as shown on return		Employer Identification Number
DANKA K MICHAELS 1	MD PROF CORP	56-2371654
Date		Amount
12-31-2016		8,240
TOTAL		8,240
		Metals and an electric service again, and a state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the

## Schedule M-2/Retained Earnings Worksheet

Form 1120S (Keep for your records)
Name(s) as shown on return

2016

Name(s) as shown on return

DANKA K MICHAELS MD PROF CORP

56-2371654

DAI	NKA K MICHAELS MD PROF CORP	56-2371654
	Analysis of Current-Year Retained Earnings	
1	Beginning retained earnings per balance sheet (Schedule L. column b, lines 24 and 25)	1 2/12 332
2	Book income (loss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11)	1 442,332
3	Distributions (Schedule K, line 16d)	2 (40,913)
4	Subtotal (combines lines 1 through 3)	
	Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	
	Entiting retained carnings per balance sneet (obtledule E, column d, lines 24 and 23)	3 107,179
6	Difference (line 4 minus line 5) (should be zero)	6
	Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA	
1	Ending retained earnings (Schedule L, column d, line 24)	1 187,179
2	Beginning retained earnings (Schedule L, column b, line 24)	
3	Retained earnings change (line 1 minus line 2)	3 (55,153)
		105 150
4	Ending AAA plus OAA	4 187,179
5	Beginning AAA plus OAA	
6	Difference (line 4 minus line 5)	6 (55,153)
	Current-Year Timing Adjustments per Schedule M-1	
	Subtractions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2)	
7	Other income recorded on books not included on Schedule K	
8	Depreciation on Schedule K not included on books 8	*****
9	Other Schedule K items not included on books	
10	Total subtractions (lines 7 through 9)	
4.4	Additions to net income per books (Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3)	
11	Income included on Schedule K not recorded on books	****
12	Depreciation on books not included on Schedule K	<del></del>
13	Other items on books not included on Schedule K	
14	Total additions (lines 11 through 13)	
15	Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10)	15
	Current-Year Timing Adjustments Per Schedule M-3	
	Permanent or temporary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens appear	
	on line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100.	
16	Permanent differences	
17	Temporary differences	in angular
18	Timing adjustments not included on Schedule M-2 (combine lines 16 and 17)	18
40	Statistics and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Colonial Kills and the Col	
	Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7	
20	Adjustments to retained earnings (Schedule L, line 25 column d minus Schedule L, line 25, column b)	20
		21 (55, 153)
22	M-2 amount after M-3 timing adjustments (add lines 6, 18, 19, and 20)	22
23	Net reconciliation difference (line 3 minus line 21 or 22)	23

	Taxes and Licenses Attachment  Note: This information does not transmit to the IRS with e-filed returns.  Including with a paper filed return is optional.		2016
	RPORATION NAME		EIN
AN	IKA K MICHAELS MD PROF CORP	····	56-2371654
Гахе	es and Licenses Form 1120S		Page 1, Line 12
1	State income taxes	1	
2	State franchise taxes	2	
3	City income taxes	3	
4	City franchise taxes	4	
5	Local property taxes	5	
6	Intangible property taxes	6	
7	Payroll taxes	7	53,955
8	Less: credit from Form 8846	8	
9	Foreign taxes paid	9	
10	Occupancy taxes	10	<u> </u>
11	Other miscellaneous taxes	11	22,582
12	Built in gains tax allocated to ordinary income	12	
13	Licenses	13	
14	Total to Form 1120S, Page 1, Line 12	14	76,537

"Item	* Item was disposed of during current year	***************************************				De	Depreciation Detail Listing	ion Deta	stail Listi	ng			helenseemen.		2016	ຜ້
							For your records only	recoro	ts only							1
Name(s		adoo nona											Social	Social security number/EIN	N	
	₽	NOE CORF												56-23/1654		
NO NO	Description	Date	Cost	Salvage	busmess percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current	Accumulated Depreciation	Prior	Bonus depreciation	G	AMT Current
	OFFICE FURNITURE	06252003	9,151		100.00		9,151	7		0		9,151				
	MEDICAL EQUIPMENT	06252003	1,304		100.00		1,304	7		0		1,304				
m	WED EQUIP	07012005	17,576		100.00	17,576	0	ស		0		17,576	17,576			
	æd equip	07012006	164,054		100.00	50,000	114,054 7	7		0		164,054	50,000			
	æd eguip	07012007	59,066		100.00		59,066	7		0		990'65		·		
	EQUIP	07012008	5,990		100.00		5,990 7	7		0		5,990		PY	2,995	
^	AED EQUIP	08012008	15,550		100.00	***	15,550 7	7	-mestru	0		15,550		ΡΥ	7,775	
∞	SPA EQUIP	07012009	48,720		100.00	48,720	0	رم م		0		48,720	48,720			
on O	SOFTWARE	07012009	1,868		100.00		1,868 3	m	****	0		1,868		PY	934	
10	MEDICAL EQUIP	12282010	54,660		100.00	54,660	0	0 5		0		54,660	54,660			
11	COMPUTER EQUIP	02172010	5,854		100.00	5,854	0	т		0		5,854	5,854	-		
12	EQUIP	07012012	1,437		100.00	1,437	0	2	SL HY	20		1,437	1,437			
13	OFFICE EQUIPMENT	07012013	205		100.00		205	7	200 DB MO	13.02	27	138			******	25
14	ÆDICAL EQUIPMENT	07012013	4,417		100.00		2,209	7	DB	13.02	288	3.699		λά	2008	288
	E TOCIOUL TARBONEMENT OLIVERS ST.	710012013	124 677		100		37 621 16		1	2000	2000	0 0		;	2	0 10
	TENDENCED INCHOLORERS	1001001	770'171		00.00		110,424		W	00.0	115,82	88,472			***************************************	28,311
	SPA EQUIPMENT	10012013	1,500		100.00		1,500		DB	14.06					******	193
	OFFICE EQUIP AND FURN07012015	N07012015	98,251		100.00		49,125	~		14.286				PY	49,126	7,018
18	MEDICAL LASER	07012015	41,000		100.00		20,500	m	SL HY	33.333	6,833	30,750			20,500	6,833
E	Totals		955, 274			178 247	705 103				42 689	120 021	1,00			
1	0.00.00		2777006			110,641	100,130			1	44,688	198,895	118,241			42,668
4	Land Amount Net Depreciable Cost		955,274											ST ADJ:		(14,139)

		***************************************				ă	Depreciation Detail Listing	n De	stail Listi	ng				201	2016
							For your records only	record	ds only					K.	
Name(:													Socials	Social security number/EIN	
	DANKA K MICHAELS MD F	PROF CORP				ľ		ľ					"	56-2371654	
N O	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT
	OFFICE FURNITURE	06252003	9,151		100.00		9,151	7		0		9,151			
CI.	MEDICAL EQUIPMENT	06252003	1,304		100.00		1,304	7		0		1,304	***************************************		
m	MED EQUIP	07012005	17,576		100.00			S.		0		17,576	17,576		
	MED EQUIP	07012006	164,054		100.00	50,000	7	7		0		164,054	20,000		
	MED EQUIP	07012007	59,066		100.00		29,066	7		0		59,066			
-5-4	MED EQUIP	07012008	5,990		100.00		5,990 7	7		0		5,990			
	MED EQUIP	08012008	15,550		100.00		15,550 7	7		0		15,550			
	SPA EQUIP	07012009	48,720		100.00	48,720	0	Ŋ		0		48,720	48,720		
	SOFTWARE	07012009	1,868		100.00		1,86	m		0		1,868			
10	MEDICAL EQUIP	12282010	54,660		100.00	ш,	0 5	ري د		0		54,660	54,660		
11	COMPUTER EQUIP	02172010	5,854		100.00		0 3	m		0		5,854	5,854		
12	EQUIP	07012012	1,437		100.00	1,437	0 5		SL HY	20		1,437	1,437		
13 (	OFFICE EQUIPMENT	07012013	205		100.00		205 7		200 DB MQ	13.02	27	138			
14	MEDICAL EQUIPMENT	07012013	4,417		100.00		4,417 7		200 DB MO	13.02	575	2	•		
7.	LEASEHOLD IMPROVEMENT 10012013	210012013	424 671		100 00		31 173 701			222 2	20 011				
	mineral designation and	01001001	10,61		7 00 0		7/0/575		i	700.0	110,02	2/4/20			
	SFA EQUIPMENT	10012013	1,500		00.001		1,500	_	DB	14.06					-
	OFFICE EQUIP AND FURN 07012015	R 07012015	98,251		100.00			7	SL HY	14.286					
18	MEDICAL LASER	07012015	41,000		100.00		41,000	m	SL HY	33.333	13,667	20,500			
						***************************************									
T	Totals		955,274			178.247	777 027				56 R27	519 203	7.00 97.1		
1			1,22,			110,21	170'11'	-			20,00	562,610	110,241		
4 &	Land Amount Net Depreciable Cost	,,	955,274											ST ADJ:	

# Next Year's Depreciation Worksheet

(Keep for your records)

2016

Name(s) as ahown on retu					Tax ID	
Form Multi-Form		Date	Basis	Method	Life	Deduction Deduction
	CHAELS MD PROF CORP  Description  OFFICE FURNITURE  MEDICAL EQUIPMENT  MED EQUIP  MED EQUIP  MED EQUIP  MED EQUIP  SPA EQUIP  SOFTWARE  MEDICAL EQUIP  COMPUTER EQUIP  EQUIP  OFFICE EQUIPMENT  MEDICAL EQUIPMENT  LEASEHOLD IMPROVEMENTS  SPA EQUIP AND FURNITU  MEDICAL LASER  TOTAL	06252003 06252003 07012005 07012006 07012007 07012008 08012008 07012009 07012009 12282010 02172010 07012012 07012013 07012013 10012013	9,151 1,304 114,054 59,066 5,990 15,550 1,868 205 2,209 424,671 1,500 49,125	SL SL SL SL SL SL SL SL SL SL SL SL		19 205 28,311 151 7,018 6,833 42,537
						-1-00000
	·	·		Dank	ka Micha	els002281

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

Total Forms	26	Forms Subtotal	0.00
		Total Balance Due	0.00

Payment due upon receipt. Thank you for your business!

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

Demographics

Mailing Address: 3320 N BUFFALO DR

LAS VEGAS, NV 89129

Phone:

Resident State:

**Diagnostics** 

Preparer: ROBERT S SEMONIAN

NV

Invoice:

Date: 05-31-2017

#### Return Information

Itam on Batum	2016	<b>2015 Federal</b> (If available) 599,825	
Item on Return	Federal		
Total Assets	551,768		
Number of Shareholders	1	1	
Gross Receipts/Sales	1,552,011	1,762,946	
Total Income	1,180,951	1,401,514	
Total Deductions	1,227,868	1,295,758	
Ordinary Income	(46,917)	105,756	
Tax			
Overpayment			
Refund			
Refund Applied to ES			
Balance Due		0.11.11.11.11.11.11.11.11.11.11.11.11.11	
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

#### 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				
Rents	139,104	94,600	103,200	8,600
Taxes and licenses	72,210	119,575	76,537	(43,038)
Interest	20,521	15,569	7,684	(7,885)
Net depreciation	35,098	106,364	42,688	(63,676)
Depletion				
Advertising	10,891	10,284	31,547	21,263
Pension, profit-sharing	11,169			
Employee benefits	51,998	27,313	9,243	(18,070)
Other deductions	276,959	205,837	217,325	11,488
Total deductions	1,439,582	1,295,758	1,227,868	(67,890)
Ordinary business income(loss)	92,018	105,756	(46,917)	(152,673)
Tax				
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23d				
Results				
Amount owed				
Overpayment				
Applied to estimate				
Refund				

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

CONEDUCE IN Charcholder 5 charchen				
Income				
Ordinary business income (loss)	92,018	105,756	(46,917)	(152,673)
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income	31	7	4	(3)
Ordinary dividends				
Qualified dividends				
Royalties				
Net short-term capital gain (loss) · · · ·				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss) · · · · ·				
Unrecaptured section 1250 gain				
Net section 1231 gain (loss)				
Other income (loss)				

2014

2015

2016

DIFFERENCE

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

2016

Page 2

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

Identifying number 56-2371654

Γ	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				
Foreign gross income sourced at corporate level				
Passive category		· · · · · · · · · · · · · · · · · · ·		
General categories · · · · · · · · · · · ·				
Other				
Interest expense	W. D. T. D. T. C. C. C. C. C. C. C. C. C. C. C. C. C.			
Other  Deductions allocated / apportioned at corp. level to foreign source inc.				
Passive category				
General categories · · · · · · · · ·				
Other				
Total foreign taxes paid or accrued · · ·				
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment · · ·	112	54	20	(34)
Adjusted gain or loss · · · · · · · ·				
Depletion · · · · · · · · · · · · · · · · · · ·				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
Items Affecting Shareholder Basis				
Tax-exempt interest income	***************************************			
Other tax-exempt income				
Nondeductible expenses · · · · · · ·	239	474		(474)
Property distributions · · · · · · · ·			8,240	8,240
Repayment of loans from shareholders ·				
Other information				
Investment income	31	7	4	(3)
Investment expenses				
RESIDENT STATE			NV	
Taxable income			<u> </u>	
Total tax				
Overpayment				
Balance due	***************************************	***************************************		
COMPANIE L PR	2014	2015	2016	DIFFERENCE